

GRADUATE SCHOOL OF PUBLIC AND DEVELOPMENT MANAGEMENT

(Center)

[2019] PROJECT ACCOMPLISHMENT REPORT**I. Project Information**

Project Code : MIRJE
Project Title : Municipal Leadership and Governance Program MIMAROPA Batch 1
Project Start : January 1, 2018
Project End : February 28, 2019
Project Price : Php 3,420,000.00
Client Organization : Department of Health Regional Office MIMAROPA

II. Project Team

Project Manager : Maria Felicidad Billedo
Team Members : Miguel Alfonso C. Suarez, Jessica Hicap, Maricel Sabado, Maria Isabel Viado
Supervising Fellow : Alan S. Cajos
Consultants/ Resource Persons : Ms. Teresa Fabugas, Dr. Jennifer Coritico

III. Project Details**Project Description**

With Primary Health Care as philosophy, the Zuellig Family Foundation (ZFF) and the Department of Health (DOH) entered into a partnership to contribute to the Philippine Health Agenda which is anchored to the Sustainable Development Goals (SDG) for 2030. In order to attain such goals, the partner agencies implemented the Health Leadership and Governance Program (HLGP) to capacitate and transform the key agents of development that will result to solving health inequities.

HLGP is a strategic initiative targeting different stakeholders in the health sector. It aims to equip Center for Health Development offices, DOH Development Management Officers (DMOs), PhilHealth Regional offices, Provincial Chief of Hospitals, Governors, Provincial Health Officers (PHOs), Local Chief Executives (LCEs), and Municipal Health Officers (MHOs), with the right skills and know-hows in attaining the health targets.

The programs under the umbrella of HLGP are: Health Leadership and Management for the Poor (HLMP); Provincial Leadership and Governance for the Poor (PLGP); and Municipal Leadership and Governance Program (MLGP). The roll-out of HLGP through the MLGP has brought radical change in the health sector in terms of structure and outcomes. LCEs and MHOs are transformed as bridging leaders and are mobilized to elicit innovative solutions in addressing health inequities. DMOs, on the other hand, are transformed from data collectors to coaches and mentors of LCEs and MHOs enrolled at MLGP. DMOs ensure that objectives are met by the participants; that action plans are implemented; that targets are attained; that their mentees and municipalities are functional; that municipal health indicators improved; that participants are empowered and informed and that data are updated and collected accordingly. They serve as the bridge between the national and local governments. Functions and roles are changed in the course of implementing the program.

The CHD of all regions play a significant role in the program. They are the owners of the program and the core of all operations. In view of these three existing development programs targeted at key players in health systems at the Municipal Level, there is also a need and an opportunity for a parallel program to engage, empower and capacitate the other stakeholders in the health system.

The Graduate School of Development Academy of the Philippines (GSDAP) has been in partnership with the Department of Health – Region IV-MIMAROPA since 2013 for MLGP. MLGP is an eighteen-



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month leadership program for LCEs and MHOs, which is supplemented by coaching and mentoring sessions from DOH-CHD during practicum.

Project Objective

Develop Leadership and Governance capabilities of LCEs; leadership, managerial and clinical competencies of local health officers and community health workers; Document experiences of MLGP areas within the duration of program; Strengthen the coaching capacities of DMOs by providing an assessment and enhancement session; and Provide an option for continuing education to graduates for strengthening skills, knowledge, and attitude of LCEs, and MHOs.

Focus Area

KM & Innovation, Transformational & Innovation towards performance excellence

Project Type

Education

Project Beneficiary

Local Government Units

Regional Coverage

R4-B (MIMAROPA)

IV. Project Accomplishments

Key Activities Implemented	: Module 2-3, Colloquium
Major Outputs	: Terminal Report (Module 2, 3, Colloquium)
Project Impact	: Improvement of Health System based on the Municipal Health Roadmap
Lessons Learned	:

V. Attachments

- Summary of Evaluation for Course and Resource Person (for training program)

Course Evaluation	Evaluation	
Module 2	4.40	
Module 3	4.34	
Colloquium	4.43	
Speaker Evaluations	Evaluation	
Module 2		
Celebrating Gains- LGU Reportback	Dr. Teresa Fabugais	4.51
Review of BL and PHC	Dr. Sherwin Pontanilla	4.38
The Practice of Adaptive Leadership	Dr. Jennifer Coritico	4.11
The Filipino Loob	Dr. Jennifer Coritico	4.18
Crafting your Public Narrative	Dr. Sherwin Pontanilla	4.42
Understanding Group Dyanmics	Dr. Jennifer Coritico	4.18
Six Thinking Hats	Dr. Sherwin Pontanilla	4.44
Stressing Intersectoral Collaboration	Dr. Teresa Fabugais	4.54
Bridging Cultural Diversity	Dr. Sherwin Pontanilla	4.46
Innovations for Adaptive Change	Dr. Jennifer Coritico	4.37



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Social Marketing	Ms. Ellen Samano	4.86
Module 3		
Celebrating Milestones- LGU Practicum Report back	Dr. Jennifer Coritico	4.54
Leading Change – The Journey Forward	Dr. Teresa Fabugais	4.60
Closing the Gap: Addressing the Social Determinants of Health	Dr. Jennifer Coritico	4.50
Resilient Leadership	Dr. Jennifer Coritico	4.47
Building Resilience: Developing People through Coaching	Dr. Josie Banaglorioso	4.66
Building Team Resilience: Resolving Conflicts	Dr. Teresa Fabugais	4.66
Co-Creating Community Centered Actions thru Design Thinking	Dr. Teresa Fabugais	4.61
Building Resilient Health Systems	Mr. Ramonito Martin	4.58
Colloquium		
Leadership Retreat	Mr. Joseph Ongkiko	4.37

- Certificate of Project Closure (for all completed projects)

Prepared by:


MARIA FELICIDAD F. BILLED0, MDC
 Project Manager

Noted / Approved by:


ALAN S. CAJES
 Center Head

Notes:

1. Project details on Section I-III can be generated thru PMIS based on PMs Inputs.
2. Project Managers are required to accomplish Section IV & provide Section V to reflect results of project implementation
3. Project Managers can update/adjust the pre-filled sections(I-III) based on actual data