

Examining the Role of Enlisted Men's Barrios Barangay Chairpersons in Addressing Healthcare Access in Post-Jurisdictional Shift

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ABSTRACT

This study explores the role of Barangay Chairpersons in the ten Enlisted Men's Barrios (EMBO) barangays after their jurisdiction shifted from Makati to Taguig in 2023, disrupting healthcare access for over 200,000 residents. Previously reliant on Makati's programs, residents faced gaps in Taguig's initiatives. Using a qualitative, Grounded Theory approach, the research conducted interviews with Barangay Chairpersons to analyze their adaptive strategies. Key findings revealed systemic disruptions, including closed health centers and spatial inequalities, leading to varied resilience among barangays. The study developed the Fragmented Resilience theory, highlighting four factors: Local Resources, Network Improvisation, Spatial Governance, and Resilience outcomes. Despite similar challenges, barangays exhibited uneven adaptability, with persistent healthcare disparities such as limited access to specialized services. This research contributes to understanding local governance in the Philippines, emphasizing the impact of jurisdictional shifts and offering insights for policymakers to enhance equitable and resilient systems. The Fragmented Resilience theory provides a framework for analyzing community adaptation in transitional environments.

Keywords: Local Governance, Jurisdictional Shift, Systemic disruption, Community resilience, Spatial inequality

BACKGROUND OF THE STUDY

The Enlisted Men's Barrios or EMBO is composed of Ten Barangays,¹ all of which are now under the jurisdiction of the City of Taguig, from being governed by the City of Makati from 1986² to 2023. The two cities of Makati and Taguig boasts their own set of social development programs for their residents; however, significant differences can be observed regarding specific aspects of these programs albeit being similar in nature. In the City of Makati, the main program for its residents is the Yellow Card or the Makati Health Plus Program, a comprehensive healthcare initiative implemented by the City Government of Makati for the Makati residents since it launched in 1986.³ According to the Makati Government, Yellow Card holders are eligible for numerous benefits including the wide range of healthcare services. At one point, Makati's social development program utilizes nearly half of the local government's annual budget.⁴ Meanwhile, Taguig's main social development program, the Lifeline Assistance for Neighbors In-Need or LANI Cares program was launched recently for the residents of Taguig City. As claimed by the Taguig government,⁵ this comprehensive program was developed to assist the city's dependent, underprivileged, and marginalized residents.

Seeing that such programs play an important role in addressing the social welfare systems of local governments, it is essential to study the administrative transition and its effect on these programs as major policy shifts can disrupt service delivery and further positioning the community in a vulnerable state. While these jurisdictional shifts are necessary to bring salient reforms and improvements in the local government, they also have severe implications for the equitable and effective delivery of social services. Therefore, examining the effects of these shifts is not merely a theoretical issue; rather, it is an important field of study that is significant to the well-being of the community.

Now, with effect from early this 2024, the Makati Government⁶ announced that more than 200,000 residents of the ten EMBO Barangays, will no longer be eligible for the extensive health benefits offered by Makati's yellow card program. On paper, it is understandable that Taguig's Lifeline Assistance for Neighbors In-Need program, does not replicate the extent and coverage in comparison to Makati's Yellow Card program. Despite the fact that these programs are under the control of the city government, the barangay chairpersons, as the elected leader of the primary political unit in each local government, plays a pivotal role in ensuring the essential needs of their constituents are met. This study will delve into the role of the Barangay Chairpersons of the EMBO Barangays in effectively representing and serving the needs of their constituents, particularly in terms of access to similar healthcare programs. As indicated in the Local

¹ Cembo, Comembo, East Rembo, Pembo, Pitogo, Rizal, South Cembo, West Rembo, Post Proper Northside, and Post Proper Southside.

² *Proclamation No. 2475*. 1986.

³ "Provision of Quality Subsidised Health Care for the Urban Poor," *Global Industrial and Social Progress Research Institute*, 2000.

⁴ "Mayor Abby Touts P9.19-Billion Budget for Social Development Sector This Year" (City Government of Makati, 2024).

⁵ "Lifeline Assistance for Neighbors In-Need Care and Support (LANI CARES)" (City Government of Taguig, n.d.).

⁶ Jean Mangaluz, "EMBO Barangay Residents Lose Makati Health Card Benefits," *INQUIRE.Net*, 2038.

Government Code⁷, the role of the barangay as the primary political unit, the barangay is the primary oversight and execution unit of local government policies, plans, initiatives, and operations in the local community. It also acts as the proper avenue for expression, development, and discussion of the shared views of the community as well as a place for the peaceful resolution of conflicts. Now, in the absence of a program that played a significant role in the lives of the EMBO residents, the Barangay Chairpersons is expected to provide avenues for the public to express their opinions and, ideally, exert an influence on the actions made at the local level. As mentioned, this study will solely focus its scope on the incumbent Barangay Chairpersons of the EMBO neighborhood.

SCOPE AND LIMITATIONS

The study is specifically focused on the Barangay Chairpersons of the Ten Enlisted Men's Barrios Barangays. It examines how the jurisdictional shift affects healthcare program access, particularly the absence of the extensive Yellow Card Program of Makati to Taguig. This study is only limited on the role of the Barangay Chairpersons in the EMBO barangays, wherein it explores the responsibilities and strategies in ensuring continued healthcare access for the EMBO constituents despite the jurisdictional transition. This includes understanding their challenges, decision-making processes, and methods of advocacy in the context of local governance. This study focuses on the period immediately following the jurisdictional shift in 2023, which aims to capture the initial impact of this transition on healthcare programs and public administration within the ten EMBO barangays.

