

**Social innovation in health towards resilient communities:
policy, process recommendations**

Rita M. Gallardo, DPA¹

Abstract

The locus of the study is the social innovation for maternal health in Surigao del Sur, which is one of the three cases of the study by Gallardo (2014). It is considered social innovation in health since according to Gallardo it went through stages and reached the *Systemic Change Stage* of social innovation with feedback loops. Also there was presence of available metrics to judge whether social innovation works or not, involvement of various actors coming from various sectors of society, importance of enabling conditions and/or presence of drivers in the different stages; it originated from government although some social innovations were initiated in other sectors of society; there was provision of access to health service and program by social innovation, and social innovation resulted to better health outcomes.

The inspirations of the study are the seeming link between some facets of social innovation as well as the features of resilient communities and vice versa. Seeming link between social innovation and resilient communities are in the following:

- Systemic change stage of social innovation where interaction of many elements takes place allowing social innovation to strengthen social relations for resilient community.
- Feedback loops in social innovation as means for collaboration for resilient communities.

¹ Consultant, Office of Senator Francis N. Pangilinan, Senate of the Republic of the Philippines; Adjunct Professor, Graduate School of Colegio de San Juan de Letran, Intramuros-Manila; General Manager, Progressive Policies Advocacy Cooperative; and Consultant, Asiapro Multipurpose Cooperative.

- Involvement of government, nongovernment and private sector in social innovation and resilient communities.
- Health status as factor of resilient communities.

With the seeming link this paper seeks to ask the following:

- If systemic change stage (where interaction of many elements takes place) allows social innovation to strengthen social relations and feedback loops in social innovation as means for collaboration for resilient communities, what are the policy and process recommendations that can be drawn in the development of social innovation in health that will spur interaction of many elements for resilient communities?
- If health status is a factor of resilient communities, what are the contributions of the study by Gallardo (2014) on social innovation in health to one of the factors of resilient communities – particular level of health status?

Literature that weaves the two concepts are however limited hence the objective of this paper is to extract variables that connect the two in order to come up with an initial conceptual framework that can be tested in the future. To answer the research questions, the researcher employed rapid appraisal approach. The researcher interviewed selected informants, collected some information in advance from local participants when the researcher gathered data for her study on social innovation, as well as reviewed secondary data.

A. Introduction

Gallardo (2014) defined social innovation as the generation and implementation of new ideas about how people should organize interpersonal activities resulting to new products or processes or a combination of new social practices in certain areas of action that is socially desirable. Social innovation is aimed at the common good and it addresses social needs. In most cases it leads to the formation of other new forms such as new institutions, policies, and forms of social interaction. The newness regards either the user or the context, that is, the newness could be due to prior nonexistence in the area. Gallardo (2014) as well points that social innovation goes through stages with feedback loops, and that there are common drivers in specific stages of social innovation. This paper reviews an unpublished study by Gallardo (2014) on SI in the health sector in selected Philippine provinces. Specifically this study will discuss the maternal health in the province of Surigao del Sur.

Locus of the study. The locus of the study is the primary social innovation for maternal health in Surigao del Sur, which is one of the three cases of the unpublished study by Gallardo² (2014). It is considered social innovation in health since according to Gallardo (as shown in Annex A), it went through stages and reached the *Systemic Change Stage* with *feedback loops*. Also there was presence of available metrics to judge whether social innovation works or not, involvement of various actors coming from various sectors of society, importance of enabling conditions and/or presence of drivers in the different stages; it originated from government although some social innovations were initiated in other sectors of society; there was provision of access to health service and program by social innovation, and social innovation resulted to better health outcomes.

² Gallardo's dissertation entitled, "Social Innovation and Access to Health Services and Programs: Case Studies Misamis Oriental, Surigao del Sur, and Albay (2006-2013)," was completed in 2014, at the National College of Public Administration and Governance (NCPAG), University of the Philippines (UP), Diliman, Quezon City, Philippines.

A.1. Social innovation for maternal health in Surigao del Sur. Surigao del Sur is one of the five provinces of Region XIII or CARAGA, Mindanao. It has seventeen (17) municipalities, two (2) component cities, and 309 barangays; and its capital is Tandag City. In terms of Inter-Local Health Zones (ILHZs) or what is referred to as Local Area Health Development Zones (LAHDZ) in Surigao del Sur is subdivided into six namely LAHDZ I or CARCANMADCARLAN, LAHDZ II or CENTRAL, LAHDZ III or CASAMA, LAHDZ IV or LIABAR, LAHDZ V or HINATAG, and LAHDZ VI or KAMAYO. The provincial government owns eight hospitals and are located in the following areas: Madrid for LAHDZ I, Cortes and San Miguel for LAHDZ II, Marihatag for LAHDZ III, Lianga for LAHDZ IV, Hinatuan for LAHDZ V, and Bislig City and Lingig for LAHDZ VI.

The objective of the social innovation of Surigao del Sur on maternal health was to address the high maternal mortality in the province. *The social innovation started due to the fact that in the mid-2000 the municipality of Lingig topped in terms of the number of maternal deaths nationwide and the thrust of the provincial leadership to improve health services and programs.* The key informants said that the high maternal deaths was due to dilapidated hospitals, lack of birthing clinics, limited access to physicians and other medical service providers such as the midwives. Due to these problems in the health sector, Governor Vicente Ty Pimentel Jr. (2001-2004, 2004-2007, 2007-2010) focused on improving the hospitals and birthing clinics. After his term, his brother, Governor Johnny Pimentel (2010-2013, 2013-2016 - note the study is only 2014) who was also the former's Provincial Administrator continued what his brother started. The establishment of inter-local area health development zones or Local Area Health Development Zones (LAHDZ), through Ordinance No. 54 of 2000, however is credited to the previous administration, Governor Primo Tan Murillo (1992-1995, 1995-1998, 1998-2001) hence already existing when the brother Pimentels started addressing the problem of maternal health.

