



# 10-Year Operational Plan

July 2021

# The 10-year operational plan

## **SUSTAINS ZFF'S HEALTH CHANGE GAINS AND PROGRAMS THAT WORK**

For more than a decade, ZFF has leveraged its expertise and experience to build leadership and local governance capacities that produce public health outcomes for a greater number of disadvantaged Filipinos faster.

## **BUILDS PARTNERSHIPS FOR RESULTS**

ZFF works with partners to produce evidence from 'proof of concept', learn from leadership and governance capacities for public health, document good practice to scale, and diffuse program intervention systems that work.

## **AND KEEPS ITS LEADING EDGE AS 'FORCE MULTIPLIER' FOR PUBLIC HEALTH**

Learning throughout the program life cycle enables ZFF and partners to facilitate health change that otherwise would have taken long to produce at the local level. This approach makes ZFF a valuable force multiplier of government in transforming public health systems and reinforces its reputation for producing health change that benefits the Filipino faster.

In this document, ZFF articulates the overall delivery strategy for the Strategic Choices agreed by the Board of Trustees for the period 2022-2031. The 10-year operational plan contains the program design and the investments required to build local capacities and partnerships to improve health for all, especially the disadvantaged Filipinos in rural areas.

# THE HEALTH CHALLENGE WE FACE IN THE NEXT 10 YEARS

One of the key drivers of public health in the next 10 years is the demand for an inclusive and resilient health system at the national and local levels that is able to provide a range of promotive, preventive and curative services continuously and much more so in the context of disaster events, public health emergencies, and/or infectious outbreaks.

The 'health for all' policy will remain an overarching objective. Health systems will respond to the lessons of the pandemic and

shall be equipped to anticipate, withstand, mitigate, and recover from health shocks and contribute to overall well-being of people, especially in rural areas.

In the next 10 years, the role of local governments is key to achieving universal health care in the context of the country's shift to full devolution and the overall drive to economic resurgence and resilience addressing the medium- to long-term effects of the pandemic.

1

## **PRIORITIZING ACTIVE PREPAREDNESS**

The effects of COVID-19 on economic performance, business outlook, and overall human security are long-term. The next 10 years will therefore focus on developing national and local capacities for active preparedness to manage future public health emergencies of the COVID-19 scale better.

**2**

## **ADDRESSING THE COUNTRY'S TRIPLE HEALTH BURDEN**

The Philippines faces an 'infectious disease crisis' with outbreaks of emerging and reemerging infectious diseases due to insufficient vaccination rates and declining immunization programs, among other factors. The persistence of non-communicable diseases (NCDs) is also a serious concern. 'Diseases of rapid urbanization and industrialization' encompassing mental health and substance abuse, according to the government, as well as 'environmental risk factors' and the state of environmental health comprise the country's third health burden.

**3**

## **COMBATting HUNGER AND MALNUTRITION**

In the Philippines hunger and malnutrition are more pronounced in families living in poverty, but child malnutrition is not an exclusive problem of the poor. A serious concern is the high stunting and wasting in the 0-2 age group in the country. Latest data from the Food and Nutrition Research Institute has shown little to no decrease in stunting and wasting among 0-2 year old children, and nutritionally-at-risk pregnant women in the past 15-20 years. Economic slowdown as a result of the pandemic has resulted in income insecurity at the household level affecting food consumption, further worsening nutritional outcomes in vulnerable families.

**4**

## **PRIORITIZING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH**

The country is among those with the highest prevalence of teenage pregnancy in the ASEAN region, with adverse consequences on the young mother and child in terms of health outcomes and achieving their full potential for human development. The prevalence of teen pregnancies signifies, among other factors, inadequate access to reproductive health services and sexuality education in the Philippines. With the disruption caused by the pandemic to the provision of reproductive health services, there is an expected increase in unintended pregnancies especially among young women.

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*Taken from the 'Seeking better health outcomes for all: ZFF's strategic choices in the next 10 years', January 2021.*

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*For more information about health for all, systems, and diffusion outcomes for each program priority in the next 10 years, ZFF has prepared a Technical Annex of performance measures, a copy of which may be requested from the Foundation.*

# 10-YEAR RUNWAY

## HOW WILL ZFF'S PRIORITY PROGRAMS BE DELIVERED AND SUSTAINED?

2022-2024

2025-2027

2028-2031

### PROTOTYPING

inclusive and resilient local health systems in partner provinces (and scaling up in continuing provinces)

### DIFFUSION IN MORE PROVINCES

by learning from prototyping and partnering with the Department of Health and the academe to improve UHC maturity and integration

## SCALING UP HEALTH & NUTRITION SYSTEMS IN PROVINCES AND CITIES

that have UHC and F1KD/nutrition focus and are NNC/DOH priority areas

### PROTOTYPING

public financing models for local health and nutrition systems in the context of province-wide UHC capacity

### DIFFUSION PER REGION

by learning from prototyping and partnering with the National Nutrition Council, Department of Health, and the academe to improve local health and nutrition systems in the context of UHC

## SCALING UP ASRH IN CITIES

that have continuing partnership arrangements with POPCOM/NGAs and TCI

### PROTOTYPING

provincial capacity with national-local partnerships/convergence for ASRH in the region

### DIFFUSION PER REGION

by learning from prototyping and partnering with the Population Commission and the academe to improve national-local partnerships for ASRH in the region



# Articulating assumptions of the operational plan



## CONSOLIDATING AND TRANSITIONING

The years 2021-2022 are a period for harvesting the gains of ZFF from its existing partnerships and programs *and getting the Foundation ready* to implement the Strategic Choices for the next ten years starting 2022. *Annex A provides the transition strategies for 2021-2022.*

## ORGANIZING FOR BETTER RESULTS

ZFF is improving its program leadership by adopting portfolio-based, full cycle program management supported by a learning agenda. A 'start-to-end' engagement along priority programs builds the competencies and expertise of core staff. Investing in KM, learning and diffusion, partnerships engagement, and organizational development will also sustain ZFF's leading edge.

