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Olongapo: A Healthy City

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Olongapo: A Healthy City

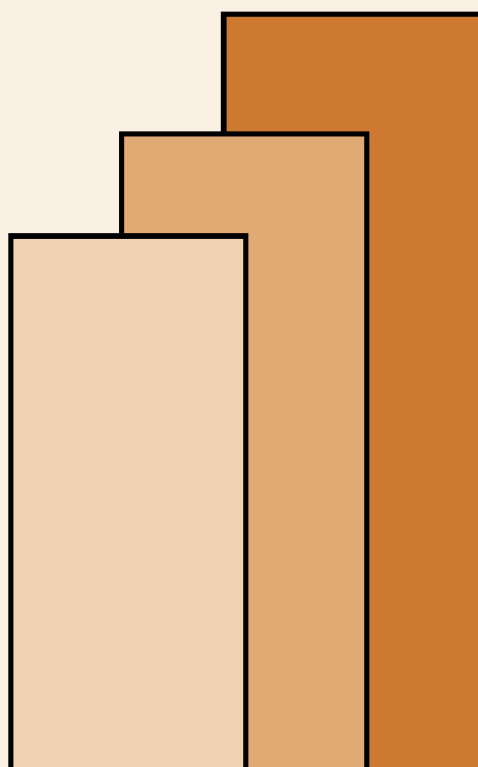
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PREFACE

This paper is one of the eight case studies in the health sector conducted under the project, “Population and Urbanization: Managing the Urbanization Process Under a Decentralized Governance Framework.” The project is jointly undertaken by the Philippine Institute for Development Studies (PIDS), the National Economic and Development Authority (NEDA) and the Development Academy of the Philippines (DAP). Among the components of the project are case studies of selected cities highlighting their innovations in health, housing, and environmental management.

The main objective of the case studies is to identify the strategies of model cities that can be replicated by other cities and local government units, particularly in the financing and delivery of basic services under devolution and increasing urbanization.

This case study focuses on Olongapo City which was recommended by NEDA-Region III as a model city for health. The City won a Healthy City Award in 1996 for maintaining a physical environment that promotes health, safety, order, and cleanliness through structural and manpower support.

The paper is organized as follows. The first section gives a backgrounder on the city, its land area and population, health facilities, financing, and performance. This is followed by a presentation of the city’s strategies to promote health. The key elements for the success of these strategies are then identified in the succeeding section. The next part focuses on the strategies that other cities and LGUs can replicate. Finally, the paper ends with some concluding remarks.

OLONGAPO: A HEALTHY CITY

Virginia S. Pineda and Aurora Joson¹

I. CITY BACKGROUND

Location

Olongapo City is located at the southernmost portion of Zambales. It is about 127 kilometers north of Metro Manila. It is bordered by the Municipality of Subic (Zambales) in the north, Dinalupihan (Bataan) in the south, Morong (Bataan) in the southeast, and Subic Bay in the southwest.

Land Area and Population

The city has a total land area of 103.3 square kilometers. It is composed of 17 barangays, all of which are urban. As of 1995, it has about 38,983 households.

Olongapo's population decreased from 193,327 in 1990 to 179,754 in 1995 or by 7 percent. Accordingly, population density per square kilometer fell from 1,872 persons in 1990 to 1,740 persons in 1995. The population decline may be due to outmigration resulting from the U.S. Navy withdrawal from Subic and the Mt. Pinatubo eruption. As of 1994, about 28 percent of the population live below the poverty threshold level.

Health Facilities

The city has one main health center, one government hospital, and eight private hospitals. It has 18 barangay health stations (BHSs): two for Sta. Rita and one each for the remaining 16 barangays. Every barangay has a doctor, a nurse, and a midwife. Large barangays even have three midwives. A dentist comes to the barangays once a week.

The city government owns and operates the James Gordon Memorial Hospital (formerly the Olongapo City General Hospital). It has a capacity of 155 beds and serves not only patients from the city but also those from the neighboring municipalities and provinces. The private hospitals have a combined capacity of 156 beds

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All services and medicines are free in the health center and stations. For those who want to give contribution, a donation box is placed in each site. In the hospital, most of the patients are service (charity) patients. Of the 7,438 patients admitted in 1995, the service patients comprised 76 percent, while medicare and pay patients constituted 11 percent and 13 percent, respectively.