According to Gallardo (2014) social innovation has an overarching social innovation which she referred to as the primary social innovation and inside the primary social innovation is what she called the pockets of social innovations. This design corresponded with literature such that when a social innovation reaches the last or *Systemic Change Stage* the new framework is then made up of smaller innovations. In the case of Surigao del Sur, the primary social innovation, maternal health, *had four pockets of social innovations – LAHDZ, halfway houses, Women’s Health Team (WHT), and payment in kind. The social innovation for maternal health won the province the Galing Pook³ award in 2010.*

The features of the following pockets of social innovation are the following:

- Strengthened Local Area Health Development Zones (LAHDZ) – The Inter-Local Health Zones (ILHZs) also known as Local Area Health Development Zones (LAHDZ) finds its legal basis in Article X, Section 13 of the Constitution and Section 33 of the Local Government Code of 1991. Executive Order No. 205 (2000) provides for the creation of a national Health Planning Committee and the establishment of Inter Local Health Zones (ILHZ) throughout the country⁴. The six LAHDZ of Surigao del Sur was established in November 7, 2000 when the Sangguniang Panlalawigan approved Ordinance No. 54 entitled, “An Ordinance Establishing an Inter-local Area Health Development Zone in the Province of Surigao del Sur.” Subsequently, former Governor Primo Murillo issued Executive Order No. 005-2000 on December 19, 2000 creating the LAHDZ as well as designating the Chairperson, Vice-Chairpersons and coordinators. As the LAHDZ system progressed it adopted the following names: LAHDZ I – CARCANMADCARLAN; LAHDZ II – CENTRAL; LAHDZ III – CASAMA;

³ Galing Pook (GP) is the most popular award-giving body that looks into the innovations of local government units (LGUs) in the Philippines. It was initiated in 1993 and is being supported by the following institutions: Ford Foundation, LANDBANK, Local Government Academy (LGA) and the Department of Interior and Local Government (DILG), and Development Bank of the Philippines.

⁴ A Handbook on Inter-local Health Zones: District Health System in a Devolved Setting, DOH (2002:18).

LAHDZ IV - LIABAR; LAHDZ V - HINATAG; and LAHDZ VI - KAMAYO. Starting 2005 all LAHDZ except LAHDZ II strengthened their respective LAHDZs and part of it was to enter into MOA with its members and register to the Securities and Exchange Commission (SEC). This was pioneered by LAHDZ III so they can have their own personality which can borrow money, apply for grants, and perform other corporate functions individually and separate from the local government units. A strong LAHDZ system helped in addressing the high maternal mortality by purchasing ambulances to improve access of mother's in labor from far-flung barangays as well as other patients to hospitals services, and the ability of the hospitals to tap services of the municipal health workers when there is shortage of personnel. In addition, the researcher observed during the LAHDZ III meeting that the improved system has intensified participation and cooperation among the different actors or LAHDZ board members - mayors, MHOs, government officials, chief of hospital and hospital staff, provincial government through the PHO. Cooperation was evident in the aspect of budget and finance sharing, logistics, and patient servicing. Participation of the TWG and the other members during the board meeting was also remarkable as observed and documented by the researcher. To ensure a 100 percent attendance of board members during board meetings LAHDZ III employed incentives in the form of P500 honorarium per board member.

- Halfway houses - The building of halfway houses in Surigao del Sur started in Marihatag District Hospital which is in LAHDZ III. Prior to the building of the halfway house, Dr. Joseph Orquio, Chief of Hospital of the latter, saw that there was no significant increase in facility-based delivery in his LAHDZ. This was because of the significant distance of these pregnant women's residence from the hospital. Hence to encourage them to deliver in the hospital he saw it fit to provide a place for expectant mothers just right beside the hospital. Dr. Orquio developed the idea of a halfway house from the "bantay hut" built by the previous chief of hospital, Dr. de los Reyes, to accommodate watchers or

accompanying of patients. The financial partners of Marihatag District Hospital in building the project were the provincial government of Surigao del Sur and municipal government of Marihatag. Marihatag experience gathered positive feedback hence encouraging the provincial government to replicate. On the time the study was conducted, *almost all provincial government-owned hospitals of Surigao del Sur already has a halfway house and indeed helped increase facility-based delivery. Further the PHO of Surigao del Norte visited, observed, and copied the practices of Surigao del Sur specifically the halfway house.*

- Women's Health Team (WHT) – The Women's Health Teams were created as part of the Women's Health and Safe Motherhood (WHSM) Project of the DOH. This project is from DOH and is supported by the World Bank to make pregnancy and childbirth safer. The project has two components. The first component is the delivery of the WHSM at the local level and the second is the national capacity. The WHT is in the first component of the project which establishes critical capabilities to provide quality WHSM services through the organization and operation of a network of Service Delivery Teams. The WHT as per the Operations Guidelines of the DOH is organized and established in every barangay. In the case of Surigao del Sur organizing the WHTs was simultaneously done throughout the province. To operationalize the WHT in Surigao del Sur, the provincial government approved Ordinance No. 34-2008 in August 5, 2008. This ordinance defined the new roles of the traditional birth attendants (TBAs), barangay health workers (BHWs), and midwives. It also provided penalties to both TBA and pregnant women as indicated in Section 5 (Prohibited Acts) of Ordinance No. 43-2008 dated October 28, 2008. The TBAs and BHWs are considered volunteers in this undertaking since the WHT members except for the midwife are not regular employees of the municipal government. The WHT members are however given incentives on top of the honorarium, if there is any that they get from the municipal government and or barangay. According to our WHT informants, this practice has indeed aided in

the constant increase of facility based delivery indicator of the province. According to our informants those women especially belonging to Indigenous Peoples who have tried facility based delivery usually shares their positive experience to the community after giving birth hence encouraging the others to deliver in at least a birthing clinic.

