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## MOBILE HEALTH SERVICES: IMPLEMENTATION AND OUTCOMES

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### ABSTRACT

This study examined the implementation and service delivery outcomes of Mobile Health Services under the Coconut Farmers and Industry Development Plan, addressing persistent healthcare access gaps among coconut farmers in remote areas. Using a qualitative design, data were collected through interviews, focus group discussions, and document review involving beneficiaries, implementers, and local stakeholders. Findings revealed that implementation was shaped by adaptive governance, facilitative leadership, uneven institutional capacity, and coordination dependent on communication, while accountability remained stronger in reporting than in formal feedback mechanisms. The results indicated improved accessibility through reduced barriers, high perceived service quality, responsive interpersonal care, and strong satisfaction despite delays and travel constraints. These findings suggested that program effectiveness depends on strengthening manpower, logistics, communication systems, and structured feedback processes to sustain responsive and inclusive public service delivery.

**Keywords:** *Mobile Health Services, governance, service delivery, public administration*

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## INTRODUCTION

Public administration is not limited to policy formulation but extends to the effective delivery of services that enhance citizens' welfare. The success of public programs depends on how policies are implemented through governance systems, leadership, institutional capacity, coordination, accountability, and service delivery processes. Policies only achieve their intended outcomes when they are translated into practice within functioning administrative systems.

In the Philippines, access to essential health services remains uneven, particularly in rural and geographically isolated areas where infrastructure, healthcare facilities, and human resources are limited. These conditions result in gaps in preventive care, early diagnosis, and treatment, especially among low-income populations. Agricultural communities, including coconut farmers, are particularly vulnerable due to their location and limited access to services. Health outcomes in these areas are influenced not only by economic conditions but also by accessibility constraints, service availability, and institutional limitations, indicating the need for alternative service delivery approaches.

To address these challenges, outreach-based models such as mobile health services have been adopted to bring healthcare closer to underserved communities. These programs aim to reduce barriers related to distance, cost, and limited facilities by delivering services directly to beneficiaries. This approach reflects a shift toward more inclusive and responsive public service delivery that prioritizes community needs.

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The legal foundation of this study is Republic Act No. 11524, which established the Coconut Farmers and Industry Development Plan as a framework for improving the socio-economic conditions of coconut farmers. The plan recognizes that development extends beyond agricultural productivity and includes social protection measures, such as health services. Although the Philippine Coconut Authority is primarily an agricultural agency, it is mandated to implement health-related interventions as part of this broader development strategy.

Initially, the Health and Medical Program focused on facilitating access to health insurance through partnerships. However, revisions to the plan transferred implementation responsibility to the Philippine Coconut Authority, supported by collaborations with healthcare providers. This shift highlights key administrative concerns, including mandate clarity, institutional capacity, coordination, and accountability.

Within this framework, Mobile Health Services were introduced to provide consultations, diagnostics, and medicines directly to coconut farmers, particularly in remote areas. While the program addresses access barriers, its effectiveness depends on how governance, leadership, resources, coordination, and accountability operate in practice. Existing studies suggest that weaknesses in these areas may limit service quality and impact, while beneficiary-centered indicators such as accessibility, service quality, responsiveness, and satisfaction remain essential in evaluating outcomes.

Despite these insights, there is limited empirical understanding of how implementation factors interact with service delivery outcomes in this context. This study addressed this gap

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by examining both administrative processes and beneficiary experiences. It aimed to generate evidence that can inform policy and program improvements to strengthen the effectiveness and sustainability of Mobile Health Services.

## MATERIALS AND METHODS

### Research Methodology

This chapter explains the methodological approach used to examine the implementation and outcomes of Mobile Health Services (MHS) under the Coconut Farmers and Industry Development Plan (CFIDP). It presents the research design, participants, sampling procedures, data collection process, research instruments, validity and reliability measures, and data analysis techniques. The methodological structure ensures alignment with the study's governance variables (governance, leadership, institutional capacity, coordination, accountability) and service delivery outcomes (accessibility, service quality, responsiveness, and satisfaction).

### Research Method

This study employed a qualitative research approach to systematically collect and analyze data on the implementation and outcomes of Mobile Health Services under the Coconut Farmers and Industry Development Plan. Qualitative research is commonly used in social science studies to examine complex phenomena by exploring participants' experiences, perspectives, and interpretations within their natural settings. It involves the systematic collection and analysis of non-numerical data to generate in-depth insights into social processes and human behavior (Busetto et al., 2020; Tenny et al., 2022).

