Social Innovation and Social Capital in Health: Implications on Third Sector Involvement in a Public Sphere

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Abstract

Social innovation (SI) refers to the generation and implementation of new idea/s about how people should be organized thereby resulting to the formation of other new forms such as new institutions, policies, and forms of social interaction. SI has drawn attention and support by different sectors of society including the third sector. This paper reviews an unpublished study by Gallardo (2014) on SI in the health sector in selected Philippine provinces wherein she partly documented the role of the different sectors of society, including the third sector, local government units, national government agencies, and foreign institutions. Consistent with literature, Gallardo's 2014 study found government to be the institutional base or even originator of SI. However, government as institutional base has also developed a space so different parties come together to engage in discussions and debate and in solving common issues.

At the same time, in the cases studied by Gallardo, the formation of social capital (SC) is apparent. The indicators for SC are trust, mutually beneficial collective action and responsibility, and density of networks, adopting indicators in Diola's (2009) study on SC formation in conflict areas in southern Philippines. Reviewing Gallardo's 2014 study, it appears that both SI and SC are facilitated by enabling/mediating mechanisms in the selected cases, which allow for third sector involvement. This study examines these possible enabling/mediating mechanisms are what Diola in her 2014 study calls public spheres. Diola cites Edwards' (2004) definition of public sphere as the space within which associations articulate their interests and objectives that enable groups to sort their differences and legitimize a consensus that is just and democratic.

This study mainly employs key interviews and secondary data reviews in examining selected cases of health SI in the Philippines, and asks: What is the role of the third sector in the development of SI in health and in the formation of SC? What enabling/mediating mechanisms facilitated the processes of SI and SCF and third sector

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involvement? Are these mechanisms what Diola advocates as public spheres for increased third sector involvement in development? The findings of this study can hopefully contribute to articulating the public value of creating more public spheres for third sector involvement in SI and SCF and formulating guidelines for advocating the expansion of these public spaces.

I. Introduction: Motivations for the Study

A. Theoretical inquiries

1. Social innovation and the third sector

In Gallardo's (2014) study on three cases of social innovation in health[3], *social innovation* is defined as the generation and implementation of new idea/s about how people should organize interpersonal activities, which results to new products or processes or a combination of new and socially desirable social practices in certain areas of action. Social innovation (SI) is aimed at the common good and addresses social needs. In most cases, SI leads to the formation of other new forms such as new institutions, industries, policies, and forms of social interaction.

The newness refers to either the user or the context, that is, the newness could be due to prior nonexistence in the area (Garcia 2005). According to Murray et al. in *The Open Book of Social Innovation* (2010), social innovation has six stages – (1) prompts, inspirations, and diagnosis; (2) proposals and ideas; (3) prototyping and pilots; (4) sustaining; (5) scaling and diffusion; and (6) systemic change. These stages are not always sequential and involve feedback loops in between. Other important features of social innovation in health as far as Philippines is concerned, based on the study by Gallardo (2014) are: (1) it is not identical to economic innovation; (2) it has drawn attention and support by different sectors of society such as government and the third sector; and (3) the fact that Local Government Code (LGC) of the Philippines is the enabling legal framework for social innovation.

[3] Dissertation by Gallardo was completed in 2014, at the National College of Public Administration and Governance (NCPAG), University of the Philippines (UP), Diliman, Quezon City, Philippines, under the mentorship of Dr. Maria Faina L. Diola, her co-author for this study.

Further, Gallardo (2014) found in her study that each case of health innovation has an overarching SI which she referred to as the *primary social innovation*. Inside the primary SI of the three cases are what she called the *pockets of social innovations*. The design of the three cases corresponded with literature such that when a social innovation reaches the last or *systemic change stage* the new framework is then made up of smaller innovations. Two major types of social innovation were identified in the study in the context of health, which can either be in the *preventive* or *curative* aspect of the local health system.

An interesting finding however remained -- though beyond the scope and an unexplored dimension of Gallardo's (2014) study. In one of the cases studied where government was the institutional base for the social innovation, the latter has also seemingly developed *a space* so *different parties come together to engage in discussions and debate* and in *solving common issues*.

In that space of engagement, one of the significant actors in the innovation was the third sector. The 2014 study did not examine the exact role of the *third sector*, or more popularly referred to as civil society organizations in the development of social innovation. Philippine Public Administration Scholar Dr. Cariño (2002, p. 18) describes the third sector, while citing the country's National Economic Development Authority (NEDA)'s definition, as "the space between the state and the market".

Along this line, reviewing the results and findings of Gallardo's study, one case appeared interesting due to the striking involvement or participation of citizens in the social innovation. In this case the third sector appeared to have actively participated in the delivery of services in a team composed of both government and third sector.

Still, guided by various studies on social innovation, the authors find myriad studies citing members of the third sector, including think tanks and grassroots movements, as influencing the growth of social innovations. Goldenberg et al. (2009)'s paper regards the critical role of the third sector in social innovation to fill the gaps left by government. Goldenberg et al. (2009, p. 29) states that that "non-profit organizations, along with social entrepreneurs, social enterprises, and social economy organizations, continue to be a major source of social innovation in Canada,

and they are increasingly called upon to fill gaps left by recent government devolution of responsibilities." Bridging the gap of unserved responsibilities could take the form of ideas as indicated by Murray et al. (2010, p. 39) in this role alluded to in *My Health Innovation*, "a website which enables people to make suggestions for improving their healthcare systems." It could also be in the form of funding as pointed by Eng (2004, p. 241), that "most current funding for Population Health Technology (PHT) comes from government agencies and private foundations."

Various third sector social innovators such as Muhammad Yunnus (the founder of Grameen Bank and other microcredit enterprises), Kenyan Nobel Prize winner Wangari Maathai, and Saul Alinsky, the evangelist of community organizing in the United States are cited by Mulgan (2006, p. 148). Mulgan et al. (2007, pp. 15-16) as well documented a number of grassroots movements such as "International Network of Street Papers (INSP), Streetnet (a network of street vendors based in South Africa), Shack/Slum Dwellers International, GROOTS (which links together grassroots womens organisations around the world), WIEGO (which campaigns for women in informal employment), and the Forum Network in Asia for drugs projects." To this, Mulgan says, "all have pioneered and promoted the spread of radical social innovations."

Therefore, one research question posed by this study is: *What was the role of the third sector in the development of a social innovation in health in a local government unit?*

Knowledge on this will hopefully lead local government units provide guidelines for setting aside if not assigning a role or roles whereby the third sector will uniquely contribute to the development of more innovative health services.

