



Barriers to Access of Public Services for the Urban Poor in Dipolog and Dapitan City

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Abstract

The study determined the barriers to access of public services for the urban poor households in the selected barangays of Dipolog and Dapitan City. The constraints were categorized as administrative, economic and geographic to access education, health, sanitation, and utility services. Barrier indices were computed based on measures of poverty gap and Foster, Greer and Thorbecke index. The study divulged that there was an administrative constraint of urban poor sector of the two cities to access essential services in their respective barangays. Root causes of lopsided economic opportunities and government privileges across urban barangays were classified. Hence, local government and business sector must work together to meet the demands of the grass roots through increasing job opportunities and a minimum wage to meet the daily cost of living.

Keywords: *barriers to access, basic services, urban poor, Dipolog and Dapitan City*

Introduction

Urban poverty is characterized in terms of commoditization, overcrowded living, environmental hazard, social fragmentation, crime and violence, traffic accidents and natural disasters (Schuler and Baker 2004). The marginalized group of inhabitants lives in this disadvantaged situation. In terms of income, they obtained less than the minimum wage incapable to sustain needs for a basket of goods a typical family could bring out from the market.

There are approaches to understand barriers to access public service (Titumir 2004). First, increases in population not complemented with increases in the supply of basic services will result to a problem. Second, is a positive outlook which refers to the trickledown vision of economic development that in due course will lead to advancements in supply of public utility service and consequently need not to fret the symptoms of poverty. The opposite of which is the third, the need to rapidly address dilemmas there being not enough providence explicated from the inadequate funds, technology or entities to bring it to citizens. Fourth, capability deprivation is also a possible reason on the inaccessibility of the said services.

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Public service in its universal form is to be made available to all regardless of income, status or power. This includes primary education, fire service, police protection, health and the like. Another form of service is made available when leveraged by a given income, position or influence.

In the Philippines, Local Government Units (LGUs) can be viewed as the producer and supplier of public goods and services. These are made possible through the internal and external sources of financing. They derive income from local taxes, fees and charges called local revenue. Other sources of income include percent share from national internal revenue taxes called Internal Revenue Allotment (IRA). Allocations made by the national government are based on population, land area, and equal sharing. Externally sourced funding may also come from credit financing from other either government or private banks and lending institutions.

Among LGUs, cities have larger economic bases and that they are growing and evolving much faster than the rest of the LGUs in the Philippines. The autonomy bestowed enables them to become more responsive to situations obtained locally. Such powers and capabilities of LGUs imply potential access of inhabitants in the various barangays. However, potential accessibility is an insufficient condition on usage of governmental provisions. Its actual access is a better expression. Otherwise, barriers to it exist. Costs in terms of affordability are generally perceived to be the greatest barrier to the use of public services. Even when free at the point of use, hidden costs are present. These include transport to the service, time lost for work, costs of child care and costs of prescribed medicines among others.

The study aimed to calculate the barrier indices to access basic services among the urban poor in Dipolog and Dapitan City categorized in terms of administrative, economic and geographic barriers.

Theoretical Consideration

This paper is anchored on the *economic theory of public goods* and conceptualized on the framework that entails *rights* with its three dimensions. A public good, as stated by R. G. Holcombe (2007), is a good that is categorized primarily as once produced, can be consumed by an additional consumer at no additional charge. Another characteristic is that of non-excludability such that consumers cannot be excluded from consuming the public goods once it is produced. Primary, secondary and tertiary schools, fire protection, barangay and national roads, hospitals and health centers of local government units and others are few of the public goods. As opposed to private goods, its additional consumption means additional cost and prevents others from benefitting the goods.

The framework of Rashed Al Mahmud Titumir and Jakir Hossain (2004) attuned with justice and rights also explicates the analysis of barriers to access to public services. It entails three dimensions of rights. These are commutative justice, distributive, and social rights. The first framework, commutative justice refers to fairness in all agreements and exchanges. The second is distributive justice. It involves allocation of income, wealth and power. The third is social justice that entails obligations to be active or productive participants in society. These premises are concerned with just and equitable distribution



of economic goods and services. It is both process and outcome oriented and stresses the importance of an egalitarian outcome. Economic justice argument favours just economy that provides equal access to primary goods and services. It also captures elements of sustainable livelihoods based on capability, equality, and sustainability. Capability refers to execute vital functioning such as making use of livelihood opportunities, coping with stress and shock, and responding to unfavourable changes in circumstances. Equity is usually measured in terms of income distribution, but it also implies an equal distribution of assets, capabilities, and opportunities. Social sustainability denotes a capacity to uphold and improve livelihoods while preserving and enhancing local and global assets and capabilities on which livelihood depends (Chambers and Conway 1992).

