

The Implementation of the Management Processes of Mobile Hospital Health Services in the Province of Maguindanao

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Originality: 99% • Grammar Check: 95% • Plagiarism: 1%



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ABSTRACT

Although agreement about the need for quality improvement in healthcare is almost universal, the means of achieving effective improvement in overall care is not well understood. Mobile hospital health interventions could have beneficial effects on healthcare delivery processes. This study explored the extent of the implementation of the management processes of Mobile Hospital health services. The study used the descriptive correlation method of research. Survey questionnaires were used to collect data from health workers from different municipalities of the province of Maguindanao. The study shows that the management processes of mobile health services in terms of planning, organizing, staffing, implementation, monitoring, and evaluation were properly implemented. The study implies that the Mobile Hospital health services in the Province of Maguindanao through the application of management processes are effective.

Keywords — Healthcare, mobile hospital services, descriptive correlation method, Philippines

INTRODUCTION

The development of wireless communication technology combined with large numbers of people using mobile phones and the internet has made the development of a 'mobile hospital' a reality. With a mobile hospital, anybody will be able to receive expert medical care and advice anytime and anywhere. Although such a concept will be of great benefit in emergency care, it can also play a key role in long-term care. Demographic changes in many countries may make this concept a necessity rather than a luxury.

Half the population in the world's poorest countries lacks access to healthcare. Provider shortages are likely to persist, as many countries do not have the means to train adequate numbers of medical personnel. Several researchers (Walter et al., 2012; King & Jatoi, 2005; Liang et al., 2005; Saddki, Yusoff & Hwang, 2010; Brandling-Bennett, Kedar, Pallin, Jacques, Gumley, & Kvedar, 2005) from different countries agreed on the need of Mobile Health services. This paper attempts to explore the extent of the implementation of the management processes of Mobile Hospital health services in terms of planning, organizing, staffing, implementation, monitoring and evaluation in the province of Maguindanao.

FRAMEWORK

Planning for Mobile Health Program

There are aspects of the planning process that are best left to consulting experts to assist with identifying the type of vehicle needed (i.e., towed trailer versus self-contained vehicle) and vehicular requirements (electrical system, external and internal design) to sustain the specific activities of the MHU as well as purchase and maintenance options (Doerner, Focke & Gutjahr, 2007). The numbers of answerable questions to be addressed within the process answerable questions comprise questions that are worth asking and for which there is evidence to allow them to be answered.

Who Does Health Planning?

The health planning process occurs within the health service sector usually initiated by the government or bodies delegated by the government to manage health resources in an area, such as a Regional Health Authority.

As well as consumers, through advocacy groups, forums or other processes, promote their needs to the government and thereby seek to increase or influence the allocation of health resources (Mintzberg, 2000).

Organizing

It is the process of bringing together physical, financial and human resources and developing productive relationship amongst them for the achievement of organizational goals. According to Henry Fayol, "To organize a business is to provide it with everything useful or its functioning, i.e. raw material, tools, capital and personnel's." To organize a business involves determining and providing human and non-human resources to the organizational structure. Organizing as a process involves: Identification of activities; Classification of the grouping of activities; Assignment of duties; Delegation of authority and creation of responsibility; and Coordinating authority and responsibility relationships (Rahman, 2012).

METHODOLOGY

Research Design

The study used the descriptive method of research. It intended to find out whether or not there is a relationship with the implementation of the management processes terms of in planning, organizing, staffing, implementing, monitoring and evaluation on mobile health services in Maguindanao.

Locale of the Study

The study was concentrated in Maguindanao province, particularly served by the provincial mobile hospital. The province of Maguindanao had thirty-six (36) municipalities and divided into two districts. The district one was composed of Datu Odin Sinsuat, Municipality, Datu Blah Sinsuat, Kabuntalan, Northern Kabuntalan, North Upi, Sultan Kudarat, Sultan Mastura, Parang, Matanog, Buldon, and Barira. Second district composed of South Upi, Talayan, Guindulongan, Datu Anggal Midtimbang, Talitay, DatuPiang, Datu Saudi, Datu Unsay, Shariff Aguak, Datu Hoper, Municipality, Shariff Saidona Municipality, Mamasapano, Sultan Sa Barongis, Rajah Buayan, SK-Pendatun, Paglat, Buluan, DatuPaglas and Pagalungan, Datu Abdullah Sangki, Montawal, Datu Sangki Municipality, Mangudadatu Municipality and Municipality of Pandag.