2. Social capital and social innovation

Still, another interesting finding of Gallardo's study in 2014 relates to what she mentions as **Stage 6** of social innovation, the period where "systemic change" is expected, and where a transformative process appears to be a requirement. This somewhat resonates with the study by Diola (2009) using grounded theory where she investigated what social capital formation can possibly produce -- facilitation of development goals plus *new initiatives,* the latter being akin to

the concept of social innovations. Diola's (2009, p. 68) study on social capital formation in conflict-ridden areas argues that an ultimate significance of social capital to local governance, implying a systemic process, is that

> "…By consciously incorporating what this study considers as "social capital formation strategies" in peace and development initiatives, implementation of these and *new initiatives* is facilitated and sustained."

Has the social innovation in health then in the case study by Gallardo been able to produce social capital? This was another motivation for pursuing the study. Furthermore, if the definition by Diola (2009, p. 48) of what social capital means is adopted, as she slightly refines Sirianni and Friedland's (1995) and Woolcock's (2001, p. 13) below:

> "Social capital refers to stocks of trust and networks that promote, facilitate, and maintain collective action for a mutual development purpose",

it can be noted that social capital has a close affinity to one aspect of Gallardo's stages of social innovations, which is **Stage 4**, "Sustaining" or maintaining the prototype or pilot.

The societal, systemic implication of social capital as well as its possibility for bringing about change or improvements to society resemble the significance of social innovation. The sociologist Robert Putnam sought to explore the concept of social capital as a property of large aggregates. His original, seminal study of social capital examines the comparative effectiveness of regional government in Italy – *Making Democracy Work* (1993). In that volume, he defines social capital as "features of social organization, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions (p. 167)."

For this study, the proxy indicators for social capital that were used by Diola in her 2009 study is adopted, to wit: *trust, collective action and responsibility, and density of linkages, and norms* (p. 49) but we now add a fourth important ingredient that has critical significance to governance and in all of social organizations, that is, the existence of *norms* that bind social relations (Coleman, 1990: p. 310). If this study theoretically assumes that social capital can be a product that the social innovation has used as resource to implement health services until its systemic diffusion, then one objective of the study is to trace this social capital forms in the case.

Thus, this research now seeks to ask a corollary question that examines a possible link between social capital and social innovation: If social innovation passes through stages of *sustaining* and *systemic change*, which are potentially what social capital can be expected to drive, and recognizing social capital's facilitative role, "*Was social capital (defined by trust and networks that promote, facilitate, and maintain collective action for a mutual development purpose) formed as the social innovation in health was evolving*?"

The above question enables readers to understand how social capital may possibly be tapped or nurtured either as a byproduct of or as an ingredient for facilitating the development of social innovation. Citing the Organization for Economic Cooperation and Development's (OECD, 2001, p. 41) definition of social capital, which is quite similar to Woolcock's: the "networks, together with shared norms, values and understandings that facilitate cooperation within or among groups", the facilitative or enabling potential of social capital is highlighted. This study's examination of traces of social capital in the health innovation attempts to shed light on which of the adopted proxy indicators for social capital are present.

3. Social capital and the third sector

The social innovation developed by government for the health sector involved the engagement of the third sector, as already discussed above. The dynamics of government and its interaction with other actors in society, especially with the third sector, has been particularly interesting because of the significant link between networks present in the third sector and the concept of social capital. OECD's, Woolcock's, and Putnam's definitions of social capital above are suggestive of equating social capital with the dynamics and functioning of networks and the relationships between and among actors. Putnam's (1993) work on democracy and social capital was notable for its study on civic associations, or what we may commonly equate with civil society organizations.

This attribution of social capital to networks and social organizations can also be traced to James Coleman (1990: 304-313) who said that the forms of capital include obligations and expectations,

information potential, norms and effective sanctions, authority relations, *appropriable social organization*, and *intentional organization*.

The notion that social capital inheres in relationships among actors is also propounded by Coleman (1990: 302) who argues that: "…Unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors."

Herein may further be a clue to sustaining development pursuits as described by Grootaert and Bastelaer (2001) in their work for the Environmentally and Socially Sustainable Development Network of the World Bank, who said that the social capital of a society includes "*the institutions, the relationships, the attitudes and values that govern interactions among people and contribute to economic and social development*". This statement implies the importance of social capital to governance. Most social capital enthusiasts seem to say that social capital is not simply the sum of institutions, which underpin society; it is also the glue that holds them together. The World Bank also cited that the idea of social relations, networks, norms, and values matter in the functioning and development of society, which has long been present in the literature of economics, sociology, anthropology, and political science.

4. Public sphere and the development of social innovation and social capital

Earlier, it was pointed out a public space that was developed as government engaged civil society representatives and other parties was a likelihood in the 2014 study of Gallardo on health social innovations. Looking now closely at the definitions and theoretical propositions by scholars regarding social capital mentioned above, the significance of the existence of some public space is proposed. Note the possible ramification of social capital occupying some structure or space in Coleman's (1990, p. 302)'s proposition:

> "Social capital is defined by its function. It is not a single entity but a variety of different entities, with two elements in common: they consist of some aspect of social structures, and they facilitate certain actions of actors within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be

> possible. Like physical and human capital, social capital is not completely fungible, but may be specific to certain activities…"

If social capital facilitates action, then some form of organization or system is implied as Coleman opines that social capital consists of some aspect of structures. In fact, Coleman mentions one form of social capital takes the form of some social structure in his seminal work in 1990 (p. 305) on social capital:

> "The value of the concept lies in the fact that it identifies certain aspects of social structure by their function, just as the concept of "chair" identifies certain physical objects by their function, disregarding differences in form, appearance and construction.

Coleman (1990) goes on to explain that social capital is defined by its function, saying that, "The function identified by the concept 'social capital' is the value of those aspects of social structure to actors, as resources that can be used by the actors to realize their interests." (p. 305). The idea of a public space for various entities is worth pursuing as an attempt to come up with guidelines on how the actors' collaborative engagements can be more in this collaborative space.

The authors' interest in public space is hinged on the theoretical as well as practical importance of public spheres cited by Edwards (2004):

1. A functioning public sphere is vital to associational life and the goals of a good society.
2. Public spheres allow potential solutions to good society problems to surface.
3. It is in public spheres where constituencies can be mobilized for social change.
4. Public spheres provide the spaces within which associations articulate their interests and objectives, enabling groups to sort through their differences and legitimize a consensus that is just and democratic.

