

Healthcare and Social Services: Input To Propose Resilient Communities' In Selected Municipalities At District 4a in Laguna

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Abstract

Republic No 11337, It is at this moment declared the policy of the State to foster inclusive growth through an innovative economy by streamlining government and nongovernment initiatives, in both local and international spheres, to create new jobs and opportunities, improve production, and advance innovation and trade in the country and Republic No 11291, This Act shall be known as the "Magna Carta of the Poor". Section 2. Declaration of Policy. It is the declared policy of the State to uplift the standard of living and quality of life of people experiencing poverty and provide them with sustained opportunities for growth and development. 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.

The study focused on enhancing Healthcare Services and Social Services: Input to Propose resilient communities in selected municipalities at District 4A in Laguna. The respondents will be those communities that become 3rd class municipalities in town district 4A in Laguna and those starting to build establishments, such as Pila, Pagsanjan, Kalayaan, and Cavinti Laguna. The working group of the community will be divided into age categories (communities, barangay officials and municipal administrative personnel) for the survey specification; the LGUs' will also be respondents for the clarity of the program implementation for communities. The data to be gathered will be limited to the demographic profile of the respondents, the extent of knowledge of the communities, and the perception of the policy enhancement and the lawmakers themselves on the performance in resolving disputes. The research method used in this study is quantitative. A quantitative survey was conducted used to gather the data used. The researcher used online survey forms to collect the data from the respondents. The researcher disseminates the survey questionnaires through google forms.

In line with the data interpretation of health care service, the computed F values of 64.0320 for the perceptions in Immunization and 622.9578 for family planning are more significant than the critical value at 0.05 level of significance. The partial eta-squared (η^2) values of 8.40% on the Immunization and 51.39% on the family planning variables show that the sample size significantly affects the statistical differences of the mean perceptions in health services, particularly on the family planning. Furthermore, the computed p-values of 0.0000 on both variables report that the differences in the Respondent's perceptions of the level of dissemination of health services are statistically significant.

In social services, the computed F values of 421.6260 for the perceptions in the economy, 191.1757 for social, 328.0381 for culture, 1094.3230 for human resource, and 1580.9840 for technology are all evidently larger than the critical value at 0.05 level of significance. The partial eta-squared (η^2) values of 72.85% for technology show that the sample size significantly affects the statistical differences of the mean perceptions in this social service. Furthermore, the computed p-values of 0.0000 on all variables report that the differences in the Respondent's perceptions of the level of dissemination of social services are statistically significant.

Keywords: Resilient Community, Social Services, Healthcare Services,

Background of the Study

To provide practical, accessible, and comprehensive social welfare services to restore the social functioning of the poor, vulnerable, and disadvantaged individuals, families, and communities and empowerment and improvement of quality of life through the provision of sustainable development, preventive and rehabilitative programs, and services to all clientele group. NEDA stated that the municipalities are responsible for providing reasonable, high-quality health care and social services to everyone in need, regardless of age or diagnosis.

The local government ensures equal framework conditions through legislation and financial frameworks. In addition, the provincial government is responsible for exercising supervision and control. Yet, local governments must still be equipped to meet our country's individual needs. Lack of information and resources can prevent them from reaching every individual, especially those vulnerable to discrimination and exclusion from education, health care, and other forms of social protection.

In Republic No 11337, It is at this moment declared the policy of the State to foster inclusive growth through an innovative economy by streamlining government and nongovernment initiatives, in both local and international spheres, to create new jobs and opportunities, improve production, and advance innovation and trade in the country and Republic No 11291, This Act shall be known as the "Magna Carta of the Poor". Section 2. Declaration of Policy. It is the declared policy of the State to uplift the standard of living and quality of life of people with low incomes and provide them with sustained opportunities for growth and development. 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.

The respondents for the Study are the towns with 1st class, 2nd class, and 3rd class municipalities of district 4A in Laguna, such as Pila Laguna, Sta. Cruz Laguna, Pagsanjan Laguna, Kalayaan Laguna, Lumban Laguna, Cavinti Laguna and Siniloan Laguna. This town was initially observed and monitored as a growing town where different businesses were put up in the communities, like fast-food chains and malls. The infrastructure was almost existing, like highways with street lights, and technologies were already functioning. Modern farming or agribusiness existed to support the local farmers. Communication was accessible, and roads were all developed. These factors considered acknowledge that the municipalities have a resilient community.

