

TRANSFORMING A RURAL HEALTH CENTER INTO A COMMUNITY CLINIC: Sebaste, Antique

THE PROBLEM

How does a sixth class municipality located in one of the more isolated and impoverished areas of the Philippines provide adequate health services to its population? Such was the problem faced by the municipality of Sebaste, a coastal town in the province of Antique, one of the poorest provinces in the Philippines.

Sebaste is located 109 kilometers from the provincial capital of San Jose. Seventy percent (70%) of its 12,723 residents had incomes below the official poverty line

Like many municipalities in the country, it had a Rural Health Center manned by a government physician, a public health nurse, six midwives, and a sanitary inspector. The Center operated on the standard office schedule, opening at 8:00 am and closing shop at 5:00 pm. Thus, when emergencies happened outside of office hours, the residents had no place to bring their sick to.

Moreover, the lone government physician was not always present in the town, being on official travel to the Provincial Health Office in San Jose or at the Regional Health Office in Iloilo City. The Health Center could not also accommodate patients who required prolonged hospitalization and surgery. Even simple laboratory tests could not be done in the Health Center.

The nearest government hospital was four kilometers away in the town of Pandan but Sebaste residents preferred to bring their sick to a secondary hospital 20 kilometers away because of the latter's better facilities and better trained personnel. On several occasion, the residents had to bring their sick all the way to Kalibo, Aklan some 75 kilometers away. Transportation to and from Sebaste was limited— and expensive. When emergencies happen, residents had to fork

out PhP500 to PhP1000 for transportation alone.

The distance caused residents to delay seeking medical attention until the disease had reached its advance stages. Otherwise preventable diseases caused death and permanent damage because they were detected and treated too late.

THE PROGRAM

The Mayor of Sebaste, Juanita de la Cruz, was all too familiar with these problems. The passage of the Local Government of 1991 directing all municipalities to provide its citizens, at the very least, access to secondary and tertiary health care lent urgency to expanding the services and hours of the Community Clinic.

Mayor de la Cruz knew it was impossible for Sebaste to construct and operate a full-blown hospital. She decided on establishing a community clinic in Sebaste, which would function like a mini-hospital. (By definition, a hospital should have at least a 25-bed capacity.)

Conceptualization. The concept for the Sebaste Community Clinic (SCC) was drawn by the Rural Health Officer (RHO), Dr. Uldarico Babayen-on. Dr. Babayen-on recommended the following:

- a** the upgrading of the rural health center into a five-bed clinic;
- b** the purchase of a municipal ambulance;
- c** allocation of sufficient monthly operating expenses;
- d** the hiring of additional staff;
- e** the establishment of a modern medical and laboratory facilities complete with a Medical Technologist;
- f** the construction of an additional building to house patients
- g** the tapping of the Countryside Development Fund (CDF)

Social Marketing. Mayor de la Cruz approved the proposal of Dr. Babayen-on. The next step was to sell the program to the other local government officials. When Mayor de la Cruz initially broached the idea to the other officials, it was met with skepticism. After all, Sebaste's share in national taxes or the Internal Revenue Allotment (IRA) was less than one million at that time. Its local revenues amounted to less than PhP800,000. Furthermore, the skeptics argued that the adjacent municipalities had hospital and other health facilities that Sebaste residents could go to.

Mobilizing Resources. Undaunted by the skepticism, Mayor de la Cruz sought to win widespread support for the SCC by conducting public presentations and hearings with the municipal and barangay councils. The fruit of her efforts was a Memorandum of Agreement (MOA) with the Barangay Councils and the Sanggunian Kabataan (Youth Council) where the latter agreed to appropriate 10% of their Development Fund for the SCC. The Sanggunian Kabataan also raised funds for the hospital through their annual Christmas carolling.

She also succeeded in convincing the municipal council to allocate the Development Fund Component of the IRA (constituting 20% of the total IRA) to the SCC. The allocation of PhP435,000 was used for the construction of an annex building housing the male and female wards with five (5) beds each.

