



## **THE DELIVERY OF HEALTH SERVICES IN DATU ODIN SINSUAT, MAGUINDANAO**

**AKMAD, EMMEL SOLAIMAN**

### Abstract

This thesis explores the delivery of health services in Datu Odin Sinsuat, Maguindanao, highlighting the interplay between local health systems and community needs. Through a mixed-methods approach, including surveys and interviews, the research identifies key factors influencing healthcare accessibility, quality, and outcomes. Findings indicate that infrastructural deficiencies, shortage of healthcare professionals, and socio-cultural dynamics significantly hinder effective service delivery. Additionally, the study examines the role of local governance and public health policies, revealing how political commitment and community participation can enhance healthcare initiatives. The ultimate goal is to provide actionable recommendations that address existing gaps and foster sustainable health improvements, ultimately contributing to the overall well-being of the population.

Findings reveal critical barriers, including inadequate infrastructure, limited health personnel, and prevalent cultural misconceptions about healthcare. The analysis also highlights the influence of local governance and resource allocation on health service delivery. Ultimately, the research proposes strategic interventions aimed at enhancing community engagement, improving health education, and optimizing resource distribution, thereby striving for equitable and effective healthcare for all residents.

*Keywords:* Health Services, Local Healthcare, Datu Odin Sinsuat, Maguindanao

### **INTRODUCTION**

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. Health services are the most visible functions of any health system, both to users and the general public.

The World Health Organization advocates universal health coverage so that all people can obtain the needed health services without suffering financial hardships. In the Philippines, the government has included public-private partnerships (PPPs) as among its strategies in pursuit of universal health

coverage, as PPPs can help fund the immediate repair, rehabilitation, and construction of selected priority health facilities. It also encourages local government units to tap PPPs in improving their service delivery.

In its current decentralized setting, the Philippine health system has the Department of Health (DOH) serving as the governing agency, and both local government units (LGUs) and the private sector providing services to communities and individuals. The DOH is mandated to provide national policy direction and develop national plans, technical standards and guidelines on health. Under the Local Government Code of 1991, LGUs were granted autonomy and responsibility for their own health services, but were to receive guidance from the DOH through the Center for Health Development (CHDs). Provincial governments are mandated to provide secondary hospital care, while city and municipal administrations are charged with providing primary care, including maternal and child care, nutrition services, and direct service functions. Rural health units (RHUs) were created for every municipality in the country in the 1950s to improve access to health care. The Local Government Code (1991) outlines the roles of different Local Government levels in health Services, including the devolved services for barangays (villages), municipalities, cities and provinces.

The Province of Maguindanao is one of the provinces of ARMM with 36 Municipalities. One of these Municipalities is Datu Odin Sinsuat ,with 34 barangays , a second highest in terms of population based on the 2010 census. Ideally, there should be one Barangay Health Center per barangay or district. However, some far flung areas may have difficult access to a nearby Barangay Health Center. Yet, most barangays in the rural areas are still stuck in the quagmire of incompetence and inefficiency, unable to deliver better Health services, if at all, and complacent about the status quo because of policy, institutional, and financial constraints undergirded by political , economic , social and cultural factors. Until barangays perform better in the provision of Health services , decentralization defeats its purpose , that is , to devolve powers to barangays in order to empower them so they can deliver goods and services and empower their constituents.

Clearly , there have been serious problems in the devolution of health services as mandated under Republic Act 7160 or the Local Government Code of 1991. Assessments of the quality of health services since the advent of devolution conducted by independent experts have confirmed the “slow decay” in the delivery of health services in some areas of the country. (Grundy, et al. 2003). The conduct of this study therefore , is an attempt to find out the perseverance of health services delivery in this part of the country particularly in Datu Odin Sinsuat , Municipality.

## **METHODS**

This study made used of descriptive - evaluative research design. The descriptive method is appropriate whenever the object or any class varies among themselves and one is interested in knowing the extent to which different conditions obtain among these variables (Good and Scates ,1972).