The researcher has gathered data in each town as support documentation for the realistic measurement analysis of the Study, which can assess the implementation of the programs and policies to build resilient communities in each municipality. The Study is to attain the unmet satisfaction of the communities that cities must provide to have a resilient community.

Statement of the Problem

The research aims to assess services for resilient communities in selected municipalities in District 4A in Laguna. Specifically, it sought answers to the following questions:

1. What is the demographic information of the respondents in terms of:
 - 1.1 years of stay
 - 1.2 source of living
 - 1.3 income bracket

2. What is the level of information dissemination for the healthcare services in terms of:
 - 2.1 immunization,
 - 2.2 family planning and

3. What is the level of information dissemination for the social services in terms of:
 - 3.1 economy,
 - 3.2 social,
 - 3.3 culture,
 - 3.4 human resources,
 - 3.5 technology.

4. Is there a significant difference in the respondent's perception of the level of dissemination of health services wherein they are grouped according to profile?
5. Is there a significant difference in the respondent's perception of the level of dissemination of social services wherein they are grouped according to profile?
6. Is there a need to propose for Resilient Community Guidelines and Policy Program Manual?

1.1. Structure

Scope and Limitation of the Study

The Study focused on enhancing Healthcare Services and Social Services: Input to Propose resilient communities in selected municipalities at District 4A in Laguna. The respondents were chosen from four (4) communities that have become 3rd class municipalities in town district 4A in Laguna and those starting to build establishments, such as Pila, Pagsanjan, Kalayaan, and Cavinti Laguna.

The working group of the community was divided into the old bracket for the survey specification; the LGUs' was also respondent for the clarity of the program implementation for communities. The data was gathered only for the limits of the demographic profile of the respondents, the extent of knowledge of the communities, and the perception of the policy enhancement and the lawmakers themselves on the performance in resolving disputes.

Population and Sampling Techniques

As disclosed further by McGrath (2013), Systematic sampling is a probability sampling method in which a random sample with a fixed periodic interval is selected from a larger population. The set, regular, and sampling interval is calculated by dividing the people by the desired sample size. The advantages of this methodology include eliminating the phenomenon of clustered selection and a low probability of contaminating data. Disadvantages include overrepresentation or underrepresentation of particular patterns and a greater risk of data manipulation. There are three main types of systematic samples: Random routine, linear periodic, and frequent circular.

The study focused on enhancing Healthcare Services and Social Services: Input to Propose resilient communities in selected municipalities at District 4A in Laguna. The respondents were those communities that become 3rd class municipalities in town district 4A in Laguna and those starting to build establishments, such as Pila, Pagsanjan, Kalayaan, and Cavinti Laguna. The working group of the community was divided into age categories (communities (40 per barangay), barangay officials (10 per barangay) and municipal administrative personnel (10)) for the specification of the survey the total of one thousand seven hundred seventy-two (1772) respondents. The data was gathered for the four (4) 3rd class communities for the demographic profile of the respondents, the extent of knowledge of the communities, and the perception of the policy enhancement and the lawmakers themselves on the performance in resolving disputes.

Research Procedure

The ways to gather data or information concerning the topic or study of the researchers include the following:

First was identifying the problem by observation and pre-evaluation. Second, categories the survey into two parts, one (1) for the community and two (2) for the implementer. The researcher used it to gather information to support the study and then constructed questionnaires for the respondents. After distributing the questionnaires, data were collected from the respondents. The responses were tallied and tabulated before submitting to the statistician for statistical treatment to analyze the findings to formulate conclusions and recommendations. It depended on the research panel list for comments and suggestions. Lastly, the manuscript was finalized for signing approval.

Research Instrument

The research instrument in this study was a self-made form questionnaire. It was used for approval by the concerned respondent before the questionnaire in the form of a checklist was utilized to gather information and data concerning the problem areas covered in the study.

The questionnaire consists of three parts. The first was about the profile of the respondents; the second part was the level of Healthcare Services and Social Services: Input to Propose resilient communities in selected municipalities at District 4a in Laguna, and the third was about The extent of implementation policy to Healthcare Services and Social Services: Input to Propose resilient communities.

The table below illustrates the realistic measurement of the survey questionnaire. A Five-Likert scale checklist was reflected therein with the equivalent range and verbal interpretation to avoid mental torture on behalf of the respondents in answering the questionnaire.

