

COMMUNITY PEACE AND DEVELOPMENT IMPROVEMENT IN RELATION TO GOVERNMENT'S HEALTH SERVICES

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PROGRAMS IN MAGUINDANAO PROVINCE

Abstract: This study aims to determine the relationship of association between the implemented health service programs of the Rural Health Units and its resources; and between the health services programs implemented and the improvement of community peace and development condition in five selected municipalities of Maguindanao. The respondents of the study are randomly selected 97 Barangay Health Workers and clients of the Maternal and Health Care Service, Family Planning and TB DOTS. The sources of data were derived from the researcher-made questionnaire, interview, and focus group discussion. The questionnaire underwent validity and reliability test, and obtained very high reliability results.

The findings revealed that the Rural Health Units resources in terms of human, materials and financial resources are regarded moderately sufficient; the implementation of health services programs namely maternal and child health services, family planning and TB DOTS are generally satisfying; and the quality of respondents' personal, social and civic life as determinants of community peace and developments condition are generally improved.

The study concludes that individual who avail of government services programs and are confident of their treatment and cure can rise up to improve their personal ,economic and social life and are able to contribute to community peace and development.

As the findings imply, here is a great need to assign a permanent medical doctor in the Rural Health Units in various municipalities in Maguindanao; there seems to be a problem in medical supplies and financial support in the in implementation of health services programs.

The study recommends a partnerships alliance by the RHUs with non government organizations in providing more livelihood skills training to its clients to enhance their personal and social growth to become peace agents in the community where they belong. The study recommends further investigation of the variable using other methodology and other statistical tools to determine the relationship of effect between inputs (resources), process (implementations), and outcomes (products).

Keywords: Community Peace & Development, Health Services, Rural Health Units, Province of Maguindanao.

1. INTRODUCTION

Since 1995, the Philippines has had undergone fast developments which can be attributed to the Medium Term Development Plans which started during the administration of the then President Fidel V. Ramos, and carried over to the administration of Gloria Macapagal-Arroyo and President Benigno Simeon Aquino III with the overarching goal to develop Philippines as a newly industrialized to developing industrialized country. Development therefore is of prime importance not only in the urban centers but also in the rural areas.

While development processes have been undertaken by the various governmental agencies to improve the lives of people and their communities, it is a fact that conflicts arise due to the presence of armed and organized groups who have their own agenda separate from the goals of the National Government. Thus communities are disturbed. Yet development must take place and government services in the areas of health, social welfare, education and others must be delivered for the welfare of the people. Barbani (2004) in his Development and Conflict Theory propounded that interventions are intended to assist communities from a situation in which they are believed to be worse off to a situation in which they are assumed to be better off.

Alma and her associates (2012) pointed out that people themselves are important resources in any country and these potential resources should be properly attended to in terms of health development. Individuals and families always play a great role by taking self-responsibility for their own health development. Alma and associates (2012) further asserted that active participation and interest in solving their own health problems are not just clear awareness of self-reliance, but an overall health development of a community, a village, a district and a country.

This health condition still falls under the so-called human security which secures individuals from deterioration of body from illnesses and in maintaining sound body condition. According to Negin (2007), health must be seen as a necessary element of a sustainable, engaged, peaceful society. Thus, health is viewed as vital to a society and its people on the road to progress, peace, and development.

The Province of Maguindanao has high poverty index and high illiteracy and where peace is always a problem. In its thirty-six (36) municipalities there are only twenty-five (25) Main Health. The newly created municipalities utilize their Barangay Health Stations located at the designated Poblacion as their Main Health Centers. Added to this is a national-related major concern since the health personnel in the Province of Maguindanao is not devolved to the Local Government Units, thus problems on health personnel critically affect the delivery of health services.

Thus, this study will hopefully provide all stakeholders some valuable insights and enhance a framework in which the relationship of health development projects and programs, community development, and peacebuilding will interact and will be further understood. In this manner, development programs and projects of government and other organizations become more relevant and more sustainable which will eventually enhance local capacities for peace and development of communities and municipalities.

This study focused on community level peacebuilding through health development programs and projects which are implemented in the selected municipalities of Maguindanao.

2. METHODOLOGY

The study utilized the descriptive-correlation research design in exploring the relationship of variables included in this study. This method of research is suited in describing the extent of adequacy of the RHU resources in terms of human, materials and financial resources, the implementation of health services programs in their community in terms of maternal and child health services, family planning program, and TB Dots program. Moreover, descriptive-correlation design was appropriate in determining the relationship of influence of implemented health services programs to improvement of communities' peace and development condition. This research was conducted in the five selected municipalities in the province of Maguindanao, namely: Talayan, Shariff Aguak, Datu Saudi Ampatuan, North Upi, and Datu Odin Sinsuat. The Municipalities of Sultan Kudarat and Sultan Mastura served as validation area for the instruments which were used in the gathering of data.

