

Panay Unified Services for Health (P.U.S.H.)

An Introduction for U.S. Peace Corps Health Volunteers
Assigned to P.U.S.H.-Targeted Municipalities

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The purpose of this paper is to familiarize the new Peace Corps Volunteer (PCV) with: 1) some of the potential problems of the P.U.S.H. project and its implementation; 2) difficulties of working with Barangay Health Workers (BHW) and; 3) how a PCV may benefit from working with BHWs and P.U.S.H.

I make no claim to this being a comprehensive critique. In fact, several points made below are quite subjective and little substantiation is provided. Understand that candid comments are being emphasized instead of a comprehensive analytical approach.

Additionally, these comments are based on the limited experience of one PCV working with four BHWs for one year and the same volunteer's observations while visiting other P.U.S.H. municipalities.

So, with sufficient qualifications and disclaimers to protect myself from charges of liable, let's proceed. I'll assume the reader is knowledgeable of the BHW-PCV working relationship as delineated by Robert Berg of the U.S. Peace Corps, Philippines and Atty. Alex Umaday of N.E.D.A., and also the P.U.S.H. project administrative structure including the responsibilities of involved personnel and agencies.

To illustrate the potential problems of the P.U.S.H. project, I would like to begin with an analogy, of the P.U.S.H. project and its implementation to that of a machine and its operation. This machine is brand new, having been in operation for just over one year. It is complex, involving numerous government agencies, and barangay, municipal and provincial levels of government administration. This machine is big, with 600 barangays targeted over a five-year implementation span and a total budget of \$9.7 million dollars. And this machine has some influential designers with vested interests in its success not the least of whom are U.S.A.I.D. and the Regional Development Council (R.D.C.) of Region VI.

Yet new machines often have 'bugs' in them that their designers hadn't anticipated which must be corrected for proper operation. More complex machines, as opposed to simple machines, also have a greater number of potential breakdown points. (Insinuations to Murphy's Law will be omitted here). The vast size of this machine makes it somewhat unwieldy and slow to respond to new or revised directions from those at the controls. And the "proud parent" syndrome on the part of the designers may make them blind to the failures or shortcomings of their 'baby', their creation.

These are the generalized potential stumbling blocks of P.U.S.H. But potential isn't inevitable. If a people can make a problem then they can also make the solution for that problem. So let's look

closer at these potential problems in order that they may be avoided or more quickly remedied if they do manifest themselves.

I'll categorize these problems into two broad groups: those problems which center on the individual BHW and secondly, those problems which are attributable to shortcomings in "the system" (i.e. every project component other than the individual BHW, including the interaction of these components).

Potential BHW shortcomings stem from four areas: 1) formal P.U.S.H. training; 2) the individual's ability to learn from experience; 3) the BHW's personality and 'style' of interaction with community members and; 4) the BHW's supervision.

The formal training of a BHW consists of four weeks of classroom instruction followed by two weeks of field practicum. This time is quite brief considering the responsibilities and expectations placed on the BHW. The brightest students seem to grasp generalities of the information while slower learners end up with something less.

Much of a BHW's education will take place once they arrive at their site and begin working. How well a BHW can internalize learning from their work experience will determine, to a large degree, how well they 'grow into' their position and responsibilities. Community organizing does not come naturally for most people. Nor does drawing spot maps, interviewing people effectively, assessing community needs, or prioritizing those needs.

The BHW's personality and ability to relate to others will affect their job performance. A shy, quiet, and non-assertive person will have limited effectiveness. Inversely a hostile, pushy, condescending, arrogant, or undiplomatic person will also have difficulties. There are BHWs who fall into the latter category but the former personality predominates.

Finally, inadequate or improper supervision of the BHW by their midwife will hinder effectiveness. Some midwives have had their BHWs taking temperatures in health stations or even cleaning the health station. Not exactly the best use of a BHW's time or qualifications. The type of relationship that a supervisor-supervisee has will affect the quality and productivity of both in any setting. This point will be expanded upon below.

While the BHW is the most important component of this P.U.S.H. project, the degree of success or failure of P.U.S.H. in a community can not be attributed solely to the BHW. That vast, complex, and sometimes nebulous system behind the BHW will also affect project implementation. Factors which can adversely affect implementation

might include...