## LEVERAGING PARTNERSHIPS

Part of ZFF's sustainability agenda is building partnerships to augment capacity for program scale *and diffusion*. *On the other hand, building trust and opportunity between LGUs and the private sector to work together for health change at the local level is also important. Recognizing the role of LGUs in leading health change agendas and providing clear incentives for private sector participation are integral to developing and sustaining equal partnerships at the local level. Annex B provides the assumptions for building partnerships to support ZFF's strategic choices in the next 10 years.*



## **SUSTAINING HEALTH CHANGE**

*Building LGU capacities with the assistance of ZFF to transform the local health system is a leadership and governance journey towards producing better health outcomes for the community, especially the disadvantaged Filipinos in rural areas. ZFF's Health Change Model (HCM) recognizes the role of the private sector and other stakeholders in mobilizing program inputs, community assets, and resources to help build the capacity of LGUs to deliver and sustain health outcomes. Another important HCM assumption is the need to anticipate and manage the risks and opportunities of political transitions to sustain gains and outcomes, and prevent, if not minimize, program-based reversal and/or capacity loss. Annex C provides the assumptions behind the HCM, particularly how programs will be designed and co-owned with LGUs in collaboration with other partners and stakeholders.*

ZFF program priority

# Developing resilient local health systems

# AT A GLANCE

## DEVELOPING RESILIENT LOCAL HEALTH SYSTEMS IN SUPPORT OF UNIVERSAL HEALTH CARE

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### OUR CHALLENGE AND OPPORTUNITY

The next 10 years usher in the opportunity to make local health systems inclusive and resilient and to provide a range of promotive, preventive and curative services continuously and much more so in the context of disaster events, public health emergencies, and/or infectious outbreaks. Apart from the capacity to manage public health emergencies, the other challenge is to provide uninterrupted health services under the overarching 'health for all' policy in the context of universal health care (UHC) and the transition of local governments to the requirements of full devolution. Among these health services include:

- addressing diabetes by reducing high fasting blood sugar prevalence below 5%;
- addressing hypertension, especially among 20 years old and above;
- raising TB treatment success rate higher than 93%, which is the 2018 baseline; and
- managing capacity to respond to COVID-19, including the rollout of the vaccination program.

Developing resilient local health systems in support of UHC is one of the strategic choices of ZFF in the next 10 years to help address the foregoing challenges and build on the following opportunities:

- ZFF helps the Department of Health (DOH) operationalize UHC through its prototyping experience in three provinces.
- Evidence and lessons from prototyping are valuable to partners in the region, particularly the Centers of Health Development of the DOH, to inform policy and institutional approaches to building UHC maturity.
- Finally, producing new models for UHC-enabled provincial health systems has put ZFF in a good position to influence the government's national rollout program for UHC based on implementation experience and approaches that work.

### OUR INTENT

Partner provinces with the support of ZFF shall have demonstrated province-wide capacities for inclusive, resilient, and integrated local health systems by the end of the 10-year period:

- to manage public health emergencies, disaster events, and pandemics and
- to improve local health outcomes addressing communicable (tuberculosis) and non-communicable diseases (hypertension and diabetes), and managing emerging and reemerging infectious diseases (COVID-19).

# OUR PROGRAM DESIGN



## First, we prototype

Governors and their provincial teams will improve health systems towards UHC maturity and produce primary health care outcomes (with focus on NCDs (diabetes and hypertension), infectious diseases (TB), and pandemic response). Governance and decision-making will be evidence-based as a result of functional data management systems, better intersectoral coordination, and community involvement.

Technical prototypes on specific diseases and pandemic response will be developed, including supporting health care provider networks (HCPNs) and developing governance protocols for specific disease programs.

The capacity-building for the provincial team will be complemented by the Municipal Leadership and Governance Program, the Barangay Health Leadership and Management Program, and the UHC PHC/ Health Care Provider Network system strengthening.

## Then, we learn

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ZFF in collaboration with partners harvests from prototyping key lessons, innovations, and good practices to develop governance protocols, manuals, policy instruments, learning modules, guidelines, and other products that will comprise ZFF's Program Intervention System for LHS-UHC ready for dissemination.

Learning from prototyping will inform ZFF's scaling up strategies in the last six years with the help of DOH and the Local Government Academy, as well as academic partners, particularly the University of the Philippines, Davao Medical School Foundation, and Ateneo de Zamboanga University.

## We scale up next

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Having program intervention systems that work is used as a model for building regional capacity to coach and mentor LGUs.

ZFF will help the Centers for Health Development of the DOH build its leadership, coaching and mentoring capacities and support regional learning hubs through ZFF's academic partners to scale up interventions.

Program priority

# DEVELOPING RESILIENT LOCAL HEALTH SYSTEMS IN SUPPORT OF UNIVERSAL HEALTH CARE



## OUR OPERATIONAL ASSUMPTIONS

1

**Local health systems maturity, early gains essential to build local confidence on UHC**

2

**'PHC Plus' at the barangay level provides inclusive early start for UHC**

3

**Health literacy drives behavioral change at the household, community levels; regional engagement essential for diffusion**

1. Improve the maturity of local health systems: province-wide managerial, technical, and financial integration
2. Engage with PhilHealth on standards and packages to ensure these are understood by people at the community level
3. Install health information systems and support digital solutions for public health: listahan sa barangay (individual and household) to build on the COVID-19 vaccination information, health care provider networks, and accreditation of health facilities
4. Implement health change models based on priority ZFF programs: nutrition/F1KD, ASRH, LHS/UHC
5. Build barangay/municipal leadership and governance to support community health
6. Expand core PHC services at the RHU based on Local Investment Program for Health
7. Support local health information systems with individual and household profiles and functioning networks of health care providers
8. Implement risk literacy program at the barangay level to raise disaster preparedness and risk readiness capacities of households and communities
9. Pursue health promotion and advocacy for priority ZFF programs (vaccination, nutrition, ASRH, etc.)
10. Build on regional convergence for diffusion to non-direct LGU partners