- Payment in kind - The payment in kind has already been a practice in Marihatag District Hospital and other hospitals such as Lianga District Hospital since way back however it was only recently that values are assigned to a particular service or good rendered by the patient. According to Dr. Joseph Orquio the rationales behind institutionalizing payment in kind are (1) financial sustainability away from LGU funding as well as (2) to discourage charity patients. The institutionalization of payment in kind, enables patients, including expectant mothers, to access health services even if they are financially incompetent.

A.2. The social innovation for maternal health as inspiration for recent innovations in health at the community level. The social innovation for maternal health in Surigao del Sur that was documented by Gallardo (2014) is the source of continuous inspiration of recent innovations at the barangay level in the Municipality of Marihatag. When Dr. Joseph Orquio, Chief of Hospital of Marihatag District Hospital and Vice-Chairperson of Local Area Health Development Zones (LAHDZ) was asked to give examples of their recent social innovations in health that involves the community at the barangay level, Dr. Joseph began his list by saying, *“Engaging the community in discussions involving health is an essential factor in maintaining a productive society. In Marihatag, social innovations to encourage engagement of the community prove to be a factor of increased health awareness.”* He then proceeded by enumerating recent innovations at the community level after Gallardo conducted her study in 2013.

B. Inspirations of the study: Links between social innovation and resilient communities

The inspirations of the study are the seeming link between some facets of social innovation as well as the features of resilient communities and vice versa. Resilient community as Mykota and Muhajarine (2005) has attempted to describe “as focusing on characteristics such as community participation, mutual support, and empowerment...” indeed has that apparent link to Gallardo’s description of social innovation. Literature that weaves the two concepts – social innovation and resilient communities – are however limited hence the *objective of this paper is to extract variables that connect the two in order to come up with an initial conceptual framework that can be tested in the future.*

B.1. Features of social innovation to strengthen social relations and as means for collaboration for resilient communities.

B.1-1. Systemic change stage of social innovation where interaction of many elements takes place allowing social innovation to strengthen social relations for resilient community. In Gallardo’s (2014) study on three cases of social innovation in health, she tested and confirmed Murray’s six stages of social innovation. According to Murray et al. in *The Open Book of Social Innovation* (2010), social innovation has six stages – (1) prompts, inspirations, and diagnosis; (2) proposals and ideas; (3) prototyping and pilots; (4) sustaining; (5) scaling and diffusion; and (6) systemic change. These stages are not always sequential and involve feedback loops in between. The stages as well as feedback loops were confirmed in Gallardo’s study that the three cases of “Primary social innovation goes through all six stages of social innovation with feedback loops; while pockets of social innovation go through at least two stages – prompts, inspirations and diagnoses; and sustaining – with feedback loops.”

Systemic Change as defined by Murray et. al (2010) “usually involves the interaction of many elements: *social movements, business models, laws and regulations, data and infrastructures, and entirely new ways of thinking and doing.*” The *interaction of various actors* as in the case of Surigao del Sur, as documented by Gallardo (2014), in the *Systemic Change* involved Governor Johnny Pimentel, Provincial Health Office, Local Area Health Development Zones (LAHDZ) system, chief of hospitals, Municipal Health Officers, Department of Health CARAGA Region, representative of the third sector (the Barangay Health Workers), and external funding institutions. According to key informants this stage involved “*constant consultations between and among the different actors*” addressing “*the four areas of primary social innovation for maternal health in Surigao del Sur – infrastructure, medical specialists, medicines and laboratory services.*”

The interaction of the various actors in the systemic change stage of social innovation has allowed social innovation to strengthen social relations as confirmed by key informants. Strong social relations as Baker and Mehmood (2015) clearly said is a component for the construction of more resilient communities – – “*the strengthening of social relations at a place based, community level; and the enhancement of the socio-political capability of individuals and communities to influence policymaking.*” (Baker and Mehmood 2015) Also note how Baker and Mehmood viewed social innovation as *coupled relationship that exists between social processes.*

“A clearer understanding of the links between social innovation and the construction of more resilient communities is important, as resilience at the community level provides the bedrock upon which sustainable futures are built. This perspective allows us to view social innovation in the context of the *coupled relationship that exists between social processes and ecological systems.*” Link to resilient communities being that “social innovation can serve three key, mutually reinforcing functions: the satisfaction of basic individual and collective needs; *the strengthening of social relations at a place based, community level; and the enhancement*

of the socio-political capability of individuals and communities to influence policymaking.” (Baker and Mehmood 2015)