1. Inadequate training and orientation of involved personnel.
2. Incompetent personnel within involved agencies.
3. Inappropriate execution of delineated responsibilities and jurisdiction.
4. interagency rivalries.
5. Insufficient supervision and leadership of BHWs once they are in their sites.

Aside from the BHW, many other government employees play critical roles in project implementation. Municipal and provincial coordinators, municipal development officers, treasurers, mayors, governors, nurses, midwives, sanitary inspectors, and auditors are only some of the positions which play a specific and essential part in implementation. Any person who is unaware of their responsibilities vis-a-vis P.U.S.H. will hinder success. The system is so specifically delineated that no positions or bureaucratic steps may be by-passed. At the same time, one person can act as the proverbial 'monkey wrench', stopping the entire procedural flow. For example, when the provincial treasurer doesn't know how or when to transfer funds to municipal coffers then all PBF monies are frozen. When a provincial auditor fails to inspect materials for a well, those materials will remain in the warehouse indefinitely. Only the auditor's signature can release those materials for delivery. Other personnel play equally critical roles.

In addition, because this project's administrative design is quite different than others, there are few precedents for people to follow. They cannot simply ask what was done before or follow their common sense. And due to the attention and size of this project, involved individuals may become hyper-cautious in acting for fear of not following the correct procedure.

Incompetent personnel in key positions will deter success in a similar fashion. The provincial engineer who doesn't know how to design a spring box (or worse, thinks he does but really doesn't), the midwife who cannot read English, or the sanitary inspector who inadvertently contaminates a water sample are only a few examples of how implementation could be short-circuited.

Inappropriate execution of delineated responsibilities can be less clear-cut and more difficult to pinpoint when trouble-shooting a problem. An example might be a provincial engineer who misleads everyone to believe that P.U.S.H. Barangay Funds (PBF) monies can only be spent on environmental sanitation projects. Another example could be a mayor who takes a Detailed Project Proposal (DPP) for nutrition class utensils (like pots, pans, ladles, and spoons) and rewrites that DPP for the purchase of plates that were to be used for Barangay Brigades meetings.

Interagency rivalries are not unique to the Philippines. At times though, it would seem that as much energy is put into interagency competition as into cooperation. Personal egos, 'Face', and the pursuit of that better job play parts in this rivalry. For example, if the provincial development coordinator has an axe to grind with the provincial health officer, he may manipulate events attempting to tarnish the latter's image. If the auditor believes his jurisdiction is threatened by the municipal treasurer he may delay action on inspection of materials to inflict retribution.

Insufficient supervision of the BHW in their site is another potential problem. The extent to which this is a problem varies from one municipality to the next. Leadership and direction is usually provided by the rural health physician of the municipality. Occasionally, a dynamic and assertive sanitary inspector, public health nurse or midwife might fill the role. But when these people are uninterested in the success of the BHWs then the program in that community may flounder, BHWs may lose inspiration, they may neglect critical responsibilities, they may confuse priorities.

The last comment I'd like to make in regards to the P.U.S.H. project design has to do with how the aid money may be spent. Both the Environmental Sanitation Infrastructure (ESI) funds and the PBF funds may only be spent for purchase of particular items or for construction of particular projects. All of the prescribed expenditures can surely work towards upgrading the health status of a community. Yet conceivably there could be a difference between a community's perception of their needs and what the P.U.S.H. project can offer them. In such instances then, P.U.S.H. funds are not being used for community-identified needs but rather, for those needs that P.U.S.H. has recognized as meriting attention.

For example, suppose a community were to decide, in a democratic fashion, that their priority need was to develop a road to the market in order that they could transport agricultural goods for sale. P.U.S.H. funds could not be used for this purpose. I make this distinction not to claim fault with the P.U.S.H. design but rather, to dispel any misunderstanding of what is actually being attempted.

If nothing else, these dilemmas illustrate the difficulties of trying to design a project that can, a) get large amounts of foreign aid money through government bureaucracies to the people in need, b) be quantitatively evaluated, c) have an impact on health status statistics while, d) actively involving community members and government agencies in the development process. No small task.

Having covered the problems which may arise with BHWs as individuals and with the P.U.S.H. project as a whole, I will now note difficulties which may hinder the BHW-PCV working relationship. Again,

I would caution the reader that this is by no means a complete listing of problems that may occur.