Diola's 2015 (p. 4) journal article[4] where she studied the idea of a *public sphere* in rural areas in the Philippines and in Thailand considered public space as

> a dimension, conceptually or physically constructed, where public administrators engage citizens and where both parties express their citizenship, consciously or unconsciously, in trying to solve common problems.

In that study by Diola (2015, p. 4), improving public services was the focus of the comparative research. Diola portrays the public sphere as a means by which both public administrators and citizens engage themselves in a dialogue, debate, or in a simple discussion of issues and where access to public goods and services is lodged. Diola's concept of a public space in her study entails not just a physical territory but also embraces a psychological space where citizens have "opportunities to engage in an enlightened debate or dialogue and negotiate with the government, nongovernment organizations, and the private sector."

In the 1990s, the non-government organization sector was put to prominence globally, especially immediately preceding the United Nations Conference on Environment and Development (UNCED) held in Rio de Janeiro in 1992. This saw the cradle of the birth of a global civil society. In public administration, from the idea that civil society is an "alternative delivery mechanism", current discussion by governance scholars has shifted back to the concept of ***public*** in governance, cognizant of the need to engage the public, especially civil society, to complement the delivery of public goods and services. Examining the importance of public spheres above, we note that the coming together of the different parties to engage in discussions and debate and in solving common issues occupies space -- a conceptual public sphere where the other major actors in governance, i.e., government and the private sector are able to act together in a collaborative mode.

5. Link between social capital, social innovation, and the third sector

The link between social capital, third sector and social innovation were succinctly put by Edwards-Schachter (2012). Edwards-Schachter (2012, p. 678) said that "Mulgan (2006a, 2006b), Morales Gutiérrez (2008), Andrew and Klein (2010), and Echeverría (2010) affirmed that the key

[4] Diola, Maria Faina L. and Sonsri, Sida. 2014. "Understanding Public Sphere and Attitudes towards Public Services: Perceptions from Selected Rural Philippine and Thai Residents". Journal of Politics and Governance*, Vol. 5, Issue no. 1, pp. 1-35 (Sept. 2014-Feb. 2015) (Ref: http://www.copag.msu.ac.th/journal/index.php?BL=no5-1)

distinction between social innovation and other types of innovation is that social innovation is oriented to the social and public good and not to the market. Social innovation is conceived as a process involving social interactions and is not explained solely by the combination of tangible forms of capital (physical, financial) but also includes the combination of intangible forms of capital, especially social capital." Further, according to them, "social innovation is associated primarily with the nonprofit, civil, or third sector, but its practices have evolved and current innovative social solutions cut across the boundaries that traditionally separated the not-for-profit, public, and business third sectors." (Edwards-Schachter, 2012, p. 677)

6. The public sphere and third sector involvement in social innovation

Andion et al. (2017, p. 370) pointed out that the studies by Galli et al. (2014), Cook (2015), and Healey (2015) highlight clearly the relationship between civil society and social innovation: "Social innovation is focused as a way for civil society to become involved in the public sphere and to 'collaborate' with the government in solving problems, mainly through the co-production of public service."

Given therefore the missing link in Gallardo's (2014) study on examining the role of the third sector in the development of social innovation in health, and while theorizing that there is a link between and among *social innovation*, *social capital* and the *third sector* and that the dynamics in the interactions among the actors in the innovation happens in a *public sphere* this study then further asks the following: *What enabling/mediating mechanisms facilitated the processes of social innovation and social capital formation and third sector involvement in the social innovation on health*? *Can this space where the dynamics among the interaction of these processes be considered public spheres where third sector involvement can possibly be highlighted in development?*

The findings regarding the enabling mechanisms can hopefully contribute to articulating the public value of creating more public spheres and advocate for policies ensuring third sector involvement in developing social innovation and social capital formation.

This predominantly qualitative study is an attempt at what Patton (2002) calls an anticipatory research and prospective policy analysis. According to Patton (2002, p. 200), prospective studies can include "doing a synthesis of existing knowledge to pull together a research base that will help inform policymaking". As such the study's research design was guided by Patton who suggested that such types of studies mainly employ rapid field work to quickly get a sense of the emerging developments. The researchers in this study examined unexplored areas of the case on health innovation that may be significant to forward-looking processes, such as policy and planning, which serve as important constructs for future investigation on government-led attempts at social innovation. Key interviews and secondary data reviews were carried out in examining the selected case of health social innovation in the Philippines. Overall, the purpose of the study was to gain new insights in both the theoretical foundation of the concepts of social innovation, social capital, third sector involvement and public spheres discussed above and their practical application to anticipatory (policy) research on the future.

B. The Pockets of Social Innovation in Health

The concepts of social capital, third sector, and public sphere are used as leads to examine how social innovations may be mainstreamed and upscaled in other local government units. As documented by Gallardo (2014), organizing the Women's Health Team (WHT) is one of the pockets of social innovation of the primary social innovation for maternal health that was awarded by *Galing Pook*[5] in 2010 to the province of Surigao del Sur in Southern Philippines**.** The Women's Health Teams were created as part of the Women's Health and Safe Motherhood (WHSM) Project of the Department of Health (DOH). It is supported by the World Bank to make pregnancy and childbirth safer.

Adopting the operational definition of social innovation presented earlier, the creation of the Women's Health Team (WHT) as part of the Women's Health and Safe Motherhood (WHSM) Project of the Department of Health (DOH) is considered the social innovation in health for this study. The WHT is aimed at a common good and is socially desirable since the thrust is to

[5] Galing Pook (GP) is the most popular award-giving body that looks into the innovations of local government units in the Philippines. It was initiated in 1993 and is being supported by the following institutions: Ford Foundation, LANDBANK, Local Government Academy (LGA) and the Department of Interior and Local Government (DILG), and Development Bank of the Philippines.

reduce maternal mortality rate by employing a new idea on how both citizens organizations such as Traditional Birth Attendants (TBAs) and midwives , as well as Barangay Health Workers (BHWs), who are volunteers for the government's health services programs, can group together instead of competing as regards their clientele; rather, they work in collaboration and cooperation with each other to ensure that pregnant women fulfill their individual pregnancy tracking form and deliver in at least a basic emergency obstetric and newborn care (BEmONC).

C. Limitations of the Study

Since the study is predominantly qualitative, anticipatory research using prospective policy analysis for third sector involvement, the findings and implications for application will be limited to similar cases in health innovation initiated by local governments. As such quantitative measures of social capital are not investigated in the study since the study mainly employed rapid field work to quickly get a sense of the emerging developments, extensive data gathering involving other actors, especially from the third sector's perspective were not done, although secondary data based on an earlier study by Gallardo (2014) were used as reference. The point of view of the social innovation proponent heavily figures in, but this is with the assumption that the relevant key informant was in close contact with the representatives of the third sector referred to in the study. Recordings or documentation of actual engagements between the third sector and the government agency involved are not presented in this study.