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In this study, research methods referred to the structured procedures and techniques used to collect, analyze, and interpret data in a systematic manner. Ensuring validity and reliability is essential, as these establish the credibility and consistency of the findings. Validity refers to the extent to which the results accurately represent the phenomenon being studied, while reliability pertains to the consistency of the research process across similar contexts (Andersson et al., 2024).

A qualitative approach was adopted because the study focused on understanding administrative processes and lived experiences rather than measuring variables quantitatively. This enabled the examination of how governance, leadership, institutional capacity, coordination, and accountability influence program implementation, as well as how beneficiaries perceive service delivery outcomes in terms of accessibility, service quality, responsiveness, and satisfaction.

Data were collected through key informant interviews, focus group discussions, and document analysis. Key informant interviews provided insights from implementers and stakeholders, while focus group discussions captured the shared experiences and perceptions of beneficiaries. Document analysis complemented these methods by providing relevant contextual information on policy mandates and implementation structures (PCA, 2022; PCA, 2024).

The integration of these methods allowed for a comprehensive understanding of the program by linking administrative processes with beneficiary experiences. This approach

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ensured that the findings reflect real-world conditions and provide meaningful insights for policy and program improvement.

## Research Design

The study adopted a qualitative research design to generate an in-depth understanding of how Mobile Health Services are implemented and experienced in actual field settings. This design is appropriate because the inquiry focused on exploring administrative processes, institutional arrangements, and beneficiary experiences rather than measuring variables quantitatively.

A qualitative approach allowed the examination of how governance structures, leadership practices, institutional capacity, coordination mechanisms, and accountability systems influence the delivery of services. It also enabled the capture of beneficiary perspectives regarding accessibility, service quality, responsiveness, and satisfaction. This design was particularly suitable for public administration research that sought to analyze real-world program implementation and derive context-specific policy insights.

## Participants of the Study

The participants of this study were purposively selected based on their direct involvement in and experience with the Mobile Health Services program. To obtain a comprehensive understanding of both implementation processes and service outcomes, participants were categorized into three groups.

The first group comprised program beneficiaries, specifically coconut farmers and community members who had personally availed themselves of Mobile Health Services. Their

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participation enabled the study to capture lived experiences related to service delivery, particularly in terms of accessibility, service quality, responsiveness, and satisfaction.

The second group included program implementers, consisting of officials and personnel from the Philippine Coconut Authority who were actively engaged in planning, coordination, supervision, and field-level execution of the program. Their perspectives provided critical insights into how governance, leadership, institutional capacity, coordination, and accountability are manifested in actual implementation.

The third group consisted of partner stakeholders, including representatives from local government units and barangay officials who supported the program at the local level. Their involvement offered additional perspectives on inter-agency coordination, logistical support, and community-based facilitation of services.

To ensure clarity and transparency in the qualitative analysis, participant profiles were described narratively. A total of eight participants were included in the study, representing both beneficiaries and key stakeholders involved in the program.

Respondents 1 through 4 were coconut farmers who directly received services under the Mobile Health Services program. Their accounts provided firsthand perspectives on how the program influenced healthcare access and their overall experience with the services rendered.

Respondents 5 and 6 were personnel from the Philippine Coconut Authority who served as key informants. Their roles involved coordination, monitoring, and provincial-level

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implementation, allowing them to provide insights into administrative processes and operational dynamics.

Respondent 7 represented a local government unit, contributing perspectives on coordination and institutional support at the municipal level. Respondent 8, a barangay official, provided insights into community-level engagement and the facilitation of program activities.

The inclusion of participants from both beneficiary and implementing groups ensured a balanced, comprehensive understanding of the program. This approach allowed the study to examine administrative processes and service delivery outcomes from multiple vantage points.

### Sampling Design

The study employed purposive sampling, a non-probability sampling technique commonly used in qualitative research. Participants were selected based on their relevance to the research objectives and their ability to provide rich, context-specific information.

Beneficiaries were chosen from communities where Mobile Health Services had been conducted, with preference given to those who had direct experience with the program. Program implementers and partner stakeholders were selected based on their roles.

The purpose of sampling was not to achieve statistical representation but to obtain in-depth, meaningful insights that reflect the realities of program implementation.

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## Research Instrument

The study utilized qualitative research instruments designed in accordance with the sampling design, research questions, and study variables. A semi-structured interview guide was used for key informant interviews with program implementers and stakeholders.