As this study focuses on the specific Makati and Taguig jurisdictional shift and healthcare program access within the ten EMBO barangays, the findings may not fully apply to other localities experiencing similar jurisdictional shifts or disputes. The unique political, economic, and social conditions in Makati and Taguig may limit the applicability of the results to other contexts. While healthcare programs are a critical aspect of social welfare, other social services, such as education, housing, or employment support may also be affected by the jurisdictional shift. However, this study does not address these other areas as it focuses solely on healthcare programs as a measure of social support and governance effectiveness. Since this study captures the immediate aftermath of the jurisdictional shift, it will not account for long-term impacts on healthcare program access or public services in the EMBO barangays. Subsequent adjustments in policies or program improvements in Taguig's healthcare offerings may not be fully reflected.

THEORETICAL FRAMEWORK

Glaser and Strauss⁸ framed Grounded Theory as the discovery of new concepts and relationships. The main objective of grounded theory is to develop theories founded on methodically collected and examined data as opposed to beginning with a preexisting theory.

⁷ Book III, Title One, Chapter One, Section 384 of the Local Government Code of 1991.

⁸ Barney Glaser and Anselm Strauss, *The Discovery of Grounded Theory Strategies for Qualitative Research* (1967; repr., Aldine Transaction, 2006).

DePoy and Gitlin⁹ defined how grounded theory is suitable for researching social processes across time, understanding how a phenomenon develops, and gaining deep insights from the perspectives of individuals directly involved because of its inductive nature. The grounded theory approach would allow the researcher to understand the lived experiences and responses of Barangay Chairpersons in EMBO barangays to the significant effect of the jurisdictional shift from Makati to Taguig. This shift has disrupted healthcare access for residents, and grounded theory would help the researcher uncover how these leaders are navigating this change to continue advocating for the needs of the constituents. Delmas and Giles¹⁰ further stated that Grounded theory is ideal for studying ongoing social processes and the interactions of people within these processes.

The shift in governance from Makati to Taguig is a major social change impacting the delivery of social services. By using grounded theory, the researcher can explore how Barangay Chairpersons respond to this shift and adapt their strategies to meet the healthcare needs of the constituents under new governance constraints. Since this theory is rooted in gathered data from real-life experiences, it allows the researcher to create a theory that directly reflects the challenges and strategies of the Barangay Chairpersons. This is especially relevant in this study since the perspectives and adaptations of the EMBO Barangay Chairpersons may not yet be fully understood or documented. In addition, grounded theory allows for the study of behavior within specific social contexts. The jurisdictional shift introduces a new structure of governance, healthcare policies, and different levels of scope. With this, grounded theory helps discover how the EMBO Barangay Chairpersons adapt to these new circumstances, advocate for their communities, and attempt to secure similar levels of healthcare access under the new governance.



Figure 1: *Grounded Theory Framework*

Figure 1 illustrates the application of grounded theory in this study. This exhibits the primal steps to be done up until the desired outcome is achieved. The data collection involves collecting data through interviews and to begin the study without a theory in mind, which ensures that the data collected is authentic and unbiased. The identify patterns involve the beginning of initial coding in order to identify recurring patterns and themes with the gathered data. The data comparison involves analyzing information as the study progresses, where new data is compared with the previous data. The identify relationships involve refining the data into

⁹ Elizabeth Depoy and Laura Gitlin, “Naturalistic Designs,” in *Introduction to Research: Understanding and Applying Multiple Strategies*, Fifth (Elsevier, 2010), 158–72, <https://doi.org/10.1016/B978-0-323-26171-5.00011-2>.

¹⁰ Peggy Delmas and Razhel Giles, “Qualitative, Multimethod, and Mixed Methods Research,” in *International Encyclopedia of Education*, vol. Fourth (Elsevier, 2023).

broader categories and identifying the relationships within these categories. Lastly, form a theory involves connecting the established categories into a grounded theory.

Citing Glaser and Strauss,¹¹ the authors underlined the importance of eradicating preconceived assumptions and enabling the theory to develop naturally from the data. In turn, this method allows for the development of theories that are more applicable and practical as they are based on actual experiences.

By means of interviewing the EMBO Barangay Chairpersons, as the respondents of this study, the objective of grounded theory method is to develop a theory from the interview regarding the role and challenges of the barangay chairpersons in addressing the healthcare program access of the EMBO residents in the post-jurisdictional shift. This provides a systematic method for developing a theory based on the experiences and actions of the barangay chairpersons. By focusing on the response to the jurisdictional shift, the grounded theory method ensures that findings develop directly from their lived experience, unconstrained by pre-existing theories. This centers on social dynamics with procedures that are pertinent to the evolving landscape of social welfare and governance. In doing so, the researcher may identify patterns and relationships that assist to clarify the way these barangay leaders adjust to changing circumstances while assisting their communities.

METHODOLOGY

The methodology serves as an invaluable indicator of the accuracy and consistency of the data it consists of. Primarily, the study will be conducting a qualitative approach in gathering data by means of interviewing respondents. Furthermore, the respondents will be limited to the Barangay Chairpersons of the ten Enlisted Men's Barrios Barangays, consisting of only the barangays of Cembo, Comembo, East Rembo, Pembo, Pitogo, Rizal, South Cembo, West Rembo, Post Proper Northside, and Post Proper Southside only.

