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Initiating Popular Participation at the Barangay Level: A Case Study of the Community Health Project at Carigara

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Some recent Philippine policies/legislations on democratization of political power have provided a broader base for citizen participation in governmental affairs and afforded ample opportunities for the citizenry to express their views on the formulation of national programs. The barangay was conceived as the smallest unit vested with administrative control by the central government which could simultaneously act as a vehicle through which the people could participate in the political processes at the local level. In order to operationalize this innovative approach – the new covenant between the leadership of the country and its people – a two-step process has to be undertaken: (1) utilization of "rule from above" mechanism which aims to create an information environment for barangay members to understand their participatory roles and communicate among themselves; and (2) active and complete involvement of the barangay community in political decision-making subsequent to the discovery of how to formulate their own policies and programs based on their own experience. The case of the Community Health Development Project of the Institute of Health Sciences at Carigara, Northern Leyte is utilized to show that barangay members have been increasingly participating in the decision-making process of the community as a result of the changing roles/role perception of the intermediate government officials involved and the community members themselves.

Introduction

> The Barangay, therefore, represents an indigenous experiment in the creation of democratic instrumentalities which would eventually restore power to the people; initiate political development even during a period of crisis to the extent that a new covenant of faith between leader and people may develop; lay the groundwork for the restoration of normal political processes; and hopefully, develop our political institutions so that the government will be, eventually, the people.
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> We hope, thereby, to go beyond the concept of the "consent of the governed" into a situation in which the governed not only participate in the political processes but are themselves their own governors.
>
> – Ferdinand E. Marcos

This, in the words of President Ferdinand E. Marcos, is his definition of the concept of barangay democracy. According to him, the democratization of political power was an "undeniable imperative" of the New Society. In the politics of the Old Society, the people had little role to play in the formulation and implementation of national policies. The politicians then had failed to create the kind of legislation and national policies that would allow the vast majority of the people to participate meaningfully in the political process of the Philippines. Worse, because of this, the common people regarded the politicians with "contempt, derision and distrust."

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With such a negative attitude towards the authorities of the central government, it was not surprising that the degree of popular participation prior to Martial Law would be minimal.[1]

Three months after the proclamation of Martial Law in September 1972, the President issued Presidential Decree (P.D.) No. 86 creating "Citizens Assemblies" with the expressed goal of "broadening the base of citizen participation in the democratic process and of affording ample opportunities for the citizenry to express their views on important national issues." This decree was later amended by P.D. No. 86-A which changed the name of these new assemblies to barangays. This same decree also made the barangays "the base for citizen participation in governmental affairs (whose) collective views (shall be) considered in the formulation of national policies or programs."[2] Thus, the barangay was not only to be the smallest unit of administrative control by the central government; it was, simultaneously, to be the vehicle through which the people could participate in the political processes of their government.

But the definition of barangay democracy in *Five Years of the New Society* goes beyond the traditional definition of the political participation which is usually understood to include limited rights such as voting. This innovative concept seeks to enable the people to eventually become their own governors, which means that henceforth they will not only implement policies formulated by the central government but they will also formulate their own policies through the barangay. To the President, this political process is the new covenant between the leadership of the country and the people.

One of the problems of the President then is the operationalization of this covenant. How does one institutionalize barangay democracy? This problem is particularly troublesome given the historical tradition that in the Philippines, policies are usually formulated from above. This practice is found not only in the political realm, but also permeates the fabric of the Filipino culture. From the landlord/peasant to the management/worker relationship, there has been a tendency to make the common people depend on a superior authority. This has been described as "organic hierarchy" and is said to pervade all aspects of Filipino life.[3] Given this tradition, how can the people – as a result of a presidential decree – become the initiators of their own policies and programs?

Obviously this democratization of political power cannot be put into effect overnight. It is not possible for the people, without experience in these matters, to suddenly become their own governors. There is a need for a transition period during which the people can be gradually brought into the political process. The people in the barangay need to be made aware of what is involved in their participation in government, what their needs are, how they can best be served and other

[1] Ferdinand E. Marcos, *Five Years of the New Society* (n.p. 1978), pp. 166-167.

