

Collaborative Practices of LGUs and NGOs in Healthcare Services: Basis for Formulation of Strategic Plan

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Abstract— The study examined the degree to which local governments and NGOs cooperate to provide high-quality healthcare. The study established the organization's profile as well as the scope of its collaborative practices in response to healthcare services and the difficulties they face. In this study, the descriptive research methodology was applied. Results indicated that Local Government Units (LGUs) have greater annual budgets, healthcare facilities, staff, and clientele than Non-Governmental Organizations (NGOs). In order to provide quality healthcare services, LGUs, and NGOs have long-standing collaboration practices. Additionally, there are certain mildly substantial difficulties that LGUs and NGOs have in providing effective healthcare services. As a result, LGUs and NGOs are equipped to deal with such difficulties. Additionally, the level of collaboration across LGUs in response to the challenges of providing quality healthcare services is tied to those challenges as well as to available financial and human resources. The extent to which NGOs collaborate in order to provide high-quality healthcare services and sustainable practices is also tied to those issues and to work ethics. Finally, the degree of collaboration between LGUs and NGOs in response to quality healthcare services, along with their availability of both financial and human resources, varies. According to the study, LGU leaders and NGO executives should implement the researcher's strategic plan to increase their cooperative efforts in response to high-quality healthcare services. They ought to be aware of issues that might have an impact on how much they engage in collaborative practices in response to high-quality medical care. A comparable study should be carried out while taking into account additional variables that may influence how LGUs and NGOs cooperate to provide high-quality healthcare services. The

findings of this study could be used as future research references.

Indexed Terms— Financial Resources, Healthcare Practices, Health Services, Human Resources

I. INTRODUCTION

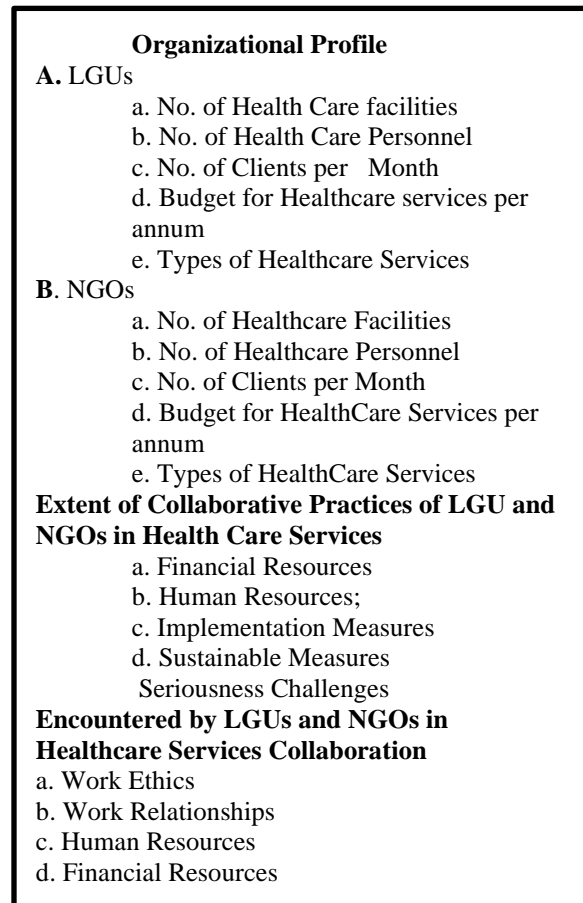
Collaboration between Local Government Units (LGUs) and Non-Governmental Organizations (NGOs) in the healthcare industry has emerged as a promising approach to address the complex problems communities face. The provision of healthcare services through cooperation between local governments and non-governmental organizations (NGOs) has the potential to increase accessibility, quality, and equity. Collaborative efforts can efficiently close gaps in service delivery, promote community engagement, and maximize the use of scarce resources by drawing on the combined knowledge, assets, and networks of both sectors. Around the world, the COVID-19 epidemic has caused serious health, economic, social, and political issues. Additionally, it has shown how crucial network development is for putting emergency response and healthcare projects into action, particularly locally. To highlight healthcare services as the most significant component of a man's life, this asks for unity, cooperation, and teamwork. The State shall preserve and promote the right to health of the people and create health consciousness among them, according to Article II, Section 15 of the Constitution. To provide healthcare and protection following Executive Order No. 168's requirements, coordination and synergy among national government agencies, local governmental entities, and non-governmental groups are crucial in addressing the issues caused by the COVID-19 outbreak. Inter-sectoral cooperation in the fight against the pandemic will be integrated in 2014