The instrument used in this study was a researcher-made questionnaire which was subjected to validity and reliability prior to the final conduct of the study. This survey questionnaire was used in gathering data needed in this study from the BHW's and recipient-clients. Triangulation method of gathering the data was also used. Moreover, the data gathered from this questionnaire was supported by the key informants, focus group discussion and documentary analysis.

The five-point scale on the adequacy of resources such as human, material and financial resources were measured as: 1-least sufficient, 2-less sufficient, 3-moderately sufficient, 4-sufficient, 5-very sufficient. The health care services implemented are maternal and child health services, family planning and TB Dots Program which were measured as: 1-least satisfactory, 2-less satisfactory, 3-moderately satisfactory, 4-satisfactory, 5-very satisfactory.

The improvement of peace and development condition such as family income, personal growth, community participation and peace and order were measured in terms of: 1-not improved, 2-less improved, 3-improved, 4-much improved, and 5-very much improved.

3. RESULTS AND DISCUSSION

The Socio-Demographic Profile of the BHW Respondents

Problem 1 aimed to determine the socio-demographic profile of the BHW's and clients which is presented for purposes of background information. The data is shown in Table 1 showed that a bigger number of the BHW-respondents belonged to age bracket 30-41 years old comprising 17 or 33.3 percent of the total respondents. There were 14 or 27.5 percent of the respondents who belonged to age bracket 42-65 years old and 12 or 23.5 percent belonged to age bracket 18-29 years old and while only 8 or 15.7 percent of the respondents belonged to 18-29 years old. Further, 43 or 84.3 percent of the respondents were female while only 8 or 15.7 percent were male. Furthermore, majority of the respondents were of Maguindanaon ethnic affiliation comprising 26 or 51.0 percent. There were 10 or 19.6 percent of the respondents who belonged to Ilonggo and Tiduray tribes; while 4 or 7.8 percent belonged to the Cebuano tribe and only 1 or 2 percent of the respondents belonged to the Tagalog tribe.

Moreover, most of the respondents were graduates of secondary education comprising 17 or 33.3 percent. There were 12 or 23.5 percent of the respondents whose educational attainment was college level; and 11 or 21.6 percent of the respondents were high school graduate, 8 or 15.7 percent of them were college graduate while 3 or 5.9 percent of the respondents were elementary graduate. Likewise, majority of the respondents which constituted 32 or 62.7 percent were Barangay Health Workers volunteer (BHW); 9 or 17.6 were housekeepers; 3 or 5.9 percent were farmers; 2 or 3.9 percent were self-employed; and 1 or 2 percent were businessmen, midwives, students, tricycle drivers, and volunteer midwives. Relative to trainings attended, 26 or 51 percent of the respondents have had attended training on TB-DOTS; 18 or 35.3 percent attended BHW-training; 3 or 5.9 percent attended water quality monitoring; while only 1 or 2 percent have attended training on family planning and first aid respectively.

Extent of Adequacy of RHU Resources in the Selected Maguindanao Municipalities

Problem 2 sought to find out the extent of adequacy of Rural Health Units resources such as: human, materials and financial in carrying out its health services programs in the selected five Maguindanao Municipalities: Talayan, Datu Saudi Ampatuan, Shariff Aguak, North Upi and Datu Odin Sinsuat.

The data on human, materials and financial resources are presented in Table 2, next page.

Generally the findings of the study disclosed that the RHUs resources in the selected five Maguindanao Municipalities obtained a grand mean of 3.0 described as "Sufficient" in human, materials and financial resources. The findings indicated that the resources in the rural health units were just enough to be able to carry out their assigned tasks in the delivery of health services in those areas.

Human Resources. The health staff of the Rural Health Units in the municipalities is composed of a designated medical doctor, nurses, barangay health workers, midwives, and health workers volunteers. Gleaned from the data in Table 2, the findings revealed that the RHUs have "Moderately Sufficient" medical staff resources as indicated by its total mean of 3.29. Furthermore, majority of respondents in the focus group discussions revealed that there was a great need for additional human resources such as midwives to man the Barangay health Station as well as doctors and nurses in all Rural Health Units of Maguindanao.