1.2. Tables

Table 3.1. Demographic Information of the Respondents in Terms of Years of Stay

Years of Stay	Pagsanjan		Kalayaan		Pila		Cavinti		Total	
	f	%	f	%	f	%	f	%	f	%
Since birth	195	30%	78	49%	87	18%	166	35%	526	30%
1 to 15 years	22	3%	15	9%	21	4%	16	3%	74	4%
16 to 30 years	26	4%	15	9%	13	3%	23	5%	77	4%
31 to 60 years	408	63%	52	33%	364	75%	271	57%	1095	63%
Total	651	100%	160	100%	485	100%	476	100%	1772	100%

Table 3.2. Demographic Information of the Respondents in Terms of Source of Living

Source of Living	Pagsanjan		Kalayaan		Pila		Cavinti		Total	
	f	%	f	%	f	f	f	%	f	%
Business	34	5%	34	21%	35	7%	74	16%	177	10%
Employment	533	82%	101	63%	417	86%	348	73%	1399	79%
Others	84	13%	25	16%	33	7%	54	11%	196	11%
Total	651	100%	160	100%	485	100%	476	100%	1772	100%

I. **Table 4.1.5 Summary of the Level of Information Dissemination for the**

II. **Healthcare Services in Laguna in terms of Immunization**

Municipalities	M	SD	Verbal Interpretation
Pagsanjan	4.68	0.47	Strongly Provided
Kalayaan	4.58	0.49	Strongly Provided
Pila	4.74	0.44	Strongly Provided
Cavinti	4.83	0.37	Strongly Provided
Overall	4.71	(0.44)	Strongly Provided

I. Table 4.2.5 Summary of the Level of Information Dissemination for the

II. Healthcare Services in Laguna in Terms of Family Planning

Municipalities	Weighted Mean	SD	Verbal Interpretation
<i>Pagsanjan</i>	4.63	0.48	Strongly Provided
<i>Kalayaan</i>	4.71	0.45	Strongly Provided
<i>Pila</i>	4.47	0.50	Strongly Provided
<i>Cavinti</i>	4.11	0.31	Provided
Overall	4.48	(0.44)	Strongly Provided

I. Table 5.1.5 Summary of the Level of Information Dissemination for the

II. Social Services in Laguna in Terms of Economy

Municipalities	M	SD	Verbal Interpretation
<i>Pagsanjan</i>	4.31	0.62	Strongly Provided
<i>Kalayaan</i>	3.90	0.30	Provided
<i>Pila</i>	4.68	0.47	Strongly Provided
<i>Cavinti</i>	3.86	0.74	Provided
Overall	4.19	(0.53)	Provided

I. Table 5.2.5 Summary of the Level of Information Dissemination for

II. Social Services in Laguna in terms of Social

Municipalities	Weighted Mean	SD	Verbal Interpretation
<i>Pagsanjan</i>	4.27	0.62	Strongly Provided
<i>Kalayaan</i>	4.90	0.34	Strongly Provided
<i>Pila</i>	4.62	0.49	Strongly Provided

<i>Cavinti</i>	4.55	0.76	Strongly Provided
Overall	4.58	(0.55)	<i>Strongly Provided</i>

I. Table 5.3.5 Summary of the Level of Information Dissemination for

II. Social Services in Laguna in terms of Culture

<i>Municipalities</i>	<i>M</i>	<i>SD</i>	<i>Verbal Interpretation</i>
<i>Pagsanjan</i>	4.36	0.63	Strongly Provided
<i>Kalayaan</i>	3.95	0.21	Provided
<i>Pila</i>	4.63	0.48	Strongly Provided
<i>Cavinti</i>	4.65	0.63	Strongly Provided
Overall	4.40	0.49	<i>Strongly Provided</i>

I. Table 5.4.5 Summary of the Level of Information Dissemination for the

II. Social Services in Laguna in terms of Human Resource

<i>Municipalities</i>	<i>M</i>	<i>SD</i>	<i>Verbal Interpretation</i>
<i>Pagsanjan</i>	4.31	0.62	Strongly Provided
<i>Kalayaan</i>	3.44	0.50	Provided
<i>Pila</i>	4.35	0.65	Strongly Provided
<i>Cavinti</i>	3.68	0.46	Provided
Overall	3.95	0.56	Provided

I. Table 5.5.5 Summary of the Level of Information Dissemination for

II. Social Services in Laguna in Terms of Technology

<i>Municipalities</i>	<i>Weighted Mean</i>	<i>SD</i>	<i>Verbal Interpretation</i>
<i>Pagsanjan</i>	4.22	0.58	Strongly Provided