II. Findings, Analysis, Limitations

A. Role of the third sector in social innovation

This study partly used discourse analysis, making sense of the key informants' account, and reviews of past documents. Relevant findings are cursorily discussed here in order to focus on the role of third sector or the Traditional Birth Attendants (TBAs) and the Barangay Health Workers (BHWs) in the case of the Women's Health Team (WHT) as the social innovation. BHWs are volunteers and given incentives on top of the honorarium given to them by the

municipal government and or barangay. The significant role these entities play are as frontliners in collaboration and cooperation with the other members of the WHT. The TBAs and BHWs as well provided information as they provide feedback that were significant inputs to the local and regional policymaking bodies.

Note that in the formation of the Women's Health Teams, the presence of BHWs during the development of the social innovation is at the latter part of the social innovation stage, i.e., only during the sustaining stage, while nil during the diagnosis and proposal stages. However, in the Local Area Health Development Zones (LAHDZ) system[6], a glimpse of the involvement of the BHWs from prototyping to the sustaining then scaling and diffusion stages could be discerned.

The table below depicts the involvement of the BHWs and the WHTs in the evolution of the social innovation.

Table 1. Involvement of the third sector in the stages of social innovation in the province of Surigao del Sur

Pockets of Social innovation in Health in the province of Surigao del Sur	Form of BHW involvement	Stages clearly undergone (Murray 2010)
Formation of Women's Health Team (WHT)	No presence	Prompts, inspirations and diagnoses
	No presence	Proposals and ideas
	Frontliner in delivery of services Input to policy feedback	Sustaining
LAHDZ system	No presence of BHW	Prompts, inspirations and diagnoses
	Presence of BHW representatives in policy meetings and their inputs on WHT related matters as well as on	Prototyping and pilots

[6] The functions of LAHDZ III include the following: oversees development and maintenance of an integrated health management information system for each area; endorses an integrated area health plan to the expanded provincial health development board; determines additional funding requirements for area health plans, identify funding sources and advocate for funding; advocates for Sangguniang Bayan approval of individual municipal health budgets; undertakes joint HRMD planning as appropriate within the area; defines, monitors and evaluates public health and hospital services within the area; monitors and evaluates public health and hospital services within the area; and develops and monitors implementation of area health policies.

	other issues	
	Presence of BHW representatives in policy meetings and their inputs on WHT related matters as well as on other issues	Sustaining
	Presence of BHW representatives in policy meetings and their inputs on WHT related matters as well as on other issues	Scaling and diffusion

According to a key informant Dr. Joseph Orquio, Chief of Hospital of Marihatag District Hospital and Vice-Chairperson of Local Area Health Development Zones (LAHDZ)[7] III, "the BHWs were the frontliners in the social innovation. BHWs followed the protocol and process set in the project and actively gave feedback to both their respective municipal health boards as well as the inter-local health board through their representatives." Further, in a text message, he expounded when asked how government in general made use of BHWs as delivery mechanism for health services, he said, "BHWs serve as educators, organizers, assistants during data gathering, monitoring, and treatment partners."

Notice the facilitator role of the third sector as frontliner in the provision of public services such as health. This role is significant especially because the government needs to have a face while responding to community residents as first responders -- the Barangay Health Workers who are volunteers for the delivery of health services are serving this role as frontline workers in behalf of government. With this role as frontliner comes a strong spirit of volunteerism among the BHWs. In short, the third sector has brought in the spirit of volunteerism. Thus the BHWs are important gateways by which government or the originators of any social innovation in the community to hatch whatever social innovation needs to diffuse to and mainstreamed in the community, or **Step 5** in the stages of social innovation. In the case of the BHWs in Surigao del Sur, the basic role of TBAs and BHWs as validated by our key informants is to prepare the pregnant woman. They prepare these women physically and psychologically. Psychological

[7] The functions of LAHDZ III include the following: oversees development and maintenance of an integrated health management information system for each area; endorses an integrated area health plan to the expanded provincial health development board; determines additional funding requirements for area health plans, identify funding sources and advocate for funding; advocates for Sangguniang Bayan approval of individual municipal health budgets; undertakes joint HRMD planning as appropriate within the area; defines, monitors and evaluates public health and hospital services within the area; monitors and evaluates public health and hospital services within the area; and develops and monitors implementation of area health policies.

preparations are very important among women in rural areas and more so among the Indigenous Peoples since these women are not only mortified of the fact that other people might see parts of their body. They are traditionally compelled to give birth only in the presence of an attendant who belongs to their tribe. According to our WHT informants some tribes even impose that women only give birth in the presence of their mother.

This information potential is further validated by the Department of Health (DOH) website when it said that the WHSMP "sought to change fundamental societal dynamics that influence decision making on matters related to pregnancy and childbirth while it tries to bring quality emergency obstetrics and newborn care facilities nearest to homes."[8] At the same time, the WHT served as the active campaigner for the WHSMP. According to Ms. Marcelinita Pareja, Administrative Officer of the Provincial Health Office (PHO), "the current public health service delivery model designates the Barangay Health Station (BHS) as a satellite facility of the Rural Health Unit (RHU). The objective of having a WHT is to enable the health system to reach out to clients in remote barangays. It is through the creation of WHTs at the community level headed by the Rural Health Midwife and Barangay Health Worker (BHW) and Traditional Birth Attendant (TBA) as members that the reproductive health care needs of women are addressed especially in recognizing the danger signs and symptoms of pregnancy and likewise on the area of birth planning where mothers are given the necessary assistance in preparation for her delivery in the hospital or a birthing facility attended by skilled health professionals."

The other potentially powerful role in terms of community strengthening mentioned above is the solicitation of feedback from the community in terms of diagnoses of problems, not only with regard to health, but also with regard to socially related problems such as fear of facility-based delivery in the case of Surigao del Sur. This is an important step towards engendering more participatory approaches to the development of social innovation in the future, or **Stage 1** in the evolution of social innovation. In the case of Surigao del Sur, WHT informants from San Miguel pounded on the fact that the establishment of WHTs has aided in the constant increase of facility-based delivery indicator of the province as well as availability of the pregnancy tracking form. Indeed, more women were motivated to deliver at the health facility. WHT

[8] https://www.doh.gov.ph/national-safe-motherhood-program

informants reported that those women especially belonging to Indigenous Peoples (IPs) who have tried facility-based delivery usually share their positive experience to the community after giving birth and have encouraged others to deliver in at least a birthing clinic.

