

# **Strategizing for the Integrated Approach to Local Development Management (IALDM)**

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*This paper highlights the set of strategies recommended to enhance devolution of maternal and child health services under the 1991 Local Government Code of the Philippines. The strategies hope to ensure the application of an integrated model of development through the implementation of such strategies as: multilateral/multisectoral, minimum basic needs, focused targeting, social mobilization, community-based approach, capability-building, setting up a community-based information system and measures to enhance local financial management.*

## **Background**

The implementation of the 1991 Local Government Code has brought about major structural readjustments in the Philippine administrative system. This has installed devolution by transferring major responsibilities for basic services (i.e., maternal and child health, primary health care, nutrition, environmental sanitation, agriculture and social welfare) to local chief executives (LCEs). Thus, this feature carries implications on the role and functions of LCEs. LCEs now serve as area managers of their respective localities to oversee the conduct of major development activities formerly entrusted to sectoral line departments. The delivery of basic services veers away from the traditional top-down and sectoral mode. This then requires LCEs to readjust their approach in conducting development activities.

To effectively perform their oversight function, the LCEs may implement the Integrated Approach to Local Development Management (IALDM). IALDM is a term that was coined by an interagency body composed of the Department of Interior and Local Government (DILG), the National Economic and Development Authority (NEDA), the Council for the Welfare of Children (CWC) and United Nations Children's Fund (UNICEF) in implementing the *Philippine Plan of Action for Children (PPAC)*.

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The role of the Center for Policy and Administrative Development (CPAD) of the U.P. College of Public Administration was to evolve a set of management strategies to flesh out and effectively implement IALDM for PPAC. The CPAD was tasked by the Technical Working Group of the aforementioned network of institutions beginning in October 1992 to conduct a review of programs and approaches suitable in enhancing IALDM.

In March 1993, a *Strategy Paper* on the approaches which could possibly be adopted by the LCEs was formulated and presented before the Technical Working Group. Other workshops were also conducted to validate the approaches recommended in IALDM. These were held with Regional Directors of DILG, local elective officials who attended the first batch of the Local Administration Development Program (LADP) in 1993, and other national-level implementors from other departments such as the Department of Social Welfare and Development (DSWD), National Statistical Coordination Board (NSCB), National Nutrition Council (NNC), Philippine Information Agency (PIA), Presidential Commission for the Urban Poor (PCUP) and Presidential Commission to Fight Poverty (PCFP).

A donors' conference was also held and attended by representatives from multilateral institutions such as the Asian Development Bank (ADB), Australian International Development Assistance Bureau (AIDAB), Canadian International Development Agency (CIDA), United Nations Development Fund (UNDP), and United Nations World Food Program (UNWFP), to name a few.

Furthermore, some of the approaches recommended in the *Strategy Paper* were also echoed at various points in time in the consultative workshops conducted for all regions by the PCFP. This Commission took an interest in adopting the strategies recommended by the UP-CPAD/CPA Study Team for the implementation of its Poverty Alleviation Program. These workshops were participated in by local government officials and personnel, field officers of national departments with devolved or undevolved functions, and representatives from nongovernmental organizations and people's organizations.

These workshops paved the way for the formulation of the *Handbook for Local Government Units on the IALDM for PPAC*. The ultimate aim of this Handbook is to provide management options for local government units which will implement the function of providing maternal and child health. However, independent of the substantive context where this term was developed and formulated, IALDM can also be considered a generic approach which is applicable to any development program.

### **The Philippine Plan of Action for Children**

The Philippine Plan of Action for Children (PPAC) embodies the Philippine government's visions for children and mothers in the year 2000. It also fleshes

out the Philippines' commitment to address maternal and child concerns as a signatory in the *World Declaration on the Survival, Protection and Development of Children* together with other leaders from different nations on 30 September 1990. PPAC is Proclamation No. 855 signed by President Corazon C. Aquino on 27 January 1992.

Other than the commitment to this world declaration, the PPAC gives substance to constitutional mandates on adopting an integrated and comprehensive approach to health development and giving priority to the needs of children and women (1987 Philippine Constitution, Art. XIII, Sec. 11). The PPAC also upholds the "right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development" (1987 Philippine Constitution, Art. XV, Sec. 3, Par. 2).