B.1-2. Feedback loops in social innovation as means for collaboration for resilient communities. Murray (2010) verified by the study of Gallardo (2014) underscored the involvement of *feedback loops* in the stages of social innovation. In the study by Horgan and Dimitrijević (2018) entitled, *“Social Innovation Systems for Building Resilient Communities,”* importance of communication channels and feedback loops were indicated in the practice of social innovation as “connecting the right actors and ingredients to develop a complex interdependent ecosystem, is an important driver of these projects. *Openness, transparency and a dialogue with stakeholders ensure that strategy is continuously improved upon through established communication channels and feedback loops.”* Horgan and Dimitrijević taking the indications of communication channels and feedback loops as *“positioned the practice of social innovation as a means for holistic collaboration between disciplines to develop sustainable social ecologies and systems that provide for resilient communities.”*

When Dr. Joseph Orquio was asked recently if openness, transparency, dialogue with stakeholders, having established communication channels and feedback loops are present in the process of social innovations in health in his area and has it fostered collaboration, he said, *“Openness, transparency, dialogue with stakeholders, having established communication channels and feedback loops, being an integral part for social innovation is established well in our locality and has fostered collaboration. One particular example is the institutionalization of feedback mechanisms for every Barangay Health Stations (BHS) in the municipality of Marihatag. Through a Barangay Health Board resolution, each barangay was able to construct BHS Feedback Box and formulate a feedback form to effectively create a channel of discourse among BHS clients. Each feedback form dropped in the box is read on every BHB meeting and discussed accordingly. Moreover, Barangay Health Boards in the*

municipality includes collaboration of all purok presidents and other ad hoc members for sectoral representation on BHB meetings to more efficiently solve the health concerns of the community."

If systemic change stage (where interaction of many elements takes place) allows social innovation to strengthen social relations and feedback loops in social innovation as means for collaboration for resilient communities, what are the policy and process recommendations that can be drawn in the development of social innovation in health that will spur interaction of many elements for resilient communities?

When our key informant, Dr. Joseph Orquio, Chief of Hospital of Marihatag District Hospital and Vice-Chairperson of Local Area Health Development Zones (LAHDZ)⁵ III, was asked regarding the question posed above he said, "Foundations with regards to the participation of voluntary and state organisations and the private sector are already established hence *continuous inclusion of the abovementioned stakeholders on interactive communication channels such as Barangay Health Board meetings and barangay assemblies shall be strengthened further. Moreover, proper acknowledgement and appreciation of stakeholders along with extensive promotion of health activities shall be improved.* These seamless mechanisms shall ensure effective health information dissemination towards a resilient community."

B.2. Involvement of government, nongovernment and private sector in social innovation and resilient communities. The Young Foundation (2012) in its holistic

⁵ The functions of LAHDZ III include the following: oversees development and maintenance of an integrated health management information system for each area; endorses an integrated area health plan to the expanded provincial health development board; determines additional funding requirements for area health plans, identify funding sources and advocate for funding; advocates for Sangguniang Bayan approval of individual municipal health budgets; undertakes joint HRMD planning as appropriate within the area; defines, monitors and evaluates public health and hospital services within the area; monitors and evaluates public health and hospital services within the area; and develops and monitors implementation of area health policies.

definition of resilient communities mentioned an interesting point that which, *it encompasses links with voluntary and state organisations and the private sector*, that is linked to one of Gallardo's determinants of the existence of social innovation, the *involvement of intermediaries and actors* which she described as individuals, organizations, networks, or spaces that connect people in fact social innovation in health has drawn attention and support by different sectors of society such as government, international agencies, and third sector.

Young Foundation (2012) said that resilient community has a lot of features including “cultural, human, political, financial and social resources. These may include ‘hard’ assets such as good transport links, access to services and amenities. Also important are local buildings, organisations that enable communities to come together, allowing people to access support and to have their voices heard in relation to local issues. It includes ‘softer’ assets such as relationships with family, friends, neighbours, colleagues and the support of the wider community. *It encompasses links with voluntary and state organisations and the private sector.* Most importantly, it not simply about exhorting communities to ‘pull themselves together’ but about giving them the capacity to identify assets and utilise them.” (The Young Foundation 2012)

When Dr. Orquio, was asked of the involvement of actors in the social innovation in their area he said, “*social innovations in Marihatag promotes active participation of every sector in the community. From the Barangay Health Workers, Barangay Sub-Project Management Committee (BSPMC), and other volunteers such as the school children's organization named Health CHAMPS (Health Collaborators, Helpers, Advocates and Motivators for the Prevention of Sickness), the inclusivity of volunteerism is firmly established. State organization such as the Barangay Health Board (BHB) and the Barangay Anti-Drug Abuse Council (BADAC) are also included along with private sectors such as NGOs which offer an additional source of funding on community-engagement activities in their respective barangays.*”

B.3. Health status as factor of resilient communities. In Gallardo's (2014) study she indicated in her emerging theory that on three cases of social innovation in health, social innovation provided access to health service and programs (outputs were targeted and achieved), and social innovation because of its provision of health services and program resulted to better health outcomes (outcomes could be manner of engagements such as participation, cooperation, and collaboration; increase in income of the health facilities; and patients' preference to the public facilities). The findings of Gallardo's study on social innovation in health is an important link to one of the factors towards community resiliency as mentioned by Kulig, Edge, Guernsey (2005), that "... communities displayed their resiliency through being self-sustaining, and by *having attained indicators such as a particular level of education and health status.*"

If health status is a factor of resilient communities, what are the contributions of the study by Gallardo (2014) on social innovation in health to one of the factors of resilient communities - particular level of health status?