While funds were found sufficient, there were indicators that revealed "Less Sufficient" provision as signified by their total means such as: funds allocated by the RHU for the BHW's (2.44); BHW's establish linkages for funding support from the local level (2.41); and collaborative effort for funding support (2.33). This finding was indicative of weak public relations and lack of courage and resourcefulness by the BHW's who were directly concerned with the implementation of the health programs of the Department of Health.

This finding seemed to be disturbing at hindsight since it is the RHU's allocation of funds for the BHW's that was less sufficient. During the focus group discussion, it was reported that BHWs were health volunteers and allocation of funds were supposed to be from the LGU or Barangay LGU. Furthermore, they claimed that health programs with allowances for the implementation were provided to health workers and BHWs were included. According to Rouselle F. Lavado and

Ida Marie T. Pantig (2009), the importance of the role of BHWs were recognized and recommended that proper incentives must be given to these crucial actors in the public health sphere. On this note, RA 7883 should be implemented.

Financial Resources. Along this aspect, generally, the findings of the study disclosed that provision of financial resources for the health services programs by the LGU and RHU was described as “Moderately Sufficient” as indicated by its total mean of 2.66. In ARMM, the Department of Health or health agency is not devolved to LGU. This explained why some LGU were adamant to provide the necessary financial resources to the RHU in terms of augmentation in the rehabilitation of health facilities, manpower support and other medical supplies needed. During the interview with Sangguniang Bayan on Health in one of the municipalities, the officials revealed that their Local Government Units appropriated 1.7 million pesos on Health alone through the recommendation of the Municipal Local Health Board.

Individually taken, the findings further revealed “Moderately Sufficient” provision of financial resources in funds for TB program, funds for health care seminars of mothers and TB patients, and funds by LGU for BHW’s as exhibited by their mean values of 3.31; 2.90 and 2.55 respectively. These findings meant that the LGU in these municipalities really cared for the health of its citizens, though the funding they have been allocated was just enough, not more and not less. In other words, the health programs were carried out and delivered to their constituents. In an interview with the two public health nurses in RHUs North Upi and Datu Saudi, it was gathered that the LGU funding released to these health services programs amounted to P1.7 Million out of these P48,000 (North Upi) and P36,000 (Datu Saudi) which covered honorarium of the microscopists in the TB program. Local Government Units allocated incentives to BHWs in the form of honorarium. Medical equipments and other supplies were provided by the IPHO Maguindanao.

In the Key Informant Interview, respondents bared that there were supports coming from the LGU which included among others the honorarium of BHWs, some transportation allowances and medicines but were perceived inadequate for them to be highly effective in implementing or facilitating health services in the barangays. The main source of additional funds of the RHUs came from IPHO Maguindanao and some donations from patients who availed their services. This fund however could hardly provide even for transportation of BHWs. Since health services in ARMM have not been devolved to LGUs the latter are not required to allocate fund for RHU. Hence, it was deemed necessary to strengthen ties and coordination with LGUs in order to secure financial support for the delivery of health services especially in the barangay.

Government initiatives such as health projects needed to be substantial in medicines and funding for the programs to be sustainable. Andy Knight (2004) cited by Zolondek (2012) stressed that government projects or programs should not be viewed as humanitarian operations which were just band-aid and reaction solutions to problems. The finding suggested that pouring of resources and personnel would be useless if longer terms of sustainability would not take place. In this respect, government projects were likewise instrumental in creating the conditions which were necessary in promoting stability to bring about peace for the people and community.

This finding corroborated with the study of Keating and Knight (2004) as cited in Zolondek (2012) that resources in the form of human and materials needed surplus of financial support since these were considered complementary for projects to be meaningful, operational and sustainable, all leading towards sustainable peace.

Extent of Implementation of the RHU’s Health Services Programs

The RHU’s implementation of health services programs in the selected municipalities of Maguindanao such as Talayan, Datu Saudi Ampatuan, Shariff Aguak, North Upi and Datu Odin Sinsuat had captured more patients/clients in three areas; namely: Maternal and Child Health Services, Family Planning Program, and TB DOTS. The data were presented in Table 3, next page.

On the whole, the findings of the study described the implementation of these three programs as “Satisfactory” as the total mean (4.19) denoted. This finding meant that the RHU through its Barangay Health Workers have done their various tasks to achieve the targets for the three programs. The finding further implied that clients were contented with the health services programs of the RHU, how they were treated with care as clients and with the provision of available medicines in the center. This impression was conveyed during the interview and focus group discussion (FGD) with them.

Maternal and Child Health Services. In this health program, the finding generally with total mean (4.13) was described “Satisfactory” in its implementation. The findings implied that there were key areas that needed improvement.