The guide contained open-ended questions that examined governance in terms of policy direction and decision-making, leadership in terms of direction and supervision, institutional capacity in terms of resources and logistical support, coordination in terms of inter-agency collaboration, and accountability in terms of monitoring and reporting mechanisms.

A focus group discussion guide was used for beneficiaries to capture service delivery outcomes. The instrument explored accessibility in terms of ease of access, service quality in terms of adequacy and organization of services, responsiveness in terms of timeliness and behavior of service providers, and satisfaction in terms of overall experience.

A document review guide was also utilized to examine policy documents and administrative records. This instrument focuses on identifying institutional arrangements, implementation guidelines, and accountability mechanisms reflected in official documents.

All instruments were aligned with the conceptual framework and Statement of the Problem, ensuring consistency between variables, research questions, and data collection tools.

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## Validity of the Research Instrument

To ensure the validity of the study results, the researcher subjected the questionnaire to content validation by submitting an initial draft to the research adviser for evaluation. The instrument was further reviewed by a panel of research experts, whose feedback and recommendations were carefully taken into account. The eight-point content validation criteria are presented in Appendix B. All suggested revisions were incorporated into the final version of the questionnaire.

## Reliability of the Research Instrument

Reliability in this study was ensured through the consistency and systematic application of the research procedures throughout the data collection and analysis process. Given the qualitative nature of the study, reliability does not rely on statistical measures but is established through methodological rigor and transparency in the use of research instruments.

The semi-structured interview guide and focus group discussion guide were carefully designed to align with the Statement of the Problem and the conceptual framework of the study. These instruments were used consistently across all participants to maintain uniformity in the manner questions were asked and responses were obtained. This approach ensured that comparable data were gathered across different participant groups.

To further enhance reliability, all interviews and focus group discussions were conducted following a standardized procedure. Responses were recorded with the consent of participants and transcribed verbatim to preserve the accuracy and authenticity of the data.

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Field notes were also documented to capture contextual details and non-verbal cues that support data interpretation.

Dependability of the findings was strengthened through a systematic process of data coding and thematic analysis. Data were carefully organized, categorized, and reviewed multiple times to ensure that emerging themes were consistently derived from the participants' responses. This process allows other researchers to follow the analytical procedures and understand how conclusions were reached.

In addition, methodological triangulation was employed by integrating data from key informant interviews, focus group discussions, and document analysis. This approach enhances reliability by allowing cross-validation of findings from multiple sources, ensuring that interpretations are not based on a single data set but are supported by converging evidence.

### **Data Gathering Procedure**

Data collection follows a structured and systematic process. These were: 1) Key Informant Interviews (KII), 2) Focus Group Discussions (FGD), and 3) Document Analysis. Key informant interviews were conducted with program implementers and partner stakeholders to examine governance arrangements, leadership practices, institutional capacity, coordination mechanisms, and accountability systems. These interviews provide detailed insights into administrative and operational processes.

Focus group discussions were conducted with selected beneficiaries to gather collective perspectives on accessibility, service quality, responsiveness, satisfaction, and

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overall program experience. This method enables participants to share and validate their experiences in a group setting.

Document analysis was conducted to review relevant materials such as CFIDP plans, administrative issuances, reports, and policy guidelines. This process provides contextual understanding and supports the validation of participant responses, particularly in relation to the legal mandate and implementation structure of the program (Philippine Coconut Authority, 2022; Philippine Coconut Authority, 2024).

Ethical considerations were strictly observed throughout the study. Participants are informed of the purpose of the research, the voluntary nature of their participation, the confidentiality of their responses, and their right to withdraw at any time. Informed consent is obtained prior to data collection.

### Data Analysis

The study employed thematic analysis to interpret qualitative data. This method facilitated the identification of patterns and themes related to both implementation processes and service delivery outcomes.

The analysis involved familiarization with the data through transcription, followed by the identification and coding of significant statements. These codes were grouped into broader themes that correspond to the study variables. The themes were then interpreted in relation to the research questions and conceptual framework.

Themes were organized into two categories: implementation variables, which include governance, leadership, institutional capacity, coordination, and accountability; and service

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delivery outcomes, which include accessibility, service quality, responsiveness, and satisfaction.

Findings from interviews and focus group discussions were triangulated with document analysis to ensure consistency, validity, and contextual accuracy of interpretations.