Dr. Orquio said in a recent interview that *"community shows their resiliency through being self-sustaining, and by having attained certain indicators. Having a decreased dropped out rate and out-of-school youth are indicators of resiliency in terms of education while being able to attain a zero open defecation status and achieve a 100% facility-based delivery are a couple of indicators that a community is resilient in terms of health."*

C. Methodology

Given the limited time and literature that connects the two concepts, initially the researcher employed rapid appraisal approach. Rapid appraisal according to James Beebe (1995) "is an approach for developing a preliminary, qualitative understanding of a situation." "Rapid appraisal provides relatively quick qualitative results that are likely to be vaguely right and that can be used for decisions about additional research or

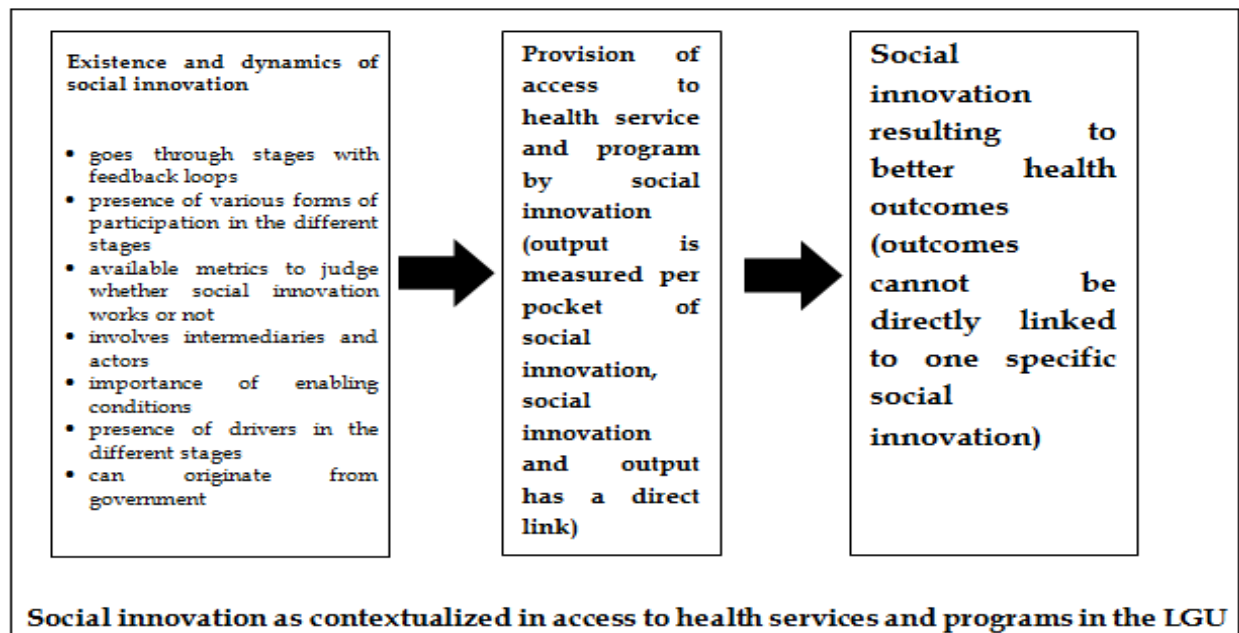
preliminary decisions for the design and implementation of applied activities. When applied with care and caution, it can help a decision maker avoid being precisely wrong. Rapid appraisal makes use of selected techniques from the social sciences and it is not suggested that rapid appraisal can substitute for more long-term, in-depth studies, where a situation calls for more than being vaguely right. In many situations, however, being vaguely right is adequate for the design of additional research, to initiate activities which have to be started quickly.” The researcher interviewed selected informants, collected some information in advance from local participants when the researcher gathered data for her study on social innovation, as well as reviewed secondary data.

D. Initial conceptual framework

Figure 1 is Gallardo’s (2014) emerging theory of social innovation in access to health services and programs. It illustrates that social innovation goes through stages with feedback loops, that there are common drivers in specific stages of social innovation (such as need, supportive leadership of the governor, and the legislations enacted), and there is no universal time element between and among stages. Further social innovation uses metrics to judge whether it works or not, and there are quite a number of individuals and institutional actors in the whole dynamics of social innovation. The prominent individual actor would be the governor and the prominent institution is the provincial government. Social innovation works given certain enabling environment, the enabling environment for social innovation is the presence of intermediaries (or the individuals, organizations, networks, or spaces that connect people such as the Local Government Code, ideas and resources). The available space for participation is another enabling environment, although in different forms, is evident in all stages of social innovation. The access to health services are the outputs that were targeted to be achieved per pocket of social innovation, and identifying the outputs is important to

reach the outcome. The health outcomes are non-targeted and broad – outcomes could be manner of engagements such as participation, cooperation, and collaboration as bywords; increase in income of the health facilities; and patients’ preference to the public facilities.