## OUR LGU PARTNERS

2022-2024

- Provincial scale up: three provinces (ZFF funded)
- Scaling up to five provinces through capacity-building of three regions and academic partners (for resource mobilization)

2025-2027

- Provincial scale up: six provinces (for resource mobilization)
- Scaling up to seven additional provinces through capacity-building of five additional regions and five additional academic partners

2028-2031

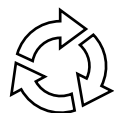
- Provincial scale up: nine provinces (for resource mobilization)
- Scaling up to 10 additional provinces through capacity-building of five additional regions and five additional academic partners

## OUR PROGRAM RESULTS



### Improved health outcomes for all

LGUs shall have tracked improvements in health outcomes by the end of the 10-year period in the areas of non-communicable diseases (hypertension and diabetes), infectious diseases (tuberculosis), and pandemic management, such as COVID-19.



### Systems outcomes evident

Local health systems shall have primary health care services and improved UHC maturity..

*For more information, ZFF has a Technical Annex containing performance measures per program.*



## OUR 10-YEAR INVESTMENT: PHP706.5M

### PhP345M FOR RESOURCE MOBILIZATION

to support scaling up and the human resource requirements for portfolio program management in 2022-2031

### PhP361.5M FOR INTERNAL FUNDING

to support prototyping new models; developing new knowledge, technologies and research; policy, advocacy, and knowledge dissemination; portfolio life cycle management; and institutional services and management in the next 10 years



Program priority

**DEVELOPING  
RESILIENT LOCAL  
HEALTH SYSTEMS  
IN SUPPORT OF  
UNIVERSAL  
HEALTH CARE**

ZFF program priority

# Keeping young children healthy and safe

# AT A GLANCE

## KEEPING YOUNG CHILDREN HEALTHY AND SAFE THROUGH INCLUSIVE AND INTEGRATED HEALTH AND NUTRITION IN THE COMMUNITY

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### OUR CHALLENGE AND OPPORTUNITY

UNICEF cited challenges in achieving health targets for children, especially in the early years, in the Philippines. Stunting and wasting make young children vulnerable to diseases and even death, and also affect cognitive, behavioral, and learning development in early childhood essential to sustaining long-term human development and building a competitive workforce in the future. In addition:

- Nutritional outcomes of young children and pregnant women have not changed in the past decades. At 30% stunting prevalence, the Philippines is fifth in the East Asia and Pacific Region with the highest stunting prevalence among 0-5 year old children and is among 10 countries with the highest number of stunted children globally. According to UNICEF, 34% of stunting cases are directly affected by maternal nutritional outcome. One in two adult pregnant women is nutritionally at risk and so is one in every three adolescent pregnant women based on the 2018 National Nutrition Survey.
- The Philippines is experiencing a double burden of malnutrition (high prevalence of both child undernutrition and adult obesity) due to poor eating habits and food preferences, difficulty in accessing nutritious food, and increasing food costs.
- The COVID-19 pandemic has resulted in increased food insecurity and disruptions to essential maternal and child health and nutrition services.
- Public financing for nutrition will increasingly be devolved to local governments due to the implementation of the UHC Law and the shift to the government's full devolution policy.

One of the strategic choices of ZFF in the next 10 years is to keep young children healthy and safe through inclusive and integrated health and nutrition in the community. ZFF is well-placed to scale up health and nutrition outcomes and gains from provincial, city, and municipal systems that work and test new models for inter-LGU financing in the context of UHC for diffusion to other LGUs.

### OUR INTENT

By the end of the 10-year program, partner LGUs with the support of ZFF shall have demonstrated:

- capacities for inclusive and integrated health systems and nutrition governance;
- equitable child nutrition outcomes beyond child stunting and wasting as determinants for maternal and child health and access to food by families; and
- gender-informed nutrition programs at the community level.

# OUR PROGRAM DESIGN

2022-2024

2025-2027

2028-2031

## SCALING UP HEALTH & NUTRITION SYSTEMS IN PROVINCES AND CITIES

that have UHC and F1KD/nutrition focus and are NNC/DOH priority areas

### PROTOTYPING & DIFFUSION

public financing for local health and nutrition systems in the context of province-wide UHC capacity

### DIFFUSION PER REGION

by learning from prototyping and partnering with the National Nutrition Council, Department of Health, and the academe to improve local health and nutrition systems in the context of UHC

## We scale up...

Proven health and nutrition programs for young children and pregnant mothers, such as the F1KD, have been documented with working governance arrangements and mechanisms, among others, to aid in the scaling up in cities and provinces.

## ...and prototype and diffuse

In the context of UHC with no existing models yet for inter-LGU cooperation to support health and nutrition financing under the leadership of the province, there is a need for prototyping governance systems, mechanisms, and processes for sustainable financing by provinces and component LGUs. The enabling support of national government agencies and other partners at the regional level is also important in capacity-building through coaching and mentoring.

The prototyping experience becomes the basis for ZFF and partners to develop Program Intervention Systems in the form of policy instruments and program management systems, tools, and approaches that could be used for diffusion to other LGUs. The diffusion partners, apart from DOH and NNC, include LGA, UP-CPH, DMSF, and DLSU.