RESEARCH PARTICIPANTS

The respondents of this study will be the barangay chairpersons of the EMBO barangays. This study focuses on these barangay leaders in addressing the main problem of how they represent and serve the needs of their constituents, particularly in terms of continued access to similar healthcare programs for their constituents in post- jurisdictional shift as reflected in Chapter One.

Subsequently, purposive sampling is a core principle of grounded theory whereby participants are intentionally selected based on their potential to contribute to the emerging theoretical insight as defined by Moser and Korstjens.¹² As elected leaders, the barangay

¹¹ Barney Glaser and Anselm Strauss, *The Discovery of Grounded Theory Strategies for Qualitative Research* (1967; repr., Aldine Transaction, 2006).

¹² Albine Moser and Irene Korstjens, "Series: Practical Guidance to Qualitative Research. Part 3: Sampling, Data Collection and Analysis," *European Journal of General Practice* 24, no. 1 (2004): 9–18, <https://doi.org/10.1080/13814788.2017.1375091>.

chairpersons are the most relevant respondents for this study because of their unique roles, responsibilities, and proximity to the grassroots level. In order to understand the effects of the jurisdictional shift from Makati to Taguig and how it influences social welfare, particularly healthcare programs in the EMBO barangays, depends heavily on the involvement of the Barangay chairpersons as respondents in this study. Following purposive sampling, the respondents to be selected are the barangay chairpersons of the neighborhoods in the EMBO area.

DATA COLLECTION METHOD

This study will utilize interviews as a research instrument; specifically, semi structured interviews, which will be a predetermined list of broad queries that allow the interviewer to delve deeper into specific topics or responses while stimulating discussion. The term "conversation with a purpose" has been framed by Burgess¹³ to describe semi-structured interviews, which have the characteristics that follow: (1) A formal interview is conducted between the researcher and the respondents; (2) A guide for the interview is created and used by the researcher, which is a list, generally in a specific order, of open-ended questions and topics that must be discussed during the interview; (3) Although the open-ended question defines the topic of the investigation, it additionally provides the researcher and the respondent an opportunity to delve into greater detail about specific topics; (4) The researcher adheres to the interview structure, but if deemed fit, they might deviate by following pertinent areas of question.

Through interviews, the barangay chairpersons as the respondents, have the ability to provide insights into their efforts and decision-making processes by describing their challenges, strategies, and perspectives in their own terms. This provides flexibility since it is essential in grounded theory, where semi-structured interviews allow the researcher to both examine significant themes and allow for the emergence of fresh, unforeseen findings. The institutional, social, and political background that shapes their behavior, especially the shift from Makati to Taguig governance is reflected in the interviews.

The interview guide will focus on three distinct areas particularly with (1) the challenges that may have emerged in addressing healthcare needs after the jurisdictional shift; (2) the actions and strategies that they implemented to mitigate these challenges; and (3) their perception to their role as community leaders in representing their constituents during this transitional shift. These factors are based on the main problem of this study.

DATA ANALYSIS

The data analysis method for this study will be the constant comparative method developed by Glaser and Strauss¹⁴ combined with open coding, axial coding, and selective

¹³ Robert Burgess, "Interviews," in *In the Field: An Introduction to Field Research* (1984; repr., Routledge, 1995), 104.

¹⁴ Glaser and Strauss, *The Discovery of Grounded Theory Strategies for Qualitative Research*.

coding, as used in the grounded theory. This coding, as further explained by Tie et al.,¹⁵ involves continuously comparing segments of data to identify patterns, similarities, and differences. In this study, constant comparative analysis ensures that insights emerge directly from the data collected during interviews with the barangay chairpersons. Furthermore, as delineated by Tie et al.,¹⁶ the coding process of the gathered data will begin with the initial phase of open coding, where the researcher arranges the interview transcripts into simpler segments, such as words, phrases, or sentences, and assigns each one a code that identifies it; followed by the intermediate phase of axial coding, where it involves organizing the original codes into more general categories and identifying relationship between one another. This second phase assists in the development of a more organized understanding of the data. This will ultimately result in the final phase or selective coding, where the researcher combines the main categories to develop a core category or central theme that represent the fundamental narrative of this study.

RESEARCH LOCALE

The study will take place in the barangays of Cembo, Comembo, East Rembo, Pembo, Pitogo, Rizal, South Cembo, West Rembo, Post Proper Northside, and Post Proper Southside; these barangays have a total land area of 8,838 km² according to the data of Makati City.¹⁷ As mentioned in the previous chapters, these barangays were formerly under the jurisdiction of the City of Makati from 1986 to 2023 and are now governed under the administration of the City of Taguig following the Supreme Court ruling in 2021. The EMBO areas has a combined population of 336,875 residents in 2020 according to the Philippine Statistics Authority,¹⁸ with the Barangay Post Proper Southside as the most populated with 63,308 residents. As presented in Figure 4, the yellow part comprises the ten barangays while the blue and pink highlights Makati and Taguig, accordingly.