<i>Kalayaan</i>	4.84	0.36	Strongly Provided
<i>Pila</i>	4.68	0.47	Strongly Provided
<i>Cavinti</i>	3.69	0.46	Provided
Overall	4.36	0.47	

Summary of Findings

The following are the findings of the study:

1. Stated that it has strongly provided that the profiling of the respondents in terms of;

Years of stay are below: Pagsanjan has 651 respondents; of the greatest, 63% are from 31 to 60 years of stay; Kalayaan, 49% of 160 respondents, are staying since birth; Pila got the most significant number of 485 respondents visiting from 31 to 60 years of stay; and from 476 respondents from Cavinti, 57% were from 31 to 60 years.

The source of Living is below: Pagsanjan has 651 respondents, of whom the most outstanding 82% are employed, 13% have other sources of Living, and 5% have a business; Kalayaan 160 respondent's majority are employed with a frequency of 63% while 21% have their business and 13% have other sources of Living; Of 485 respondents of Pila, 86% are employed, and 7% have their companies and other sources of Living; and in Cavinti, 73% were used, 16% were in business, and 11% had other living sources from the 476 respondents.

The income brackets are below: Pagsanjan has 651 respondents; of the greatest, 47% are from Php9,000-Php12,000; Kalayaan has 38% of 160 respondents, the greatest number earning Php12,001 and above; Pila got the greatest number of 33% of 485 respondents earning Php12,001 and above and from 476 respondents from Cavinti, 39% from Php9,000- Php12,000.

In terms of health care services in immunization and family planning, it revealed the following are the following: The consolidated levels of information dissemination for the healthcare services in the four selected municipalities in Laguna in terms of immunization were illustrated in Table 2.1.5. The healthcare above services is Strongly Provided in the four towns, as supported by the overall weighted mean of 4.71 with a standard deviation of 0.44. The data shows deep implementation, continuity, and stability of the Local Government programs on immunization. It ensures the quality of healthcare services to the community.

The consolidated levels of information dissemination for the healthcare services in the four selected municipalities in Laguna in terms of family planning are illustrated in Table 2.2.5. The healthcare above services is Strongly Provided in the four towns, as supported by the overall weighted mean of 4.48 with a standard deviation of 0.44. The data implies that healthcare services are well disseminated to the population and that the people in these municipalities are adept in family planning information and practices. The study stated that in terms of social services in the economy, social, culture, human resource, and technology are the following:

Meanwhile, the consolidated levels of information dissemination for the social services in the four selected municipalities in Laguna in terms of the economy are illustrated in Table 3.5. The aforementioned social services are provided in the four towns, as supported by the overall weighted mean of 4.19 with a standard deviation of 0.53. The data implied that the four (4) municipalities need to be given complete information on social services as to the economy.

The consolidated levels of information dissemination for the social services in the four selected municipalities in Laguna in terms of the economy are illustrated in Table 3.2.5. The aforementioned social services are Strongly Provided in the four towns, as supported by the overall weighted mean of 4.58 with a standard deviation of 0.55. The data gathered indicates that social services are fully disseminated in Laguna's four (4) municipalities.

The consolidated levels of information dissemination for the social services in the four selected municipalities in Laguna in terms of the economy are illustrated in Table 3.3.5. The aforementioned social services are Strongly Provided in the four towns, as supported by the overall weighted mean of 4.40 with a standard deviation of 0.49. The data gathered implied that the four (4) municipalities in Laguna have been equipped with information on the government's social services, and culture is one of the factors being preserved to improve the well-being of all individuals.

The consolidated levels of information dissemination for the social services in the four selected municipalities in Laguna in terms of the economy are illustrated in Table 3.4.5. The aforementioned social services are provided in the four towns, supported by the overall weighted mean of 3.95 with a standard deviation of 0.56. The data gathered implied that information dissemination regarding human resources needs to be fully provided to the people living in Laguna's four (4) municipalities.

The consolidated levels of information dissemination for the social services in the four selected municipalities in Laguna in terms of the economy are illustrated in Table 7.5. The aforementioned social services are Strongly Provided in the four towns, as supported by the overall weighted mean of 4.36 with a standard deviation of 0.47. The data gathered has proven that information dissemination of social services as to technology is very evident in Laguna's four (4) municipalities.