# KEEPING YOUNG CHILDREN HEALTHY AND SAFE THROUGH INCLUSIVE AND INTEGRATED HEALTH AND NUTRITION IN THE COMMUNITY



## OUR OPERATIONAL ASSUMPTIONS

1

**Equitable health and nutrition outcomes start with investments in the early years**

1. Reduce wasting and chronic malnutrition among pregnant women and children
2. Design and implement gender-informed nutrition programs
3. Develop and scale up family-centered service delivery approaches with household-level risk and vulnerability profiles and barangay-level information systems tracking conditions of women and children; learning and other forms of support for health and nutrition workers; and family planning and reproductive health services

2

**Community-based health and nutrition services for young children, mothers need to withstand disruptions at all times**

4. Improve UHC systems integration in support of maternal and child health and primary health care
5. Integrate community-specific risk and vulnerability profiles into nutrition plans and programs
6. Make DRRM/disaster preparedness plans nutrition-informed based on risk profiles

3

**Improving partnerships, LGU capacity on community-based health and nutrition systems drive scale and sustainability and scale**

7. Build capacities for local leadership and governance, including practical barangay engagement to support PHC and household- and community-based information systems
8. Document and diffuse lessons and good practice through learning hubs and NG-LGU-inter-LGU partnerships on local health and nutrition at the regional level

## OUR LGU PARTNERS

2022-2024

- Provincial/city scale up: five provinces and three cities (externally or ZFF funded)
- Scaling up to ten provinces and seven cities through capacity-building of five additional regions and five additional academic partners

2025-2027

- Scaling up to 10 provinces and 10 cities through capacity-building of five additional regions and five additional academic partners

2028-2031

- Scaling up to 10 provinces and 10 cities through capacity-building of five additional regions and five additional academic partners

## OUR PROGRAM RESULTS



### Improved health outcomes for all

LGUs shall have tracked improved health outcomes above the national average by the end of the 10-year period with reduced mortality rates and improved nutrition, particularly reducing the prevalence of stunting and wasting among young children.



### Systems outcomes evident

Improvement in local health and nutrition systems shall have been demonstrated, particularly LGU financing for maternal and child health and nutrition in the context of UHC. *For more information, ZFF has a Technical Annex containing performance measures per program.*

## OUR 10-YEAR INVESTMENT: PHP652.2M

### PhP321.3M FOR RESOURCE MOBILIZATION

to support scaling up and the HR requirements of the portfolio program management In 2022-2031

### PhP330.9M FOR INTERNAL FUNDING

to support developing new knowledge, technologies and research; policy, advocacy, and knowledge dissemination; portfolio life cycle management; and institutional services and management in the next 10 years



Program priority

**KEEPING YOUNG CHILDREN HEALTHY AND SAFE THROUGH INCLUSIVE AND INTEGRATED HEALTH AND NUTRITION IN THE COMMUNITY**

ZFF program priority

# Establishing adolescent- friendly communities in LGUs



# AT A GLANCE

## ESTABLISHING ADOLESCENT-FRIENDLY COMMUNITIES IN LGUs

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### OUR CHALLENGE AND OPPORTUNITY

The Philippines has one of the highest prevalence of teenage pregnancy in the ASEAN region. The adolescent birth rate (number of births per 1,000 15-19 year old women) was 34 per 1,000 women in 2019 according to the Philippine Statistics Authority. Moreover, the Commission on Population and Development (POPCOM) reported an increasing 11-year trend of girls younger than 15 years old giving birth; one of every 10 pregnancies in the country is borne by an adolescent. Early child-bearing increases health risks for the mother and child and results in life-long consequences in terms of foregone incomes and opportunities for the young mother, who is likely to drop out from school, not be able to complete secondary education, miss out on better employment, earn less, and therefore less likely to invest on the well-being of the child. Teen pregnancies signify, among other factors, inadequate access to reproductive health services and sexuality education in the Philippines and the need for a nurturing environment to engage the youth, develop their leadership potential, and foster greater participation in community affairs.

One of the strategic choices of ZFF in the next 10 years is to establish adolescent-friendly communities in LGUs to help address the foregoing challenges and build on local systems and approaches that work for adolescent and youth sexual and reproductive health (AYSRH) at the community level. ZFF's program partnerships with UNICEF and the Gates Institute have yielded evidence for scaling up good practice on AYSRH. The partnership with the POPCOM has also provided opportunities to influence policy and institutionalization through ZFF's work. Building on these partnerships and the evidence from AYSRH provide ZFF good opportunity to prototype and diffuse provincial capacity with national-local partnerships/convergence for AYSRH in the region.

### OUR INTENT

By the end of the 10-year program, partner provinces with the support of ZFF shall have reduced adolescent pregnancies as a result of:

- improved local capacity for developing and delivering adolescent and youth sexual and reproductive health programs at the community level;
- better community engagement for AYSRH; and
- informed, responsible, and healthy adolescents in the community.

# OUR PROGRAM DESIGN

2022-2024

2025-2027

2028-2031

## SCALING UP ASRH IN CITIES

that have continuing partnership arrangements with POPCOM/NGAs and TCI

### PROTOTYPING

provincial capacity with national-local partnerships/convergence for ASRH in the region

### DIFFUSION PER REGION

by learning from prototyping and partnering with the Population Commission and the academe to improve national-local partnerships for ASRH in the region

## We scale up...

For cities with continuing partnership arrangements with POPCOM, other NGAs, and TCI, proven program management interventions will be subject to scaling up to expand innovations and good practices on ASRH and youth engagement and development.

## ...and prototype and diffuse

Engaging the community or barangay to support youth health and development through inter-LGU collaboration and financing for ASRH needs new governance arrangements and models. Prototyping these arrangements will yield evidence to produce faster outcomes to inform proven program intervention systems for ASRH.

With the support of POPCOM, TCI and other regional line agencies, such as DOH, as well as institutional and academic partners, ZFF will help build the enabling coalition at the regional level to support ASRH diffusion.