Figure 1. Gallardo’s (2014) emerging theory of social innovation in access to health services and programs



Gallardo (2014)

This study identified links between Gallardo’s (2014) emerging theory of social innovation in access to health services and programs and resilient communities in the review of literature and interview with key informants. Hence the Figure 2 will show the initial conceptual framework of social innovation in health towards resilient communities. This shows that when there is presence of social innovation in health, certain components of the whole social innovation dynamics such as Systemic Change Stage or Stage 6, feedback loops, involvement of the different intermediaries and actors, as well as the improved health status in maternal health since social innovation in health provides access to health services and programs can be used towards resilient

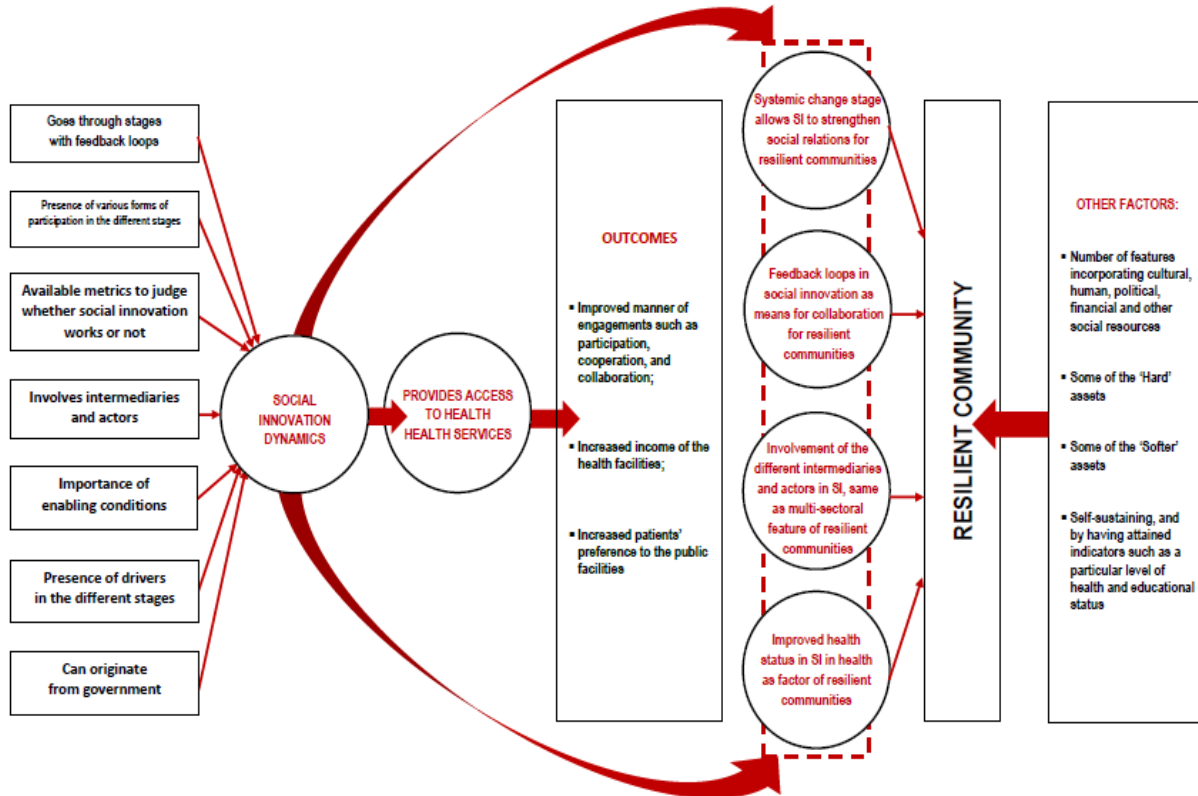
communities. The effects of these particular components of social innovation in health are the following:

- Systemic change stage of social innovation allows social innovation to strengthen social relations for resilient communities;
- Feedback loops in social innovation as means for collaboration for resilient communities;
- Involvement of the different intermediaries and actors in social innovation is similar to the multi-sectoral feature of resilient communities; and
- Improved health status in maternal as a factor of resilient communities.

Figure 2 also shows that there are other factors based on literature that are not found in the Gallardo's (2014) dynamics of social innovation in health such as:

- Number of features incorporating cultural, human, political, financial and other social resources;
- Some of the 'hard' assets such as good transport links;
- 'softer' assets such as relationships with family, friends, neighbours; and
- Self-sustaining, and by having attained indicators such as a particular level of educational status.

Figure 2. Initial conceptual framework of social innovation in health towards resilient communities



Note: With valuable artistic design and inputs of Mr. Reymund B. Flores, Candidate, Doctor of Public Administration at the National College of Administration and Governance, University of the Philippines.

E. Conclusion and Recommendation

Policy and process recommendations that can be drawn in the development of social innovation in health for resilient communities. Since systemic change stage in social innovation is where interaction of many actors takes place, it can be used as platform to learn how to build resilient communities at the barangay (or community) level – reflecting on their interactions and dynamics –, as well as forum to push for the introduction of resilient communities. Specifically, learn on the dynamics in the systemic change stage in the case of social innovation for maternal health in Surigao del

Sur towards coming up with ordinances towards resilient communities, as well as address what the Young Foundation (2012) calls 'hard' assets.

Also the visible presence of feedback loops in social innovation for maternal health in Surigao del Sur in all stages is a characteristic of social innovation that can be used for collaboration for resilient communities. In addition, since the foundations with regards participation and open communication channels as well as what Young Foundation (2012) classifies as '*softer*' assets such as *links with voluntary and state organisations and the private sector* are already established in social innovation for maternal health in Surigao del Sur the challenge is to involve the stakeholders in the participative mechanism of the Barangay Health Board meetings and barangay assemblies for resilient communities.

On the contribution of Gallardo's study on social innovation in health in what Kulig, Edge, Guernsey (2005) said about a *particular level of health status*. Gallardo's (2014) study concludes that the social innovation for maternal health in Surigao del Sur increased the access to health services and programs key indicators used were facility based delivery and skilled birth attendant. The facility based delivery and skilled birth attendant indicators set before the program was piloted were achieved, also the targets before the program was replicated were achieved. Clearly social innovation in Gallardo's study mostly contributed in the aspect of maternal health. The use of other key indicators in health as well as achieving targets therefore are important in achieving a particular health status for resilient communities such as *zero open defecation status* as what Dr. Orquio said.

