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People Power at Work: The Case of the Surigao City Primary Health Care Federated Women' Club

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People Power at Work: The Case
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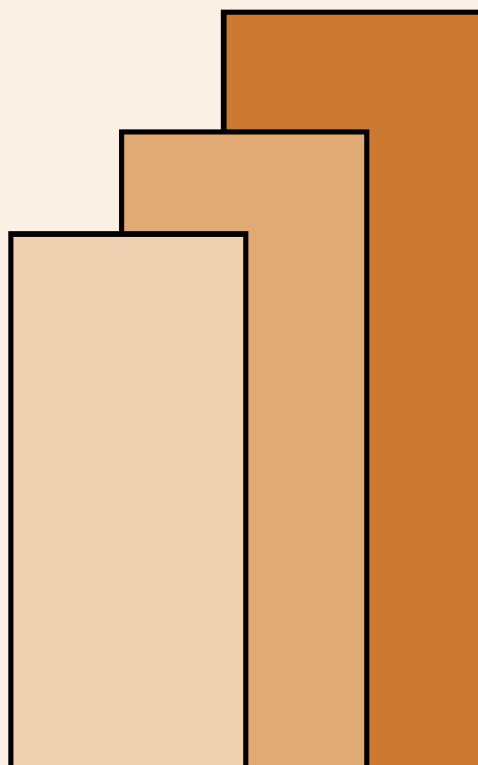
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PREFACE

This paper is one of the eight case studies in the health sector conducted under the project, “Population and Urbanization: Managing the Urbanization Process Under a Decentralized Governance Framework.” The project is jointly undertaken by the Philippine Institute for Development Studies (PIDS), the National Economic and Development Authority (NEDA) and the Development Academy of the Philippines (DAP). Among the components of the project are case studies of selected cities highlighting their innovations in health, housing, and environmental management.

The primary objective of the case studies is to identify the strategies of model cities that can be replicated by other cities and local government units, particularly in the financing and delivery of basic services under devolution and increasing urbanization.

This case study focuses on Surigao City which was recommended by NEDA-Region XIII (CARAGA) as a model city for health. The city won the HAMIS (Health Management and Information Systems) Gold Award in 1992 and the Diamond Award in 1993 for its program, the Primary Health Care Federated Women’s Club (PHC).

The paper is organized as follows. The first section gives a backgrounder on the city, its land area and population, health facilities, financing, and performance. This is followed by a discussion of the PHC-City Government partnership and a presentation of PHC health initiatives. The next part identifies the key elements for the success of the PHC program and strategies. The succeeding section provides some suggestions on methods of replication. Finally, the paper ends with some concluding remarks.

**PEOPLE POWER AT WORK:
THE CASE OF THE SURIGAO CITY
PRIMARY HEALTH CARE (PHC) FEDERATED WOMEN'S CLUB**

Virginia S. Pineda and Johnny Lim¹

I. City Background

Land Area and Population

Surigao City is located in the northeastern tip of Mindanao and covers a land area of 245.3 square kilometers. It has 54 barangays, of which 51 are rural and three are urban. As of 1995, it has 20,240 households.

The city's population increased slightly from 100,379 persons in 1990 to 104,909 persons in 1995 or by 4.5 percent. Likewise, population density per square kilometer rose from 409 to 428 persons for the same period. On the other hand, the proportion of people living in urban areas fell from 66 percent in 1990 to 54 percent in 1995.

Currently, about 48 percent of the population live within the poverty threshold level (with average gross family income of P6,000 and below per month). The middle income group (with average gross family income of P6,001 to P40,000 a month) constitutes 28 percent while the high income group (over P40,000 a month) makes up the remaining 22 percent.

Health Facilities

The city's health facilities at present consists of the City Health Office (CHO) which is the main health center, 45 Barangay Health Stations (BHS), one government hospital, and three private hospitals. The government-run Caraga Regional Hospital has a capacity of 150 beds while the three private hospitals have a combined capacity of 81 beds.

Health Expenditures/Budget

In 1991, before devolution, the Surigao City government's health expenditures totalled P3.9 million which was 9 percent of its total expenditures. In 1994, after devolution, health expenditures rose to P12.1 million but its share in the city's total expenditures dropped to 6 percent. Since the city does not own a hospital, its health expenditures are mainly on basic health.