Program priority

# ESTABLISHING ADOLESCENT-FRIENDLY COMMUNITIES IN LGUs



## OUR OPERATIONAL ASSUMPTIONS

1

**Targeted, appropriate information and services for the youth support adolescent sexual and reproductive health**

1. Design and implement ASRH programs based on determinants of adolescent sexual and reproductive behaviors and community baselines
2. Develop and scale gender-informed and community-responsive adolescent and youth health and development programs, including building youth leadership and engagement in support of public health, risk and vulnerability awareness, disaster preparedness, and risk readiness capacities
3. Based on local needs, pursue integrated youth-responsive services to support ASRH and AYHD outcomes

2

**Improving community engagement for ASRH vital to building local capacities and program sustainability**

4. Build capacities of barangays and service delivery networks on integrated ASRH and AYHD services/programs
5. Sustain ASRH and AYHD through LGU financing and continuous improvement in policy, programs, and service delivery
6. Develop practical community-based information systems to track families-at-risk, including children and youth, and provide safe spaces and risk mitigation strategies
7. Document and diffuse lessons and good practices on ASRH and AYHD through learning hubs and scale strategies

## OUR LGU PARTNERS

2022-2024

- City prototype scale up: 10 cities (TCI funded)
- Prototype to three provinces and scaling up to 17 cities through capacity-building of seven regions and three academic partners

2025-2027

- Scaling up to three additional provinces and at least seven additional cities through seven regions and three additional academic partners

2028-2031

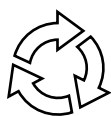
- Scaling up to three additional provinces and at least seven additional cities through seven regions and three additional academic partners

## OUR PROGRAM RESULTS



### Improved health outcomes for all

LGUs shall have tracked improved health outcomes by the end of the 10-year period, ensuring reduction in adolescent birth rates, and increased knowledge of HIV/STI, and gender-based violence among the youth.



### Systems outcomes evident

Improvement in community-based AYSRH and AYHD systems shall have been demonstrated in the areas of leadership and governance, human resources, information system, supply chain management, service delivery, and behavior adoption.

*For more information, ZFF has a Technical Annex containing performance measures per program.*

## OUR 10-YEAR INVESTMENT: PHP641.4M

### PhP333.7M FOR RESOURCE MOBILIZATION

to support prototyping new models; scaling up; and the human resource requirements for portfolio program management in 2022-2031

### PhP307.7M FOR INTERNAL FUNDING

to support developing new knowledge, technologies and research; policy, advocacy, and knowledge dissemination; portfolio life cycle management; and institutional services and management in the next 10 years



Program priority

**ESTABLISHING  
ADOLESCENT-  
FRIENDLY  
COMMUNITIES IN  
LGUs**

# Sustaining ZFF's leading edge

# AT A GLANCE

## SUSTAINING ZFF'S LEADING EDGE BY CONTINUOUSLY LEARNING AND IMPROVING INTERNAL CAPACITY

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### OUR CHALLENGE AND OPPORTUNITY

More than 10 years of ZFF operations has produced proven program intervention systems that produce results benefitting more disadvantaged Filipinos in rural areas. Developing leadership and local governance capacities and building partnerships to implement health change models and road maps is at the core of ZFF's learning from implementation to create results faster and use the evidence for scale and diffusion. This has built ZFF's reputation as a force multiplier for public health change, that has benefited partners, especially the government, in rolling out tested systems with policy, program, and institutional support.

ZFF invests in building human and organizational capacities to sustain what it does best with partners to produce better health for all. *The years 2021-2022 will be devoted to getting ZFF ready to transition to the capacities required for the implementation of the 10-year Strategic Choices. Annex A provides ZFF's transition strategies and measures in preparation for the first year implementation of the Operational Plan.*

### OUR INTENT

ZFF shall have maintained its leading expertise and experience in the next 10 years by:

- delivering priority programs that build leadership and governance capacities of LGUs to produce better health outcomes for all, especially disadvantaged Filipinos in the rural areas;
- building partnerships to advance inclusive, resilient, and integrated local health systems and health change in local communities; and
- learning from the experiences of LGUs and other partners to sustain good practice and inform scale and diffusion strategies.



# SUSTAINING ZFF'S LEADING EDGE BY CONTINUOUSLY LEARNING AND IMPROVING INTERNAL CAPACITY



## OUR OPERATIONAL ASSUMPTIONS

1

**ZFF's leading programs bolster good reputation for producing health outcomes faster**

1. Organize and reinforce internal expertise to support whole-of-program cycle, portfolio-based management in ZFF
2. Build the competencies of a core staff to support program management (design and delivery, partnership engagement, and program-based and institutional KM and learning, and common support services) around Health Change Models with partners
3. Use program expertise and experience to influence national or local public health programs in the context of UHC and full devolution

2

**Partnerships to expand ZFF capacities for program development, scale, and diffusion**

4. Engage the private sector for complementary capacities, resources and initiatives in support of public health, leadership, and local governance
5. Mobilize multilateral support and partnerships with global foundations to scale and diffuse proven HCMs and/or develop new ones
6. Develop results-based agreements with program partners to diffuse ZFF's program intervention systems to other LGUs



# 3

## Learning drives culture of continuous improvement in ZFF; investing in internal capacity essential

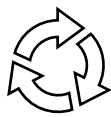
7. Generate institutional learning from program-specific practices and partnerships-based insights to improve programs and operations, and support KM, strategic communications, diffusion and scale strategies
8. Improve internal capacities (i.e. structure and organization, systems and mechanisms, human resources and competencies, and finance and partnerships) to support sustainability
9. Maximize digital solutions in program delivery, KM and institutional learning, and corporate service delivery

### OUR INTERNAL TRANSFORMATION



#### Holistic, portfolio-based programs facilitate health outcomes in ZFF partners

ZFF shall have improved its internal capacity by shifting to 'end-to-end', portfolio-based full program management cycle and facilitating improved health, systems, and diffusion outcomes in collaboration with partners.



#### Institutional learning builds ZFF's 'innovation culture'

Capacity-building, partnership engagement, program management and delivery, scaling up, and diffusion shall have been informed by program-specific and ZFF-wide learning. ZFF's learning agenda shall reinforce its culture of continuous improvement in the next 10 years.