Further, social innovation for maternal health in Surigao del Sur resulted to better health outcomes such as:

- Increase in the number of pregnant women going to public hospitals;
- People empowerment, inclusivity, and cooperation of public-public-private (TBAs, BHWs); and
- Sense of ownership of the members of the LAHDZ board, which include the provincial and municipal governments, in the health services and programs.

F. References

Books and Journals

Baker, S. and Mehmood, A., 2015. Social innovation and the governance of sustainable places. *Local Environment: The International Journal of Justice and Sustainability* 20(3), pp. 321-334. (<https://www.tandfonline.com/doi/abs/10.1080/13549839.2013.842964>)

Horgan, D. and Dimitrijević, B. (2018). Social Innovation Systems for Building Resilient Communities. *Urban Science*. (<https://www.mdpi.com/2413-8851/2/1/13>)

Beebe, J. (1995). Basic Concepts and Techniques of Rapid Appraisal. *Human Organization*. Volume 54. (<https://sfaajournals.net/doi/abs/10.17730/humo.54.1.k84tv883mr275613>)

Kulig, J., Edge, D., & Guernsey, J. (2005). Community Resiliency and Health Status: What are the Links. (<http://www.ruralwildfire.ca/sites/ruralwildfire/files/Resiliency.pdf>)

Mykota, D. & Muhajarine, N. (2005). Community Resilience Impact on Child and Youth Health Outcomes A Neighbourhood Case Study. *Canadian Journal of School Psychology*, Volume 20, Number 1/2, December 2005 5-20. (<https://www.researchgate.net/publication/237788748>)

Murray, R., Caulier-Grice, J., & Mulgan, G., (2010). *The Open Book of Social Innovation*. Social Innovator Series: Ways to Design, Develop and Grow Social Innovation. The Young Foundation. (http://kwasnicki.prawo.uni.wroc.pl/pliki/Social_Innovator_020310.pdf)

Young Foundation (2012). *Adapting to Change: The Role of Community Resilience*. www.youngfoundation.org

Unpublished

Gallardo, R. M., (2014). Social Innovation and Access to Health Services and Programs: Case Studies Misamis Oriental, Surigao del Sur and Albay (2006 - 2013). Doctoral Dissertation, National College of Public Administration and Governance, University of the Philippines, Diliman, Quezon City, Philippines.

G. Annex

Annex A. Summary based on the initial conceptual framework: Primary social innovation for maternal health in Surigao del Sur

Existence and dynamics of social innovation	Drivers and or factors	Documentary evidence gathered
1. Goes through stages with feedback loops		
<ul style="list-style-type: none"> Prompts, inspirations and diagnoses 	<ul style="list-style-type: none"> Need due to high maternal mortality, high charity patients. Need to ensure that pregnant women will not leave the birthing facility as she awaits her delivery period without her and her family congesting the facility. Followed the LGC mandate to establish the LAHDZ. The “people” in the LAHDZ, provincial government (Governor, PHO), municipal government (Mayor, MHO), chief of hospitals. 	<ul style="list-style-type: none"> Data from PHO Galing Pook materials Ordinances from the province Resolution from LAHDZ III Executive Order from Governor Murillo
<ul style="list-style-type: none"> Proposals and ideas 	<ul style="list-style-type: none"> Identified the problem by involvement in the community, coordinating with DSWD as to identification of the poor, and using a standard reporting form called field health service information system. “Prioritized based on outcome of health statistics.” 	<ul style="list-style-type: none"> Data from PHO
<ul style="list-style-type: none"> Prototyping and pilots 	<ul style="list-style-type: none"> Programs were usually initiated after board meetings in the LAHDZ and between the chief of hospital/s and the governor. LAHDZ III pioneered to register its LAHDZ to SEC, others followed suit. Initiative of the chief of hospital like building the halfway house in Marihatag District Hospital to increase facility-based delivery. Then replicated to other hospitals. WHT was done simultaneously throughout the province. 	<ul style="list-style-type: none"> LAHDZ resolution SEC registration
<ul style="list-style-type: none"> Sustaining 	<ul style="list-style-type: none"> Key informants claimed that all pockets of social innovation are sustainable. Evaluation led to institutionalizing payment in kind. Strengthened the financial aspect - income retention through provincial ordinance and cost-sharing through LAHDZ, PhilHealth. Strengthened WHT by prohibiting TBAs and BHWs to perform deliveries through provincial ordinance. 	<ul style="list-style-type: none"> Provincial ordinances LAHDZ documents
<ul style="list-style-type: none"> Scaling and diffusion 	<ul style="list-style-type: none"> The health personnel as well as the Governor are invited by DOH regional office to present their social innovations during conferences. LAHDZ III is always invited to talk about the success of their LAHDZ. Presents to visiting provinces. 	<ul style="list-style-type: none"> Powerpoint presentations of Governor Johnny Pimentel
<ul style="list-style-type: none"> Systemic change 	<ul style="list-style-type: none"> Addressed the four areas of social innovation - infrastructure, medical specialists, medicines and laboratory services 	<ul style="list-style-type: none"> Provincial ordinances LAHDZ documents and resolution Pictures
<ul style="list-style-type: none"> Feedback loops 	<ul style="list-style-type: none"> Quarterly LAHDZ board meetings. Regular LAHDZ TWG meetings. Regular meetings among chief of hospitals. Meetings of chiefs of hospitals either individually or as a group with the governor. 	<ul style="list-style-type: none"> I was present during the LAHDZ III board meeting last December 3, 2013.
2. Available metrics to judge whether social innovation works or not	<ul style="list-style-type: none"> Statistics submitted to DOH. 	<ul style="list-style-type: none"> Provincial Development and Physical Framework Plan of Surigao del