[2] Irene R. Cortes, "Citizens' Participation in Government from the Grass Roots: Some Reflections on the Legal Aspect of Contemporary Developments," *Philippine Law Journal*, Vol. LI, No. 5 (December 1976), p. 466.

[3] Remigio E. Agpalo, "In Defense of Filipino Liberal Democracy," unpublished speech before the Philippine Political Science Association,. June 27, 1976, p. 5.

such fundamental questions. To answer these questions or indeed to even be able to ask them in the beginning requires the guidance of the central authorities or other agencies who have had experience in these areas. With this guidance, the people can discover for themselves over time how they can formulate their own policies and programs and how they can actively and completely participate in the political process.

Thus, at the present time, it is not the governmental structures themselves that need to be changed but the roles and perceptions of roles of the various actors within these structures. As President Marcos obviously does not mean that leadership from above will disappear when the people become "themselves their own governors," a new relationship – a new balance of power – will have to be established. It will no longer be the present relationship of provider/recipient between the central government and the people, but one of a partnership, a covenant as President Marcos terms it, between the two. It is possible that some aspects of the present structures will have to be modified but, in the words of Irene R. Cortes, "Structures can be changed as the need arises but when citizen participation has become a way of life, then the sovereign people can impose their will."[4]

The hypothesis of this paper, as formulated above, is that the operationalization of President Marcos' concept of barangay democracy is a two-step process. Step 1 involves the use of the same mechanism of "rule from above" to create an information environment making it possible for barangay members to understand their participatory roles and to communicate among themselves what their needs are, how they can best be served and other such fundamental questions. Step 2 refers to the barangay members, who, once given such guidance will in time be able to discover for themselves the process of formulating their own policies and programs based on their own experience and the importance of being actively and completely involved in the political process.

Corollary to Step 1 is the assumption that during this transition stage the information network can make possible the acceptance by government officials and barangay members of their new roles. The transition stage provides the occasion during which the process of initiating and participating can be internalized by both government officials and barangay members.

To test this hypothesis, the Community Health Development Project (CHDP) at Carigara, one of the external Research and Development (R&D) projects of the Institute of Health Sciences (ISH) in Tacloban, will be examined. Although this project is not a conscious attempt to implement President Marcos' concept of barangay democracy, it nonetheless illustrates some of the problems involved in bringing the people of a given barangay into the decision-making process, in this case, in the field of health. It is particularly relevant to the dilemma of operationalizing the concept of barangay democracy in that one of the principal concerns of the CHDP is how to change roles and perceptions of roles both at the level of the municipal government officials and within the barangay itself.

[4] Cortes, *op. cit.*, p. 484.

This paper, after a background description of the IHS, will analyze the first step of the hypothesis, that is, the means by which the implementors of the CHDP at Carigara have attempted to mobilize the people in the barangay to participate in the formulation of their own health programs. The paper will then examine how successful these means have been in its first year of implementation and how roles and perceptions of roles have changed as a result of this interaction between the government as represented by the municipal-level officials and the members of the barangays. This was done through field work in the Tacloban area, including Carigara, and through interviews with various persons involved in this project: the organizers and the staff members from the IHS, the municipal health officers, and the community organizers.[5] Some implications of the findings of the CHDP at Carigara will be presented both for the program at the IHS and for other government projects in the Philippines.

This attempt to understand the implications of the operationalization of President Marcos' concept of barangay democracy is considered significant since many writers, such as Irene R. Cortes,[6] Leonardo B. Perez,[7] and Raul P. de Guzman,[8] tend to discuss this concept in terms of its theoretical rather than practical implications. It is hoped that this case study of an attempt to initiate popular participation at the barangay level will help enrich the current literature on the topic.

The Institute of Health Sciences – Background[9]

On June 28, 1976, the Philippine Government, through a collaborative effort of the Ministry of Health (MOH) and the University of the Philippines System (UPS), established the Institute of Health Sciences in Tacloban, Leyte.

The Institute aims to (1) produce a broad range of health manpower that will serve the depressed and other "underserved" communities in Region VIII (the islands comprising Samar and Leyte), and (2) to design and test program models for health manpower development that would be replicable in various parts of the country, and hopefully, in other countries similarly situated as the Philippines.