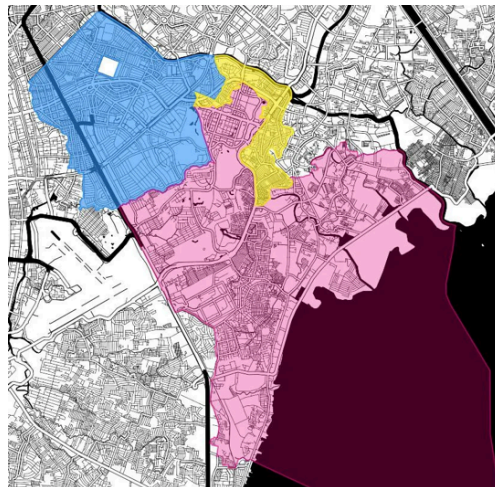


Figure 2: Highlighted Map of Makati, Taguig, and the EMBO area.
[Source: Wikimedia Commons]

¹⁵ Ylona Chun Tie et al., “Grounded theory research: A design framework for novice researchers,” *SAGE Open Medicine* 7 (2019): 1–8, <https://doi.org/10.1177/2050312118822927>.

¹⁶ Tie et al., “Grounded Theory Research: A Design Framework for Novice Researchers.”

¹⁷ City Government of Makati, “Profile of Makati City” (City Government of Makati, 2015).

¹⁸ Philippine Statistics Authority NCR Provincial Statistical Office III, “Countryside in Figures: City of Makati.”

FINDINGS AND DISCUSSION

This chapter presents the findings of the research, where it involves the collection, analysis, and interpretation of the gathered data. The objective in this chapter is to interpret and convey the importance of the findings, where it is used to contextualize the research problem and to describe any new understanding or insights obtained. This qualitative research assessed the roles of the Enlisted Men's Barrios Barangay Chairpersons, particularly in representing and serving the needs of their constituents in terms of access to healthcare programs in post-jurisdictional shift.

The ten EMBO barangays' shift from Makati to Taguig is far more than an administrative adjustment; it serves as a manifestation of how governance transitions can disrupt local healthcare systems. Previously integrated into Makati's well-funded and centralized system, these barangays suddenly faced a fragmented environment where infrastructure, people, and funds were immediately reorganized. This study employs Constant Comparative Analysis to examine how these barangays adapted or failed to adapt to the healthcare delivery challenges post-shift.

This first part of the chapter is categorized into five sections derived from the interview data: (1) Healthcare Pre-Shift, (2) Healthcare Post-Shift, (3) Challenges in Transition, (4) Adaptation and Advocacy Efforts, and (5) Present Gaps and Future Plans.

Healthcare Pre-Shift

To understand how EMBO Barangay Chairpersons have adapted their roles post-shift, it is important to first contextualize the healthcare system prior to the transition. Under Makati's jurisdiction, respondents described the healthcare system in the EMBO barangays as well-structured, adequately funded, and accessible. Each barangay operated a dedicated health center, some equipped with laboratories and government-subsidized pharmacies, ensuring that consultations, diagnostics, and medications were available to residents.

The Yellow Card system emerged as a cornerstone of healthcare delivery, offering subsidized or fully covered services, including advanced care such as dialysis and chemotherapy. Makati-employed doctors ensured consistent service delivery, even during the COVID-19 pandemic.

The Barangay Chairpersons emphasized that the system operated with proactive coordination between the city government and the barangays. Health programs, along with other social services, were implemented systematically and smoothly. The healthcare system was described as "well-funded," "smooth," and in some cases, "pampering" to residents. The only identified limitation was the exclusivity of the Yellow Card, which left non-cardholders or non-residents facing higher fees at private institutions.

Healthcare Post-Shift

This section addresses the main research problem: *How do the Barangay Chairpersons of the EMBO barangays effectively deliver healthcare programs in the post-jurisdictional shift?*

Following the Supreme Court's ruling, jurisdiction over the EMBO barangays was transferred from Makati to Taguig. As a direct consequence, nine of the ten Barangay Health Centers were closed, leaving communities without their primary healthcare facilities. Barangay leaders responded by repurposing multipurpose halls as temporary clinics, offering limited yet essential services. The Taguig local government introduced the mobile LOVE Caravan, which became a key tool in delivering basic healthcare to selected barangays.

Some barangay officials went further, organizing shuttle services to transport residents to accredited Taguig healthcare facilities. However, these efforts were met with numerous constraints, including persistent medication shortages, staffing delays, and reduced access to diagnostics and specialist services.

These conditions reflect the ongoing adjustment processes and the local leaders' capacity to innovate within a fragmented system. Notably, Barangay Southside's health center remained operational due to barangay-level ownership, providing a unique case of uninterrupted service. In contrast, barangays such as Pitogo relied on partnerships with NGOs and volunteer medical professionals to sustain healthcare delivery.

This discussion links to Sub-Problem 3, highlighting how EMBO Chairpersons addressed the healthcare gaps resulting from the transition to Taguig's jurisdiction.

Challenges in Transition

This section answers Sub-Problem 1: *What are the specific challenges faced by the EMBO Barangay Chairpersons in addressing the healthcare needs of their constituents?*

The most immediate and visible challenge cited by the respondents was the loss of healthcare infrastructure. The closure of Makati-funded health centers forced residents to travel farther for medical services, often to unfamiliar Taguig-operated facilities. This shift particularly affected vulnerable populations such as the elderly, pregnant women, and persons with disabilities.

In addition to the loss of physical facilities, Chairpersons reported significant logistical issues. The transition period created ambiguity regarding which government level—barangay or city—was responsible for delivering specific healthcare services. This uncertainty caused delays in service delivery, miscommunication, and resident confusion.