Respondents of the Study

The respondents of the study were health workers from the different municipalities of the province of Maguindanao. Criteria in selecting the respondents were those who are directly involved in the implementation of the Mobile health services. LGUs officials in the Municipalities recipients of the project were also included as respondents of the study.

Sampling Techniques

The respondents of the study were selected using purposive sampling. The complete enumeration was used in identifying the respondents included in the study. For the health workers, there were 35 respondents considering they know the implementation of Mobile health services. For the local government, there were 45 local government officials whose barangays were recipients of the program since 2010.

Research Instrumentation

Triangulation method of collecting data was used in data collection, such as the survey questionnaire, direct interview, and documentary analysis. The research instruments are made of parts. The research instrument is designed to describe the extent of implementation of the management processes of mobile health services in terms of planning, organizing, staffing, implementation, monitoring, and evaluation.

The reliability and validity of the instrument were pre-determined before it was administered to the respondents. After determining the reliability and validity of the instrument, the researcher administered the distribution of the survey instrument to the selected respondents of the study with the help of hired enumerators. The researcher hired two enumerators to help facilitate the distribution of the survey instrument. These enumerators were briefed by the researcher of what to do during the conduct of the study from the distribution and collection of the instruments.

The research study used a 4-point scale system prepared instrument. The respondents were asked as to their honest, yet free opinion on how they perceived the level of effectiveness of implementation of mobile health services in the province by encircling the number provided for under the symbol representing one of the 4 responses:

Range of Means

- 1.00-1.49 Least Implemented
- 1.50-2.49 Less Implemented
- 2.50-3.49 Implemented
- 3.50-4.00 Highly Implemented

Range of Means

- 1.00-1.49 Not Adequate
- 1.50-2.49 Less Adequate

- 1.1-1.49 Adequate
3.50-4.00 Very Adequate

Validity and Reliability of the Instrument

The reliability and validity of the instrument were tested and proven first. According to Csikszentmihalyi and Larson (2014), the reliability on instrument indicates the extent to which a person's score and his relative positioning a group would remain the same on subsequent administration. Validity was common as the degree to which a test measures what is supposed to measure (Kimberlin & Winetrstein, 2008).

For the validity of the self-made questionnaire, a consultation with the expert on the topic was done for suggestions. The recommendation of the expert was adopted to ensure that the content of the questionnaire measured what is intended to measure in this study. For the reliability of the self-made questionnaire, there was a dry run to the group of 30 respondents who are excluded in the final conduct of the study.

The response of the 30 respondents was processed and analyzed using the split-half method, and the result of the analysis shows that the instrument was reliable with a correlation between forms of .731 and Spearman-Brown Coefficient of equal length of .773 and Guttman Split-Half Coefficient of .768. This means that the survey instrument is reliable.

After having the validity and reliability analysis, the instrument was revised according to the recommendation of the screening committee, and specific item which needs improvement or deleted on the basis of the reliability Analysis was improved and changed before it was used as a final instrument in gathering the data needed in this study.

Data Gathering Procedure

The data gathering procedure was undertaken in three phases. Phase 1 was the preparation of all the necessary documents needed for the conduct of the study. The letter of request to conduct the study was secured first from the provincial Governor of the province of Maguindanao. Likewise, a courtesy call was also initiated to the office of municipal mayor of the included municipalities.

Upon receiving the approved letters from the governor a preliminary survey and a conversation with the local government officials was initiated. After all the preliminary activities have been done, the survey questionnaire was distributed to the respondents with the aid of the hired enumerator. Due to the length of the questionnaire, enough time was given to the respondents to

answer the questionnaire for them to understand and give what was asked in the questionnaire.

The data obtained from the survey questionnaires were encoded by the researcher with the assistance of the statistician to ensure the less probability of error in entering the data. Rechecking of the data against the coding sheets was employed for the accuracy of the data after which, the data were analyzed with the use of a computer software program.

