Presented at the Research Congress 2013
De La Salle University Manila
March 7-9, 2013

OPPORTUNITY FOR ICT UTILIZATION IN THE LOCALIZATION OF MATERNAL HEALTH AND CHILDCARE PROGRAMS IN THE RURAL COMMUNITY

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Abstract: For the past two decades, Maternal Health and Child Care (MHCC) concerns have figured prominently in the national health programs of the Philippines. With its commitment to attain its MDG targets by 2015, the Aquino Health Agenda of 2010 once more highlighted this priority by increasing the allocation of financial resources to support MHCC programs and improve the situation on the ground. However, despite this it is still estimated that 11-15 mothers die every day due to pregnancy related complications (UNICEF, 2009) (NSO, 2012). This phenomenon calls for new ways of looking at MHCC beyond the current resource driven view. As alternate view, the study presents participatory development in localization of MHCC services and ICT for development (ICT4D) as possible tool and enablers to address the current MHCC challenges.

Using the practices of the Bacolod City Health Office (Negros Occidental) and two rural barangays, the study examines the practices in the localization of MHCC. Initial results of the study reveal a top-down, centralized, and resource-driven practice in the delivery of MHCC services. This led to the current observation that the current localization process as exhibiting "passive participation" which often leads to poor health practices such as labor-intensive service delivery, untimely health services and reactive intervention to health issues.

For its research design, a qualitative approach was adopted using soft system methodology (SSM). This approach analyzes the current localization process, the role of its stakeholders and examines the participatory practices and communication mode to determine possible ICT intervention points.

Key Words: Participatory Development, ICT4D, Localization, Maternal Health and Childcare

1. INTRODUCTION

In the Philippines, attainment of the MDG target remains to be a daunting task. Over the years, resource allocation in the health sector has been increasing since 2010 (2012 Budget

Message of President Aquino, 2011). This increase is attributed to the Aquino Health Agenda that highlighted our commitment to achieve the MDG and empower the Universal Health Care (UHC). Despite this initiative, maternal mortality rate (MMR) is still way behind the target of 52 by 2015 from 163 deaths per 100,000 live births in 2010 (NSCB, 2012). This phenomenon calls for a new way of looking at the Maternal Health and Childcare (MHCC) beyond the resource oriented government-led approach.

The study adapted qualitative approach using SSM to uncover the challenges and limitation in the current localization process of community participation and service delivery. Using the MHCC practices in the Bacolod City Health Office (Negros Occidental) and two rural barangays, the study examines the typology and communication mode of service delivery. To further understand this phenomenon, the proponents put forward its research questions, ***"What are the factors that influence community participation in the localization of MHCC programs? What are the possible intervention points of ICT in MHCC localization and service delivery?"***

Initial results of the study reveal a top-down, centralized, and resource-driven practice in the delivery of MHCC services. This led to the current observation that the current localization process as exhibiting "passive participation" which often leads to poor health practices such as labor-intensive service delivery, untimely health services and reactive intervention to health issues.

In pursuits to attain the MDG and sustain UHC in the devolved health structure, localization is necessary to bridge the gap of divergence between national and local health programs (DM 2011-0106, 2011). Localization is the process of translating and developing the national health goals into objectives that are relevant, applicable and attainable at the local level (MDG localization, 2008). Participation of the community in the localization is vital; it serves as the determinant that develops ownership and adaptability in the service delivery and diffusion of health programs. Participation and service delivery are inherent in the localization to develop health initiatives that are meaningful and acceptable to the community.

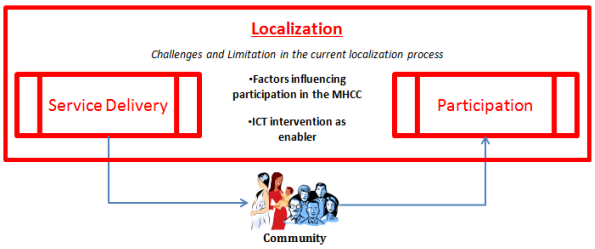

Figure 1: Overview of the Localization in MHCC

Participatory development is the process that engages stakeholders in the development of initiatives and decision on resources that affect them (Ondrik, 1996). Participatory development is not a replacement of the current top-down development approach but rather an initiative to more equitable and sustainable development by empowering local community to take a share of control over the plan and development that concerns them (JICA, 1995).

Health service delivery is the diffusion of health intervention and resources to the people in various forms such as healthcare services, supplies and information to improve health outcome. People tend to be responsive in the delivery of services that they participated as partner in their own healthcare services (WHO, 2010).