Descriptive Research also known as statistical research describes the data and characteristics about population or phenomenon being studied.

Often, the best approach, prior to writing descriptive research is to conduct a survey investigation.

The study was conducted in Datu Odin Sinsuat Municipality particularly in the ten(10) barangays of Datu Odin Sinsuat , Maguindanao namely : Barangay Awang, Barangay Tanuel, Barangay Tamontaka, Barangay Bitu, Barangay Dinaig Proper, Barangay Taviran, Barangay Sifaren (Sifaran), Barangay Semba , Barangay Mompong and Barangay Dalican Poblacion.

Herein are the brief profile of Datu Odin Sinsuat , Municipality and of the said ten (10) barangays.

The respondents of the study comprised of residents of the selected barangays. All the twenty (20) barangay residents are the constituents that need the services of Local Government Unit in terms of the delivery of Health Services. It is usually the first point of contact between residents of the community and other health care facility levels. They came from ten (10) barangays of Datu Odin Sinsuat , Municipality to wit: Barangay Awang , Barangay Tanuel , Barangay Tamontaka , Barangay Bitu , Barangay Dinaig Proper , Barangay Taviran , Barangay Sifaren (Sifaran) , Barangay Semba , Barangay Mompong and Barangay Dalican Poblacion. A total of two hundred (200) respondents pursued in this study.

The sampling techniques used in the selection of the Municipality and barangays are convenience sampling in the identification of the Municipality and Lottery sampling under random sampling technique in the identification of ten (10) barangays where the study conducted. While simple random sampling was also used in the selection of the participants of the study.

## RESULTS AND DISCUSSIONS

### 1. Profile of the Respondents

There were two hundred (200) respondents were selected for the study. The respondents were the barangay residents came from the ten (10) selected barangays of Datu Odin Sinsuat , Maguindanao. Some of the basic information about the respondents are presented in the following page.

The first research problem focused on the demographic profile of the barangay respondents. The profile included five (5) variables such as the age , gender , civil status , educational attainment and number of children of the respondent.

**Table 1**

**Demographic Profile of the Respondents**

Variable	Frequency	Percent (%)
<b>Age</b>		
20 years old below	9	4.50
21 to 30 years old	48	24.00

31 to 40 years old	67	33.50
41 to 50 years old	46	23.00
51 to 60 years old	23	11.50
61 years old above	7	3.50
<b>Total</b>	<b>n=200</b>	<b>100</b>
<b>Gender</b>		
Male	22	11.00
Female	178	89.00
<b>Total</b>	<b>n=200</b>	<b>100</b>
<b>Civil Status</b>		
Single	31	15.50
Married	153	76.50
Widow/Widower	15	7.50
Divorced/separated	1	0.50
<b>Total</b>	<b>n=200</b>	<b>100</b>
<b>Educational Attainment</b>		
Elementary level	67	33.50
High School level	76	38.00
College level	44	22.00
College graduate	13	6.50
<b>Total</b>	<b>n=200</b>	<b>100</b>
<b>Number of children</b>		
0-3	105	52.50
4-6	76	38.00
7-9	15	7.50
10-13	4	2.00
14 and above	0	0.00
<b>Total</b>	<b>n=200</b>	<b>100</b>

Table 1 shows the distribution of the respondents by age , gender , civil status , educational attainment and number of children of the respondents of the study.

**1.1 Age.** The ages of the respondents ranged from 20 years old to 61 years old and above. It shows that greatest number 67 or 33.50 % of respondents fall within the age bracket of 31 to 40 years old and the least number of them falls within the age bracket of 61 years old and above with 7 or 3.50 %.

**1.2 Gender.** The table shows that 178 or 89.00 % of the respondents were female while 22 or 11.00 % of the respondents were male.

