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PHILIPPINES

Population Center Foundation

Providing Health Services in Remote Communities

The Population Center Foundation (PCF) is a PVO dedicated to increasing the availability of health services and improving the quality of life in depressed areas of the Philippines. Since 1985, USAID has granted PCF a total of \$1,121,073 for the implementation of its Health Resource Distribution Program (HRLP). This program extends primary health care services to 37 previously unserved communities through assistance to 8 health-related, non-governmental organizations (NGOs) throughout the Philippines. To date, over 820 Community Health Workers have been trained, and 50 primary health councils have been formed in rural communities. More than 21,000 people participating in HRDP benefit from income generating activities, the proceeds of which are being used in part for health projects. Over 440 medical and nursing students throughout the Philippines have assisted with these activities.

HISTORY

The Population Center Foundation was established in Manila in 1972 as a private resource center to complement the government's population program. The President of PCF, Dr. Conrado Lorenzo says, "During its formative years, PCF focused mainly on the demographic and family planning aspects of the population issue. The Foundation's activities centered upon information, education, communication, training and research." Recognizing the need to address the population problem in the context of other socio-economic issues, the Foundation began implementation of health-related projects in the early 1980's.

THE PROBLEM

Distribution of health services to remote areas and marginalized peoples is a critical problem in the Philippines. In depressed rural communities, health services are largely inaccessible, and many Filipinos live in a state of poor health. In these areas, the majority of the population is uneducated in proper health-care, disease prevention, and treatment of minor illnesses. Poor sanitation is commonplace, and frequently, infectious water is the only water available. In such communities, doctors are not to be found, and preventable or curable diseases often become fatal. Biased distribution of health resources in favor of urban centers compounds this problem. Conrado says, "Doctors, nurses, and other health care professionals as well as health facilities are concentrated in urban centers, leaving the far-flung rural areas in dire need of adequate health services." Rural Health Units service less than 30% of the rural land area of the Philippines, while Barangay Health Stations service less than 25% of the country's rural barangays. Conrado says, "To further complicate the problem, health professionals

continue to leave the country for better pay and benefits abroad. Only 40% of graduate nurses and 60% of doctors remain in the Philippines to practice medicine."

MISSION

Conrado says "PCF is committed to the implementation of social development programs that will uplift the social, economic and physical well-being of rural and urban communities." The Population Center Foundation emphasizes that high population growth must be matched by a corresponding increase in economic productivity. Marissa Reyes, the Vice President of PCF says, "This evolution must be structured by an effective system of wealth distribution and benefits sharing, in order for the Philippines to achieve its development goals. This includes improved health services distribution and education in remote communities." Conrado says, "The outreach services of private institutions can be improved by helping them strengthen community capacities to manage their own health programs."

THE HEALTH RESOURCE DISTRIBUTION PROGRAM

Marissa says, "The Population Center Foundation developed a Health Resource Distribution Program (HRDP) with the goal of improving the distribution of health manpower resources from urban to rural areas, through networking with other Non-Government Organizations (NGO s)." "The strategy develops the NGO s while simultaneously strengthening the institutional capabilities of target communities," says Conrado. The result is a more effective and widespread health-care system at the primary level." Under the HRDP, services are delivered at the grassroots level while the NGO (such as a college of medicine), develops the attitudes, orientation, and capacities of its personnel to engage in developmental outreach work.

STRATEGY

PCF implements a three-tiered program of intervention, as follows:

- *Training and assisting medical institutions to incorporate systems, standards and attitudes appropriate for training their students in preventive and community health care;
- *Assisting these institutions in organizing and bringing their students into high-need communities; and working with them to identify health needs, organize appropriate

responses, and provide preventive and curative health services;

***Assisting communities to organize Primary Health Councils, train Community Health Workers, and establish formal linkages with government health agencies to continue to service the basic health needs of the community.**

OBJECTIVES

Financial and technical assistance to NGO s enables them to:

- a. Upgrade the capabilities of the NGO staff;
- b. Support community outreach efforts in Primary Health Care, such as:
 - training of Community Health Workers;
 - provision of Community Health Worker Kits;
- c. Develop and produce information and education materials.

SELECTION OF NGO s

Conrado says, "all of the institutions funded by PCF through the Health Resource Distribution Program are non-governmental organizations that have already operated community-based projects to provide field experience for their students in health services delivery." PCF originally selected 6 NGO s from widely dispersed areas to implement the Health Resource Distribution Program. All of the NGO s had been represented at the NGO Workshop on Health Manpower Resource Distribution in November of 1984, where the idea for this proposal was initially broached. Marissa says, "Those 6 NGO s were selected based upon:

- an evaluation of their current outreach programs,
- location in a high-need area,
- administrative and financial management capability,
- enthusiastic interest and commitment displayed concerning HRDP."

