EXPERIENCES ON HEALTH CARE PROGRAMS OF PATIENTS FROM GEOGRAPHICALLY CHALLENGED AREAS

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APPROVAL SHEET

In partial fulfillment of the requirements for the degree, **MASTER OF SCIENCE IN NURSING**, this thesis entitled **"EXPERIENCES ON HEALTH CARE PROGRAMS OF PATIENTS FROM GEOGRAPHICALLY CHALLENGED AREAS"**, has been prepared and submitted by **REY ANGELO P. HIERRO**, who having passed the comprehensive examination and pre-oral defense is hereby recommended for final oral examination.

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-Rey Angelo Perante Hierro

DEDICATION

The researcher humbly dedicates this work to Almighty God for His blessings and guidance in every step of the way.

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ABSTRACT

The study aimed to present the experiences on health care programs of patients coming from geographically challenged areas in utilizing the health care services of the government. Upon examining the patients' experiences, the subsequent research question was utilized. The researcher utilized a qualitative method of phenomenological design with targeted one-on-one in-depth interview as the chosen strategy. Its analysis of data was mainly patterned on Colaizzi's phenomenological descriptive method. The data gathered helped create a consistent theme and provided several major interpretations where insights have been derived to recommend incremental and feasible solutions. Intensive medical attention comprehensive check-up cannot be accessed easily due to outlying distance from facility, its cost and travel hours make health needs more challenging to avail. Lack of experience/training of health care workers on handling emergency cases resulted to a slow response time and poor pre-hospital treatment. The socio-economic status significantly affects the family's ability to seek medical care. Technological advancement in health care and an evidence base practice have the potential to transform health care, but such advances have not been adequately harnessed in geographically challenged areas. As community access to health care decreases, health care spending increases, and patients who are forced to travel experience higher costs. Moreover, patients who are less to travel long distance faced a higher risk of seeking care at sites with lacking health care services. Work force issues related and lack of experience/training need to be addressed before quality of care is further compromised.

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Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

Health is the most fundamental aspect to a human body which is rooted in everyday existence. Basically, it transcends to the absence of disease that include the physical, psychological and social well-being of a person. "Mahal magkasakit" may sound cliché but it will always remain relevant. The health care in the Philippines is ranging from excellent to dire (Dayrit et al., 2018).

Health care is a broad term that pertains to a system that involves the maintenance and the improvement of medical services in order to cater the medical demands of the people. World Health Organization defines health as a human right, and as a state of complete physical, mental, and welfare, not limited to the absence of disease or infirmity (Ghebreyesus, 2017). Views on health as a human right generates a legal obligation to establish access to well timed, sustainable, and affordable health care of appropriate quality as well as to providing for the primary determinants of health, such as safe and drinkable water, hygiene, nutrition, shelter, health-related information and education, and egalitarianism (Ghebreyesus, 2019). Consequently, UNESCO has developed the 17 Sustainable Development Goals as a blueprint to achieve a better and more sustainable future for all. They inscribe the global issues including penury, divergence, global heating, environmental degradation, peace and impartiality.

The ever growing demands of the patients have been widely recognized and cannot be easily undermine. In fact, if we take a look back in the past centuries, the vast range of changes that has happened and has continuously been happening in the modern society is clearly seen globally. Without access to healthcare, people are far more at risk (ODPHP, 2020). There have been repeated international calls for countries to move towards achieving 'universal health coverage (Moreno-Serra & Smith 2015). In the Philippines, the government has allocated $3.2b to the health sector for 2020 (Cigaral, 2020). Currently, the Department of Health pursues the FOURmula One Plus (F1 plus) for Health which aims to provide Universal Health Care (UHC) for all Filipinos (2015 DOH annual report," n.d.). Primary health services are available and given by barangay (village) health stations, health centers, and hospitals (Dayrit et al., 2018). Health care services includes: Basic Immunization, Reproductive Health, Disease Prevention and Control and Primary Services (2015 DOH annual report, n.d.).

Through Administrative Order No. 185, the GIDA (Geographically Isolated and Disadvantaged Area) was established institutionalizing a scheme for working on local health systems development to ensure delivery of caliber health and services (Paz & Casa, 2016). Collado (2019) stated that geographically isolated areas are associated with poor basic services and facilities such as schools, sanitation, electricity and clinics or health centers. Some of these circumstances have led to the losses of poor progenies or have put them in poor health conditions (Dayrit et al., 2018). It has been noted that positive health-seeking behaviors are

not observed among the poor in contrast to population of higher economic classes since the less privileged succumb to the consequences of scarcity as they suffer the incapacity to cope with health expenses (Onwujekwe et al., 2017). The lack of transportation in going to rural health unit has also been a barrier to health care services for it urges them to delay their suffering (Rural Health Information Hub, 2019). Others may think that it may be costly and burdensome for it may affect their daily work (Collado, 2019). Furthermore, the lack of health care workers in the community has also an impact in delivering care due to unavailability of access to services (Rural Health Information Hub, 2019). Moreover, constituents prefer to manage their illness through self-monitoring of symptoms, ascertaining possible causes, determining the severity and threat to functional capacity, and considering the financial and emotional burden to the family (Collado, 2019). As added by de Guzman (2016), engaging to traditional home remedies such as alternative or complimentary means of treatment is their first line intervention. Afterwards, if it persists and got worse then that's the time that they will seek consult a health institution (Sato et al., 2018). The need for more health care professionals for rural households has been critical.

With that, the researcher was encouraged to conduct the study to facilitate the freedom of patient's expression of their experiences in utilizing the health care programs of the government. Further, Berkowitz (2016), capturing the patient's own experience is very challenging to measure. Oftentimes, patients are asked about their feelings rather than about what actually happened to them during their

care; thus missing an opportunity to identify the factors that might contribute to a positive or negative care experience. The study is intended to examine the plight of patients coming from marginalized population separated from the mainstream society or so called GIDA (Geographically Isolated and Disadvantaged Area) and to explore the deficiencies in health facilities and services to propose solutions accordingly. The researcher utilized a qualitative method of phenomenological design with targeted in-depth interview as the chosen strategy. Its analysis of data was mainly patterned on Colaizzi's phenomenological descriptive method. The data gathered helped create a consistent theme and provided several major interpretations where insights have been derived to recommend incremental and feasible solutions taking into consideration the budgetary constraints on the part of the national and local government.

Statement of the Problem

The study aimed to present the experiences on health care programs of patients coming from geographically challenged areas in utilizing the health care services of the government. Upon examining the patients' experiences, the subsequent research question was utilized:

1. What are the experiences on health care programs of the government of the patients coming from Geographically Isolated and Disadvantaged Area (GIDA)?

Theoretical Framework

This research study correlates with Neuman's system model developed by Betty Neuman who is a community health nurse, professor, and counsellor. The theory focuses on the response of the patient system to actual or potential environmental stressors and the use of primary, secondary, and tertiary nursing prevention intervention for retention, attainment, and maintenance of patient system wellness. In the systems model, prevention is the primary intervention. It focuses on keeping stressors and the stress response from having a detrimental effect on the body. Primary prevention occurs before the patient reacts to a stressor. It includes health promotion and maintaining wellness. Secondary prevention occurs after the patient reacts to a stressor and is provided in terms of the existing system. It focuses on preventing damage to the central core by strengthening the internal lines of resistance and removing the stressor. Tertiary prevention occurs after the patient has been treated through secondary prevention strategies. It offers support to the patient and tries to add energy to the patient or reduce energy needed to facilitate reconstitution (Petiprin, 2016). The theory strongly suggests the desirability of care and patient/client satisfaction which is beneficial to the study. The application of this theory revealed how well the primary, secondary, tertiary prevention interventions could be used for solving the patient's problem.

Furthermore, on conducting data gathering the theory of Madeleine Leininger's Transcultural Nursing connects to the study. It refers to various culture-related aspects of healthcare delivery that can affect disease management

and the status of individuals health and well-being. The main objective of transcultural nursing is to promote the delivery of culturally congruent, meaningful, high-quality, and safe healthcare to patients belonging to similar or diverse cultures which is the Geographically Isolated and Disadvantaged Area (GIDA). Culture care emphasizes consideration of a patient's beliefs and heritage in order to deliver culturally congruent healthcare. Culture affects the beliefs, values, norms, and behaviors of individuals, and it is reflected in language, food, dress, and social institutions. Culture can significantly affect various aspects of human life, including health and preferences for managing health conditions. Each culture has distinct characteristics and therefore, individuals belonging to different cultures can differ considerably. These differences must be respected and each individual treated as a unique human being (Albougami et al., 2016). To conclude, the main objective is to improve healthcare delivery by considering differences in age, gender, religion, and socioeconomic status.

Conceptual Framework

Figure 1 displays the conceptual framework of the study which stands as the backbone of the study. Shown in figure is a complete structure in the conduct of the study, the concept and how it was conducted, and the overall methodology.

The participants of the study are shown in the bottom box of the structure which pertains to patients from geographically challenged areas who are the

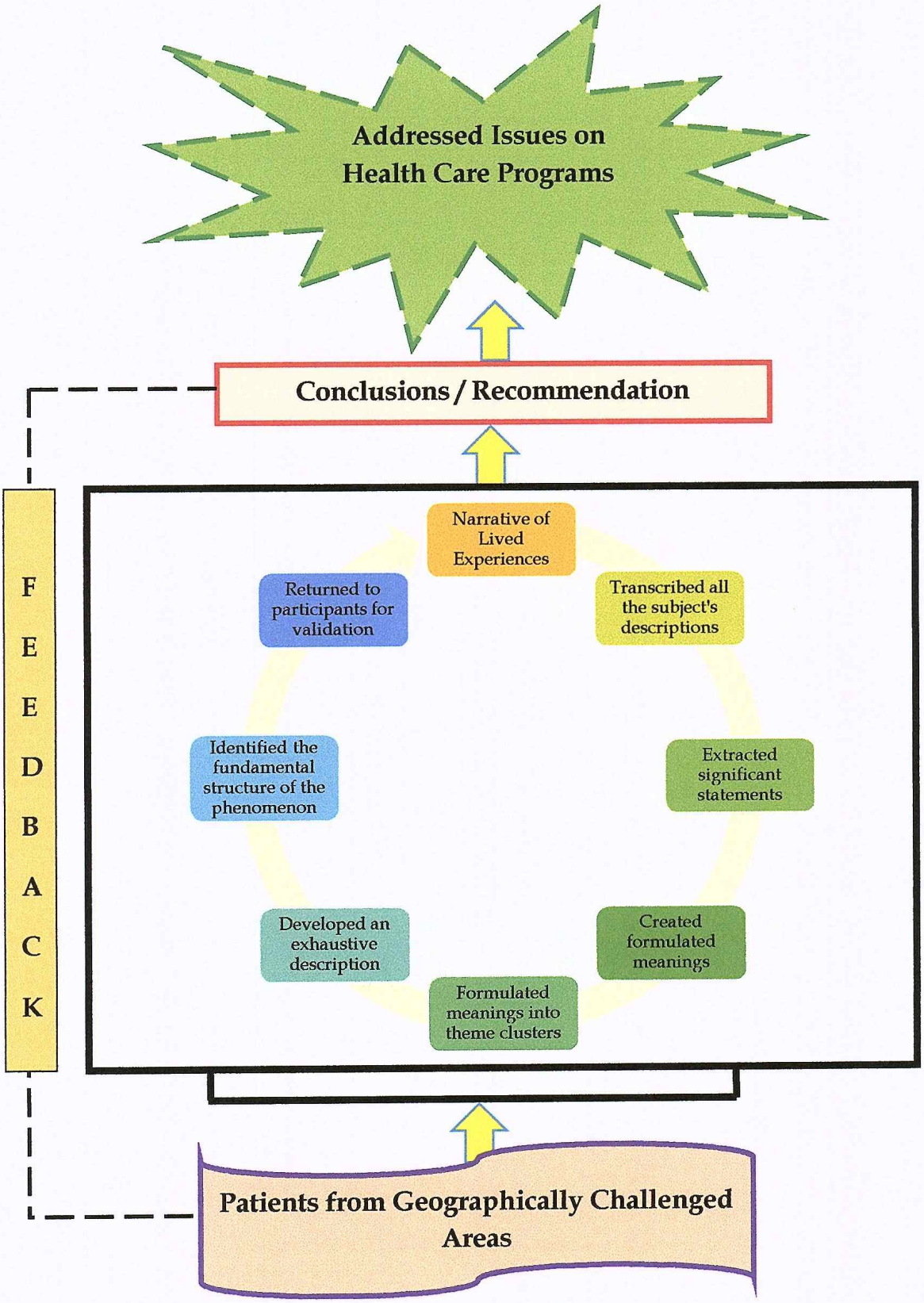

Figure 1. Conceptual Framework of the Study

recipient of health care programs. After which, the bottom box is connected to 2nd lift upper box which describes the data gathering through baseline survey. After the data gathering, the researcher performed Husserlian Analysis box are figures relating to the analysis to be performed, namely: the decoding of responses of the lived experiences, the formulation of meanings based on the encoded significant responses, and the making of the theme.

Meanwhile, after the analysis, conclusion and recommendatory notes were formulated which are visibly seen in the framework, thereby leading hopefully into addressing the concern of the patients from geographically challenged areas.

Significance of the Study

This study aimed to present the experiences on health care programs of patients coming from geographically challenged areas which is beneficial to the global health community. The result of this research aimed to provide salient information on the following individuals or groups:

The Local Government Unit. The goal is to improve the health and well-being of the residents in the community. Results of the study may help formulate changes to address emergent issues on health directed towards policy makers' intervention towards quality healthcare.

Department of Health. Access to comprehensive health would achieve health equity even to the far-flung areas. Implementing programs will reach out

the needs of the community resulting to better outcome on the health services provided.

The Community. This study provides a practical measure of satisfaction with specific dimensions of health care system. This further develop the constituents to be aware of the existing health care services that are available in the area and would serve as platform for them to become partners towards an efficient and effective health care delivery system.

Healthcare Workers. The study would create on promoting health services and health promotion on a more specific approach in addressing and prioritizing the health care needs of the community. The expansion of roles is due in part of to increase professional development that will enable to design better processes and procedures to care for patients by means of community organization developmental approach.

Post-graduate Students. The underlying mission is to improve the conditions and behaviors that affect the health so that all people can attain it. Research on public health issues and the education of future leaders who eventually will translate that research into practice will improve the efficiency on providing health services to the people.

Future Researchers. Accumulating data on health care system and developing a more feasible solution could provide a groundwork for the community people, nurses, health officers, as well as implementing body that is relevant to the future studies.

Definition of Terms

To facilitate understanding of this research work, the following terms are defined conceptually and operationally:

Access to Health Services. The timely use of personal health services to achieve the best health outcomes (ODPHP, 2020). As used in the study, this refers to the consumption or degree of usage of various services offered by the health center such as immunization, vaccination, etc.

Barriers to Health Care. Anything that restricts the use of health services by making it more difficult for some individuals to access, use or benefit from care (Huot et al., 2019). As used in the study, it is anything that limits or prevents a patient from receiving health care such as distance and transportation, health insurance coverage, poor health literacy, social stigma and privacy issues, and workforce shortages.

GIDA (Geographically Isolated and Disadvantaged Area). Refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by physical factors (isolated due to distance, weather conditions and transportation difficulties) and socio-economic factors (high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict) ("2015 DOH annual report," n.d.). As used in the study, it is also referred as geographically challenged areas.

Health. It is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Stöppler, 2018). As used in the study, it is the extent to which an individual or group is free from illness.

Health Beliefs and Practices. It is what people believe about their health, what they think constitutes their health, what they consider the cause of their illness, and ways to overcome an illness (Davis, 2020). As used in the study, this refers to the traditional community health behaviors that are juxtaposed to medical knowledge.

Health Care. The act of taking preventive or necessary medical procedures to improve a person's well-being (https://www.dictionary.com/browse/healthcare). As used in the study, it is the maintenance or restoration of the health of the body or mind.

Health System. All organizations, people, and actions whose primary intent is to promote, restore, or maintain health (Meyers, 2020). As used in the study, it is the delivery of health services to the community people.

Patient's Decision for Convenient Care. Patient's participation and involvement in committing to a particular course of action (Otani, 2019). As used in the study, it is the patient's choice to choose the type or place of heatlh care they want to consult.

Primary Care. The whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families, and communities that addresses the broader determinants of health and focuses on the

comprehensive and interrelated aspects of physical, mental and social health and well-being (Ghebreyesus, 2017). As used in the study, it is the first provider of intial intervention with access to optimal health outcomes.

Chapter 2

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter includes a discussion of the ideas taken from books and internet reference-materials which are related to the present study. This also discusses the significant literatures and studies that had been surveyed and reviewed by the researcher to have a better understanding and insights in conducting this study.

Related Literature

World Health Organization defines health as a human right, and as a state of complete physical, mental, and welfare, not limited to the absence of disease or infirmity (Ghebreyesus, 2017). Views on health as a human right generates a legal obligation to establish access to well timed, sustainable, and affordable health care of appropriate quality as well as to providing for the primary determinants of health, such as safe and drinkable water, hygiene, nutrition, shelter, health-related information and education, and egalitarianism (Ghebreyesus, 2019). Everyone has right to have access concerning their health, medical services, and help individual not to suffer from financial hardship. Moreover, the right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity or any other status. Consequently, UNESCO has developed the Sustainable Development Goals as a blueprint to achieve a better and more sustainable future for all. They engrave the

global issues as well as penury, divergence, global heating, environmental degradation, peace and impartiality.

All over the world, there is a dramatic increase in the cost of health care and health expenditure (Yetim et al., 2020). As added by Moreno-Serra et al., (2018) There have been repeated international calls for countries to move towards achieving 'universal health coverage', which is commonly defined as providing all people with access to needed health services of sufficient quality to be effective, without entailing financial hardship. In the Philippines, the government has allocated $3.2b to the health sector for 2020. Half of it went to the Philippine Health Insurance Corporation amounting to Php 67.4 billion, whereas Php 59.6 billion was allocated to hospital services, and the other Php 34.2 billion goes to public health services. On the other hand, for the National Immunization Program the budget allocated Php 7.5 billion, Php 41.1 billion for the Health Facilities Operations Program, and Php 19.1 billion for the purchase of vaccines, medicines, drugs to be distributed to health centers across the nation (Cigaral, 2020).