**1.3 Civil Status.** As shown in the table , 153 or 76.50 % of the respondents were married , 31 or 15.50 % were single , 15 or 7.50 % of the respondents were widow/widower while the remaining 1 or 0.50 % was divorced or separated. The participants included in the study are mostly

married individuals. It is very logical that the most are married. Hence , before reaching mid-life they have already passed adulthood which in psychology is the “ settling down and reproductive age “ Hurlock (1982).

**1.4 Educational Attainment.** There are more respondents with high school level of education with 76 Or 38.00 % , 67 Or 33.50 % reached elementary level of education , 44 or 22.00 % of the respondents reached college level of education. Only very few have completed and graduated in college with 13 or 6.50 % and it is safe to assume that most of the respondents has not completed school and has no formal education.

**1.5 Number of Children.** One hundred five (105) or 52.50 % of the respondents has 0 to 3 children , seventy six (76) or 38.00 % of the respondents has 4 to 6 children , fifteen (15) or 7.50 are the respondents with 7 to 9 children and four (4) or 2.00 % are the respondents with 10 to 13 children.

## 2. Level of Performance of Barangay Officials in the Delivery Of

### Health Services

The second research problem was to determine and to measure the level of performance of barangay officials in the delivery of health services in terms of construction , rehabilitation and maintenance of health related infrastructure and support to nutrition. All the items were answered by the respondents using the five-point scale

**Table 2**

**Level of Performance of Barangay Officials in the Delivery of Health Services on Construction , Rehabilitation and Maintenance of Health**

Indicators		Frequency					Mean	Description
		(5)	(4)	(3)	(2)	(1)		
1.	Establishment of Barangay Health Centers or Health Station.	2	130	48	20	0	3.57	High
2.	Maintenance of the Barangay Health Centers or Health Station.	2	121	54	23	0	3.51	High
3.	Construction of Barangay health centers or health station	1	112	59	26	2	3.42	Fairly High
4.	Facilities of the Health Center.	2	111	54	31	2	3.40	Fairly High
5.	Completeness of equipments to provide Primary level of Health Care	2	111	50	32	5	3.36	Fairly High
<b>Area Mean</b>							<b>3.45</b>	<b>Fairly High</b>

### Related Infrastructure

n=200

#### Range of Means

5	4.50-5.00	Very High
4	3.50-4.49	High
3	2.50-3.49	Fairly High
2	1.50-2.49	Low
1	1.00-1.49	Poor

Table 2 reflects the level of performance of barangay officials in the Delivery of health services in terms of construction , rehabilitation maintenance of health related infrastructure. The mean scores of the items ranged from 3.36 to 3.57 which are all interpreted as high and fairly high. The table explains that the establishment of barangay health center or health station was high with the mean of 3.57 while maintenance of barangay health center or health station is also high with the mean of 3.51. It further reveals that construction of barangay health center or health station with a mean of 3.42 , facilities of health center center with a mean of 3.40 and completeness of equipments to provide primary level of health care with a mean of 3.36 are fairly high. None of them tells low or poor. This findings imply that the 3.45 area mean of the level of performance of barangay officials in the delivery of health services in terms of construction , rehabilitation and maintenance of health related infrastructure is fairly high.

As presented by Henry Fayol , “ To organize a business is to provide it with everything useful or its functioning i.e. raw material , tools , capital and personnel”.

**Table 3**

#### Level of Performance of Barangay Officials in the Delivery of Health Services in Terms of Support to Nutrition

Indicators		Frequency					Mean	Description
		(5)	(4)	(3)	(2)	(1)		
1.	Provision Of Nutrition Support Services To The Community	0	107	86	6	1	3.49	Fairly High
2.	Provision of effective and sustainable services for the community to improve Nutritional Status and Health	1	118	75	5	1	3.56	High
3.	Campaign for gardening and	2	123	71	4	0	3.61	High

	vegetable planting							
4.	Linkages for funds allocation	1	114	78	6	1	3.54	High
<b>Area Mean</b>							<b>3.55</b>	<b>High</b>

n=200

Table 3 presents the level of performance of barangay officials in the delivery of health services in terms of support to nutrition. The table shows that campaign for gardening and vegetable planting with a mean of 3.61 , provision of effective and sustainable services for the community to improve nutritional status and health with a mean of 3.56 and linkages for funds allocation with a mean of 3.54 are high while provision of nutrition support services to the community with a mean of 3.49 was rated fairly high. This findings imply that the 3.55 area mean of the level of performance of barangay officials in the delivery of health services in terms of support to nutrition is high.

