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A STRATEGIC NEEDS-BASED COMMUNITY HEALTH ADMINISTRATION MODEL FOR SOCIAL DEVELOPMENT AND ADMINISTRATIVE REFORM: A CASE STUDY OF AN URBAN MUNICIPALITY IN THE PHILIPPINES

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Abstract

Despite the 4.02 social development rating of the Municipality of Hagonoy, its morbidity rate remains a core challenge; crude death rate is the lowest acceptable. These are symptomatic of governance failure in community health administration. This paper aims to create the Strategic Needs-based Community Health Administration (STRANCH-A) Model for the Municipality to address issues of adaptive mechanisms as interventions for emergent key health concerns, and of the vertical hierarchy in social development planning that results in the low 'Fair' Development Index for 2012. Participants include the present Municipal Council, Health Officer, Head of the Department of Social Welfare and Development, Planning and Development Officer, and Barangay Captains of the urban Municipality of Hagonoy, Bulacan. With Grounded Theory as approach, the author conducted a focus group discussion, a survey, and interviews; identified and categorized emergent key health concerns and existing interventions for them; and analyzed the relationship between these concerns and interventions. She examined the categories to discover new empowering interventions for sustainability for the creation of the STRANCH-A Model for Social Development meant to concretize and improve the process of planning and

implementation in the area of community health. The analysis yielded four categorizations for levels of participant awareness on five sub-categorized emerging key health concerns. It was discovered that there existed a vertical hierarchy in administration of social development and that the women sector was affected by recurring gender-specific diseases. The STRANCH-A Model systematized the process of the administration of community health as a form of social development in the Municipality.

Keywords
Health Administration, Community Health, Administrative Reform

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1. Introduction

Hagonoy, Bulacan is an urban municipality in the Philippines with an overall Development Index of 3.17 as indicated in the electronic State of Local Development Report (e-SLDR) of 2012. Its environmental development is rated 2.73; economic development, 2.75. Its performance in the area of social development is rated highest at 4.02 (Cruz, Jr., 2012).

Even with a highly rated social development, the 2.67 'morbidity rate' is identified as a 'core challenge'; 'crude death rate' is 3.0, the lowest acceptable score possible (Cruz, Jr., 2012). The 'morbidity rate' is symptomatic of the failure of governance in addressing the recurring cases of diseases in the municipality, hampering the process of social development with the Municipal Government's incapacity to control 'morbidity rate.' At the micro-level, this issue is an irony of a highly rated social development with a morbidity rate considered as a core challenge. At the macro-level, the issue is a causal relationship between morbidity rate as a component of social, economic, and environmental development as core challenges. The Local Government Performance Management System (LGPMS) indicates that: Socio economic [development] and environment are interdependent.

A healthy and good quality human resource (labor force) is a productive working force that breeds a healthy economy and one that recognizes the value of environmental quality (as cited in Cruz, Jr., and p. 59).

Given the interdependence among the three modes of development, it is justifiable to wonder why in spite of the high social development rating of the municipality; it remains economically and environmentally underdeveloped. The initial assumption of the study is that the high social development rating is superficial in the face of a very low rating in the morbidity reduction efforts of the municipal government. If the Local Government Unit (LGU) is to aim for

a genuine social development in the area of community health, the interface between the overall high social development index and low rating on morbidity reduction should be carefully examined.

The major objective of this paper is to create, for local officials, a strategic needs- based process model of intervention planning for and administration of social development in the area of community health with a multidirectional and non-restrictive hierarchy of roles and functions in the Hagonoy LGU. The specific area of interest is the state of health of the population, focusing on health problems of the communities. The study is limited to the social development planning of the Municipality. It is important for the LGU to have a basis for a needs-based community health administration planning and implementation, and for community health policy making.

1.1 Method

With the Classic Grounded Theory as the theoretical framework, all data are conceptually equally important in the development of a community health administration model for social development. The study offers local officials a process model of social development administration that is grounded on data provided at the grass roots level.

1.2 Participants

Aside from the Barangay Captains who represent the communities, participants include the present members of the Sangguniang Bayan, Municipal Health and Planning and Development Officers, and the DSWD Head. They are chosen on the basis of their respective roles in community health administration.

