Mauswag na Ciudad Health Services

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Sorsogon City, Philippines
Sorsogon City

Geographical Profile

Total Land area: 31,300 has.

- 3% built up areas
- 73% agricultural lands
- 22% forest lands

2005 Population - 152,000

- 55% living in rural areas
- Poverty incidence: 41%
9 barangays have an average of more than 20 kms to the provincial hospital.

6 barangays have an average distance of 13 kms to the hospitals.
The leading causes of MORTALITY are PNEUMONIA and CARDIOVASCULAR ACCIDENT.
The leading causes of **MORBIDITY** are **ACUTE RESPIRATORY INFECTION**, **FEVER**, **INFLUENZA** which are preventable diseases.

If given medical intervention at the early stages and in the Bgy. Level by a Physician... the **INCIDENCE** could be reduced dramatically.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Rate/1000 pop.</th>
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<tbody>
<tr>
<td>NUTRITIONAL VIT DEF.</td>
<td>33.05</td>
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<tr>
<td>GASTROENTERITIS</td>
<td>37.67</td>
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<tr>
<td>HEADACHE</td>
<td>45.63</td>
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<tr>
<td>ALLERGY</td>
<td>51.38</td>
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<tr>
<td>PARASITISM</td>
<td>56.14</td>
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<tr>
<td>HYPERTENSION</td>
<td>74.69</td>
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<tr>
<td>INFECTED WOUNDS</td>
<td>77.1</td>
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<tr>
<td>INFLUENZA</td>
<td>79.81</td>
</tr>
<tr>
<td>FEVER</td>
<td>175.89</td>
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<tr>
<td>ACUTE RESPIRATORY TRACT INFECTION</td>
<td>668.74</td>
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**GRAPHIC:**

Incidence and Rate/1000 pop. comparison for various leading causes of morbidity.

- Bars represent incidence rates.
- Rates per 1000 population are shown in separate bars.

**Legend:**
- INCIDENCE
- Rate/1000 pop.
Reasons for the closure of Sorsogon Amberg City Hospital:

- It is only a 10-bed primary hospital serving an average of only 758 in-patients per year.
- Cash inflow in YR. 2000 was P355,640 while its operating expenses was P5.94 million.
- Its proximity of less than 1 km to the Sorsogon Provincial Hospital, a tertiary hospital with adequate facilities to better serve the in-patients.
- The need to dispense direct medical services so as to treat diseases in their infancy.
Reasons for the closure of Sorsogon Amberg City Hospital:

The city’s territorial division called for a responsive area-based health management system

To maximize the utilization of scarce resources
Reasons for the closure of Sorsogon Amberg City Hospital:

The City Government’s determination to serve the constituents en masse instead of just a handful of patients.
Sorsogon Amberg City Hospital
Taking off from the baseline criteria of an ideal healthcare system that is community-based, cost-efficient, dealing with patients as close to them as possible and one that would create teamwork among health workers, the hospitals out-patient services was reopened in 2003.

Comparative expenditures and accomplishment **before** and **during** the program implementation of **MAUSWAG NA CIUDAD HEALTH SERVICES**

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<th>Accomplishment Per Month</th>
<th>Expenditures Per Patient</th>
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<tr>
<td>Hospital Operation (Before)</td>
<td>438 patients</td>
<td>P594.89</td>
</tr>
<tr>
<td>(During) The Program Implementation</td>
<td>3,102 patients</td>
<td>P65.87</td>
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COMPONENTS OF THE MAUSWAG NA CIUDAD HEALTH SERVICES

Doctors-to-the-Barangay Program
Mobile X-ray, ECG and Clinical Laboratory Program

2,486 residents have availed of the mobile clinic’s free services which include CBC, urinalysis, platelet count and fecalisis.
Sally Lee Medical Emergency Action Center

24-hour emergency service with full manpower complement.

Set-up in the Bacon District, which is 9 km away from 2 private hospitals.