Moreover, legal and budgetary complications surfaced. Some barangays were caught in unresolved agreements regarding the usage of former Makati-run centers, resulting in further service delays. Respondents also pointed out that Taguig's health budget was comparatively smaller than Makati's, making it difficult to meet the increased demands of newly integrated

communities. These resource constraints placed a strain on healthcare personnel and infrastructure, severely limiting the Chairpersons' ability to deliver quality healthcare services.

Adaptation and Advocacy Efforts

This section responds to Sub-Problem 2: *How do the EMBO Barangay Chairpersons leverage their role and influence to advocate for improved healthcare access for their constituents in Taguig City?*

Despite these multifaceted challenges, the Barangay Chairpersons demonstrated strong adaptive and advocacy capacities. Several barangays, including Cembo, Comembo, and Pitogo, actively lobbied for the reopening of their health centers, underscoring the importance of accessible and community-based care. In Barangay Rizal, efforts focused on public education—guiding residents on how to access services under the new Taguig system.

Strategic partnerships were also formed. Some barangays engaged with Taguig's health office through limited participation in the LOVE Caravan. Others turned to external partners, including non-governmental organizations and private institutions such as St. Luke's Hospital, to conduct temporary medical missions.

In more resource-constrained areas like Pitogo, barangay officials leveraged personal networks to create informal referral pathways to hospitals and specialists. Inter-barangay cooperation also emerged, with communities sharing supplies and coordinating efforts to avoid service duplication and resource exhaustion.

These findings illustrate how EMBO Chairpersons actively used their leadership roles to advocate for their communities, navigate systemic fragmentation, and maintain essential health services in a disrupted governance landscape.

Present Gaps and the Future Plans

Although Taguig City has taken initial steps to provide healthcare services to newly integrated barangays, significant service gaps remain. Respondents emphasized that access to specialized and diagnostic care—previously covered and locally accessible under Makati—has been diminished or rendered financially inaccessible. The physical distance to hospitals and weakened referral systems further compound the challenges faced by residents, especially those with chronic illnesses or mobility issues.

Furthermore, the supply of essential medicines remains inconsistent, and the current referral networks under Taguig are still developing. In contrast to the centralized and well-coordinated system in Makati, the current framework is fragmented and under-resourced.

To address these gaps, Barangay Chairpersons have consistently called for three key reforms: (1) the reopening of closed health centers to restore geographically accessible care, (2) improved coordination between barangay and city-level health administrators, and (3) increased

funding to match the healthcare scope previously provided by Makati. Without substantial improvements in these areas, Chairpersons assert that efforts to rebuild a comprehensive and equitable healthcare system will remain limited in effectiveness.

By comparing interview data across the ten barangays, it identified emergent categories that reveal: 1) Spatial Inequities, 2) Leadership Disparities, and 3) Governance Dynamics. The goal is not just to document disruptions but to theorize how communities navigate institutional collapse, and what this means for local health access.

Leadership Disparities

The data revealed a range of adaptive responses among the EMBO barangays, with significant variations attributable to differences in leadership ingenuity and political capital. These disparities established a clear hierarchy of resilience in the face of systemic disruption. Certain barangay leaders, such as those in Pitogo and South Cembo, emerged as proactive actors, assuming roles not only as administrative heads but also as network builders and community innovators.

These leaders responded to institutional voids by leveraging personal networks, enabling the continuation of healthcare services through partnerships with volunteer groups and non-governmental organizations. These efforts, notably, did not require substantial financial investment but were instead rooted in social capital. This finding suggests that agency mattered more than resources, which is a significant departure from typical models of top-down resilience planning.

This dynamic is consistent with the Resource Dependence Theory of Pfeffer and Salancik,¹⁹ which posits that organizations depend on external resources and adapt to their environments by forming strategic relationships to secure them. In the EMBO case, resourceful barangay leaders were able to compensate for institutional shortfalls through relational and social means, challenging the assumption that resilience must come from central government structures.

Spatial Inequities

A particularly stark manifestation of inequity was found in the spatial distribution of healthcare infrastructure post-transition. The barangay of Southside, which retained ownership of its Barangay Health Center, was uniquely able to maintain continuous service delivery. In contrast, the other EMBO barangays, which had relied on Makati-funded centers, experienced abrupt losses when those facilities were closed.

To adapt, barangays such as Comembo and West Rembo implemented shuttle services to reach distant health facilities in Taguig, while Rizal was instructed to share a health center with Ususan, another densely populated barangay. East Rembo, on the other hand, was reduced

¹⁹ Bob Johnson Jr., "Resource Dependence Theory: A Political Economy Model of Organizations," *Institute of Education Sciences*, 1995.

to a simple health helpdesk, with referrals directed to Calzada, a 45-minute commute away. These cases highlight how redistricting created new geographic and logistical barriers, severely limiting access to care for residents.

This spatial fragmentation aligns with Edward Soja's Spatial Justice Theory,²⁰ which emphasizes that justice has a geographical dimension and that the fair distribution of services and infrastructure is a core component of human rights. The inequities resulting from Taguig's fragmented system, which contrasts with Makati's integrated model of clinics, labs, and pharmacies, exemplify how governance changes can reinforce spatial injustice.