Surigao City's budget for the City Health Office was 10.4 million in 1995, P10 million in 1996, and P10.9 million in 1997. The city health budget constituted about 5 percent of the total city budget.

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Health Performance

From 1990 to 1995, Surigao City's infant mortality rate declined from 44.3 to 36.3 while its child mortality rate dropped from 61.8 to 50.8 (Table 1). These were lower than the national average for the same years. In contrast, the city's maternal mortality rates were higher than the average for the country. However, the reduction in maternal mortality rates in Surigao City (42.8) was greater than for the whole Philippines (29.3) between 1990-1995.

In 1990, Surigao's malnutrition rate at 69 percent was higher than the national average of 59 percent. It fell significantly in 1995 to 38 percent which was even lower than the average of 40 percent for the whole Philippines.

Table 1. Mortality and Nutrition Indicators, 1990 and 1995

Indicator	1990		1995	
	Surigao City	Philippines	Surigao City	Philippines
Mortality Rates:				
Infant	44.3	56.7	36.3	48.9
Child	61.8	79.6	50.8	66.8
Maternal	237.7	209.0	194.9	179.7
Percentage of Malnourished Children (0-83 months old)				
Mild	47.0	41.3	29.9	30.7
Moderate	19.2	15.5	7.1	8.4
Severe	3.1	2.3	0.9	1.2
Total	69.3	59.1	37.9	40.3

Infant mortality: infant deaths per 1,000 live births

Child mortality: number of deaths among children less than 5 years of age per 1,000 children of the same age range

Maternal mortality: number of maternal deaths per 100,000 live births

Sources: Herrin (1998), National Statistical Coordination Board, Surigao City Health Office, and Department of Health Nutrition Service.

II. The PHC-City Government Partnership²

Health service delivery has always been a challenge to the city since it has limited resources. For example, in 1987, it only has 16 barangay health stations and four hospitals. Considering the city population of 94,453 persons at that time, the ratio

² Information and data on the PHC were sourced from interviews with its members and from a paper by Asis (1994).

of health facilities is one barangay health station for 5,903 persons. While the hospitals are physically situated in Surigao City, they also served areas outside the city.

Another problem with health service delivery is the inaccessibility of some barangays. Thirty-two barangays are in the mainland while 22 are island-barangays separated from the mainland by the Surigao Strait. There are barangays that are inaccessible during typhoon months from November to January and are difficult to reach by public transportation.

To overcome the constraints to efficient health service delivery, Surigao City put into practice the Department of Health's vision of placing health in the hands of the people. It mobilized mothers, and later whole families, in health care service and delivery. This was made possible through the Primary Health Care Women's Club (PHC), a people's organization initiated by a midwife of the City Health Office (CHO).

The PHC's stated objective is to develop skills among mothers, their families and other individuals in the community to enable them to achieve an acceptable level of health and well-being in a self-reliant way. With membership covering all the barangays, the PHC enabled delivery of health care services even in the socially and geographically disadvantaged areas of the city.

The Evolution of the PHC

The PHC began in 1986 in Barangay Taft as a project of Mrs. Zenaida Arana, the midwife assigned to the barangay. Mrs. Arana's workload was heavy since Barangay Taft's population was then already more than 18,000 persons and she was also assigned to Barangays Washington and San Juan. Realizing the difficulty of delivering health services to the three barangays without assistance, she turned to mothers. Initially, several mothers helped in scheduling the children or bringing them to the center for immunization. The opportunity to serve their community inspired them to move on to other tasks. Mrs. Arana trained this core group of volunteers and reached out to other mothers in Barangay Taft and her other assigned barangays. She conducted 3-day seminars on health and health-related matters and formed the PHC Women's Club. Those who completed the seminar became members of the organization. Given definite roles in the program, the members gained a sense of responsibility and became committed to support and promote health in the communities.

The City Health Office noticed Mrs. Arana's work in Barangay Taft. At the same time, it also realized the need to strengthen the primary health care strategy by implementing it on a large scale. Hence, in 1988, it established a PHC office in the City and appointed Mrs. Arana as PHC coordinator. Her task was to launch similar clubs in the city. In 1991, the PHC was registered with the Securities and Exchange Commission (SEC) so it can have legal personality.