B. Role of the third sector in the formation of social capital

The experience of the formation of the WHTs and their implementation of the provision of health services described earlier suggests that one important element of social capital, i.e., the existence of collective action and mutual responsibility was most possibly a requirement for the WHTs to carry out its task effectively. Their task is aimed at a common good and no doubt is socially desirable since the thrust is to reduce maternal mortality rate by employing a new approach on how Traditional Birth Attendants (TBAs), Barangay Health Workers (BHWs), and midwives can group together and not compete for clients, but rather work in collaboration and cooperation with each other to ensure that pregnant women fulfill their individual pregnancy tracking form and deliver in at least a basic emergency obstetric and newborn care (BEmONC).

An important form of social capital is *information potential* according to Coleman (1990, p. 310), who stated that one way to acquire information is by using social relations that are maintained even for other purposes. He cited examples by which social relations that constitute a form of social capital in providing information facilitate action. The BHWs, by giving feedback as input to policy on health services are providing a form of information. It is possible that this information potential is a product of the social structure that BHWs are embedded in, whose features inhere in the social relations among them. Such condition closely approximates the examples given by Coleman (1990, p. 310) of social relations constituting social capital in providing information that facilitates action, in the case of the study, information that is useful to policy analysis and action for health services. The information potential which most likely resides in the BHWs has been discussed earlier.

The third possible form of social capital that probably exists in the social relations among the BHWs is what is termed by Coleman as *appropriable social organizations* (1990, p. 312). The term alludes to volunteer organizations or organizations that may be brought into existence for one

set of purpose that can also aid others for another set of purpose. In other words, Coleman says it is social capital that exists in organizations that is available for new purposes. In the case of BHWs, as mentioned earlier, they perform several roles ranging from psychological to technical to some kind of political roles, educators and campaigners for the use of birthing facilities, as well as functions as treatment partners.

Using the indicators mentioned above, traces of social capital and its formation are highlighted below.

1. *Trust formation*

Dr. Joseph Orquio explained that one of the functions of LAHDZ is to define, monitor and evaluate public health and hospital services within the area. Dr. Orquio strongly agrees that there are traces of all the indicators of trust formation adopted in this study such as – freely share their ideas, feelings and hopes; freely talk to any individual in the project implementation team members about difficulties; members of the project implementation team treat each other fairly and justly; members of the project implementation team or the city/municipality development council tell the truth during deliberations or when making negotiations; project implementation team or the city/municipality development council does not mislead the project beneficiaries; - which are evident during the during the process of social innovation development and implementation. For example, trust was manifested in the regular meetings of the Municipal Health Boards of the three municipalities. These MHBs are members of the inter-local health board[9] as well as in the evident in the inter-local health board. Dr. Orquio said that the BHW

[9] The membership of the LAHDZ's health board as per EO No. 005-2000 is indicated below. The guide functions of the board are also listed as follows:

Membership of each area health board

- Sangguniang Panlalawigan Member for the area (designated as Chairperson),
- Chief of core referral hospital (designated as Vice-Chairperson),
- Local Chief Executive of each component city/municipality,
- Municipal Health Officer of each component city/municipality,
- Municipal Planning Development Officer of each component city/municipality,
- Municipal Budget Officer of each component city/municipality,

representative as member of the board freely talks on issues like continuity of volunteerism and engagement of BHWs in the whole Service Delivery Network. Further resolutions passed by the inter-local health board were born out of feedbacks of the members of the board, including the BHW representative, and their collegial discussion on how to resolve and address issues.

2. *Presence of mutually beneficial collective action and responsibility*

The social innovation in health studied garnered a *Galing Pook* award sealing the innovative practice, the latter is considered a new idea on how people should organize in order to access a public health service. The result is a new process whereby, not only do TBAs, BHWs, and midwives work together, as a team; they also proactively campaign for a facility-based delivery. WHT has led to a stronger Women's Health Team (WHT)-Barangay Health Station (BHS)-Rural Health Unit (RHU) district hospital connectedness. This also addressed the social need of pregnant mothers who are unable to access health facilities, for reasons of culture and tradition.

Dr. Orquio affirmed that a pervading sense of a mutually beneficial collective action and responsibility pervade among different actors during the development and the implementation of the social innovation, considering that there is a consultative body or mechanism that functions regularly for dialogues or consultations; they can turn to anyone for help or assistance; and the relationship among the different actors in the project is generally harmonious. According to him "all BHW presidents are regular members of the Local Area Health Development Zones (LAHDZ) board. The LAHDZ board is the policymaking body of the LAHDZ." He also forwarded the text message of Dr. Sherwin Mantilla, Municipal Health Officer (MHO) of Cagwait, agreeing to the active engagement of the BHWs in the consultative body that functions regularly for dialogues or consultations. Dr. Mantilla said that "ila (their) meeting not all clusters have the same monthly meetings, some cluster area quarterly and the president [of BHWs in each cluster] attend LAHDZ and they have all the reason to be part of [the] cluster policymaking body under the cluster area."

- Municipal Accountant of each component city/municipality,
- One representative of NGOs involved in health activities in a district zone selected by NGOs,
- One DOH representative in a district zone,
- DILG representative, and
- One representative of the private health sector from the Philippine Medical Society in a district zone.

3. *Density of networks and linkages*

The presence of a dense network as a result of the development of the social innovation was confirmed by Dr. Joseph. He further validated that the network has fulfilled a common goal of making sure that the Service Delivery Network works. And it is not just the numbers that count: for Dr. Joseph, "the members in the inter-local health board are not only well represented but competent in implementing the project specially the frontliners – the BHWs." Further, accountabilities for specific roles and responsibilities defined clearly, and in fact the responsibilities of the WHT was already mandated in a provincial ordinance.

As an organization, the Women's Health Teams (WHT) "guarantees an effective community level support system in the implementation of the Women's Health Safe Motherhood." (Operations Guidelines Women's Health and Safe Motherhood Project 2, 2008, p. 94) WHT is part of the network of the Service Delivery Teams at various levels – community, facility, and local government. The whole network at different levels is shown below:

1. **At the community level**
    - Women's Health Teams (WHT)
2. **At the facility level**
    - Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CemONC) Teams
    - Itinerant Teams
    - Social Hygiene Clinic Teams
3. **At the local government level**
    - Provincial Adolescent and Youth Team
    - Municipal Adolescent and Youth Team

4. *Presence of Norms*

Dr. Orquio thinks that different norms and codes of conduct govern the Project such as the ordinances enacted by the provincial government. Indeed there is a provincial ordinance that was issued and is being implemented down to the level of the BHWs on this project.