**Table 4**  
**Summary Of Distribution of the Level of Performance of Barangay Officials in the Delivery of Health Services**

<b>Indicators</b>		<b>Mean</b>	<b>Description</b>
1.	Construction , Rehabilitation And Maintenance Of Health Related Infrastructure	3.45	Fairly High
2.	Support to Nutrition	3.55	High
<b>Over-all Mean</b>		<b>3.50</b>	<b>High</b>

As evidenced by Table 4 shows the summary of distribution of the level of performance of barangay officials. The table presents that the level of performance of barangay officials in the delivery of health services in terms of construction , rehabilitation and maintenance of health related infrastructure was fairly high with a mean of 3.45 and high in terms of support to nutrition with a mean of 3.55. The findings imply that the 3.50 over-all mean of the level of performance of barangay officials in the delivery of health services was high.

### **3. Level of Performance of IPHO Barangay Health Center employees**

The third research problem was to determine the level of performance of IPHO Barangay health center employees in the implementation of barangay health services in terms of Nutrition program , Maternal and child care and

Direct service functions. All the items were answered by the respondents using the five-point scale.

**Table 5**

**Level of Performance of IPHO Barangay Health Center Employees in the implementation of Barangay Health Services in Terms of Nutrition Program**

Indicators		Frequency					Mean	Description
		(5)	(4)	(3)	(2)	(1)		
1.	Nutrition education and counselling to insure nutritional well-being	0	118	79	3	0	3.57	High
2.	Distribution of medicines and vitamins e.g. Iron, Iodine and Vitamin A Supplementation	0	109	88	3	0	3.53	High
3.	Facilitate the conduct of Nutrition Education in a group setting to residents.	2	115	78	5	0	3.57	High
4.	Therapeutic and dietary counselling to identify risk groups	0	123	73	4	0	3.59	High
<b>Area Mean</b>							<b>3.56</b>	<b>High</b>

n=200

Range of Means

5	4.50-5.00	Very High
4	3.50-4.49	High
3	2.50-3.49	Fairly High
2	1.50-2.49	Low
1	1.00-1.49	Poor

Table 5 reveals the level of performance of IPHO barangay health center employee in the implementation of barangay health services in terms of nutrition program. The table presents that the therapeutic and dietary counselling to identify risk groups with a mean of 3.59 , Nutrition education and counselling to insure nutritional well – being and facilitate the conduct of nutrition education in a group setting to residents with a mean of 3.57 and distribution of medicines and vitamins with a mean of 3.53 are all high. This findings imply that the 3.56 area mean of the level of performance of IPHO barangay health center employees in the implementation of barangay health services in terms of nutrition program is high.



**Table 6**

**Level of Performance of IPHO Barangay Health Center Employees in the Implementation of Barangay Health Services in Terms Of Maternal and Child Care**

Indicators		Frequency					Mean	Description
		(5)	(4)	(3)	(2)	(1)		
1.	Provides treatments and trainings to ensure a healthy pre-pregnancy, pregnancy, and birthing process for the mother and for her child.	2	122	72	3	1	3.60	High
2.	Administer the vaccination and immunization for both Mother and infant.	2	127	66	5	0	3.63	High
3.	Organize the conduct of lectures on effective Family Planning to the community.	1	122	73	4	0	3.60	High
4.	Conducts regular Consultation for the pregnant women.	3	118	74	5	0	3.60	High
5.	Facilitate the conduct of Orientations on the importance of exclusive breastfeeding	1	122	73	4	0	3.60	High
<b>Area Mean</b>							<b>3.60</b>	<b>High</b>