Women and children altogether constitute close to seventy percent of the total population and necessitate equal attention in development efforts (Republic of the Philippines & UNICEF 1990:16).

The PPAC aims to attain the following goals for the year 2000: reduction of infant mortality rate, child mortality rate, maternal mortality rate, and malnutrition rate; improvement of access to safe water and toilet facilities; improvement of cohort survival rate in elementary school; and improved protection of children in especially difficult circumstances, such as those in situations of armed conflict and calamity, as well as abandoned children and street children.

A package of programs is recommended for implementation to fulfill these goals. This package includes:

- (A) Basic Health and Nutrition, Social Security and Safe Environment;
- (B) Basic Education, Leisure, Recreation and Cultural Activities;
- (C) Protection of Children in Especially Difficult Circumstances;
- (D) Family Care and Alternative Parental Arrangements; and
- (E) Fundamental Civil Rights.

### **The Integrated Approach to Local Development Management Strategies**

The formulation of the package of strategies recommended in IALDM is guided by the visions for the *Philippines 2000*, which is touted to be the

centerpiece of the Ramos administration. These strategies are directed at people empowerment, poverty alleviation and equitable distribution of the fruits of development, and utilization of indigenous resources and approaches, all geared towards sustainability in the flow of services. They will be implemented in the various phases of the management cycle of planning, implementation, and monitoring and evaluation. (See Figure 1.)

What are these strategies? Why is each one important and what basic requirements have to be fulfilled in order to implement each one of them? The strategies recommended are the minimum basic needs approach, multilateral/multisectoral strategy, focused targeting, community-based approach, social mobilization, capability-building, institution of community-based information systems and measures to improve financial management.

#### *Minimum Basic Needs Approach*

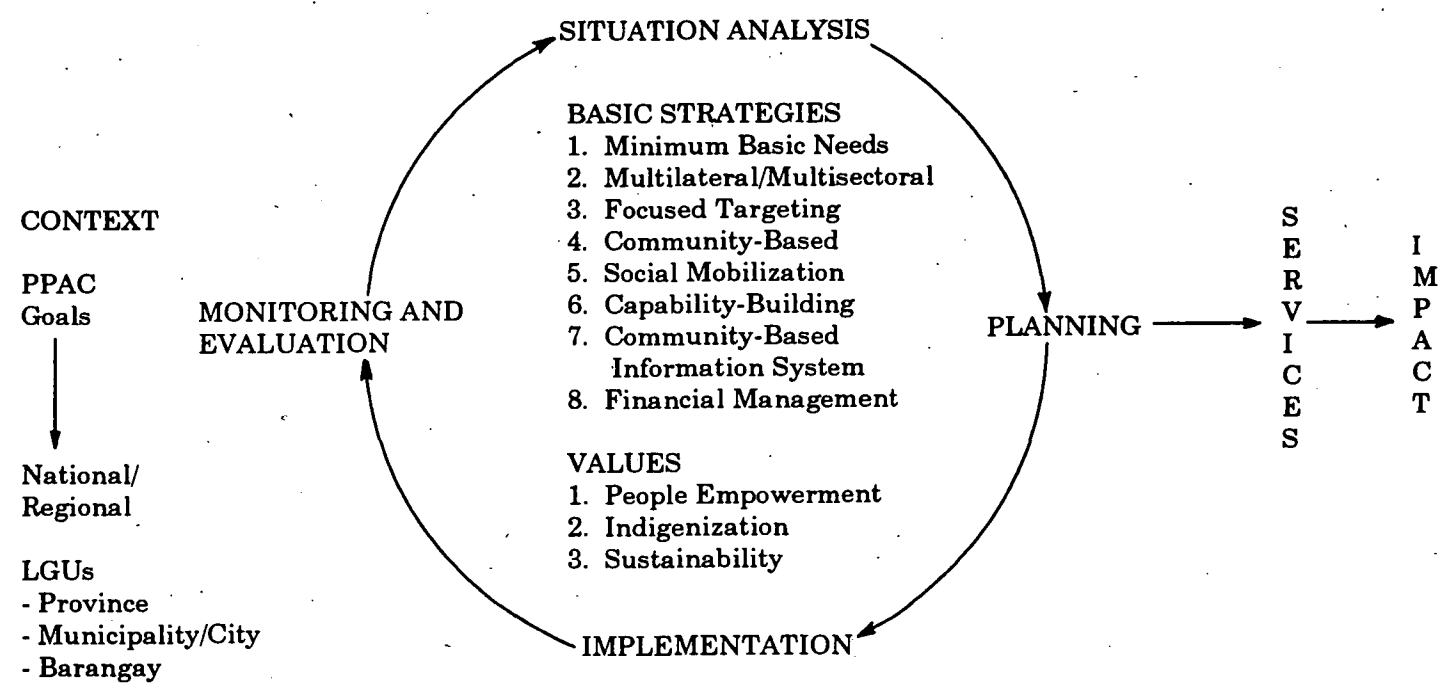
The Minimum Basic Needs (MBNs) Approach is the strategy of prioritizing primary requirements to ensure that the basic needs for survival and protection from physical harm of the individual are attended to. In the past, each sectoral department formulated its own minimum requirements to respond to each need. However, under a devolved set-up of government, basic development activities can no longer proceed in a sectoral way as each locality will have to plan what activities are akin to area-specific concerns and interests. Thus, to realize IALDM is to undertake services in an integrated way since the problems of men, women and children are complex and interrelated.