Governance Dynamics

The governance relationship between the EMBO barangays and their new city government underwent substantial reconfiguration following the transition. A notable development was the establishment of the Barangay Affairs Office (BAO) in each EMBO barangay. While intended to facilitate the integration into Taguig's administrative structure, the BAO introduced a top-down coordination model that often bypassed existing barangay leadership structures.

This mode of engagement sharply contrasted with Makati's collaborative governance style. In Cembo and Rizal, Chairpersons recounted instances where decisions were imposed with little or no consultation, eroding their autonomy. Conversely, West Rembo described a more cooperative arrangement, indicating inconsistency in the governance approach.

This variability exposed power asymmetries and raised concerns about participatory governance. In response, many barangays increasingly turned to non-state actors, NGOs, private institutions, and even informal networks—to sustain basic health service delivery. These evolving dynamics reflect a shift toward networked governance, wherein traditional hierarchical models are supplemented or replaced by flexible, situation-specific arrangements.

The emerging governance model closely mirrors Elinor Ostrom's Polycentric Governance Theory,²¹ which recognizes the coexistence of multiple, overlapping authorities managing shared resources. In the EMBO case, the vacuum left by the disjointed city-barangay coordination fostered the development of a polycentric system where healthcare delivery depended on semi-formal collaborations and grassroots innovation.

While Resource Dependence Theory, Spatial Justice Theory, and Polycentric Governance Theory each provide valuable insights into specific dimensions of the healthcare transition in the EMBO barangays, they operate largely in isolation from one another. Resource Dependence Theory focuses on how actors respond to institutional voids through external relationships, but it does not account for how spatial distribution of infrastructure shapes access to those resources. Similarly, Spatial Justice Theory explains how geography can reinforce inequity, yet it overlooks

²⁰ Edward Soja, "The City and Spatial Justice," *Spatial Justice*, 2008.

²¹ Mark Stephan, Graham Marshall, and Michael McGinnis, "An Introduction to Polycentricity and Governance," *New York: Cambridge University Press*, 2003, 21–44.

the agency of local leaders and the governance structures that either enable or constrain access. Meanwhile, Polycentric Governance Theory describes how overlapping authorities can manage public services, but it lacks a mechanism to explain why certain nodes in the network succeed while others fail, particularly in resource-scarce or spatially disadvantaged contexts. These conceptual silos limit our understanding of how localized leadership, spatial inequality, and governance fragmentation intersect in practice. To address this gap, this leads to the Fragmented Resilience Theory, which is a synthesized framework that explains how barangays adapt to jurisdictional disruption through uneven combinations of agency, space, and governance. This theory captures the layered and often contradictory strategies of survival, revealing that resilience in fragmented systems is not uniform, but deeply shaped by the interplay of leadership, geography, and institutional dynamics.

Fragmented Resilience Theory

With the analysis revealing three distinct patterns of adaptation among the ten EMBO barangays, it becomes evident that resilience is not a uniform outcome but a fragmented phenomenon. Despite experiencing the same systemic disruption following the 2023 Supreme Court ruling²² that transferred jurisdiction from Makati to Taguig, each barangay exhibited varying capacities for healthcare continuity and recovery. The emergence of the Fragmented Resilience Theory stems directly from this variance, challenging prevailing assumptions that systemic collapses yield equal suffering across affected units. Instead, the data shows that resilience manifested unevenly—some barangays adapted resourcefully and rapidly, while others struggled to maintain even basic service provision.

The theory is grounded in empirical evidence derived from interviews and observations with Barangay Chairpersons, all of whom managed the aftermath of a sudden institutional rupture. Within days, the ten barangays lost access to Makati’s integrated healthcare system. The Supreme Court’s directive also led to the closure of most local health centers, abruptly eliminating essential infrastructure and services. This was not a gradual degradation of capacity but a sudden shattering of institutional support—a key premise of the theory. Fragmented Resilience emphasizes that such system collapses do not happen evenly; rather, they fracture along pre-existing fault lines in resources, geography, and governance.

The theory proposes that three interrelated variables determine post-collapse outcomes:

1. Local Resources – The pre-existing and barangay-controlled physical, financial, and administrative assets.
2. Networked Improvisation – The capacity of barangay leaders to leverage personal, political, and institutional networks to fill gaps.
3. Spatial Inequities – The geographic proximity to alternative health infrastructure and the spatial logic of public service access.

²² Supreme Court of the Philippines, “SC Issues Guidelines on Transfer and Assumption of Jurisdiction Over Areas in Taguig City,” *Supreme Court of the Philippines*, 2023.

Based on these dimensions, three archetypes of resilience emerged among the EMBO barangays. The High Resilience Barangays include Pitogo, South Cembo, and Southside, which all demonstrated strong adaptive capacity. Southside benefitted from owning its health center, exempting it from closure. Pitogo and South Cembo utilized social capital and partnerships with NGOs and volunteers to deliver essential care, exhibiting grassroots innovation. While Moderate Resilience Barangays operated in a hybrid model—partly dependent on Taguig’s stop-gap programs such as the LOVE Caravan, and partly on private or NGO assistance. Their survival relied on external actors but lacked consistent internal capacity. Meanwhile, Low Resilience Barangays suffered from both a lack of local infrastructure and a weak institutional response from the city. Residents in these areas were redirected to remote health centers, exacerbating delays and increasing barriers for vulnerable populations. Spatial disadvantage played a significant role, mirroring Edward Soja’s Spatial Justice Theory, which links geography with inequality in service delivery.