#### Investing in internal capacity keeps ZFF expertise and sustainability

Capacity development shall have sustained:

- Partnership-driven health change in LGUs through holistic public health programs in the context of developing leadership and local governance capacities;
- Healthy resource mobilization from program and resource partners to leverage new capacities for new program development or expansion;
- Learning-driven KM, scaling up, and diffusion strategies; and
- a core workforce supported by enabling systems, mechanisms, and processes.

*For more information, ZFF has a Technical Annex containing performance measures per program.*

Investing in  
human and  
organizational  
capacities for  
public health  
change,  
2022-2031

## INVESTMENT SUMMARY, 2022-2031

Funding source	Budget Type	Life Cycle Process	LHS/UHC	ASRH/RPRH	F1KD/MCHN	Total (Php M)
For resource mob	Program MOOE	Prototyping new models		19.2		19.2
For resource mob	Program MOOE	Scaling-up	161.6	98.8	118.0	378.4
For resource mob	HR Program	Portfolio Program HR (Account Officers)	183.4	215.7	203.3	602.4
		<b>For Resource Mob Total</b>	<b>345.0</b>	<b>333.7</b>	<b>321.3</b>	<b>1,000.0</b>
Internal	Program MOOE	Prototyping new models	27.2			27.2
Internal	Portfolio Mgt MOOE	Developing New Knowledge, Technologies and Research	13.1	18.4	18.4	49.9
Internal	Portfolio Mgt MOOE	Policy, Advocacy, and Knowledge Dissemination	14.0	13.9	13.9	41.8
Internal	Portfolio Mgt MOOE	Diffusion (Strengthening Regional Partners and Scaling up)	47.5	36.8	37.0	121.3
Internal	HR Portfolio	Portfolio Life Cycle Management	71.3	45.2	71.2	187.6
Internal	General Mgt MOOE	Institutional Services	108.4	108.4	108.4	325.2
		<b>Portfolio Life Cycle Management Total</b>	<b>281.4</b>	<b>222.7</b>	<b>248.9</b>	<b>752.9</b>
Internal	HR Institutional	<b>Institutional Management Total</b>	<b>80.1</b>	<b>85.0</b>	<b>82.0</b>	<b>247.1</b>
		<b>For Internal Funding Total</b>	<b>361.5</b>	<b>307.7</b>	<b>330.9</b>	<b>1,000.0</b>
		<b>GRAND TOTAL</b>	<b>706.5</b>	<b>641.4</b>	<b>652.2</b>	<b>2,000.0</b>

1

Php2B needed for 10 years: half for ZFF program portfolios and operations...

The total investment required for 2022-2031 is Php2 billion, half of which is programmed for ZFF's portfolio life cycle management (Php752.9M) and institutional management (Php247.1M).

2

...and the other half from external sources

Another Php1 billion in the next 10 years or about Php100 million annual external funding is needed for ZFF's prototyping and scale-up of program intervention systems that work.

ZFF shall implement a deliberate resource mobilization strategy to expand program and resource partnerships based on proven programs that produce health outcomes faster. Based on historical performance, ZFF is able to generate Php1.20 counterpart funds from partners for every peso it spends. [See Annex B for the assumptions for partnership-building to support scale, diffusion, and sustainability.](#)

# ANNEX A

## MANAGING THE TRANSITION IN 2021-2022

By 2022, the following shall have been put in place in support of the implementation of the first three years (2022-2024) of the ZFF 10-year operational plan:

1. Enhanced Health Change Model with improved performance measures on leadership, system, and health outcomes
2. Improved organizational learning and engagement with the academe, and national and local government partners through scale-up, dissemination and diffusion of ZFF programs
3. Targeted resource mobilization strategy to generate support for ZFF programs
4. Optimized organizational processes and staff competencies towards the achievement of the 10-year Strategic Choices

### Transition priority 1: Assess and update the Health Change Model

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
1. Success factors in achieving “faster” outcomes through resilient health systems operationalized	Deputy Executive Director for LHS	October 2021	<ul style="list-style-type: none"> <li>• Enabling and disabling factors to achieve “faster” outcomes analyzed</li> <li>• Effects of health system “COVIDization” on the implementation of the Health Change Model examined</li> <li>• Critical system knobs for LGUs identified to establish and maintain an inclusive and resilient systems for UHC, nutrition, RH/ ASRH</li> <li>• LHS/ UHC, nutrition, ASRH/RH roadmaps assessed and streamlined based on consolidation workshops among operating units</li> </ul>
2. Community participation in the context of the Health Change Model defined	KMG Director	October 2021	<ul style="list-style-type: none"> <li>• Community participation models per portfolio consolidated</li> <li>• Barangay models for LHS, Nutrition, and ASRH Portfolios identified</li> </ul>
3. Role of social determinants of health in achieving faster health outcomes through HCM incorporated	KMG Director and Operation Leads for LHS, ASRH, and Nutrition	March 2022	<ul style="list-style-type: none"> <li>• Related literature and lessons on contribution of social determinants of health from ZFF programs analyzed</li> <li>• Tangible inputs needed to improve health services interventions in the HCM for UHC, nutrition, and RH/ASRH analyzed</li> </ul>

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
4. Deepening co-ownership and co-creation mechanisms/capacities of partner LGUs to sustain ZFF programs amidst transitions	KMG (measures) ZFFI (engagement and CapDev) Portfolio Management (working with LGUs)	Program design by April 2022	<ul style="list-style-type: none"> <li>• One of the institutional determinants of LGU capacity is the ability to internalize and sustain ZFF programs through policy, organizational, and budget support to ensure program continuity over time</li> <li>• Indicators for LGU ownership and sustainability included in the systems outcomes of ZFF programs</li> <li>• Mechanisms for sustainability of interventions developed through coaching and mentoring as part of co-ownership and co-creation (e.g. a clear coaching and mentoring mechanism with academic partners, regional agencies, and communities of practice)</li> </ul>

**Transition priority 2: Improve organizational learning and engagement with the academe, and national and local governments through scale-up, dissemination, and diffusion of ZFF programs**