n=200

Table 6 reflects the level of performance of IPHO barangay health center employee in the implementation of barangay health services in terms of Maternal and child care. The respondents rated high the level of performance of IPHO barangay health center employee in terms of vaccination and immunization for both mother and infant with a mean of 3.63 , rated high in terms of provision of treatment and trainings to ensure a healthy pre-pregnancy , pregnancy and birthing process for the mother and for her child with a mean of 3.60 , organize the conduct of lectures on effective family planning to the community with a mean of 3.60 , conducts regular consultation for the pregnant women with a mean of 3.60 and facilitate the conduct of orientations on the importance of exclusive breastfeeding with a mean of 3.60. This findings imply that the 3.60 area mean of the level of performance of IPHO barangay health center employee in the implementation of barangay health services in terms of maternal and child care is high.

The goals of Maternal services are to remain healthy throughout pregnancy , to have healthy babies , to have good family planning and to organize family health services . Ideally , maternal health is for the pregnant

woman. The services provided in each community to each community include antenatal care , delivery services and post natal care.

On the other hand , child health care aims to promote the health of children to ensure optimal growth and development both physical and mental and to protect children from major hazards thru measures like immunization and dietary supplement and improving the care of mother and family towards the child.

According to USAID , the role of maternal and child health care is to improve the health and well-being of children and families in the developing world.

**Table 7**

**Level of Performance of IPHO Barangay Health Center Employees in the Implementation of Barangay Health Services in Terms of Direct Service Functions**

Indicators		Frequency					Mean	Description
		(5)	(4)	(3)	(2)	(1)		
1.	Issuance of preventive medicine and treatment of the most common diseases and injuries.	2	108	84	6	0	3.53	High
2.	Dissemination of Health Care Programs.	2	120	75	3	0	3.61	High
3.	Provision of Health Prevention Programs regarding communicable diseases.	1	111	82	6	0	3.53	High
4.	Social support groups for ill-patients.	2	132	62	4	0	3.66	High
5.	Provision of diagnostic treatments for accurate assessment of diseases.	1	132	62	5	0	3.65	High
<b>Area Mean</b>							<b>3.59</b>	<b>High</b>

n=200

Table 7 presents the level of performance of IPHO barangay health center employee in the implementation of barangay health services in terms of direct service functions. The respondents rated high on the social support groups for ill-patient with a mean of 3.66 , high in terms provision of diagnostic treatments for accurate assessment of diseases with a mean of 3.65 , high in terms of dissemination of health care programs with a mean of 3.61 , high on the issuance of preventive medicine and treatment of the most common diseases and injuries with a mean of 3.53 and high in terms of provision of health prevention programs regarding communicable diseases with a mean of 3.53. This findings imply that the 3.59 area mean of the level of performance of IPHO barangay health center employees in the implementation of barangay health services in terms of direct service functions are high.

**Table 8**

**Summary of Distribution of the Level of Performance of IPHO Barangay Health Center Employees in the Delivery of Health Services**

<b>Indicators</b>		<b>Mean</b>	<b>Description</b>
1.	Nutrition Program	3.56	High
2.	Maternal and Child care	3.60	High
3.	Direct Service Functions	3.59	High
<b>Over-all Mean</b>		<b>3.58</b>	<b>High</b>

Table 8 shows the summary of distribution of the level of performance of IPHO barangay health center employees in the delivery of health services. The table presents the level of performance of IPHO barangay health center employees are high with a mean of 3.56 ; high in terms of maternal and child care with a mean of 3.60 and high in terms of direct service functions with a mean of 3.59. This findings imply that the 3.58 over-all mean of the level of performance of IPHO barangay health center employees are high.

**4. Supports of the Municipal Health Board in the Delivery of Health Services**

The fourth research problem aimed to discuss the specific support interventions given by the municipal health board in the delivery of health services.