under the direction of the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases. Local Government Units (LGUs) are tasked with initiating the process of resolving community issues. A community attempting to defend itself against the COVID-19 danger frequently requires assistance from organizations and agencies other than the government. Non-Governmental Organizations (NGOs) can also help with COVID-19 treatment, prevention, and control. The study by Vargas (2020) cited ways in which the LGUs and NGOs collaborated during this period of the pandemic to provide healthcare services to Filipinos, including standing by communities while protecting staff, listening to partners and gathering data for quick assessments, creatively adapting programs, deploying emergency responses and utilizing existing knowledge on health emergencies, and supporting the most vulnerable groups. Despite improvements in health outcomes, the Philippines "had not achieved Millennium Development Goal objectives 4 and 5, related to maternal and child health in 2015," according to Diokno-Sicat et al (2020) (World Bank 2018). Along with that, "one in three children under the age of five is stunted" (World Bank 2018). These statistics show how important it is to have access to medical care to address these issues. The Philippine Health Facilities Development Plan (PHFDP) 2017–2022, published by the Department of Health (DOH), provides direction for planning and programming government investments in healthcare facilities. The PHFDP aims to provide fair access to healthcare facilities and the responsible use of tax dollars. One of the regions afflicted by the epidemic is Region I, and the local government units there have not been able to offer the populace sufficient and high-quality healthcare. The non-governmental organizations (NGOs) that provided support for health services to the local government units. This study is important for identifying the difficulties and problems that affect the collaboration between Local Government Units (LGUs) and Non-Governmental Units (NGOs) in Region 1 to provide high-quality healthcare services. This study will look at how LGUs and NGOs currently collaborate to provide healthcare services in Region 1 and identify the obstacles and problems that stand in the way of that collaboration. With the ultimate goal of creating a development strategy that increases the effectiveness and impact of these collaborations, it

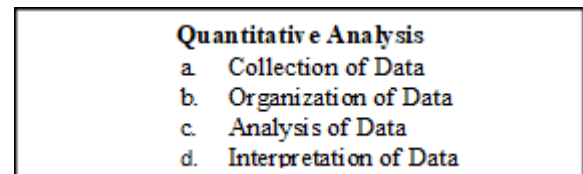
also sought to explore the cooperative practices between LGUs and NGOs in healthcare services. This study aims to contribute to the creation of sustainable and effective collaborative models that more effectively meet the healthcare requirements of communities by analyzing existing collaborations, identifying best practices, and comprehending the underlying issues.

Figure 1. The Paradigm of the Study

INPUT



PROCESS



OUTPUT

Proposed Developmental Plan to Strengthen Collaborative Practices of LGUs and NGOs in Healthcare Services

II. METHODOLOGY

The study concentrated on how local governments and non-governmental organizations cooperated to provide healthcare services. The researcher used the descriptive quantitative research approach to accomplish the study's goal. Researchers can provide in-depth information about the traits, traits, or behaviors of a particular community or group by using descriptive quantitative research. With the aid of this technique, patterns or trends across time can be found and analyzed. To better understand how a phenomenon evolves, researchers can compare data collected at various periods and spot changes (Neuman, W. L. 2013). Purposive random sampling was used to select participants from the cities in Region I, which included Alaminos, Batac, Candon, Laoag, San Carlos, San Fernando, Urdaneta, Vigan, and Dagupan. The Philippine Red Cross, the Philippine Mental Health Association, Inc., Bantay Kaabay, the Rotary Club, and the Federation of Barangay Health Workers, Inc. are among the non-governmental groups present in every city. When selecting participants for this study, the researcher took the validity and reliability of the data into consideration. The study's respondents included both the NGO healthcare service providers and the employees of municipal government offices who are in charge of the Local Government Unit's initiatives and projects for delivering healthcare services. Organizations that actively contribute to the delivery of healthcare services are included in the non-governmental organizations. The participants will be picked from the cities' certified list of NGOs.

Table 1: Respondents of the Study

Cities in Region I	LGU Staff	NGO Accredited	Total
Alaminos	5	5	10
Batac	5	5	10
Candon	5	5	10
Laoag	5	5	10
San Carlos	5	5	10
San Fernando	5	5	10
Urdaneta	5	5	10
Vigan	5	5	10
Dagupan	5	5	10
Total	45	45	90

Using the SPSS and R Statistical Package, the collected data were displayed in tabular form, analyzed, and interpreted by the order of the specific questions in the problem statement and the order of the items in the questionnaire. Percentage and frequency counts were used to solve Problem No. 1. The Four-Point Likert Scale was used for Problem Number 2. The following is an indication of the four-point Likert scale:

Rating	Mean Score	Descriptive Equivalent
4	3.50-4.00	Highly Practiced
3	2.50-3.49	Moderately Practiced
2	1.50-2.49	Slightly Practiced
1	1.00-1.49	Not Practiced

The Four-Point Likert Scale was used to categorize Problem Number 3's severity of the difficulties LGUs and NGOs encountered in their cooperative work. Following was the interpretation of the Four-Point Likert Scale:

Rating	Mean Score	Descriptive Equivalent
4	3.50 – 4.00	Serious (S)
3	2.50 – 3.49	Moderately Serious (MS)
2	1.50 - 2.49	Slightly Serious (SS)
1	1.00 – 1.49	Not Serious (NS)

For Problem number 4, the Pearson Correlation was employed to ascertain the important links between the breadth of LGUs' and NGOs' cooperation practices and the seriousness of the difficulties they experienced. A t-test was used to identify the significant differences in the degree of collaboration between LGUs and NGOs in healthcare services.

Finally, the key findings of the study were used as the foundation for developing a development strategy that will improve how LGUs and NGOs collaborate to provide high-quality healthcare services.