During the evolution and implementation of the program, 2 additional NGO s were included, bringing the total to 8 NGO s. These were:

***3 Hospitals:**

Alfredo E. Maranon Memorial Hospital
Silliman University Medical Center
Church of the Holy Trinity (Clinic)

***2 Medical Schools:** Cebu Doctor's College of Medicine
Xavier University, Jose Rizal College

***3 Nursing Colleges:** University of San Carlos College of Nursing
University of Bohol College of Nursing
St. Louis University, College of Nursing

CEBU DOCTORS' COLLEGE OF MEDICINE

The Cebu Doctors' College of Medicine is one of the 8 NGOs implementing the Health Resource Distribution Program. Since December of 1985, the Cebu Doctors' College has received \$94,634 from USAID through the Population Center Foundation for HRDP. Dr. Melanio Sanchez, the Project Director for HRDP at Cebu Doctor's College, says, "The College operated a community outreach program on its own, but training and financial assistance from PCF helped us to expand and re-orient our program. We took a new approach, after looking at community health extension services of the College. On the community level, the College works to develop a practical and sustainable system of delivering basic health services in underserved rural barangays."

COLLEGE PROJECT GOALS

Through HRDP, the Cebu Doctors' College of Medicine works to achieve the following goals:

***Provision of promotive, preventive and curative health care services as an immediate response to the acute health conditions of rural communities.**

***Establishment of community-managed health program by training Volunteer Health Workers, as one of the long term solutions of rural communities.**

***Influencing the orientation of other health institutions and medical professions toward Primary Health Care through immersion of students in the community, an activity that could provide immediate as well as a long-term solution to the lack of health personnel in rural areas.**

***Implementation of a livelihood program through the establishment of a Barangay Livelihood Association and Income Generating Projects (IGP's). The proceeds of these**

IGP's could partially finance community health activities once external funding ceases.

HRDP STRATEGY

The Cebu Doctors' College of Medicine implements HRDP through the following strategies:

- a. Re-organization of the community health extension services of the Cebu Doctors' College by establishing strong linkages with other colleges (dentistry, allied medical sciences, etc.);
- b. Increasing the number of hours allotted for community medicine in the medical curriculum, both in lecture hours and in the practicum period;
- c. Assistance to 8 barangays in the development of community-based health care delivery system within a four-year period;
- d. Training of Volunteer Health Workers from the 8 pilot barangays, who act as initial health care providers in their areas;
- e. Encouraging and enabling the barangay officers to become active in planning the health program of the barangay;
- f. Establishing income generating projects among residents in the target barangays in order to increase community prosperity and to ensure availability of common low-cost medicines and continuity of health services delivery.

BARANGAY SELECTION

The Cebu Doctors' College selected the 8 target barangays according to the following criteria:

- *Rural barangay
- *Depressed community
- *Medically unserved or underserved barangay
- *Local officials' and people's support for HRDP

***Potential for IGP's**

***Accessible and with minimum peace and order problem**

COMMUNITY ORGANIZING

The Cebu Doctors' College hired a Community Organizer, Boy Sarmago, who prepared the communities for HRDP implementation. Boy says, "My initial responsibilities included personal integration with community residents, an information campaign, and a community survey." The community organizer helps to identify and encourage potential leaders to become core group members of 2 committees responsible for supervision and implementation of health projects and IGP activities. A Community Health Organization was developed, which held regular meetings to plan and assess activities undertaken by the health and IGP committees, assisted in household surveys and monitored the implementation of the plans of the 2 committees. "The Community Organizer's activities," says Boy, "teach the community to establish and implement their own projects and activities. When the College phases out of the community, the village's health care and income generating projects should be self-sustaining."

COMMUNITY HEALTH WORKERS

"After the barangays are selected," says Boy, "the community nominates its own Community Health Workers. These nominees then receive training to become the community primary health care providers." The Community Health Workers undergo 24 half-day training sessions, which educate them in promotive and preventive health care, simple diagnostic services, and corresponding curative services. Infectious water caused by lack of proper sanitation is a common problem in rural areas. The Community Health Workers are taught to educate their community members on proper sanitation, and encourage the construction of toilet facilities. They also teach the members of their community how to treat the most common symptoms of water-related illnesses to keep them from becoming fatal. Mel Sanchez says, "The trained Community Health Workers living within each community, can provide a number of educational, preventive and diagnostic services that were not previously accessible to that community."