Methodology

Thirteen urban barangays in Dipolog and Dapitan City were selected for this study. The 13 urban barangays were chosen because slums and observable characteristics of urban poor household clusters. A letter was sent to the barangay captains outlining the intention of the study and requesting their participation. A visit to each of the urban barangay was made and questionnaire was given to the randomly selected households. The questionnaire was based on the study of Titumir (2004) on the Barriers to Access Public Services of the Urban Poor. The questionnaire was filled up by the head of the household. Secondary data were obtained from the barangay officials with the participation of the health worker and day care teacher for the data on health care and pupils.

There were 535 household heads randomly selected and interviewed. Economic barriers to access of public services were established based on their monthly expenditures on education, health, sanitation, water, and electricity. Data acquired from barangay officials were utilized to determine administrative and geographic barriers to access of basic services.

Non-monetary measures included in the study were characterization of household heads' educational attainment, source of income and living conditions. Expenditures at a point in time given by the average monthly spending on education, health, water, sanitation and electricity were variables for monetary assessment of poverty gap index. Expenditures present a more stable measure of poverty since household consumption is dependent on their permanent income rather than the actual income.

The *poverty gap index* (P1) is utilized in this study to calculate the degree to which individuals drop below the poverty line also called the poverty gap as a proportion of the poverty line. The summation of these poverty gaps provides the minimum cost of eradicating poverty, if transfers were completely targeted. The transfer made is the needed alleviation that urban poor household require to stay out of poverty.

Poverty gap (G_i) is the poverty line (z) less actual expenditures (y_i) for poor individuals. The gap is considered to be zero for everyone else. At the other extreme, one can consider the maximum cost of eliminating poverty. From the form of the index, the ratio of the minimum cost of eliminating poverty with perfect targeting (i.e. G_i) to the maximum cost with no targeting (i.e. z , which would entail providing everyone with

enough to guarantee they are not under the poverty line) is basically the poverty gap index. Thus this measure is an indicator of the potential saving to the poverty alleviation budget from targeting. The lesser is the poverty gap index, the larger the potential economies for poverty alleviation funds from identifying the characteristics of the poor. The index function is given by,

$$P_1 = \frac{1}{N} \sum_{i=1}^N \left(\frac{G}{z} \right)$$

Where,

$$G_i = (z - y_i) \cdot I(y_i < z).$$

One of the limitations of the poverty gap index is that the measure does not reflect changes in inequality among the poor. Foster, Greer and Thorbecke (1984; Poverty Manual 2005) presents a measure of poverty that takes into account inequality among the poor. It is where the squared poverty gap index is derived. The squared poverty gap index is a weighted total of poverty gaps, where the weights are the proportionate poverty gaps themselves. In contrast, the poverty gap index gives weight equally. Thus, by squaring the poverty gap index, the measure perfectly puts more weight on observations that fall well under the poverty line. This is given by,

$$P_1 = \frac{1}{N} \sum_{i=1}^N \left(\frac{G}{z} \right)^2.$$

The square is an α that may takes on a value of 0, 1, 2, with different implications. When $\alpha = 0$, it measures poverty incidence. This translates to the headcount ratio (Akerle and Adewuyi 2011), that is the proportion of the households below poverty level. When $\alpha = 1$, it measures the depth of poverty or poverty gap that is the proportion of the poverty threshold (line) that an average poor household will require to at attain to the poverty line. When $\alpha = 2$, it measures the severity of poverty that is how serious poverty is. It gives more weight to the poorest. The closer the value is to 1, the higher the seriousness of poverty.

This measure is the mean proportionate poverty gap in the population. The non-poor have zero poverty gap. The computed value provides the cost of eliminating poverty relative to the poverty line. It gives the proportion of the amount that has to be transferred to the poor to bring their incomes or expenditures up to the poverty threshold. The minimum cost of eradicating poverty utilizing targeted transfers is basically the total of all the poverty gaps in a population. Every gap is filled up to the poverty line.

