



HEALTH CARE DELIVERY IN THE LOCAL GOVERNMENT OF TULUNAN: ITS LOOPHOLES AND CHALLENGES

Author: ANN CRISTINE D. LOMIGO, Instructor, University of Southern Mindanao

Co-Author: ARISTEO C. SALAPA, Professor, University of Southeastern Philippines

I. INTRODUCTION

1.1 Background of the Study

Healthcare is one of the basic services done by the government. Citizens nowadays are making sure that their health is always on top of their priority. Healthcare is an essential component of modern life. It is the delivery of medical treatment to individuals or communities, and it is precarious in cultivating overall well-being and preventing the beginning of diseases and disorders.

Healthcare, being a complicated topic, includes a wide range of concerns, such as access to healthcare services, healthcare finance, quality of care, and health outcomes.

All the techniques, actions, and processes used by healthcare facilities to give patients high-quality care are referred to as healthcare service delivery. From the moment a patient seeks medical attention until the conclusion of the therapy, the complete process is included.

Delivering healthcare services effectively depends on gaining the confidence and pleasure of patients. Healthcare professionals ought to approach their work with empathy and compassion, attentively hearing patients out to understand their symptoms, background, and concerns.

Communication, resource accessibility, the presence of qualified employees, and the application of contemporary technology are all essential components of providing effective healthcare services. Effective communication is essential for healthcare professionals to appropriately diagnose, treat, and follow up with patients. Professionals in the medical field must be able to communicate and work together.

Numerous difficulties are hurting the quality of treatment offered to patients in the healthcare system. One of the most serious issues is the rising expense of healthcare, which has made it difficult for many individuals to obtain medical care. Another is a lack of healthcare experts, particularly in rural areas, which has resulted in high wait times and insufficient service.

Concerns have also been raised about patient safety and the quality of care offered by some healthcare facilities. These issues require immediate action from politicians and healthcare stakeholders to guarantee that patients receive high-quality care at reasonable prices.

Public service is a noble vocation that entails serving the community and making a good difference in the lives of others. It is a selfless act of dedication to the improvement of society. Public workers are responsible for ensuring that all residents have access to basic services such as healthcare, education, transportation, and security.

They strive relentlessly to improve everyone's quality of life, regardless of background or social standing. Individuals with strong moral principles, honesty, and a desire to serve others are needed in public service. It is an essential component of any functional democracy and plays an important part in defining our society's destiny.

Delivery of healthcare services should be free and is non-inclusive where everyone can be treated from their illness, and that the services coming from the government can be fully accessed by its citizens regardless of their gender, culture, ethnicity, and social status. Facilities should be complete and healthcare workers are enough to cater the needs of the people.

In the Philippines we have the Universal Health Care Act which is also the health care policy of the country, with UHC, all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk (Department of Health, 2013).

PHC was considered as an important innovation in the Philippine's health care delivery system. The primary health care approach was adopted in 1979 in the country. Since the early 1970s up to the present, PHC implementation has varied in accordance with governments that come and go that employ the approach. (Filoteo, 2019).

The Philippine Government signed Republic Act 11223 or the Universal Health Care (UHC) Law in 2019, allowing all Filipinos, including Overseas Filipino Workers (OFWs), to access healthcare services under the Government's health insurance program (PhilHealth). The UHC aims to cover at least 50% of medical expenses to encourage Filipinos visit specialty doctors and undergo advanced medical procedures.

With the passage of the Universal Health Care Act, approximately about 109 million Filipinos now have immediate access to key health-care benefits through the Philippine Health Insurance Corporation (PhilHealth). Basic hospitalization and medicine for admitted patients, particular laboratory services, and procedures for certain medical disorders are all included.

The poor, who were previously unprotected by either voluntary or involuntary insurance, will benefit the most from this. The bill's implementation is outlined in the recently approved Implementing Rules and Regulations (IRR). Due to the government's constraints, particularly fiscal constraints, the law is projected to be implemented gradually over the coming years until complete adoption. (Asan, 2019)

A study conducted by Kary Van Arsdale of Avante Health Solutions in 2016 says that the Philippines needs quality medical equipment and health care professionals.

According to MedHyve in 2016, basic healthcare is a right for everyone. Unfortunately, not every Filipino patient receives the quality of medical attention they require. Healthcare provided in public and private hospitals, as well as those in urban and rural locations, differs significantly.

