



ZUELLIG FAMILY  
FOUNDATION

# Pathways for improved health outcomes

Annual Report 2022

## Contents

Joint Message from the Chairman and President and the Executive Director	2
DOH: Advancing the country's health care system	6
Aklan raises quality of health care through effective policies and systems	8
Aklan prevails over daunting health challenges	10
5th class Sarangani emerges among country's best in nutrition	12
Sarangani aims for no new malnutrition cases in 2023	14
Dipolog draws on data to reduce teenage pregnancy rates	16
Dipolog improves teen health services	18
ZFF Organization	20
Audited Financial Statements	22
Abbreviations	24

## Vision

The Zuellig Family Foundation (ZFF) is a catalyst for the achievement of better health outcomes for all Filipinos.

## Mission

ZFF enables local health systems to achieve better health outcomes for all Filipinos through effective leadership and governance in partnership and cooperation with key stakeholders.



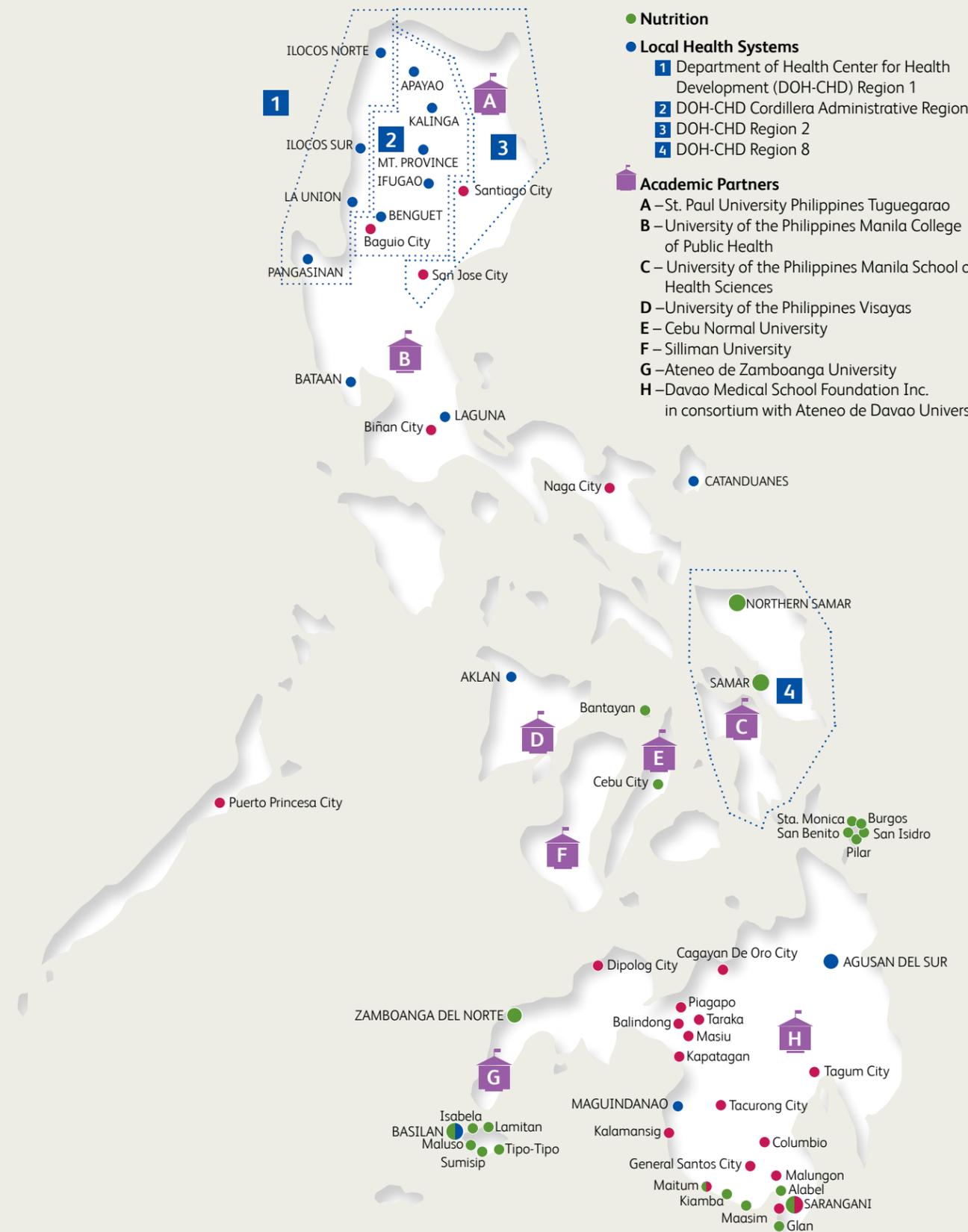
Location: Tangalan, Aklan

## About the Cover

The Zuellig Family Foundation (ZFF) is leading the way in developing new pathways to better health outcomes faster, with a threefold focus on the local health system, nutrition, and adolescent sexual and reproductive health. The Foundation is committed to training leaders and decision-makers to ensure that every Filipino, especially the disadvantaged, will enjoy resilient and inclusive health services. Through partnerships, ZFF aims to lead a collective effort that can establish a high standard of health leadership and governance toward efficient and effective health systems throughout the country.