SELECTION OF COMMUNITY HEALTH WORKERS

Community Health Workers are recommended to the Community Organizer for training by the members of their community. The Community Organizer endorses the

nominees according to the following minimum requirements:

- *must be a resident of the barangay
- *can read and write (exceptions made)
- *between the ages of 20-55
- *good communications skills
- *leadership ability
- *commitment to work on a voluntary basis.

REBECCA TUDTUD

Rebecca Toldtud is a Community Health Worker in the barangay of Talamban, Cebu City. Rebecca is 48 years old, has 2 children, and works in the home. Rebecca received training in sanitation, first-aid, herbal medicines, family planning, diagnostic skills, and other community-health skills. She says, "My first responsibility is to educate people in my community about preventive health care, like water sanitation. If someone in the community gets sick, and I recognize the problem, I try to treat it. If I do not understand what is wrong, or if my treatment is not successful, we transport the patient to the hospital." Rebecca says, "In my community, I gave a talk on symptoms and treatment of severe dehydration. One night, the child of a man in our village became ill, and he was able to save the baby's life by administering a re-hydrative solution. If we had not had the HRDP training, that child would have died."

THE ROLE OF STUDENT INTERNS

The Cebu Doctors' College of Medicine established the Kauswagan Community Hospital, in Talamban, Cebu city. Kauswagan provides a venue for students to apply theories and concepts learned in the classroom under actual community conditions, while simultaneously providing free medical assistance to underserved rural communities. Dr. Sanchez says, "This exposure serves to sensitize the students to the actual needs and problems of the community and thereby encourages willingness/commitment to serve in areas where their services are most needed." The student interns provide the following services:

- *act as providers of basic health services as back-up for the trained Volunteer Health Workers;
- *aid in community organizing;
- *train the Volunteer Health Workers;

***supervise the Volunteer Health Workers in their practice of health services delivery.**

THE IMPACT OF HRDP

Dr. Robertino Esplanada works as the resident physician in community medicine at the Kauswagan Community Hospital. Robertino says, "I have worked here at Kauswagan for almost five years, and I have seen the impact of the changes that have come as the result of HRDP. In earlier days, we would simply dispatch services; but now the program is participatory on the part of the community. The students who come to Kauswagan supervise, guide and educate the community members. The benefit provided by the interns is no longer only temporary, but carries on long after they have left." Robertino says, "Most of the illnesses that we treat at Kauswagan are respiratory tract infections such as pneumonia and influenza. Ninety percent of the infections that we treat are preventable. Education of the community regarding sanitation and basic preventive health care through the work of Volunteer Health Workers reduces the number of deaths caused by common, curable illnesses."

INCOME GENERATING PROJECTS

"The Income Generating Project component of HRDP serves two purposes," says Conrado, "First, it teaches community members self-help through the system of borrowing and repayment. Secondly, it provides for an integrated assistance program by providing financial assistance and a means of program sustainability to the participants of HRDP." Marissa says, "The immediate objective of the IGP component is to meet the credit needs of qualified beneficiaries in their income generating activities. The long range objective is to institutionalize the credit program by organizing a livelihood association that will eventually be owned, controlled and managed by the beneficiaries themselves."

REQUIREMENTS FOR THE IGP PROGRAM

A community must meet certain requirements in order to be eligible for an IGP Program:

- The leadership of the Community Health Organization must be established;
- Officers of the organization must have undergone all prerequisite training activities;

- The community must already be initiating, planning, implementing and monitoring community health activities;
- Community residents must express need to sustain the health program, and thus the need for financial assistance;
- The Community Organization must have formed an IGP Committee.

SELECTION OF BENEFICIARIES

Beneficiaries of IGP loans are selected according to the following criteria:

- *Resident for at least 1 year;
- *Member in good standing in the community, and must have participated in at least one community health activity;
- *Undergo the IGP orientation seminar;
- *Prepare and submit a project feasibility study;
- *Become a member of IGP Committee and pay a membership fee of 33 cents;
- *Make a capital build-up contribution of \$2 either in one lump sum or by installment;
- *Must have been a member of the organization for at least 2 months;
- *No collateral is required.

LOAN RESTRICTIONS

The 8 barangays undergoing community development by the Cebu Doctors' College, each received \$2,000 in USAID funding through PCF to establish a revolving IGP Loan pool. The minimum amount an individual may borrow is \$18, and the maximum is not established. Interest rates are based upon the prevailing rates of local banking establishments in the area; and amortization payments are adjusted to suit the type of business financed. The communities implement the following sharing scheme of the interest earned:

- 50% goes to the Community Health Fund
- 30% goes to the Barangay Livelihood Association
- 20% goes to Cebu Doctors' College (for administrative costs)

Minda Sarmago, the Cebu Doctors' College IGP Coordinator says, "In case of personal emergency, community members can borrow loans from the Community Health Fund, and they need not resort to using IGP loan funds."