III. RESULTS AND DISCUSSION

No. of Healthcare Facilities- The table lists the total number of healthcare facilities, including hospitals, clinics, and health and rehabilitation centers, as well as their percentage distribution, classified by the range of facilities present in a given location. The highest number of healthcare facilities can be found in the NGO sector, specifically in the 1-2 healthcare facilities category, where they account for 75% of the facilities. The highest percentage of healthcare facilities from the LGU (44.4%) falls under the category of having 3-4 facilities. This shows that the community's access to essential healthcare services is greatly influenced by the NGO sector. On the other hand, the category of 7-8 Healthcare Facilities has the fewest healthcare facilities, only having 2 in the LGU sector and none in the NGO sector. This suggests that there may be a shortage of healthcare services in the mid-range price bracket. The research conducted by Mendoza and Gastaldo (2018) is one pertinent study that supports the significance of NGOs in the provision of healthcare services. They discovered that, particularly in areas with limited resources, NGOs frequently fill the gaps left by state healthcare systems. The report highlights how NGOs work in tandem to improve healthcare services' availability and quality, particularly in rural areas. The low number of healthcare facilities in the 7-8 category, on the other hand, may point to the need for strategic planning and funding in this field. Rakodi and Lloyd-Jones's study from 2002 emphasizes the value of strategic planning in overcoming service delivery gaps, especially in metropolitan regions. The report underlines that to build successful plans, stakeholders must coordinate and have a thorough grasp of the regional healthcare system. While the quantity of healthcare facilities is commonly employed as a measure of accessibility to high-quality care, other factors must also be taken into account. According to several studies, these variables significantly influence access to high-quality care (Shi & Stevens, 2005; Gale et al., 2017; Ricketts et al., 2001). Another study found that people in rural areas, where healthcare resources are frequently scarce, have

less access to healthcare than those in urban areas due to problems with transportation and a lack of healthcare specialists.

No. of Healthcare Personnel- The number and percentage of healthcare workers are shown in the table. The percentage of healthcare institutions in the LGU that fall into the category of having 26 or more employees is 100%, while the category of having fewer than 5 or between 21 and 25 employees has the lowest number (0%). On the other hand, the NGO has a higher percentage (50.0), which belongs to the category of personnel between the ages of 11 and 15. The findings demonstrate that the bulk of healthcare facilities are found in the NGO sector because none of the institutions had staff in the 16–26 above categories. According to an earlier study (Bazzoli et al., 2016), there is a "middle class" of healthcare institutions that predominate the market in terms of size and staffing.

No. of Healthcare Clients Per Month- The data presented, as seen in the table, displays the quantity and proportion of healthcare facilities in various categories depending on the number of patients they treat each month. In the LGU sector, facilities with over 500 monthly consumers make up the biggest number (66.7%), while those with 200–300 monthly clients make up the lowest percentage (0%). The lowest percentages (0%) are found in all other categories, while the NGO sector has the largest percentage of facilities (100%) with 45 clients every month. This shows that the patient loads for the LGU and NGO sectors may differ, with the LGU sector possibly serving a greater number of clients each month. The type or severity of the medical issues being treated are not disclosed in the statistics; thus it is crucial to keep in mind that making judgments regarding the caliber or efficacy of care offered by facilities in various categories might be challenging. In general, a healthcare facility's clientele is a significant element in determining the resources required to deliver high-quality care. The quality of care delivered can be impacted by high patient loads and resource constraints (Haines et al., 2004). To properly manage patient loads and make sure that patients receive the care they need, adequate staffing levels and infrastructure are critical (World Health Organization, 2013).

Healthcare Services Budget per Annum- It is evident from the data for the LGU and NGO sectors on the Healthcare Services Budget per Annum that most facilities have a budget above 5 million, with 100% of LGU facilities and 77.8% of NGO facilities falling into this group. According to research, only a small percentage of facilities in this category—both LGU and NGO facilities—have budgets under one million dollars. According to this research, it's crucial to have access to sufficient resources in order to deliver high-quality healthcare services. According to research by Tsoy et al. (2021), poor funding for healthcare institutions can result in restricted access to necessary medications and medical supplies, insufficient staffing, and neglected infrastructure. In essence, even while both LGU and NGO facilities have the bulk of their healthcare services budgets in the highest category, the comparatively small percentage of facilities with a lower budget emphasizes the significance of adequate funding for the provision of high-quality healthcare services. The sizeable healthcare budget may indicate that this population has a high need for healthcare services and resources, possibly as a result of a larger population, more complex medical demands, or more readily available healthcare resources. On the other hand, a low budget for healthcare services may indicate a lack of resources, which can restrict access to healthcare services and lead to inequalities in health outcomes.

Table II. Profile of the LGUs and NGOs

Variables	LGU n=9		NGO n=4	
	Frequency	%	Frequency	%
No. of Healthcare Facilities	1-2	11.1	3	
	3-4	44.4	1	
	5-6	22.2	0	
	7-8	0	0	
	9-10	0	0	
	11 and above	33.3	0	
No. of Healthcare Personnel	Below 5	0	1	
	5-10	0	1	
	11-15	0	2	
	16-20	0	0	
	21-25	0	0	
	26 and above	9	100	0
No of Healthcare Clients Per Month	Below 100	11.1	4	
	101-200	11.1	0	
	201-300	0	0	
	301-400	11.1	0	
	401-500	0	0	
	500 and above	66.7	0	
Healthcare Services Budget per Annum	Below 1,000,000	11.1	4	
	1,000,001-2,000,000	0	0	
	2,000,001-3,000,000	11.1	0	
	3,000,001-4,000,000	0	0	
	4,000,001-5,000,000	0	0	
	5,000,001 and above	77.8	0	