Based on the latest data presented, the Philippine Health Insurance Corporation (PhilHealth) covered 93.45 million principal members and dependents of the country's 2015 projected population of 101.45 million with a total of 92 percent ("2015 DOH annual report," n.d.). Of this total coverage, the Department of Health reported that 45.41 million principal members and dependents were registered as national government sponsored members as of December 31, 2015. Since 1991, there had been transmute on how the Filipinos

define health care, mostly through active engagement to private enterprise accounting to fifty percent of the health care system in the Philippines (Dayrit et al., 2018).

Healthcare delivery has evolved into twofold delivery systems of public and private provision (2015 DOH annual report, n.d.). According to Dayrit et al., (2018) public services are typically used by the poor and impecunious, including communities in marginalized and oppressed areas. Private services are basically used by thirty percent of the populace that can manage to pay for fee-for-service. Primary health services are available and given by barangay (village) health stations, health centers, and hospitals. Health care services includes: Basic Immunization, Reproductive Health, Disease Prevention and Control and Primary Services (2015 DOH annual report, n.d.). Public facilities administered by the national and local managements provide free services together with medicines and laboratory work up in times of outbreaks and other health related proceedings (Dayrit et al., 2018). Currently, there were ten doctors per 10,000 populaces serving in NCR. In contrast, there were only 0.8 doctors per 10,000 residents in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) (Sanchez, 2020).

Basically, primary care is based on methods and technologies that should be near the population, their jobs, and their families that provide the possibility of better care to each and every one (Dayrit et al., 2018). Primary care aids as a first entry point into the health care scheme which is salient to the rural inhabitants and

racial/ethnic groups. Studies have shown that difficult accessibility to primary care services is correlated to the geographical aspect of the community (de Guzman, 2016). Through Administrative Order No. 185, the GIDA (Geographically Isolated and Disadvantaged Area) was established institutionalizing a scheme for working on local health systems development to ensure delivery of caliber health and services (Paz & Casa, 2016). The Bureau of Health Development defines GIDA as populaces with marginalized inhabitants physically and socio-economically separated from the mainstream social order and characterized by physical factors such as seclusion due to distance, climate conditions and transportation snag as well as high poverty prevalence, existence of vulnerable sectors, societies in or recovering from circumstances of predicament or armed conflict (DOH, 2020). Collado (2019) mentioned that geographically isolated areas are associated with poor basic services and facilities such as schools, sanitation, electricity and clinics or health centers. Some of these circumstances have led to the losses of poor progenies or have put them in poor health conditions (Dayrit et al., 2018). It has been noted that positive health-seeking behaviour are not observed among the deprived in contrast to the populace of higher economic classes since the less privileged succumb to the consequences of scarcity as they suffer the incapacity to cope with health expenses (Onwujekwe et al., 2017). It is for the reason why community economic development is a critical component in establishing health-seeking behavior in these very areas (Collado, 2019).

As per Healthy People 2020, access to healthcare is significant for: (1) Overall physical, social and mental health status (2) Disease prevention (3) Detection, diagnosis, and treatment of illness (4) Quality of life (5) Preventable death (6) Life expectancy (ODPHP, 2020). Through this approach it will mainly contribute to health disparities from womb to tomb, thereby highlighting strategic opportunities to improve all people live long in the society. Furthermore, it also provides measurable objectives and goals that are applicable across life stages. Promoting a healthy development and healthy behaviors will increase public awareness and understanding of the determinants of health, diseases, and disability towards achieving the overarching goals (Collado, 2019).

As mentioned by Perrin (2020), on an article by Milbank Q, entitled Contribution of Primary Care to Health Systems and Health, it identifies the key roles in preventing disease and improving health. Some benefits of primary access are: (1) Preventive services, including early disease detection (2) Care coordination (3) Lower all-cause, cancer, and heart disease mortality rates (4) Reduction in low birth weight (5) Improved health behaviors (ODPHP, 2020). This marks that primary health care prevents illness and death. Improving primary health care will help achieve overall health and reduces difference in health across the health recipients (Collado, 2019).

Filipino families have an impact to believe in several health practices, beliefs and behaviors (Dela Cruz & Periyakoil, 2019). Prior to consulting a professional health care provider, they prefer to manage their illnesses through self-monitoring

of symptoms, ascertaining possible causes, determining the severity and threat to functional capacity, and considering the financial and emotional burden to the family (Collado, 2019). Engaging to traditional home remedies such as alternative or complimentary means of treatment is their first line intervention (de Guzman, 2016). Afterwards, if it persists and get worse then that's the time that they will seek consult to a health institution (Sato et al., 2018). Ideally, patients should be given health services at the barangay health centers and then be referred upwards (Dayrit et al., 2018). Accoridng to de Guzman (2016), under the district health system in each province, there are facilities that provide first level referral services for localities without hospitals and direct patients back to rural or barangay health station following the referral mechanism. Numerous conurbations and hefty municipalities also sustain their own scheme of health referral (Onwujekwe et al., 2017). Yet, self-referrals are common practice and there is no proper gate-keeping mechanism

As affirmed by Ajzen (2019) patient and family collaboration in health care has been noted as a critical priority. The theory of planned behaviour (TPB) is one of the influential models for identifying a decision-making process to translate into action. In the TPB, there are three belief-based constructs: attitudes, subjective norms and perceived behavioural control. When a person intends to perform a given behaviour, the intention is influenced by his or her own attitude, subjective norms and perceived behavioural control (Sato et al., 2018).

Benitez et al., (2018) stated that over a period of time, there is a noticeable increasing numbers of old population in each community and a significant figures as to cases of prevalence reports pertaining to chronic diseases that affect rapidly worldwide; thus, the demand for health services has been escalating. Receiving inadequate access results in unmet healthcare needs (Dayrit et al., 2018). The lack of health care workers in the community has an impact in delivering care due to unavailability of access to services (Rural Health Information Hub, 2019). Occasionally, doctors and nurses assigned in remote areas visit them once or twice a week or sometimes none at all. The need for more health care professionals for rural households has been critical. While there is the Doctors to the Barrios Program which aims to address the lack of doctors in secluded towns, after two years of finishing the service they leave (Collado, 2019). Nowadays, doctors focus on their specialization and most of them want to work abroad in order to experience high-end and state-of-the-art equipment (de Guzman, 2016).

The lack of transportation going to rural health unit has also been a barrier to the delivery of health care services thus, aggravating their conditions and prolonging their sufferings (Rural Health Information Hub, 2019). Others may think that it may be costly and burdensome for it may affect their daily work (Collado, 2019). Secluded area often has more elderly inhabitants who have chronic conditions necessitating multiple appointments to outpatient healthcare facilities (Dela Cruz & Periyakoil, 2019). This turn out to be more challenging without available transportation. Failure to attend and suffice the needs of a

critically ill individual may fall to the community's elevating mortality rate in the present and future diagram (Rural Health Information Hub, 2019). Hence, Cheng et al., (2019) affirmed that healthcare systems must identify and implement measures to overcome barriers and utilize possible optimum services, thereby, increasing clients' satisfaction. Guaranteeing the patients walk away from a care experience fulfilled and with their needs satisfied is a vital viewpoint in healthcare (Heath, 2017). By centering on care quality and safety as part of the patient's experience, as well as utilizing patient-centered care strategies, healthcare experts can work towards a better patient experience (Benitez et al., 2018).

Related Studies

Determining whether the research is objective and empirically based entails surveying previous studies that involve the similar variables. Hence, the number of previous researches related to the present study have been reviewed by the researcher. These were studies conducted that identified the contributing factors to the experiences on health care services.

On a study conducted by Alipio and Pregoner (2020) entitled Determinants of Healthcare Utilization among Senior Citizens in Davao City Philippines, with 2,952 respondents using stratified sampling. Most of the participants were unaware that they automatically receive PhilHealth coverage in accredited healthcare facilities. Multiple regression analysis presented that age, sex, family size, monthly income, geographical area, lifestyle factors, and awareness on health

insurance were basically determinants of healthcare services. The findings showed the impact of socio-demographic, lifestyle, and health insurance awareness on healthcare services among elderly person.

The previous study is similar with the current study since it both aims the determinants of health care utilization. It basically shows the lack of awareness on health care services. The policymakers and local government unit may consider improving the capability to acquire access to health services, such as developing health-promoting activities.

On a study of Yang et al., (2020) a community-based research was conducted in an indigenous Aeta populace in the highlands of Pampanga Province in the Philippines' Central Luzon region. Through a photovoice method and community survey, the researchers determine the family health and hygiene practices of the native populace. Results showed that the native populace lacks the essential human needs and services such as water, food, housing, education, and health services.

Both current and previous study aims to provide understandings on creating initiatives intended to benefit vulnerable populaces and underserved inhabitants such as the indigenous peoples.

On a qualitative study conducted by Lasco et al., (2020) which aimed to present adult clients with hypertension of the insights of their condition, how they view their illness and implications for hypertension management. The setting was conducted on an urban and rural low-income community in the Philippines 71

semi-structured interviews and four FGD with hypertensive patients. Four determined causes were formulated which are genetics, heat, stress and diet. Researchers proposed a 'folk physiology' that shows on local understandings of blood and blood flow which draws from cultural beliefs of hypertension.

Beliefs and practices vary in different communities. A better understanding of the current health condition will testify the importance of both research studies. It both aims to provide wide health literacy on the disease process up to the adherence to the therapeutic and medical regimen of the target populace.

On a study conducted by Buser et al., (2020), about secluded area of Zambians' cultural views and practices linked to newborn care and health-seeking behavior that is related to maternal-newborn health status. The aim of the study was to present the factors associated with newborn care in secluded area of Zambia. Sixty focus groups were conducted. Data gathering was conducted orally by through the nurse in charge at the health center and village chiefs. Several themes were formulated resulting to maternal dualism for mothers in rural Zambia. Mothers with newborns in rural Zambia basically experience a dualistic sense of obligation to satisfy both cultural and health system expectations. Mothers are encouraged to have the traditional protective newborn care rituals while at the same time encouraged to attend anti-natal care and delivery at the health center. These findings show understanding how mothers care for their infant in improving maternal-child health outcomes.

The current study agrees to the previous study since there is a need to instill a new knowledge to enhance a better understanding on health care. It can be used as a springboard to modify the cultural beliefs and practices.

Hispanic guardians are more likely to see common childhood illnesses as serious and needing prompt attention. On a review conducted by The Acorda et al., (2020) which describe the factors that influence Hispanic parental management of common childhood illnesses. Findings concluded were (a) parental fears around common sickness, (b) belief in folk ailments, (c) utilization of conventional healers and remedies, (d) family members as a source of health literacy, (e) medical pluralism, and (f) barriers to care. Hence, Hispanic parents simultaneously engage both biomedical and folk spheres of treatment.

It can be observed that the findings on the previous study correlate to the current study. Hispanic and Filipinos both engage to biomedical and folk spheres of treatment. Hence, a better understanding of health belief and practices must be observed in order to the address the problem.

On a study conducted by Poitras et al., (2020), which assessed the decision-making needs of patients with complex care needs (PCCN) who frequently use health care services, researchers performed a multicenter cross-sectional qualitative descriptive study in four institutions of the health and social services network of Quebec (Canada). They conducted interviews and focus groups and investigated decisional needs according to the Ottawa decision support framework: roles played and desired in the decision-making process, facilitators,

and barriers. A qualitative data collection and qualitative deductive/inductive thematic analysis was done within and across participating groups. Researchers identified 26 decisional needs grouped under five themes with the most frequent decisions related to visiting the emergency department, moving to a nursing home, and adhering to a plan or treatment. In addition, they identified new themes such as patients' fear and mistrust of health professionals, differences of opinion between health professionals and health professionals' preconceived opinions of patients.

The similarity of the previous and current study was observed that there is a wide range of types of decisions that patients face and differences in decision-making needs across participating groups. Patients with complex care needs who frequently use health services often face challenges in managing their health and with integrated care, leading to frequent decision making. These complex care needs require a good understanding of health issues and their impact on daily life.

The study of McCarron et al., (2020) entitled "A co-designed framework to support and sustain patient and family engagement in health-care decision making" presented that family members serves as patient advisors in health system. Engagement of family involvement will enhance the quality and sustainability of care.

The patient and family engagement in health care has emerged as a critical priority which can be observed in both research studies. Understanding from the viewpoint of the patient and family members elicited an awareness of how patient

and family members are involved is a salient factor in increasing the efficacy of patient engagement initiatives.

Over the years, a study on decision-making for local health services was conducted by Liwanag & Wyss (2020). The study aimed to investigate the decision-makers' viewpoints on who should be making decisions for local health services and on their preferred type of health services. Researchers conducted a mixed method such as online survey and in-depth interviews. Respondents were asked about their viewpoints on decision-making in planning, health service delivery, human resources for health, health financing, resource and data management, as well as monitoring. Study resulted to re-centralization that would aid to the perceived awareness in decision-making and the dependence on local management on central support.

The previous study is similar with the current study since it both focuses on patient's decision making. It basically shows that they want to have their own decision according to their basic health needs. Furthermore, they prefer to seek consult in an institution with complete facilities.

On a study conducted by Sayed Uddin et al., (2020) entitled "Barriers to Health-Care Access: A case study of Bangladeshi Temporary Migrant Workers in Kuala Lumpur, Malaysia", it identifies the gap in health care utilization by Bangladeshi temporary workers. A group of 300 migrants' workers through a face-to-face structured interview were done. Results showed that the top barrier were

the healthcare providers who cannot understand their health problems. Another factor were self-medication, high medical cost, and lack of transportation.

The result of the previous study is similar to the current study since it presents the barriers encountered in accessing health care services. On the contrary, language barrier is not a problem in the current study.

On a study conducted by Tulimiero et al., (2020) entitled "Overcoming Barriers to Health Care Access in Rural Latino Communities: An Innovative Model in the Eastern Coachella Valley", it basically shows that respondents lack access to basic needs as well as healthcare services. Farmworkers face barriers such as language barriers, no health insurance, an unfamiliar medical system, and income-based financial challenges. This study conducted FGD to determine the community health priorities and barriers to health care utilization among rural latino communities. As a result, free mobile clinics were implemented at locations. Upon arrival pre- and post-interviews of patients' experience in utilizing the clinic services were gathered.

Both research studies focus on the barriers to health care services. Patient will seek consult as long as it is within the vicinity of their area. State-of-the-art mobile clinics bringing health care services to secluded areas can diminish access barriers and improve health outcomes to vulnerable population.

Furthermore, Jensen et al., (2020) study entitled "A phenomenological study of clinicians' perspectives on barriers to rural mental health care" investigate about understanding of barriers to mental health care for individuals who live in rural

areas. It was a phenomenological qualitative design with semi structured interviews conducted with eight mental health professionals who practice with rural populations in two upper-midwestern states. Interviews were recorded, transcribed, and coded following a hermeneutic coding protocol. Measures were taken to enhance trustworthiness of findings throughout the analytic process. Analyses revealed a range of findings that yielded these four overarching themes: rural communities have a distinct culture, rural mental health professionals face unique challenges, rural communities experience barriers to mental health care, and innovative ideas are needed for overcoming barriers to mental health care. Several categories and subcategories of findings within each theme also emerged. Data related to the nature and function of barriers to mental health care in rural areas largely support findings from existing literature.

The similarity of the previous and current study is it captures the distinct culture of a rural area and its barriers. The ideas and results showed a significant implication for policy, clinical work, and health care practices in rural communities.

On the other hand, a study conducted by Agra et al., (2020) entitled "The Methods of Healthcare Acquisition of the Marginalized Population of Metro Manila" which gather information to 16 medical professionals and asked them regarding the current state of the methods of healthcare acquisition of the marginalized. The result presented that preponderance of the municipalities in Metro Manila are part of the target population, and they heavily rely on health

centers for immunization, dental services, and maternal health and birthing because of their accessibility and cost-effectiveness. Moreover, the population also seldomly consults physicians due to monetary barriers and turns to traditional medicine instead for the said reason. To conclude, the heavy dependence on health centers shows the great demand of the marginalized for healthcare because it is the approachable institution for the population due to the discussed barriers.

The similarity of both studies focuses on the barriers encountered by the marginalized people. A good state of health is a very important aspect in the lives of the Filipinos. The lack of financial capability affects the acquisition of quality health care, thus resorting to other alternatives and even not seeking consultation. An exploration and modification of health care system will help the marginalized people attain an optimum health which will be beneficial to the global health community.

On a study conducted by Alipio (2020), which focused on examining the influence of selected health services access barriers to the healthcare utilization among the publicly insured residents in the Philippines. The 7,234 Filipino participants were chosen using multi-stage cluster sampling through a cross-sectional survey. Path analysis was used to determine the connections among the study variables. Descriptive analysis revealed that the respondents always perceive approachability and ability to reach as supply-side and demand-side access barriers, respectively, among others. Correlation analysis revealed that supply-side and demand-side access barriers to care and the healthcare utilization

of the respondents are positively interrelated from each other, suggesting that respondents who always perceive the mentioned factors as access barrier to care utilize low level of healthcare services for the past three months. A further path analysis was conducted and revealed that the supply-side determinant with the largest total causal effect on healthcare utilization is approachability while the demand-side determinant with the largest total causal effect is ability to reach.

The previous study is related to the current study since it shows about the healthcare utilization. Both studies may enable policy makers and health planners to identify the different dimensions and aspects of barriers to access to health services, creating specific interventions or combination of interventions that can best address these barriers.

Chapter 3

METHODOLOGY

This chapter discusses the procedures which were utilized in the conduct of this study, including research design, instrumentation, validation of instrument, sampling procedure, data gathering procedure, and statistical treatment of data.

Research Design

The study used a qualitative method approach to present the experiences of patients from geographically isolated and disadvantaged area in utilizing the health care services of the government using a phenomenology methodology.