The CHO adapted and expanded the program all over the city. It provides the training package and resource persons for the PHC classes. These classes cover family life, the roles of men and women in the home and in the community, responsible parenthood, nutrition, sanitation, and topics related to primary health care. Some of the participants eventually become Barangay Health Workers or Barangay Nutrition Scholars. Upon completing the course, participants form a PHC chapter and elect a set of officers. They are then launched into the world of the PHC.

The PHC has mobilized all family members in working for health and other programs in the community. It gave rise to other organizations, namely, the Barangay Environmental and Sanitation Implementation Group or BESIG for the men in 1989, the PHC Youth (12-21 years old), and the Mini-Youth (7-12 years old) in 1990-91. From 300 mothers in 1986, the PHC and its offspring organizations' membership has grown to over 12,000 members in 1996, representing about 63 percent of the city's total households. All the members work on a voluntary basis. For the CHO, this means considerable savings on salaries and having thousands of health workers.

The scope of PHC activities has already gone beyond purely health concerns, into livelihood and community development, particularly after winning the HAMIS (Health and Management Information System) Gold Award and Diamond Award in 1992 and 1993, respectively.

PHC Health Activities

The PHC actively participates in DOH/LGU program implementation. These programs include maternal and child health care, expanded program of immunization, nutrition, family planning, environmental sanitation, national TB program, disease surveillance, and disaster management. As health volunteers, the PHC members are involved in the operation and maintenance of the main health center and 45 barangay health stations as well as 140 feeding centers. They handle recording of immunization, bring the pregnant women for pre-natal check-up, and assist in feeding the children. They conduct health education activities by giving speeches and encouraging mothers to attend trainings and seminars, handling the PHC radio program, and continuing the work of organizing and mobilizing other people in the community. Because of health education activities, the mothers who used to hide their children to avoid immunization now bring them to the health station.

The PHC also helps generate health information data and monitor health status through the community data board system. Its members assist the barangay health workers in conducting the survey and in processing the data. The PHC mothers also do the necessary follow-ups, such as on those who do not have toilets and on children who have not been immunized. They encourage and teach plant propagation to those who do not have herbal or vegetable garden.

The CHO supervises and monitors the activities of the PHC, its officers and members. Every quarter, it conducts a formal evaluation of PHC chapters. CHO representatives do not need to go to the barangays because PHC members themselves go to the PHC Office to submit reports, and sometimes, just to meet and mingle with other PHC members.

As the mothers and other volunteer health workers focus on promotive and preventive health care, demands on curative aspects of health care are lessened. This can be seen in the reduction in the bed capacity of private hospitals, from 150 in 1986 to 65 in 1995 which reflects a reduction in hospital admissions. The strategy that focuses on promotive and preventive health care has been proven to be relatively cost-effective. Existing estimates of cost-effectiveness of alternative types of health interventions indicate that cost per life saved is much higher (at least two to five times as much) in curative care than in preventive care (The World Bank, 1987 as cited in Manasan, Llanto and Nuqui, 1996).

PHC Structure

The basic unit of the organization is the PHC Chapter which is organized at the purok level. The next higher level is the PHC Integrated Club at the barangay level. The barangays are further grouped into seven districts. Each district has a board of directors. At the top of the PHC organizational chart is the city-level Federated Women's Club, the umbrella organization. Each PHC level has its own set of officers and representative to the higher levels. The PHC is under the Surigao City Health Office which supervises, monitors, and evaluates its activities.

PHC Funding

Financial sources for PHC activities include membership dues (each member pays a yearly membership fee of P10.00), the mortuary fund (contributions used for funeral expenses), fund raising campaigns for special projects, the cash award (a total of P450,000) from HAMIS, and interest on Income Generating Project (IGP) loans and medical health loans.

The city government provides support to the Federation in the form of honorarium for health workers. It helped set up the mortuary fund by giving a counterpart contribution. The city also pays for the services of the PHC bookkeeper. At the chapter levels, it finances the construction of health and feeding centers and other infrastructure projects. The local PHC/BESIG chapters' counterpart consists of materials or labor.

For the construction of the Federation's concrete two-storey Primary Health Care Training Center, which is on-going, the city government has allocated P1.5 million while a senator committed another P1.5 million from his Countrywide Development Fund (CDF).

Some Problems Encountered

When the clubs are newly formed, the differences in the members' educational attainment constrains participation. Those with low-level education feel inferior. The PHC experience shows that such attitude can be overcome by leadership trainings which enable the mothers to be confident and more active. This is an indication that leadership trainings should really be an integral part of the training package.