The WHT was established in Surigao del Sur simultaneously because of the non-facility-based health seeking behavior of pregnant women as well as the fact that the creation is a component of WHSMP. The proposal to include penalties and TBAs in the team in the ordinance was mostly done by the PHO staff. When Ms. Marcelinita Pareja, Administrative Officer of the Provincial Health Office of Surigao del Sur and Coordinator of the Women's Health and Safe Motherhood Program was asked whether she sees the presence and involvement of WHT in the community as sustainable she replied in the affirmative.

Ms. Pareja said that she is being "informed that there are [Municipal Local Government Units] MLGUs that are strongly imposing [the ordinance] like in Carasscal… also in San Miguel… in CARCANMADCARLAN [or LAHDZ I which is composed of Carrascal, Cantilan, Madrid, Carmen, Lanuza], they are registering high facility-based delivery… *ang tataas nila, magaling sila mag motivate* [they are high in terms of facility-based delivery, they motivated the WHTs well]… whereas other municipalities… *depende din sa assertiveness ng MHOs* [it also depends on the assertiveness of the MHOs]… *Bislig City and Tandag City taas ang facility-based delivery and I credit that to MHOs* [Bislig City and Tandag City have high facility-based delivery and I credit that to their respective MHOs]…" So far WHT went through three stages of social innovation – prompt, proposal, and sustainability.

According to our key informants, organizing the WHTs was simultaneously done throughout the province and it was done per purok. According to the Operations Guidelines of the DOH, WHTs must be established in every barangay. The case of Surigao del Sur therefore is more advanced. Also "the ordinance mainstreaming the membership of the TBAs to the WHT [is an]… innovation [of the] provincial government… [and] the initiative towards penalizing was really [the initiative of] those who are working for it and lobbying in the Sanggunian

Panlalawigan Committee on Health… it was not something that was designed by the project…" After the project was evaluated it was then indicated in the Operations Guidelines, Women's Health and Safe Motherhood Project 2 (2008, pp. 94-95) that WHTs compose the following:

- "Rural health midwife as team leader of all WHTs organized in her catchment areas. Her members include barangay-based: Barangay Health Workers (BHWs) and TBAs; and
- The MHO acts as the supervisor of all WHTs within the RHU catchment area and shall be on call to give advice and attend to cases which are beyond the capacity of the WHT to handle."

III. Enabling Mechanisms: Platforms for Social Innovation and Social Capital Formation

As to the enabling conditions that paved the way to address maternal mortality are the Local Government Code which has enshrined the local health boards – a mechanism meant for broader community participation and involvement in the local government units as well as approval of Ordinance No. 34-2008 in August 5, 2008; the informal platforms and consultative style of both Governor Vicente Pimentel and Johnny Pimentel which facilitated dialogue and collective action between third sectors; and the positive feedback from the community. Ms. Pareja mentioned that the positive reaction and feedback of potential clients to the WHTs, due to familiarity, helped in creating a conducive environment for sustainability. Ms. Pareja said that "*di naman sila nanibago because of the visibility of the BHW pero this time the hilots are included* [it is not something new to the pregnant women because of the visibility of the BHWs in the barangays, only this time TBAs are included]…"

To operationalize the WHT in Surigao del Sur, the provincial government approved Ordinance No. 34-2008 in August 5, 2008, which defined the new roles of the traditional birth attendants (TBAs), barangay health workers (BHWs), and midwives. These WHTs according to Ms. Pareja "are expected to be competent in the conduct of their assigned tasks" these tasks as narrated by her are "(1) pregnancy tracking using the recommended tool; (2) assisting pregnant women in Birth Planning using the Mother and Child Book as guide; (3) reporting maternal deaths occurring in the assigned community using the form designed for WHTs; and (4) organizing

outreach activities as necessary." Ordinance No. 34-2008 also provided penalties for deliveries made outside the birthing facility/hospital to both TBAs and pregnant women as indicated in Section 5 (Prohibited Acts) of Ordinance No. 43-2008 dated October 28, 2008. According to Governor Johnny Pimentel, the ordinance is implemented. In fact, he said that "one or two years ago [a TBA] was arrested but eventually released. But she was reprimanded not to do it anymore. We have an ordinance penalizing not only the hilots but also the mothers." The following penalties are shown in Table 2.

Table 2. Surigao del Sur: Penal provisions for TBAs and pregnant women

TBAs	Pregnant women
1. First offense – reprimand 2. Second offense – fine of P500 or rendition of community work for 8 hours a day for 2 days at the discretion of the court; and 3. offense – fine of P1,000 or an imprisonment for 3 days at the discretion of the court.	1. An amount of P1,200 shall be collected for first delivery made outside the birthing facility/hospital; and 2. Subsequent deliveries outside the designated birthing facility/hospital shall be fined an amount of P700.

Source: Ordinance No. 43-2008

The TBAs and BHWs are considered volunteers in this undertaking according to our WHT informants and later validated by Ms. Pareja since the WHT members, except for the midwife, are not regular employees of the municipal government. The WHT members are however given incentives as shown in Table 3 on top of the honorarium, if there is any that they get from the municipal government and or barangay. The following monetary incentives are given to a TBA/BHW/midwife if she escorts a pregnant woman to a birthing clinic or RHU are listed in the table below.

Table 3. Surigao del Sur: Incentives to WHT members

Patient	Amount (P)
NonPhilhealth	100 (to be given by the management of the birthing clinic or RHU)

Philhealth beneficiary in the same purok[10] as the WHT	300
Philhealth beneficiary not in the same purok as the WHT	200

Source: WHT key informants

The NonPhilHealth patients, provided that it is normal delivery, are charged P2,000. The PhilHealth beneficiaries whether normal or caesarean are free of charge provided that they deliver in government-owned hospitals or birthing clinics or RHUs.

Our WHT informants in the municipality of San Miguel said that although the TBAs were displaced since they are now prohibited from attending to women giving birth, involving them in WHT links them to the health care system. The ordinance which clarified the new role of the TBAs operationalized their ideal role as advocating "for skilled professional care during delivery, in facilities providing basic emergency obstetric and newborn care (BEmONC). In line with the emergency obstetric care (EmOC)[11] approach the TBA shall act as assistant to the midwife or any other professional health care provider during delivery."