1.3 Instruments

Methodological triangulation was achieved through a forty-five minute Focus Group Discussion (FGD) with the Sangguniang Bayan and the Municipal Health Officer, a survey with 26 Barangay Captains, and interviews with the Municipal DSWD Head and Planning and Development Officer.

1.4 Procedure for Data Collection and Analysis

The forty-five minute FGD had social problems in the area of community health as topics of concern. Guide questions from which specific health concerns were to emerge were categorized in terms of observed needs, interventions or perceived solutions, and sustainability. The same FGD questions were used in the survey administered to the 26 Barangay Captains. The interview questions for the Municipal DSWD Head focused on the existing health programs,

their nature, and the role of the Municipal Council in these programs. The Municipal Planning and Development Officer were asked about the existence of a municipal social development plan. Having four sets of respondents rendered the study data triangulation.

The eight-step analysis started with identifying and considering statements by Municipal Councilors, the Municipal Health Officer, and the Barangay Captains stating or implying health problems. The emerging key concerns were then categorized into the following:

- Key concerns known to Municipal Councilors only
- Key concerns known to Barangay Captains only
- Key concerns not known to the Municipal Council and Barangay Captains but are in the SLGR 2012
- Key concerns known to either the Municipal Councilors or Barangay Captains but not Included in the SLGR 2012

The categories guaranteed the comprehensive identification of needs that were to be addressed by the resulting model of community health administration for social development. With the categorization of the emerging key concerns, the implications of the relationship between them and existing interventions on sustainability were analyzed with the consideration of whether the interventions were merely adaptive or significantly pro-active and whether these interventions were empowering people or not.

The categorized needs were further analyzed through a relational analysis aimed at discovering how one need might be related to the other; if these needs could be solved by the same intervention; and if in case they needed separate interventions, how these could be effectively designed. The ultimate outcome of these considerations was the discovery of new possible empowering interventions for sustainability that would be incorporated in the design of the community health administration model for social development.

Aside from focusing on the emerging key concerns, emphasis was given on the structural analysis of the implications of hierarchies in the Municipal Government on the creation of interventions. Five salient points were examined: the existence of a linkage between the Mayor and the Municipal Council in the planning and implementation of social programs on health; the descent of social programs on health to the barrios; the role of the DSWD and the Municipal Health Office in the implementation of social programs on health; the problems in existing linkages; and the actions that need to be taken to strengthen the linkages for effective planning and implementation.

With specific diseases as one category of identified needs, Gender and Development (GAD) analysis was applied, emphasizing how the community health administration model for social development could be designed to be responsive to the emerging gender-specific diseases and how the concerned sector can be empowered to act on the prevention of these diseases.

With the output of the analysis, the Strategic Needs-based Community Health Administration Model for Social Development was designed. The final step was a contrastive analysis of the existing municipal social development model and the new Strategic Needs- based Community Health Administration Model for Social Development to illustrate and highlight the suitability and usefulness of the latter.

2. Results and Discussion

Table 1 shows that all the responses by the Sangguniang Bayan and the Liga ng mga Barangay and the facts relating to community health reported in the SLGR 2012 are disease-related and can either be the cause or the consequence of diseases. The failing rating of 2.67 for morbidity as indicated in the SLGR 2012 is indicative of a poor community health management. Recurring diseases must be the immediate concern of the Municipal Government. As listed in the SLGR 2012, dental carries is the number one morbidity disease. The report also enumerates the other diseases completing the list of the top five morbidity diseases: Acute Respiratory Infection (ARI), Flue-like Illness, Pulpitis, and Hypertensive Cardiovascular Disease (HCVD). It is worth noting that the top five morbidity diseases are also the top five causes of mortality, only differing in rank. This observation is indicative of a failure in the health program of the Municipality. Dental cases can easily be controlled and thus, should not remain as a persisting health concern.
In analyzing emergent key concerns, a categorization could be made in terms of the awareness of the Municipal Council and the Barangay Captains about these concerns (Table 1). There are key concerns known to municipal councilors only; key concerns known to Barangay Captains only; key concerns not known to the Municipal Council and Barangay Captains, but are indicated in the SLGR 2012; and key concerns known to the Municipal Council and Barangay Captains, but not indicated in the SLGR 2012. The responses included in each of the categories are:
Category 1: Emergent key concerns known to the municipal councilors only