First, BHWs may see a PCV as a supervisor rather than as a co-worker. Even with all the advance orientation that will have occurred before PCVs reach their sites, I suspect that this will be a problem that PCVs will have to contend with. It is easy to understand why BHWs may have this misconception. PCVs may even encourage, consciously or unconsciously, this type of relationship in order to enhance their influence or expedite matters. But I would strongly caution against it in that it undermines a BHW's personal responsibility and decision-making capacity which in the long run will be counter-productive for the community's development.

Secondly, BHWs may believe the PCV is an expert in environmental sanitation, or agriculture, or nutrition, or the P.U.S.H. project, or on and on and on. While it helps to be "in the know" and a sound understanding of the P.U.S.H. administration is important, technical expertise in a field isn't required. The "experts" should already be available to the community. What is needed is to tap these resources. When a sanitation specialist is needed consult the sanitary inspector of the RHU. If there is a question regarding backyard gardening go to the Ministry of Agriculture office in your locale. If family planning is a concern, get the Population Commission field worker involved. The more involved these and other agencies become with BHWs, the better off will be the community after the PCV leaves. PCVs should keep in mind the function of "working themselves out of a job".

A third problem that could occur between BHWs and PCVs is when personalities clash. Filipinos may be some of the friendliest and most hospitable people on this earth but that doesn't mean they are all that way. Nor does it mean that they can tolerate all types of foreigners. It works both ways. Be yourself, be honest, but remain (or become) sensitive to how others may perceive you. If they have a misunderstanding with you chances are they won't come out and say so. But the problem may manifest itself in other ways. They may not show up for a pre-arranged meeting, or they will say one thing but do another.

While on the topic of communication, I'll mention language as a potential barrier. The English proficiency of BHWs varies widely as does the dialect ability of PCVs. If it's any consolation, BHWs tend to know more English than PCVs know of their assigned dialect.

BHWs may not need a PCV. That is not a problem, that is a blessing. Don't assume all BHWs are in need of your assistance. But at the same time realize that initially, BHWs may feel too shy to ask your assistance. They may be too shy to even want to be around you, or may fear that you will be critical of them and their work.

One additional source of difficulty between a PCV and a BHW might lie in their respective approaches to their work. Earlier I noted the lack of emphasis on community organizing in the BHWs' training. The training that health and community development PCVs receive places much greater emphasis on the preliminary steps of community organizing. This could cause disagreement between a BHW and PCV as to how they should approach the community or more broadly, their role in the community. Yet, these differences may also be seen as advantageous. If each can learn from the other, the result may be something better than either individual could have produced acting alone.

Having noted some of the potential difficulties that may await the PCV involved with the P.U.S.H. project, I'd now like to note some of the inherent advantages of working with the P.U.S.H. project.

The most obvious 'plus' of working with P.U.S.H. is that its goals and objectives are complimentary to those of Health and Community Development/Peace Corps/Philippines. Aside from the aforementioned differences of approach, a PCV and BHW are both concerned with improving the health status of their community via education and organization of the community members.

Secondly, working with the P.U.S.H. program can provide an avenue into a community. Being introduced to a community by a respected member, the BHW, will facilitate the community's acceptance of you. Because of the BHWs' familiarity with a community (eligibility for BHW status requires 5 years prior residence in the barangay they serve), and its health status, a PCV can receive a very good orientation to their new community from the BHW.

Involvement with P.U.S.H. activities will also bring the PCV into contact with personnel of numerous government agencies such as POPCOM, Babx, and government development councils. These personnel may be of help to a PCV when the volunteer attempts other health projects.

By working with P.U.S.H., a PCV will have an activity at their site which they can become involved with immediately. Often, a PCV will spend the first several months at their site looking for something-anything (!) to do. This lack of activity isn't usually welcomed by the PCV nor is it necessarily a productive use of time.

Involvement with P.U.S.H. won't necessarily preempt all or a PCV's two years. When a volunteer begins planning other health projects, BHWs may be able to provide suggestions and feedback on the projects. The barangays of BHWs may also be good locations for implementing new health projects. PCVs may find BHWs willing to help them facilitate these projects in their communities.

In review then, it is quite obvious that the P.U.S.H. project is not the 'last word' in community development programs. Nor is the working relationship of BHW to PCV problem-free. Yet, the benefits that both BHW and PCV can gain by cooperating together are considerable. Think of the P.U.S.H. project as a tool. If left on a shelf, it has no value. But when put to proper use, that tool can accomplish much. Make the most of it.