

Gender and Health: The Case of the Bifurcated Health Programs

When GRRB attempted to tackle the fifth millennium development goal of improving women's reproductive health and reducing maternal mortality in Sorsogon City, it came upon an unexpected roadblock: the existence of parallel health service delivery systems, seemingly complementary but in fact competitive.

Sally Lee, city mayor in 2001, had introduced the innovative *Mauswag na Ciudad* (A Prosperous City), a comprehensive community-based health service delivery system designed to reach barangay folk especially those in remote areas.²⁴ On the other hand, the existing health offices continue to implement the devolved Department of Health (DOH) programs locally.²⁵



The devolved DOH programs are implemented through the two formerly rural health units (RHUs) and 64 barangay health units (BHUs) while the LGU-initiated projects are based in the Amberg hospital center. In 2003, both programs supposedly under a City Health Office had a combined workforce of over 500: 97 in the two district health units (DHUs), 89 rural health midwives (RHM), 335 barangay health workers (BHWs), and six contractual doctors to the barangay.

The new *Mauswag* doctors were to assist the DHUs in health service delivery, strengthen the preventive and “promotive” aspects of health care, and make health services accessible to 12 health clusters and catchment areas.

The parallel structures were increasingly perceived as separate: *Mauswag* was more political, serving as channel for Phil Health cards and providing direct basic health services while the former DOH programs appeared less accessible. This structural disjunction and lack of shared objectives had grave consequences.

First, *Mauswag*'s curative approach was privileged over DOH's preventive approach. The Gender Appraisal report revealed a “poor output mix” with curative care services outweighing preventive care services, thus, *Mauswag* was undermining more basic and “preventive” DOH programs. In Bacon District for instance, the health unit became a white elephant, according to one doctor, with townfolk invariably drawn to the easily accessible services offered by *Mauswag*.

At the same time, the report indicated a “poor input mix” in the budget, i.e., personnel services (or salaries) drew the lion’s share, leaving minimal sums for maintenance, overhead and operating expenses (MOOE).

A second and further consequence was a rise in the maternal mortality rate (MMR) and related indicators. MMR increased from .57 per 1,000 live births in 2001 to .8 in 2002 and 1.47 in 2003. The infant mortality rate (IMR) likewise grew from 5.8 per 10,000 live births in 2001 to 6.4 in 2002 (no data for 2003). The incidence of malnutrition dropped from 6.1% in 2001 to 5.3% in 2002, but sharply climbed to 8.8% in 2003.

The foregoing findings highlighted the painful truth that there was no real functional city health office, inasmuch as the acting city health officer was simply deployed from the Provincial Health Office. Understandably, there was no annual health plan, only an annual procurement plan serving as basis for a health budget allocation.

When the Sorsogon project team recommended the integration of the two health service delivery systems, ***Mayor Lee quickly supported the move.***

Now, the positive effects of GRRB and its more collegial approach to planning and budgeting are becoming manifest. For one thing, the heretofore taciturn city health officer has become more open, in marked contrast to his earlier defensive stance when queried about deficits in the health service delivery system.

Doctors at the district health offices recall the past ‘boxed’ or inflexible manner of budgeting, automatically carrying over past allocations, thus rendering irrelevant the planning that had been undertaken for the new period. Where past planning and budgeting went by estimates (or “guesstimates”), at present targets are precise and focused. Who does what is specified. In the past, big budgets were first submitted, followed by justification. The process is now reversed, starting with issues and problems, then solutions or justification, and finally, the gender-targeted budget.

The city health officer excitedly talks about initiatives addressed to men, for gender mainstreaming is “not only about women’s rights”. Capacity building among fathers includes plans to set up the earlier-mentioned fathers’ classes with the potential to sensitize 1,280 males in one year, the beginnings of a critical mass of gender-aware fathers. The doctors also speak of forming an organization of fathers involved in family concerns such as shared parenting.

This is a clear step forward, given gender appraisal findings that family planning and maternal and child health are concerns largely left to women. (Only three out of ten men accompany their wives for prenatal check-ups, only two out of ten persons who accompany children for immunization are male, and some husbands disapprove of family planning, forcing wives to hide the practice from them.)

Male insensitivity, female passivity, if not submission, and bureaucratic deficits and inertia are intransigent realities that cannot be tackled overnight. Fostering unities and inclusion, GRRB has shown that these roadblocks must and can be addressed, for women, children and men to claim good health as part of their common birthright.