Primary care and environmental health sanitation have the highest percentage of LGU-provided health services (88.9%), while hospital care has the lowest percentage (2.2%). This suggests that local governments place a high priority on preventive and community-focused healthcare treatments. The proximity of the LGUs to the communities and their accountability for providing public health and sanitation services inside their borders are credited by the researchers with producing this finding. With 97.8%, the area of health education has the highest percentage of NGOs, and with 8.9%, the category of hospital, dental, and laboratory care has the lowest number. NGOs frequently use their knowledge and community networks to disseminate information, hold health workshops, and create educational materials to meet the informational needs of the population they serve. This highlights the significant role of NGOs in raising awareness, promoting health education campaigns, and empowering communities to take charge of their health outcomes. This mismatch shows that other organizations, such as private hospitals or government healthcare institutions, handle the majority of the healthcare delivery in these specialized areas. Recognizing the importance of having a variety of healthcare services available is essential to ensuring comprehensive and accessible healthcare (Shi, 2014).

Table III. Types of Healthcare Services

Variables	LGU n=45		NGO n=45	
	Frequency	%	Frequency	%
Emergency	19	42.2	39	86.7
Primary	40	88.9	30	66.7
Preventive	32	71.1	15	33.3
Rehabilitative	11	24.4	5	11.1
Immunization	37	82.2	14	31.1
Environmental Health Sanitation	40	88.9	35	77.8
Long-term	3	6.7	6	13.3
Hospital	1	2.2	4	8.9
Home Care	17	37.8	8	17.8
Maternal and Child Care	37	82.2	12	26.7
Dental	37	82.2	4	8.9
Nutritional	32	71.1	9	20.0
Health Education	30	66.7	44	97.8
Diagnostic	20	44.4	5	11.1
Family Planning	34	75.6	9	20.0
Laboratory	37	82.2	4	8.9

Note: Multiple Responses

The highest indicator for LGUs is Indicator 1, Financial targets, goals, and activities that are well-planned and carried out involving healthcare services, which has an average weighted mean of 3.78 (Highly Practiced), while the highest average weighted mean for NGOs is 3.69 (Highly Practiced), according to the data provided under financial resources. This shows that in terms of planning and executing financial aims,

goals, and actions for healthcare services, both LGUs and NGOs are doing well. The lowest indicator for LGUs is Indicator 2, which has a weighted average of 3.60 (Highly Practiced) and measures revenue generation, fund allocation, resource administration, and treasury management in line with the response to health emergencies. This shows that there is room for improvement in LGUs' financial practices specifically related to emergency healthcare situations. Gomez and the results of the study highlight the significance of legal compliance and open reporting in obtaining the best possible financial resource management in healthcare settings. Collectively, these studies show the value of LGUs and NGOs working together to successfully manage financial resources for healthcare services. They emphasize the necessity for NGOs to increase their financial reporting openness and for LGUs to develop their financial plans for emergency scenarios. LGUs and NGOs can strengthen their cooperative efforts and optimize the impact of financial resources on the provision of high-quality healthcare services by addressing these areas for improvement.

Table IV. Financial Resources

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Financial targets, goals, and activities that are well-planned and carried out involving healthcare services	3.78	HP	3.69	HP
2. Revenue generation, fund allocation, resources administration, and treasury management in line with the response to health emergencies	3.60	HP	3.18	MP
3. Decisions that are timely, transparent, accountable, consistent, honest, and economical concerning health issues and concerns	3.76	HP	3.53	HP
4. Management framework and general operation of public funds for healthcare services in general	3.64	HP	3.18	MP
5. Comprehensive information on government financial operations and activities regarding people's healthcare needs	3.69	HP	3.16	MP
Overall Weighted Mean	3.69	HP	3.35	MP

According to the human resources table, the highest indicator for LGUs is "effective and efficient delivery of basic health services through capable and dedicated public servants," with an AWM of 3.71, which corresponds to the descriptive equivalent of "highly practiced." This shows that the LGUs are doing well in ensuring that their employees are capable and dedicated to providing basic health services to their constituents. Local governments have an average weighted mean of 3.60, which is the descriptive equivalent of "highly practiced," whereas non-governmental organizations have an average weighted

mean of 3.48, which is the descriptive equivalent of "moderately practiced." These conclusions are supported by the study by Li et al. (2017), which showed that efficient human resource management techniques, such as staff training and development, can support improved service quality in healthcare organizations.

Table V. Human Resources

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Sound and ethical recruitment in all offices in line with the merit and fitness principle	3.49	MP	3.51	HP
2. Smooth employer-employee relationship through job satisfaction, employee engagement, unique organizational culture, and fast resolution of workplace disputes or conflicts	3.49	MP	3.40	MP
3. Provision for continuous training needs and a safe working environment for the workers' professional growth and development	3.69	HP	3.62	HP
4. Effective and efficient delivery of basic health services through capable and dedicated public servants	3.71	HP	3.38	MP
5. Policies in all aspects of personnel administration	3.62	HP	3.49	MP
Overall Weighted Mean	3.60	HP	3.48	MP