- Cervical cancer
- Disability screening
- Tuberculosis

- Early pregnancy
- Dengue cases
- Lack of data base

Category 2: Emergent key concerns known to barangay captains only

- "ang kakanyahan ng C.R. sa mahihirap ang buhay"
- "madagdagan pa ang medisina at kasangkapang pang medisina"
- "palaging mabigyan ng babala ang may alagang hayop sa tabing ilog"
- "ibat ibang Uri ng karamdaman at kalayuan sa ospital"
- "maruming kanal na nanggagaling sa maruming palaisdaan"

Category 3: Key concerns not known to both the Municipal Council and the Barangay Captains but are in the SLGR 2012

- Morbidity rate
- Crude death rate

Category 4: Key concerns known to either the Municipal Councilors or Barangay Captains but not indicated in the SLGR 2012

- Disability screening
- "madagdagan pa nag medisina at kasangkapang pang medisina"
- "palaging mabigyan ng babala ang mga may alagang hayop sa tabing ilog"

The needs categorization is crucial in defining parameters in the design of the community health administration model for social development. More significantly, in considering the four categories, the comprehensiveness of the model and its responsiveness to the needs are established. The latter entails the careful analysis of possible interventions to address the existing health problems. Based on the categories, two levels of interventions must be included. The first is preventive intervention as suggested by Categories 3 and 4; the second, direct intervention as can be inferred from Categories 1 and 2.

As regards the existing interventions for the four categories, out of the eight identified needs, only two have interventions. For tuberculosis (Category 1), expenses and occasional

Table 1: *Emergent Key Concerns as Identified by the Sangguniang Bayan, Liga ng mga Barangay, and in the SLGR 2012*

Sangguniang Bayan	Liga ng mga Barangay	SLGR 2012

Cervical cancer (M. Magat, personal communication, July 22, 2013)	"ang kakakanyang C.R. sa mga mahihirap ang buhay" (Barangay Captain of San Jose)	"Morbidity rate is alarming." 2.67
Disability screening (Magat, personal communication, July 22, 2013)	"madagdagan pa ang medisina at kasang kapang pang medisina" "palagiang mabigyan ng babala ang mga may alagang hayop sa may tabing ilog" (Barangay Captain of Sta. Elena)	"Crude death rate is tolerable." 3.0
Tuberculosis (I. Santos, personal communication, July 22, 2013)	"kahirapan" (Barangay Captain of Mercado)	
Early pregnancy (I. Santos, personal communication, July 22, 2013)	"ibat ibang uri ng karamdaman at kalayuan sa ospital" "maruming kanal na nanggagaling sa maruming palaisdaan" (Barangay Captain of San Juan)	
Dengue cases (I. Cruz, personal communication, July 22, 2013)		
Lack of database (E. Santos, personal communication, July 22, 2013)		

Maintenance is shouldered by the municipality as stated by Councilor Ihna Santos. The poor performance in reducing the morbidity rate (Category 3), on the other hand, is matched by the Municipal Government with medical and dental missions (Cruz, Jr., 2012). These existing interventions are non-sustaining and non-empowering adaptive mechanisms.

Another crucial factor to consider in the needs-analysis is the discovery of the relationship among categorized needs without interventions or with adaptive interventions that would clarify what particular need or needs could be addressed by the same or two different interventions. This step necessitates the consideration of the time element, referred to as the 'Phasing of Intervention', and the nature the 'capacitating ability' of the possible new intervention.

An intervention may be short-term or long-term. It may also be empowering or non-empowering. A non-empowering intervention develops dependence on the part of the community. There are five sub-categorizations of the emergent key concerns:

- Needs with long-term, empowering interventions
- Needs with short-term, empowering interventions
- A need with a long-term, non-empowering intervention
- A need with a short-term, non-empowering intervention
- A need with a short or long-term, non-empowering intervention

With the five sub-categorizations of emergent key concerns, it is evident that each requires its own set of interventions. Caution should be taken to ensure that the specific needs belonging to each category are considered as well. Taking into account the time needed to affect an intervention is crucial in its effectiveness and responsiveness. The ultimate concern is the ability of the intervention to empower the communities in the process. Adaptive mechanisms should be transformed into pro-active interventions during the planning stage for people empowerment. The interventions should gradually break the dependence of the citizens on the Municipal Government and enable them to work for what they need on their own.