Analysis of variance: one way is used to identify differences in the respondent's perception of the level of dissemination of health services when grouped according to their municipalities. As shown in Table 12, the computed F values of 64.0320 for the perceptions in immunization and 622.9578 for family planning are evidently larger than the critical value at 0.05 level of significance. The partial eta-squared (η^2) values of 8.40% on the immunization and 51.39% on the family planning variables show that the sample size significantly affects the statistical differences of the mean perceptions in health services, particularly on the family planning. Furthermore, the computed p-values of 0.0000 on both variables report that the differences in the respondent's perceptions of the level of dissemination of health services are statistically significant.

Analysis of variance: one way is used to identify the existence of differences in the respondent's perception of the level of dissemination of social services when grouped according to their municipalities. As shown in Table 13, the computed F values of 421.6260 for the perceptions in the economy, 191.1757 for social, 328.0381 for culture, 1094.3230 for human resource, and 1580.9840 for technology are all evidently more extensive than the critical value at 0.05 level of significance. The partial eta-squared (η^2) values of 72.85% for technology show that the sample size dramatically affects the statistical differences of the mean perceptions in this social service. Furthermore, the computed p-values of 0.0000 on all of the variables report that the differences in the respondent's perceptions of the level of dissemination of social services are statistically significant.

The data clearly show the relationship of the respondents in developing a resilient community is significant. The two's relevance can justify the lack of information and dissemination of the program.

Conclusions

Based on the above findings, the following conclusions were reached:

1. The respondents' demographic information was from Pagsanjan, Kalayaan, Pila, and Cavinti. Most respondents have stayed in Pagsanjan, Kalayaan, and Cavinti for 31 to 60 years. The majority of respondents in the four (4) municipalities are employed. The income of the respondents from the four (4) municipalities ranges from Php9,000- Php12,000.

2. From the data gathered, since not all four (4) municipalities are fully provided with the necessary information on family planning, the above study has room for positivity. Some areas in the Philippines may receive the said family planning program. Immunization protects future generations. Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few ages ago. In the case of Laguna's four (4) municipalities, future generations are protected from different diseases they may encounter. It is significant for the stability and continuity of the government's Immunization Program. Immunization protects future generations. Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few ages ago. In the case of Laguna's four (4) municipalities, future generations are protected from different diseases they may encounter.

In the case of Pagsanjan, Kalayaan, Pila, and Cavinti, Province of Laguna, the Philippines Department of Social Welfare and Development lead did not address the unsustainable economy, and social services objectives were quietly met. In Laguna's four (4) municipalities, social services as to culture are evident, being preserved and nurtured for the improvement of each community. The Local Government Code (LGC) of 1991 mandated the devolution of the local healthcare institutions and the delivery of essential social services from the National Government to the Local Government Units (LGUs). As mentioned above, the delivery of crucial social benefits from the national government to the local government units must be improved in Laguna's four (4) municipalities. The data implies that when the respondents were grouped according to cities, there were differing perceptions on the dissemination of information on social services in all indicators; economy, social, culture, human resources, and technology which needed to be addressed – standardization of information dissemination and practices among the four (4) municipalities.

The data shows that when the respondents were grouped according to municipalities, there were differing perceptions on disseminating information on healthcare services in immunization and family planning, which needed to be addressed – standardization of information dissemination and practices among the four (4) municipalities. The data implies that when the respondents were grouped according to municipalities, there were differing perceptions on the dissemination of information on social services in all indicators; economy, social, culture, human resources, and technology which needed to be addressed – standardization of information dissemination and practices among the four (4) municipalities. The study stated that there is a need to propose a standard program and projects to create a manual for an efficient and developed resilient community for four (4) respondents and introduce it to other communities that need the manual.

Recommendations

In light of the above findings and conclusions, the following recommendations are hereby endorsed:

1. The researcher, therefore, recommends preparing a community profile for an iterative process or using the repetition of a sequence of operations or procedures; in this process, the community will be continuously monitored gradually. This iterative process involves building up a picture of the nature, needs and resources of a locality or community, with the active participation of its members, the aim being to create and implement an action plan to address the issues unearthed. The main objective of the recommendation is to decide which household livelihood strategies to investigate in more detail; decide which local institutions might be important for household livelihood strategies and need to be investigated in more depth; understand the context in which households and local institutions operate so that they can record the present status of individuals such as job hunting, livelihood program and identify linkages for the development of the resilient community.