The wives' involvement in PHC and community activities caused conflicts with their husbands. The PHC turned such problem into an opportunity by forming the BESIG. This enabled husbands to have their own tasks and thus contribute to PHC activities.

In managing the health loan fund, the PHC had the problem of delinquent borrowers. In 1991, it recorded a low repayment rate of about 30 percent. As a solution, the PHC required the chapter president to be the guarantor of the members. Moreover, if one barangay member has an unpaid loan, other members from the same barangay will not be allowed to borrow. With these strategies, repayment rate at present is more than 80 percent.

III. PHC Health Initiatives

Going beyond the implementation of DOH impact programs, the PHC has made the following health initiatives:

1. Setting up of a health emergency fund

Members can borrow from this fund for their hospitalization or medical expenses. With a contribution of P10 per year, a member can avail of a P500 loan without interest for hospitalization; P300 with 2 percent monthly interest for outpatient. The loans are payable in three months. Additional financing for the health fund comes from the mortuary fund. In the mortuary fund scheme, members pay an annual due of P30. In the event of death, the member's family will be given P1,000. Any unused money from the mortuary fund at year-end automatically go to the organization's health emergency fund.

2. Mobilization of men for environment and sanitation activities

In 1989, the PHC organized the Barangay Environmental and Sanitation Implementation Group (BESIG) for the men. With BESIG, the men became active partners of the PHC. BESIG members put up the feeding center while the PHC women take care of feeding the children. PHC women survey the households in the community and encourage them to install toilets while BESIG men offer labor in installing toilets. These are some examples of PHC-BESIG cooperation.

3. Dissemination of health information through radio and TV programs

The PHC provides health updates, PHC-related news, and interviews with resource persons through a weekly radio program (PHC on the Air) and a weekly TV show (AKO: Ang Katawang Okay).

4. Promotion of Herbal Medicines

The PHC has a wide collection of herbal plants and extensive experience on herbal medicines. Each chapter has herbal gardens. Mothers make herbal medicines like LSK syrup (luya, sambag or sampalok, and kalamansi for cough) and liniments. These medications are distributed either directly to the people or through the herbal clinic or botika sa binhi. Currently, a big herbal garden project is being worked out between the Surigao City Rotary Club and the Makati Rotary Club. Under their Memorandum of Agreement signed in 1997, the Makati Rotary will buy a 5-hectare land in Surigao City for herbal garden while the Surigao City Rotary will monitor the project. The search for a suitable land is now on-going.

IV. Key Elements for PHC Success

Women are normally preoccupied with their household chores and taking care of the family needs while their husbands are also busy with their work. If they have spare time, this is expected to be spent for rest or recreation. Nevertheless, the PHC was able to mobilize men and women to contribute their time and labor to the community. How then did the PHC get their commitment and how does it ensure their continued cooperation?

On their part, the members attribute the success of the PHC to Jesus Christ. Their slogan is “Jesus Christ + PHC”. Before they proceed with any of their activity, they first spend 30 minutes to one hour of prayer and Bible sharing. They believe that this will guide them in everything they do.

In the context of local governance, the key elements for the success of the PHC in empowering people are identified as follows:

1. Giving importance to people and equipping them with the necessary skills.

In organizing the PHC chapters, the resource persons motivate, exhort and challenge the mothers. As a result, mothers feel that they are needed and have a crucial role in improving the standard of life in the community. Through trainings and seminars (leadership topics are included), the CHO gives them the capability to perform health-related tasks.

The city government likewise provides support by funding PHC/BESIG projects. Furthermore, the mayor also gives importance to the mothers by occasionally attending PHC meetings.

The PHC transformed women from being plain housewives to community leaders. With their knowledge and skills, mothers have become sought after by people. They give speeches and even handle radio programs. Several of them were even elected as kagawads or barangay officials.

2. Promotion of camaraderie and sense of belonging.

PHC strengthens friendship and unity among members through celebration of important milestones in the organization’s life (e.g., graduations, inductions, anniversaries and recognition days) and holding of various contests (such as choral singing competition on PHC activities).

3. Encouraging people participation in planning and decision-making.

The PHC employs various methods to enable people participation. Through its sustained implementation of the community data board, the health status of each household is known and their needs are identified. The community data board is updated every quarter through a survey of all the households. The survey inquires on health concerns, such as pregnancies (pre/post-natal), immunization and nutrition status of children, garbage disposal, water source, occurrence of diseases, PHC health insurance membership, and availability of toilet, herbal or vegetable garden.