Calling (1991) stressed that the efforts made by the barangay people in developing their barangay must , however , be supported by Commitments from national , provincial and municipal government leaders and agencies/offices as well as from the private sector.

**Table 9**  
**Supports of the Municipal Health Board in the Delivery of Health Services**

<b>Supports of the Municipal Health Board</b>	<b>F</b>	<b>Percent (%)</b>	<b>Rank</b>
Conducts orientation to the community related to health programs and services	150	75.00	<b>1<sup>st</sup></b>
Conduct seminars and trainings	111	55.50	<b>2<sup>nd</sup></b>
Crafting of action plans	101	50.50	<b>3<sup>rd</sup></b>
Provides assessment and evaluation	101	50.50	<b>3<sup>rd</sup></b>
Providing technical assistance	95	47.50	<b>4<sup>th</sup></b>
Consultation and discussions towards effective delivery of health services	81	40.50	<b>5<sup>th</sup></b>
Provides lecture on health education and laws pertaining to health.	46	23.00	<b>6<sup>th</sup></b>
Provides assessment to identify the needs of the people	45	22.50	<b>7<sup>th</sup></b>
Create effective and detailed plans	44	22.00	<b>8<sup>th</sup></b>
Orderly procedures of the initiative taken	44	22.00	<b>8<sup>th</sup></b>
Formulate strategies to achieve goals and objectives	42	21.00	<b>9<sup>th</sup></b>
Organizing action plans to be executed	42	21.00	<b>9<sup>th</sup></b>
Task work arrangement	41	20.00	<b>10<sup>th</sup></b>
Organizing participation program execution	40	20.00	<b>11<sup>th</sup></b>
Facilitating community participation	39	19.50	<b>12<sup>th</sup></b>

n=200

Table 9 reveals the support of the Municipal health board in the delivery of health services. Among these supports ; conduct of orientation to the community related to health programs and services with 150 or 75.00 % ranked first on the supports extended by the Municipal health board in the delivery of health services ; following closely in second rank with 55.50 % is the support on the conduct of seminars and trainings ; then provides assessment and evaluation and crafting of action plans which are equally ranked third with 50.50 % ; 47.50 % reveals that the Municipal health board provides technical assistance in fourth rank ; 40.50 % reveals that the municipal health board provides consultation and discussions towards effective delivery of health

services and in fifth rank. Relatively quite a few also identified the rest as supports extended by the Municipal Health Board. While facilitating community participation is the least of all the supports with 19.50%

This finding clearly implies that the greatest support extended by the municipal health board is the support on the conduct of orientations to the community related to health programs and services and Conduct seminars and trainings with the highest percentage obtained from the respondents.

Bramley (2003) Opined that training involves learning and educating to do something to result in things being done differently. He explains that training is a process that is planned to facilitate learning so that people can become more effective in carrying out aspects of their work.

Whatever supports extended to the community is one of many ways in empowering the community. To conduct orientations to the community related to health programs and services and Conduct seminars and trainings are considered as an eye opener to the members of the community. These supports are essential and vital part of successful delivery of health services in giving necessary skills and knowledge to carry out their work to the best of their ability and to increase productivity and quality of work. It is necessary to enhance knowledge , skills and ideas.

### 5. Problems Encountered in the Delivery of Health Services

The fifth research problem presented the different problems and challenges encountered in the delivery of health services. There were nine (9) identified statements on the problem encountered. A list of possible problems were presented to the respondents for evaluation as to whether they encountered. Hence , Table 9 lists the responses made by them along with the ranks.