The LGUs are implementing measures to balance health concerns and economic impact during emergencies, as evidenced by the highest indicator in the Implementation Measures category for LGUs, "Keeping the number of infections and mortality rate at bay while minimizing the economic impact of health emergencies," with an average weighted mean of 3.73, which falls under the descriptive equivalent of "Highly Practiced." The study supports the information and emphasizes the importance of containing infection rates and mortality rates while reducing their financial toll. It underlined how practical steps, such as prompt testing, contact tracing, and focused limitations, might slow the spread of diseases while minimizing their negative economic repercussions. The indicator with the lowest score, "Prohibiting people in particular age groups from leaving their homes during health emergencies," has a moderately weighted mean of 3.51 and falls under the category of "Highly Practiced," indicating that it might be difficult to put age-specific quarantine policies into place. The highest indicator for NGOs is "Keeping the number of infections and mortality rate at bay while minimizing the economic impact of health emergencies" with an average weighted mean of 3.73, which falls under the descriptive equivalent of "Highly Practiced", indicating the significance of community participation and engagement in decision-making

processes. The indicator with the lowest weighted average, "Keeping the healthcare facilities and all allied establishments operate at a certain capacity and time," falls under the descriptive category of "Moderately Practiced," indicating potential difficulties in ensuring the proper operation of healthcare facilities in emergencies. These studies offer perceptions on how local government units (LGUs) execute measures during health emergencies, with a focus on combining health considerations with economic impact and resolving difficulties with age-specific quarantine measures. The report also emphasizes how crucial it is to make sure that healthcare facilities are operating properly and that there are enough resources available to support the healthcare system in times of crisis. These studies shed light on the value of community involvement, decision-making procedures, adaptable quarantine measures, and operational difficulties encountered by NGOs in hospitals during emergencies. They emphasize the necessity for effective tactics to guarantee the correct operation of healthcare institutions, meaningful community engagement, and flexible approaches to quarantine measures.

Table VI. Implementation Measures

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Keeping community members informed and including them in decision-making on healthcare issues	3.62	HP	3.62	HP
2. Keeping the healthcare facilities and all allied establishments operate at a certain capacity and time	3.64	HP	3.18	MP
3. Pursuing different quarantine measures corresponding to the degree of rigidity of the cases	3.58	HP	3.62	HP
4. Prohibiting individuals at certain age brackets from going outside of their homes during health emergencies	3.51	HP	3.51	HP
5. Keeping the number of infections and mortality rate at bay while minimizing the economic impact of health emergencies	3.73	HP	3.73	HP
Overall Weighted Mean	3.62	HP	3.53	HP

Early protection, detection, diagnosis, and isolation protocols, with an average weighted mean of 3.76 for local government units, and "Effective resource management to shore up support for health services and facilities aimed at intensifying assistance to the most vu, with a weighted mean of 3.87 for NGOs, are the two indicators with the highest ratings. This shows that efforts are being made by LGUs and NGOs to identify and isolate cases quickly, which is essential for stopping the spread of infections. In a study conducted by Boulton, M. L., et al. (2018), they

investigated efficient resource management techniques aimed at stepping up support to the community's most vulnerable groups. The study emphasized the function of LGUs in effectively allocating resources to support healthcare facilities and services. In order to address the health inequities suffered by vulnerable communities, it highlighted the need for focused treatments, resource allocation based on community needs, and sustainable solutions (Boulton, M. L., et al., 2018). In the context of LGUs and NGOs, these studies provide light on the significance of early detection and isolation measures, transparency in healthcare operations, efficient resource management, and long-term planning. In order to address existing health challenges and avoid reoccurring issues, they emphasize the necessity for preventive measures, information exchange, targeted resource allocation, and sustainable solutions. Effective resource management to strengthen support for health services and facilities aimed at intensifying assistance to the most vulnerable sector of the community and "long-term solutions to recurring problems on health issues" are the LGU indicators with the lowest ratings, both of which are interpreted as highly practiced, and have an average weighted mean of 3.60. This implies that while LGUs are putting policies in place to deal with existing health problems, there might be a need for greater long-term planning and solutions to stop problems from repeating. The category for NGOs that receives the lowest score is "long-term solutions to recurring problems on health issues," which has an average weighted mean of 3.33 and is considered to be minimally used. This suggests that to better their response to health emergencies, NGOs may need to strengthen their capacity to compile and adapt lessons and best practices from other cities. In Huxham's research, C. et. al. (2015) investigated the difficulties faced by NGOs while creating long-term fixes for persistent health problems. The study emphasized the significance of studying other cities and incorporating successful strategies to improve the response to health emergencies. To successfully address ongoing health issues and advance sustainable solutions, it stressed the importance of knowledge exchange, collaboration, and capacity-building activities across NGOs (Huxham, C. et. al., 2015). This study sheds light on the difficulties faced by NGOs in creating long-term remedies for recurrent health problems and the

significance of learning from and incorporating best practices from other cities. It highlights the necessity of networks, platforms, and capacity-building programs to improve NGOs' response capacities. While the overall weighted mean for NGOs is 3.63 and is likewise considered to be well practiced, the overall weighted mean for local government units is 3.66, which is seen as highly practiced. This shows that sustained actions are being taken by LGUs and NGOs to address health emergencies.