Public hospitals often treat more patients, but sadly, many of them lack the resources and staff needed to provide timely care for everyone. However, private healthcare facilities typically exhibit greater consistency.

They are more qualified to help, but their assistance is not free. As a result, not all Filipinos can afford to use private hospitals. Additionally, there is a distinct difference between the private and public health facilities.

1.2 Statement of the Problem

This study seeks to distinguish and identify the challenges on the healthcare delivery service in the Local Government of Tulanang that hinders the field of public service delivery.

1.3 Objectives of the Study

The objective of this research is to discover the challenges in the healthcare delivery in the Local Government of Tulanang.

1.4 Significance of the Study

With relation to new initiatives for the healthcare benefits and access of the Local Government in Tulanang, North Cotabato, this research will offer new insights into the regional healthcare systems and that this would help as future references for leaders and policy makers developing strategies on how to improve the public service delivery in healthcare.

1.5 Scope and Limitation of the Study

This study only focused on the identification of the challenges and loopholes of the healthcare delivery in the local government of Tulanang, North Cotabato

The target population of this study are the residents in Tulanang, North Cotabato. The researchers discerned the limitations that might have influenced the study. There are factors during data gathering that might affect the result of the study. As part of the limitation, the researchers had little control over the issues with sample and selection, insufficient sample size or specific participants for statistical significance. In addition, the instruments rely on adapted questionnaires which the researchers have no control.

1.6 Definition of Terms

The terms listed below have conceptual definitions. For the researchers to better comprehend the significance of these concepts in the current investigation, some are operationally defined.

Public service- are the activities and services done in any government capacity in the interest of the public domain and for the benefit of the general public. Such services include policing, defense, healthcare, education, etc.

Service delivery -refers to the extent to which the services provided by the listed sectors meet or exceed the expectation of the beneficiaries of the general public.

The Republic Act No. 11223- also known as the Universal Health Care Act, mandates the institutionalization of health technology assessment (HTA) as a fair and transparent priority setting mechanism that shall be recommendatory to the DOH and PhilHealth for the development of policies and programs, regulation, and the determination of a range of entitlements such as drugs, medicines, pharmaceutical products, other devices, procedures and services.

Policy- is a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people, a business organization, government, or a political party.

Challenge- the situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability.

Sustainable Development Goal- The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

II. REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

The healthcare delivery system in the Philippines has long been a source of contention. While some say it is adequate, others believe it is extremely deficient. The truth is somewhere in the middle. The country's healthcare system is beleaguered by a lack of funds, inadequate facilities, and a scarcity of healthcare experts. Many Filipinos, particularly those living in impoverished areas, have suffered as a result of these difficulties.

To remedy the situation, the government must prioritize healthcare spending and invest in infrastructure and healthcare professional training programs. Only then will we be able to provide quality healthcare to all Filipinos, regardless of socioeconomic background.

Overall demand for healthcare products and services is predicted to climb dramatically as the population grows, the economy improves, and healthcare expenditure rises. This will increase the number of people visiting health-care facilities. As a result, more resources will be necessary. Because government institutions are already overcrowded, many patients will be forced to the ever-expanding private sector in search of speedier and better customer service. The public and private sectors, as well as other major stakeholders in the industry, play critical responsibilities in addressing the population's expanding requirements.

Many people are concerned about global healthcare issues. Access to healthcare, excessive expenditures and poor service quality are just a few of the concerns that must be addressed. It is intolerable that millions of people worldwide lack access to basic healthcare services.

This results in avoidable deaths and illnesses that could have been addressed easily if proper care had been provided. Furthermore, the high expense of healthcare places a financial burden on individuals and families who cannot afford it. Governments must act to guarantee that everyone has access to cheap, high-quality healthcare, as this is a fundamental human right.

In relation to healthcare the UN SDG 3 is all about good health and well-being, from that the UN looks forwards that everyone are ensured with healthy lives and well-being for all ages. Health is a fundamental human right and a key indicator of sustainable development. Poor health threatens the rights of children to education, limits economic opportunities for men and women and increases poverty within communities and countries around the world.

In addition to being a cause of poverty, health is impacted by poverty and strongly connected to other aspects of sustainable development, including water and sanitation, gender equality, climate change and peace and stability. (UN Global Compact)

Health services in Zambia are primarily funded by public taxes, donor community grants, and direct contributions from families, and are supplied by the government, private non-profit, and private for-profit companies.