Each household is represented in the community data board by a small hut. For example, if there are 60 households in the purok, there will be 60 huts. The hut shows the house number, the name of the family head, the health concerns, and the period covered (first to fourth quarter or Q1 to Q4). For comparison purposes, the previous year’s quarterly performance is included as baseline data.

House no. _____				
Name of household head _____				
Pre/Post-natal				
Family planning				
Nutrition				
Immunization				
Garbage disposal				
Water source				
Herbal/Veg. garden				
Toilet				
Diseases				
Health insurance				
Current year				
Previous year				
Quarter	Q1	Q2	Q3	Q4

For each health concern, the health worker and the assisting mothers assign a colored circle to indicate health status. The colors, their meanings, and some examples of their application in different health concerns are as follows:

COLOR	MEANING	EXAMPLE
Blue	Not applicable	Nobody is pregnant in the household
Yellow	Improving	Malnutrition changed from severe to mild
Green	Safe	Children are fully immunized
Red	Danger	No PHC health insurance

By looking at the red circles, the health personnel are alerted on the needs of each household. The concerns of the purok can also be prioritized according to the number of red circles. The top problem is identified as the health concern with the most number of red circles. Comparison with the previous quarter will also show where performance has improved or deteriorated.

The community boards of the puroks are consolidated at the barangay level. A small hut is also used to represent a purok. For each health concern, the applicable numbers are entered for each purok (such as how many children were not immunized, how many households do not have toilets). These are then aggregated at the barangay level. Again, comparison of data with the previous quarter gives an indication where performance has become better or worse.

The PHC chapter monthly meetings provide the means for further identification and discussion of community needs and problems, solutions, development projects, and plans at the purok level. To ensure prompt action and accountability in implementation, the PHC uses a monitoring chart specifying the problems or needs, the steps required, the persons responsible for each step, the target completion date, and what has been accomplished.

Chapter presidents report the activities and discuss the plans of their units in their monthly meetings with the larger units. The meetings also serve as forum for sharing experiences, including problems and innovative strategies adopted by local chapters. The chapter presidents then report back to their members what had been discussed in these meetings. Thus, there is two-way communication between the small and the larger units. Even as the local chapters have the flexibility to make their own decisions, they also benefit from the monitoring and supervision provided by the larger units

4. Recognition of Outstanding Performance

Members look forward to August (designated as the PHC month) and September for the PHC Annual General Assembly. During this period, annual evaluation for each chapter is done. Outstanding performances are recognized based on how the chapters or members conduct health-related programs, projects and activities, such as the following:

1. most number of babies immunized;
2. most number of sanitary toilets constructed and maintained;
3. least number of malnourished children;
4. community data board;
5. submission of reports;
6. participation in the radio program;
7. success of livelihood and income-generating projects;
8. attendance to meetings and related activities;
9. fund raising; and
10. other community development projects.

Among the highlights of the September convention are the awarding of the Ten Outstanding PHC Chapters, Most Outstanding President/Member, Five Outstanding Workers, and Outstanding Couple. The awardees receive prizes in cash and in kind.

5. Implementation of Beneficial Projects

The PHC continues to flourish because it benefits people. It enabled greater access to health services and medications. With many health services provided within the barangays, people do not have to go to Surigao City. In addition, mothers have also learned to treat common illnesses and make herbal cough preparations and liniments. To reduce the cost of medicines, the PHC has put up several barangay pharmacies. It buys direct from drug manufacturers. As a result, the medicines in PHC boticas are 30 percent cheaper than commercial pharmacies.

The PHC also benefits its members through medical loans, mortuary assistance, 10 percent discount on drugs bought from botika sa binhi, and 2-10 percent discounts from participating commercial establishments for PHC cardholders. Members can also avail of loans for income generating projects (such as retail stores, credit financing, poultry/piggery, food catering).

The health awareness activities of PHC and BESIG members resulted in better sanitation and nutrition in the barangays. Houses are kept clean and most of them have toilets. There are vegetable and herbal gardens. Garbage is disposed properly. Having improved the living conditions in the community as a whole, the PHC has gained the support and cooperation of the people.

The PHC members continue to explore many possibilities. They are now preparing to open a banking institution which will cater to the credit needs not only of the members but also of the rest of the city population.