The researcher used a qualitative method approach which was suitable for analyzing the common issues mentioned in describing the data which is systematic in inquiry into social phenomena in natural settings (Teherani et al., 2015). Qualitative method is mainly inductive and is not based on previous theories or hypotheses (Hsieh & Shannon, 2005). The researcher believed that this analytical approach is appropriate to extract categories from meaningful statements.

Phenomenology centers on the investigation of a person's lived encounters inside the world. It is remarkably situated to help health professions education (HPE) scholars learn from the experiences of others (Neubauer et al., 2019), which in this instance is the experiences of patients from geographically isolated and disadvantaged area in utilizing the health care services of the government. This

research used an in-depth face-to-face interview as the strategy for the phenomenological approach.

Moreover, the analysis of data was facilitated using the application of Microsoft Word and NVivo in organizing unstructured text and recordings in transcription process.

Instrumentation

The instrument used was a researcher-made questionnaire interview guide to gather the needed data. The draft of the questionnaire was drawn out based on the researcher's readings, previous studies, professional literature, published and unpublished thesis relevant to the study.

In preparation of the instrument, the requirements in the designing a good data collection instrument were considered. For instance, statement describing the situations or issues pertaining was toned down to accommodate the knowledge preparedness of the respondents. Open-ended questions were provided to accommodate free formatted views related to the topics or issues. In this way, the instrument is authorized to obtain valid responses of the participants. Preference for the use of the semi-structured questionnaire is premised on several research assumptions such as a) cost of being least expensive means of gathering data, b) avoidance of personal bias, c) less pressure for immediate response, and giving the respondents a greater feeling of anonymity. In addition the instrument was

validated by the experts such as health care providers and professors before it laid on the study.

Validation of Instrument

The Semi-Structured Interview Guide was the main instrument in data gathering and was validated through the following procedures: Initially, a draft of Semi-Structured Interview Guide was submitted to the research adviser for content validation wherein the corrections, suggestions and recommendations was accepted for the refinement of content. Upon incorporation of all the adviser's corrections, suggestions and recommendations, the Semi-Structured Interview Guide was submitted to the members of the panel and to two expert health care provider with knowledge on health care programs of the government. All comments and suggestions of the members of the expert validation of the research instrument was considered and incorporated in the research instrument.

Sampling Procedure

Participants or respondents of this study was selected through a purposive sampling that consist of patients from geographically isolated and disadvantaged areas of Eastern Visayas (Region 8) categorized by the Department of Health (See Appendix G). Selection of the study locale was agreed by the panelist and based according to the convenience of the researcher due to COVID-19 restrictions and safeness. Age criteria was considered ranging from 40 years old and above for according to Erik Erikson's Psychosocial Development stage of Generativity vs.

Stagnation it is where the adult endeavour to form or sustain things that will outlive them (McLeod, 2020). During this stage, an adult becomes more productive and knowledgeable of life experience which can validate the reliability of the study.

Data saturation was used as a criterion for discontinuing the data collection and/or analysis (Saunders et al., 2017).

The researcher also made a checklist of the selection criteria for the participants of this study: a) respondents or participants should be a patient from the chosen hospital b) they belong from geographically isolated and disadvantaged areas categorized by the Department of Health c) must be willing to be interviewed in connection with the study.

Data gathering Procedure

The research procedure was started by the researcher writing a letter seeking the approval of the Dean's Office. Once approved, letters of request from the Ethical Review Committee was also obtained. After completion of the preliminary requirements, the researcher asked permission to conduct the study by seeking the approval to the chosen hospital and Ethics Board Committee. This was done by sending transmittal letters and letters of request to conduct the aforementioned study. Prior to the actual interview the researcher distributed the informed consent forms to the target respondents; the forms were based on the international standards.

The study participants were clearly instructed on the process of the study. The entire session lasted for about 30 minutes or more. Then, with the use of interview questions, the researcher conducted a semi-structured interview to gather relevant information. The researcher also asked permission to the respondents on recording their responses during the interview. All participants received a written and oral information about the objective of the study and the possibility of withdrawing their participation at any time without the need to give reasons for doing so. The respondents were assured that the discussion is confidential and that they were made aware of the potential harms prior to their participation. During the conduct of the in-depth interview, the respondents were informed of recording their responses. Also, the recording was kept safely until they were properly translated word for word.

After which, the recording was deleted. In the questionnaire, the respondents were given the choice of writing their names or not as the "optional" for names were emphasize in the questionnaire. Preliminary data analysis was done after every interview to check if there was any information necessary for the study that was missing. The transcribed notes of the in-depth interview did not contain any information that would allow individual to be linked to any statement. When the process of data collection was over, the raw data was transcribed in Waray-Waray and the transcription was translated through forward translation and backward translation to verify the accuracy (Hall et al., 2017).

Also, the researcher consulted an expert of the English Language. Afterwards, thematic analysis was used to organize the transcribed data (Caulfield, 2020). The information that was gathered through semi-structured interview was analyzed by the researcher coming-up with codes, categorization, concepts and themes of the phenomenon being investigated that formulated findings and recommendations (DeJonckheere & Vaughn, 2019). Nevertheless, the participants were assured that the researcher will remain neutral and unbiased and no personal preconceptions interfere with the data collection process.

Data Analysis

The analysis of data in this study was patterned on Colaizzi's phenomenological descriptive method (Alzayani, 2015) (presented in Figure 2).

The researcher listened to all the recorded interview data in the smartphone many times before the transcription. This was done directly after the in-depth interview with the respondents or participants. The use of Colaizzi's process for phenomenological data analysis in the study were the following: (1) each transcripts were read and re-read to acquire a general idea about the content; (2) significant statements were extracted in each transcript and recorded in a separate paper; (3) meanings were created from the formulated significant statements; (4) formulated meanings were sorted into categories, clusters of themes and themes; (5) the findings were integrated into a comprehensive description of the

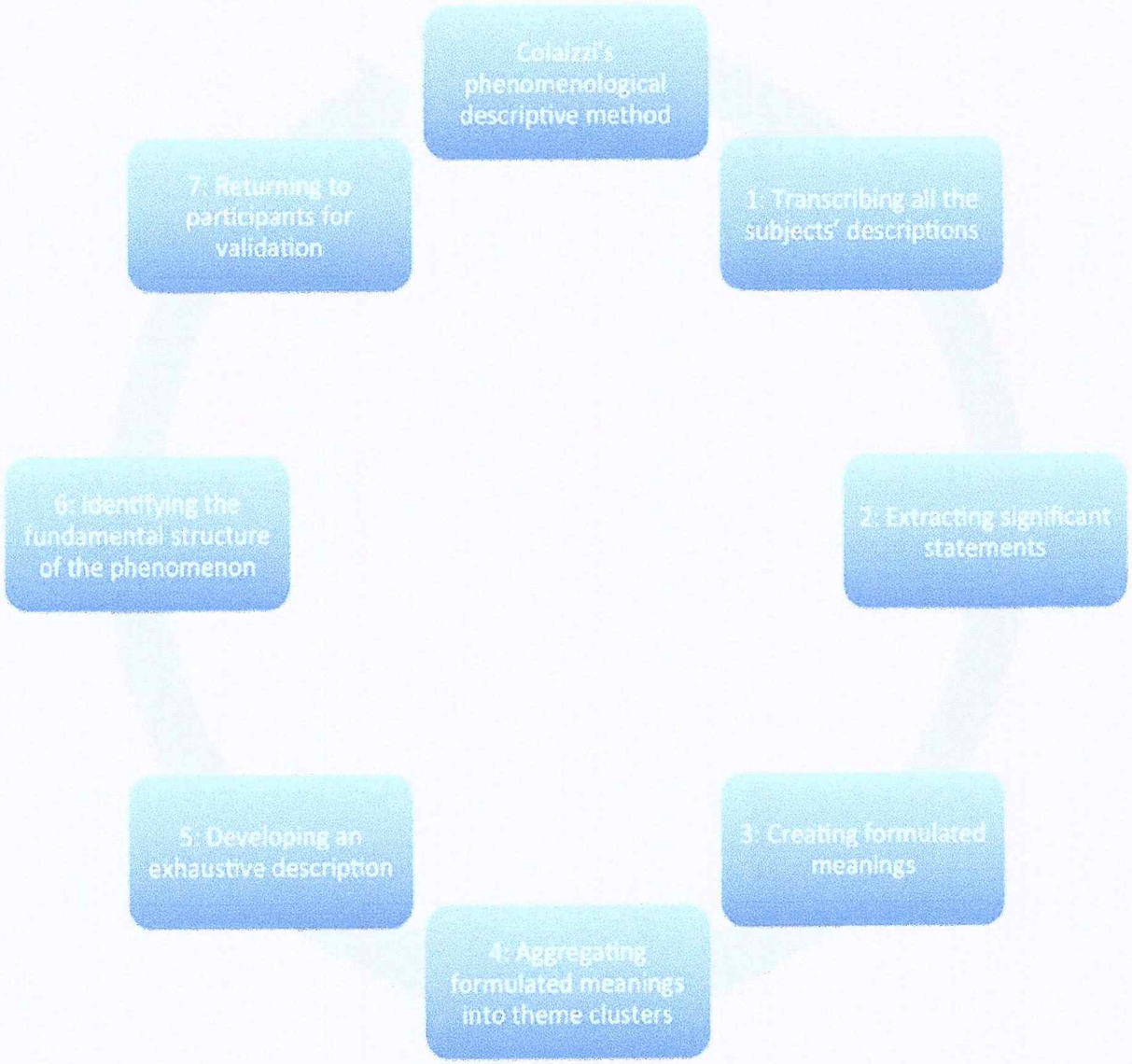

Figure 2. Colaizzi Method of Analysis

phenomenon under study; (6) then the researcher identify essential structure of the phenomenon; and lastly (7) results were validated through returning to participants and showing the results to them in order to compare the researcher's descriptive results with their experiences.

Ethical Considerations

This study followed the ethical standard for the protection and safety of the participants. The researcher adhered to the following:

Beneficence and Nonmaleficence. The researcher promoted the well-being of the patients by administering therapeutic communication with the highest likelihood of positive patient responsivity. The researcher assured that there will be no exposure of harmful effects to the mental state of the participant or in whatever form, considering the health risk on the part of the participant.

Fidelity and Responsibility. Upon agreeing to participate in the research study, the researcher builds a trusting relationship protecting the participant, as far as possible. Possible risks and burdens were clearly elaborated that they might be exposing themselves. During the process of providing information, the researcher included all the information needed to make an informed decision about participating in the research voluntarily. The principle of voluntary participation requires that no participant shall be coerced in participating the study. During the process of seeking informed consent, the researcher informed the potential participant that they will be able to withdraw from the research at

any time and that withdrawing will have no consequence for their future treatment. Responsibility also extends to the institutes where the research was carried out. It was duly monitored and constantly subjected to review and remedial action at all stages.

Integrity. The researcher was competent with complete honesty and unprejudiced nature and mindful of the moral contemplations and considerations in mind.

Justice. The researcher adhered to the principle of being always fair to the participants and that the needs of research participants were always come before the objectives of the study. The researcher also ensured that all groups in society, regardless of how vulnerable they are were involved in the study.

Respect for People's Rights and Dignity. The identity and recordings of the participants was kept confidential thus creating a non-judgmental researcher-participant environment. The respondents were assured that the discussion was confidential and that they were made aware of the potential harms prior to their participation. During the conduct of the in-depth interview, the respondents were informed of recording their responses. Also, the recording was kept safely until they were properly translated word for word. After which, the recording was deleted.

Chapter 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Eastern Visayas (Region VIII) is located in the east central area of the Philippines facing the Pacific Ocean. It is the fourth largest region in the Philippines with a total land area of 21,431.9 square kilometers (Department of Health - Region 8, n.d.). It is composed of three main islands (Samar, Leyte, and Biliran) and six provinces, one independent city, and one highly urbanized city (Biliran, Leyte, Northern Samar, Eastern Samar, Samar, Southern Leyte, Ormoc and Tacloban). To date, remote areas in Eastern Visayas still faces scarcity of health resources and health workers are continuously challenged in delivering quality care in the secluded towns. Geographically isolated areas are associated with poor basic services and facilities such as schools, sanitation, electricity and clinics or health centers. Some of these circumstances have led to the losses of poor progenies or have put them in poor health conditions. The lack of transportation in going to rural health unit has been a barrier to health care services for it urges them to delay their suffering. Others think that it is costly and burdensome for it affect their daily work. Furthermore, the lack of health care workers in the community has also an impact in delivering care due to unavailability of access to services.

Experiences on Health Care Programs of Patients from Geographically Challenged Areas

The results of the study were presented as follows: findings of the experiences on health care programs encountered by the patients from geographically challenged areas were presented in Theoretical Themes.

Table 1

Significant Responses on Participants Lived Experiences on Health Care Programs

Significant Responses	Formulated Meaning	Theme
P.1: *"Kun adto ha mga barangay may libre nga pabakuna,manhatag sit medisina san mga senior, sugad siton."* (In the barangay, there are free vaccines, giving of medicines to seniors, and alike.) P.2: *"Family Planning. An yana parte kanan Covid. Pirmaninti man it hira nanreremind hin mga tawo.About liwat an malnutrition,an mga bhw pirmaninti man it hira namonitor hin may mga malnourished na kabataan asya mayda nira feeding program. Adlaw adlaw nag fefeeding hira, mga bhw iton. Makada la it nurse pag monitor, pag timbang."* (Family Planning. They always remind the people, regarding covid lately. About the malnutrition, the BHW often monitor the malnurished children that's why they have feeding program. They have daily feeding to these children. The nurse will be there to monitor their weight.) P.3: *"Nagmomonitor mga burod, nag iinject hit mga kabataan."* (Monitoring the pregnant women and vaccinating the children.)	Access to basic public health services through the provision of quality health care and the regulation of all health services and products ensures the needs of the patient resulting to optimum well-being of the recipient.	Access to health services

Significant Responses	Formulated Meaning	Theme
P.9: *"...kanan libre nga medisina"* (...on free medications.)		
P.11: *"Bakuna, anti tetanus vaccine, ginagmay nga tambal"* (Immunization, anti-tetanus vaccines, few medications)		
P.12: *"Member ako han PhilPen club kun diin an mga miyembro mayda mga highblood ngan diabetes, kada usa nga miyembro gintatagan hin booklet para pagmonitor han amon blood sugar ngan blood pressure. Ginsusuplayan gihapon kami han maintenance parehos ha akon na natumar hin amlodipine"* (I'm a member of PhilPen Club in which members have highblood and diabetes. Every member has a booklet for monitoring the blood sugar and blood pressure. We are supplied with maintenance medicine, just like me, I take amlodipine.)		
P.15: *"Health care services nagmomonitor hira mga bp hit kalagsan, medical services mayda libre nga pre-natal, pero an panganak depende kun aada iton doctor ngan midwife, ngan dental care services, libre na pag-gabot ngipon pero guin sschedule iton."* (In health care services, they monitor the blood pressure of the elderly, free pre-natal consultation in medical services it depends on the availability of the doctor and midwife, and free dental extraction in dental care services through schedule.)		
P.17: *"Mayda pan immunization, may mga para han mga lagas panhatag hin medisina. Amo gihap iton pre-natal. Tapos an panganak ngadto"* (There are immunization and free medicines to elders, likewise with pe-natal and childbirth.)		

Significant Responses	Formulated Meaning	Theme
P.18: *"Panbakuna. Inin nga covid-19. Tapos parte kanan pre-natal"* (Immunization, about covid-19, and pre-natal) P.19: *"Kanan immunization para kabataan, pre natal para hit mga burod, ngan han yana parte kanan COVID-19 kun paunanho it paghirot."* (Immunization for children, pre-natal for pregnant women, this time about safety measures for COVID-19.) P.20: *"Mayda libre nga bakuna, family planning, panutdu-an parte COVID-19."* (There are free vaccines, family planning, and safety tips for COVID-19.)		
P.4: *"Nag-inul-ulon an akon tagiliran upat na ka adlaw. An una nga adlaw nagbinanyos anay ako han akon tiyan kay bagan lagdos la. Kinabuwasan waray la gihap ka-uli-i, asya ngan nagpahilot kami. Nawara hiya han am pag uli. Pero pagka sunod ka adlaw mas sumakit la hasta nga sigidas na an pag inul-ulon."* (My lower back was aching for almost four days. On the first day I rubbed my bloated tummy with oil. On the next day the pain was still there so we went to a traditional folk healer. And felt relieved in returning home. But on the following day the pain worsen and was prolonged.) P.5: *"nagtikang ini han nag irignom kami hin tuba. Baga marasa-rasa an tuba na amon guin inom. Tapos an amon sumsuman kinilaw nga isda. Han pag uli na namon, nag inul-ulon na an akon tiyan. Waray ada katunawi han akon kinaon "*(It started when we had our coconut wine session. The coconut wine tasted really good. Then our appetizer was a raw cubed fish or "kinilaw". Upon heading home my tummy	Culture, socioeconomic factors, generational practices, and current trends affect patient's health beliefs and practices. Folk illness is still recognized in some patients but once the pain perseveres they ended up going to hospitals.	Health beliefs and practices

Significant Responses	Formulated Meaning	Theme
ached. Maybe the food I ate wasn't well-digested.) P.6: *"Gin-nululan hit tiyan kay nawarayan na ako gana pagkaon tungod han pagsinuka. Baga nnagkinaon man la aomko adto hin mainga ha amon tapos nagsinuka na ako. Guin higtan ko an akon tiyan kay para diri ako maghingasuka. Nagpakita gihap anay kami ha tambalan pero naghingasuka la gihap ako tungod han lagdos"* (Having an upset stomach, I lost my appetite in eating due to vomiting. I ate a mango and suddenly I was already vomiting. I held my stomach to stop throwing up. We also visited a traditional folk healer but eventually vomited due to a bloated stomach.) P.7: *"Nagsimula kasi ito noong pagkatapos ko magtrabaho ay naliligo ako. Sumasakit buong katawan ko hanggang paminsan minsan di na ako nakakatayo. Mabilis rin ako hingalin."* (It started when I took a bath after a hard work. My whole body was in pain which later on developed into difficulty in standing at times. I also experience an easy fatigability.) P.8: *"Han bata pa ako masukot na gud ako magkuri pag ginhawa. An akon mga apoy amo gihap adto an ira sakit. Bagan namana ko inin ha ira. Kun nasusugad kay napatawag kami hin tambalan."* (When I was a kid, I am prone in suffering from difficulty in breathing. The same problem goes to my grandparents. Seems like I inherited this from them. When this occurred, we would invite for a traditional folk healer.) P.9: *"Una ko ini guin abat dida pa han nakalabay nga semana, guin linugaringan ko anay pag obserbahe han akon inaabat. Natumar mga medisina. Dida han diri ko na kaya amo na adto nga nagpa konsulta na kami."* (A week ago, I		