## Areas with ongoing ZFF programs

- Adolescent Sexual and Reproductive Health
- Nutrition
- Local Health Systems
  - 1 Department of Health Center for Health Development (DOH-CHD) Region 1
  - 2 DOH-CHD Cordillera Administrative Region (CAR)
  - 3 DOH-CHD Region 2
  - 4 DOH-CHD Region 8
- Academic Partners
  - A – St. Paul University Philippines Tuguegarao
  - B – University of the Philippines Manila College of Public Health
  - C – University of the Philippines Manila School of Health Sciences
  - D – University of the Philippines Visayas
  - E – Cebu Normal University
  - F – Silliman University
  - G – Ateneo de Zamboanga University
  - H – Davao Medical School Foundation Inc. in consortium with Ateneo de Davao University

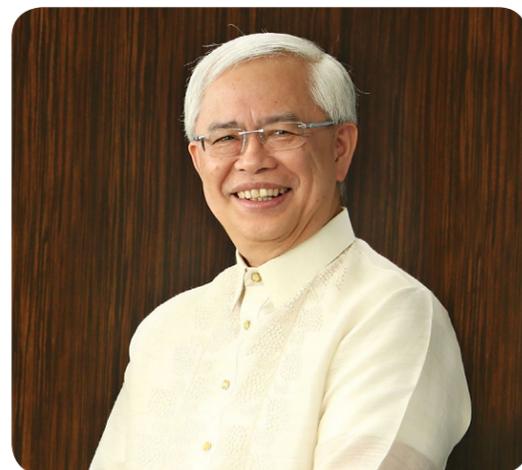


## 2022: A year of recalibration and moving forward

*As we solidify our strategic partnerships with the government, and foundations, we will engage the private sector in collective action for faster improvement of health outcomes.*



**Ernesto D. Garilao**, Chairman and President



**Austere A. Panadero**, Executive Director

In 2022, we transitioned to a new 10-year program (2022-2031) that emphasizes what we do best:

- Transforming local health systems to be Universal Health Care (UHC)-responsive;
- Reducing malnutrition and stunting among children up to five years of age;
- Reducing adolescent pregnancies.

To support the Foundation's three program areas, we will continue to expand our partnerships with our strategic stakeholders. At the same time, we aim to keep our leading edge as a force multiplier in public health.

In the last two decades, the Philippines' general health indicators have improved. However, improvements have been incremental at best. Thus, there is a manifest need to deliver more quality and essential health services, especially to disadvantaged and marginalized communities. This will accelerate the sustainable improvement of local and national health indicators.

What we aim for is consistent with the government's health strategy framework as specified in the Philippine Development Plan (2023-2028), with a focus on "strengthened health systems" through improved capacities for health system leadership, management, participatory governance, and health resilience.

Aligning with the health sector strategy (2023-2028) of the Department of Health (DOH), emphasis will be given to ensuring equitable primary health care services, especially in disadvantaged and marginalized communities.

### Building implementation capacities

We have many good health laws and policies, but what is also needed is effective implementation at the local government level. Since 2008, we have been supporting the DOH's goals by helping local governments improve local health systems through communication, training, and implementation of best practices in health leadership and governance.

Building and maintaining the required capacity takes time, but we are in for the long haul in developing trust-based relationships with local government partners to facilitate the effective implementation of our training and coaching interventions.

### Local Health Systems: Improved outcomes

In 2022, notwithstanding the unprecedented challenges posed by the pandemic, we completed the third iteration of our Provincial Leadership and Governance Program (PLGP-3), designed to improve the delivery of health care services.

The governors of the three participating provinces, Bataan, Aklan, and Agusan del Sur, responded creditably. They increased budgets to add manpower and improve facilities and services. All the UHC maturity model markers were achieved. Fewer COVID-19 deaths were reported compared to the regional averages.

Even in the midst of the pandemic, health indicators in those provinces improved. Compared to other provinces in their regions, Aklan and Agusan del Sur had the lowest maternal mortality ratio (MMR) at 35 and 32, respectively, far below the national MMR target of 90, as of 2022. The three provinces also registered low infant mortality ratios vis-à-vis the national ratio of 15 for the same period.

The success of PLGP-3 brings to mind one of ZFF's most rewarding partnerships. In 2013, then Health Secretary Dr. Enrique Ona invited the Foundation to expand our municipal leadership and governance program nationwide. In 2022, then Health Undersecretary Myrna Cabotaje urged the Foundation to share its UHC experience with three DOH regional offices in Northern Luzon, an acknowledgment of the relevance of our UHC work in the PLGP-3 provinces.

We were also asked to reconfigure our work for the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) to help its Ministry of Health operationalize UHC in the provinces of Maguindanao and Basilan. BARMM has always been a challenge due to bureaucracy limitations and the inadequacies of the provinces' health systems. In addition, political dynamics and traditional health-seeking behavior hinder the good implementation of health services. Yet, our continued involvement is vital since BARMM health indicators are among the lowest nationwide, which is a manifestation of the region's exacting challenges in the delivery of health services. We will continue our engagement with the BARMM provinces where our intervention is most needed and appreciated.

*We work alongside partners to strengthen health care systems and improve the quality of care that women and newborns receive.*

**Nutrition: On-the-ground experience**

As our nutrition partnership with the United Nations Children’s Fund (UNICEF) in the three provinces of Samar, Northern Samar, and Zamboanga del Norte draws to a successful close, local government partners continue to improve their numbers.

In Samar, stunting among children under five years old dropped to 16% in 2022 from 24.4% in 2019; in Northern Samar, 15.1% from 16.7%; and in Zamboanga del Norte, 7.03% from 10.9%. These figures are impressive, considering that the Philippines’ stunting and wasting rates have remained above 20% and 5%, respectively, in the past two decades.