Individually taken, the findings of the study revealed that breastfeeding of mothers and prenatal check-up of mothers, prenatal visit schedule were considered “Very Satisfactory” as indicated by their mean value (4.47), (4.51) and (4.47) respectively. This finding meant that pregnant mothers and mothers were highly conscious of their health and child’s health too. This finding was a good indication that mothers in those municipalities had full trust and confidence in the health program provided to them by the government. The findings implied that government projects on health had overarching concern for human development. The findings further implied that with the acceptance and participation of clients in these projects, the Department of Health thus realized its vision of putting human needs as the center of its development goals.

This finding was found similar to the study held by Hart (2008) and Jennings (2003) that in order for projects to be successful over the long term, it must encourage the participation of the recipient clients in the conduct of the programs.

Gleaned from the data in Table 3, the findings further showed “Satisfactory” implementation of the maternal and child services program in key target areas as indicated by their respective mean value; such as: birth spacing (4.41); pregnant women’s immunization (4.41); referrals for high risk pregnancy (3.98); avoidance of medicine in-take not prescribed by the doctors (3.92); organize mother’s class (3.63) and conduct mothers class (3.51). The findings meant that pregnant women were well-cared by this program since every aspect towards health growth from the embryo until its birth and development stages of infant growth were well addressed by the program.

Family Planning Program. In the implementation of this program by the RHU, generally the findings disclosed a “Satisfactory” undertaking as exhibited by their obtained means; on providing seminars (4.02); providing contraceptive pills and devices (4.14), providing medical check-up (4.14), monitoring mothers’ health condition (4.16), and home visit for ocular view of family size (4.14). The result was a sweeping satisfactory undertaking of the key areas of concern for the program. The findings indicated more improvement. Deduced from the interviews and focus group discussion, the respondents affirmed their ratings of satisfactory implementation of the program. That was how they assessed the family planning program of the RHUs in those municipalities. It was revealing that both wives and husbands somehow were not convinced on the effects of family planning such as limiting the family size and embedding of contraceptive device for health reasons. Added to their revelation, was the question of family planning which was contrary to the doctrines of Islam religion particularly on procreation.

TB-DOTS. In this program, the findings disclosed a “Satisfactory” implementation by the RHU to the municipalities as indicated by its total mean (4.19). The key areas of undertaking this program were also found “Satisfactory” in massive conduct of community education and TB control (4.08); provision and conduct of BCG immunization (4.49); referrals for TB symptomatic (4.37); close supervision for medicine in-take (4.31); conduct of Health Education fora to TB patients (4.31); provision of reading materials on TB health education (4.33); monitoring TB patients for medical check-up (4.39); and campaign to household members with symptoms of TB to the RHU (4.39).

In general, the findings of the study revealed a “Satisfactory” implementation of TB DOTS Program as indicated by its total mean of 4.33. This meant that there was a need to intensify community education about TB as a disease in order to increase the demand for quality TB DOTS services at the RHUs and to empower people in the community to go to the health facility for check-up.

Extent of Improvement in Personal and Social and Civic Life of BHW’s and Clients as Determinants of Community Peace and Development Condition

Problem 4 sought to find answers regarding extent of respondents’ improvement in life as determinants of community peace and development. The variables considered for community peace and development were based from citizens’ improvement in life such as personal life improvement and social/civic life improvement. Both social and personal life improvements attained by individuals were determinants of community peace and development.

Personal Life Improvement.

This aspect was determined by family income and social status. On the whole, the respondents’ improvement in life which contributed to community peace and development revealed a grand mean of 3.21 which was described “Improved”. This meant that both personal life and social and civic life improvement of citizens had a direct bearing on community peace and development. This finding was elicited from the respondents during the interviews and focus group discussion. According to them, when one had work and had income, the family had food on the table for the children. A little income

could be augmented by engaging in backyard gardening, small business, and whatever job it was provided it was done with all honesty and dignity, then there was peace. This finding confirmed the statement of Toh and Floresca (1989) as cited by Norodin Salam that “peace begins with oneself.”

Family Income. As shown in Table 1, the findings disclosed that the respondents (BHW workers and clients) have “Improved” in their family income by engaging in small business and other income-generating ventures as indicated by 3.28 mean value. The findings further revealed that respondents relied on backyard gardening (3.55) in augmenting family income. This showed that respondents were very resourceful. The mean result signified a “Much Improved” family income of the respondents.