MERCEDES MINOJA

Mercedes Minoja is 45 years old and lives with her husband and 5 children in the barangay of Talamban, near the Kauswagan Community Hospital. Her husband earns \$100 per month working as a security guard in Cebu City. Before receiving an IGP loan, Mercedes worked in the home. In August of 1988, she received a loan of \$80 from the Cebu Doctors' College (through PCF funding from USAID), which she used to open a Carinderia (small prepared foods stand). Mercedes says, "I repaid my loan within 3 months, and applied for another, larger loan." Her most recent loan was granted in September of 1990, and was for \$400. Mercedes now earns a net profit of \$8 per day from her Carinderia. She says, "I am very conscientious about repaying my loans, because that money is important to the community. I am very grateful for the loans I have received, because they have enabled me to improve the prosperity of my own family, as well as helping the community health program with the interest I pay."

DIFFICULTY

When the IGP component was first introduced into certain barangays, there was slow repayment of loans and an unsatisfactory number of defaults. Minda says, "There was a dole-out mentality in the rural barangays. When people understood that they were going to receive assistance, they did not recognize that they had some responsibility in the program. They did not see the importance of repaying their loans." In response to this problem, the Cebu Doctors' College of Medicine launched a more intensive program of value orientation and community responsibility. Mel Sanchez says, "Once community members understood that their loan repayment would affect their neighbor's ability to avail of a loan, there was a sense of responsibility as well as pressure exerted from other community members."

SUCCESS

Funding from USAID (and PCF) terminated March 31, 1989. The Cebu Doctors' College has continued the HRDP activities and has expanded to include 4 new upland barangays. "HRDP changed the entire orientation of the college," says Dr. Sanchez, "The number of hours for Preventive and Community Medicine went from 174 hours to 204 hours; the required period for community immersion went from 45 days to 60 days; and the college started offering residency in Community Medicine." Through HRDP, the Cebu Doctors' College extended medical education and assistance to 2,588 households in 8 barangays, and trained more than 160 Community Health Workers. Community Health

Organizations are active in all eight barangays, and the income generating project component has extended loans to almost 350 households throughout those barangays. The Cebu Doctors' College of Medicine, under the guidance of PCF and with funding from USAID, has made HRDP an effective, self-sustaining and expansive health outreach program.

A WORD OF CAUTION

"Not all of our projects have been as successful as the Cebu Doctors' College," says Conrado. "It was a very difficult task to select NGOs that could effectively carry out the program. In our work with one NGO grantee, the administration of finances was not well-monitored. In one instance, PCF had to cover the cost of disallowed expenses of one NGO after the project had ended. Conrado warns, "Any PVO that intends to form business linkages with other NGOs must first determine that the NGO is administratively sound, has adequate resources to implement the project, and has the capability and understanding necessary to manage funds."

KEY TO SUCCESS

Marissa Reyes says, "One of the important characteristics of PCF that has made its projects successful, is the energy and motivation of our staff. We share in regular reflection and improvement sessions to facilitate review and expansion of our projects. We discuss short-comings and solutions, and work together to find solutions to problems. Our President is supportive and accessible." "PCF practices participatory management, just as we encourage our communities to do," Conrado Lorenzo says. "The fact that PCF is a financially stable institution is also an important factor in its success. The Foundation is able to pay good salaries to entice leaders in their field to work for us, which means that we have an excellent staff who is motivated and dedicated. Working for a PVO should not mean that a qualified professional must be underpaid."

THE FUTURE

"In the future, says Conrado, "we will work to encourage more sharing among PVO's." We believe that PVO's should work together and share knowledge rather than compete with one another. Conrado says, "We need to all work together in order to truly strengthen the socio-economic fabric of our country." Marissa says, "PCF aims to increase its resources, capabilities, and contributions to social development programs

that will uplift the social, economic, and physical well-being of rural and urban communities."

SUCCESS

Since 1985, USAID has granted The Population Center Foundation a total of \$1,121,073 to implement its Health Resource Distribution Program, enabling 8 NGOs to extend medical services and community health education to 37 previously underserved communities. There are now 50 active Primary Health Councils in these areas, and more than 820 Community Health Workers have been trained and are currently providing basic medical services in their communities and ensure the sustainability of their health projects. The Population Center Foundation has proved itself to be a successful health PVO, truly dedicated to improving the quality of life for the marginalized Filipino.