This theory builds on, but also critiques, the fragmented applicability of existing frameworks. Resource Dependence Theory explains the reliance on external actors but neglects spatial and political dynamics. Spatial Justice Theory reveals the role of geography but overlooks governance and improvisation. Polycentric Governance Theory maps the presence of multiple actors but fails to capture why some governance networks succeed while others falter. The Fragmented Resilience Theory thus integrates these fragmented lenses into a cohesive framework, emphasizing that resilience is constructed, not assumed, and that its construction is deeply contingent on leadership, geography, and governance structures.

Importantly, the strength of this theory lies in its predictive and diagnostic power. It can anticipate which communities will adapt better within the first one to three years post-collapse, and it identifies actionable interventions, such as investing in community-owned infrastructure, supporting local leaders’ advocacy capacities, and addressing spatial inequities. However, the theory has limitations: it does not forecast long-term stabilization or breakdowns, nor does it analyze the political decisions driving jurisdictional change. Despite these boundaries, Fragmented Resilience Theory offers a critical lens for understanding uneven recovery and guiding responsive governance in future transitions. It calls for decentralizing power, bridging spatial gaps, and reinforcing local anchors to prevent the entrenchment of two-tiered public service systems.

Fragmented Resilience Framework

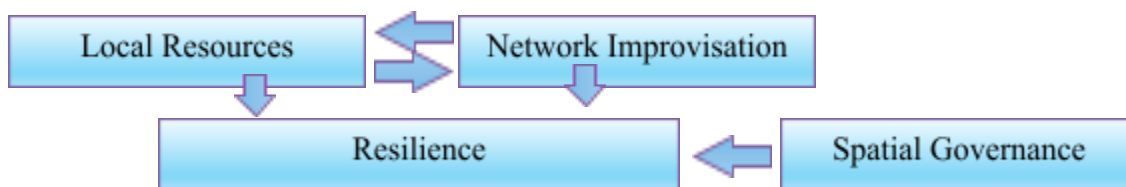


Figure 3: Fragmented Resilience Framework

In this framework, there are four interconnected concepts: Local Resources, Network Improvisation, Spatial Governance, and the emergent outcome, Resilience. The Local Resources, situated in the top-left quadrant of the framework, refers to the foundational resources and assets the community already possess. These include physical infrastructures such as clinics, spaces, and institutional knowledge from prior experiences. Southside's barangay-owned health center and Pitogo and South Cembo's initiative to leveraging personal networks exemplify how embedded assets anchor healthcare delivery. These assets serve as the bedrock upon which resilience is built.

Network Improvisation is located in the top-right, which represent the capacity of the community to innovate and forge partnership beyond formal institutions. This involves the collaboration with nongovernmental organizations and private partners to demonstrate how communities adapt innovatively when challenged by the system. These crucial networks introduce flexibility, allowing the communities to adapt without compromising the face of systemic shocks.

While on the other hand, Spatial Governance at the bottom right refer to the existing structural constraints that hinders resilience. These include geographic barriers such as distance to nearby centers or the bureaucratic barriers that impedes institutional responses. East Rembo and Rizal's dependence on distant centers and delays illustrate how spatial and administrative disconnection erode healthcare access. This mismatch in Spatial Governance are not only inconveniences, but an active force that counteract assets and networks.

Lastly, Resilience is the cumulative outcome of how these concepts interact. This represents a community's capacity to maintain equitable and reliable healthcare access amid systemic disruptions.

This framework puts an emphasis on interactions rather than isolated variables. The double arrow between Local Resources and Network Improvisation highlights a mutual importance. A barangay with a functioning health center, which represents the local resource, is most likely to attract private partners or nongovernmental organizations, which represents the network, and vice versa. These networks can fund or co-develop local resources.

The downward arrows from both Local Resource and Network Improvisation to Resilience emphasizes their direct contributions to system strength. Pitogo, South Cembo, and Southside illustrates how resources sustain services and how networked improvisation can step in when the resources are in need.

Lastly, the leftward arrow from Spatial Governance to Resilience indicates a negative force where it diminishes resilience regardless of strengths elsewhere. With communities such as Cembo, persistent bureaucratic issues of BAO and logistical delays undermine service delivery.

Fundamentally, for the grassroots leaders, this framework model suggests a cohesive strategy, to build what you can (local resources) and reach out to whom you can (networks). This includes formalizing relationships with nongovernmental organizations or private partners before crises arise, thereby building a buffer of support.

SUMMARY

The 2023 Supreme Court ruling that officially transferred jurisdiction of the ten Enlisted Men's Barrios (EMBO) from Makati to Taguig namely; Cembo, Comembo, East Rembo, Pembo, Pitogo, Rizal, South Cembo, West Rembo, Post Proper Northside, and Post Proper Southside—brought significant disruption to local healthcare delivery. Under Makati's governance, the EMBO barangays had benefited from a robust and integrated healthcare system anchored in institutions like the Ospital ng Makati and the Yellow Card program, which ensured affordable access to specialized and subsidized care. The sudden shift to Taguig governance dismantled this system, leading to the closure of Barangay Health Centers, removal of accessible services, and a decline in healthcare continuity, particularly for vulnerable groups such as senior citizens and patients with chronic illnesses.