Apart from the quality of interventions, another emerging concern is the impact of the hierarchies in the LGU of Agony on the planning and implementation of social programs. With facts gathered from the FGD and the interviews, it is discovered that:

- During the term of the previous mayor, there was planning but there was no social program implementation (I. Cruz, personal communication, July 22, 2013);
- The only existing social program is the 4Ps (I. Cruz, personal communication, July 22, 2013);
- There is no social development plan during the term of the previous mayor, although initiatives are included in the thrust of his leadership (R. Fabrigar, personal communication, July 22, 2013);
- There is no comprehensive social development plan yet during the present administration (R. Fibiger, personal communication, July 22, 2013);
- For the last six years, there has been no health ordinance issued by the Sangguniang Bayan (I. Cruz, personal communication, July 22, 2013); only an ordinance on smoking was issued (R. Pajela, personal communication, July 22, 2013);

- there is no office in charge solely of the social development planning of the Municipality; the function of social development planning and development is assigned to the Municipal Planning and Development Office (R. Faberge, personal communication, July 22, 2013);
- No budget allocation is made for social welfare (Cruz, Jr., 2012).

With the facts above, it becomes evident that the existence of a comprehensive social program in the Municipality of Agony is highly dependent on the priorities set by the Mayor.

There exists a top-down hierarchy in social development planning. If no priority is given by the Mayor on social programs, no ordinances are formulated; and thus, no implementation is brought down to the twenty-six barangays.

Having 4Ps as the only existing social program in the Municipality renders the LGU of Agony unproductive in the area of social development planning. According to Ms. Angie deal Cruz, the Municipal DSWD Head, the two other programs of DSWD are the day care and the dental check-ups for pre-schoolers. She said that the Municipal Council had no role in these projects except for logistics coordination. She further said that there was once an approved resolution on Gender and Development (GAD) but this was left unimplemented. According to her, there used to be a Municipal Committee on Family, Women, and Children. So far, the first committee created by the present leadership is the Finance Committee; what preceded it was only the Ad Hoc Committee headed by Councilor Elmer Santos.

Problems in linkages are inescapable given the hierarchy in social development planning and implementation in Agony. With the present top-down hierarchy, no follow-up or inquiry could be made by DSWD on the implementation of the particular GAD resolution mentioned by the Municipal DSWD Head. Further, limiting the participation of the Sangguniang Bayan and the Liga ng mega Barangay in the implementation of DSWD- initiated social programs to matters of logistics is downplaying their significant role in the identification of the specific needs of the people in the barangays that are supposed to be addressed by social programs. Given the present set-up, the Sangguniang Bayan cannot oblige the Mayor to create a social development plan for the Municipality should the Mayor decide not to include social programs in his priority list.

To strengthen the internal linkages within the LGU of Agony, the top-down hierarchy in planning and implementation of social programs should be replaced by a multidirectional hierarchy. With this proposed set-up, the Mayor and the Councils would be open to roles- shift

depending on who can initiate the programs; who can finance them; and who can mobilize all the sectors concerned. Externally, instead of the LGU acting as a support arm for national social programs, a shifting in roles should be allowed. DSWD should also become the support arm of LGU-initiated programs. The role of the LGU as a source of significant data in the planning of social programs must be reemphasized and recognized. The protocol of parallel existence and operations between the Municipal DSWD and the Municipality should be altered and modified as permitted by law to allow the flow of interventions from the two, preventing the occurrence of problems such as the failure to implement certain resolutions; this could have been prevented with DSWD prodding.

The identified gender-specific diseases are the final area of concern. The diseases specific to the women of Agony are cervical cancer (M. Magat, personal communication, July 22, 2013), breast cancer (Cruz, Jr., 2012), complications from childbirth, and early pregnancy (I. Santos and J. Reyes, personal communication, July 22, 2013). Tuberculosis is found to be specific to tricycle drivers as discovered by Councilor Ihna Santos during consultations before the 2013 elections. The first of the two issues regarding these gender- related diseases is that although the SLGR 2012 regards these diseases as immediate concerns, the reported accomplishment in this area as indicated in the SLGR 2012 is clearly not a direct solution to these. The construction of Rural Health Units (RHUs) in several barangays, as a reported accomplishment by the previous leadership, is not a direct intervention. The second issue is that the reported efforts in addressing these diseases are still at the infancy stage. That even finding a schedule common to all the women taking part in the initiative to create a group that would address the needs of women in Hagonoy is a problem (Cruz, Jr., 2012) one could only surmise that indeed there are immense problems that are yet to be confronted.