The last eight years allowed us to acquire on-the-ground experience in reducing malnutrition and stunting rates in municipalities, cities, and provinces. Lessons from other countries have also been incorporated into our strategies. With a tested approach in place, local governments could focus on improving capacities to implement the First 1,000 Days (F1KD) interventions, especially by integrating the different nutrition-specific and nutrition-sensitive programs.

We have likewise shared our F1KD approach with other organizations. CARD-MRI, a poverty reduction organization with eight million members nationwide, wants to impart nutrition and stunting education to its members at the barangay level. Similarly, the methodology was shared with the Ramon Aboitiz Foundation Inc., which has an extensive presence in Visayas and Mindanao, as they move from nutrition feeding to the F1KD program.

**Adolescent Sexual and Reproductive Health (ASRH): Expanding to the National Capital Region (NCR)**

In 2022, we implemented the second year of the five-year program of The Challenge Initiative (TCI), a partnership co-funded and co-managed with the Bill & Melinda Gates Institute for Population and Reproductive Health, aimed at helping cities improve the delivery of services to increase the number of family planning acceptors and reduce teenage pregnancies.

After two years, the proof of concept is now evident in the first batch of participating cities. In Cagayan de Oro, Dipolog and Puerto Princesa, adolescent birth rates dropped below the national target of 37. The cities have also shown an increased modern contraceptive prevalence rate, even higher than the national target of 30%.

For 2023, we will be engaging Manila, Pasig, Quezon City, Mandaluyong, and Las Piñas. Involving the National Capital Region is significant. Being the most populous region in the country, it is where family planning and other interventions will have the greatest impact.

**Scaling up**

While the core of our work is developing innovative approaches that deliver results in a short period of time, we rely on mainstream institutions for scale-up. We work primarily with local governments to improve their health systems to better serve the health needs of their constituents.

We also work in partnership with the DOH, particularly its regional offices, as they engage provincial governments to transform their health systems to be UHC-responsive. Through the Foundation’s interventions, partner DOH regional officials

can now coach and mentor their provincial counterparts in accelerating UHC implementation. The scale-up work with DOH is facilitated by the ZFF’s academic partners. ZFF transfers its leadership and governance training approach to ensure its use by the DOH offices.

Over the years, we have also cultivated strategic partners whose goals complement ours: United States Agency for International Development (USAID) for leadership and governance; United Nations Population Fund (UNFPA) and the Gates Institute for family planning; and UNICEF and the Kristian Gerhard Jebsen Foundation (KGJF) for nutrition. We hope to add more partners, especially from the private sector, in the future.

**ZFF as a force multiplier in public health**

The Foundation has maximized available resources to pilot innovative approaches in delivering better health services. Our methodologies provide proof of concept, which facilitates wider use.

We must make internal adjustments in order to advance this agenda and reinforce credence to and awareness of our endeavors. Hence, we have shifted from a project-based setup to a whole-project-cycle approach, from challenge identification to theory of change to proof of concept. Once proof of concept is established, we can promote its scale-up.

A learning agenda likewise supports our work. Our development approach is constantly improving as a result of the learnings achieved. Our continuing goal is to have a method that produces results in a short period of time using fewer resources.

This is supported by a robust staff formation and development program to ensure our partners are coached and mentored by competent and trusted staff. Our credibility with local governments rests on our capability and commitment to providing them with the knowledge and skills required for effective program implementation. These are necessary if our partnerships are to endure.

We now look forward to the next nine years with confidence and enthusiasm. We see challenges, but we are not deterred.

With our partners, we do what we do best: provide better primary health care services for all.

# DOH: Advancing the country's health care system

Undersecretary Abdullah Dumama Jr.  
Department of Health

## Immediate health objectives and targets of the government

The Department of Health (DOH) is committed to the overall advancement of the country's health care system by focusing on the system's crucial building blocks: leadership and governance, information, service delivery, human resources, medicines and technologies, and health financing.

The enhancement of the building blocks is further highlighted in the DOH's Health Sector Strategy for 2023-2028 (HSS) that outlines the commitments of the department to:

- strengthen the health facilities and workforce
- provide better care through accessible health facilities
- enable stakeholders to be healthy through health policies that will be evaluated by the social determinants for health
- protect everyone from health risks through vaccination, clean and green environment and risk-based regulation policies.

In addition, the DOH is determined to attain Universal Health Care (UHC) in certain sites as it may provide a historic and momentous shift in health service delivery, thus truly providing equitable access to health care for every Filipino.

## Status and plans for adolescent health, nutrition, and UHC

The Department of Health has begun releasing policies to address the mental, social, and sexual health of adolescents.

Under HSS, health literacy in schools will be underscored as more green and safe environments are created within schools, health facilities, and other public institutions. These will help promote healthy lifestyles and mental health awareness among adolescents.

The need to promote healthy lifestyles is becoming more urgent. Based on the National Nutrition Survey for 2018, there was an overall improvement in nutrition but there was an increase in obesity.

While we can say there has been an improvement in overall nutrition in the country and progress toward food security, obesity marks the shift toward advocacy for healthy lifestyles through a balance of diet and exercise.

It is also worth noting that based on the annual reporting of local health systems' maturity level, Universal Health Care Integration Sites (UIS) are steadily developing their health systems. The DOH envisions that by the year 2025, the UIS will reach a functional level.

## What needs to be done to reach health targets

Local government units (LGUs) will be at the forefront in achieving the country's health targets as they are the main implementing arm of government health programs. The DOH will thus help LGUs develop their sustainable health plans as contained in their Local Investment Plans for Health (LIPH).

LGUs should also improve their ability to acquire real-time information and data so they can respond with evidence-based programs to meet their specific goals.