**4th International Conference on Public Policy
Montréal, Canada
Rita M. Gallardo, DPA**

		<ul style="list-style-type: none"> • Sur • Provincial Millennium Development Goal (MDG) Report of Surigao del Sur
3. Involves actors	<ul style="list-style-type: none"> • Governors Vicente Pimentel Jr. and Johnny Pimentel • Sangguniang Panlalawigan • PHO (Dr. Pagaran, Dr. de los Reyes) • Chief of Hospitals • LAHDZ TWG and board members • TBAs, BHWs, midwives • DOH (HFEP) • International institutions (World Bank for WHSMP II, AECID, Global Health Malaria Fund, UNFPA) • Galing Pook • PhilHealth • Patients • MHOs 	<ul style="list-style-type: none"> • Galing Pook materials • Provincial ordinances • PHO documents
4. Importance of enabling conditions and/or presence of drivers in the different stages	<ul style="list-style-type: none"> • Consultative leadership on the part of the governor, PHO, as well as chief of hospitals. • There was a bottom-up and sense of inclusivity in diagnosing the problem. • Ideas are encouraged in both formal and informal set-up. • LAHDZ board during meetings are “incentivized... to encourage perfect attendance...” hence refining participation. • Characteristics displayed by the constellation of actors are camaraderie and collegial. • Proposals sifted and prioritized depending on the health facilities’ needs and constant engagement of actors. • PhilHealth takes a huge role in the payment ability of patients. For non-PhilHealth members their willingness to pay is observed by the key informants to have increased due to improved infrastructure as well as health services. • WHT is a program that raises awareness on health accessibility. There are also other programs that involve LHB in raising people awareness. • Presence of local legislations to strengthen the programs. • Presence of local legislations that provides budget - income retention, cost-shared funds. • Absence of an institution that diffuses the role of social innovation in the community. • Galing Pook as well as DOH region office are institutions that help spread the social innovations done by Surigao del Sur. • Presence of evaluation tools used by hospitals to ensure sustainability - scorecard and DOH required statistics. • Very limited private hospitals or facilities that service the communities. • There is no strict time element before an innovation steps from one stage to another. Except for the WHSMP which was scheduled by DOH to finish in five years. • There is presence of positive response from the public to the social innovations. • Social changes - decisive patients in terms of accessing health facilities, empowered WHT, pregnant women involves WHT during and after pregnancy. 	<ul style="list-style-type: none"> • LAHDZ minutes of meetings • Provincial ordinance and resolution • Provincial Development and Physical Framework Plan of Surigao del Sur • Provincial Millennium Development Goal (MDG) Report of Surigao del Sur
5. Can originate from government	<ul style="list-style-type: none"> • The province of Leyte served as inspiration to Governor Vicente Pimentel Jr. • There is integration in public policy public regulations are passed in order to sustain. 	<ul style="list-style-type: none"> • Ordinances • Resolutions

**4th International Conference on Public Policy
Montréal, Canada
Rita M. Gallardo, DPA**

	<ul style="list-style-type: none"> • It has become part of the public program of the LGU that has public funding attached. • There is no local legislation that expands the program in terms of a per municipalities basis. • There is presence of local policy to extend capacity-building activities in the form of trainings. • The financial support by municipal LGUs to hospital operations is only through the cost-shared funds in the LAHDZ. • The influence of the provincial government influence over this program is massive in fact the social innovations are always credited to the governor, earning him as “health champion sa CARAGA” per DOH region office. • The pockets of social innovation are legislated hence the future plans only include constant evaluation and monitoring. 	
<p style="text-align: center;">Provision of access to health service and program by social innovation</p>	<ul style="list-style-type: none"> • There is increase in access to health services and programs. Primary statistics used are facility based delivery and skilled birth attendant. • Key informants said that the indicators set before the program was piloted were achieved also the indicators set before the program was replicated were achieved. • The services provided by the social innovation augmented the other programs of the provincial and municipal government on maternal and child care. 	<ul style="list-style-type: none"> • Provincial Development and Physical Framework Plan of Surigao del Sur • Provincial Millennium Development Goal (MDG) Report of Surigao del Sur • Province-wide Investment Plan for Health
<p style="text-align: center;">Social innovation resulting to better health outcomes</p>	<ul style="list-style-type: none"> • The social innovations led to an increase in the number of pregnant women going to public hospitals because of the availability of halfway houses which make them feel welcome and because of competitive services provided. Plus the fact that PhilHealth offers no balance billing in public hospitals. • Galing Pook boosted the morale of the health workers. • Other outcomes brought about by the social innovations are people empowerment, inclusivity, and cooperation of public-public-private (TBAs, BHWs). • The TBAs were primarily affected with the new policies on maternal health however the WHSMP gave them an alternative source of income. • Members of the LAHDZ board, which include the provincial and municipal governments, have the sense of ownership. 	<ul style="list-style-type: none"> • PHO data • Operations Guidelines, Women’s Health and Safe Motherhood Project 2 (2008) • Pictures that Galing Pook seal were placed in each hospital.

Gallardo (2014)