Significant Responses	Formulated Meaning	Theme
felt this (pain) for the first time. I monitored myself and took a self-medication. When the pain was already out of my hand we decided to consult a doctor.) P.13: *"Kanang pirme man gud ko singuton ug bugnaw ba, niya magsuka. Basin kabuhi ra ni nako Sir ba"* (I often sweat cold then vomits after. Maybe this is due to my acid reflux Sir.) P.14: *"Nag ininom ako hin herbal na medisina."* (I took herbal medicines.) P.16: *"Para makita kun ano it sakto tak sakit kay nayakan an tambalan, ambot kun natuod ka pero guin miminulayan daw kuno ako hin diri sugad ha aton."* (To exactly know my condition since according to a traditional folk healer I was being controlled by a mischievous spirit.) P.18: *"Kay guin uubo guin sisip-on. Kanan tun-og ada ini kada gab-i. kay mapaso ha balay."* (Because of cough and colds. Probably it's from the cold draft of the evening because our house is quite warm.)		
P.1: *"Mas maupay man sa ospital kay kompleto san gamit. Diri man gud sira kompleto ngadto sugad sa oxygen asya nagparefer nala kami."* (Hospitals are better since it has complete equipment. They lack apparatus such as oxygen so we opted for a referral.) P.2: *"Mas maupay dinhi ha hospital kay kumpleto hin laboratory. Nakakalibre pagud kun senior citizen."* (It is better here in hospital for it has a complete laboratory. Senior citizens are free of charge.)	Patients choose and/or receive healthcare interventions that are consistent with their informed and considered values.	Patient's decision convenient care

Significant Responses	Formulated Meaning	Theme
P.4: *"Naderitso nala kami ngadi ha ospital kay asya man la gihapon igrerefer kami tikanhi kay kulang kagamitan"* (We used to go directly to the hospital for we know we'll be transferred/referred due to lack of apparatus.)		
P.5: *"Kay kun harani la kami dinhi ha hospital diri na kabarak-an kay dako gud ini nga hospital. Kompleto hin gamit"* (No need to worry if only we live near this hospital since this is really a big hospital.)		
P.6: *"Mas maupay magpakonsulta nganhi kay damo it doctor. Mababaro gud dayon kun ano it akon sakit."* (Consultation here is better for they have large number of doctors. You will eventually know your condition.)		
P.7: *"Pagpunta kasi namin doon walang tao sa sentro kaya nagparefer nalang kami dito. At mas maganda kasi dito yung pasilidad."* (When we went to the barangay health center no one was around so we decided to be referred here. Facilities here are better.)		
P.8: *"Hindi naman kasi palagi may doctor doon, kaya mas mabuti na dumeritso nalang dito."*(Not all the time there is an available doctor, so it is much better to go directly here.)		
P.15: *"Kun mayda la inaabat pero asya man la gihap ginrerefer kami tikanhi asya gabay nala dumeritso nganhi."* (If symptoms occur, they will just refer us here, so we would just go directly here.)		
P.19: *"Pag aabot ha sentro nagdidisisyon dayon kami na deritso nala ngadi ha hospital kay napasyente naman ako dinhi. Kilala ko na tak*		

Significant Responses	Formulated Meaning	Theme
doctor." (Upon reaching the barangay health center we would immediately decide to proceed to the hospital since I have been previously admitted here. I already know my doctor.) P.20: *"Di gud kami napakonsulta ngadto kay naderitso kami ha hospital."* (Typically we would immediately go directly to hospital for consultation.)		
P.2: *"Maupay kunta ngadto kun may mga doctors na assign, bisan la once a week o twice a month na madadaupan ban na magcheck up ba, danay gad hi Mayor naconduct hiya hin Barangayan baga amo la iton it higayon hit mga tawo it waray mga parasahe. Bisan la unta half-day basta adlaw adlaw la aadto. Nahadlok pagpa check-up salit nagseself medicate nala. Kulang, baga bp la ngan timbangan akon nakit-an. Waray dextrose."* (It is good when there are doctors assigned, even just once a week or twice a month for consultation and check-up. The mayor seldom conducts barangayan wherein those people who can't afford can avail services. Even if it's just half-day as long as the doctors are available daily. Because of fear to be consulted they opted to self-medicate. I noticed there are lacking apparatus, I only saw bp and weighing scale. No IV fluids yet.) P.3: *"Waray medisina. Waray ambulance. Kun naparefer tikang ha munisipyo matawag pa. Kun may nanganganak deritso nala ha Arteche."* (No medicine. No ambulance available. We have to call our municipal health workers for referral. If someone gives birth, they go directly to Arteche.)	Growing evidence documents the fact the inadequate health staff, lack of equipment and facilities indirectly impact the quality of healthcare that patients receive. Findings stressed the need for improvement of access to adequate health care through the elimination of barriers that would enable to achieve a significant reduction of referral to higher center.	Barriers to health care

Significant Responses	Formulated Meaning	Theme
P.4: *"Waray ambulance once emergency. Kun sabado dominggo waray pangonsulta. Maiha bago makita hit Doctor kay napila anay ngan harayo paralitan medisina. Unta magka doctor 24 oras. Tagdanay it checkup tutob la alas onse hit aga. Usahay waray doctor. Usahay it mga bhw makuri madaupan."* (No ambulance once there is an emergency. No consultation on weekends. Waiting time for consultation is longer and oftentimes last until 11 o'clock in the morning only. Medicine store is distant. Hopefully, there is an available doctor for 24hours. BHW are rarely approachable.) P.10: *"Naa. Katung naa koy pangutana unta, walay tao ug sirado. Pero dominggo man sad to. Pero kay ang sakit dili man na mamili ug panahon. Murag mao palang na ang naghatag ug kalisud sa pangayog tabang sa health center."* (Upon visitation, no one was there since it was Sunday. But, illness occurs anytime. That was the time that I had difficulty getting help from the health center.) P.11: *"Kanang schedule lang nila. Buntag ra mna sila naa kasagaran."* (They set schedule since they are mostly available in the morning.) P.12: *"May ada man gud mga panahon na nauubusan hin supply han medisina para maintenance. Pag naubusan dire la anay ako nakatumar kay waray man iparalit hin medisina."* (There are times when the medical supply for maintenance runs out. When it happens, I missed my maintenance since I don't have means to buy medicine.) P.13: *"Oo, labi na sa akoa na taga bukid intalon ug layo kaayu ni nga hospital maglisod intawn me ug tabok aria."* (Yes, I'm having a hard time coming here since I am living away from the center.)		

Significant Responses	Formulated Meaning	Theme
P.14: *"Usa la it nagana na ambulance. Kun may ginkakadto ha hospital tas mayda la usa na emergency, makuri makabiling sarakyan. It RHU guti la mga gamit kun emergency."* (Only one ambulance is working. When someone is rushed to the hospital and there is an emergency, it is difficult to find another vehicle. RHU has limited facilities in case of emergency.)		
P.15: *"Baga mayda, naka usa pagkadto ko ha rhu kay nasamad nak kamot kinahanglan mapa tahi kaso kay waray man pwede makag tahi, tas waray ngadto an doctor kinahanglan ko pa bumiyahe ha kasapit na bungto para la makapagpatahi."* (I had one (experience) when I had a lacerated wound at my hand. Due to an unavailability of the doctor, I needed to go to the nearby municipality for wound suturing.)		
P.16: *"Harayo ha amon. Makuri magpa konsulta. Dako it gasto."* (It's far from our home. It is very difficult to seek consult. It is very costly.)		
P.17: *"Danay la napakadi it BHW ha amon area. Mag-isog nga staff ngan malipong danay it ira instruction, guin papasa pasa la kami sugad pagkuha hit records ngan pagpaschedule."* (The BHW seldom visit to our area. The staffs are non-accommodating and sometimes give confusing instructions in securing records and setting schedule.)		
P.18: *"Kulang hin mga health workers na nagmomonitor ha amon barangay. Kulang gihap hin facility ngadto hit center."* (Lack of health workers who do the monitoring in our barangay. Lack of facilities too in the center.)		

Significant Responses	Formulated Meaning	Theme
P.19: *"Kulang hin doctor ngadto. Kailangan pa nam magpa singanhi kun mapa consulta. Mas maupay unta iton kun mayda specialista para harani nala. Diri lugod kami dayon nakakag-follow-up kay harayo man liwat ha amon tikanhi ha hospital. Ma contact pa hin ambulance."* (We need to go straight here for consultation since we have limited doctors there. It would be better if there are specialists near us. We find it hard to do follow-up check-ups and would still need to contact an ambulance since the hospital is distant from our home.)		
P.20: *"Damo it napakonsulta panalagsa pagud waray doctor. Kulang gihap hin mga aparato asya nga naderitso nala kami ha hospital. Parte liwat it medisina panalagsa diri available asya ha pharmacy nala kami napalit. Dako gad gastos."* (A lot of patients seek consult but oftentimes doctors are not available. Lack of apparatus as well so we prefer to go directly to hospital. When it comes to medicines, sometimes these aren't available so we prefer to purchase these in pharmacy. Very costly.)		

Four major themes emerged in this study that would best describe the experiences on health care programs of the government of the patients coming from Geographically Isolated and Disadvantaged Area (GIDA) these are, (1) access to health services; (2) health beliefs and practices; (3) patient's decision for convenient care; (4) barriers to health care.

Exhaustive Discussion

These themes are important and revealing. The themes generated from the data gathered by the researcher have an important revelation relative to the realities of life experiences by patients from geographically challenged areas. The themes can be gleaned in Table 2.

Table 2

Generated Themes as to the Experiences on Health Care Programs of Patients from Geographically Challenged Areas

Generated Themes
Theme 1: **Access to Health Services**
Theme 2: **Health Beliefs and Practices**
Theme 3: **Patient's Decision for Convenient Care**
Theme 4: **Barriers to Health Care**

Theme 1: Access to Health Services. Access to health care services differs across nations, communities, and individual, impacted by social and economic conditions as well as health policies. Providing health care services signifies "the opportune utilization to achieve the best possible health outcomes". Elements to consider in terms of health care access include financial restrictions, geographic barriers, and individual impediments. Constraints to health care services influence adversely the utilization of medical services, the adequacy of treatments, and overall outcome of well-being.

Based on the response of the respondents it was observed that government provide free access to basic public health services to the Filipinos but limited. It give them access to preventive and useful health services which include free check-up, laboratory tests and medicines (such as Amlodipine, Losartan, Metformin, Simvastatin, and Vitamins, and etc.) that ensures the needs of the patient resulting to optimum well-being. The Department of Health (DOH 2015) has an ongoing free medicine program for indigents called Medical Assistance Program (MAP), a program of the Department of Health intended to provide medical assistance to patients seeking consultation, rehabilitation, examination or otherwise confined in government hospitals ("2015 DOH annual report," n.d.). As a major aspect of the Cheaper Medicines Program (CMP), the DOH built up Botika ng Barangays (BnBs) and Botika ng Bayan (BNB) across the nation, to give ease conventional prescriptions to secluded towns.

In an article by Milbank Q. entitled Contribution of Primary Care to Health Systems and Health, wherein it identifies the key roles in preventing diseases and improving health (Perrin, 2020). Through Primary Care it can prevent illness and death thus achieving the overall health.

On the other hand, an article entitled Access to Quality Health Services in Rural Areas – Primary Care: A Literature Review, a section of the 2015 report Rural Healthy People 2020: A Companion Document to Healthy People 2020, Volume 1, provides an overview of the impact primary care access has on rural health. Rural

residents with limited primary care access may not receive preventive screenings that can lead to early detection and treatment of disease (ODPHP, 2020).

The researcher recommends that availability of primary care on a 24/7 will help keeps people out of emergency rooms. Engaging professionals or lay health workers to provide education, referral and follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes will help them catch and treat problems early.

Theme 2: Health Beliefs and Practices. The concept of a "folk illness" is embraced and there is a strong belief in a definite constellation of symptoms and treatments is associated with the folk illness. Some people living in the remote area believes that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Many traditional practices used to treat these while others have been associated with adverse health outcomes. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it.

Culture, socioeconomic, generational practices and current trends are some factors that affect patients' health beliefs and practices. It was observed that respondents still recognized some folk illness and traditional beliefs. The accentuation on culture has a crucial role in molding a person's conceptualization of health, as well as other life aspect, especially since the Filipino culture is a mixture of indigenous as well as imported and borrowed elements. The

relationship of culture and health is imperative to comprehend as it impacts a person's perspective and decision-making process. The current health system of the Philippines is an example where "dual consultation" or the concurrent access to both traditional and western medicine is being practiced (Lasco et al., 2020).

Dela Cruz & Periyakoil's (2019) article stated that there are several health practices, beliefs and behaviors that a Filipino families have. Prior to consult a professional health care provider, they prefer to manage their illness through self-monitoring of symptoms, ascertaining possible causes, determining the severity and the threat to functional capacity. They tend to engage to traditional home remedies such as alternative or complimentary means of treatment as their first line intervention. Afterwards, if it persists and got worse then that's the time they will seek consult a health institution.

In a study conducted by Abad et al., (2014) entitled Cultural beliefs on disease causation in the Philippines: challenge and implications in genetic counselling and was also cited at Lasco et al., (2020) study it has been found out that traditional health practice and beliefs are common practice that is done particularly for those individuals living in secluded areas where health care system is far from their place. The initial way they do to seek advice is to consult folk healers. Wherein, the folk healers influence the idea of understanding the cause of disease or illness and the decision making of the patient regarding medical management, treatment options and how they adapt with their condition. Therefore, this may prompt to a circumstance wherein the patients condition may

worsen due to the deferral of clinical diagnosis and pursuance of the recommended clinical management.

The researcher suggests that the need for genetic counsellors who are proficient of local culture and language to address the cultural and linguistic barriers and to improve the accessibility of cultural minorities to modern medicine. Furthermore, awareness of cultural beliefs and affirmation of personal and patient's cultural context have been recommended in order to acknowledge positive patient outcomes.

Theme 3: Patient's Decision for Convenient Care. Patient decision for convenient care takes into account with their personal values and preferences. It contributes to better patient knowledge and more realistic patient expectations about the course of the disease. Ascertaining the needs of the patient and providing the patient with information about the various preferred methods of treatment can help them identify a decision making process thus encouraging active participation by patients in healthcare decisions.

In the Philippines, hospital fall under 3 distinct levels as set out by DOH guidelines. Primary health care is normally utilized as the main strategy to satisfy the health needs of secluded areas. However, results show that the referral system in rural areas is far from its ideal state. Ideally, a patient must consult first to the rural health and shall receive initial intervention. Nevertheless, rural communities still opted to go directly to specialized facilities as self-referral for they believe that they will be accommodated well. Unnecessary self-referential results in ineffective

specialized system and problems such as increased unnecessary cost, payment difficulties for patients, absence of comprehensive care information for patients, lack of planned referral and continuity in care, reduction in the feedback and follow-up care instructions, and transportation problems for both individuals and the health care system.

In the article of Dayrit et al., (2018) entitled The Philippine Health System Review, Health System in Transition that there are facilities that provide first level referral services for localities without hospitals and direct patients back to rural or barangay health station following the referral mechanism. Many cities and large municipalities maintain their own system of health referral thus there is no proper gate-keeping mechanism.

Thus, the researcher suggests to provide high quality care in outpatient settings which can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care. Further studies are recommended to specifically determine the challenges of the referral system in rural area. Strengthen the public sector of the system, increase public awareness, and the knowledge of caregivers about the system, and preventing self-referral.

Theme 4: Barriers to Health Care. People from secluded area often encounter barriers to healthcare that limit their ability to obtain the care they need. Barriers are defined as things that get in the way, slowing progress or stopping improvement programmes from succeeding. Barriers to healthcare result

in unmet healthcare needs, including a lack of preventive and screening services and treatment of illnesses.

The present findings provided valuable points about the lack of doctors, lack of ambulance, short time for consultation, and costly medical interventions. Public health care faces strain both from treating the enormous number of Filipinos who depend on public healthcare and from the trend of Filipino medical staff migrating to Western Countries which resulted in understaffing in some hospitals and patients encountering delay in treatment. In the article from Rural Information Hub (2019), doctors and nurses assigned in remote areas visit them once or twice a week or sometimes none at all. The need for more health care professionals for rural households has been critical. Another factor is the quality of ambulance services, due to lack of strict policies governing how emergency services operate there is a slow response times and poor pre-hospital treatment. Low income patients have no choice. Either they are left untreated or face high, out-of-pocket expenses for medical intervention. Financial risk protection in health, especially for the poor, has been limited by challenges in PhilHealth members and dependents. Enrolment in NHIP is mandated for all Filipinos, those who fail to enrol face no sanction (Philhealth, 2014) - resulting either in missed premium collection in NHIP or added transactions cost for Philhealth in finding and enrolling remaining uninsured population such as secluded areas.

Thus, the researcher recommends that agencies should strive to achieve a high level of health literacy in secluded areas. Through high health literacy, the

focus will be shifted to curative medicine. Having effective programs on health education and other communication activities are imperative to achieve health literacy. Notwithstanding, having such programs without proper monitoring of how effective and suited they are could still leave a lot of gaps that do not translate into the needed positive changes in the behaviour or lifestyle of the majority of the populace. It should not only be limited to the educated and economically advantaged in the community, but more so to the masses or the "poorest of the poor". A well-coordinated and more creative approach can go a long way in achieving health literacy and health promotion in our country.