## Roles private sector, NGOs, CSOs and academic institutions can play in better health care

Given the major challenges in advancing health care, the government cannot do it alone. That is why I hope the private sector continues to elevate the quality of health care in the country by establishing globally competitive health institutions, acquiring innovative technology for the treatment of patients, and supporting the establishment of UHC.

Nongovernment and civil society organizations should also continue to provide expert knowledge, insights, innovative strategies, and recommendations to tackle major health problems and support the overall development of UHC in the country.

In view of transforming Philippine health care, the academe should deepen research about local communities, the applicability of international guidelines, and the development of advanced technology and medicines.

## Vision

With all these opportunities, we envisage a modern landscape adorned with scientific and technological advancements to support the provision of equitable, quality, and accessible health care throughout our country.

Gone will be the day when a Filipino would travel hundreds of miles to be graced by a doctor. Forgotten will be the day when a Filipino couldn't afford his treatment.

With this hope, our generation has begun paving the way for a healthy future.

➤ Staff members of the rural health unit of Tangalan, Aklan conduct house-to-house visits to deliver health services and track patients.





## Aklan raises quality of health care through effective policies and systems

A fateful encounter in 2016 with a distraught widower whose wife bled to death after giving birth at home strengthened the resolve of then Gov. Florencio Miraflores to level up the health services of his province in order to prevent similar tragedies from happening again.

Miraflores spearheaded the formation of the Aklan health leadership team to formulate and enact much-needed policies to improve the delivery of health services. He was equipped to do so by knowledge and commitment, enhanced by his participation in the Zuellig Family Foundation’s Provincial Leadership and Governance Program (PLGP). Following PLGP’s deep dives and coaching, Miraflores quickly realized that his government’s narrow focus on the main provincial hospital led to the neglect of other district hospitals and primary health care services, leading to untimely, and otherwise preventable deaths such as that of the young mother.

Changes clearly needed to be made. With his health team led by provincial health officials Dr. Victor Sta. Maria, Dr. Leslie Luces, and Dr. Cornelio Cuachon, Gov. Miraflores collaborated with mayors and their municipal health officers to put in place the policies and systems needed to raise the quality of primary health care in municipalities and to ensure the proper referral of difficult or complex cases to district and provincial hospitals.

After two years of close coordination among the local government officials, the health service delivery network across the province was firmly established. Aklan was well prepared to implement the Universal Health Care Law in 2019 and more crucially, to respond to the COVID-19 pandemic that struck in 2020.

The reforms initiated in 2016 laid the foundation for the quick and coordinated response to the pandemic by provincial and municipal health leaders.

Aklan quickly assembled its Inter-Agency Task Force composed of the members of its provincial health board (PHB), whose membership expanded and became more active in line with the requirements of ZFF’s programs.

The fully functioning PHB helped to immediately activate the Barangay (Village) Health Emergency Response Teams for pandemic response, ensuring that the needs of community members were immediately addressed.

And as tourism activities in Boracay – the province’s main revenue generator – dried up because of pandemic-induced lockdowns, Miraflores immediately reached out to the national government and the private sector for help. With the support of ZFF and other organizations, Aklan was able to weather the worst of the crisis and recover as restrictions eased by building on the gains from policy changes implemented starting in 2016.

Today, Aklan has a molecular testing laboratory and the DOH augmented its supply of medicines, vaccines, equipment, and skilled manpower. Private hospitals have become an integral part of its health service delivery network to better serve Aklanon.

For its part, ZFF continued training and coaching the provincial health team to prioritize necessary next steps aside from donating needed equipment.

By the end of 2022, the province attained 42% of the organizational (level 2 of 3) key result areas (KRAs) of Universal Health Care (UHC) maturity<sup>1</sup>. In June, it fulfilled all preparatory or level 1 KRAs, ahead of the national government’s target of 100% attainment by end-2022 in all its 72 implementation sites.

Aklan was able to vaccinate 96% of its target population by the end of 2022. Uninterrupted and improved primary care services greatly improved health indicators.

If these trends hold, ZFF expects Aklan to sustain hard-fought health gains and fully attain organizational or level 2 UHC maturity by end-2023. Newly-elected governor Jose Enrique Miraflores responded enthusiastically to ZFF’s invitation to continue the PLGP.

Aklan is an encouraging case study of the factors needed to provide universal access to health services: leadership skills, determination, clear policies, and effective implementation.

<sup>1</sup>The government released a framework—Local Health Systems Maturity Levels—to monitor the progress of the UHC-mandated local health systems integration in provinces and cities.

➤ In Tangalan, even kids go to the clinic for a consult because the staff are friendly and welcoming.

Nathania, 2 years and 10 months old, shares a light moment with municipal health officer Dr. Sarah Suajico.





## Timeline

Aklan Province

# Aklan prevails over daunting health challenges



2016	2017-2018	2019	2020
<p>As part of the Provincial Leadership and Governance Program, Gov. Florencio Miraflores went through a deep dive and experienced the struggles of his poor constituents to get medical attention.</p> <p>Moved by the experience, Gov. Miraflores formed his core group of health leaders composed of department officials and all municipal health officers to re-evaluate their strategy and execute immediate reforms.</p>	<p>Aklan's health service delivery network gradually improved as much-needed policies were enacted and health system processes were streamlined.</p>	<p>Aklan built on its health gains and established the province-wide health system as mandated under the Universal Health Care Act of 2019.</p>	<p>Aklan quickly assembled its inter-agency task force from members of its provincial health board (PHB) to immediately activate the Barangay (Village) Health Emergency Response Teams to respond to the COVID-19 pandemic.</p> <p>With the drop in tourism revenue, a major source of the provincial health budget, Aklan actively sought and consequently received immediate financial and technical support from both the regional and national governments and the private sector.</p>