Application of ICT4D provides opportunities to exploit ICT usage thus enabling innovative solutions to ease communication and information essential for community development (Gurstein, 2000). The study presents ICT4D as an enabler to address the MHCC challenges in localization and service delivery through participatory development. ICT4D have enabled more people to be empowered through information and knowledge dissemination that can improve the health behaviour and practices of the people and increase confidence to participate in the development.

2. METHODOLOGY

The study adopted qualitative approach using SSM to uncover the challenges and limitation in the current localization process of participation and service delivery. Using the qualitative approach, the study examines the MHCC practices of the Bacolod City Health Office (Negros Occidental) along with the Barangay Punta Taytay and Banago using the typology of participation and communication mode in service delivery.

Table 1: Typology of Participation (Tufte & Mefalopulos, 2009) and Communication mode in Service Delivery (Tufte & Mefalopulos, 2009)

Typology of Participation:

1. *Passive participation*
   - Participate by receiving healthcare services and information on the development progress, available services and implemented programs. Participation is represented in quantitative data like statistics.
2. *Participation by consultation*
   - Participate by contributing information and ideas to be considered in the development but no control over all decision making in the development.
3. *Participation by collaboration*
   - Participate by being part of the discussion and analysis team that usually incorporates capacity building and horizontal communication among stakeholders.
4. *Empowerment participation*
   - This is the highest form of participation that gives the stakeholder a capacity to lead the joint decision-making, discussion and analysis.

Communication mode in Service Delivery:

1. *Monologic communication*
   - Refers to one-way communication that aims to inform and persuade.
   - This type uses mass media to increase awareness, knowledge, promote attitude and behaviour change.
2. *Dialogic communication*
   - Refers to two-way communication that aims to explore and empower.
   - This type uses interpersonal interaction and dialogue that promotes participation.

3. RESULTS OF INITIAL DATA ANALYSIS

Overview of the localization in MHCC is presented in figure 1 that shows participation and service delivery as inherent in the process. Localization is primarily develop at the CHO level along with the assistance of the project coordinator and enhanced by the usage of localization tool from the national government. Key data inputs to the localization come from the ground, represented by FHSIS report. FHSIS is a quantitative and routine health reports from the BHW that used to monitor service delivery while qualitative information are obtain by the BHW and reported for discussion during their weekly meeting as shown in Figure 2. At this point, passive participation represented by FHSIS certainly supports the localization process.

Qualitative information such as community feedback health concerns, suggestion, issues

and critical incidents are reported to the BHW. However, feedbacks are not documented and rely mainly on the ability of the BHW to speak for the information entrusted to them. Although important, localization at the barangay level is optional as long as BHW is able to implement the MHCC programs and services cascaded to them. From this view, community is seen as clients rather than partners in the health development. Since passive participation is exhibited by the community in the localization, service delivery predominantly follows top-down, centralize and resource-driven approach. This often led to poor health practices such as labor-intensive service delivery, untimely health services and reactive intervention to health issues. Shown in figure 3, information dissemination and service delivery still follows traditional face-to-face interaction.