MBNs include the set of primary needs which should be answered before secondary or other requirements are met. These include: (1) survival needs such as those that will ensure life sustenance like health, nutrition, potable water and sanitary toilet facilities; (2) protection from physical harm through a housing facility that will provide protection from natural and man-made incursions on the safety of the individual and provision of general security/safety; and (3) enabling needs such as basic education, livelihood and community participation which can facilitate attainment of survival and protection needs.

What are the basic requirements to attend to MBNs? To answer each need, the following must be formulated:

(A) *The primary standards or requirements to attain each need.* These include, for example, full immunization for under-one year old to ensure infant health, access to piped water or deep well to assure availability of potable water source, breastfeeding for at least four months to ensure the infants' nutrition, immunization of pregnant women with at least two doses of tetanus toxoid to prevent maternal deaths and infant deaths due to tetanus, delivery of pregnant

Figure 1. Strategy Framework for the Integrated Approach to Local Development Management (IALDM) for the Philippine Plan of Action for Children (PPAC)



women by trained birth attendants to secure the safety of the mother, etc. (Table 1 provides a summary of these MBNs validated in consultative conferences.)

(B) *The desired goals or outcomes in meeting each need.* These include, for example, reducing infant deaths through immunization, reducing maternal deaths due to *tetanus neonatorum* as a function of immunization with tetanus toxoid, and delivery by trained birth attendants to reduce maternal mortality.

Why is it important to implement the MBNs approach? Among the reasons for recommending this perspective, the following are the salient ones. First of all, this will ensure that primary needs of a person are catered to before secondary ones. Enforcement of this strategy will veer away from the tendency of some LCEs to pay more attention to physical outputs (i.e., roads, bridges) instead of focusing on the needs of the person or individual.

Second, the criteria in ascertaining the attainment of minimum basic needs can also be used in identifying the target clientele. MBN standards can serve as objective criteria for targeting.

Third, coordinative efforts among the different sectors are made possible since the MBNs serve as the focal point in undertaking development efforts.

In the past, the Ministry of Human Settlements under President Ferdinand Marcos also attempted to implement projects to address some basic needs in a locality. However, the program failed to harness concerted effort from various offices or departments because of the absence of an area manager with political clout to oversee the contribution of various sectoral implementors.

Other attempts to foster an integrated model of development were also experienced with the *Integrated Area Development Programs (IADPs)*. However, IADPs fell into the trap of focusing on infrastructures development rather than starting with the more basic needs of the person. Thus, social development concerns played second fiddle in IADP efforts. IADPs also had difficulty in implementing integration because each program often applied the *lead agency* model. This meant that a sectoral department whose program component was given priority attention served as the key institution responsible for overseeing the implementation of the package of services in a locality.