Results and Discussion

Demographic Profile of Urban Poor Household Heads. Dipolog and Dapitan are identified as two of the industrial development centers in the region build up to develop into chief producers of marine, aquaculture products and high value crops (ZPRDP 2011/16). With agriculture as platform of the cities' development, household heads with high school diploma are unexpected to immerse in agricultural hard work.



Table 1 reveals that Dapitan City urban poor are female-headed households (69%), married (88%) and better schooled (68%) but underemployed (77%). Economic and social involvement of entrepreneurial activities in Dapitan City centers on employment of skills that are predominantly for women. Hotel and pension house service crew and house helps as stay outs are the common occupations for women. Dipolog City urban poor are male-headed households (45%) but not greatly on the proportion of female-headed households (45%). The city has more diverse economic activities for both genders.

Apparently, the urban poor are unaware and untapped of the region's preparation for economic take off. Persistence of poverty in the urban sector of the two cities would be inevitable given gap is left unclosed between the region's objective and the role of the urban poor.

Table 1 Profile of Urban Poor Household Heads in Dapitan and Dipolog

Variable		DAPITAN		DIPOLOG	
		Frequency	%	Frequency	%
Gender	Male	128	31	66	55
	Female	287	69	54	45
	Total	415	100	120	100
Marital Status***	Married	367	88	104	87
	Single	48	12	16	13
	Total	415	100	120	100
Educational Level	Better Schooled	283	68	74	62
	Less Schooled	132	32	46	38
	Total	415	100	120	100
Employment	Underemployed	318	77	93	78
	Unemployed	97	23	27	23
	Total	415	100	120	100
***Figures in italics are significant at 1% and 5% level of significance					

There are seven in every ten households in Dipolog and Dapitan who sourced water from NAWASA (table 2). This was a result of the Cities' expansion of coverage in supplying water from 2004 to 2009. Water Districts secured loans to install new pipelines, improve water systems, and relocate service connections, construct or rehabilitate reservoir, construct additional pump houses, rehabilitate pump stations, improve water, and construct river protection. Even though several of the households sourced water from NAWASA not all of them had their individual pipeline connections. These households were charged per gallon filled.

There were five to ten households in Barangay Turno of Dipolog who still use tube wells other than NAWASA. Likewise, one to four households in Barangay Sta Cruz also sourced from tube wells aside from NAWASA. Almost of the same proportion of the respondents with regular source of water is also true in terms of having their own sanitary toilet.

Information on the sources of water for drinking and sanitary conditions as well as supply of electricity could provide insight to the living conditions of people. Accessibility of infrastructure such as electricity and pipe borne water are directly associated with food security as well as poverty. Less than 15 percent of the total urban poor households were not able to access electricity. The 37.57 percent had access to regular day connection because they had arranged electricity connection from the neighbourhood. More than half of the respondents resided in a hut whereas most of the other half lived in a strong roof or semi building residences.

Table 2 Distribution of Households by Water Source, Sanitation Type, Electricity Connection, Housing Materials, and Privileges in Dipolog and Dapitan City

Service	Dipolog		Dapitan	
	Frequency	%	Frequency	%
Water				
NAWASA	67	56	311	75
Tubewell	51	43	83	20
Both	2	2	10	2
Others	0	0	11	3
Total	120	100	415	100
Sanitation				
Sanitary Toilet	62	52	304	73
Overhang	58	48	84	20
Others	0	0	27	7
Total	120	100	415	100
Electricity				
Have elect.	80	67	177	43
Connection		0		0
Arranged	33	28	168	40
No elect.	7	6	70	17
Connection				
Total	120	100	415	100
Housing				
Materials				
Strong Roof	19	16	76	18
Semi-Building	23	19	97	23
Hut	77	64	227	55
Others	1	1	15	4
Total	120	100	415	100
Privilege				
4P's	48	40	157	38
Lando Bibo	5	4	20	5
Both	2	2	1	0
Others	65	54	54	13
None	0	0	183	44
Total	120	100	415	100

Respondents shared almost of equal proportion on having the privilege to enjoy the cash transfer program of the government or the *Pantawid Pamilyang Pilipino Program (4P's)* and the medical assistance benefit through the *Lando Bibo* Card intended primarily among the poor sector of the local units. The proportion of beneficiaries by barangay and



province in the case of the cash transfer programs is computed and determined by the National Government thereby generating listings of the households and given to DSWD Local Offices. While the selected urban poor households benefit from government privileges, others with similar hardships in expenditures are debarred from the benefits. Most of the cash transfer beneficiaries were from Sta. Cruz while those from San Vicente hardly accessed the privileges.