2. It can also be recommended that health care services in terms of immunization and family planning where Filipino children to have a good start in life and maintain good health as they progress to productive adults is the Community Health Worker (CHW) programs (see fig.2) will be the better process or procedure to have a consistency of monitoring and checking the health situation in the community. The quality and effectiveness of CHW programs may differ across settings due to variations in resource allocation and local politics, but they can deliver real-time responses for community care. In the context of health system decentralization and the push toward Universal Health Coverage (UHC) in the Philippines, this study aimed to explore how the governance and administration of CHW programs shaped the experiences of CHWs across different settings.

3. Further, it is also recommended that social services in terms of community welfare would be the Family and Community Welfare Program (FCWP) and Enhanced Partnership Against Hunger and Poverty (EPAHP). This program is intended to assist socially disadvantaged families to develop their capability in defining needs and formulating solutions to bring about desired social changes. As a government entity, it is mandated to develop social welfare programs and provide technical assistance to local government units to deliver vital social welfare services to people. Learning this program emphasize the needs of the community; for the four municipalities, this program increases the percentage to develop them for healthy and wealthy livings because social welfare program and any of a variety of governmental programs are designed to protect citizens from the economic risks and insecurities of life.

4. The researcher, therefore, recommends for health care services to have resilient communities for four municipalities and other municipal at Laguna will be the Republic Act No. 7160, known as the 1991 Local Government Code the national government, through the Department of Health (DOH), maintained responsibility for high-level health governance decisions, such as setting and enforcing the national health policy agenda. Provincial governments were tasked with tertiary-level health services, including operating regional and some district hospitals. Smaller municipalities were made responsible for the delivery of primary and preventive care through rural health units and barangay health stations. Governments of large, urbanized cities were given responsibility for managing city hospitals, health centers, and barangay health stations within their city boundaries.

5. That social services have to be resilient communities for four municipalities, and other municipalities at Laguna to be the KALAHI-CIDSS, a DSWD program that aims to provide comprehensive and integrated social services. The program was carried out through the use of a community-driven development approach. This strategy aims to achieve delivery and good governance. The NEDA Board approved the scale-up of the program, and it was implemented. Through the community-driven development approach, this program helps communities in poor and 3rd class municipalities identify challenges around reducing poverty and make informed decisions on a range of locally identified options for development. The program gives control of resources to local communities, builds the capacity of both state and civil society stakeholders to provide assistance and respond to calls for support from poor communities as they implement development initiatives, and helps them understand each party's role in supporting community-driven development initiatives. The goal of the KALAHI-CIDSS is for communities and barangays to become more empowered to participate in the planning and implementing of local government services.

6. Lastly, there must be focus on developing a manual that can help the communities identify the priority program that can build better communities for all individuals in the community. The manual will guide the implementer to a standard process and proper program which they can use for community-driven development. Then transmit the project for implementation to the barangays, where the programs/projects to be assessed and evaluated. Developing a community to be resilient may result in an ability to prepare for anticipated hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions. Activities such as disaster preparedness which includes prevention, protection, mitigation, response and

recovery, are vital steps to resilience. Continuous immunization for all stakeholders and consistent learning for family planning can provide a better living.