**Table 10**

#### **Problems Encountered in the Delivery of Health Services**

<b>Problems encountered</b>	<b>Frequency</b>	<b>Percent (%)</b>	<b>Rank</b>
Lack of Health Facilities	155	77.50	<b>1<sup>st</sup></b>
Lack of supply of medicines and vitamins	89	44.50	<b>2<sup>nd</sup></b>
Lack of Apparatus and Equipments in the Center	80	40.00	<b>3<sup>rd</sup></b>
Problems on sanitation	42	21.00	<b>4<sup>th</sup></b>
Staff performances	40	20.00	<b>5<sup>th</sup></b>
Accessibility of health centers	39	19.50	<b>6<sup>th</sup></b>
Absence/Lack of hired and Assigned health workers	32	16.00	<b>7<sup>th</sup></b>
Lack of specialized skills about health recommendations	23	11.50	<b>8<sup>th</sup></b>

External pressure	2	1.00	9 <sup>th</sup>
-------------------	---	------	-----------------

n = 200

Table 10 indicates the problems encountered in the implementation of the program. As indicated in the table, the respondents manifested that the problems encountered were ranked through frequency. However, among these problems; lack of health facilities are the dominant problem which is ranked first with 77.50%, following closely in second rank is problem on lack of supply of medicines and vitamins with 44.50%; rank 3 or 40.00% is the problem on lack of apparatus and equipments in the center; rank 4 or 21.00% reveals problem on sanitation; rank 5 or 20.00% reveals problem on staff performances; rank 6 or 19.50% reveals problem on the accessibility of the health centers; rank 7 or 16.0% reveals problem on the absence/lack of hired and assigned health workers; rank 8 or 11.50% reveals problem on lack of specialized skills about health recommendations and rank 9 or 1.00% reveals problem on external pressure.

This finding clearly implies that problem on lack of health facilities with the highest percentage which the respondents felt that this was the major problem encountered in the implementation of the program.

Since devolution, the LGUs have provided primary and secondary levels of health care through their local health facilities. The municipal governments, through their municipal health offices, implement public health programmes (e.g. primary health care, maternal and child care, communicable and non-communicable disease control services) and manage the primary health care units as RHUs and the BHCs in their respective localities. Public health workers such as doctors, dentists, nurses, midwives and volunteer BHWs administer the public health services in the communities. Inequities are noted in the distribution of such health facilities and human resources for health, as most facilities are concentrated in the NCR and Luzon areas, while southern Mindanao has the least. Most barangay health centres (BHCs) are in Region IV-A and Region III (NSCB, 2008).

Dissatisfaction with the quality of the services and the lack of supplies in public health facilities are some of the reasons for bypassing (DOH, 2005).

Problem on sanitation is one of the major problems encountered and ranked as number 4 on the problem encountered in the delivery of health services.

In march 2015, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) released report on the status of water and sanitation in health-care facilities from 54 low and middle income countries. Data representing 66,000 health facilities show that water was not readily available in about 40%. Over a third of facilities lacked soap for hand washing and lacked toilets. In many countries, in facilities where water is available, there is no guarantee that is safe for consumption. (Bulletin of the World Health Organization 2015; 93:210. doi: <http://dx.doi.org/10.2471/BLT.15.154609>)

## **Summary of the Findings**

Based on the gathered data , the following findings were obtained:

1. Majority of the respondents were female belonging to the age bracket 31 to 40 years old and most of them are married. Further, the greatest number of respondents are high school level in terms of educational attainment.

2. The level of performance of barangay officials in Datu Odin Sinsuat Municipality in the delivery of health services are fairly high in terms of construction , rehabilitation and maintenance of health related infrastructure and high in terms of support to Nutrition Program. The over-all level of performance of barangay officials in the delivery of health services are high.

3. The level of performance of IPHO Barangay Health Center employees in the implementation of Barangay Health Services are high in terms of Nutrition Program , high in terms of Maternal and Child Care and high in terms of Direct Service Functions. The over-all level of performance of IPHO Barangay Health Center employees are high.

4. As to the support extended by the Municipal Health Board in the delivery of health services , the greatest support extended by the municipal health board is the regular Conduct of orientation to the community related to health programs and services and Conduct seminars and trainings.

5. It further revealed that Lack of health facilities , lack of supply of vitamins and medicines and lack of apparatus in the centers are the major problems encountered in the delivery of health services.