RESULTS AND DISCUSSION

The extent of the implementation of the management processes of mobile health services in terms of planning, organizing, staffing, implementation, monitoring and evaluation.

Planning

The respondents rated implemented the management process of the mobile health services in terms of planning with a grand mean of 3.47. This means that before the mobile health services were implemented, it underwent consultation among stakeholders. Further, mobile health services had undergone proper planning. In the (ARMM) Autonomous Region in Muslim Mindanao, particularly the province of Maguindanao with the issuance of the Executive Order 007 s. 2010 by the Local Health Board who served as the advisory committee to Sangguniang Panlalawigan for the delivery of health services in Maguindanao and with the approval of funds allocated for the acquisition of the Provincial Mobile Hospital by the Provincial Board. The provincial government had fulfilled their promise for their people in the province which is to prioritize the program related to health services. Specifically, the respondents rated implemented on the following statements such as conduct needs assessment survey among health workers and in the community with an average mean of 3.11.

This supports form the Health Services Planning and Service Reform stats that health services planning, service reform and performance are an integrated and cyclical process that informs and is informed by a variety of external and internal influences and stakeholders. Health services planning is the first phase of reviewing the current services, models, gaps and issues. A service plan provides high-level direction and strategies for service development, service reform, and resource investment. Planning is required when medium to long-term changes are needed to service delivery models or processes to better meet the changing community in terms of health services and strategic government priorities and

policies. Health services planning informs the redesign or remodeling of health services and facilities to deliver safe, contemporary, effective and efficient service models.

Table 1. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Planning n=80

A. Planning	Mean	Description
1. Conducts Needs Assessment survey among health workers and in the community.	3.11	Implemented
2. Consults stakeholders	3.34	Implemented
3. Presents to Sanggunian Panglalawigan.	3.67	Highly Implemented
4. Provisions of resolution to create mobile health services.	3.78	Highly Implemented
5. Integrates into the fiscal budget of the province.	3.61	Highly Implemented
6. Requests budget from Department of Budget and management.	3.53	Highly Implemented
7. Conducts human resources inventory for health services.	3.61	Highly Implemented
8. Conducts the consultation with the local government official.	3.42	Implemented
9. Conceptualizes the operation of mobile health services.	3.41	Implemented
10. Secured list of supplier for the mobile health services.	3.25	Implemented
GRAND-MEAN	3.47	Implemented

During the interview conducted by the researcher, one of the health workers interviewed explained that the needs assessment was conducted in the community regarding health problems. The assessment showed that the people in the community are very much in need of health treatment, however, considering the distance of their place from the health institution most of the time they could find hard in availing the health services of the community clinics. Moreover, consultation among stakeholders of health was also conducted or implemented with an average mean of 3.34. Furthermore, one of the respondents revealed that after having the community needs assessment on health consultation was conducted to bring the problem to the stakeholders soliciting their idea on how it could be addressed.

Moreover, the respondents rated highly implemented on the following statements like presents to Sangguniang Panlalawigan, provision of resolution to create mobile health services, integrate in the fiscal budget of the province, request budget from Department of Budget and management and conduct human resources inventory for health services with an average means of 3.67, 3.78, 3.61, 3.53 and 3.61 respectively. These ratings were supported by the issuance of the Executive Order 007 s. 2010 by the Local Health Board which served as the advisory committee to Sangguniang Panlalawigan, for the delivery of health services in Maguindanao and with the approval of funds allocated for the acquisition of the Provincial Mobile Hospital by the Provincial Board as shown by one of the respondents who happened to be respondent of this study.

Likewise, the respondents rated implemented on the following statements such as conduct consultation with the local government official, conceptualized the operation of mobile health services and secured list of supplier for the mobile health services with an average means of 3.42, 3.41 and 3.25 respectively. The records keeper of the mobile health services in the province of Maguindanao revealed that there was consultation among local government officials he further showed to the researcher some of the minutes of the meeting during the consultation process. Further, the respondents showed to the researcher copy of Master plan for the mobile hospital in the province, and a copy of bedding and canvas for the purchase of the facilities and medical supplies was also shown to the researcher by the respondents.