Table VII. Sustainable Measures

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DI
1. Early protection, detection, diagnosis, and isolation protocols	3.76	HP	3.69	HI
2. Transparency in all healthcare operations by sharing information readily through websites, text messages, and other media	3.67	HP	3.87	HI
3. Adaptive lessons and good practices gathered from various cities	3.67	HP	3.38	MI
4. Effective resource management to shore up support for health services and facilities aimed at intensifying assistance to the most vulnerable sector of the community	3.60	HP	3.87	HI
5. Long term solutions to recurring problems on health issues	3.60	HP	3.33	MI
Overall Weighted Mean	3.66	HP	3.63	HI

According to the summary table, the Financial Resources index for LGU is the highest, scoring a weighted average of 3.69, or highly practiced (HP). However, the Sustainable Measures category has the greatest indicators for NGOs, with an average weighted mean of 3.63, which is also widely used (HP). With a weighted average of 3.60, the Human Resources category has the lowest indicators for LGU but is nevertheless well practiced (HP). The Financial Resources category for NGOs has the lowest indication, with a weighted average of 3.35, or mediocre practice (MP). With a weighted average of 3.64, LGU is considered highly practiced (HP). The weighted average for NGOs is 3.50, which is likewise highly prevalent (HP). The results show that LGUs and NGOs both perform well in terms of collaborative activities. Effective stakeholder collaboration requires both financial and human resources, which is in line with earlier studies that stressed the significance of resource availability and allocation for successful partnerships (Suter et al., 2017; Huxham & Vangen, 2005). The Implementation Measures section for local governments and the Financial Resources section for non-governmental organizations both have room for improvement, too. This highlights the value of consistently tracking and evaluating teamwork in order to identify areas for development and guarantee

that resources are used effectively. In conclusion, the high overall weighted mean for both LGUs and NGOs shows the possibility for future sustainable and fruitful cooperation and shows that collaborative practices are well-established.

Table VIII. Summary Table Extent of Collaborative Practices

Indicators	LGU n=45		NGO n=45	
	OWM	DE	OWM	DI
Financial Resources	3.69	HP	3.35	MI
Human Resources	3.60	HP	3.48	MI
Implementation Measures	3.62	HP	3.53	HI
Sustainable Measures	3.66	HP	3.63	HI
Grand Weighted Mean	3.64	HP	3.50	HI

The weighted average of the indicators for LGUs ranges from 2.36 at the highest point to a descriptive value of "slightly serious" under the heading of difficulties in upholding professional standards within the organization. The lowest score, 2.24, is classified as Slightly Serious under the indicator of lack of responsibility in the delivery of healthcare services. This indicates that there is still room for improvement in the work ethics of LGUs. In contrast, for NGOs, the average weighted mean of the lack of accountability in the delivery of healthcare services ranges from 1.27, which indicates difficulty in modeling patriotism, justice, and lead modest lives, to 1.51, which is interpreted as Slightly Serious. This implies that NGOs should examine and enhance their work ethics. The fact that LGUs may have stricter rules and norms in place, resulting in greater accountability in their work ethics when compared to NGOs, is one explanation for these findings. This study sheds light on the necessity of enhanced work ethics as well as the significance of accountability in the provision of healthcare services by NGOs. However, this is merely a conjecture and more research is required to substantiate this assertion. To uphold accountability and improve the general caliber of healthcare services, it underlines the importance of creating effective governance and transparency procedures inside NGOs. The weighted mean for work ethics is 2.31 for local government units (LGUs) and 1.37 for non-profit organizations (NGOs), which are rated as slightly serious (SS) and not serious (NS), respectively. This suggests that both LGUs and NGOs may strengthen their work ethics to ensure greater service delivery and public satisfaction.

Table IX. Work Ethics

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Lack of accountability in healthcare services delivery	2.24	SS	1.51	SS
2. Difficulty in modeling patriotism, justice, and leading modest lives	2.33	SS	1.27	NS
3. Difficulty in upholding public interest over personal interest	2.29	SS	1.33	NS
4. Improper discharge of duties with utmost responsibility, integrity, competence, and loyalty	2.33	SS	1.47	NS
5. Difficulty in practicing professional standards in the organization	2.36	SS	1.29	NS
Overall Weighted Mean	2.31	SS	1.37	NS

The table illustrates the degree to which LGUs and NGOs collaborate in terms of coordination, assistance, communication, working arrangements, and links. While the average weighted mean for LGUs is 2.34 and is classified as "slightly serious," the average weighted mean for NGOs is 1.41 and is classified as "not serious." The indicators with the highest weighted means for LGUs are lack of communication, lack of support, assistance, and motivation among partners and members of the organization, with an average weighted mean of 2.36 and classified as "slightly serious" (SS). The indicator "weak linkages among stakeholders," which receives the lowest score from LGUs, has an average weighted mean of 2.29, which is considered to be slightly serious (SS). This suggests that there is a lack of connectivity and coordination among the various organizations, which may prevent them from achieving their shared objectives. The indicator "weak linkages among the stakeholders," which receives the highest score from NGOs, is rated as "slightly serious" with an average weighted mean of 1.58, while the indicator "lack of coordination and cooperation" receives the lowest score, which is rated as "not serious" with an average weighted mean of 1.31. This suggests that there is still opportunity for advancement in terms of organization-to-organization coordination and cooperation. This suggests that there is still a lot to be done to strengthen the working connections, coordination, assistance, communication, and working arrangements between LGUs and NGOs. In one study, Santos et al. (2017) found that effective collaboration between local governments and non-governmental organizations (NGOs) can lead to better health outcomes, particularly in the context of disaster response and management. Stakeholder collaboration can also enhance effectiveness, resource allocation, and service provision (Bryson et al., 2018). To accomplish their common objectives and improve community health

outcomes, local governments and non-governmental organizations must establish and sustain strong collaboration relationships.