Consistent with the proposed intervention by Councilor Elmer Santos, a database of the profile of women afflicted with the identified gender-specific diseases should be created. Only with the accurate identification of the members of the sector concerned could effective interventions be programmed. Preventive health programs inclusive of nutrition, lifestyle check, and emphasis on the importance of regular medical checkup must be initiated alongside information dissemination, enabling the women to work for the prevention of acquiring such gender-specific diseases. Reviving the Municipal Committee on Family, Women, and Children is a good way to start prioritizing on the women sector.

From the process of taking into account all issues involved in the social development experience of the Municipality evolves The Strategic Needs-based Community Health Administration Model for Social Development (Figure 1). The complexity of the context of the existing problems on the social development planning and implementation in the Municipality is recognized in the choice of the Open System as the guiding framework for the creation of the model particularly designed to illustrate what the LGU needs to do in the process of formulating a social development plan focusing on community health.

Strategic Needs-based Community Health Administration Model for Social Development and Administrative Reform (hereafter referred to as STRANCH-A) is both a conceptual and process model. Its ideational nature comes with the identification of the components of the model namely the input, mechanisms, output, and the context that influences mechanisms. As a process model, it illustrates a procedural chain that enables the LGU to formulate workable social development programs in the area of community health administration via a multidirectional and non-restrictive hierarchy of roles and functions in the municipality. Normally, process models are designed to improve existing systems. In the case of the absence of a municipal-initiated social program, STRANCH-A as a process model establishes the system. The expected output is a responsive and empowering social development model in the area of community health.

In identifying possible interventions, the LGU must be aware of the effects of the existing linkages in the hierarchy of roles and functions in social development planning and implementation on the mechanisms of intervention. A multi-directional hierarchy, rather than a top-down hierarchy, of roles and functions allows for a more flexible approach to the initiation, implementation, and support of social development programs. The exercise of initiating social programs is therefore not confined to the Mayor alone; the Sangguniang Bayan and the Liga ng mga Barangay must assume the role of initiators. All three can act as implementers and support arms, depending on the capacity of each, given the context of the social program at hand. With STRANCH-A, DSWD can assume additional roles of initiator and support arm to LGU-initiated social development programs. If it acts as an initiator, it could then merge with the component in the internal hierarchy of the LGU assuming the same role; thus, DSWD is going beyond its prescribed parallel coordinating function in relation to the LGU to become an initiator and/or support arm itself.

As is, promoting the welfare of citizens in the Municipality is done with the inclusion of social welfare in the thrust of the previous Mayor. The needs are taken as they are; the interventions are merely adaptive mechanisms in nature, with the top-down hierarchy dominantly affecting these mechanisms. With STRANCH-A, social welfare is included in a plan conceived from the consideration of needs with gender sensitive, pro-active, time- bound, and empowering responsive interventions that are carried out through a multidirectional and non-restrictive hierarchy of roles and functions. The model is consistent with "Health-supportive Organizational Structure" in Community Health Theories (http://www.healthpromotionagency.org.uk).

3. Conclusion

The study argues that the morbidity rate of the Municipality remaining to be a core challenge despite its high social development rating is indicative of the failure in governance in the area of community health administration. Suggested in the findings that have been presented is the fact that there are possible new empowering interventions and reforms that could be carried out to improve the process of planning and administration in the area of community health. These findings are important in the creation of the STRANCH-A Model which in turn gains significance in its ability to concretize and systematize the community health administration in the Municipality, and eventually to carry out community health administrative reforms. While the study does not offer an answer to the question of how fast social development could be administered in the community, it identifies a means to reform the way to achieve social development. With the STRANCH-A Model, the vertical hierarchy in social development planning is replaced with a multi-directional and non-restrictive hierarchy of roles and functions in the implementation of community health programs. This is one aspect that only this study has particularly addressed.