Again, based on the Operations Guidelines, Women's Health and Safe Motherhood Project 2 (2008:94-95), the functions of WHT involve maternal and newborn care, family planning, sexually transmitted infection (STI) control and HIV prevention and adolescent health. Our WHT informants emphasized however that their common role in the field is mostly on maternal and newborn care to also reinforce the "tutuk buntis program" (translated as focus on pregnant women program). They said that the roles of a TBA and or a BHW in maternal and newborn care in the field involve the following:

[10] Purok is a "small part or division within the territory of a particular barangay/third sectorthird sector." (http://translate.sandayong.com/cebuano/english/purok)

[11] Emergency obstetric care (EmOC) approach means that all births must take place in appropriate health facilities. This approach is designed to prevent maternal mortality caused by haemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labour and other major causes of maternal death. (http://www.unfpa.org/public/home/mothers/pid/4385)

- Approaches and convinces a pregnant woman in her area to go to a health center (RHU or birthing clinic) to get a Pregnancy Tracking Form[12].
- Escorts the pregnant woman to the health center to ensure that she undergoes a prenatal test/s and undertakes regular check-up.
- Escorts the pregnant woman to the health center to make sure that she delivers there, not in their house.
- Turn over the pregnant woman to the midwife in the health center as she awaits delivery.

The data above show that rules and **procedures or norms**, is another important form of social capital that is embedded in the organizational structure of the social innovation in place. It is most likely the presence of such norms that has tightened the social relations among the BHWs and the WHTs in general. Thus the formal laws and policies are the ingredients or enabling mechanisms for social capital formation; at the same time the shared norms and policies may also been the product of the engagement of the third sector with the social innovation in health.

IV. Tracing the Public Sphere in the Social Innovation and Social Capital Formation

The seeming public sphere has become a space for volunteerism. This is an important source of the development of informal institutions, participated in by the representatives of the people, in this case the BHWs. The TBAs and BHWs are considered volunteers in this undertaking according to our WHT informants and later validated by Ms. Pareja since the WHT members, except for the midwives, are not regular employees of the municipal government.

The public good aspect of social capital -- that is, the product of the norms and codes of conduct, trust that has been formed, the collective action and mutual responsibility, and the networks formed -- has become a public property of the collective in the implementation of the social innovation. Coleman (1990, p. 317) stresses on this public good aspect of social capital, which makes it an important resource for individuals which he says can "greatly affect their

[12] The Pregnancy Tracking Form extracts the following data: name of the pregnant mother, age, address, indigency status (PhilHelath member, PhilHealth member indigent, indigent, pay), last menstrual period, expected date of confinement, prenatal dates, pregnancy outcome and date, name of the WHT member accomplishing the form (TBA or BHW).

ability to act and their perceived quality of life." He says that "they have the capacity of bringing such capital into being".

To build social capital, Coleman conceives of the importance of having "closure" of social networks for the emergence of norms (1990, p. 318). He links the importance of closure also to an important ingredient of social capital which is trust. To this he points out: "Closure is also important if trust is to reach the level that is warranted by the trustworthiness of the potential trustees." In some cases Coleman says intermediaries may serve as substitute for closure. In the case of Surigao del Sur, the BHWs and the whole WHT team may serve this very closure to seal off trust and develop norms to govern the development activity. Thus, the interactions among the actors in a trust system, enclosed by a norm or code of conduct including rewards and penalties such as in the case of Surigao del Sur is the public space where governance systems comprised of formal and informal institutions may be found and more consciously managed.

One of the assumed evidences of services accessed by the citizens in a public sphere are what the outputs and outcomes of this pocket of social innovation**.** In terms of output, the Provincial Health Administrator Ms. Pareja stressed that there is no black and white output and outcome metrics used to assess the WHT since according to her what they simply did "the first time was a needs assessment – all facilities, distance and travel time, our problem then was really road condition…" WHT informants from San Miguel and key informants however emphasized that the establishment of WHTs has aided in the constant increase of facility-based delivery indicator of the province as well as availability of the pregnancy tracking form. Indeed, more women were motivated to deliver at the health facility. WHT informants reported that those women especially belonging to Indigenous Peoples who have tried facility-based delivery usually share their positive experience to the community after giving birth and have encouraged others to deliver in at least a birthing clinic.

But a key issue that still prevents pregnant women from having a facility based delivery aside from psychological and traditional in nature is pecuniary. In big provinces like Surigao del Sur cost of transportation is usually high considering the distance. In the municipality of San Miguel, a banca boat hired from the farthest purok will cost the patient P500 while a motorized

pumpboat cost P2,500. The former will take the patient to the facility in 8 hours while the latter will take 1 to 2 hours. Further, Ms. Pareja said that if there are metrics used to assess health conditions prior and during the WHSMP and WHT, these are infant mortality rate and maternal mortality ratio. As to how the financial future of the program will be assessed, Ms. Pareja said that "MLGUs' enrolment of the poor to PhilHealth indigency program" can be an indicator. MLGUs' enrolment has increased through the years as validated in the data gathered from PhilHealth, Surigao del Sur. Ms. Pareja also mentioned that the outcome of the creation of WHT's would be "improvement of the health-seeking behaviour of women in the community as well as their husbands." Dr. Joselita Quisil, Chief of Hospital, Lianga District Hospital, stressed on the "behaviour shift" of mothers and even husbands to go to facilities. This to her can be credited to the proactive campaign of WHT and health workers. She said further that now, there is "involvement of the community *ang uban naa aware na so syempre ma share na nila ilang experience* [others who are already aware share their experience]…" At the national level, Ms. Pareja said that WHT took-off and now became "the community health team … [since] the whole design was patterned from our WHT…"

The sustainability at the local level is assured because of legislation. Although the project implementation from DOH has ended in 2013, the province of Surigao del Sur has already enacted the needed ordinance defining the roles of the TBA, BHW, and midwife. The municipal governments are also having some adjustments and are tightening their policies to give continuous support to the WHT. Some local arrangements with regard WHT are however not as successful to that of LAHDZ III. Ms. Pareja said that PHO in 2013, with the financial help of UNFPA, trained new members of the WHT.