Economic Barriers. Zamboanga del Norte was included in the bottom cluster of provinces that posted highest in terms of poverty incidence. The total food expenditures and non-food consumption of family requires P 7,017.00 in a month to stay out of poverty (NSCB 2009). The average number of households in every urban barangay of the two cities of the province is almost 500.

People simply could not afford the services. Though the services are free at the point of use like health care, there are hidden costs incurred. Other costs are incidental and requisites to the services they actually demand. The urban poor households were inquired on their education associated expenses in a month to comprise pencil and paper, book or its photocopy, transportation, and other expenses other than charges and tuition fees incurred in school.

Health expenditures include those services from a clergy, healer, doctor, health center, government hospital and medicines. It was found out that health centers cost households an ample average amount of P 20.00 thus the most economically accessible public health service. Expenses on utilities are the average monthly bill, replacement on bulbs in a month, repairs and the supply expenses on sanitation.

Table 3 provides the disparity of poverty gap index among the barangays. This means within a city, urban barangays vary (FGT index = 0.06) by 0.245 (the square root of the FGT index) on their means to access public services. The FGT index also holds that there is less severe poverty among those with poverty gap (FGT index \approx 0).

The average income needed by 13 barangays in Dapitan and Dipolog is about P1,122.00 per month given by the poverty gap index of 16 percent. Much needed income transfer is required more in Dapitan than the urban barangays in Dipolog. Sta Cruz urban households behave differently with households in San Vicente. The negative average household expenditures indicate the non-poor households crowding with the poor families in the two cities.

Table 3 Poverty Gap Index, at Poverty Line of 7,017 Family of 5 (NSO 2009)

Barangay	Ave. HH Expenditures	Poverty Gap	G/z	(G/z)2	Poverty Gap Index	FGT index
Dapitan					0.16 =[2.14/13]	0.06 =[0.79/13]
Bagting	7,960.16	-853.16	0.00	0.00		
Banonong	12,765.75	-5658.75	0.00	0.00		
Cawa-cawa	6,282.02	824.98	0.12	0.01		
Dawo	5,279.87	1827.13	0.26	0.07		
Polo	5,053.73	2053.27	0.29	0.08		
Potol	4,204.52	2902.48	0.41	0.17		
San Vicente	2,651.96	4455.04	0.63	0.39		
Sta. Cruz	20,536.71	-13429.71	0.00	0.00		
Talisay	5,961.92	1145.08	0.16	0.03		
Dipolog						
Barra	8,973.13	-1866.13	0.00	0.00		
Central Barangay	7,562.64	-455.64	0.00	0.00		
Miputak	6,313.66	793.34	0.11	0.01		
Turno	5,933.57	1173.43	0.17	0.03		

One of the coastal barangays in Dapitan, Barangay San Vicente, ranked highest in terms of the difference between poverty threshold and actual income. Livelihood of most inhabitants in San Vicente is porting. Porting services in Pulawan wharf of the province is regulated by the Philippine Customs Brokerage Stevedoring Inc. (PCBSI), an agency intended to apportion and distribute porting fees among all porters, secure passenger safety and provide ceiling charges. Hiring requirements include the recommendation from the City Mayor. Middle administration positions are more politically avowed given that the Dapitan port is a sub-port of Misamis Occidental hence recommendations also originate from its mother port. Alternative livelihood is limited to peddling and vending.