Notes

- ¹ Other health NGOs operating in the city and province are the Sorsogon Integrated Health Services Foundation, Inc., World Vision which focuses on anti-tuberculosis programs, and Convergence for Sustainable Health Development, Inc. which addresses problems related to sexually transmitted diseases-HIV/AIDS and reproductive health.
- ² The network is also a member of the executive committee of the provincial gender and development (GAD) council.
- ³ Remedios I. Rikken, executive director of the Center in Asia-Pacific for Women in Politics (CAPWIP), who gave a series of seminars on gender and governance
- ⁴ The incidence of moderately and severely underweight children in Sorsogon City: dipping from 34.5% in 1989 to 28.9% in 1986, rising to 32% in 1998 and slightly declining to 30.6% in 2001. Maternal mortality stood at a high 172 per 100,000 live births according to the 1998 National Demographic and Health Survey. Maternal mortality in Sorsogon rose from 5 in 2003 to 11 in 2004.
- ⁵ See Part II, input A.1.9 for the Logical Framework on Strengthening the Results Orientation in Local Gender Budgeting.
- ⁶ These services ranged from maternal and child care to nutrition, tuberculosis and anti-rabies. They also included innovative programs such as doctors-to-the-barangay, a mobile x-ray service, ECG and clinical laboratory, a 24-hour emergency service in one district, emergency ambulance services, walking blood bank, 111 24-hour barangay drugstores offering discounts; enrolment of nearly 10,000 indigents in the national health insurance system; and an out-patient department in a city hospital.
- ⁷ FGDs were held among members of the city GAD council and the city health board and staff, community volunteers, doctors to the barangays, rural health midwives, barangay health workers or BHWs, selected residents and barangay leaders.
- ⁸ Apart from 14 project staff, consultants and resource persons, the forum drew 67 participants, or a total of 81, with an overwhelming majority representing the LGU (including top city executives) and national government agencies, while a fourth came from civil society organizations.
- ⁹ The following principles were proposed for the planning process: bottom-to-top approach, tripartism engaging the LGU, CSO and private sectors, transparency and accountability as manifested in public processes, and community consultations.

- ¹⁰ See Annex 11 for composition of the Sorsogon City project steering committee.
- ¹¹ As revised by LIKAS, discussed and adopted by the project steering committee, the action plan appears as Annex 16, CHO Integration Plan with some slight modifications.
- ¹² These encompass NGOs, people's organizations or POs, academic and science-based organizations, religious and socio-civic groups, and micro-finance organizations.
- ¹³ Developed by the Asian Institute of Management, the ABS lists on one side, all area resources and assets, tangible and intangible, and on the other side, the persons or organizations with claims on said assets and resources.
- ¹⁴ This process or tool goes by the acronym SWOT, after strengths-weaknesses-opportunities-threats. Five key result areas (KRAs) were identified: governance, administration, social services (health and education), economic development and environment development.
- ¹⁵ Among a total of 36 workshop participants, majority (72%) came from the GO sector, with CSOs and project staff and consultants evenly represented in the remaining 28%. A weak point was the absence of local legislative council representation.
- ¹⁶ This was one among three joint training workshops involving Hilongos and Sorsogon City stakeholders.
- ¹⁷ Forty participants came to this seminar which started with a composite lecture by Remmy Rikken on the global and Philippine women's movements, GAD in the Philippines and basic gender concepts.
- ¹⁸ Gender mainstreaming proceeds in four stages: foundation formation (raising people's gender awareness and generating support for gender mainstreaming, installation of strategic mechanisms (positioning of key people, policies, support structures and systems), GAD application (integration of GAD in agency KRAs), and commitment enhancement (implementation of monitoring, evaluation and improvement). GAD mainstreaming has four entry points: policy (VMG and mandates), people (key players), enabling mechanisms (structure, systems, financial resources and capability building), and programs and projects.
- ¹⁹ Devised by the NCRFW and the Department of the Interior and Local Government-Local Government Academy (DILG-LGA), the GeRL tool is appears in Part II, input B.2.

- 20 The following MDG goals can be the bases for corollary strategic goals: MDG 4 on reduction of child mortality rate by 15%; and MDG 5 on improvement of maternal health or reduction of maternal mortality rate by 1.66%.
- 21 specific, measurable, attainable, realistic and time-bound
- 22 See Part II, inputs B.1.2 and B.1.5, respectively, for What Is a Good Plan? and guide matrix formats on Level of Results and Annual Gender Responsive and Results Oriented LGU Health (and Agriculture) Sector Plan and Budget.
- 23 The four NGOs and their respective programs and projects included Christian Foundation for Children and the Aged (CFCA), child sponsorship; Mayon Integrated Development Alternatives and Services, Inc. (MIDAS), STI/HIV/AIDS; World Vision, anti-tuberculosis; LIKAS, Inc., sustaining partnership and strengthening of BHW federations, Local Enhancement and Development (LEAD), gender responsive and results oriented budgeting and Center for Integrative Medicine; Convergence for Health and Sustainable Development, Inc. (CSHDI), adolescent reproductive health (ARH) and STI/HIV/AIDS; and Sorsogon Integrated Health Services Foundation, Inc. (SIHSFI), community-based rehabilitation, sight-saving program, rehabilitation of orthopedically handicapped and social integration and livelihood program.
- 24 The list of *Mauswag* components was staggering: fresh medical graduates who served as doctors-to-the-barangays, a mobile X-ray, ECG and clinical laboratory, a 24-hour emergency service with five full-time doctors, BHW emergency hotline ambulance services through which 336 barangays contacted the city health office, including four ambulance services and a sea ambulance serving 36 coastal barangays, 111 24-hour local drugstores offering price discounts, a drugstore for senior citizens, a walking blood bank, enrollment of indigents in Phil Health benefiting over 59,500 members, and toilet bowl distribution to indigent families, among others.
- 25 DOH-mandated programs include maternal and child health, family planning, extended preventive immunization, nutrition, under-5 clinic, national anti-tuberculosis program, cardiovascular program, dental health, environmental sanitation and special programs. City government-initiated programs include a city feeding program, a population program, Medicare for the people, a drugstore for senior citizens and *Balay Bukas-Palad* (halfway house for victims of domestic violence).