Organizing

The respondents rated implemented on the management process of the mobile health services in terms of organizing with a grand mean of 3.34. In the personal interview conducted by the researchers the division chief assigned in the health program of the province revealed that before the mobile health services were in place, all the resources such human, facilities and funding support for the operation of the mobile health services were organized.

Table 2. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Organizing n=80

Organizing	Mean	Description
1. Creates a committee for mobile health services.	3.52	Highly Implemented
2. Coordinates with the local government official.	3.62	Highly Implemented
3. Organizes skilled manpower.	3.12	Implemented
4. Prepares medical facilities.	3.63	Highly Implemented
5. Conducts the inventory of medical supplies.	3.54	Highly Implemented
6. Organizes the volunteers.	3.12	Implemented
7. Organizes the community para-medical team.	3.10	Implemented
8. Coordinates with the local medical practitioner.	3.42	Implemented
9. Coordinates with the line agency for the medical mission.	3.11	Implemented
10. Coordinates with the established medical institution.	3.26	Implemented
GRAND MEAN	3.34	Implemented

Further, he explained that the governor of the province issued memorandum concerned health workers personnel to participate and support the mobile health services to address the needs of the people in Maguindanao in terms of health, especially in the far-flung areas.

Moreover, they rated highly implemented on the following statements like creating the committee for mobile health services, coordinate with the local government officials with an average means of 3.52 and 3.62 respectively. These ratings were supported by the documents available in the provincial health office showing the memorandum from the governor office instructing the provincial health office to create a committee to look into the possibility of having mobile health services in the province. Likewise, a letter address to the local government official informing them of the implementation of the mobile health services. Further, the respondents rated implemented on the statement organized skilled manpower with an average mean of 3.12. Furthermore, the respondents rated highly implemented on the statement prepared medical facilities and conducted inventory of medical supplies with an average means of 3.63 and 3.54 respectively. The supply office of the provincial health office showed that there were conducted inventory of all the facilities and medical supplies in the provincial health office in Maguindanao.

Similarly, the respondents rated implemented on the following statements such as organized volunteers, organized community para-medical team, coordinate with the local medical practitioner, coordinate with line agency for the medical mission and coordinate with an established medical institution with an average means of 3.12, 3.10, 3.42, 3.11 and 3.26 respectively. According to one of the respondents interviewed, there were a group of volunteers which was organized purposely to facilitate easy implementation of the mobile health services in the community. Among the function of the volunteers were listing of patients in the community before the schedule of the medical mission in the area for the management of the mobile health services gets prepared for all those needed manpower and medical supplies. Medical practitioners and other line agencies such as the medical team of 6ID of the Philippines Army were also coordinated to help for the diagnosis, tooth extraction, and circumcision. Furthermore, they explained that the medical mission was not conducted by the mobile health services alone but a collective effort of other health stakeholders to maximize the benefits of the people for health services. Coordination with established medical institutions was also done for the referral of some acute cases that need further medication.

Staffing

The respondents revealed that the staffing of the mobile hospital health services has adequate manpower to implement the program with a grand mean of 3.41. The respondents further explained during the interview that aside from the regular employee of the mobile hospital, some medical specialists were invited by the management of the mobile hospital to participate and rendered voluntary services for the medical mission of the mobile health services. Furthermore, they revealed that most of the time the medical team of the 6ID and 33rd Infantry Division of the Philippine Army offered their health services. Specifically, the doctors of medicine were rated adequate of the respondents. The respondents explained that there were five (5) doctors of medicine who were actively involved in the operation of the mobile hospital and this is confirmed by the organizational structure of the mobile hospital shown by the respondents during the visits of the researcher for the personal interview.

Table 3. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Staffing n=80

Staffing	Mean	Description
Doctor of Medicine	3.67	Very Adequate
Dentist	3.52	Very Adequate
Surgeon	3.11	Adequate
RADTECH	3.17	Adequate
MEDTECH	3.26	Adequate
Nurse	3.48	Adequate
Midwife	3.27	Adequate
Clerk	3.65	Very Adequate
Driver	3.58	Very Adequate
Utility	3.42	Adequate
GRAND MEAN	3.41	Adequate

Dentists were also rated very adequate by the respondents for there were seven dentists actively involved in the operation of the mobile hospital. Surgeons were adequate for the needs of the patients being served by the mobile hospital although there was one (1) surgeon in the mobile hospital and still were other staff in the different areas that can assist him in performing surgery works. RADTECH, MEDTECH, nurse, and midwife were rated adequate.