## **Conclusion**

Based on the findings of the study , the high rating incurred by the Barangay Officials and IPHO Barangay Health Center Employees in the delivery of health services and an indication that they are capable of handling their roles , duties and functions in the implementation of the program.

It is also concluded that the Municipal Health Board extended supports mostly on the conduct of orientation to the community related to health programs and services.

## **Recommendations**

Based on the foregoing findings and conclusions of the study , the following recommendations are being offered :

1. The Department Of Health , Municipal Local Government Unit and Barangay Local Government Unit should organize continuous training/seminar workshops for the officials to have extensive information/understanding on the service being provided and skill in delivering the required services.

2. The Department Of Health should conduct regular spot check or field visit in rural areas in Datu Odin Sinsuat , Maguindanao to assess the needs of the community with regards to the implementation of the program , through

this , the Department Of Health with the Municipal Local Government Unit can provide appropriate support to the community.

3. The Department Of Health with the Department of Interior and Local Government should come up with a performance evaluation system for the officials and employees that can periodically monitor their compliance and implementation of the program. Also , an incentive system to highlight best practices and excellent service delivery would be advantageous.

4. Additional Health care facilities should be provided and equipped with apparatus and equipments and should be able to provide primary health care services. The number and quality of health facilities in a certain area is one common measure of that area's prosperity and quality of life.

5. There will be a regular massive distribution of vitamins and medicines to the community. Through this , everyone will be given a chance to avail vitamins and medicines. It should be given for free and there is always a drug subsidy for expensive medicines.

6. Additional Public health workers such as doctors, dentists, nurses, midwives and volunteer BHWs administer the public health services in the communities must be requested and be deployed in the barangay health centers to cater the needs of the residents.

7. The Department Of Health with the Municipal Local Government Unit should conduct regular Technical Assistance to the Barangay officials regarding effective program implementation , this is one best way in capacitating and empowering Barangay Local Government Units.

8. The Department Of Health must assist the Local Government Units in the development of ordinances and localization of National policies , provides guidelines on the implementation of National programs at the Local Government Unit levels , monitor program implementation and develop support system for the delivery of services by Local Government Units.

## **REFERENCES**

### ***Books***

Phillips PJ, Rauss P, Der S. FERET (Face Recognition Technology) Recognition Algorithm Development and Test Report. 1996. ARL- TR-1995, U.S. Army Research Laboratory.

Blackburn DM, Bone JM , Phillips PJ. FRVT 2000 Evaluation Report 2001. Feb, FRVT 2002 documents.

Grother P, Michaels RJ, Phillips PJ. Face Recognition Vendor Test 2002 Performance metrics. In: Proceedings of the 4<sup>th</sup> International Conference on Audio -and Video – Based Person Authentication (AVBPA'03), Vol. 2688; Guilford, UK. 2003.pp. 937-945.

Phillips PJ, Michaels RJ. FRVT 2000: Evaluation Report. 2003. Mar, FRVT 2002 documents.



ISO/IEC JTC 1/SC 37 Biometric performance testing and reporting-part 1: test principles and framework. 2006.ISO IS.

***Unpublished theses***

Masakal , H. (2015) **The all case rate policy of Philippine health Insurance Corporation in Selected Hospitals of Maguindanao** , Unpublished Master's thesis , Mindanao State University- Maguindanao , Graduate School

Juanday , D. (2012) **The implementation of the anti-red Tape Act in Cotabato City** , Unpublished Master's thesis , Mindanao State University- Maguindanao , Graduate School

Dalamban , f. (2015) **The implementation of the United Youth For Peace and development , Inc. (UNYPAD) projects by the Development Management Center in Maguindanao** , Unpublished Master's thesis , Mindanao State University- Maguindanao , Graduate School

***Legal Documents***

An Act to Improve And To Promote Quality Delivery Of Health Services In Barangays, Enacting The "Barangay Health Workers And Services Reform Act Of 2014"

The Local Government Code (LGC), enacted in 1991