V. How to Replicate

Many strategies can be replicated from the PHC program. Foremost of these is the organization of mothers' and fathers' clubs. Before organizing, the city or any other local government unit should identify or select the following:

1. Organizer/coordinator

This could be an individual or a group which has the ability to motivate and mobilize people and has involvement in health activities. The services of non-government organizations (NGOs) may be tapped since they pioneered people participation. The Surigao PHC coordinator, Mrs.Arana, may be invited to give pointers or suggestions.

2. Resource persons to conduct classes

City personnel involved in health education may be assigned to teach. If this is not possible, the city can select other health personnel or recruit other persons which can be trained to eventually conduct health classes. Initially, the city may also invite resource persons from the Department of Health or Surigao City.

3. Training package

The city may be able to get materials from the DOH or request Surigao City to share its own training package. In addition to health concerns, the training should include leadership topics, implementation of the community data board, orientation on the PHC program and the important role of mothers, and the plan to adopt the program in the city. Aside from basic trainings, enhancement trainings should be a continuing activity of the city health office.

4. Purok and barangay where the project will be initiated

Like Surigao City, the project can be started as a pilot project in one barangay. Depending on available personnel and resources, health classes and organization can be done in one or more puroks.

Upon completion of the classes, the task of the organizer is to guide the participants to elect a set of officers as well as set and conduct the initial meeting. If there is an existing community health data board, it will be a good starting point for discussion during the meeting. It gives an indication of the needs of the households in the community using key variables (e.g., nutrition, immunization, family planning, toilet) and color codes (e.g. red for danger, green for good, blue for not applicable). If the data board is not yet operational, the meeting can still identify the needs and problems, how they can be met or solved, and what would be the specific activities of the members in the implementation of the health programs. After these are determined, a monitoring chart similar to Surigao City can be set up which specifies the following:

1. problems or needs;
2. the actions required;
3. the persons assigned/responsible;
4. the target date of completion; and
5. what has been accomplished.

After organization, the city health office personnel could proceed with the regular supervision, monitoring and evaluation of the club activities. The organizer and trainors can then move on to other puroks and barangays to repeat the same process.

Another strategy that can be replicated from Surigao City is the arrangement wherein the club members contribute labor while the government provides funds for small infrastructure projects, such as construction of health stations and feeding centers. The city can also encourage putting up of herbal gardens and preparation of herbal medicines. It can procure materials, send its representatives for training to Surigao City and other relevant institutions, or invite experts on herbal plant collection, propagation, and making of herbal medicine preparations.

On the part of the clubs organized by the city, they can replicate the following PHC projects when they have reached sufficient number of members:

1. Botika sa Binhi

The members set up one big pharmacy as the main pharmacy and buy medicines directly from manufacturers. Smaller “botikas” may also be put up in barangays and some even up to the purok level.

- 2 Mortuary Fund and Medical Loan Fund

The members pay a fixed annual contribution. In return, they can avail of mortuary assistance and borrow for hospitalization and outpatient needs. Any excess from the mortuary fund at year-end would be added to the medical loan fund.

3. Annual awarding of outstanding clubs and members.

The criteria used by the Surigao PHC may be adopted while prizes would depend on financial capability.

One thing that a replicating city should guard against is the involvement of the program with politics. This is another lesson from Surigao City. It first organized a Mothers’ Club in 1976 to help promote proper health practices in the barangays. Unfortunately, its City Health Office lost control of the program as some politicians used it for their own political propaganda.

VI. CONCLUDING REMARKS

“Health is in the hands of the people” - this is what the PHC members always say and practice. They strongly believe that the health of the people and of the nation is possible only when everybody works for it. Through the PHC, Surigao City has succeeded in truly making health everybody’s concern. Starting initially from mothers only, the PHC now involves all members of the family. At present, it benefits not only its members but the whole population of Surigao City.

The Federated Primary Health Care project of Surigao City is something that the Surigaonons are proud of. According to the PHC members, their program has been adopted in several places like Quezon province, La Union, and some neighboring provinces in Region 10. There is also a similar project in the province of Surigao Norte called the Partnership for Community Health Development (PCHD), which started in 1991. The PHC program can therefore be replicated in other cities and LGUs. As the former DOH Secretary, Senator Juan Flavio Velasco, used to say, **“Let’s do it!”**.

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