Knowing this was not enough, the Sebaste Municipal government sought to tap the help of natives of Sebaste who had migrated and who were working in Germany and Austria. Throughout the whole province, Sebaste was known as the dollar capital of Antique, because of the number of its natives, mostly nurses, working abroad. Mayor de la Cruz herself went to Europe to drum up support for the project.

Her visit and proddings led to the formation of the Eugene Daberto Memorial Foundation (EDABEM) in Austria and the Capiznon, Ilonggo, Aklanon, Antiquenhon Association (CIAA) IN Austria. These two associations raised funds among themselves and from other funding agencies in Europe that

enabled the municipality to purchase medicines, supplies, and medical equipment, including an ambulance.

There was still the problem of financing the establishment of an in-house pharmacy, laboratory, and dental facilities. For this purpose, the Sebaste municipal government entered into a joint venture with Gerden, a private business firm supplying pharmaceutical products and services. The firm set up a pharmacy and laboratory and brought in its own employees to operate these. The Sebaste received 10% of the income and exercised regulatory functions over Gerden's pricing. For the dental clinic, the SCC entered into a partnership with a local dentist. Like Gerden, the dentist put up the equipment and provided the services himself while the LGU provided the building (funded by the congressman through his CDF) for the clinic and a children's ward.

Tapping into the Personnel's Sense of Mission. The expansion into a SCC entailed the hiring of additional personnel. However, since the finances of the clinic could not pay everyone, the LGU encouraged some nurses to volunteer their services for free on the understanding that they would be the first to be hired when the financial situation became better. The sense of mission was important to sustain the operations of the SCC, as the LGU sought to resolve the problem of unequal salaries between devolved DOH personnel and local health employees.

Sustaining the SCC. To sustain the operations of the SCC, the municipal council passed Resolution No. 56, series of 95, placing all income of and donations for the SCC into a trust fund. The initial target for the fund was PhP3 million. Under the conditions set by the resolution, only the interest of the fund would be used for the operations of the SCC. As of January 1998, the Trust Fund had PhP1.135 million. Nearly half (48%) of this amount came from clinic operations. Thirty two percent (32%) came from the pharmacy and the laboratory while 20% came from solicitations and donations. The fund was deposited in the Rural Bank of Sebaste which gave it a generous interest of 18% per annum.

From 1994 to 1998, the LGU had allocated PhP3.085 million to the center, or an annual average of PhP617,000. The allocation for 1998 was PhP50,000 less than the 1997 figure, indicating that the SCC was relying more and more on its internally-generated funds for its operations.

To address the inability of some patients to pay, the municipality as of writing was exploring the possibility of entering into a partnership with the Philippine Health Insurance Corporation's Indigent Program.

THE RESULTS/IMPACT

The results and impact of the SCC are tabulated as follows:

SUMMARY OF RESULTS/IMPACT OF THE SCC		
Personnel	Without Project 1 government physician, 1 public health nurse 6 midwives 1 sanitary inspector	With Project As of 1997 2 physicians 4 nurses 3 nursing attendants 2 utility workers 1 security guard 4 volunteers
Availability	8:00 A.M. to 5:00 PM	24 hours a day
Services	Primary Health Care Intervention	Primary Health Care Early Detection and Dental Care Laboratory In-House Pharmacy Minor Surgery Longer Stay-In
Cost	Transportation Cost of PhP500 to 1000 PhP75 to PhP100 (government hospitals in Pandán, Kulasi, and Kalibo) PhP150 a day private	Minimal Transportation Cost PhP50 per day (including two full meals)
Clientele	Only Sebaste residents	Sebaste residents plus residents of their municipalities

The Sebaste Community Clinic won the Galing Pook Award. It was also awarded the prestigious HAMIS Silver Award. Dr. Uldarico Babayen-on was cited as the Outstanding Municipal Health Officer for the province of Antique in 1996.