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
1. Diffusion and dissemination strategy established	KMG, ZFFI, Corpcomm	April 2022	<ul style="list-style-type: none"> <li>• ZFF scale-up models assessed</li> <li>• Strategy for dissemination, diffusion, and advocacy developed to align with portfolio management</li> <li>• 3-year ZFF Learning Agenda, and Research and Policy Advocacy Agenda set and reviewed</li> <li>• Impact evaluation system in the portfolio program cycle as part of M&amp;E system established</li> </ul>

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
2. ZFF intervention materials on LHS, Nutrition, ASRH, and Resilience completed	ZFFI, KMG, Operational Leads on LHS, ASRH, Nutrition	(Nutrition) <ul style="list-style-type: none"> <li>• PNGP: June 2022</li> <li>• CNGP: Dec 2021 (LHS)</li> <li>• IHLGP: Completed as of Dec 2020, pending USAID approval</li> <li>• IPHSDP: June 2022</li> <li>• (ASRH) YLGP, MISP AND LAYFC: June 2022</li> </ul>	<ul style="list-style-type: none"> <li>• ZFF intervention materials on UHC/resilient LHS, Nutrition, ASRH to include UHC/full devolution updated</li> <li>• Target leadership and governance competencies and acts of LGU health champions and managers enhanced</li> <li>• Modules on LGU-led business and private sector partnerships included in leadership and governance programs developed</li> </ul>
3. Protocols of engagement with LGUs in current pandemic and post-pandemic scenarios, full devolution scenario and LGU leadership transition scenarios set/established	Deputy Executive Director, ZFFI, and Operational Leads on LHS, ASRH, Nutrition	December 2021	<ul style="list-style-type: none"> <li>• Processes/templates for collaboration agreements with all partner LGUs that detail rules of engagement during training, coaching, mentoring, monitoring, and support during pandemics and disasters established</li> <li>• Compendium of best practices and lessons in ZFF engagement during COVID developed</li> <li>• COVID-19 capacity development programs for staff and partner LGUs rolled out</li> <li>• Internal capacity of ZFFI on its public offering programs of programs, including COVID-19 pandemic response improved</li> </ul>
4. Formalized engagement with ZFF academic partners and other capacity development organizational revitalized and functional	ZFFI	April 2022	<ul style="list-style-type: none"> <li>• ZFF Academic Partner engagement strategy that identified regional academic partners to mainstream ZFF programs with partners strengthened</li> <li>• Partnerships with the Local Government Academy and other capacity development organizations (DLSU, UPCPH, DMSFI, SIHI Network, etc.) formalized to support ZFF leadership and governance</li> </ul>

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
5. Formal Partnerships with concerned NGAs established	Deputy Executive Director, ZFFI, and Operational Leads on LHS, ASRH, Nutrition, Partnerships	December 2022	<ul style="list-style-type: none"> <li>• NGAs partner assessed and areas of alignment with ZFF work identified</li> <li>• NGA and LGU dynamics in full devolution and UHC assessed and how this will influence capacity building for LGUs (e.g. DILG, DOH, DSWD, NNC, POPCOM, NYC, etc.)</li> </ul>
6. Engagement program for alumni partners developed to scale-up ZFF program priorities, especially for ASRH, nutrition and LHS	ZFFI as owner of engagement programs	June 2022	<ul style="list-style-type: none"> <li>• Proven programs of ZFF, such as ASRH, nutrition and LHS, ready for scale-up</li> <li>• Alumni LGUs mobilized to scale up nutrition and LHS programs</li> <li>• Engagement program dedicated for program scale-up by LGU alumni implemented</li> <li>• Engagement of Regional Offices and academic partners sustained over time</li> <li>• Clear coaching and mentoring mechanisms operationalized by engaging academic partners, regional agencies, and communities of practice with other alumni LGUs to support coaching and mentoring of partner LGUs</li> </ul>

### **Transition priority 3: Implement a resource mobilization strategy to support ZFF programs**

1. Assess the Foundation's brand perception among its stakeholders and publics	Corpcomm	March 2022	<ul style="list-style-type: none"> <li>• Conduct assessments on stakeholders' perception of ZFF brand conducted by Corpcomm (part of their KM plan)</li> </ul>
2. Enhance current partnerships policy on ethical scale-up and partnering	Partnerships	December 2021	<ul style="list-style-type: none"> <li>• Define functions and roles of staff in the partnership process</li> <li>• Establish ethical guidelines and partnership assessment</li> </ul>
3. Partnership models and packages of support developed	Partnerships	April 2022	<ul style="list-style-type: none"> <li>• Define private sector partnership models and modes of financing</li> <li>• Identify types of potential partnerships that can support scale-up and diffusion</li> </ul>

## Transition priority 4: Optimize organizational processes and staff competencies to achieve the objectives of the 10-year Strategic Choices

<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
<p>1. Staff Development and Management is aligned to organizational requirements</p> <ul style="list-style-type: none"> <li>• Portfolio-based organizational and staffing arrangements adopted</li> <li>• HR strategy developed and implemented</li> <li>• Full Portfolio Management operational                             <ul style="list-style-type: none"> <li>○ LHS</li> <li>○ Nutrition</li> <li>○ ASRH</li> </ul> </li> </ul>	HR and ZFFI	<p>Staff arrangements by Sep 2021</p> <p>HR strategy by March 2022</p> <p>LHS portfolio by January 2022</p> <p>Nutrition portfolio by Jan 2022</p> <p>ASRH portfolio by March 2022</p>	<ul style="list-style-type: none"> <li>• Shift from project-oriented operations to portfolio management completed</li> <li>• Subject matter expertise in public health and local governance developed</li> <li>• Organizational staffing and key functions assessed</li> <li>• Open application for the newly created posts under the revised ZFF organizational structure done</li> <li>• Policy on hybrid work arrangements for onsite office set-up and field-based, work from home arrangements (post pandemic) established</li> </ul>
<p>2. Operations management responsive to the 10-year strategic directions for local health systems development/UHC implementation, nutrition/F1KD, and RH/ASRH</p>	All units	Operations management processes completed by June 2022	<ul style="list-style-type: none"> <li>• Key business process aligned to new organizational structure and 10-year operational plan completed</li> <li>• Regular business process reviews done</li> </ul>
<p>3. Learning management system optimized and functional</p>	KMG, ZFFI	March 2022	
<p>4. ZFF intellectual property fully observed within the organization and its partners</p>	All units	December 2021	<ul style="list-style-type: none"> <li>• Complete training directory</li> <li>• Register copyrights of all knowledge products, including digital products developed by ZFF</li> </ul>