## RESULTS AND DISCUSSIONS

This study examined how Mobile Health Services under the Coconut Farmers and Industry Development Plan were implemented and how these services were experienced by beneficiaries in terms of accessibility, service quality, responsiveness, and satisfaction. Anchored on public administration perspectives, the inquiry focused on the interaction between governance processes and service delivery outcomes within an outreach-based program administered by the Philippine Coconut Authority. A qualitative design was employed, utilizing key informant interviews, focus group discussions, and document analysis to capture both administrative and beneficiary perspectives. The participants included coconut farmers who availed of the services, program implementers from the Philippine Coconut Authority, and partner stakeholders from local government units and barangay institutions, ensuring a comprehensive view of implementation and outcomes.

The findings revealed that program implementation was shaped by a combination of structured policy direction and adaptive field practices. Governance operated as a guiding framework, but its effectiveness depended on context-sensitive execution that allowed implementers to respond to varying local conditions. Leadership emerged as facilitative and

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supportive, playing a critical role in maintaining coordination and resolving operational challenges, although its effectiveness was closely linked to the quality of communication systems. Institutional capacity was found to be uneven, with strong clinical service provision complemented by limitations in manpower, logistics, and operational flow. Coordination was generally collaborative and multi-actor in nature, involving the Philippine Coconut Authority, local government units, and community actors, yet remained vulnerable to communication gaps. Accountability mechanisms were present through formal monitoring and reporting systems, but beneficiary feedback processes were largely informal and inconsistently institutionalized.

From the perspective of beneficiaries, service delivery outcomes were generally positive. Accessibility improved through the reduction of financial and geographic barriers, even if physical challenges such as distance and travel persisted. Service quality was perceived as high due to the completeness of services and the professionalism of health personnel. Responsiveness was experienced positively at the interpersonal level, with staff demonstrating attentiveness and respect, although system-level delays were observed due to high demand. Satisfaction was consistently high and rooted in tangible benefits such as free medical services and reduced healthcare expenses. Overall, the findings indicated that the program was meaningful and beneficial, while highlighting the need for strengthening operational systems to sustain its effectiveness.

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This edit focuses on improving flow, removing redundant phrasing (like "the study also indicated" or "the findings point to"), and ensuring a professional, academic tone while maintaining your original meaning.

## Conclusion

The findings suggest that Mobile Health Services function as a significant outreach-based public service, the effectiveness of which is shaped by the interaction between formal governance and field-level adaptability. Governance within the program is not limited to policy compliance but depends on the ability of implementers to translate mandates into context-sensitive actions. This indicates that effective governance relies on maintaining policy direction while allowing for flexible execution in response to local conditions.

Leadership serves as a central enabling factor in program implementation. Experienced as facilitative, collaborative, and responsive, leadership aligns diverse actors and ensures the continuity of service delivery. However, leadership effectiveness is closely tied to communication; where communication is clear and timely, implementation is seamless, whereas gaps lead to delays and inefficiencies.

Institutional capacity remains unevenly developed. While the program demonstrates strong clinical capability in delivering comprehensive healthcare, it faces constraints in manpower, logistics, and operational flow. This imbalance explains why beneficiaries perceive high service quality despite experiencing delays or crowding, indicating that capacity must be defined by both service provision and operational sustainability.

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Coordination is both a strength and a vulnerability. While the program benefits from active collaboration among national agencies, local governments, and community stakeholders, this coordination depends heavily on communication systems that are not always consistent. Consequently, coordination is functional but not fully institutionalized, requiring stronger procedural support.

Regarding accountability, the program maintains formal monitoring and reporting systems that ensure administrative oversight. However, mechanisms for capturing and integrating beneficiary feedback remain informal. This suggests that accountability is more robust in upward reporting than in downward responsiveness, limiting the program's capacity for systematic learning from user experiences.

Service delivery outcomes are generally positive. Accessibility has improved by reducing financial and logistical barriers, while quality is bolstered by comprehensive care and credible providers. Although system-level delays persist, interpersonal responsiveness remains high, leading to strong beneficiary satisfaction. These outcomes demonstrate that the program effectively addresses immediate healthcare needs despite operational limitations.

Overall, Mobile Health Services are perceived as valuable and responsive to the needs of coconut farmers, particularly in underserved areas. However, long-term sustainability depends on strengthening the administrative systems that support implementation. Strengthening the alignment between governance, leadership, institutional capacity, and accountability is essential for achieving optimal public service delivery.

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