During the focus group discussion with them, they remarked that their family was very important to them that they would do every means to raise their income because of their childrens’ health, education and respectful life. Contentment in their personal life was visible as seen from their faces, full of smile and joy. When asked further if they had peace within them and that they could sleep well, the response was affirmative. From the peace theorists view this was called personal peace. This finding of improved family income supports Toh Swee-Hin (1987) classification of harmony with the self as component of personal peace (cited by Norodin Salam (2008), which included financial stability. As findings revealed, respondents were resourceful, industrious and venturous in enriching their lives; as signified by the mean values of “improved” family income through food production (3.31); small-scale business (3.02); participating livelihood trainings (3.37); and job opportunity (3.16).

Personal Growth. In this aspect, the findings further showed that respondents have attained “Improved” personal growth (2.51) as indicated by factors such as: built own decent house (3.31); purchased vehicle (2.41); purchased appliances (2.73); and children graduated in college (2.51). This finding was indicative of the financial capacity of the respondents as previously discussed in family income. As shown in reality today, vehicle was not exclusive for the rich and famous. Even average income earners could buy vehicles, be it motorcycles, jeepneys, vans and cars.

During the focus group discussion, it was gathered that some had purchased second-hand vehicles; some had by installment from the companies or from garage sale. Their reason for owning one was not for boasting or display but for necessity. Other respondents remarked that there were many economic offers from the government, like the 4P’s. According to the study conducted by Rouselle F. Lavado and Ida Marie F. Pantig (2009), the demand for health and nutrition services had definitely increased. On the contrary, this study found out that the supply-side interventions had not been given due attention. The respondents suggested that if possible, the implementing agency for the 4Ps should include in their budget health, nutrition, and education assistance to supporting agencies. Since an increase in utilization of health and nutrition services has been noted due to the implementation of the 4Ps, proper monitoring and evaluation mechanisms should be put in place to work toward the improvement of this viable project.

Truly, this finding was similar to the theoretical claim of Toh Swee-Hin (1987) as cited by Norodin Salam (2008) in the principle of harmony with the self, that needs were dependent upon one’s economic status and that people felt at peace when needs were met. One indicator that was found “Less Improved” as shown by its mean value of 2.27 is in being appointed barangay official/officers of organization. This finding revealed that not all respondents were barangay officials.

Social and Civic Life Improvement. This factor was determined by community participation and peace and order undertaking by the respondents. Premised on theories from philosophy, education, religion, and sociology, the findings of this study further support the theoretical claim that “man does not live alone, man lives with others, man is gregarious by nature, and man wants to live in a peaceful environment”.

In this study, the finding disclosed that respondents’ (the BHW’s and clients) social and civic life were “Much Improved” as indicated by its total mean (3.53). This general finding was revealed from the results of the factors such as: community participation and peace and order.

Community Participation. All the indicators that were included to describe the respondents (BHW’s and clients) of the RHU’s health program showed “Much Improved” involvement as revealed by the obtained total mean result of 3.53. The finding showed “Much Improved” community participation as a way of raising the quality of their social and civic life.

The finding further showed a remarkable “Much Improved” involvement in the community affairs as evidenced by their mean values in the following aspects: civic activities (3.69); civic organization (3.14); barangay meetings (3.51); and

barangay and municipality civic celebrations (3.65). Joining peoples' organization with mean (3.14) was described "Improved".

This finding was indicative of a very enriched social and civic life by the respondents. In the focus group discussion, it was pointed out that their social life made them feel belonging to each other, although there were disagreements at times in certain issues but these were not kept deep inside the heart and mind because issues were just issues. What is important was attainment of understanding and peace with each other. Such declaration was indicative of the prevalence of peace in the community. The larger goal which was community peace and development encompasses individual peace. This finding supported an age-old adage that if one wanted to live in peace, one had to reconcile and live in harmony with others.

Peace and Order. In this aspect, the respondents (BHW's and clients) affirmed their stand that they had participated and contributed to the peace and order of the community; that their participation had "Improved" as evidenced by the total mean value (3.38). This finding was further revealed from its indicators such as: minimized family feud (3.31); upheld the law of the land (2.98); reported any presence of lawless elements (2.96); and molded their family on standard norms of society (3.67) all described as "Improved".

It was worthy to note that maintaining peace starting from family (3.67) manifested a "Much Improved" finding. This finding implied that to propagate peace to the whole community, peace needed to start from family training and family upbringing. Religions of the world also preached that "peace begins with oneself and radiates to all in the community when there is love and respect to human beings".

Extent of Influence of RHU Resources on Implementation of Health Services Programs

This study hypothesized that there was no significant positive relationship of association of the RHU resources and implementation of Health Services Program in Selected Municipalities of Maguindanao. Correlational analysis was utilized to prove the null hypothesis stated above. The obtained correlation coefficients were presented in Table 5 below.