Available metrics used to judge whether WHT works or not are facility-based delivery and maternal mortality ratio according to our key informants. As to actors, those involved in the inception are "PHO staff, chiefs of hospitals, MHOs, public health nurses, DOH central office" according to Ms. Pareja, together with the MLGUs and the provincial government of Surigao del Sur. All throughout the project, Ms. Pareja stressed that "it [was a] collaborative [effort] that is why we do meet and sit in one forum where the chief of hospitals are there, the MHOs are there, the PHO people are there,… we sit down together as LAHDZ where in the TWG of the

LAHDZ, the chief of hospital sits with the MHOs…" The public space governing the dynamics above may be represented in the following illustration:

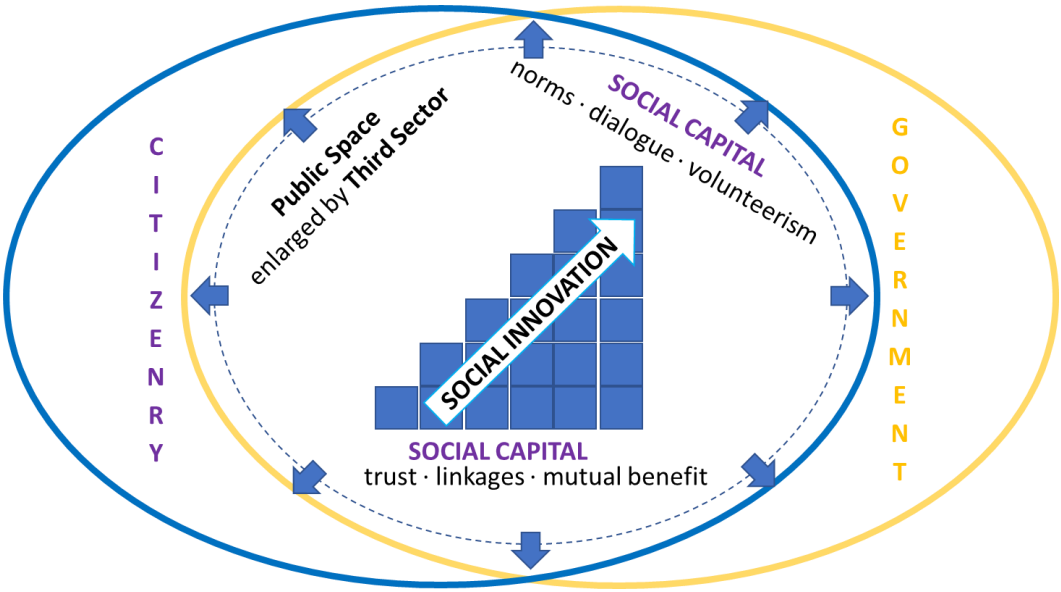

Fig. 1. Emergent Framework to Account for Third sector Role in Social Innovation and Social Capital Formation in a Public Sphere

The third sector in this case is equated or assumed as a major actor or bearer of social capital from an original state with its ingredients (trust, linkages, mutual benefit, linkages, and even formal laws) to its various forms or products: volunteerism (aka appropriable organization), dialogue (or feedback mechanisms), and shared norms. The involvement of the third sector has a tendency to enlarge public space mainly as a structural and cognitive mechanism for feedback and inputs to the social innovation to diffusion of the innovation from the government to the citizenry; the formation of norms, and spurring non-material resources such as volunteerism. Hence, the products of social capital formation seem to also point to what the building blocks for creating public spaces for social innovation can look like. Ideally, third sector input pervades from the initial stage to the final stage of social innovation.

V. Conclusions and Recommendations

An important finding in this highly qualitative study is the significance of the third sector, the BHWs, in the development of the social innovation, although they were not actively engaged or involved in the early stage or conceptualization stage of the innovation. The role of the government in this case is to provide the direction and focus and physical as well as financial resources for the social innovation as well as the political or public space in which the third sector such as the BHWs can be involved with an expanded role in mainstreaming the social innovation. Originally, the BHWs were organized for one purpose. If indeed social capital exists in their social relationships, then it is possible that they can be tapped for other purposes. This remains to be seen however.

Adopting Coleman's forms of social capital, three main forms of social capital derived from social capital formation may be evident in this social innovation: ***information potential*** (in the form of dialogues), ***BHWs as volunteers*** or what Coleman calls an appropriable organization, and the presence of ***norms***, which has seemed to galvanize and shaped the public space.

As to the public sphere of the social innovation, enabling mechanism for sustaining the social innovation as well as building and renewing their resource of social capital are their norms and codes of conduct, formally governed by the Local Government Code, PHO and LAHDZ, and informally governed by whatever rules or codes of conduct are followed by the actors involved, together with the health beneficiaries at the community level. The public sphere is the political space where policy and decision making takes place. This was crucial in the development of the social innovation. If the social innovation on health is to persist and be sustained, as well as supported by the relevant stakeholders, this space shall serve as the accounting or reckoning unit in assessing how actively various actors, including the third sector is involved, and how responsive the health services being offered are to the authentic health needs of the communities.

It is apparent that social capital exists in the abovementioned forms, embedded in the health teams. New guidelines may have to be formulated to recognize and govern the important roles

played by BHWs and the third sector in serving as information potential or source of community inputs to any new innovations on health, from the birthing stage of the innovation up to the diffusion stage in order to extend ownership of the public space especially by citizens. Earlier, the anticipatory nature of this research for policy use was mentioned as a contribution of this study. Accordingly, the results of this study are helpful to the implementation of the Philippine Development Plan (2017-2022, p.152), particularly in the chapter on Accelerating Human Capital Development. Social capital through the Service Delivery Network (SDN) can therefore be contributory to human development capital in the health sector. The specific contribution and implications of the findings of this study to government strategy is cited below:

> ***Ensure functional and efficient networks of health care providers.*** Service delivery networks (SDNs) will be expanded and strengthened to allow more people to reach health facilities and avail of needed services such as nutrition, reproductive health, drug abuse management and rehabilitation, and services related to health emergency response. e SDNs will facilitate access to all levels of care, specifically, gatekeeping and continuum of patient-friendly services from primary care level up to the specialty centers. ese services will be client-centered, gender responsive, culturally sensitive, and compliant with clinical standards. e SDNs will be responsive and resilient in times of emergencies and disasters. Private provider participation will be harnessed and coordinated when planning SDNs, implementing interventions, and securing supply-side investments. Delivery of services will also be made more accessible with the use of information and communications technology. In addition, a redress mechanism will be set up to improve the responsiveness of the system.

This study did not explore the actual mutuality of relationships between and among the actors in the social innovation. We have already seen how social capital may have propelled the social innovation reviewed in this study. If social capital inheres in the relations among the actors, traces of which were already traced in the study, it might be worthwhile to have a sense of the reciprocity of these relationships in terms of obligations and expectations, as proposed by Coleman (1990, p. 314). A more enduring relationship among actors is said to be one where equilibrium exists, which forebodes how social capital may be built or destroyed in the long term. However, for as long as there are norms allowing for third sector participation adhered to and respected by the players in the social innovation in this study, social capital will likely

continue to persist as a resource embedded in the social relations of the actors -- perhaps not only for health services but also for other purposes.

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