The delivery of government services is organized into three basic levels of care: tertiary, which includes tertiary teaching hospitals; secondary, which includes provincial/general hospitals and district hospitals; and primary, which includes health centers and health posts.

Equity in the distribution of health care utilization is recognized as crucial in creating public policies aimed at decreasing poverty and supporting development in Zambia, as it is in many other nations.

In this regard, the country's Vision 2030 proclaims the right of all citizens, regardless of socioeconomic level, to equitable access to and use of high-quality health care. However, inequity persists, and data suggests that the inverse care rule exists.

Growing inequities can be traced back to 1991, when Structural Adjustment Programs (SAPs) were implemented, resulting in the imposition of user fees. This resulted in a decline in health-care utilization, particularly among the poor.

In response, the Zambian government implemented pro-poor policies and programs to boost health-care utilization, enhance health outcomes, and meet people's needs while mitigating financial risk. (Phiri and Ataguba, 2014)

Meanwhile, on the national level the lack of commitment of local chief executives to PHC has an impact on their readiness to allocate health resources. Case studies of sentrong sigla LGUs show improved financial allocation performance when the local chief executive is present and exhibits a dedication to health by being prepared. Insurance systems and the ability to engage with civil society are examples of developments (Bautista, Legaspi, Santiago, and Juan et al.).

The country's dearth of BHSs hampers access to primary health care. The difficulties of maintaining Primary Health Care in the Philippines includes seven of the top 10 provinces in the country in terms of population to bed ratio in Mindanao provinces.

In the Philippines, service delivery is a mix of public and private, with each sector generally catering to various segments. Barangay health stations (BHS), rural health units (RHU), infirmaries, and city health offices (CHO) are primarily public, although more specialized and comprehensive service providers, such as infirmaries and hospitals, are primarily private.

The Philippine healthcare system has traditionally focused more on curative services than health promotion and prevention. A study by Frialde and Lucero (2019) highlights the limited allocation of resources and policy attention to preventive interventions, health education, and behavior change programs. They suggest shifting towards a more comprehensive approach that emphasizes preventive measures and health promotion strategies.

The national health insurance program has not been fully established. This is indicated in the insignificant share of insurance in the expenditure for health. On the other hand, rural residents are more likely to have to travel considerable distances to get healthcare services, especially subspecialist treatments.

In terms of travel time, money, and time away from work, this can be a substantial hardship. Furthermore, a lack of dependable transportation is a barrier to care.

Public transportation is often an alternative for patients to get to medical appointments in urban regions; however, these transportation options are sometimes unavailable in rural locations. Rural towns frequently have a higher proportion of elderly individuals who have chronic diseases that necessitate many trips to outpatient healthcare facilities.

This becomes difficult in the absence of public or private transportation. The Transportation to Support Rural Healthcare subject guide on RHU hub provides resources and information for rural communities on transportation and related challenges.

Another challenge in the delivery of healthcare services in the local level is the workforce shortage. Healthcare labor shortages have an influence on rural healthcare access.