The finding of the study showed a significant positive relationship of association between adequate RHU resources and the effective implementation of health services programs as evidenced by the correlation coefficients of total RHU resources (TOR) and implementation of health services programs (TOH) $r = .613$ at 0.05 level of significance.

This correlation coefficient value rejected the null hypothesis; hence there was a strong assertion to prove the significant positive relationship of association between adequate resources such as human, materials, and finances by the Rural Health Units and the effective implementation of the health services programs such as: maternal and child health services, family planning and TB Dots.

This meant that the effective implementation of health services programs was seemingly attributed to adequate provision of human resources such as medical doctor, nurses, midwives, barangay health workers and volunteers as shown by the obtained correlation coefficients of ($r=.649$) at .05 level of significance for Maternal and Child Health Care; family planning ($r=.675$) and TB-Dots ($r=.630$) at .01 level of significance. However, the correlation coefficient of .443 at .05 level of significance between material resources and maternal and child health services did not reveal a significant relationship of association. Although the finding was so; the interviews and focus group discussion from respondents as stated earlier that pregnant mothers were taken care by the midwives as highlighted during pre-natal check-up and health workers were trained on Basic Emergency Obstetrical Care (BEMOC).

In the focus group discussion, majority of respondents revealed that resources were needed to enhance further the implementation of basic health services such as financial support which was basically needed to procure medicines and to provide honorarium, hiring of additional manpower, and transportation allowances of the BHWs.

Individually taken, the findings of the study showed that the RHU's have "Very Sufficient" health personnel as revealed by their obtained mean values, such as: health workers (3.78), midwives (3.53), and health workers volunteer (3.51). The finding was indicative of a reality in the rural health units in the municipalities of Maguindanao of actual presence of these government health personnel as observed by the respondents. The findings was also evidenced by the unanimous verbal declaration of the respondents during the personal interview and focus group discussions with them that the BHW, midwives, and health workers volunteer were the ones attending to their health needs.

During the interview and documentary analysis, it was found out too that for every rural health unit in the municipality, there were twenty to thirty barangay health workers, ten to fifteen midwives, and three to six RN Heal volunteers assigned in those areas. From the point of view of the client-respondents, their number was very sufficient since their medical consultations and medical treatments were well-attended.

The findings further revealed that the availability of nurses and medical doctor assigned in the rural health centers were found to be “Sufficient” as evidenced by the obtained mean values of 3.24 and 2.51 respectively.

Along this finding, it was found out from the interviews and Focus group discussions with them that there was one public health nurse assigned in the Rural Health Units (RHU) and only one medical doctor was assigned and available in some municipalities.

They revealed that the nurses and doctor seldom visited the BHS. They were present in the RHU at least once or twice a week. Though they claimed that doctors visit in the health centers was enough, they conveyed a hopeful message that they needed a permanent doctor who reported every day, since private medical doctors charge high medical fee.

One important need of barangay health personnel was training for further development of skills and knowledge on medical advances in the conduct of health programs for the people in the communities. The findings showed that trainings attended by health workers at the health center obtained a mean value of 3.16 which was described as “Sufficient”. From the interviews, it was found out that trainings were conducted for them at least twice in a month due to several health programs. The trainings were focused on TB, maternal, nutrition, malaria, and reproductive health and filarial to name a few.

There seemed to be contradictory revelation of their impressions of the trainings attended and their rating of sufficient trainings. What they learned from their training were for personal consumption only.

Material Resources. The material resources in this study involved provision of medical equipment such as: BP apparatus, dental equipments, equipments for reproductive health and for birthing facilities at the RHUs; medicine supplies such as TB drugs, reagents, slides, malaria, filaria; immunization supplies, vaccines and syringes, alcohols; microscope and laboratory supplies, and provision and renovations of health centers such as Rural Health Unit and Barangay Health Station.

From the same Table 2, the findings revealed that the provision of material resources for the health programs in the RHU was described as “Sufficient” as indicated by its total mean of 3.06.

The findings further showed that provision of medical supplies (2.39) was “Less Sufficient”. During the interviews and focus group discussion, it was gathered that medicine supplies needed for the MCHC such as iron and other vitamins needed by the pregnant mother and supplies for FP were inadequate while in TB DOTS supplies of medicines and other laboratory supplies were adequately provided by the National DOH.