Implementation

The respondents rated implemented the management processes of the mobile health services in terms of implementation with a grand mean of 3.33. On the basis of the analysis of the documents available in the office of the provincial health showed that the mobile health services are properly implemented. The documents showed that different barangays in the province of the Maguindanao were reached by the mobile health services to conduct the medical mission. Similarly, the mobile hospital served 332,961 patients since from 2010 to 2012. There were 272,897 patient given medical treat or consultation, tooth extraction 37,492 patients, cyst removal 2,078, minor surgery or circumcision 20,494. The most common illness referred by the patients was the cough, body weakness, and difficulty of breathing, cyst and back pains. Moreover, the respondents rated implemented on the statement like provide facilities for mobile health service with an average mean of 3.24. On the ocular visits conducted by the researcher, it was observed that mobile hospitals are equipped with facilities needed for the

treatment of the patients.

Table 4. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Implementation=80

Implementation	Mean	Description
1. Provides facilities for mobile health service.	3.24	Implemented
2. Provides Medical supplies for mobile health service.	3.53	Highly Implemented
3. Hires qualified health practitioner.	3.12	Implemented
4. Conducts listing of medical beneficiary.	3.21	Implemented
5. Conducts medical mission to every barangay.	3.57	Highly Implemented
6. Conducts surgery	3.21	Implemented
7. Issued referral to patient needs further medication.	3.42	Implemented
8. Distributes vitamins to children	3.23	Implemented
9. Conducts vaccination to mothers.	3.31	Implemented
10. Conducts monitoring of the patients.	3.46	Implemented
GRAND MEAN	3.33	Implemented

Moreover, the respondents rated highly implemented on the statement like provide medical supplies for mobile health services with an average mean of 3.53. In the supply office of the provincial health office, it showed that there were varieties of medical supplies in the office intended for the use of mobile health services. Similarly, the respondents rated implemented on the statement like hired qualified health practitioner, conduct listing of medical beneficiaries, conduct surgery, issued referral to patient needs further medication, distribute vitamins to children, conduct vaccination to mothers, and conduct monitoring of patient treated with an average means of 3.12, 3.21, 3.21, 3.42, 3.32, 3.31 and 3.46 respectively. However, on the statement like conducts a medical mission to every barangay they rated it highly implemented with an average mean of 3.57.

Monitoring

The respondents rated the implementation of the management processes of the mobile health service in terms of monitoring as implemented with a grand mean of 3.34. During the interview conducted by the researcher, the respondents revealed that the implementations of the mobile health service were constantly monitored so if ever there are problems encountered during the implementation of the program this can be immediately addressed. Further, the respondents

rated implemented on the following statements like design monitoring system, conducts monitoring regularly, organizes monitoring body, there were monitoring instruments for mobile health services with an average means of 3.12, 3.42, 3.31, 3.47 respectively. Monitoring refers to the process of determining whether the project expected inputs, activities and outputs are accomplished according to the plan (Mercado, 1997). It is a continuous assessment of project implementation in relation to the agreed schedule of activities on the use of inputs, infrastructure, and services by project beneficiaries.

Table 5. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Monitoring n=80

Monitoring	Mean	Description
1. Designs monitoring system	3.12	Implemented
2. Conducts monitoring regularly.	3.42	Implemented
3. Organizes monitoring body	3.31	Implemented
4. There were monitoring instruments for mobile health services.	3.47	Implemented
5. Conducts community survey	3.56	Highly Implemented
6. Interviews local government officials on the performance of the mobile health services.	3.21	Implemented
7. Conducts focus group with stakeholders to solicit information on the implementation of the mobile health services	3.42	Implemented
8. Requires health officials to render monthly accomplishment.	3.67	Highly Implemented
9. Solicits feedback from the beneficiaries.	3.32	Implemented
10. Provides a solution to the problem encountered in the field for the implementation of mobile health.	3.47	Implemented
GRAND MEAN	3.34	Implemented

Promoting involvement in gender-sensitive monitoring can build consensus among stakeholders on the project's gender goals, and on what gender outcomes to monitor. It makes possible to identify problems early in the project implementation stage, and give communities and implementing agencies the ability and flexibility to respond to changing scenarios that may affect the project intervention.