#### *Multilateral/Multisectoral*

An IALDM model implies that the LCE is to tap various sectors from government, nongovernmental organizations (NGOs) and people's organizations (POs) in carrying out development activities in the locality. This fleshes out the *multisectoral* requirement which is mandated by the Local Government Code.

**Table 1. Minimum Basic Needs for PPAC**

<i>MBNs</i>	<i>Primary Requirements / Standards</i>	<i>Goals / Desired Outcomes</i>
<b><i>Survival</i></b>		
Maternal health	• Pregnant women given at least 2 doses of tetanus toxoid	• Reduction of maternal diseases/deaths
	• At least three pre-natal care consultations	
	• Delivery by trained personnel	• Reduction of deaths from <i>tetanus neonatorum</i>
	• Pregnant/lactating mothers provided with ferrous sulfate and other required micro-nutrients (e.g., iodine in goiter endemic areas)	• Reduction of incidence of anemia and iodine deficiency
	• Birth interval of not less than 2 years	• Reduction of maternal diseases/deaths
Child health	• Full immunization of infants under-one year old	• Reduction of infant diseases/deaths
	• Early detection and management of pneumonia and other acute respiratory infection (ARI)	• Reduction of incidence and deaths from pneumonia and ARI
	• Early detection and management of diarrhea	• Reduction of incidence and deaths from diarrhea
Adequate nutrition	• Infants breastfed for at least four months	• Reduction of malnutrition--moderate and severe
	• Infant birth weight not less than 5.5 lbs.	• Reduction of infant diseases/deaths
	• Monthly growth monitoring of infants and children	• Increase in weight
	• Children under 5 years provided with Vitamin A, iron and other micro-nutrients	• Reduction of vitamin A deficiency, anemia and other micro-nutrient deficiencies

<i>MBNs</i>	<i>Primary Requirements/ Standards</i>	<i>Goals/Desired Outcomes</i>
<b>Water and sanitation</b>	<ul style="list-style-type: none"> <li>• Access to sufficient potable water based on Dept. of Health standard by household</li> <li>• Access to sanitary latrines by household</li> <li>• Access to garbage and drainage system by household</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of diarrheal diseases</li> </ul>
<b><i>Protection</i></b>		
<b>Security and safety</b>	<ul style="list-style-type: none"> <li>• Facilities/measures to respond to children in difficult circumstances, i.e, armed conflict, disaster, street children, physical abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of incidence of harm on children</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Ownership status</li> <li>• Materials used/type of dwelling</li> <li>• No. of persons sharing space</li> </ul>	
<b><i>Enabling Activities</i></b>		
<b>Education</b>	<ul style="list-style-type: none"> <li>• Children aged 3-6 attending day care centers</li> <li>• Children aged 7-12 enrolled in primary education</li> <li>• Availment of nonformal functional literacy activities</li> </ul>	<ul style="list-style-type: none"> <li>• No. of children in 3-6 age group with center-based early childhood care and development</li> <li>• Increased elementary education participation rate</li> <li>• Increased number of children completing at least Grade 6</li> <li>• Increase in the number of literate women and men</li> </ul>
<b>Livelihood/Income</b>	<ul style="list-style-type: none"> <li>• Full employment</li> <li>• Above poverty line</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in income</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>• Involvement in at least one people's organization</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of participation in community activities of men, women and adolescents</li> </ul>



The Code even increases the opportunity for NGOs and POs to participate particularly in local development councils, the local planning bodies, where at least one-fourth of the total membership originates from them. Previous to the 1991 Code, membership from these groups was pegged to at most a fourth of the total membership.

In addition to stressing multisectoral approach, interlocal and supralocal relationships with groups from various sectoral affiliations may be encouraged to share resources and expertise in resolving some common problems. Thus, implementing development activities by interfacing with groups in the different levels of the local government unit realizes the multilateral approach. Multilateral planning may be encouraged by developing alliances with localities with similar problems. For example, coastal barangays can plan how they can share resources and divide activities among themselves.