### Primary Health Care Indicators in Tangalan, Aklan

	2020	2021	2022
Total number of risk-assessed adult population	895	1,720	3,081
Hypertensive patients provided essential meds	1,228	1,492	1,028
Diabetic patients provided essential meds	130	142	156
Patients who availed services in rural health unit	4,053	3,922	6,979

*Source: Tangalan local government*

2021	2022	2023
<p>As recommended by ZFF, Aklan chose the town of Tangalan as the pilot site for primary health care improvements needed to achieve universal health care.</p>	<p>Aklan achieved all 12 UHC Preparatory (level 1) key result areas (KRAs).<sup>2</sup></p> <p>Province achieved 15 of 36 KRAs (42%)<sup>3</sup> under organizational or level 2 of UHC.</p>	<p>Aklan aims to achieve all KRAs under organizational level of UHC maturity and improve health indicators.</p>

### Aklan Health Indicators

	2016	2017	2018	2019	2020	2021	2022	2023 Targets
Maternal mortality ratio	62	53	118	104	28	16	35	0
Infant mortality rate	15	11	11	7	4	5	4.5	0
Skilled attendant delivery	86%	90%	90%	92%	91%	89%	90%	90%
Antenatal Care				61%	56%	87%	87%	100%
COVID-19 vaccination rate (2 doses)						66%	96%	

*Sources: Field Health Service Information System and Aklan provincial government*

<sup>2</sup> While not a comprehensive list, attaining all preparatory level key result areas set by the government means the province has the following:

- An official order to create the province-wide health system
- A working group specifically for UHC
- Evidence-based investment strategies for trained human resources, accredited health facilities, medicines and supplies, transport network vehicle services, information and surveillance systems, supply chain management, etc.
- Official committees for procurement and supply chain, and health promotion
- Assessment of referral systems, population's functional health literacy
- Adopted program on disaster risk reduction and management in health (DRRM-H)

<sup>3</sup> Among Aklan's achievements under organizational level of UHC maturity are:

- Official account for the Special Health Fund (SHF) in an authorized government depository bank
- Dedicated personnel to assist the PHB in managing the SHF
- Officially approved Local Investment Plan for Health with the appraisal and concurrence of the Department of Health in Region 6
- Official expansion of the functions and membership of the PHB
- New organizational structure for the provincial health office with divisions for service delivery and health system support, and plantilla position for an assistant provincial health officer or its equivalent
- Dedicated person for information and communications technology
- Certified primary health care workers
- Health promotion strategic framework
- Guidelines and protocols on clinical practice and case management in the province-wide health system



Nutrition  
**Feature Story**  
 Sarangani Province

## 5th class Sarangani emerges among country's best in nutrition

In the early 2000s, the province of Sarangani in the Soccsksargen region of Central Mindanao successfully overcame major public health challenges, primarily high hunger rates and child malnutrition.

The provincial government was able to accomplish this notable feat by swiftly devising and implementing comprehensive feeding and livelihood programs that eventually brought down Sarangani's malnutrition rate from a high of 32% in 2000 to just 11% in 2006 and even lower to 9.2% in 2010.

But just when it seemed that the malnutrition rate would continuously decrease, the trend line reversed, with the rate inching up to 10.3% in 2014.

Numbers for 2015 were even worse due to the prevalence of stunting — impaired growth and development as a result of poor nutrition — among children below five years of age hitting an alarming 20%, way above the country's average of 12%.

The incidence of children who were too thin for their height or child wasting reached 6%, also above the country's target of keeping it down at 5%.

In 2018, Sarangani Gov. Steve Chiongbian Solon was taken aback by the alarming fact that his province had the highest malnutrition rate in the Soccsksargen region despite successful efforts to improve health services for mothers and children, which initially focused on the reduction of maternal and infant mortality.

Solon's fateful encounter with a mother who lost her three children to acute malnutrition convinced him that malnutrition was a complex problem that had to be solved through a strategy that cut across various fields and harnessed all the power of the local government.

ZFF included Sarangani in its nutrition governance program in 2020, thus helping to bring cohesion to the different programs of the province, ensuring that all efforts were contributing toward one goal and all stakeholders were moving in the same direction.

One of the first major steps that Solon took was to convene the provincial health board, which after a series of in-depth discussions and consultations arrived at an approach that aligned and consolidated the efforts of the offices of health, nutrition, agriculture, livelihood, infrastructure, and social welfare.

The result was a harmonized set of programs that prioritized families of malnourished pregnant women and children of less than two years of age. Their singular target was to improve nutrition in the first 1000 days (F1KD) of life to ensure each child matures into a healthy adult.

The combined efforts are paying off handsomely as Sarangani has brought down its stunting and wasting prevalence rates to very low levels despite the COVID-19 pandemic that hampered movements and strained the public health sector. *(See page 15 for the nutrition indicators.)*

Because of the commitment and hard work of the local government, Sarangani forged ahead with its programs. The major challenge now is for the leadership to keep their guard up and to stave off complacency.