Furthermore, the respondents highly implemented on the statement such as conducts community survey, requires health official to render monthly

accomplishment with an average means of 3.56 and 3.67 respectively. Likewise, the respondents rated implemented on the statement like interviews local government official on the performance of the mobile health center, conducts focus group with stakeholder to solicits information on implementation of the mobile health services, solicit feedback from the beneficiaries and provide solution to problem encountered in the field for the implementation of the mobile health with an average means of 3.21, 3.42, 3.32 and 3.47 respectively.

Evaluation

The respondents rated implemented in the management process of the mobile health services in terms of evaluation with a grand mean of 3.34. *Evaluation* is the systematic determination of merit, worth, and significance of something or someone. Evaluation often is used to characterize and appraise subjects of interest in a wide range of human enterprises, including the arts, criminal justice, foundations, and non-profit organizations, government, healthcare, and other human services.

Table 6. The Extent of the Implementation of the Management Processes of Mobile Health Services in Terms of Evaluation n=80

Evaluation	Mean	Description
1. There were scheduled regular evaluation for the mobile health service performance.	3.36	Implemented
2. There were designed instruments for evaluating the mobile health service.	3.28	Implemented
3. There were organized groups to evaluate the mobile health services effectiveness	3.37	Implemented
4. The result of evaluation served as the basis for improving the mobile health services	3.43	Implemented
5. There were conducted evaluations for the medical practitioner involved in the mobile health services	3.48	Implemented
6. Follow up check of the patients treated were done as part of the evaluation.	3.24	Implemented
7. Conducts forum to solicit information from the beneficiaries.	3.11	Implemented
8. Consultation with the community health workers was done.	3.33	Implemented
9. Consultation with the local government official was done.	3.46	Implemented
10. An annual evaluation was conducted.	3.29	Implemented
GRAND MEAN	3.34	Implemented

Evaluation, according to Chambers (1974), plays a critical role in the planning process, since the community must be able to assess what they have done and to learn from both the successes and failures. It is one of the ways that the capacity for “self-help” and for effective management of community projects can be developed. Further, the respondents rated implemented the statement such as there were schedules for regular evaluation of the mobile health services, there were designed instrument for evaluating the mobile health services, there were organized group to evaluate the mobile health services effectiveness, result of evaluation served as the basis for improving the mobile health services, there were conducted evaluations for the medical practitioner involved in the mobile health services with an average means of 3.36, 3.28, 3.37, 3.43, 3.48 respectively. This information was further clarified by the researcher through an interview. The respondents explained that mobile health services were regularly evaluated to determine if the mobile health services helped in attaining the objectives of the Department of Health. Furthermore, the respondents rated implemented also on the statement like there were conducted evaluations for the medical practitioners involved in the mobile health services, follow up check of the patients treated were done as part of evaluation, conducts forum to solicit information from the beneficiaries, consultation with barangay health workers were done, consultation with the local government officials were done, and there were annual evaluations conducted with an average means of 3.48, 3.24, 3.11, 3.33, 3.46 and 3.29 respectively.

CONCLUSION

The management processes of the mobile health services in terms of planning were properly implemented in terms of organizing as well as staffing with adequate manpower to ensure that task was distributed in accordance with the skills available for the implementation of the program. For evaluation, a regular assessment was conducted to grasp the shortcoming and further enhancement. It is participated with the local government units and Non-government Organization/Civil Societies.

Moreover, mobile hospital contributes to their healthy body, food production and social participation. However, it needs some improvement in the delivery of services like surgery, laboratory test, and maternal care.

TRANSLATIONAL RESEARCH

The implementation of the Mobile Hospital health services in the Province of Maguindanao through the application of management processes is effective. This implies that it needs some improvement in the planning, organizing, and implementing through the involvement of local government units and non-government organizations/civil societies. The staffing must be strengthened so that monitoring and evaluation will also be improved. The Mobile Hospital health services in the Province of Maguindanao are not fully addressed the problem of health through healthy body, food production, and social participation. This implies that the delivery of services must be improved.

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