Table X. Working Relationships

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Lack of coordination and cooperation	2.36	SS	1.31	NS
2. Lack of support, assistance, and motivation	2.36	SS	1.38	NS
3. Lack of communication	2.36	SS	1.44	NS
4. Lack of a systematic working arrangement	2.33	SS	1.36	NS
5. Weak linkages among the stakeholders	2.29	SS	1.58	SS
Overall Weighted Mean	2.34	SS	1.41	NS

Based on Table 11, the total weighted mean for human resources for LGUs is 2.30, which corresponds to the "slightly serious" (SS) descriptive equivalent. In contrast, the mean for NGOs is 1.40, which corresponds to the "not serious" (NS) descriptive equivalent. The LGU's highest score is 2.36, which includes the indicator "lack of the required healthcare personnel" under the descriptive equivalent of "slightly serious" (SS). The lack of participation and cooperation among the organization's members received the lowest rating for LGUs, 2, while. The NGOs greatest score is under the indicator that specifies the lack of professional development training and activities, with an average weighted mean of 1.62, slightly serious, and the lowest score of 1. On the other hand, the average weighted mean for the NGOs is 22 with the descriptive equivalent of slightly serious (SS). The organization's members' lack of commitment and determination is expressed in 11 without any substantial descriptive equivalent. This implies that there is a lack of dedication and commitment on the part of organization members to carry out their duties and realize their objectives. Generally speaking, LGUs are only moderately satisfied with their human resources, whereas NGOs are quite dissatisfied. This demonstrates that both local governments and non-governmental groups have a chance to advance in addressing issues with human resources.

Table XI. Human Resources

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Lack of engagement and cooperation of members in the organization.	2.22	SS	1.40	NS
2. Lack of the needed healthcare personnel	2.36	SS	1.47	NS
3. Lack of commitment and dedication among members of the organization	2.29	SS	1.11	NS
4. Unavailability of Professional development training and activities	2.33	SS	1.62	SS
5. Weak superior-subordinate relationships	2.31	SS	1.42	NS
Overall Weighted Mean	2.30	SS	1.40	NS

The survey data on the financial resources of LGUs and NGOs are shown in the table. LGUs have an overall weighted mean of 2.27, while NGOs have a mean of 1.45. For LGUs, "Slightly Serious" (SS) is the comparable adjective, while "Not Serious" (NS) is used for NGOs. According to the indicators, both the wrong allocation of funds and the underfunding of the health services budget for LGUs obtained an AWM of 2.31 and are regarded as "Slightly Serious" (SS). For NGOs, on the other hand, a lack of funding for medical bills obtained the highest AWM, 2.09, and is rated as "Slightly Serious" (SS). This finding is in line with earlier research that identified a major obstacle for health organizations' insufficient finance (Chen et al., 2020; Larson et al., 2018). The LGUs' lowest AWM score, 2.22, was given to poor management of donations and other financial aid, which is classified as "Slightly Serious" (SS). Contrarily, incorrect fund distribution has the lowest AWM of 1.16 among NGOs and is rated as "Not Serious" (NS). According to the research, both LGUs and NGOs struggle with a lack of financial resources, with LGUs having greater issues with improper budget distribution and liquidation than NGOs do with inadequate funding from partner organizations. These findings highlight the need for collaboration and partnerships in securing adequate funding for health services, as well as the demand for LGUs and NGOs to adopt more efficient and effective financial management techniques.

Table XII. Financial Resources

Indicators	LGU n=45		NGO n=45	
	AWM	DE	AWM	DE
1. Improper allocation of funds	2.31	SS	1.16	NS
2. Insufficient budget for health services	2.31	SS	2.09	SS
3. Improper liquidation of funds	2.24	SS	1.27	NS
4. Improper management of donations and other financial assistance	2.22	SS	1.29	NS
5. Lack of financial support from partner organizations	2.24	SS	1.44	NS
Overall Weighted Mean	2.27	SS	1.45	NS

The summary table outlines the major difficulties LGUs and NGOs have in providing healthcare services. While NGOs only have a weighted mean of 1.41, the average weighted mean for all four indicators for the LGU is 2.31, indicating a significant level of difficulty in providing healthcare services. Of the four indicators, the LGU's weighted mean for financial resources is the lowest (2.27), indicating that this area presents the greatest difficulty. Financial resources for NGOs obtained the highest weighted average mean of 1, which is 1. Work ethics has the lowest average

weighted mean (45) and the highest (1). 37. Overall, the results show that LGUs and NGOs encounter significant challenges when trying to provide healthcare services, particularly in terms of funding, work ethics, interpersonal connections, and human resources. It is essential to address these problems if we want to raise the standard and accessibility of healthcare.