The multilateral/multisectoral approach can permeate the different processes of the management cycle. In planning, the local development council in each subnational level (i.e., province, city/municipality and barangay), while structurally organized in a multisectoral manner, can execute this approach by undertaking an analysis of the situation of the locality starting with MBNs standards. This will serve as the springboard for concerted targeting of goals to be achieved and the activities to realize these goals. The MBN standards can also be the basis for identifying the target beneficiaries of the activities to be formulated.

Multilateral/multisectoral approach in implementation phase can be expressed in any one or a combination of the following options in undertaking activities to meet MBNs and other locally-specific needs:

- (1) delivering the services as a team;
- (2) undertaking activities in a sectoral way but with a common agreement to whom this will be delivered;
- (3) pacing activities according to logical flow (i.e., undertaking capability building before the actual implementation of a new mode of service delivery); and
- (4) doubling up for another implementor who is not available.

This strategy is implemented in the monitoring/evaluation phase by gathering information on a set of data elements that has been agreed upon. Specific persons responsible for gathering, aggregating and analyzing data elements shall be delineated in a concerted manner to avoid duplication of responsibilities.

The ultimate aim of this strategy is to maximize the delivery of services and optimize the use of resources. Concerted action of different groups in different levels of government can avoid overlapping of functions and wastage of resources.

### *Focused Targeting*

To ensure that the marginalized sectors of the population are the ones extended priority attention, focused targeting is recommended as a strategy. Focused targeting is implemented by screening specific areas and their constituent families/individuals who will be included in the masterlist. The basis for focused targeting is a set of objective criteria such as level of compliance with MBN standards to avoid political interference in screening the target beneficiaries.

Focused targeting is a term that was coined by the Area-Based Child Survival and Development Program (ABCSDP). This program was an experiment with devolution which antedated the Local Government Code of 1991. ABCSDP enabled LCEs to assume a role in overseeing the implementation of ABCSDP. Responsibility for the financial resources extended by the UNICEF was also assumed by the LCEs. Focused targeting of the seven most depressed provinces was initially applied by the Executive Committee of the Country Program for Children. The Executive Committee is a multisectoral body that is comprised of representatives of the social services departments, National Economic and Development Authority, Council for the Welfare of Children and UNICEF. The seven most depressed provinces selected were Ifugao, Negros Occidental, Sulu, Basilan, Tawi-Tawi, Lanao del Sur and Maguindanao. Selection was based on the percentage of households showing poorly on such factors as infant mortality rate, malnutrition rate, enrolment rate and family income (Bautista 1993).

Subsequent targeting was applied by the provincial interagency committee for ABCSDP to identify priority municipalities and barangays according to the percentage which fall below some objective standards like income level, malnutrition rate, infant mortality rate and number of children aged 0-6. In some areas like Ifugao, Maguindanao and Negros Occidental, masterlisting of families was already initiated through a set of agreed-upon criteria by the local interagency body for ABCSDP. Other provinces failed to achieve this stage because of the lack of data on the households. To date, the other provinces have started to formulate survey forms for barangays as a basis for masterlisting target beneficiaries.

A peculiar feature of focused targeting in ABCSDP was the application of convergence strategy in identifying the target areas and households. Thus, this spurred integration of efforts through the co-location of beneficiaries in the implementation of the program package under ABCSDP. This prevented waste of

resources since the implementors adopted a single process in identifying the beneficiaries. This also ensured that an integrated set of development activities reached the target beneficiaries.

Other sectoral line departments (i.e., DSWD, *Lalakas ang Katawan sa Sapat na Sustansiya* or LAKASS of the National Nutrition Council) also started to implement focused targeting prior to devolution, although not necessarily labelled in the same way, but proceeded in a unilateral manner.