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of discussions and analyses made by the researcher on the data gathered from the field. This also comes with the corresponding conclusions based on findings, and the recommendations based on the conclusion drawn.

Summary of Findings

The study primarily collected the information relative to the experiences on health care programs of the patients from geographically challenged areas. The data gathered revealed that:

1. There is a limited access to basic public health services such as general consultation services (with BP Monitoring), in which, sometimes health professionals issue prescription due to the absence of doctor.

2. There are free medicines such as Amlodipine, Losartan, Metformin, Simvastatin, and Vitamins, and etc.

3. Prior to consulting a professional health care provider, they prefer to manage their illness through self-monitoring of symptoms or seek a traditional folk healer.

4. Rural communities still opted to go directly to specialized facilities as self-referral for they believe that they will be accommodated well.

5. Doctors and nurses assigned in remote areas visit them once or twice a week or sometimes none at all.

6. People in the community could not just go in the Health center of their Barangay because of the travel cost and distance.

7. Intensive medical attention and comprehensive check-up cannot be accessed easily due to outlying distance from the facility, its cost and travel hours make health needs more challenging to avail.

8. Lack of experience/training of health care workers on handling emergency cases resulted to a slow response time and poor-pre hospital treatment.

9. The socio-economic status significantly affects the family's ability to seek medical care.

Conclusions

1. Limited access to basic public health services in geographically challenged areas has led to poor quality care and dissatisfaction among patietns and health professionals.

2. There is a need for attention on self-medication of patients and seeking to a traditional folk healer. Providers need to be more attentive on the cultural background of every patient.

3. Shared decision making between patients and health care providers is highly significant. Limiting them with health information heighten their anxiety resulting to referral to specialized facilities.

4. The needs of the chronically ill are not being managed in the health center. Addressing those needs requires coordination and collaboration among health professionals.

5. Technological advancement in health care and an evidence base practice have the potential to transform health care, but such advances have not been adequately harnessed in geographically challenged areas.

6. As community access to health care decreases, health care spending increases, and patients who are forced to travel experience higher costs. Moreover, patients who are less likely to travel long distance faced a higher risk of seeking care at sites with lacking health care services.

7. Work force issues related and lack of experience/training need to be addressed before quality of care is further compromised.

8. Lived experiences of the patients from geographically challenged areas generated four themes, namely: access to health service, health beliefs and practices, patient's decision for convenient care, barriers to health care.

Recommendations

The researcher humbly recommends that several issues and challenges encountered by the experiences on health care programs of patients from geographically challenged areas must be addressed by the concerned authority.

The following are the recommendations based on the findings and conclusions:

1. Engage professionals or lay health workers to provide education, referral and follow-up, case management, home visiting, etc. for those risks for poor health outcomes.

2. There is a need for genetic counselors who are proficient of local culture and language to address the cultural and linguistic barriers and to improve the accessibility of cultural minorities to modern medicine.

3. Increase awareness of cultural beliefs and affirmation of personal and patient's cultural context in order to acknowledge positive patient outcomes.

4. Upgrade the basic services being offered in the community will reduce the likelihood of hospital admission since preventable diseases can be managed at an early stage.

5. Improve the communication process of stake holders such as Local Government Unit, health centers, secondary/tertiary hospitals by deliberately assessing the methods and the equivalent resources that has to be utilized in order to have a fully operational referral system.

6. Advocate strong health literacy that will enable the constituents in the community to develop the skills and confidence in deciding about their health and the health of their families as well as to become active partners in their health care choices.

7. Usage of telehealth or telemedicine in delivering online consultation and treatment services to address the health care issues quickly with real-time urgent care.

8. Further studies and research regarding on the experiences on health care programs were recommended but in different setting and bigger samples.

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APPENDICES

APPENDIX A

Letter Requesting to Conduct the Study

ARON C. BALAIS, MD, FPCEM, DABWWM, FACCWS
Department Head, Emergency Medicine
Eastern Visayas Regional Medical Center
Tacloban City

Dear Sir:

The undersigned researcher is a Master of Science in Nursing student, presently conducting a study entitled **"Experiences on Health Care Program of Patients from Geographically Challenged Areas".** This research aims to present the experiences of patients from geographically isolated and disadvantaged area in utilizing the health care services of the government.

The researcher would like to ask your permission to conduct the study in Eastern Visayas Regional Medical Center. We assure you that all the information gathered will be kept in private.

We hope for your kind approval pertaining to this request.

Very truly yours,

(SGD.) **REY ANGELO P. HIERRO, RN**
Researcher

Under the supervision of:

(SGD.) **MARICEL M. TIZON, RN, MAN**
Adviser

Recommending Approval

(SGD.) **JERBIES E. LLAMES, RN**
Nurse Supervisor

Approved by:

(SGD.) **ARON C. BALAIS, MD, FPCEM, DABWWM, FACCWS**
Department Head, Emergency Medicine

JANE R. BORINAGA, MD
Chairman, Research and Ethics Committee
Eastern Visayas Regional Medical Center
Tacloban City

Madam:

The undersigned researcher is a Master of Science in Nursing student, presently conducting a study entitled **"Experiences on Health Care Programs of Patients from Geographically Challenged Areas"**. This research aims to present the experiences of patients from geographically isolated and disadvantaged area in utilizing the health care services of the government.

The researcher would like to ask your permission to conduct the study in Eastern Visayas Regional Medical Center. We assure you that all the information gathered will be kept in private.

We hope for your kind approval pertaining to this request.

Very truly yours,

(SGD.) **REY ANGELO P. HIERRO, RN**
Researcher

Under the supervision of:

(SGD.) **MARICEL M. TIZON, RN, MAN**
Adviser

Approved by:

(SGD.) **JANE R. BORINAGA, MD**
Chairman, Research and Ethics Committee, EVRMC

APPENDIX B

Cover Letter of the Research Instrument

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

Dear Respondents,

The undersigned researcher is a Master of Science in Nursing student, presently conducting a study entitled **"Experiences on Health Care Programs of Patients from Geographically Challenged Areas"**. This research aims to present the experiences of patients from geographically isolated and disadvantaged area in utilizing the health care services of the government.

Please feel free to provide the necessary information with the assurance that your answers will be used solely for research purposes.

Thank you for your patience and time in answering the questionnaire.

Very truly yours,

(SGD.) **REY ANGELO P. HIERRO, RN**
Researcher

Under the supervision of:

(SGD.) **MARICEL M. TIZON, RN, MAN**
Adviser

APPENDIX C

DEMOGRAPHIC INFORMATION

Name (*Optional*):_____

Location: _____

PART A. RESPONDENTS DEMOGRAPHIC PROFILE

Please provide the correct answer by checking (√) the appropriate space as required for:

A. Gender: ☐ Male ☐ Female

B. Age:

☐ 20 years old and below
☐ 21-30 years old
☐ 31-40 ears old
☐ 41-50 years old
☐ 51-60 years old
☐ 60 years old and above

C. Civil Status:

☐ Single
☐ Separated
☐ Married
☐ Widowed

D. Educational Attainment:

☐ Elementary level
☐ Elementary graduate
☐ Highschool level
☐ Highschool graduate
☐ College level
☐ College graduate
☐ Vocational

E. Employment Status:

☐ Self-Employed (Business/ Agriculture)
☐ Employed (Government/Private)
☐ None

F. Family size:

☐ Small (1-4 members)
☐ Medium (5-8 members)
☐ Large (7-15 members)

PART B: **INTERVIEW GUIDE**

Title of Research: Experiences on Health Care Programs of Patients from Geographically Challenged Areas

Introduction:

- Good Morning! Thank you for agreeing to participate. I am very interested to hear your ideas and experiences on Health Care Programs of the government.
  (Maupay na aga! Damo nga salmat han imo pagtugot nga pagpartisipar ini nga interview. Interasado ako nga masabtan an imo mga ideya ngan expersyensya bahin ha mga panlawas nga programa han aton gobyerno.)

- The purpose of this study is to present the experiences of patients coming from geographically isolated and disadvantaged area in utilizing the health care services of the government.
  (An panuyo ini nga pag-aram in para maipresentar an mga experyensya han mga pasyente nga nag-uukoy ha mga hagrayo nga lugar ngan diri naabutan han serbisyo panlawas han gobyerno.)

- I would like to ask your permission on recording our discussion but I assure you that all information you will give will be kept in private. Also, I will not associate your name and the institution with anything you say in the discussion.
  (Mahangyo unta ako ha iyo it permiso nga igrerecord ko it aton pag-iistoryahan pero ipapatapod ko nga kun anuman it mga impormasyon nga imo ighahatag in magiging pribado. Diri ko iglalakip it imo ngaran ngan ngan iba pa nga personal na impormasyon parte ha imo.)

- I am Rey Angelo P. Hierro, a Master of Science in Nursing student of Samar State University. I am here to conduct an in-depth interview to the patients coming from Geographically Isolated and Disadvantaged Area (GIDA) regarding on experiences on health care programs of the government.
  (Ako hi Rey Angelo P. Hierro, usa nga estudyante ha Samar State University nga nag-aaram hin Master of Science in Nursing. Anhi ako para magdumara hin mga pamakiana para han mga ideya or eksperyensya han mga pasyente nga nag-uukoy ha mga hagrayo nga lugar mahitungod han mga serbisyo panlawas nga guin hahatag han gobyerno.)

- If you have any questions after the conduct of this discussion, you can always contact me.
  (Kun mayda ka mga pakiana katapos ini nga aton himangraw, ayaw la pag-alang pagtawag ha akon.)

- Have you participated in any in-depth interview before?
  (Nakapartisipar ka na ba hin bisan ano nga interview?)

- I am appealing for your cooperation with this in-depth interview to arrive with the needed information in the study.
  (Nahangyo ako han imo tim-os nga kooperasyon mahitungod ini nga mga pamakiana para makab-ot an kinahanglanon nga mga impormasyon ini nga pag-aram.)

(Turn on recorder.)

Research Questions	Interview Questions	Expected Responses	Actual Responses
1. What are the experiences on health care programs of the government of the patients coming from Geographically Isolated and Disadvantaged Area (GIDA)?	Let's start the discussion by talking about your health status. How are you feeling today? *(Kumusta ka yana?Ano an guin aabat nimo?)*	Answers will be subjective cues.	
	What is the reason you seek consult to the hospital? *(Ano an rason han iyo pagpakonsulta dinhi ha hospital?)*	Commonly consulted health conditions: • Skin reactions induced by dust, food, medicine and etc. • Colds and Flu • Sore eyes • Diarrhea/Loose Bowel Movement • Fever • Headaches • Stomach Aches	
	How far is your residence to the nearest health facility? *(Ano kaharayo an iyo balay tikadto ha sentro?)*	• 1-5km • 6-10km • 11-15km • 16-20km • More than 20km	
	What are your means of acquiring those health services?	Basic mode of transport used in the catchment	

Research Questions	Interview Questions	Expected Responses	Actual Responses
	(Ano it iyo pamaagi na ginagamit pagkadto ha sentro?)	area to access health services: • Walking • Animal-powered transport • Motorcycle • Boat	
	How often do you seek health care service? *(Nakakapira ka beses ka napakonsulta?)*	• Once a week • Once a month • Once a year • Never	
	Who are the health workers you usually see/approach/seek consult? *(Hin-o tim urog na guin aaruan hin bulig kun napakonsulta?)*	• BNS (Brgy. Nutrition Scholar) • BHW (Brgy. Health Worker) • Nurses • Midwife • Doctors • Pharmacist • Radiologist	
	What health programs do they(health workers) shared to you? *(Anu-ano nga mga programa na parte panlawas an ira guin hahatag ha imo?)*	Health Programs: Basic Immunizations • Expanded Program in Immunization (EPI) • Polio Vaccine • Hepatitis B • Yellow Fever Reproductive Health • Family Planning • Prenatal care • Assisted deliveries	

Research Questions	Interview Questions	Expected Responses	Actual Responses
		• Postnatal care • Adolescent sexual health Disease prevention and control • Malaria • Tuberculosis • Leprosy • HIV/AIDS • Other STIs • Mental disorders • Diabetes Mellitus • High blood pressure • Malnutrition • Diarrheal disease Treatment of Specific Diseases • Malaria • Tuberculosis • Sexually Transmitted Infections • Mental disorders • Diabetes Mellitus • High blood pressure • Severe malnutrition Service • School health • Outreach services • Functional health literacy programmes • Community rehabilitation	

Research Questions	Interview Questions	Expected Responses	Actual Responses
		• Home care for HIV/AIDS patients • Home care for patients with other conditions • Anti-tobacco activities • Prevention of alcohol and substance abuse • Oral health Strategy • Mother-Baby Package • Integrated Management of Childhood Illness (IMCI) • Directly Observed Treatment Short Course (DOTS) • Roll Back Malaria Community Package • HIV/AIDS Community Prevention and Care Package Programmes • Family food security and safety • Safe water supply • Sanitation • Disaster preparedness • Accident prevention – home	

Research Questions	Interview Questions	Expected Responses	Actual Responses
		• Accident prevention – workplace • Accident prevention – road traffic • Child abuse • Domestic violence	
	What health benefits do you received in your area? *(Ano nga mga benepisyo panlawas an imo natatagamtaman ha iyo?)*	The health center offers only basic health care services that are available and accessible like consultation, free check-ups, and free access to some over the counter medicines. Residents in rural areas should be able to conveniently and confidently access services such as primary care, dental care, behavioral health, emergency care, and public health services. According to Healthy People 2020, access to quality healthcare is beneficial for the following reasons: • Overall physical, social, and mental health status • Disease prevention • Detection, diagnosis, and	

Research Questions	Interview Questions	Expected Responses	Actual Responses
		treatment of illness • Quality of life • Preventable death • Life expectancy Free consultation Free medications Free use of ambulance for referral to higher center	
	Do you have any problems/ experiences encountered relative to utilizing the health care services? *(Nakahibalag ka na ba hin mga problema/eksperyensya parte han serbisyo panlawas na guin hahatag ha iyo ha sentro?)*	The delivery of effective health care progams in the GIDA is hindered by the following factors: • shortage of doctors and the concentration of health care professionals • accessibility of transportation and remote geographic location • lack of medical facilities and equipments • social isolation • financial constraints • lack of health literacy of the community. • Long waiting time • Needed drugs not available	

Research Questions	Interview Questions	Expected Responses	Actual Responses
		• Staff who were rude or uncaring • Limited appointment availability, office hours • Lack of access to specialized services • Delayed blood/radiologic results • Prefer to consult first on quack-doctors • Family member died because of the wrong treatment	

Thank you so much for participating and sharing your thoughts and opinions with me. If you have additional information that you did not get to say in the interview, please feel free to write it on a piece of paper and give it to me.
(*Damo nga salamat han imo pagpartisipar ngan pagpa-angbit han imo aram ha akon. Kun mayda kamo idurugang na impormasyon na waray niyo kayakan han interview, igsurat la usa nga papel ngan ihatag ha akon.*)

APPENDIX D

INFORMED CONSENT FORM TO PARTICIPATE IN THE STUDY

Part I. Information Sheet

I Rey Angelo P. Hierro (*Name*) A Master of Science in Nursing (*program abbreviation only*)

☑ student ☐ personnel of Samar State University, Catbalogan City doing a research study entitled: "Experiences on Health Care Programs of Patients from Geographically Challenged Areas"

(*write title*)

with the purpose of *(present the main objective of the study):*
Presenting the experiences of patients coming from geographically isolated and disadvantaged area in utilizing the health care services of the government.

This survey is completely anonymous and confidential. You are NOT required to provide any personal identifying information and all information collected will be kept confidential. The responses are critical part of my research.

Potential Risks:	None
Potential Benefits:	This study will provide a practical measure of satisfaction with specific dimensions of health care system. This will further develop the constituents to be aware of the existing health care services that are available in the area, and would serve as a platform for them to become partners towards an efficient and effective health care delivery system.

Should there be queries on some words or terms along the contents hereof, please feel free to ask the undersigned researcher for clarifications.

Signature		Date	
Name of Researcher	REY ANGELO P. HIERRO, RN		

Part II. Certificate of Consent

I have read the foregoing information, or it has been read to me and had the opportunity to ask questions about it and the same had been answered to my satisfaction. I voluntarily give my consent to participate in this foregoing research study.

Signature		Date	
Name of Participant			

APPENDIX E

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

FEBRUARY 5, 2020

RESEARCH INSTRUMENT APPROVAL SHEET

TO THE PANEL OF EVALUATORS:

The undersigned researcher is a Master of Science in Nursing student, presently conducting a study entitled "Experiences on Health Care Programs of Patients from Geographically Challenged Areas". This research aims to present the experiences of patients coming from geographically isolated and disadvantaged area in utilizing the health care services of the government.

Attached herewith is the interview guide to be used in the gathering of the data from the participants.

I hope you would signify your approval on the said interview guide so the researcher can proceed with the gathering of the necessary data for this study.

Very truly yours,

REY ANGELO P. HIERRO, RN
Researcher

Recommending Approval:

MARICEL M. TIZON, RN, MAN
Thesis Adviser

We, the members of the Panel of Evaluators hereby approve on the use of the attached interview guide for the above-mentioned study.