With the foregoing, and focusing on the administrative reforms in the Municipality, recommendations include the:

- Creation of a database for the sector affected by emergent key concerns;
- Creation of a municipal committee or agency solely in charge of the municipal social Development planning;
- Conduct of a strategic social development planning workshop;
- Creation of a comprehensive social development plan integrating the conceptual Specifications of STRANCH-A;

- Creation of Municipal-initiated social development programs;
- Restructuring of the top-down hierarchy of roles and functions to allow the DSWD, The Mayor, the Sangguniang Bayan, and the Liga ng mga Barangay to assume dual or Multiple roles in social development program planning and implementation;
- Emphasis on and recognition of the role of both the municipal executive and legislative bodies in planning and implementing social development programs;
- Budget allocation for local development as required by the Local Government Code of 1991 [9], with social welfare as the focus of allocation.

The problems relating to the lack of social development planning and implementation in the Municipal Government of Hagonoy, Bulacan in the area of community health administration stem from the interventions that are merely adaptive in nature and from the top-down hierarchy in planning and implementation that is highly dependent on the priority set by the Mayor. If both the municipal legislative and executive bodies aim for a realistically high social development index, they should be willing to effect changes in the areas of strategic planning for effective interventions. The recommended structural reform at the level

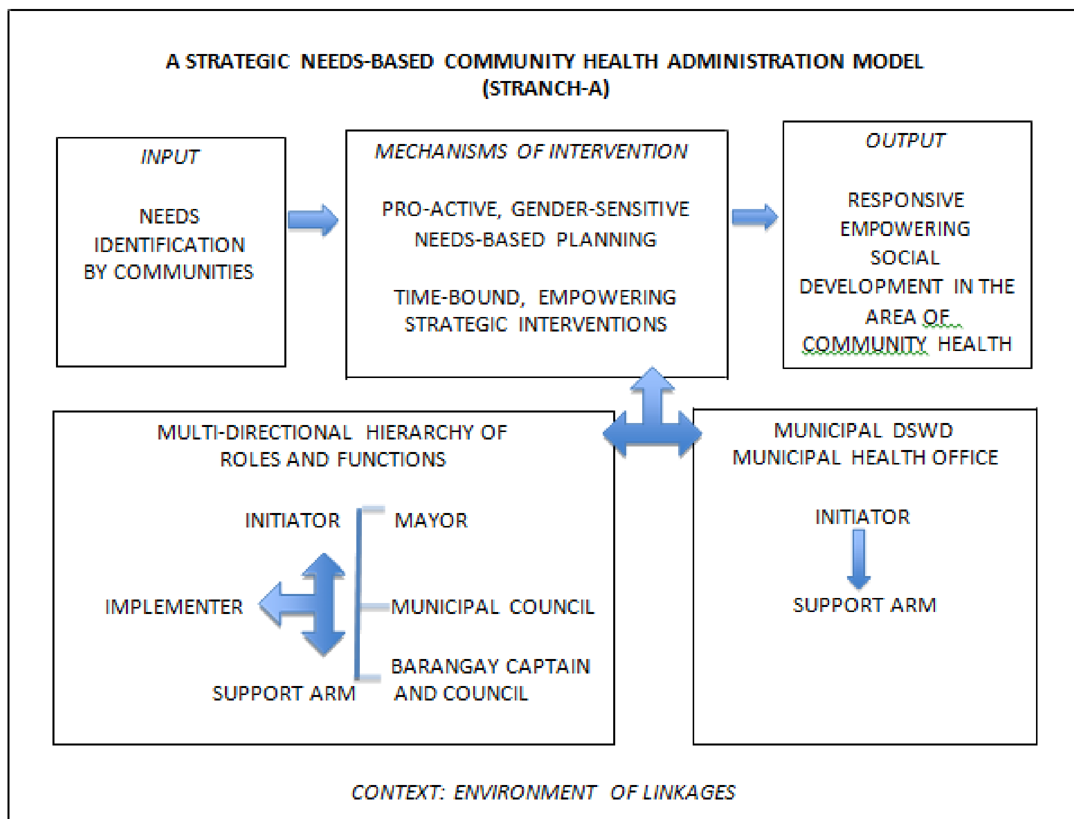

Figure 1: *STRANCH-A Model for Social Development and Administrative Reform*

Of implementation that accommodates shifting of roles and/or the assumption of new roles and functions is necessary to jumpstart the process of prioritizing on the social welfare of the people of Hagonoy. The municipality must not remain economically and environmentally underdeveloped even with a high social index. The Municipal Government must ensure that the intervening social programs would affect a beneficial situational turnaround for the constituents of the Municipality.

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