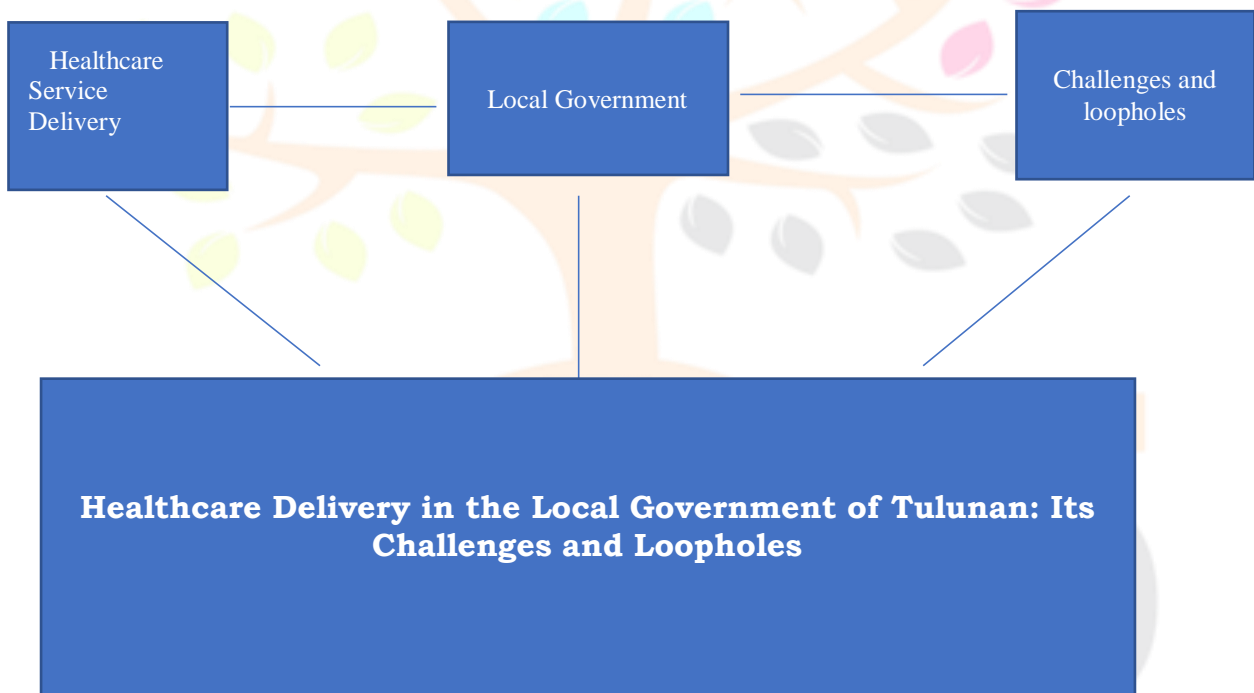
One indicator of healthcare access is having a consistent supply of care, which is contingent on having a sufficient healthcare staff. Some health services experts think that simply quantifying provider availability is not an appropriate measure for properly understanding healthcare access.

Nonuse measures, such as counting rural residents who were unable to locate an acceptable care provider, can assist provide a more complete picture of whether rural inhabitants have access to a sufficient healthcare workforce.

National and municipal governments do not currently prioritize public safety and medical attention. There is also a need to establish coherence between the government's participatory approach and the help of international institutions.

Finally, the country's political uncertainty and deteriorating peace and order situation, which have fostered economic decline, may have a negative impact on investments in fundamental health services.

Conceptual Framework



III. METHODOLOGY

This chapter explains various methodologies that were used in gathering data and analysis that are relevant the study. The methodologies will include areas such as the location of the study, method used, research design, sources of data, sampling techniques, types of data and data collection methods.

3.1 Method Used

This study was made by means of qualitative methods by the researcher. Qualitative research entails gathering and evaluating non-numerical data (such as text, video, or audio). It is also used to better comprehend ideas,

views, and experiences. It may be utilized to uncover intricate details about a situation or to spark fresh study concepts. (Bhandari, 2023)

3.2 Sources of Data

Both primary and secondary data were used in this study. Primary data was used in this study. Primary Data is information created by the researcher, including surveys, interviews, and experiments especially created to comprehend and address the current study issue.

Utilizing data that has already been produced by huge government institutions, healthcare facilities, etc. as part of organizational record keeping the information is then retrieved from a wider range of datafiles.

3.3 Data Gathering Instrument

Interviews and questionnaires are used by the researcher to collect data for this study. A questionnaire is a catch-all phrase for all data collection methods, including interviews, where participants are asked to answer the same set of questions in a specific order. This entails asking the respondent questions directly, and the answers are clear and concise. (DeVaus, 2002)

3.4 Sampling Technique

The sample size that was used in the study was 40 respondents, It was supposed to be 80 respondents however a lot during that time were on a vacation and the rest were on their respective farms. Respondents were from the locality of Tulunan. Determining the proper sampling method is often a demanding task.

3.5 Procedure of the Study

After determining the validity and reliability of the data collection methods, creating study-specific research questions, and making all required adjustments to the selected respondent. Forty (40) of the issued questionnaires will be successfully finished and returned. In accordance with the consent of the respondents and the researchers, their corresponding answers to the inquiry are thus retained. The information gathered was arranged and tallied in accordance with the findings,

3.6 Statistical Treatment

To further complete the method of study, the researcher needs to analyze and interpret the data. Using the data garnered, data analysis plan would involve a numerous procedures leading to the findings or the result of the study. The procedures are as follows:

1. Summarizing data. This would be accomplished through a tally based on a specific response provided by the respondent on the survey questionnaires.
2. Verbal Interpretation of the produced outcome will be determining the hypothesis of the topic.

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