Under the leadership of current governor Rogelio Pacquiao, Sarangani is off to an encouraging start with its focus on promoting food security. Prodded by all his mayors to build on the health and nutrition gains of the previous administration, Pacquiao has made nutrition a top priority. He wants to give his constituents easier access to nutritious food, realizing that while the province is rich in natural resources, it is steeped in poverty and plagued by the scourge of malnutrition. He has lost no time implementing key programs. The speed at which the new set of committed leaders of Sarangani is laying the groundwork for sustaining and further developing nutrition reforms proves Pacquiao's commitment to better health and nutrition outcomes in the province. *(See pages 14-15 for the programs and reforms of the province.)*



> In Sitio Datal Basak, Brgy. Kablacan, Maasim, Sarangani, a pregnant teen keeps a close eye on children playing near her family's garden.

Home gardening was introduced in her sitio with the help of the Seaoil Foundation to augment households' food supply. From fewer than 10 households, almost all 80 households here are now tending a vegetable garden.



# Timeline

Sarangani Province

## Sarangani aims for no new malnutrition cases in 2023



**2013**  
Under a ZFF partnership, the province focused on improving maternal and child health care service delivery, especially in hard-to-reach areas and indigenous peoples communities.



**2018**  
ZFF again engaged Sarangani for the Provincial Leadership and Governance Program. Gov. Steve Solon sought and followed nutrition experts' advice on how to bring health and nutrition programs closer to vulnerable populations.

**2019**  
The province created a framework combining health, nutrition, and agriculture programs to fast-track health system reforms. The effort was fully supported by civil society and nongovernment organizations and the private sector.



**2020**  
Sarangani became part of ZFF's Provincial Nutrition Governance Program. The province and all seven municipalities crafted their nutrition action plans, helping Sarangani sustain health and nutrition services despite the COVID-19 pandemic.

**Sarangani Health and Nutrition Indicators**

	2015	2016	2017	2018	2019	2020	2021	2022
Stunting Prevalence Rate (0 to 59 months old)	20.0%	17.8%	16.1%	10.2%	9.1%	7.2%	5.2%	4.0%
Wasting Prevalence Rate (0 to 59 months old)	6.0%	5.2%	5.8%	3.3%	2.6%	1.9%	1.2%	0.7%
Proportion of newborns with low birth weight	1.3%	1.1%	1.4%	2.3%	1.2%	1.1%	2.7%	1.8%

Sources: Field Health Services Information System, Operation Timbang Plus (OPT+)



**2021**  
The province poured in P33 million to implement the Tutok Nutrition (Nutrition Focus) program, hire and train more nutrition workers, and increase their benefits.



**2022**  
Sarangani invested P45 million for nutrition and used a separate P30-million social welfare development fund for a cash-for-work program for families with malnourished children. The province eventually showed a steady decline in malnutrition cases.

**2022**  
Gov. Rogelio Pacquiao localized all national laws on nutrition for faster implementation. Sarangani developed an integrated nutrition and food security plan to bolster its human and economic development targets.

**2023**  
The province aims to have zero new cases of malnutrition as it continues to increase the access of Sarangans to nutrition services and nutritious food.



# Dipolog draws on data to reduce teenage pregnancy rates

**B**asing solutions on hard data and engaging different stakeholders to work together toward a single goal can solve serious problems such as the high incidence of teenage pregnancy.

Dipolog City proves it.

From 2018 to 2022, the Adolescent Birth Rate of the third class component city and capital of Zamboanga del Norte dropped from 73.8 to 29.92; and Modern Contraceptive Prevalence Rate among females 15-49 years old went up from 39% to 53.7% for the same period. Of the total users of modern contraceptives in 2022, 10-19-year-old females make up 2%, up from 1.5% in 2021.

This is quite the feat, as it was only in 2018 that teenage pregnancy was identified as an alarming problem in the context of Zuellig Family Foundation's City Leadership and Governance Program (CLGP).

Teenage pregnancy leads to young women temporarily – for some, totally – dropping out of school. Teenagers said in focus group discussions that pregnancy is a factor behind the increasing cases of depression among many of the youth in the city.

Determined to reduce the rate of unwanted teenage pregnancies, Mayor Darel Dexter T. Uy immediately collaborated with regional agencies, civil societies, nongovernment organizations, and religious groups to increase awareness of sexual and reproductive health among citizens and to advocate for the proper care of teenage mothers after they give birth.

Particularly noteworthy was the partnership with the Gabay-Agak (Guide-Carry) Community to educate parents on responsible parenthood, seeing that dysfunctional families contributed to teenage pregnancy. Gabay-Agak is a faith-based organization composed of different religions, including Roman Catholic, Born Again Christian, and Baptists.

After only a year under CLGP, teenage pregnancy cases in Dipolog dropped by almost 30% to 380 in 2019 from 540 in 2018. This was made possible in part because city leaders personally reached out to the youth and made them aware of the risks of teenage pregnancy.

Uy coordinated with the Department of Education to include teenage mothers in the Alternative Learning System education program. Youth-led interactive exhibits, called teen trails, were also conducted to provide access to appropriate adolescent sexual and reproductive health (ASRH) information and services.

These efforts combined to reduce the rate of teenage pregnancy in just about two years. But while the decline was significant, Dipolog wanted to do more.

Uy spearheaded efforts for Dipolog to be part of The Challenge Initiative (TCI) in the Philippines<sup>4</sup> to sustain the gains related to adolescent and sexual reproductive health (ASRH).

Having been recognized as a child-friendly city, Uy wanted Dipolog to also become an adolescent-friendly city through TCI.

Eventually, Dipolog was able to do that and more.

Under TCI, Uy created the "Team Batang Ama Batang Ina Initiative (Team Young Father, Young Mother Initiative) or BABII, which guided various departments in adolescent and youth sexual and reproductive health (AYSRH) programming.