DSWD applied a set of criteria like (1) high incidence of families below the food threshold; (2) blighted communities as slum areas, high risk/danger zones like *esteros*, highways, railways, seawalls, underneath bridges and riverbanks; (3) communities in crises situations such as those affected by calamities, razed by fire, social disorganizations, etc.; (4) high incidence of low income families vis-a-vis the high cost of commodities especially for food and fuel; (5) high prevalence rate of malnutrition among preschoolers (ages 0-6 years); (6) communities in fringes without sources of safe water and toilets, with distance and transportation difficulties and lack of funds for the construction of necessary facilities; and (7) limited access to literacy and employment opportunities. DSWD identified three barangays for each municipality (numbering 1,519) based on the aforementioned set of criteria. Masterlisting of families in these targeted barangays was also undertaken after a family survey. The first 200 families who were lowest on such factors as economic sufficiency, social adequacy, socio-cultural factors, and family functioning were the ones prioritized in service delivery (Briones 1993:2).

In the case of LAKASS, 125 nutritionally depressed municipalities were prioritized with each barangay identifying 20 severely malnourished children who became the immediate beneficiaries of the program.

Based on the lessons gained in the application of focused targeting in ABCSDP, the CPAD Study Team for IALDM saw the importance of applying focused targeting in a convergent way. ABCSDP evaluation reports indicated substantial improvements in areas which effectively implemented convergence and focused targeting. In spite of the poor socioeconomic standing of targeted families in ABCSDP, their relative performance in child and maternal mortality improved (Bautista 1993).

Other components in focused targeting were included in the IALDM package of strategies such as:

- (1) *Stratification of barangays according to levels of preparation for community-based approach.* This entails grouping barangays according to the level of preparation for community participation. Stratification enables the frontline worker to determine the extent to which community organizing efforts will be undertaken to enable local residents to participate in identifying the target beneficiaries.

Two types of barangays may be obtained. One is "community-based" if a barangay is already organized for community activities and has existing people's organizations which can be mobilized for focused targeting. Another type is "community-oriented" if people's organizations are absent or inactive and therefore necessitates the conduct of community organizing activities to elicit organized participation in this activity.

Community organizing has effectively worked in some localities in the ABCSDP areas like in the municipality of Ilog in Negros Occidental where a Key Informant Panel, composed of local officials, women leaders and other community leaders were mobilized, through the assistance of the International Institute for Rural Reconstruction, to assist in focused targeting.

(2) *Identification of target areas (municipalities and barangays) according to the actual number of persons who fall below some standards.* This is recommended because percentage analysis failed to capture the actual number of persons affected by the problem and tended to exclude some areas with a high standing on socio-economic indicators (i.e., urban areas) but which may have a greater number of afflicted individuals.

Excluded in focused targeting of areas are activities which require a 100 percent coverage of barangays like immunization. In this case, focused targeting can proceed right away to masterlisting of beneficiaries in all barangays.

(3) *Adoption of minimum basic needs standards and other area-specific criteria which may be identified by the locality as bases for focused targeting.* This will ensure that interrelated factors which are necessary for survival are addressed. Interlocal comparisons can also be made to facilitate the conduct of monitoring and evaluation, not only in focused targeting.

(4) *Identification of areas with special need even if they are high on a number of MBNs indicators.* This will enable areas/individuals with glaring problems on meeting some MBN indicators to be included in targeting. Thus, focused targeting need not only mean application of services in a convergent way but can also be designed to respond to those with a peculiar problem in just one sector (i.e., outbreak of malaria).

### *Social Mobilization*

Social mobilization is a key strategy which steers various sectors to advocate and implement the other IALDM strategies and program components to answer the basic needs of the community. In the case of the PPAC, social mobilization seeks to address efforts to improve the condition of the mother and the child.

Social mobilization is directed to two groups of people. The first one is focused to the members of the service delivery system such as the key decisionmakers and implementors. The second targets the community.

Since social mobilization of the community veers towards empowerment, a separate strategy is discussed to deal with this thrust. This is the community-based approach.

Social mobilization of the service delivery system aims to enable LCEs, *sanggunian* members (or those constituting the local legislative body) and key decisionmakers from NGOs to impart to their respective constituency (i.e., implementors and the community) the importance of the strategies in IALDM and the program components of PPAC.