On the one hand, Barangay Sta Cruz is the most endowed and benefitted barangay. The urban households were able to sustain expenditures at home and access public services. Most of them were privileged members of the *Lando Bibo* health assistance, *Medicare sa Masa*, Pantawid Pamilyang Pilipino Program of 2010, and other welfare benefits afforded by the locality. Moreover, they allocated relatively the highest average education related and utility expenses. This implies more furniture and fixtures as household ownership of inhabitants in Sta. Cruz since the barangay is along the Dapitan City Boulevard with thriving cottage food service businesses and video-k bars which harmonize local tourism catering to a market niche of drivers and students. It could be noted that the barangay had squatting settlers along the sea shore before. However, the City Government endorses ecotourism resulting to the relocation of settlers to a distant barangay, Barangay Sulangon.



Geographic Barriers. Geographic index is based on the proportion on the number of patients and average distance of health centers, day care centers, market, and water source accessible within a barangay. Roughly all of the health and day care centers in Dapitan and Dipolog are located in the same site of their barangay multipurpose hall. Health and day care provisions are within an average distance of 500m whereas market and public water systems are supplied less than one km away. Considering the respondents are urban households, they are the least remote thus had the most access to service centers. In addition, public utility motorcycles, also called as *habal habal*, other than tricycles are some convenient utility vehicle accessible in Dipolog and Dapitan. The fare ranges from 25.00 Php to 30.00 Php per ride.

Table 4 provides that public services are geographically accessible for the urban poor with an index of 0.29. Market and water within the urban barangays are two of the most geographically accessible public goods. Dipolog and Dapitan have a public market at the most strategic location of the city.

Revealed access of health units indicated low in this study. It is the productive utilization of service centers based on the number of households actually availing the services of the center. Health centers are government’s proof of assuring access to fundamental public health services to all Filipinos through the provision of quality health care. Limited supplies and equipment are on hand in a barangay. Common are nebulizer, weighting scale, prenatal and post natal facilities, and sphygmomanometer. Services include family planning, scheduled immunization and dressing wounds among others. Nonexistence of sufficient medical supplies, facility, equipment, and authentic services result to unproductive barangay health units.

Table 4 Geographic Index of Accessibility

	Health	Education	Market	Water	Geographic Index
No. of Users	13.40	41.79	462.91	462.91	0.29 [=1.41/4]
Ave. Distance (m)	471.80	471.80	849.68	965.86	
No. of Users / Ave Distance(m)	0.03	0.09	0.54	0.48	

Administrative Barriers. Potential accessibility signifies that the services are accessible for urban poor households although it does not entail that similar services were actually utilized. Every barangay has an assigned health worker and most of them are midwives with volunteer workers from the barangay.

The administrative index of accessibility registered the highest gap from the threshold (47%). Barangay midwives were assigned three to four barangay health units of the city. This resulted to duty hours of less than eight hours a day in one health center. Less number of midwives are employed in the localities in relation to the desired services for potential patients and households served. In the public health system hierarchy, the barangay level health unit is mainly the immediate arm subsequent to the devolution. If

this will not be addressed, the government’s objectives in the devolution would be futile. On the contrary, labor supply of medical and allied health sciences along with business associated programs are prolific in the province waiting to be employed thus escalating the administrative index of accessibility.

Table 5 Administrative Index of Accessibility, at 8 Duty Hours

	Category of Barangays				Administrative Index
Actual Duty Hours	2	3	4	8	0.47 [=1.88/4]
8 Hrs - Actual Duty Hrs	6	5	4	0	
(8 Hrs - Actual Duty Hrs) / 8 Hrs.	0.75	0.63	0.50	0	

Table 6 Summary of Barrier Indices

Economic Barrier	Geographic Barrier	Administrative Barrier
0.16	0.29	0.47

Conclusion

This study concludes that there is administrative barrier than economic and geographic constraints to access of health, education, electricity and water among other basic public services for the urban poor. The absolute number of available midwives dispersed among barangay health centers resulting to less duty hours in each health unit broadens the administrative index estimate. The average four hours in a week these medical practitioners were on duty fall short to meet the demands of the inhabitants.

Approximates of economic and geographic barrier indices were insignificant; nevertheless, cross sectional verification of urban barangays resulted that there is economic inaccessibility rooted from political patronage. Local governments were handicapped in the phase of providing entrepreneurial back-up, employment, and other economic activities to progress individual consumption of the urban poor. Another reason is the voting outcome and barangay’s administrative and political affiliation where projects and programs tend to pour on those in close allied of the administration. The living conditions and well being of the urban households rely much on the decisions and provisions of their local government.

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