He directed the team to report monthly disaggregated data on adolescent pregnancies, births, and modern contraceptive uptake. The data became the basis for the following:

- intensified house-to-house visits of midwives and barangay (village) health volunteers to:
  - track teen moms in real time,
  - supply/resupply family planning (FP) commodities, and
  - refer adolescents for long-acting family planning;
- conduct of face-to-face AYSRH educational campaigns by youth leaders in priority barangays amid lockdowns;
- training of midwives and nurses on provision of implant and intrauterine device as part of postpartum family planning;
- approval of the revised city child and youth code, including budgetary provisions and programming for AYSRH;
- development of college scholarship programs to adolescent parents provided that they do not get pregnant during the duration of their studies; and
- budget allocation for procurement of FP commodities for 2023 to eliminate the problem of FP commodities stock-outs in certain barangays.

These system improvements were evident as measured against TCI's Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) standard, which indicated that Dipolog already reached the mature level required for graduation.

Through the efforts of the city government and like-minded local leaders plus the community, Dipolog City has put in place well-developed and well-functioning credible systems, adequate resources, and viable FP programs—investing \$166,000 for 2023 (from \$20,000 in 2021).

During the pre-event for the 2022 International Conference on Family Planning in Pattaya City, Thailand, Uy received the local champion award for "going above and beyond" in the city's implementation of the TCI program.



> In Dipolog City, there is a detailed case file for every adolescent pregnancy.

Aside from the health status of the mother, it contains her background and the circumstances surrounding her pregnancy.

City health workers here regularly check on pregnant teenagers like 19-year-old Nancy Elogsong as well as teenage mothers and their newborns.

<sup>4</sup> Started in 2020, the TCI in the Philippines is co-managed and co-funded by ZFF and the Bill & Melinda Gates Institute for Population and Reproductive Health. It promotes positive health-seeking behavior and improves access to family planning programs.

# Timeline

Dipolog City

## Dipolog improves teen health services



Dipolog ASRH Indicators

	2018	2019	2020	2021	2022
Adolescent Birth Rate <sup>6</sup>	73.8	55.6	39.75	28.36	29.92
Modern Contraceptive Prevalence Rate <sup>7</sup>	39	36	46	55.65	53.72

Source: Field Health Services Information System

2018

2019

2020

2021

2022

2023

A deep dive under ZFF's City Leadership and Governance Program (CLGP)<sup>5</sup> revealed to Mayor Darel Dexter T. Uy the gaps in the implementation of its city's health programs, including the problem of teenage pregnancy.

The city started to engage youth leaders as part of the barangay governance body for increasing awareness on teen pregnancies.



The city implemented the "Batang Ina Atong Giyahan, Edukaron, Tabangan and Suportahan" (Teen Moms We Guide, Educate, Help and Support) program or BAGETS, which was a collaboration with various sectors like the City Health Office, City Social Welfare and Development Office, and the Commission on Population and Development (PopCom). Through the program, teenage mothers received modular courses and income resources.

Dipolog was accepted as one of the pilot cities under The Challenge Initiative (TCI) in the Philippines.

The city came up with age-disaggregated data for age groups 10-14, 15-19, and 20-49, as reflected in its Field Health Services Information System's monthly reporting the availment of family planning commodities, teenage pregnancies, and teenage births.

A memorandum of understanding on Comprehensive Sexuality Education-Adolescent Reproductive Health Convergence was signed between the Department of Health-Dipolog City Schools Division, Dipolog City government, PopCom-Region IX, Zamboanga del Norte Federation of Parents' Associations, Inc. (ZNFPA) and ZFF.

The Child and Youth Code was enacted into a local ordinance, which included provisions on health education for adolescents and the youth, addressing mortality and morbidity of teenage pregnancy, and reproductive health and family planning for the youth.

An Information and Service Delivery Network (ISDN) was created to establish an integrated system for AYSRH and to foster partnerships on relevant health and development interventions.

While Dipolog already reached the high level of capacity based on TCI's RAISE standard<sup>8</sup>, Uy remains committed to transforming all barangay health stations into adolescent-friendly health facilities (AFHFs)<sup>9</sup> level 2 and all teen centers into AFHF level 3, and reactivating all 15 school-based teen centers. The city will also improve its data analysis at the barangay level.

<sup>5</sup> CLGP was a partnership between ZFF and the United States Agency for International Development aimed at institutionalizing health leadership and governance.

<sup>6</sup> Adolescent birth rate = (live births among 15-19 years old/total 15-19 female population) x 1,000

<sup>7</sup> Modern contraceptive prevalence rate = (15-49 years old modern contraceptive users/15-49 female population) x 100

<sup>8</sup> The RAISE standard has four domains: political and financial commitment for FP/AYSRH intervention; knowledge and skills capacity transfer; institutionalization of TCI proven approaches at all levels of the health system; and sustained impact through improved attitudes and behaviors toward FP/AYSRH.

<sup>9</sup> The Department of Health defines an AFHF as a health facility that provides "equitable, accessible, acceptable, appropriate, effective, and quality comprehensive health care and services in an adolescent-friendly environment."