In response, barangays adopted varied adaptive strategies. Some, such as Southside, benefited from owning their own facilities, while others improvised by repurposing barangay halls into temporary clinics or leveraging partnerships with NGOs and private entities. While Taguig implemented mobile health caravans and medical missions to provide transitional services, these initiatives were limited in scope and consistency. They lacked the comprehensive and integrated nature of the former Makati healthcare system.

Throughout the first year following the shift, the barangays encountered persistent issues: inconsistent access to care, increased logistical burdens, lack of specialized services, and difficulties in governance coordination. While some barangays were able to mitigate these impacts through strong leadership and strategic networking, others were hindered by geographic isolation, lack of facilities, and exclusion from decision-making processes. The resulting picture is one of uneven, fragmented healthcare access across the ten barangays, demonstrating not only infrastructural disruption but also governance and spatial inequalities that intensified existing inequities.

CONCLUSION

The jurisdictional transfer from Makati to Taguig constituted an abrupt and severe rupture in localized healthcare governance, dismantling previously integrated systems and leaving barangay leaders to manage the fallout with limited institutional support. The dominant analytical category that emerged from this study is systemic disruption. Pre-shift, Makati's governance model was marked by structured, dependable access to care through a well-resourced and integrated system. Post-shift, the dismantling of these systems and lack of immediate replacement mechanisms resulted in a collapse of continuity, particularly visible in the loss of accessible healthcare anchors and the disconnection from long-standing institutional memory.

The emergent Fragmented Resilience Theory explains how the ten barangays experienced and responded to this disruption differently. Resilience did not unfold uniformly; rather, it was shaped by a triad of factors: local resources, networked improvisation, and spatial-governance mismatches. High-resilience barangays (e.g., Southside, Pitogo, South Cembo) were those with strong internal resources or leadership that leveraged external support systems. Moderate-resilience barangays survived through hybrid support models, while low-resilience barangays faced deep vulnerabilities due to a combination of spatial disadvantage, institutional neglect, and weak networks.

This framework presents a systems-level view of healthcare resilience in the wake of institutional collapse. It redefines resilience not as a static attribute, but as an emergent outcome influenced by tangible and interdependent variables. Its analytical strength lies in its capacity to offer both diagnostic clarity and prescriptive value. The Fragmented Resilience model provides a lens through which policy interventions can be tailored, whether by investing in community-owned infrastructure, enhancing participatory governance, or bridging spatial and logistical gaps in service delivery.

Ultimately, this study finds that resilience is not accidental, it is constructed through deliberate planning, empowered leadership, and equitable governance structures. Without these, transitions like the one from Makati to Taguig risk reproducing or even deepening health disparities. The Fragmented Resilience Theory offers a roadmap for policymakers, practitioners, and communities alike to build more adaptive and equitable healthcare systems in the face of future disruptions.

RECOMMENDATIONS

This study offered a grounded theory of Fragmented Resilience to analyze the role of EMBO Barangay Chairpersons in managing healthcare delivery in the immediate aftermath of a jurisdictional shift. Employing constant comparative analysis, it sheds light on the uneven experiences of adaptation among the ten barangays. Given the complexity and magnitude of this governance transition, the following recommendations are presented to guide both theoretical advancement and practical application.

Theoretical

The nuanced character of this governance transition reveals the need for broader and more systematic research in the field of Political Science, particularly within Public Administration. The following steps are recommended:

1. Longitudinal Impact Studies

Future research should extend beyond the immediate aftermath of the jurisdictional shift and analyze its long-term effects. This includes assessing whether initial adaptation patterns

observed in this study persist, evolve, or reverse over time, particularly in the areas of health outcomes, local governance capacity, and community resilience.

2. Cross-Sectoral Expansion of Scope

While this study focused on healthcare access, it is strongly recommended that future scholars examine the broader consequences of the shift on other public services such as housing, education, employment support, and disaster response. Understanding these interrelated domains will allow for the development of comprehensive public policy solutions that are sensitive to the interconnected nature of local welfare systems.

3. Comparative Case Studies of Governance Transitions

Future researchers are encouraged to apply the Fragmented Resilience Theory to similar cases of governance transitions, both within and outside Metro Manila. Comparative analysis can test the theory's applicability, refine its components, and strengthen its utility as a framework for evaluating post-crisis governance responses.

Pragmatic

As expressed by the EMBO Barangay Chairpersons during interviews, practical recommendations were articulated that should be considered by city-level policymakers and other stakeholders:

1. Reopening of Barangay Health Centers through Legal or Intergovernmental Means

Barangay leaders strongly advocate for the restoration of the closed Barangay Health Centers. To facilitate this, it is recommended that the City Government of Taguig either pursue a *writ of execution* from the Supreme Court or establish a *memorandum of agreement* (MOA) with the City Government of Makati. Such actions would legally and administratively allow the reopening of these crucial facilities, thereby addressing the most urgent need in healthcare service delivery.

2. Implementation of Transitional Healthcare Programs

The local government of Taguig should develop and institutionalize transitional healthcare measures aimed at bridging the current service gaps. These may include temporary clinics, shuttle services to existing hospitals, expedited enrollment in Taguig health programs, and partnerships with private or nonprofit healthcare providers. These initiatives would not only respond to immediate needs but also foster public trust during the adjustment period.

3. Institutionalized Stakeholder Engagement

It is recommended that Taguig formalize mechanisms for barangay-level participation in health governance planning and decision-making. Ensuring the inclusion of local voices, particularly those of barangay chairpersons and health workers, will lead to more contextually appropriate and sustainable policy decisions.

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