There are many options to carry out this task. One is advocacy through the passage of policies to formally define the stand of the institution on IALDM, and through the use of media (i.e., radio, print materials and video), the merits and importance of IALDM to convince various sectors to adopt the strategy.

Networking is another option for social mobilization by identifying key sectors for collaborative work.

The LCEs may do this by tapping new alliances (both formal and informal) to assist in social mobilization activities. In the Muslim-dominated province of Sulu under ABCSDP, for example, religious leaders (i.e., *imam*) figure prominently in imparting to the mothers the schedule of immunization over the public address system. In another Muslim province (Maguindanao), information about breastfeeding presented in flipcharts contained messages from the Holy Koran.

Multisectoral participation in networking can enhance social mobilization. Local capacities can be tapped, such as NGOs with expertise in undertaking this task.

A key strategy that can be adopted to ensure that skills are developed and applied is the conduct of capability-building discussed in the next section.

### *Capability-Building*

Capability-building is one strategy of social mobilization but because it is geared towards the improvement of skills of participants, it is treated separately.

Capability-building activities must be planned well to pace the schedule of persons who will be targeted for skills development. This must be included in the multisectoral plan of the locality as a support activity to ensure that the

approaches and program components are appreciated and imparted by implementors and decisionmakers of cooperating institutions.

Interfacing with academic institutions duly recognized by the Department of Interior and Local Government which conducts an Integrated Capability Building Program for LCEs can be pursued to provide support for local capability-building activities. NGOs may also be tapped to assist in this undertaking. At present, the DILG, through its Local Government Academy, has adopted IALDM as the key concept which permeates all of its training programs.

LCEs can indicate commitment to this activity by ensuring that funds are generated from various sources to make sure that social mobilization and capability-building projects are implemented in the locality.

### *Community-Based Approach*

The goal of *Philippines 2000* for people empowerment necessitates the implementation of a community-based approach to ensure that the citizenry who were formally targeted merely as beneficiaries of development efforts now become active participants in the different phases of management. This thrust therefore entails the application of community organizing strategy which will mobilize community residents to undertake development activities through their own initiative.

While in the past, the community-based approach is a methodology often spearheaded by NGOs, the challenge of the President to vigorously forge people empowerment necessitates the commitment of various sectors, including government itself. Hence, the implementation of this approach is now a task which can be spearheaded by no less than the LCE. This may be executed with the assistance of those with capability to undertake this activity from government (i.e., social welfare and development officer, agriculturist) or those from NGOs.

The community organizing activity may depend on the level of preparedness of the locality for community-based activities as indicated by the presence of people's organizations (POs). In communities where there are active POs, community organizing work is undertaken to facilitate the interface of these groups with government. POs may be mobilized to undertake activities in line with minimum basic needs and other relevant needs to respond to children and their mothers. POs are motivated to carry out their own activities but at the same time articulate what they expect government to do for them.

In most instances, however, the task of community organizing may take a longer time since localities are not yet organized for self-initiated activities. Hence, this will entail mobilization of the community to be organized to conduct

their own development activities, in addition to making them interface with government. In the meanwhile, however, local development efforts in these localities need not stop. Simultaneous to community organizing activities is the implementation of national and local programs and projects carried out through regular implementors and some volunteer workers (i.e., the Barangay Health Workers under the Primary Health Care Approach and Barangay Nutrition Scholar of the nutrition program). NGOs may also be mobilized to continue to undertake relevant development activities and to interact with government in the process.

As the community organizer implements his/her activities, he/she may tap community representatives to constitute a community organizing team (COT). The COT may facilitate the work of the community organizer by assisting him/her in mobilization efforts. This model was initiated in Ilog, Negros Occidental under the guidance of the International Institute of Rural Reconstruction (Bautista 1993).

#### *Community-Based Information System*

The lack of accurate and reliable data base at the barangay level prevents the conduct of sound situation analysis for purposes of planning development activities. The current mode is to depend on information gathered by public facilities to indicate the well-being of the general population. In health, for instance, the source of information on mortality is the Department of Health which is obtained from the users of its facilities. Another source is the information on civil registration of births and deaths aggregated by the National Statistics Office. However, there is discrepancy in the figures provided by these two offices because of varying sources of information as well as underreporting of actual cases of mortality in the population.