CHIRADEE R. CLARIDAD, RN, MAN
Department of Health
Member

MARIVIC D. BUNADO, RN, MAN
PDOH -EVRMC
Member

FELISA A. GOMBA, Ph. D.
Vice-President for Academic Affairs
Member

RONALD L. ORALE, Ph. D.
Vice-President for Research & Extension Services
Member

DOLORES L. ARTECHE, DScn
Dean, College of Nursing and Health Sciences
Member

ESTEBAN A. MALINDOG, Jr., Ph. D.
Dean, Graduate School, SSU
Chairman

APPENDIX F

Eastern Visayas GIDA Barangay List 2019

Province	Municipality / City	GIDA Barangay	
Leyte	Abuyog	1	Alangilan
Leyte	Abuyog	2	Bagacay
Leyte	Abuyog	3	Bahay
Leyte	Abuyog	4	Bayabas
Leyte	Abuyog	5	Buaya
Leyte	Abuyog	6	Buenavista
Leyte	Abuyog	7	Bulak
Leyte	Abuyog	8	Dingle
Leyte	Abuyog	9	Kikilo
Leyte	Abuyog	10	Lawaan
Leyte	Abuyog	11	Libertad
Leyte	Abuyog	12	Mahayahay
Leyte	Abuyog	13	Malaguihay
Leyte	Abuyog	14	Old Taligue
Leyte	Abuyog	15	Parasanon
Leyte	Abuyog	16	Picas
Leyte	Abuyog	17	Pilar
Leyte	Abuyog	18	San Francisco
Leyte	Abuyog	19	San Roque
Leyte	Abuyog	20	Sta Lucia
Leyte	Abuyog	21	Tib-o
Leyte	Abuyog	22	Tinocolan
Leyte	Abuyog	23	Tuy-a
Leyte	Alang-Alang	1	Divisoria
Leyte	Alang-Alang	2	Tabangohay
Leyte	Alang-Alang	3	Veteranos
Leyte	Babatngon	1	Baisong
Leyte	Babatngon	2	Guintiguian
Leyte	Babatngon	3	Magcasuang
Leyte	Babatngon	4	Planza
Leyte	Babatngon	5	Sangputan
Leyte	Babatngon	6	Taguite
Leyte	Bato	1	Dawahon Island
Leyte	Baybay	1	Amaguhan
Leyte	Baybay	2	Bidlinan
Leyte	Baybay	3	Kantagnos
Leyte	Baybay	4	Lintaon
Leyte	Baybay	5	Monterico
Leyte	Baybay	6	Pansagan
Leyte	Baybay	7	San Juan

Province	Municipality / City	GIDA Barangay	
Leyte	Baybay	8	Sapa
Leyte	Burauen	1	Buenavista
Leyte	Burauen	2	Candag-on
Leyte	Burauen	3	Damuluan
Leyte	Burauen	4	Kagbana
Leyte	Burauen	5	Logsongan
Leyte	Burauen	6	Villa Patria
Leyte	Calubian	1	Anislagan
Leyte	Calubian	2	Bunacan
Leyte	Calubian	3	Casiongan
Leyte	Calubian	4	Dulao
Leyte	Calubian	5	Garrido
Leyte	Calubian	6	Igang
Leyte	Calubian	7	Kawayan Bugtong
Leyte	Calubian	8	Kawayanan
Leyte	Calubian	9	Labtic
Leyte	Calubian	10	Pagatpat
Leyte	Calubian	11	Patag
Leyte	Calubian	12	Tuburan
Leyte	Capoocan	1	Balugo
Leyte	Capoocan	2	Gayad
Leyte	Capoocan	3	Guinadiongan
Leyte	Capoocan	4	Libertad
Leyte	Capoocan	5	Potot
Leyte	Capoocan	6	Talairan
Leyte	Capoocan	7	Tolibao
Leyte	Hilongos	1	San Antonio
Leyte	Hindang	1	Himokilan
Leyte	Inopacan	1	Apid
Leyte	Inopacan	2	Caulisihan
Leyte	Inopacan	3	Delos Santos
Leyte	Isabel	1	Cang-agdan
Leyte	Isabel	2	Honan
Leyte	Isabel	3	San Francisco
Leyte	Julita	1	Algeria
Leyte	Julita	2	Balante
Leyte	Julita	3	Bugho
Leyte	Julita	4	Caridad
Leyte	Julita	5	Jurao
Leyte	Julita	6	San Andres
Leyte	Julita	7	Sto Niño
Leyte	Julita	8	Tagkip
Leyte	Julita	9	Tolosahay

Province	Municipality / City	GIDA Barangay	
Leyte	Kananga	1	Mahawan
Leyte	Kananga	2	San Ignacio
Leyte	Kananga	3	San Isidro
Leyte	Kananga	4	Sto Domingo
Leyte	LaPaz	1	Bagacay West
Leyte	LaPaz	2	Bocawon
Leyte	LaPaz	3	Caabangan
Leyte	LaPaz	4	Cacao
Leyte	LaPaz	5	Calaghusan
Leyte	LaPaz	6	Cogon
Leyte	LaPaz	7	Luneta
Leyte	LaPaz	8	Moroboro
Leyte	LaPaz	9	Panzud
Leyte	LaPaz	10	Piliway
Leyte	LaPaz	11	Qui-ong
Leyte	LaPaz	12	Tabang
Leyte	Leyte	1	Bagaba-o
Leyte	Leyte	2	Mataloto
Leyte	Leyte	3	Palid II
Leyte	Leyte	4	Parasan
Leyte	Leyte	5	Tag-Abaca
Leyte	Leyte	6	Tapol
Leyte	Leyte	7	Wague
Leyte	Macarthur	1	Lanawan
Leyte	Macarthur	2	Oguisan
Leyte	Macarthur	3	Sta Isabel
Leyte	Mahaplag	1	Hiniguimitan
Leyte	Mahaplag	2	Maligaya
Leyte	Merida	1	Canbantug
Leyte	Merida	2	Mahayag
Leyte	Merida	3	Masumbang
Leyte	Merida	4	San Isidro
Leyte	Merida	5	San Jose
Leyte	Merida	6	Tubod
Leyte	Palompon	1	Belen
Leyte	Palompon	2	Caduhaan
Leyte	Palompon	3	Cambacbac
Leyte	Palompon	4	Hinagbuan
Leyte	Palompon	5	Masaba
Leyte	Palompon	6	San Joaquin
Leyte	Palompon	7	San Pablo
Leyte	San Isidro	1	Bunacan
Leyte	San Isidro	2	Taglawigan

Province	Municipality / City	GIDA Barangay	
Leyte	Tabango	1	Butason I
Leyte	Tabango	2	Butason II
Leyte	Tabango	3	Gibacungan
Leyte	Tabango	4	Gimarco
Leyte	Tabango	5	Manlaanan
Leyte	Tabango	6	Omaganhan
Leyte	Villaba	1	Capinahan
Leyte	Villaba	2	San Francisco
S. Leyte	Bontoc	1	Lanao
S. Leyte	Bontoc	2	Olisihan
S. Leyte	Hinunangan	1	Calinao
S. Leyte	Hinunangan	2	San Pedro
S. Leyte	Hinunangan	3	San Pablo
S. Leyte	Hinunangan	4	Upper Bantawon
S. Leyte	Hinunangan	5	Lumbog
S. Leyte	Liloan	1	Pres Quezon
S. Leyte	Liloan	2	Bahay
S. Leyte	Limasawa	1	Cabulihan
S. Leyte	Limasawa	2	Lugsongan
S. Leyte	Limasawa	3	Magallanes
S. Leyte	Limasawa	4	San Agustin
S. Leyte	Limasawa	5	San Bernardo
S. Leyte	Limasawa	6	Triana
S. Leyte	Macrohon	1	Bagong Silang
S. Leyte	Malitbog	1	Caraatan
S. Leyte	San Ricardo	1	Bitoon
S. Leyte	San Ricardo	2	Kinachawa
S. Leyte	San Ricardo	3	San Ramon
S. Leyte	St. Bernard	1	Lower Bantawon
S. Leyte	St. Bernard	2	Sta Cruz
S. Leyte	Sugod	1	Cabadbaran
S. Leyte	Sugod	2	Hidag-an
S. Leyte	Sugod	3	Hipantag
S. Leyte	Sugod	4	Kauswagan
S. Leyte	Sugod	5	Lum-an
S. Leyte	Sugod	6	Maria Plana
S. Leyte	Sugod	7	San Francisco Mabuhay
S. Leyte	Sugod	8	Sta Maria
Biliran	Almeria	1	Caucab
Biliran	Culaba	1	Calipayan
Biliran	Maripipi	1	Agutay
Biliran	Maripipi	2	Banlas
Biliran	Maripipi	3	Bato

Province	Municipality / City	GIDA Barangay	
Biliran	Maripipi	4	Binalayan East
Biliran	Maripipi	5	Binalayan West
Biliran	Maripipi	6	Binongto-an
Biliran	Maripipi	7	Burabod
Biliran	Maripipi	8	Calbani
Biliran	Maripipi	9	Canduhao
Biliran	Maripipi	10	Casibang
Biliran	Maripipi	11	Danao
Biliran	Maripipi	12	Ermita
Biliran	Maripipi	13	Ol-og
Biliran	Maripipi	14	Trabugan
Biliran	Maripipi	15	Viga
Biliran	Naval	1	Libertad
Biliran	Naval	2	Mabini
E. Samar	Arteche	1	Aguinaldo
E. Samar	Arteche	2	Balud
E. Samar	Arteche	3	Bato
E. Samar	Arteche	4	Beri
E. Samar	Arteche	5	Bigo
E. Samar	Arteche	6	Buenavista
E. Samar	Arteche	7	Cagsalay
E. Samar	Arteche	8	Campacion
E. Samar	Arteche	9	Carapdapan
E. Samar	Arteche	10	Casidman
E. Samar	Arteche	11	Catumsan
E. Samar	Arteche	12	Central
E. Samar	Arteche	13	Concepcion
E. Samar	Arteche	14	Garden
E. Samar	Arteche	15	Inayawan
E. Samar	Arteche	16	MacArthur
E. Samar	Arteche	17	Rawis
E. Samar	Arteche	18	Tangbo
E. Samar	Arteche	19	Tawagan
E. Samar	Arteche	20	Tebalawon
E. Samar	Balangiga	1	Ginmaayuhan
E. Samar	Balangiga	2	Maybunga
E. Samar	Balangkayan	1	Magsaysay
E. Samar	Balangkayan	2	Malvar
E. Samar	Borongan	1	Amantacop
E. Samar	Borongan	2	Balacdas
E. Samar	Borongan	3	Baras
E. Samar	Borongan	4	Bebacong
E. Samar	Borongan	5	Benowangan

Province	Municipality / City	GIDA Barangay	
E. Samar	Borongan	6	Cabalagnan
E. Samar	Borongan	7	Can-aga
E. Samar	Borongan	8	Cayupay
E. Samar	Borongan	9	Pinanag-an
E. Samar	Borongan	10	San Andres
E. Samar	Borongan	11	San Mateo
E. Samar	Borongan	12	San Pablo
E. Samar	Can-avid	1	Balagon
E. Samar	Can-avid	2	Baruk
E. Samar	Can-avid	3	Boco
E. Samar	Can-avid	4	Caghalong
E. Samar	Can-avid	5	Camantang
E. Samar	Can-avid	6	Can-ilay
E. Samar	Can-avid	7	Jepaco
E. Samar	Can-avid	8	Mabuhay
E. Samar	Can-avid	9	Pandol
E. Samar	Can-avid	10	Salvacion
E. Samar	Dolores	1	Denigpian
E. Samar	Dolores	2	Gap-ang
E. Samar	Dolores	3	Hilabaan
E. Samar	Dolores	4	Jicontol
E. Samar	Dolores	5	Magongbong
E. Samar	Dolores	6	Osmeña
E. Samar	Dolores	7	San Pascual
E. Samar	Dolores	8	San Roque
E. Samar	Dolores	9	San Vicente
E. Samar	Dolores	10	Sta Cruz
E. Samar	Dolores	11	Tikling
E. Samar	Dolores	12	Villahermosa
E. Samar	General Macarthur	1	Camcuevas
E. Samar	General Macarthur	2	Macapagal
E. Samar	General Macarthur	3	Magsaysay
E. Samar	General Macarthur	4	Osmeña
E. Samar	Giporlos	1	Huknan
E. Samar	Giporlos	2	Roxas
E. Samar	Giporlos	3	Sta. Cruz
E. Samar	Guiuan	1	(Homonhon Island) Bitaugan
E. Samar	Guiuan	2	(Homonhon Island) Cagusu-an
E. Samar	Guiuan	3	(Homonhon Island) Canawayon
E. Samar	Guiuan	4	(Homonhon Island) Casuguran
E. Samar	Guiuan	5	(Homonhon Island) Culasi
E. Samar	Guiuan	6	(Homonhon Island) Habag
E. Samar	Guiuan	7	(Homonhon Island) Inapulangan

Province	Municipality / City	GIDA Barangay	
E. Samar	Guiuan	8	(Homonhon Island) Pagbabangnan
E. Samar	Guiuan	9	(Manicani Island) Banaag
E. Samar	Guiuan	10	(Manicani Island) Buenavista
E. Samar	Guiuan	11	(Manicani Island) Hamorawon
E. Samar	Guiuan	12	(Manicani Island) San Jose
E. Samar	Guiuan	13	Sulu-an Island
E. Samar	Hernani	1	Cacatmonan
E. Samar	Jipapad	1	Agsaman
E. Samar	Jipapad	2	Cagmanaba
E. Samar	Jipapad	3	Dorillo
E. Samar	Jipapad	4	Jiwaran
E. Samar	Jipapad	5	Mabuhay
E. Samar	Jipapad	6	Magsaysay
E. Samar	Jipapad	7	Poblacion I
E. Samar	Jipapad	8	Poblacion II
E. Samar	Jipapad	9	Poblacion III
E. Samar	Jipapad	10	Poblacion IV
E. Samar	Jipapad	11	Recare
E. Samar	Jipapad	12	Roxas
E. Samar	Jipapad	13	San Roque
E. Samar	Lawaan	1	San Isidro
E. Samar	Llorente	1	Babanikhon
E. Samar	Llorente	2	Burak
E. Samar	Llorente	3	Candoros
E. Samar	Llorente	4	Magtino
E. Samar	Maslog	1	Bulawan
E. Samar	Maslog	2	Caraycay
E. Samar	Maslog	3	Libertad
E. Samar	Maslog	4	Malobago
E. Samar	Maslog	5	Maputi
E. Samar	Maslog	6	Poblacion I
E. Samar	Maslog	7	Poblacion II
E. Samar	Maslog	8	San Miguel
E. Samar	Maslog	9	San Roque
E. Samar	Maslog	10	Tangbo
E. Samar	Maslog	11	Taytay
E. Samar	Maslog	12	Tugas
E. Samar	Maydolong	1	Del Pilar
E. Samar	Maydolong	2	Patag
E. Samar	Maydolong	3	Tagasli-an
E. Samar	Oras	1	Agsam
E. Samar	Oras	2	Alang-alang
E. Samar	Oras	3	Bagacay

Province	Municipality / City	GIDA Barangay	
E. Samar	Oras	4	Balingasag
E. Samar	Oras	5	Bantayan
E. Samar	Oras	6	Batang
E. Samar	Oras	7	Bato
E. Samar	Oras	8	Binalayan
E. Samar	Oras	9	Buntay
E. Samar	Oras	10	Cadian
E. Samar	Oras	11	Cagdine
E. Samar	Oras	12	Cagpile
E. Samar	Oras	13	Cagtoog
E. Samar	Oras	14	Gamot
E. Samar	Oras	15	Iwayan
E. Samar	Oras	16	Japay
E. Samar	Oras	17	Kalaw
E. Samar	Oras	18	Mabuhay
E. Samar	Oras	19	Minap-os
E. Samar	Oras	20	Nadacpan
E. Samar	Oras	21	Naga
E. Samar	Oras	22	Rizal
E. Samar	Oras	23	Saugan
E. Samar	Oras	24	Saurong
E. Samar	Oras	25	Stamonica
E. Samar	Oras	26	Trinidad
E. Samar	Quinapondan	1	Anislag
E. Samar	Quinapondan	2	Cagdaja
E. Samar	Quinapondan	3	Cambilla
E. Samar	Quinapondan	4	Cantenio
E. Samar	Quinapondan	5	San Isidro
E. Samar	Salcedo	1	Butig
E. Samar	Salcedo	2	Maliwaliw
E. Samar	Salcedo	3	Matarinao
E. Samar	Salcedo	4	Sta. Cruz
E. Samar	San Policarpo	1	Bangon
E. Samar	San Policarpo	2	Tanuan
E. Samar	San Policarpo	3	Sta. Cruz
E. Samar	Sulat	1	A-et
E. Samar	Sulat	2	Kandalakit
E. Samar	Sulat	3	SanVicente
E. Samar	Taft	1	Beto
E. Samar	Taft	2	Binaloan
E. Samar	Taft	3	Bongdo
E. Samar	Taft	4	Danao
E. Samar	Taft	5	Del Remedios

Province	Municipality / City	GIDA Barangay	
E. Samar	Taft	6	Gayam
E. Samar	Taft	7	Pangabutan
E. Samar	Taft	8	San Rafael
N. Samar	Biri	1	Kauswagan
N. Samar	Biri	2	Macarthur
N. Samar	Biri	3	Pio Del Pilar
N. Samar	Biri	4	Poblacion
N. Samar	Biri	5	Progreso
N. Samar	Biri	6	San Antonio
N. Samar	Biri	7	San Pedro
N. Samar	Biri	8	Santo Niño
N. Samar	Bobon	1	Calantiao
N. Samar	Bobon	2	E. Duran
N. Samar	Bobon	3	J.A Santos
N. Samar	Bobon	4	Santander
N. Samar	Bobon	5	Somoroy
N. Samar	Bobon	6	Trojillo
N. Samar	Capul	1	Aguin
N. Samar	Capul	2	Jubang
N. Samar	Capul	3	Landusan
N. Samar	Capul	4	Oson
N. Samar	Capul	5	Pob Brgy 1
N. Samar	Capul	6	Pob Brgy 2
N. Samar	Capul	7	Pob Brgy 3
N. Samar	Capul	8	Pob Brgy 4
N. Samar	Capul	9	Pob Brgy 5
N. Samar	Capul	10	Sagaosawan
N. Samar	Capul	11	San Luis
N. Samar	Capul	12	Sawang
N. Samar	Catarman	1	Bocsol
N. Samar	Catarman	2	Cabayhan
N. Samar	Catarman	3	Gebalagnan
N. Samar	Catarman	4	Guba
N. Samar	Catarman	5	Mabini
N. Samar	Catarman	6	Malvar
N. Samar	Catarman	7	Paticua
N. Samar	Catarman	8	Salvacion
N. Samar	Catarman	9	San Julian
N. Samar	Catarman	10	San Pascual
N. Samar	Catarman	11	Trangue
N. Samar	Catubig	1	Anongo
N. Samar	Catubig	2	Bonifacio
N. Samar	Catubig	3	Boring