The findings further revealed that immunization supplies (3.86) described as “Very Sufficient”. Allocation of vaccines and other syringes needed by the RHUs were directly procured by the National DOH and sent through the Regional offices. The other material resources that were found “Sufficient” were on medical equipment (2.82) and microscope and laboratory supplies (3.04). From ocular inspection of these equipment and supplies, this researcher noted the presence of functional microscope coming from the allocation for the TB program.

The establishment of health centre (RHU and BHS) in the municipalities were found to be “Sufficient” as shown by its mean value of 3.20.

Based from interviews and focus group discussion, it was gathered that the respondents were contented with the health centres as to area size which measured from a standard specification; and its location as to accessibility by means of an affordable transportation. The RHU was considered the main centre in the municipality. It had room for MHO for consultation, Nurses room where record and files were stored, dental room, laboratory room, stock room, FP room where counselling and check-up were done. At present time, the RHU added birthing room where delivery and recovery room for pregnant mothers were undertaken.

In the study of Rouselle F. Lavado and Ida Marie T. Pantig (2009), the finding was more evident in lower level health facilities such as the Rural Health Unit and Barangay Health Station. BHSs were supposed to be “satellites” of the RHUs

and City Health Offices (CHOs) which were prescribed to provide public health care. These included basic health services in health and nutrition education, immunization, and basic essential medicines, but not anything beyond these such as personal health care. Constituents, however, expected these facilities and other medicines/drugs to be provided; otherwise these were useless according to their judgment which would contribute to their decreased patronage of the basic health services facilities.

Extent of Influence of the Health Service Programs on Improvement of Community Peace and Development Condition

This study hypothesized that there was no significant positive relationship of association of the health services programs implemented and improvement of community peace and development condition in the selected Maguindanao Municipalities.

Correlation analysis was utilized to determine whether there was significant positive relationship of association between improvement of communities' peace and order conditions and implementation of health services programs. The obtained correlation coefficients were reflected in Table 6, next page. On the whole, total health services programs showed a relationship of association between improved community peace and development conditions and health service programs as evidenced by ($r=.281$) which was significant at .05 level of significance. This meant health service programs of the governments' rural health units in its avowed goal to treat and secure the health of citizens produced healthy citizens who were directly responsible in improving their personal and social life with contributed to communities peace and development conditions.

Thus, the findings rejected the null hypothesis.

By individual health program, the findings of the study disclosed a significant positive relationship of association between that maternal and child care health services and the social life of BHW's and clients in community participation ($\square=.275$) at .05 level of significance and peace and order ($\square=.454$) at .01 level of significance.

The findings meant that the rural health units in implementing the health service program had been effective in delivering the service to mothers and children. This implied that healthy mothers who resorted to breastfeeding, reared healthy babies, thus this condition gave opportunities for mothers to participate in community activities and in peacebuilding situations of the community. Still by individual health program, the findings disclosed a significant positive relationship of association between the satisfactory family planning services program implemented in those selected municipalities and the personal and social life of mothers particularly in raising family income and community peace and order as revealed by the obtained correlation coefficients of ($r=.354$) at .05 level of significance and ($r=.513$) at .01 level of significance respectively. The implementation of family planning program as found earlier was satisfactory in assisting, guiding and educating clients in the benefits of birth spacing in particular. This finding meant that family size could determine the opportunities of parents to improve their personal life in terms of raising their family income and their social life in pursuing activities in the community and activities related to peacebuilding efforts towards the community peace and order development.

However, the findings of the study have not established a significant positive relationship of association between satisfactory implementation of TB DOTS programs and the personal and social life of clients to be able to uplift their family income and personal growth and participate in the community and peace and order concerns, as indicated by the correlation coefficient ($r=.182$) either at .01 or .05 levels of significance. Statistically, no relationship was established. But it was revealed from the FGD and interviews that clients did benefit from the TB DOTS health program. It can be inferred that TB patients seem not to exert efforts to help augment the family income, to enhance their personal growth, and participate in the community peace and order concerns. Robert Kock discovered (1872) Mycobacterium TB, bacteria that cause Tuberculosis. Fundamentally, medical books claim that TB is highly contagious and precautionary measures should be adopted. The implementers of TB DOTS program need to conduct a massive education campaign to bolster the morale of patients to be more sociable and productive citizens of their communities, after the six-month treatment. TB patients are being stigmatized by their health conditions for fear that they might transfer the disease to others.

Generally, the findings of this study affirms the study of Banks (1987) that health is contributory to peace building; and the declaration of the United Nations Millennium Project (2000) that health systems are a vital part of the social fabric of any society.