Table XIII. Summary Table of the Challenges Encountered

Indicators	LGU n=45		NGO n=45	
	OWM	DE	OWM	DE
Work Ethics	2.31	SS	1.37	NS
Working Relationships	2.34	SS	1.41	NS
Human Resources	2.30	SS	1.40	NS
Financial Resources	2.27	SS	1.45	NS
Overall Weighted Mean	2.31	SS	1.41	NS

In LGU joint operations, the analysis shows a high correlation between financial and human resources. This conclusion is confirmed by Shaban et al.'s (2020) study, which emphasizes the significance of financial resources for the success of joint ventures and offers insightful information that supports the value of financial resources in cooperative projects. This is consistent with studies that show a strong positive correlation between financial resources and LGU collaboration practices. Within LGU collaborative practices, the analysis showed significant relationships between financial resources and other financial resources as well as between human resources and financial resources. The availability or allocation of financial resources and the availability or capacity of human resources are shown to be closely associated by the positive correlation coefficients (financial resources: $r = 0.876$, $p = 0.001$; human resources: $r = 0.922$, $p = 0.001$). These findings highlight how important financial and human resources are to the accomplishment of joint projects amongst LGUs in the healthcare industry.

Table XIV. Significant Relationship between LGUs Collaborative Practices and Challenges

Variables Correlated		r	p-value	Interpretation
Financial Resources	Work Ethics	.453	.348	Not Significant
	Working Relationships	.622	.176	Not Significant
	Human Resources	.310	.406	Not Significant
	Financial Resources	.876	.000*	Significant
Human Resources	Work Ethics	.537	.272	Not Significant
	Working Relationships	-.482	.338	Not Significant
	Human Resources	.922	.000*	Significant
	Financial Resources	-.339	.521	Not Significant
Implementation	Work Ethics	.593	.312	Not Significant
	Working Relationships	-.582	.338	Not Significant
	Human Resources	.430	.476	Not Significant
	Financial Resources	.337	.520	Not Significant
Sustainable Measures	Work Ethics	-.338	.586	Not Significant
	Working Relationships	.583	.228	Not Significant
	Human Resources	.519	.311	Not Significant
	Financial Resources	.385	.521	Not Significant

Note: * Significant at 5% level alpha

Based on the p-value of .000, which is less than .05, the table depicts the significant links between NGOs collaborative practices long sustainable measures and problems along work ethics. With a correlation coefficient of .873 and a p-value of .000 (significant at the 5% level α), "Sustainable Measures" in connection to "Work Ethics" is the only variable tested to demonstrate a significant association. This significant relationship indicates that there is a strong positive association between the adoption of sustainable measures and work ethics within the context of NGO collaborative practices. When NGOs prioritize and implement sustainable measures, it positively influences the work ethics observed in their collaborative efforts. Furthermore, this finding suggests that organizations that embrace environmentally and socially responsible practices also tend to exhibit a strong work ethic. This implies that by integrating sustainable measures into their work ethics, NGOs can enhance their overall effectiveness and contribute to positive outcomes in their collaborative initiatives. In the same way, the strong link between ethical behavior and sustainable practices highlights how crucial it is to integrate sustainable practices within NGOs' operations and basic principles. NGOs can build a healthy work atmosphere and lead to more fruitful collaboration achievements by emphasizing sustainability and encouraging a strong work ethic.

Table XV. Significant Relationship between NGOs Collaborative Practices and Challenges

Variables Correlated		r	p-value	Interpretation
Financial Resources	Work Ethics	.473	.339	Not Significant
	Working Relationships	-.647	.178	Not Significant
	Human Resources	.663	.118	Not Significant
	Financial Resources	.439	.397	Not Significant
Human Resources	Work Ethics	.294	.443	Not Significant
	Working Relationships	-.374	.382	Not Significant
	Human Resources	-.225	.498	Not Significant
	Financial Resources	.532	.229	Not Significant
Implementation	Work Ethics	.647	.301	Not Significant
	Working Relationships	.393	.483	Not Significant
	Human Resources	-.642	.442	Not Significant
	Financial Resources	.297	.562	Not Significant
Sustainable Measures	Work Ethics	.873	.000*	Significant
	Working Relationships	-.287	.538	Not Significant
	Human Resources	.382	.447	Not Significant
	Financial Resources	.742	.098	Not Significant

Note: * Significant at 5% level alpha

The table shows the significant difference in the extent of collaborative practices between LGUs and NGOs in terms of financial resources and human resources, but not in terms of implementation measures and sustainable measures. The t-value for financial resources is 11.08 with a p-value of .000, which means that there is a significant difference in the extent of collaborative practices between LGUs and NGOs in terms of financial resources. Similarly, the t-value for human resources is 8.64 with a p-value of .000, which means that there is also a significant difference in the extent of collaborative practices between LGUs and NGOs in terms of human resources. In conclusion, the results show that, despite differences in the levels of LGU and NGO collaboration, both sectors can gain from it in order to address shared problems and achieve mutual objectives.

CONCLUSION

Compared to non-governmental organizations (NGOs), local government units (LGUs) have more healthcare facilities, staff, patients, and budgets each year. It is commonplace for LGUs and NGOs to work together to provide high-quality healthcare services. The difficulties that local governments and NGOs have in providing high-quality healthcare services are moderately substantial. As a result, LGUs and NGOs are equipped to deal with such difficulties. Along with financial and human resources, the amount of LGUs' collaborative activities in response to the challenges of providing quality healthcare services is associated with those challenges. The extent to which NGOs collaborate in order to provide high-quality healthcare services and sustainable practices is also tied to those

issues and to work ethics. The level of collaboration between LGUs and NGOs in response to high-quality healthcare services as well as available financial and human resources varies. Based on the study's key results, a recommended strategic plan was created to improve how LGUs and NGOs collaborate in response to high-quality healthcare services.

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