REFERENCES

- Abrigo, M., & Ortiz, D. (2018). *Devolution of Health Services, Fiscal Decentralization, and Antenatal Care in the Philippines*. Philippine Institute for Development Studies.
- Abbot, S., Baatiema, L., & Bigdeli, M. (2017). *The Impacts of Decentralization on Health System Equity, Efficiency and Resilience: A Realist Synthesis of Evidence*. Health Policy Plan.
- Ainin, J., Mugeni, C., Naughton, B., Hall, K., Tuazon, M., Omwega, A., et al. (2015). *Ruanda's Evolving Community Health Worker System: A Qualitative Assessment of Client and Provider Perspectives*. Human Resource Health.
- Amit, M., Shoemaker Fox, J., Topp, S., Warthin, C., Freedman, L., Robinson, R., et al. (1993). *Community Health Workers and Accountability Reflection: Reflections from International "Think-in"*. *Int J Equity Health*.
- Barangay Nutrition Scholar (BNS) Program. (n.d.). Retrieved November 20, 2020, from <https://www.doh.gov.ph/health-program/BNS>
- Brailevskaia, E., & Ambibola, S. (2020). *Understanding and Progressing Health System Decentralization in Myanmar*. *Health Sci Policy*.
- Bourdieu, D., (1977). *Decentralization of Health Systems in Low and Middle-Income Countries: A Systematic Review*. *Int J Publisher*.
- Carayannis, H., Crigler, L., Lewin, S., Glenton, C., LeBan, K., & Hodgins, S. (2012). *A New Resource for Developing and Strengthening Large-scale Community Health Worker Programs*. Human Resource Health.
- Chukwuere, MAtsumoto-Takahashi, E., & Kano, S. (2017). *Evaluating Active Roles of Community Health Workers in Accelerating Universal Access to Health Services for Malaria in Palawan, the Philippines*. *Trop Med Health*.
- Clement, P., Calalang, C., Reyes, D., & Rosete, M. (2020). *The Impact of Decentralization of the Philippines' Public Health System on Health Outcomes*. *Int J Adv Res Technol*.
- Closser, S., Maes, K., Gong, E., Sharma, N., Tesfaye, Y., Abesha, R., et al. (2020). *Political Connections and Psychosocial Wellbeing among Women's Development Army Leaders in Rural Amhara, Ethiopia: Towards a Holistic Understanding of Community Health Workers' Socioeconomic Status*. *Social Sci. Med*.
- Community Health Workers and Volunteers: The Most Effective Path to UHC*. (n.d.). Retrieved November 20, 2020, from <https://www.globalhealthnow.org/2019-04/community-health-workers-and-volunteers-most-effective-path-to-uhc>
- Congress of the Philippines. (1995). Republic Act No. 7883: An Act Granting Benefits and Incentives to Accredited Barangay Health Workers and for Other Purposes. Metro Manila, Republic of the Philippines. Retrieved from <http://legacy.senate.gov.ph/lisdata/3041327193!pdf>
- Cuenca, J. (2018). *Health Devolution in the Philippines: Lessons and Insights*. Philippine Institute for Development Studies.
- Fazey-Carolino, A., & Mamaug, B. (2018). *Pagdipara: Caring Work by Poor Elderly Women in Coastal Communities in Iloilo, Philippines*. *Asian J Women's Stud*. Retrieved from <https://doi.org/10.1080/12259276.2019.1646493>
- Leydesdorff, C. (2017). *Community health workers: a Priority for universal health coverage?* In: *Management Sciences for Health*.
- Fiske, R., Gomez, W., Theobald, S., & Taegtmeier, M. (1989). *How Equitable are Community Health Workers Programs, and Which Program Features Influence Equity of Community Health Workers Services? A Systematic Review*. *BMC Health Service Res*.

Haslinda, S., Labonte, R., & Bourgeault, I. (2009). HRH Dimensions of Community Health Workers: A Case Study of Rural Afghanistan. *Human Resource Health*.

Iwanto and Chun, Matthies, A. (2020). Community-based Disaster Risk Management in the Philippines: Achievements and Challenges of the Purok System. *Austrian J Southeast Asian Stud*.

Libang H., Tolera, H., & Kloos, H. (2019). Public Health Service Delivery in Decentralized System: A Qualitative Study of the Perception of Health Providers and Community Members in Western Ethiopia. *Global J Med Res*.

Mallari, E., Lasco, G., Sayman, D., Amit, A., Balabanova, D., McKee, M., et al (2020). Connecting Communities to Primary Care: A Qualitative Study on the Roles, Motivation, and Live Experiences of Community Health Workers in the Philippines. *BMC Health Services Res*.

Onono, M., Abdi, M., Opondo, I., Okungu, J., Asadhi, E., et al. (2018). Framework to Evaluate Implementation of Integrated Community Case Management in Kenya. *Acta Paediatr*.

Rafiq, M., Wheatley, H., Mushi, H., & Baynes, C. (2019). Who are CHWs? An Ethnographic Study of Multiple Identities of Community Health Workers in Three Rural Districts in Tanzania. *BMC Health Service Res*.

Rickards, M., Lagrada, L., Picazo, O., Pons, M., & Villaverde, M. (2020). *The Philippines Health System Review*. New Delhi: World Health Organization, Regional Office for Southeast Asia.

Schneider, H. (2019). The Governance of Community Health Worker Programs in Low and Middle-Income Countries: An Empirically Based Framework of Governance Principles, Purposes and Tasks. *Int. J Health Policy Management*. Retrieved from <https://doi.org/10.15171/ijfpm.2018.92>

Schneider, H., & Drucker, N. (2017). Leadership and Governance of Community Health Workers Program at Scale: A Cross Case Analysis of Provincial Implementation in South Africa. *Int. J Equity Health*.