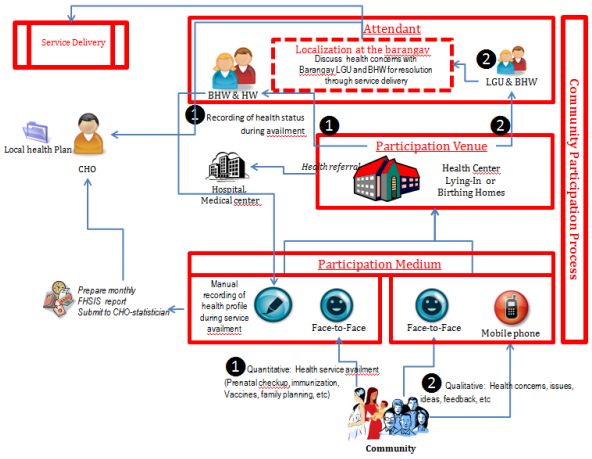

Figure 2: Community Participation at the barangay

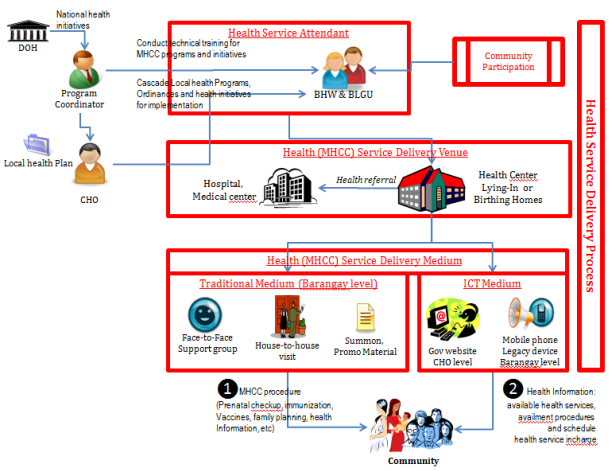

Figure 3: Service delivery at the barangay

MHCC practices in the rural barangay are examined in table 2 using the typology of participation and communication mode for service delivery. Passive participation is predominantly practice in the current localization process, along with the top-down and one-way communication mode of service delivery. This often leads to poor health understanding and practices that result to labor-intensive service delivery, untimely health services and reactive intervention to health issues.

Table 2: MHCC participatory practices in service delivery

MHCC practices	Typology of Participation	Communication mode in Service delivery
Information on MHCC services and health ordinances are posted in the CHO website	Passive	Monologic
Promotional material on proper MHCC practices are all over the heath center and birthing home	Passive	Monologic
LGU announcing MHCC services to the barangay using VHF radio communication	Passive	Monologic
BHW accompanied by Kagawad goes around the community to inform available services and at times render services	Passive	Monologic
BHW collects routine health information during service delivery and submit to CHO as monthly report	Passive	Dialogic
Community discuss health feedback to BHW	Consultation	Monologic
Establish referral scheme for hilot to collaborate in pursuing facility-based birthing.	Collaboration	Dialogic
Complete immunization and vaccination is a prerequisite to day care admission of children	Passive	Monologic
Some mother sees health service availment at the center as	Passive	Monologic
waste of time and money because they have to spend for food while waiting for hours		
People are motivated to avail of the healthcare services as compliance to 4Ps program.	Passive	Monologic
LGU sends summon to stubborn mother who refuse to observe local health ordinances	Passive	Monologic
Only pregnant women, mother and married couple are allowed to family planning education and counselling.	Passive	Monologic
BHW implements MHCC programs as cascade to them by the project coordinator	Passive	Monologic
Utilization of promotional material to remind and advocate Maternal and Child health practices	Passive	Monologic

Based on the qualitative analysis of the examination done in table 2, factors that influence participation in the localization and service delivery are summarize in table 3. Adaptability provides the access to resources they will need to participate. Acceptability gives the people adequate resources and information to participate. Transparency and accountability present the information that will encourage the community to participate. In respond to these factors, possible ICT4D intervention is recognize in Table 4. ICT4D serves as the tool for communication and enabler to empower community with information and knowledge likewise innovation for sustainable development.

Table 3: Factors influencing participation in the MHCC localization and service delivery

Adaptability
• Ease of communication
• Ease of access to healthcare services
• Ease of access to healthcare information and education for capacity building
Transparency and accountability
• Provision to see progress and respond to community feedback
• Provision to involve community in planning and development that concerns them
Acceptability
• Provision to localize material for learning
• Tap social influence through increase and strengthen MHCC support team
• Provision for sharing of indigenous knowledge for practical usage of resources.

Table 4: Possible ICT4D intervention

Communication
• Facilitate information flow among stakeholders
• Venue for information dissemination and advisory
• Venue for participation in the discussion that concerns health development such as planning and localization, monitoring and evaluation
Information and Knowledge repository
• Access to health information and documents
• Access and sharing of indigenous knowledge
• Provision for knowledge reuse and recreation
• Facilitate venue for education and capacity building
Health service Innovation
• Provision for innovative application that can advance service delivery to different age group.
• Provision to extend service delivery online

4. CONCLUSIONS

The central premise of the study is highlighted in the potential role of ICT4D to address the challenges and limitation in the current localization of MHCC in Bacolod City. Possible ICT4D intervention is presented as tool and enabler in table 4. ICT4D as tool to ease communication that goes beyond the boundary of time and space that can lead to efficient utilization of limited resources in the rural community. It also provides the community an opportunity to represent their interest and feedback in the health development during localization and service delivery. ICT4D as an enabler that empower community to participate for better localization and service delivery leading to adaptability, acceptability, transparency and accountability. ICT4D offers an innovative solution to bridge the gap of inequity access to opportunity to be empowered with relevant information and practical knowledge that can help them develop better MHCC practices and decision. Indeed, the potential for ICT to contribute in the development progress in the rural community continuous to expand as application to ICT4D increases.

5. ACKNOWLEDGEMENT

We would like to acknowledge the personnel from CITe4D, Balayan of USLS, City Health office of Bacolod, Barangay Punta Taytay and Banago for your contribution in the study.

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