Health Expenditure/Budget

The city's health expenditures increased from P18.8 million in 1991 (pre-devolution) to P23.6 million in 1994 (post-devolution) but its proportion to total city expenditures declined substantially from 26 percent in 1991 to only 8 percent in 1994. The share of basic health services in total health expenditures also fell from 44 percent to 41 percent while that of hospital expenditures rose from 56 percent to 58 percent from 1991 to 1994.

For 1995, the city allotted P31.9 million for health which constituted 16.6 percent of its total budget. Of this amount, about 58 percent was for the hospital and 36 percent was for the City Health Office (CHO). The remaining six percent was used for social reform agenda (SRA) activities and social infrastructure. For 1997, the city health budget of P63.5 million was 25 percent of Olongapo's total budget. It was allocated into 63 percent for the hospital, 30 percent for the CHO, and 7 percent for SRA activities and social infrastructure.

Health Performance

Selected health indicators denote improvement in health conditions in Olongapo City. As Table 1 shows, the city's mortality rates and malnutrition rates have declined from 1990 to 1995. They were also lower than the average for the Philippines.

There are also no cases of diphtheria and tetanus in Olongapo City. The proportion of fully immunized children (FIC) is 90 percent of the target population. If those served by private practitioners are included, the ratio is 100 percent. The city health staff, together with the community health volunteers, obtain a monthly listing of births from the local civil registrar. They get the addresses of the babies and schedule them for immunization. If the parents fail to bring the babies on the date scheduled, the health staff visit them and make follow-ups.

Table 1. Mortality and Nutrition Indicators, 1990 and 1995

Indicator	1990		1995	
	Olongapo	Philippines	Olongapo	Philippines
Mortality Rates:				
Infant	41.2	56.7	30.9	48.9
Child	54.0	79.6	40.2	66.8
Maternal	184.0	209.0	138.0	179.7
Percentage of Malnourished Children (0-83 months old)				
Mild	33.9	41.3	28.1	30.7
Moderate	9.9	15.5	8.3	8.4
Severe	1.1	2.3	1.4	1.2
Total	44.9	59.1	37.8	40.3

Infant mortality: infant deaths per 1,000 live births

Child mortality: number of deaths among children less than 5 years of age per 1,000 children of the same age range

Maternal mortality: number of maternal deaths per 100,000 live births

Sources: Herrin (1998), National Statistical Coordination Board, Olongapo City Health Office, and Department of Health Nutrition Service.

II. CITY STRATEGIES TO PROMOTE HEALTH

Olongapo can be considered a model city for health, having won a HEALTHY CITY Award in 1996. A HEALTHY CITY is described as “one where the physical environment, especially in the workplace, streets and other public places, promotes health, safety, order and cleanliness through structural and manpower support.” The city government promoted health through the following strategies:

1. Disease prevention through cleanliness

The city leaders believe that diseases can be avoided or minimized through cleanliness. Olongapo City provides a showcase of the close link between health and sanitation. After it launched its solid waste management project in September 1989, sanitation-related diseases were remarkably reduced. For instance, morbidity rates (per 100,000 population) for typhoid, paratyphoid and other salmonella infections declined from 75.2 in 1988 to 59.8 in 1990 and 9.3 in 1995, and for malaria from 345.3 in 1988 to 183.9 in 1990 and 68.5 in 1995 (Olongapo City Health Office).

Olongapo City’s solid waste management project is discussed in more detail as a case study in the environmental management sector. Briefly, it involves enforcement of

the following: putting garbage in plastic bags, strict collection schedule, service fee for garbage collection, incorporating the fee in the electricity bill, and imposing fines for violators of sanitation ordinances. Plastic bags are required to make garbage collection faster and neater. Likewise, garbage fee is included in the electricity bill to facilitate and ensure its collection.

The CHO plays a major role in the solid waste management project. Its sanitary inspectors regularly inspect their assigned areas and issue citation tickets to residents and owners of business establishments who violate sanitation ordinances (such as having unclean premises and putting out garbage outside of the scheduled collection time). The tickets impose fines ranging from P500 to P5,000 (or imprisonment) depending on the number of offenses or violations.

2. Barangay funds for health

Olongapo has a City Ordinance, passed on January 24, 1996, requiring barangays to allocate 5 percent of their Internal Revenue Allotment (IRA) to health and welfare. Drug allocation to the barangays are sourced from this fund, thus reducing the financial burden on the city. This arrangement also increases the involvement of barangay leaders in health service delivery.