Scott, K., Beckham, S., Gross, M., Pariyo, G., Rao, K., Cometto, G., et al. (2018). What Do We Know About Community-Based Health Worker Programs? A Systematic Review of Existing Review On Community Health Workers. *Human Resource Health*.

Sison, O., Castillo-Carandang, N., Ladia, M., Sy, R., Punzalan, F., Llanes, E., et al. (2019). Prevalence of Metabolic Syndrome and Cardiovascular Risk Factors among Community Health Workers in Selected Villages in the Philippines. *J ASEAN Federation Endocrine Soc*. Retrieved from <https://doi.org/10.15605/jafes.034.02.08>

Steege, R., Taegtmeier, M., McCollum, R., Hawkins, K., Ormel, H., & Kok, M. (2018). How do Gender Relations Affect the Working Lives of Close to Community Health Service Providers? *Empirical Research, A Review and Conceptual Framework*. *Soc Sci Med*.

Sy, T., Padmawati, R., Baja, E., & Ahmad, R. (2019). Acceptability and Feasibility of Delegating HIV Counseling and Testing for TB Patients to Community Health Workers in the Philippines: A Mixed Methods Study. *BMC Public Health*.

Tuyisenge, G., Crooks, V., & Berry, N. (2020). Using an Ethics of Care Lens to Understand the Place of Community Health Workers in Rwanda's Maternal Health Care System. *Soc Sci Med*.

UHC Act in the Philippines: A New Dawn for Health Care. (n.d.). Retrieved November 20, 2020, from <https://www.who.int/philippines/news/feature-stories/detail/uhc-act-in-the-philippines-a-new-dawn-for-health-care>

United Nations. (2020). The sustainable development goals. Retrieved February 17, 2021, from <https://sdgs.un.org/goals>

Zarychta, A. (2020). Making Social Services Work Better for the Poor: Evidence from a Natural Experiment with Health Sector of Decentralization in Honduras. *World Development*.

Zhang Fan, Zhu, M., Broese, S., Gross, M., Theobald, S., Ormel, H., Dieleman, M., & Taegtmeier, M. (2014). Performance of Community Health Workers: Situating Their Intermediary Position within Complex Adaptive Health Systems. *BMC Public Health*.

Zulu, J., Kinsman, J., Michelo, C., & Hurtig, A. (2019). Integrating National Community-based Health Worker Programs into Health System: A Systematic Review Identifying Lessons Learned from Low and Midde Income Countries. *BMC Public Health*.

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[https://healthinfo.healthengine.com.au/parenting-the-social-environment-and-its-effects-on-child-](https://healthinfo.healthengine.com.au/parenting-the-social-environment-and-its-effects-on-child-development)

development

<https://hbr.org/2018/01/the-leaders-guide-to-corporate-culture>

<https://www.thoughtco.com/culture-definition-4135409>

<https://brainly.in/question/24951389>

<https://open.lib.umn.edu/sociology/chapter/3-1-culture-and-the-sociological-perspective/>

<https://www.holidify.com/pages/culture-of-philippines-5557.html>

<https://www.shopify.com/encyclopedia/human-resources-hr>

<https://caro.doh.gov.ph/expanded-program-on-immunization/>
<https://www.hhs.gov/immunization/get-vaccinated/for-parents/five-reasons/index.html>
<https://pidsws.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2104.pdf>
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<https://publications.aap.org/pediatrics/article-abstract/133/4/577/32731/Economic-Evaluation-of-the-Routine-Childhood>
<https://www.sciencedirect.com/science/article/abs/pii/S0264410X04008527>
<https://www.sciencedirect.com/science/article/abs/pii/0025556484900634>
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<https://link.springer.com/article/10.1186/1472-6963-8-134>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4776597/>
<https://www.sciencedirect.com/science/article/abs/pii/0277953694900957>
<https://link.springer.com/article/10.1007/s12325-014-0157-1>
<https://link.springer.com/article/10.1007/s00103-019-03062-1>
<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/immunosurveillance-and-the-evaluation-of-national-immunization-programmes-a-populationbased-approach/1FE84E1C2E3509A8C6DD08876965A103>
<https://www.sciencedirect.com/science/article/abs/pii/0264410X9290327G>
<https://academic.oup.com/imammb/article/1/3/233/846432>