The center has a full time staff of 2 physicians and 3 nurses and 5 BHW working on rotation basis.
BHW-Emergency TEXT MESSAGE Hotline
Ambulance Services

355 BHWs contact the City Health Officer thru Cellular phones and/or VHF radios

CITY HEALTH OFFICER

AMBULANCE DRIVER # 1
AMBULANCE DRIVER # 2
AMBULANCE DRIVER # 3
AMBULANCE DRIVER # 4

335 INDIGENOUS BARANGAY HEALTH WORKER ONE PER PUROK LEVEL

PATIENTS IN DISTRESS AT THE BARANGAY

City Health Officer directs dispatching of any of the four ambulance units to the specific area.
The Mauswag na Ciudad Health Services “Ambulansyang Pandagat”

The water ambulance ensures health services are available to residents of far flung coastal barangays.
The City has already distributed 400 toilet bowls and 1500 units are ready for distribution.

The city targets 4,383 families with no proper toilet facility by 2006.

The distribution is seen as boost to the City’s sanitation and disease prevention thrust.
Botika sa Barangay Program

Established and maintains 111 Botica sa Barangay

Full operation of “Botica para sa Senior Citizens” by July 2004

Disbursed 500,000 Php for the initial procurement of medicines and is awaiting the go-signal of the Bureau of Food and Drugs.
Walking Blood Bank Program

Health professionals conducted blood typing activities.

BHWs maintain a database of the resident’s blood types so that in times of emergencies, they can easily look for donors.
One-Midwife-per-Barangay Program

Employed another 44 Rural Health Midwives in addition to the 22 midwives serving the 64 barangays

Ensured stock of basic medicines in each Barangay Health Station
Reinforced Assistance to Individuals in Crisis Situations Program (AICS)

A medical assistance desk for purchasing and dispensing prescription medicines to indigents.

Dispensed a total amount of P 819,000 benefiting 20,000 constituents for 8 months.
Distribution of Philhealth cards to 9,920 indigent families beneficiaries. A way of ensuring that inpatients from Sorsogon City will not be dislocated.
Assessment of Impact of the Mauswag na Ciudad Health Services on the basis of the parameters of Good Governance

In terms of efficiency:

- Reduced time and distance traveled by patients
- Sevenfold increase in beneficiaries served as against Amberg outpatient department in 2000
- 1:11,000 doctor-population ratio

In terms of transparency and civic participation:

- DTI-PTIC assisted procurement
- Spirit of volunteerism in the communities
In terms of effectiveness:

Cost-benefit analysis showed that the City achieved greater benefits.

Health services were delivered at the doorsteps of patients at the barangay level.

The hard to reach critical barangays and under-served, felt the care and concern of the City Government.

The P5.4M budget includes expenses for personnel services and medicines compared to the 2000 Amberg budget of P5.94 for hospital operations.
In terms of transferability and sustainability:

**Simplicity of project design and operations**

Since all the basic requirements, tools and processes are inbuilt in local government units, any LGU can replicate.

**The budget from the regular internal revenue allotment – for the Amberg Hospital is permanently available**

**The program penetrates the most remote barangay, serves at least 90 percent of the population thus discontinuing the program will have negative effect on any local chief executive**
In terms of innovativeness:

- Reengineering of hospital operation to meet area-based health services demand
- Recruitment system used in the employment of the 12 rural health physicians
- Utilization of mobile laboratory to support the diagnostic demands of the rural health physicians
- Use of VHF/Repeater communication system to synchronize and network all health service units and personnel
- Implementation of the 24-hour medical emergency action center at the Bacon District (Emergency Room set-up)
In terms of poverty reduction:

- The indigents/vulnerable sector directly benefits from the free personalized area-based health services.
- Savings on transportation and other incidental expenses were achieved.
- Badly needed medical services were delivered on time—mostly during the infancy stage of diseases.
We are an empowered citizenry enjoying people-centered governance; living in harmony with nature, journeying in faith with a loving GOD, SORSOGON, the city of our dreams.

..the reassurance that here is a government that really cares for them.

...a government that will go the extra mile to bring services direct to their doorsteps.
Thank you.