Thus, it is imperative to establish a community-based information system in order to generate accurate and reliable information on the citizens. The citizens are tapped as active participants in the system. Installing this system will not only be useful for government and other groups. It will also be a source of empowerment as the citizens get to know about their own condition and start to plan activities that they themselves can undertake.

A community-based information system is the primary source of support for a local government information system with community residents as active participants in data gathering, collation and analysis of the information on basic data elements. The data elements which may be gathered can start with the basic standards/indicators on MBNs and other locally-specific needs identified by the community.

In the Philippines, one initiative to install this system is the Community-Based Child Monitoring System (CBCMS) started by the National Statistical Coordination Board in 1991. Sixteen barangays were targeted for inclusion in the provinces of Ifugao, Maguindanao, Negros Occidental and Tawi-Tawi. The essence of CBCMS is the mobilization of volunteer mothers who will gather information on the status of children and mothers based on a set of indicators identified after the village survey and community assembly. To date, 14 out of the 16 pilot barangays have operational CBCMS (Bautista 1993).

### *Improving Measures for Local Financial Management*

One of the key issues pressing LCEs is the source of support to sustain local development programs. The fear is that the internal revenue allotment of the national government amounting to a total of 40 percent of internal revenue taxes is not sufficient to sustain local development activities. However, the LCE can tap various sources of revenues to ensure that the basic needs of his/her constituency are responded to.

Revenues to support basic needs can be sourced through the following which are discussed in detail in the Handbook on IALDM: (1) using additional local revenue-raising powers authorized in the 1991 Code by enacting local tax ordinances, adjusting the rates of local taxes and fees, and updating local tax ordinances according to the 1991 Code; (2) securing loans and grants from local, foreign and international funding institutions; (3) securing loans, grants and subsidies from other provinces, cities or municipalities; (4) entering into joint or cooperative financial arrangements with other provinces, cities, municipalities or barangays for projects which are commonly beneficial to participating LGUs; (5) soliciting financial support from NGOs, civic organizations and the local business sector; (6) encouraging people's organizations to undertake community-based financing projects; (7) mobilizing various forms of household support (e.g., free labor for constructing toilet facilities); and (8) tapping innovative sources of funds (e.g., user charges for those who can afford a service; health insurance, etc.).

(Table 2 summarizes the basic features of IALDM.)

### **Challenges**

No less than DILG Secretary Rafael M. Alunan III urged local government units not to be complacent. In a speech delivered before donor agencies, he said: "We can no longer afford to waste time, effort and resources on ill-planned programmes. Services must reach every child, woman, family and community of this country."



**Table 2. IALDM vs. Sectoral Approach**

<i>Management Processes / Strategies</i>	<i>Sectoral Approach</i>	<i>IALDM</i>
Planning	Separate Target Beneficiaries	Co-location of target beneficiaries
	Separate goals	Common goals (starting with MBNs)
	Independent program targets	Agreement on targets
	Planning independent activities	Agreement on activities
Implementation	Unilateral	Agreement on schedule of activities through team effort  -- sequential effort -- sectoral effort on common targets
Monitoring and Evaluation	Standards uniform/centrally directed	National standards validated, area-specific standards formulated
	Facility-based information system	Community-based information system
Role of NGOs	Alternative service delivery channel	Active collaboration in the different management process
Financing	National responsibility	Local responsibility
Method for community mobilization	Community-oriented (to steer the community to serve packaged programs)	Community-based (to steer the community for self-initiated efforts, but interfaces with government)
Role of Community	Volunteer Workers for packaged programs	Self-managed community activities; collaboration with government

This challenge is urgent and must be faced by LGUs. It is an opportune time to meet this challenge with an administrative infrastructure that provides vast powers for LCEs to oversee local development activities. How well this opportunity is maximized depends upon the LCEs' political will to advocate and execute approaches to ensure the implementation of programs through the IALDM. To make IALDM work is the LCEs' major task.

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