Province	Municipality / City	GIDA Barangay	
N. Samar	Catubig	4	CM Recto
N. Samar	Catubig	5	D Mercader
N. Samar	Catubig	6	Hinagonoyan
N. Samar	Catubig	7	Hitapian
N. Samar	Catubig	8	Libon
N. Samar	Catubig	9	Magtuad
N. Samar	Catubig	10	Manering
N. Samar	Catubig	11	Nabulo
N. Samar	Catubig	12	Nagoocan
N. Samar	Catubig	13	Nahulid
N. Samar	Catubig	14	Osang
N. Samar	Catubig	15	Osmeña
N. Samar	Catubig	16	Prebadulla
N. Samar	Catubig	17	Roxas
N. Samar	Catubig	18	San Antonio
N. Samar	Catubig	19	San Jose
N. Samar	Catubig	20	San Vicente
N. Samar	Catubig	21	Sta. Fe
N. Samar	Catubig	22	Sulitan
N. Samar	Catubig	23	Tangbo
N. Samar	Catubig	24	Tongodnon
N. Samar	Catubig	25	Viena Maria
N. Samar	Gamay	1	Anito
N. Samar	Gamay	2	Bangon
N. Samar	Gamay	3	Bato
N. Samar	Gamay	4	Baybay District
N. Samar	Gamay	5	Bonifacio
N. Samar	Gamay	6	Burabod
N. Samar	Gamay	7	Cabarasan
N. Samar	Gamay	8	Cadac-an
N. Samar	Gamay	9	Cade-an
N. Samar	Gamay	10	Cagamutan del Norte
N. Samar	Gamay	11	Cagamutan del Sur
N. Samar	Gamay	12	Dao
N. Samar	Gamay	13	Gamay Central
N. Samar	Gamay	14	Gamay Occidental
N. Samar	Gamay	15	Gamay Oriental
N. Samar	Gamay	16	GM Osias
N. Samar	Gamay	17	Guibuangan
N. Samar	Gamay	18	Henogawe
N. Samar	Gamay	19	Libertad
N. Samar	Gamay	20	Lonoy
N. Samar	Gamay	21	Luneta

Province	Municipality / City	GIDA Barangay	
N. Samar	Gamay	22	Malidong
N. Samar	Gamay	23	Occidental II
N. Samar	Gamay	24	Oriental II
N. Samar	Gamay	25	Rizal
N. Samar	Gamay	26	San Antonio
N. Samar	Laoang	1	Abaton
N. Samar	Laoang	2	Aguadahan
N. Samar	Laoang	3	Aroganga
N. Samar	Laoang	4	Atipolo
N. Samar	Laoang	5	Bawang
N. Samar	Laoang	6	Baybay
N. Samar	Laoang	7	Binaticlan
N. Samar	Laoang	8	Bobolosan
N. Samar	Laoang	9	Bongliw
N. Samar	Laoang	10	Burabod
N. Samar	Laoang	11	Cabadiangan
N. Samar	Laoang	12	Cabago-an
N. Samar	Laoang	13	Cabangagnan
N. Samar	Laoang	14	Cabulaloan
N. Samar	Laoang	15	Cagaasan
N. Samar	Laoang	16	Cagdarao
N. Samar	Laoang	17	Cahayagan
N. Samar	Laoang	18	Calintaan
N. Samar	Laoang	19	Calomotan
N. Samar	Laoang	20	Candawid
N. Samar	Laoang	21	Cangcahipos
N. Samar	Laoang	22	Canyomanao
N. Samar	Laoang	23	Catigbian
N. Samar	Laoang	24	EJ Dulay
N. Samar	Laoang	25	GB Tan
N. Samar	Laoang	26	Gibatangan
N. Samar	Laoang	27	Guilaoangi
N. Samar	Laoang	28	Inamlan
N. Samar	Laoang	29	La Perla
N. Samar	Laoang	30	Langob
N. Samar	Laoang	31	Lawaan
N. Samar	Laoang	32	Little Venice
N. Samar	Laoang	33	Magsaysay
N. Samar	Laoang	34	Marubay
N. Samar	Laoang	35	Moalboal
N. Samar	Laoang	36	Napotiocan
N. Samar	Laoang	37	Oleras
N. Samar	Laoang	38	Onay

Province	Municipality / City	GIDA Barangay	
N. Samar	Laoang	39	Palmera
N. Samar	Laoang	40	Pangdan
N. Samar	Laoang	41	Rawis
N. Samar	Laoang	42	Rombang
N. Samar	Laoang	43	San Antonio
N. Samar	Laoang	44	San Miguel Heights
N. Samar	Laoang	45	Sangcol
N. Samar	Laoang	46	Sibunot
N. Samar	Laoang	47	Simora
N. Samar	Laoang	48	Suba
N. Samar	Laoang	49	Talisay
N. Samar	Laoang	50	Tan-awan
N. Samar	Laoang	51	Tarusan
N. Samar	Laoang	52	Tinoblan
N. Samar	Laoang	53	Tumaguinting
N. Samar	Laoang	54	Vigo
N. Samar	Laoang	55	Yabyaban
N. Samar	Laoang	56	Yapas
N. Samar	Lapinig	1	Alang-alang
N. Samar	Lapinig	2	Bagacay
N. Samar	Lapinig	3	Cahagwayan
N. Samar	Lapinig	4	Can Maria
N. Samar	Lapinig	5	Can Omanio
N. Samar	Lapinig	6	Imelda
N. Samar	Lapinig	7	Lapinig del Norte
N. Samar	Lapinig	8	Lapinig del Sur
N. Samar	Lapinig	9	Look
N. Samar	Lapinig	10	Mabini
N. Samar	Lapinig	11	May-igot
N. Samar	Lapinig	12	Palanas
N. Samar	Lapinig	13	PiodelNorte
N. Samar	Lapinig	14	Potong del Norte
N. Samar	Lapinig	15	Potong del Sur
N. Samar	Las Navas	1	Capotoan
N. Samar	Las Navas	2	Cuenco
N. Samar	Las Navas	3	H. Jolejole
N. Samar	Las Navas	4	Imelda
N. Samar	Las Navas	5	Lakandula
N. Samar	Las Navas	6	L. Empon
N. Samar	Las Navas	7	MacArthur
N. Samar	Las Navas	8	Osmeña
N. Samar	Las Navas	9	Paco
N. Samar	Las Navas	10	Perez

Province	Municipality / City	GIDA Barangay	
N. Samar	Las Navas	11	Poponton
N. Samar	Las Navas	12	Quirino
N. Samar	Las Navas	13	Sag-od
N. Samar	Las Navas	14	San Antonio
N. Samar	Las Navas	15	San Francisco
N. Samar	Las Navas	16	San Miguel
N. Samar	Las Navas	17	Taylor
N. Samar	Las Navas	18	Victory
N. Samar	Lavezares	1	Bani
N. Samar	Lavezares	2	Chansvilla
N. Samar	Lavezares	3	Datag
N. Samar	Lavezares	4	Magsaysay
N. Samar	Lavezares	5	Maravilla
N. Samar	Lavezares	6	Salvacion
N. Samar	Lavezares	7	San Isidro
N. Samar	Lavezares	8	San Juan
N. Samar	Lavezares	9	Toog
N. Samar	Lope de Vega	1	Cag-aguingay
N. Samar	Lope de Vega	2	Cag-amesarag
N. Samar	Lope de Vega	3	Curry
N. Samar	Lope de Vega	4	Gebonawan
N. Samar	Lope de Vega	5	Gen Luna
N. Samar	Lope de Vega	6	Henaronagay
N. Samar	Lope de Vega	7	Maghipid
N. Samar	Lope de Vega	8	Osmeña
N. Samar	Lope de Vega	9	Paguite
N. Samar	Lope de Vega	10	Roxas
N. Samar	Lope de Vega	11	Sampaguita
N. Samar	Lope de Vega	12	San Francisco
N. Samar	Lope de Vega	13	San Jose
N. Samar	Lope de Vega	14	San Miguel
N. Samar	Lope de Vega	15	Somoroy
N. Samar	Lope de Vega	16	Upper Caynaga
N. Samar	Mapanas	1	Burgos
N. Samar	Mapanas	2	Del Norte
N. Samar	Mapanas	3	Del Sur
N. Samar	Mapanas	4	E. Laodenio
N. Samar	Mapanas	5	Jubasan
N. Samar	Mapanas	6	Magsaysay
N. Samar	Mapanas	7	Magtaon
N. Samar	Mapanas	8	Manay-banay
N. Samar	Mapanas	9	Naparasan
N. Samar	Mapanas	10	Quezon

Province	Municipality / City	GIDA Barangay	
N. Samar	Mapanas	11	San Jose
N. Samar	Mapanas	12	Santa Potenciana
N. Samar	Mapanas	13	Siljagon
N. Samar	Mondragon	1	Cagmanaba
N. Samar	Mondragon	2	Cahicsan
N. Samar	Mondragon	3	De Maria
N. Samar	Mondragon	4	Hinabangan
N. Samar	Mondragon	5	Nenita
N. Samar	Mondragon	6	San Isidro
N. Samar	Mondragon	7	San Jose
N. Samar	Mondragon	8	Sta Catalina
N. Samar	Palapag	1	Asum
N. Samar	Palapag	2	Bagacay
N. Samar	Palapag	3	Bangon
N. Samar	Palapag	4	Benigno Aquino Jr.
N. Samar	Palapag	5	Binay
N. Samar	Palapag	6	Cabariwan
N. Samar	Palapag	7	Cabatuan
N. Samar	Palapag	8	Campedico
N. Samar	Palapag	9	Capacujan
N. Samar	Palapag	10	Jangtud
N. Samar	Palapag	11	Laniwan
N. Samar	Palapag	12	Mabaras
N. Samar	Palapag	13	Magsaysay
N. Samar	Palapag	14	Manajao
N. Samar	Palapag	15	Mapno
N. Samar	Palapag	16	Maragano
N. Samar	Palapag	17	Matambag
N. Samar	Palapag	18	Monbon
N. Samar	Palapag	19	Nagbobtac
N. Samar	Palapag	20	Napo
N. Samar	Palapag	21	Natawo
N. Samar	Palapag	22	Nipa
N. Samar	Palapag	23	Osmeña
N. Samar	Palapag	24	Pangpang
N. Samar	Palapag	25	Paysud
N. Samar	Palapag	26	Sangay
N. Samar	Palapag	27	Simora
N. Samar	Palapag	28	Sinalaran
N. Samar	Palapag	29	Sumoroy
N. Samar	Palapag	30	Talolora
N. Samar	Palapag	31	Tambangan
N. Samar	Palapag	32	Tinampo

Province	Municipality / City	GIDA Barangay	
N. Samar	Pambujan	1	Cagbigajo
N. Samar	Pambujan	2	Don Sixto
N. Samar	Pambujan	3	Geadgawan
N. Samar	Pambujan	4	Ginulgan
N. Samar	Pambujan	5	Giparayan
N. Samar	Pambujan	6	Igot
N. Samar	Pambujan	7	Inanhawan
N. Samar	Pambujan	8	Senonogan
N. Samar	Pambujan	9	Tula
N. Samar	Pambujan	10	Ynanguingayan
N. Samar	San Antonio	1	Burabod
N. Samar	San Antonio	2	Dalupirit
N. Samar	San Antonio	3	Manraya
N. Samar	San Antonio	4	Pilar
N. Samar	San Antonio	5	Rizal
N. Samar	San Antonio	6	San Nicolas
N. Samar	San Antonio	7	Vinisitahan
N. Samar	San Antonio	8	Ward I
N. Samar	San Antonio	9	Ward II
N. Samar	San Antonio	10	Ward III
N. Samar	San Isidro	1	Happy Valley
N. Samar	San Roque	1	Ginagdanan
N. Samar	San Roque	2	Lawaan
N. Samar	San Roque	3	Pagsang-an
N. Samar	San Vicente	1	Destacado
N. Samar	San Vicente	2	Maragat
N. Samar	San Vicente	3	Mongol Bongol
N. Samar	San Vicente	4	Punta
N. Samar	San Vicente	5	Sangputan
N. Samar	San Vicente	6	Sila
N. Samar	San Vicente	7	Tarnate
N. Samar	Silvino Lobos	1	Balud
N. Samar	Silvino Lobos	2	Cababayugan
N. Samar	Silvino Lobos	3	Cabungaan
N. Samar	Silvino Lobos	4	Cagdao
N. Samar	Silvino Lobos	5	Caghilot
N. Samar	Silvino Lobos	6	Camanggaran
N. Samar	Silvino Lobos	7	Camayaan
N. Samar	Silvino Lobos	8	Deitde Suba
N. Samar	Silvino Lobos	9	Deitde Turag
N. Samar	Silvino Lobos	10	Gebolwangan
N. Samar	Silvino Lobos	11	Gebonawan
N. Samar	Silvino Lobos	12	Gecboan

Province	Municipality / City	GIDA Barangay	
N. Samar	Silvino Lobos	13	Genagasan
N. Samar	Silvino Lobos	14	Geparayan de Turag
N. Samar	Silvino Lobos	15	Giguimitan
N. Samar	Silvino Lobos	16	Gusaran
N. Samar	Silvino Lobos	17	Imelda
N. Samar	Silvino Lobos	18	Montalban
N. Samar	Silvino Lobos	19	Pablacion I
N. Samar	Silvino Lobos	20	Poblacion II
N. Samar	Silvino Lobos	21	Poblacion III (Suba)
N. Samar	Silvino Lobos	22	San Antonio
N. Samar	Silvino Lobos	23	San Isidro
N. Samar	Silvino Lobos	24	Senonogan de Tubang
N. Samar	Silvino Lobos	25	Tobgon
N. Samar	Silvino Lobos	26	Victory
Samar	Almagro	1	Bacjao
Samar	Almagro	2	Biasong I
Samar	Almagro	3	Biasong II
Samar	Almagro	4	Costa Rica I
Samar	Almagro	5	Costa Rica II
Samar	Almagro	6	Guin-ansan
Samar	Almagro	7	Imelda (Badjang)
Samar	Almagro	8	Kerikite
Samar	Almagro	9	Lunang I (Look)
Samar	Almagro	10	Lunang II
Samar	Almagro	11	Mabuhay
Samar	Almagro	12	Magsaysay
Samar	Almagro	13	Malobago
Samar	Almagro	14	Marasbaras
Samar	Almagro	15	Panjobjoban I
Samar	Almagro	16	Panjobjoban II
Samar	Almagro	17	Poblacion
Samar	Almagro	18	Roño
Samar	Almagro	19	San Isidro
Samar	Almagro	20	San Jose
Samar	Almagro	21	Talahid
Samar	Almagro	22	Tonga-tonga
Samar	Almagro	23	Veloso
Samar	Basey	1	Baloog
Samar	Basey	2	Bulao
Samar	Basey	3	Cugon
Samar	Basey	4	Mabini
Samar	Basey	5	Manlilinab
Samar	Basey	6	Salvacion

Province	Municipality / City	GIDA Barangay	
Samar	Calbayog	1	Buenavista
Samar	Calbayog	2	Caganahaw
Samar	Calbayog	3	Calocnayan
Samar	Calbayog	4	Canhumadac
Samar	Calbayog	5	Danao
Samar	Calbayog	6	Dinawacan
Samar	Calbayog	7	Gasdo
Samar	Calbayog	8	Helino
Samar	Calbayog	9	Higasaan
Samar	Calbayog	10	Himalandog
Samar	Calbayog	11	Jacinto
Samar	Calbayog	12	Kalilihan
Samar	Calbayog	13	Mabini I
Samar	Calbayog	14	Mancol
Samar	Calbayog	15	Nag-uma
Samar	Calbayog	16	Olera
Samar	Calbayog	17	Osmeña
Samar	Calbayog	18	Peña II
Samar	Calbayog	19	Pinamorotan
Samar	Calbayog	20	Salvacion
Samar	Calbayog	21	San Antonio
Samar	Calbayog	22	Tanval
Samar	Calbayog	23	Tigbe
Samar	Calbiga	1	Antol
Samar	Calbiga	2	Barobaybay
Samar	Calbiga	3	Beri
Samar	Calbiga	4	Binanagaran
Samar	Calbiga	5	Bulao
Samar	Calbiga	6	Buluan
Samar	Calbiga	7	Caamlunagan
Samar	Calbiga	8	Canbagtic
Samar	Calbiga	9	Daligan
Samar	Calbiga	10	Guimbanga
Samar	Calbiga	11	Hindang
Samar	Calbiga	12	Hubasan
Samar	Calbiga	13	Literon
Samar	Calbiga	14	Lubang
Samar	Calbiga	15	Minata
Samar	Calbiga	16	Otoc
Samar	Calbiga	17	Pasigay
Samar	Calbiga	18	San Maurecio
Samar	Calbiga	19	Sinalangtan
Samar	Catbalogan	1	Albalate