<b>Operational milestones</b>	<b>Lead</b>	<b>Completion</b>	<b>Critical assumptions</b>
4. 3-year strategy (2023-2025) and annual work and financial plans approved	Corporate planning, all units	November 2022	• 2022 Work and Financial Plan approved by BOT

# ANNEX B

## BUILDING PARTNERSHIPS FOR SCALE, DIFFUSION, AND SUSTAINABILITY

Partnership-building is integral to the implementation of the ZFF 10-year Operational Plan and will be guided by the ZFF Partnerships Policy\* based on agreed principles and ethical guidelines:

- 1** ZFF will strengthen its current partnerships strategy with the private sector (CSOs, philanthropy, business sector) to support the program priorities and health change model of ZFF at the local level, particularly scale-up and diffusion of ZFF programs or direct program support in the local health system and provision of tangible inputs to augment local capacity. Partnerships will be based on ethical engagement to advance public health change at the local level.
- 2** Partnership-building at the local level recognizes the role of LGUs and leadership capacity to transform local health systems and produce better health outcomes and the incentives for private sector participation in sustaining health change. The objective is to sustain partnerships that are empowering and complementing between and among stakeholders, rather than fostering dependency or subordination.
- 3** ZFF will implement a resource mobilization strategy to generate support from partners to (a) scale up and diffuse programs that work to other LGUs and (b) new approaches and ways of doing things to produce health outcomes faster.

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\*Policy version as of June 2021 aligned with the 10 year plan (2022-2031) strategy.

4

ZFF will continue its program and resource partnerships with multilateral and bilateral partners to scale and test out new approaches and innovations to produce better health outcomes.

5

For diffusion and advocacy of good practice and proven programs and capacity-building of other LGUs, ZFF will work with academic and institutional partners.

### **For program partnerships, ZFF will**

continue collaboration with multilateral and bilateral development agencies to develop and mainstream ZFF priority programs specifically:

- UHC/ Local health systems–USAID;
- F1KD/ nutrition–UNICEF; and
- RH/ AYSRH - UNFPA

and increase collaboration with philanthropic organizations or aggregator organizations, such as KGJF and Gates Institute to scale-up ZFF priority programs for leadership and governance in LHS, nutrition, and AYSRH.

## **For institutional partnerships, ZFF will**

- formalize partnerships with the DILG and the Local Government Academy to implement capacity building for LGUs;
- continue strengthening relationships with DOH, POPCOM, and NNC to scale-up ZFF programs for UHC, nutrition, and RH/ASRH; and
- strengthen capacities of academic partners to mainstream ZFF technologies and act as training delivery mechanism for diffuse ZFF capacity building programs.

## **For resource partnerships, ZFF will**

- define tangible inputs essential for local health systems development, nutrition, and RH/ASRH;
- determine private sector directions and specific private sector institutions and business entities in partnering and contributing to local government development, particularly for UHC, nutrition, and RH/ASRH; and
- match resource needs of local governments with the private sector, and ensure that local development impacts and inclusive business are part of the primary goals in brokering public-private partnerships among ZFF partners.

# ANNEX C

## ENHANCING THE HEALTH CHANGE MODEL



The HCM defines the journey of LGU partners building on their leadership capacities with the assistance of ZFF to transform the local health system in order to produce better health outcomes for the community, especially the disadvantaged Filipinos in rural areas.

- 1** ZFF's experience and expertise in leadership, local governance, and public health require partnerships to scale up and diffuse programs that work and produce health outcomes faster. ZFF will continue to engage DOH as an important partner to influence institutionalization of evidence-based good practice and innovations from ZFF programs and implementation experience.
- 2** ZFF's reputation for transforming local health systems and producing evidence for better health for all at the community level will reinforce its expertise. It will continue to use this expertise to influence and work with the government and partners in making local health systems inclusive and resilient in the context of universal health care and full devolution.
- 3** ZFF will map providers of training and other forms of capacity-building at the local level to determine 'who is doing what' to develop responsive leadership and governance capacity (see 1 in the HCM figure) and explore opportunities for collaboration in capacity-building.

- 4** In addition to training and learning, ZFF will build resource partnerships necessary to build local capacity to transform local health systems (see 2 in the HCM figure). Partnerships at the local level are important to provide complementary, tangible inputs (see page 37 for details) to support the health change agenda of LGUs.
- 5** ZFF will define 'definitive goals' or the guide posts by which to determine whether or not health outcomes have been met (see 3 in the HCM figure). This will provide the Board the evidence to make informed decisions to steer ZFF to other priority needs.
- 6** ZFF will support the social determinants of health and community participation to reinforce health change at the local level, particularly sustaining people's health-promoting behaviors. ZFF will work with the communities and households as partners for health, especially to foster barangay-level engagement. The COVID 19 experience has shown that the community could be mobilized for health care delivery system (eg. BHERTs are being trained as contact tracers and stewards of community pantries).
- 7** ZFF in collaboration with LGUs, the private sector, and community stakeholders, will work to ensure an enabling environment to support health change, including critical infrastructure to support digital solutions.
- 8** ZFF will develop a 'continuity plan or program' to ensure sustainability of HCMs and programs that work, especially in the context of political transitions.



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