3. Mobilization of volunteers

Olongapo is known for the volunteerism of its people. It even won a Galing Pook Award in 1997 (Top Twenty) for its volunteer program. One of the city's volunteer groups is the Balikatan Ladies of Olongapo Movement (BLOOM). It was organized by Mayor Kate Gordon in 1980. BLOOM is composed mostly of housewives in the community. At present, it has more than 6,000 members. It participates in the city's cleanliness drive and undertakes various barangay projects. BLOOM members who also serve as health volunteers work without pay as nursing aides in the city hospital, assist the health workers in immunization drive, and in organizing and conducting health classes. Olongapo City's health volunteers, including non-BLOOM members, are about 300. They do not receive allowance but are provided with hospitalization benefits.

4. Performance monitoring through meetings

In addition to report submission, monthly staff meetings and semi-annual review of accomplishments are conducted to monitor and evaluate performance in the barangays. Causes of low accomplishments and appropriate solutions are identified. For example, if a barangay has many drop-outs in immunization, follow-ups through letters or house visits are recommended.

5. Barangay consultation with the mayor and the department heads

Mayor Kate Gordon does not stay put in her office. She believes that not all people can go to the city hall. To actually see their situation and needs, the mayor goes to the barangays with all the department heads. All the 17 barangays are visited within one quarter. During the barangay consultations, the people tell the mayor their problems and needs. The department head concerned is tasked to take action and start working on them the following day. People report to the mayor in case the problems remain unsolved.

III. KEY ELEMENTS FOR SUCCESS

1. Effective legislation and law enforcement

The barangays' financial contribution to health (5 percent of their IRA) was made compulsory through a city ordinance. The city government also enacted sanitation ordinances and used both negative and positive reinforcements to ensure the people's compliance with its regulations. To promote cleanliness, sanitary inspectors do their rounds everyday and impose fines on violators of sanitation ordinances. Garbage is not collected unless it is put in plastic bags. Payment of garbage fees is guaranteed by incorporating them in the electricity bill. Positive reinforcements include posting of "Keep Olongapo City Clean" slogans and implementation of a regular, fixed garbage collection schedule.

2. Leadership's visible concern for people's welfare

Volunteerism is encouraged by giving the volunteers (or their qualified relatives) priority in job placement. To a large extent, the city officials were able to gain the people's cooperation as well as know their needs and problems by reaching out to them - through regular barangay visitations and interaction with the people there.

3. Interaction among the concerned officials and staff

Monthly and semi-annual meetings to review and compare accomplishments among the barangays enable them to identify low performers, discuss and analyze problems, and devise solutions and strategies.

IV. STRATEGIES THAT CAN BE REPLICATED

1. Disease prevention through cleanliness

Other cities could follow Olongapo City's drive for cleanliness. Specific practices that may be adopted include requiring residents to put their garbage in plastic bags, following a strict collection schedule, charging service fee for garbage collection and

incorporating it in the electricity bill, regular monitoring of residential and business premises by sanitary inspectors, and imposing fines for violators of sanitation ordinances.

2. Barangay Funds for health

Other cities may also require barangays to allocate a certain percentage of their IRA for health and welfare concerns. The percentage may be set in consultation with the barangays.

3. Performance monitoring and evaluation

Regular monthly and semi-annual meetings may be scheduled to review and compare accomplishments among the barangays and the whole city. Meetings, in addition to submission of reports, have benefits. Through them, the officials and staff concerned could analyze the problems, exchange views, generate ideas and devise solutions and strategies to further improve performance.

4. Mobilization of health volunteers

If there are no existing health volunteer groups, the cities could form an organization similar to Olongapo's BLOOM. They could assign people who can motivate and undertake the recruitment and training of health volunteers.

5. Barangay Consultation with city officials

The mayor and other city officials could make it a policy to visit each barangay regularly. During the visits, they could discuss with the people their problems and needs. The mayor can then assign the officials concerned to take appropriate action or work out with the people the solution to their problems.

V. CONCLUDING REMARKS

Olongapo City made the link between health and sanitation stronger by integrating its environmental program with health activities. It has become a healthy city as a result of its leaders' political will and commitment to good health and sanitation, the dedication of its staff, and the cooperation of its people. Its health-promoting strategies also serve as lessons on good governance which other cities could follow. These include the need for city leaders to interact regularly with their constituents, the use of positive and negative reinforcements to instill discipline and proper values to people, and regular monitoring and evaluation to ensure sustained and successful implementation of programs and activities.