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**THE ZUELLIG FAMILY FOUNDATION**

(A Nonstock, Nonprofit Corporation)

**STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCE**

	December 31	
	2022	2021
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash (Note 4)	₱58,661,958	₱48,735,561
Receivables (Note 5)	11,911,284	12,670,026
Prepayments and other current assets	979,618	875,636
Total Current Assets	<b>71,552,860</b>	62,281,223
<b>Noncurrent Assets</b>		
Property and equipment (Note 6)	2,675,889	3,331,472
Retirement asset (Note 13)	3,286,127	3,862,011
Refundable deposit	37,500	37,500
Total Noncurrent Assets	<b>5,999,516</b>	7,230,983
<b>TOTAL ASSETS</b>	<b>₱77,552,376</b>	₱69,512,206
<b>LIABILITIES AND FUND BALANCE</b>		
<b>Current Liabilities</b>		
Accrued expenses and other payables (Note 7)	₱15,940,647	₱12,466,645
Deferred donations (Note 8)	14,355,211	23,945,818
Total Current Liabilities	<b>30,295,858</b>	36,412,463
<b>Noncurrent Liability</b>		
Deferred donations (Note 8)	-	-
Total Liabilities	<b>30,295,858</b>	36,412,463
<b>Fund Balance</b>	<b>47,256,518</b>	33,099,743
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>₱77,552,376</b>	₱69,512,206

See accompanying Notes to Financial Statements.

**THE ZUELLIG FAMILY FOUNDATION**

(A Nonstock, Nonprofit Corporation)

**STATEMENTS OF REVENUES AND EXPENSES**

	Years Ended December 31	
	2022	2021
<b>REVENUES</b>		
Donations (Note 10)	₱195,542,268	₱199,226,312
Unrealized foreign exchange gain	152,000	124,719
Interest (Note 4)	7,836	12,115
Others	22	31,262
<b>195,702,126</b>	<b>199,394,408</b>	
<b>EXPENSES (Note 11)</b>		
Salaries, wages and other benefits (Note 12)	77,964,098	84,297,951
Trainings and seminars	33,191,353	15,717,709
Utilities	21,094,962	17,883,349
Transportation and travel	16,515,067	4,884,839
Professional fees	16,321,711	14,579,329
Materials and supplies	5,820,685	5,284,162
Donations and contributions	3,445,529	42,311,441
Representation and entertainment	2,920,262	2,132,164
Depreciation and amortization (Note 6)	2,023,007	1,715,502
Retirement cost (Note 13)	575,884	1,140,359
Taxes and licenses (Note 14)	62,872	59,214
Others	1,609,921	1,719,676
<b>181,545,351</b>	<b>191,725,695</b>	
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<b>₱14,156,775</b>	₱7,668,713

See accompanying Notes to Financial Statements.

**THE ZUELLIG FAMILY FOUNDATION**

(A Nonstock, Nonprofit Corporation)

**STATEMENTS OF CHANGES IN FUND BALANCE**

	Years Ended December 31	
	2022	2021
Balance at beginning of year	₱33,099,743	₱25,431,030
Excess of revenues over expenses	14,156,775	7,668,713
<b>₱47,256,518</b>	<b>₱33,099,743</b>	

See accompanying Notes to Financial Statements.

For the complete audited financial statement report and accompanying financial statement go to <https://zuelligfoundation.org/about-us/our-impact-report/>.

# Abbreviations

- AFHF** - Adolescent-friendly Health Facility
- AOP** - Annual Operating Plan
- ASRH** – Adolescent Sexual and Reproductive Health
- AYSRH** – Adolescent and Youth Sexual and Reproductive Health
- BABII** - Batang Ama, Batang Ina Initiative
- BAGETS** - Batang Ina Atong Giyahan, Edukaron, Tabangan and Suportahan
- BARMM** - Bangsamoro Autonomous Region in Muslim Mindanao
- BNS** – Barangay Nutrition Scholar
- CSO** – Civil Society Organization
- CLGP** – City Leadership and Governance Program
- DOH** – Department of Health
- FP** – Family Planning
- F1KD** – First 1,000 Days
- HCM** – Health Change Model
- HSS** – Health Sector Strategy
- IP** – Indigenous People
- ISDN** – Information System Delivery Network
- ISO** – International Organization for Standardization
- KRA** – Key Result Area
- LBW** – Low Birth Weight
- LGU** – Local Government Unit
- LIPH** – Local Investments Plan for Health
- LHS** – Local Health System
- mCPR** – Modern Contraceptive Prevalence Rate
- NAR** – Nutritionally At-risk
- NCR** – National Capital Region
- NGO** – Nongovernment Organization
- OPT+** – Operation Timbang Plus
- PHB** - Provincial Health Board
- PLGP** – Provincial Leadership and Governance Program
- PNGP** – Provincial Nutrition Governance Program
- PopCom** – Commission on Population and Development
- RAISE** - Reflection and Action to Improve Self-reliance and Effectiveness
- SHF** – Special Health Fund
- Soccksargen** – South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos
- TCI** – The Challenge Initiative
- UHC** – Universal Health Care
- UIS** – Universal Health Care Integration Sites
- UNFPA** – United Nations Population Fund
- UNICEF** – United Nations Children’s Fund
- USAID** – United States Agency for International Development
- YLGP** – Youth Leadership and Governance Program
- ZFF** – Zuellig Family Foundation
- ZNFepA** – Zamboanga del Norte Federation of Parents’ Associations, Inc.

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Feedback: Please send your comments to ZFF’s Corporate Communications unit at [feedback@zuelligfoundation.org](mailto:feedback@zuelligfoundation.org).



This Annual Report was printed on Forest Stewardship Council (FSC)-certified paper. In an effort to reduce consumption of resources from printing and distributing hard copies, an electronic copy of this report with complete 2022 audited financial statements may be downloaded from <https://zuelligfoundation.org/about-us/our-impact-report/>.



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Km. 14 West Service Road corner Edison Avenue,  
Sun Valley, Parañaque City 1700, Metro Manila, Philippines  
[communications@zuelligfoundation.org](mailto:communications@zuelligfoundation.org)  
63 2 88214332 / 63 2 88214428