4. MAJOR FINDINGS

A. Adequacy of Rural Health Units (RHU) Resources

1. The overall RHU resources in the selected Maguindanao Municipalities with grand mean (3.00) were found “Moderately Sufficient”.
2. Individually, the total mean for each of the RHU resources such as: human resources (3.29), material resources (3.06) and financial resources (2.66) were found “Moderately Sufficient”.
3. Individually still, the total mean for implementation of each health service programs such as: maternal and child care services (4.13), family planning (4.12) and TB DOTS were found “Sufficient”.

B. Implementation of RHU’s Health Services Programs

1. The overall health services programs implemented by the RHU in the selected Maguindanao Municipalities with grand mean (4.19) were found “Satisfactory” in its implementation.
2. Individually, the total mean for implementation of each health services program such as: maternal and child care services (4.13), family planning program (4.12) and TB DOTS program (4.33) were found “Satisfactory” in implementation.

C. Improvement of Community Peace and Order Condition

1. The overall finding for Community Peace and Order condition in the selected Maguindanao Municipalities was described “Improved” with grand mean (3.21).
2. Individually, the total mean for each of the personal life aspects of Barangay Health Workers and clients that contribute to community peace and order such as family income (3.55) and personal growth (2.51) were each described “Much Improved” and “Improved”, respectively.
3. Still individually, the total mean for each of the social life aspects of Barangay Health Workers and clients that contribute to the prevailing community peace and order condition such as community participation ($X=3.53$) and peace and order ($X=3.38$) were each described “Much Improved” and “Improved”, respectively.

D. Relationship of Association Between RHU resources and the Implementation of its Health Services Programs

1. There is significant positive relationship of association between the adequate RHU resources and the implementation of health services programs ($r=.613$) at .05 level of significance in the selected Maguindanao Municipalities; Thus, in its whole context, the null hypotheses was rejected.
2. By individual factor there is significant positive relationship of association between the RHU human resources and the implementation of maternal and child care services ($r=.649$) at .01 level of significance, family planning program ($r=.675$) and TB Dots Program ($r=.586$) at .05 level of significance.
3. Likewise, by individual factor, there is significant positive relationship of association between the RHU material resources and effective implementation of family planning program ($r=.521$) and TB Dots Program ($r=.630$) at .01 level of significance. There is no positive relationship of association with the implementation of the maternal and child care services.
4. Still, by individual factor, there is significant positive relationship of association between the RHU financial resources and the effective implementation of maternal and child care services ($r=.524$) at .01 level of significance, family planning ($r=.574$) and TB DOTS program ($r=.691$) at .05 level of significance.

E. Relationship of Association Between Implementation of RHU Health Services Programs and the Improvement of Community Peace and Order Development Condition of Respondents in Selected Maguindanao Municipalities

1. On the whole, total health services programs implemented by the RHU have significant positive relationship of association with the improvement of community peace and order development conditions ($r=.281$) at .05 level of significance.

2. By individual factor, the adequate maternal and child care health services have significant positive relationship of association with the social life of BHW's and clients' improved community participation ($r=.275$) at .05 level of significance and peace and order ($\chi^2=.454$) at .01 level of significance, which describe the prevailing community peace and development condition of the respondents in the selected Maguindanao Municipalities.
3. By individual factor, there is significant positive relationship of association between the family planning program implemented and the maternal and child care services ($r=.354$) at .01 level of significance, and on the peace and order condition ($r=.513$) at .05 level of significance.
4. By individual factor, the satisfactory implementation of TB DOTS Program has not established a significant relationship of association with the personal and social life of clients to improve their family income, personal growth, community participation, and peace and order to describe the prevailing community peace and development condition of the respondents in the selected Maguindanao Municipalities. But FGD and interviews pointed that TB patients benefited from the TB DOTS program.

5. CONCLUSIONS

Based from the findings of the study, the following conclusions are derived.

1. There is strong positive relationship of association between resources and implementation of health programs; and implementation of health programs and improvement of community peace and development condition as determined by improvement of clients' personal and social quality of life.
2. The government's health services programs in the municipal level are instrumental in helping people and communities manage themselves to improve their health, to uplift their personal and social life conditions so they can engage and contribute to the peace and development efforts of their communities.
3. The Department of Health is successful in delivering its avowed goal for human development and social development through its health service programs and just enough resources such as capability building of health workers, supplies of medicines, and rehabilitation of health facilities in the municipalities of Maguindanao.
4. Health of people is vital and very much essential to community peace building endeavours not only by the government but the clients as well.
5. Community peace and development condition is determined by the quality of citizen's personal life improvement in terms of family income and personal growth, and social and civic life improvement in terms of participation in community activities and participation in maintaining and supporting community peace and order.

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