Province	Municipality / City	GIDA Barangay	
Samar	Catbalogan	2	Bangon
Samar	Catbalogan	3	Bangongon
Samar	Catbalogan	4	Basiao
Samar	Catbalogan	5	Buluan
Samar	Catbalogan	6	Cabugawan
Samar	Catbalogan	7	Cagudalo
Samar	Catbalogan	8	Cagusipan
Samar	Catbalogan	9	Cagutian
Samar	Catbalogan	10	Cagutsan
Samar	Catbalogan	11	Canhawao Gute
Samar	Catbalogan	12	Cinco
Samar	Catbalogan	13	Darahuway Dacu
Samar	Catbalogan	14	Darahuway Gute
Samar	Catbalogan	15	Libas
Samar	Catbalogan	16	Lobo
Samar	Catbalogan	17	Manguehay
Samar	Catbalogan	18	Mombon
Samar	Catbalogan	19	Palanyogon
Samar	Catbalogan	20	Pangdan
Samar	Catbalogan	21	Rama
Samar	Catbalogan	22	Totoringon
Samar	Daram	1	Arawane
Samar	Daram	2	Astorga
Samar	Daram	3	Bachao
Samar	Daram	4	Baclayan
Samar	Daram	5	Bagacay
Samar	Daram	6	Bayog
Samar	Daram	7	Betaug
Samar	Daram	8	Birawan
Samar	Daram	9	Bono-anon
Samar	Daram	10	Buenavista
Samar	Daram	11	Burgos
Samar	Daram	12	Cabac
Samar	Daram	13	Cabil-isan
Samar	Daram	14	Cabiton-an
Samar	Daram	15	Cabugao
Samar	Daram	16	Cagboboto
Samar	Daram	17	Calawan-an
Samar	Daram	18	Cambuhay
Samar	Daram	19	Campelipa
Samar	Daram	20	Candugue
Samar	Daram	21	Canloloy
Samar	Daram	22	Cansaganay

Province	Municipality / City	GIDA Barangay	
Samar	Daram	23	Casab-ahan
Samar	Daram	24	Guindapunan
Samar	Daram	25	Guintampilan
Samar	Daram	26	Iquiran
Samar	Daram	27	Jacopon
Samar	Daram	28	Losa
Samar	Daram	29	Lucob-lucob
Samar	Daram	30	Mabini
Samar	Daram	31	Macalpe
Samar	Daram	32	Mandoyucan
Samar	Daram	33	Marupangdan
Samar	Daram	34	Mayabay
Samar	Daram	35	Mongolbongol
Samar	Daram	36	Nipa
Samar	Daram	37	Parasan
Samar	Daram	38	Poblacion I (Hilaba)
Samar	Daram	39	Poblacion II (Malingon)
Samar	Daram	40	Poblacion III (Canti-il)
Samar	Daram	41	Pondang
Samar	Daram	42	Poso
Samar	Daram	43	Real
Samar	Daram	44	Rizal
Samar	Daram	45	San Antonio
Samar	Daram	46	San Jose
Samar	Daram	47	San Miguel
Samar	Daram	48	San Roque
Samar	Daram	49	San Vicente
Samar	Daram	50	Saugan
Samar	Daram	51	So-ong
Samar	Daram	52	Sua
Samar	Daram	53	Sugod
Samar	Daram	54	Talisay
Samar	Daram	55	Tugas
Samar	Daram	56	Ubo
Samar	Daram	57	Valles-Bello
Samar	Daram	58	Yangta
Samar	Gandara	1	Balocawe
Samar	Gandara	2	Beslig
Samar	Gandara	3	Buao
Samar	Gandara	4	Caparangasan
Samar	Gandara	5	Caranas
Samar	Gandara	6	Carmona
Samar	Gandara	7	Caugbusan

Province	Municipality / City	GIDA Barangay	
Samar	Gandara	8	Elcano
Samar	Gandara	9	Giaboc
Samar	Gandara	10	Hampton
Samar	Gandara	11	HetIbak
Samar	Gandara	12	Himamaloto
Samar	Gandara	13	Hinayagan
Samar	Gandara	14	Lungib
Samar	Gandara	15	Mabuhay
Samar	Gandara	16	Malayog
Samar	Gandara	17	Nalihugan
Samar	Gandara	18	Napalisan
Samar	Gandara	19	Palamrag
Samar	Gandara	20	Purog
Samar	Gandara	21	Rawis
Samar	Gandara	22	San Antonio
Samar	Gandara	23	San Enrique
Samar	Gandara	24	San Frnacisco
Samar	Gandara	25	San Isidro
Samar	Gandara	26	San Jose
Samar	Gandara	27	San Ramon
Samar	Gandara	28	Sta Elena
Samar	Gandara	29	Tigbawon
Samar	Hinabangan	1	Binubucalan
Samar	Hinabangan	2	Bucalan
Samar	Hinabangan	3	Cabalagnan
Samar	Hinabangan	4	Cabang
Samar	Hinabangan	5	Canano
Samar	Hinabangan	6	Concord
Samar	Hinabangan	7	Dalosdosan
Samar	Hinabangan	8	Lim-ao
Samar	Hinabangan	9	Tabay
Samar	Hinabangan	10	Yabon
Samar	Jiabong	1	Bawang
Samar	Jiabong	2	Bugho
Samar	Jiabong	3	Candayao
Samar	Jiabong	4	Casapa
Samar	Jiabong	5	Cristina
Samar	Jiabong	6	Dogongan
Samar	Jiabong	7	Garcia
Samar	Jiabong	8	Jidanao
Samar	Jiabong	9	Mercedes
Samar	Jiabong	10	Nagbac
Samar	Jiabong	11	Salvacion

Province	Municipality / City	GIDA Barangay	
Samar	Jiabong	12	San Andres
Samar	Jiabong	13	San Fernando
Samar	Jiabong	14	San Miguel
Samar	Marabut	1	San Roque
Samar	Marabut	2	Tagalog
Samar	Marabut	3	Tinabanan
Samar	Matuguinao	1	Angyap
Samar	Matuguinao	2	Bag-otan
Samar	Matuguinao	3	Barruz (Barangay No I)
Samar	Matuguinao	4	Camonoan
Samar	Matuguinao	5	Carolina
Samar	Matuguinao	6	De-it
Samar	Matuguinao	7	Del Rosario
Samar	Matuguinao	8	Inubod
Samar	Matuguinao	9	Libertad
Samar	Matuguinao	10	Ligaya
Samar	Matuguinao	11	Mabuligon Pob
Samar	Matuguinao	12	Maduroto Pob
Samar	Matuguinao	13	Mahanud
Samar	Matuguinao	14	Mahayag
Samar	Matuguinao	15	Nagpapacao
Samar	Matuguinao	16	Rizal
Samar	Matuguinao	17	Salvacion
Samar	Matuguinao	18	San Isidro
Samar	Matuguinao	19	San Roque (Mabuhay)
Samar	Matuguinao	20	Santa Cruz
Samar	Motiong	1	Barayong
Samar	Motiong	2	Beri
Samar	Motiong	3	Bonga
Samar	Motiong	4	Canvais
Samar	Motiong	5	Caulayan
Samar	Motiong	6	Malonoy
Samar	Motiong	7	Pamamasan
Samar	Motiong	8	San Andres
Samar	Motiong	9	Santo Nino
Samar	Motiong	10	Sarao
Samar	Pagsanghan	1	Bangon
Samar	Pagsanghan	2	Buenos Aires
Samar	Pagsanghan	3	Calanyugan
Samar	Pagsanghan	4	Caloloma
Samar	Pagsanghan	5	Cambaye
Samar	Pagsanghan	6	Canlapwas (Pob)
Samar	Pagsanghan	7	Libertad

Province	Municipality / City	GIDA Barangay	
Samar	Pagsanghan	8	Pañge
Samar	Pagsanghan	9	San Luis
Samar	Pagsanghan	10	Santo Niño
Samar	Pagsanghan	11	Viejo
Samar	Pagsanghan	12	Villahermosa Occidental
Samar	Pagsanghan	13	Villahermosa Oriental
Samar	Paranas	1	Anagasi
Samar	Paranas	2	Bagsa
Samar	Paranas	3	Cantaguic
Samar	Paranas	4	Cawayan
Samar	Paranas	5	Mangcal
Samar	Paranas	6	Maylobe
Samar	Paranas	7	Minarog
Samar	Paranas	8	Nawi
Samar	Paranas	9	Pagsanghan
Samar	Paranas	10	Sto. Niño
Samar	Paranas	11	Tapul
Samar	Paranas	12	Tula
Samar	Pinabacdao	1	Bugho
Samar	Pinabacdao	2	Calampong
Samar	Pinabacdao	3	Canloba
Samar	Pinabacdao	4	Catigawon
Samar	Pinabacdao	5	Lawaan
Samar	Pinabacdao	6	Layo
Samar	Pinabacdao	7	Loctob
Samar	Pinabacdao	8	Magdawat
Samar	Pinabacdao	9	Manaing
Samar	Pinabacdao	10	Pelaon
Samar	Pinabacdao	11	San Isidro
Samar	San Jorge	1	Bay-ang
Samar	San Jorge	2	Blanca Aurora
Samar	San Jorge	3	Buenavista I
Samar	San Jorge	5	Bungliw
Samar	San Jorge	6	Cabugao
Samar	San Jorge	7	Cag-olo-olo
Samar	San Jorge	8	Calundan
Samar	San Jorge	9	Cantaguic
Samar	San Jorge	10	Canyaki
Samar	San Jorge	11	Cogtoto-og
Samar	San Jorge	12	Gayondato
Samar	San Jorge	13	Guadalupe
Samar	San Jorge	14	Hernandez
Samar	San Jorge	15	Himay

Province	Municipality / City	GIDA Barangay	
Samar	San Jorge	16	Janipon
Samar	San Jorge	17	Libertad
Samar	San Jorge	18	Lincoro
Samar	San Jorge	19	Matalud
Samar	San Jorge	20	Mobo-ob
Samar	San Jorge	21	Puhagan
Samar	San Jorge	22	Ranera
Samar	San Jorge	23	Rawis
Samar	San Jorge	24	San Isidro
Samar	San Jorge	25	Sinit-an
Samar	San Jorge	26	Tomogbong
Samar	San Jose de Buan	1	Aguingayan
Samar	San Jose de Buan	2	Babaclayon
Samar	San Jose de Buan	3	Barangay I (Pob)
Samar	San Jose de Buan	4	Barangay II (Pob)
Samar	San Jose de Buan	5	Barangay III (Pob)
Samar	San Jose de Buan	6	Barangay IV (Pob)
Samar	San Jose de Buan	7	Can-aponte
Samar	San Jose de Buan	8	Cataydongan
Samar	San Jose de Buan	9	Gusa
Samar	San Jose de Buan	10	Hagbay
Samar	San Jose de Buan	11	Hibaca-an
Samar	San Jose de Buan	12	Hiduroma
Samar	San Jose de Buan	13	Hilumot
Samar	San Jose de Buan	14	San Nicolas
Samar	San Sebastian	1	Bontod
Samar	San Sebastian	2	Cabaywa
Samar	San Sebastian	3	Dolores
Samar	San Sebastian	4	Hitaasan I
Samar	San Sebastian	5	Hitaasan II
Samar	Sta Margarita	1	Agrupacion
Samar	Sta Margarita	2	Avelino
Samar	Sta Margarita	3	Bana-ao
Samar	Sta Margarita	4	Camperito
Samar	Sta Margarita	5	Campinig
Samar	Sta Margarita	6	Canipulan
Samar	Sta Margarita	7	Canmoros
Samar	Sta Margarita	8	Cinco
Samar	Sta Margarita	9	Curry
Samar	Sta Margarita	10	Gajo
Samar	Sta Margarita	11	Hindang
Samar	Sta Margarita	12	Imelda
Samar	Sta Margarita	13	Jolacao

Province	Municipality / City	GIDA Barangay	
Samar	Sta Margarita	14	Lundara
Samar	Sta Margarita	15	Mabuhay
Samar	Sta Margarita	16	Mahayag
Samar	Sta Margarita	17	Matayunas
Samar	Sta Margarita	18	Nabulo
Samar	Sta Margarita	19	Panabatan
Samar	Sta Margarita	20	Panaruan
Samar	Sta Margarita	21	Roxas
Samar	Sta Margarita	22	Salvacion
Samar	Sta Rita	1	Algeria
Samar	Sta Rita	2	Aslom
Samar	Sta Rita	3	Cabunga-an
Samar	Sta Rita	4	Camsadong
Samar	Sta Rita	5	Guinbalot-an
Samar	Sta Rita	6	Igang-igang
Samar	Sta Rita	7	Lapaz
Samar	Sta Rita	8	Maligaya
Samar	Sta Rita	9	New Mahumla
Samar	Sta Rita	10	Salvacion
Samar	Sta Rita	11	San Eduardo
Samar	Sta Rita	12	San Roque
Samar	Sta Rita	13	Tagacay
Samar	Sta Rita	14	Umiom
Samar	Sto Niño	1	Balatguti
Samar	Sto Niño	2	Baras
Samar	Sto Niño	3	Basud (Pob)
Samar	Sto Niño	4	Buenavista
Samar	Sto Niño	5	Cabunga-an
Samar	Sto Niño	6	Corocawayan
Samar	Sto Niño	7	Ilijan
Samar	Sto Niño	8	Ilo (Pob)
Samar	Sto Niño	9	Lobelobe
Samar	Sto Niño	10	Pinanangnan
Samar	Sto Niño	11	Sevilla
Samar	Sto Niño	12	Takut
Samar	Sto Niño	13	Villahermosa
Samar	Tagapul-an	1	Baguiw
Samar	Tagapul-an	2	Balocawe
Samar	Tagapul-an	3	Guinbarucan
Samar	Tagapul-an	4	Labangbaybay
Samar	Tagapul-an	5	Luna
Samar	Tagapul-an	6	Mataluto
Samar	Tagapul-an	7	Nipa

Province	Municipality / City	GIDA Barangay	
Samar	Tagapul-an	8	Pantalan
Samar	Tagapul-an	9	Pulang bato
Samar	Tagapul-an	10	San Jose (Pob)
Samar	Tagapul-an	11	San Vicente
Samar	Tagapul-an	12	Suarez (Manlangit)
Samar	Tagapul-an	13	Sugod(Pob)
Samar	Tagapul-an	14	Trinidad
Samar	Talalora	1	Bo Independencia
Samar	Talalora	2	Malaguining
Samar	Talalora	3	Mallorga
Samar	Talalora	4	Navatas Daku
Samar	Talalora	5	Navatas Guti
Samar	Talalora	6	Placer
Samar	Talalora	7	Poblacion Barangay I
Samar	Talalora	8	Poblacion Barangay II
Samar	Talalora	9	San Juan
Samar	Talalora	10	Tatabunan
Samar	Talalora	11	Victory
Samar	Tarangnan	1	Alcazar
Samar	Tarangnan	2	Awang
Samar	Tarangnan	3	Bangon
Samar	Tarangnan	4	Baras
Samar	Tarangnan	5	Binalayan
Samar	Tarangnan	6	Bisitahan
Samar	Tarangnan	7	Bunga
Samar	Tarangnan	8	Cagtutulo
Samar	Tarangnan	9	Cambatutay N
Samar	Tarangnan	10	Cambatutay V
Samar	Tarangnan	11	Catan-agan
Samar	Tarangnan	12	Dapdap
Samar	Tarangnan	13	Lahong
Samar	Tarangnan	14	Libucan Dacu
Samar	Tarangnan	15	Libucan Guti
Samar	Tarangnan	16	Mancares
Samar	Tarangnan	17	Marabut
Samar	Tarangnan	18	Oeste A
Samar	Tarangnan	19	Oeste B
Samar	Tarangnan	20	San Vicente
Samar	Tarangnan	21	Sugod
Samar	Tarangnan	22	Talinga
Samar	Villareal	1	Banquil
Samar	Villareal	2	Binoongan
Samar	Villareal	3	Burabod

Province	Municipality / City	GIDA Barangay	
Samar	Villareal	4	Gintarcan
Samar	Villareal	5	Himyangan
Samar	Villareal	6	Inarumbacan
Samar	Villareal	7	Lamingaw
Samar	Villareal	8	Lawaan
Samar	Villareal	9	Pacao
Samar	Villareal	10	Pacuyoy
Samar	Villareal	11	Patag
Samar	Villareal	12	Plaridel
Samar	Villareal	13	Polangi
Samar	Villareal	14	San Andress
Samar	Villareal	15	Sta Rosa
Samar	Villareal	16	Ulayan
Samar	Zumarraga	1	Alegria
Samar	Zumarraga	2	Arteche
Samar	Zumarraga	3	Bioso
Samar	Zumarraga	4	Boblaran
Samar	Zumarraga	5	Botaera
Samar	Zumarraga	6	Buntay
Samar	Zumarraga	7	Camayse
Samar	Zumarraga	8	Canwarak
Samar	Zumarraga	9	Ibarra
Samar	Zumarraga	10	Lumalantang
Samar	Zumarraga	11	Macalunod
Samar	Zumarraga	12	Maga-an
Samar	Zumarraga	13	Maputi
Samar	Zumarraga	14	Marapilit
Samar	Zumarraga	15	Monbon
Samar	Zumarraga	16	Mualbual
Samar	Zumarraga	17	Pangdan
Samar	Zumarraga	18	Poblacion I (Barangay I)
Samar	Zumarraga	19	Poblacion II (Barangay II)
Samar	Zumarraga	20	Poro
Samar	Zumarraga	21	San Isidro
Samar	Zumarraga	22	Sugod
Samar	Zumarraga	23	Talib
Samar	Zumarraga	24	Tinaugan
Samar	Zumarraga	25	Tubigan

GIDA Barangays per Province	
Leyte	134
Southern Leyte	30
Biliran	19
Samar	454

Province	Municipality / City	GIDA Barangay
Eastern Samar		161
Northern Samar		312
Total GIDA Barangays		**1110**

CURRICULUM VITAE

CURRICULUM VITAE

NAME	:	REY ANGELO PERANTE HIERRO
ADDRESS	:	BRGY. 20, M. H. DEL PILAR, TACLOBAN CITY
PLACE OF BIRTH	:	TACLOBAN CITY
DATE OF BIRTH	:	APRIL 2, 1995
SEX	:	MALE
AGE	:	25
CIVIL STATUS	:	SINGLE
OCCUPATION	:	REGISTERED NURSE
OFFICE	:	EASTERN VISAYAS REGIONAL MEDICAL CENTER

EDUCATIONAL BACKGROUND

ELEMENTARY	:	SAN FERNANDO CENTRAL SCHOOL TACLOBAN CITY
SECONDARY	:	LEYTE NATIONAL HIGH SCHOOL TACLOBAN CITY
TERTIARY	:	COLEGIO DE STA. LOURDES OF LEYTE FOUNDATION INC. TABONTABON, LEYTE

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