The IHS program possesses several unique features which distinguish it from the current educational program in the Philippines for health manpower development. First, in its implementation, the program requires the coordination of several government agencies aside from the U.P. College of Medicine

[5]Due to time and other limitations, it was not possible to interview the barangay captains and individual members of the barangays. Their perceptions were obtained through interviews with the municipal health officers and the community organizers. It would, of course, be necessary to interview the barangay captains and the individual members of the barangays if the degree of integration of this process is to be determined and ultimately, to have Step 2 of the hypothesis validated.

[6]Cortes, *op. cit.*

[7]Leonardo B. Perez, "Barangay Democracy and the New Society," *Fookien Times Philippine Yearbook*, 1975, p. 268.

[8]Raul P. de Guzman, *et. al.*, "Citizen Participation and Decision-Making Under Martial Law Administration: A Search for a Viable Political System," *"Philippine Journal of Public Administration,* Vol. XXI, No. 1 (January 1977).

[9]Armando F. Bonifacio, "The I.H.S.: a Strategy for Health Manpower Development," Lecture delivered at the XXXII World Medical Assembly Scientific Session at the Philippine International Convention Center, Manila, November 16, 1978.

and other university units; it is thus a collaborative effort among the University, the Ministry of Health, the Ministry of Local Government and Community Development (MLGCD), and other agencies involved with rural communities at the barangay level. Because it is envisioned as a potential national and international model, the IHS seeks the cooperation of various government and non-government agencies at the national and international levels.

Since its graduates will be trained to fit into the health care delivery systems for rural areas, the IHS program is designed to be flexible. This continual development of the program will proceed hand-in-hand with the development of the delivery systems.

Secondly, its integrated curriculum covers the entire range of health care. This feature offers the advantage that students can exit, i.e., leave school, at several points, already possessing some useful health care skills. Another advantage is that the student, having passed various levels of training, is afforded a better understanding and appreciation of the team approach to health care delivery when he finally becomes a doctor.

The Research and Development component of the IHS, now in its second year, was formulated to test the effectiveness and relevance of its current offerings and approaches with the view of using the findings of such researches to redirect and reshape the program if and when necessary.

In order to accomplish these various aims, the main thrust of the R & D at the Institute is the development of an information monitoring system with internal and external components to generate data with which the continuous evolution of its programs will be based. The internal system will deal with methods, techniques and structures within the Institute itself and their effectiveness in contributing towards the Institute's goals. Externally, the system will collect data regarding perceptions, needs, expectations, programs and structures in the "underserved" communities of the region. [10] The external system is aimed primarily at collecting information at the community level emphasizing the view from the recipients of health care.

The Community Health Development project is one of the two components of the Institute of Health Sciences' external Research and Development.[11] As the external R & D is directed at developing information monitoring systems at the barangay level in order to provide feedback to the program at the Institute, community health development projects in these communities are necessary to serve as a basis for the collection of this information.

These community-based projects are viewed as partnerships between individual communities and the health care delivery system. Thus, their approach assumes that: (1) communities will be involved in the problem-solving, planning, and decision-making activities by which the health programs are

[10] Alberto Q. Romualdez, Jr., "Research and Development as Component of the Institute of Health Sciences," Lecture delivered at the XXXII World Medical Assembly Scientific Session at the Philippine International Convention Center, Manila, November 16, 1978, pp. 2-3.

[11] The other component is its Underboard Program which is designed to utilize the perceptions of new physicians (who have just taken the board examination but are not yet licensed, hence, underboard) as sources of information for the Institute's continuing development.

to be developed, and (2) the roles of the communities and the health system vis-a-vis each other are to be transformed from that of recipients/providers to that of partners.

Three study areas in the islands of Leyte and Samar have been selected for these projects. During the first year (January to December 1977), activities were concentrated in the Carigara Study Area located in Northern Leyte. For this reason, this paper will focus only on this study area.

The Carigara Study Area

The Carigara Study Area[12] is fairly typical of rural Leyte with an economy based mainly on agriculture (rice and coconuts) and fishing. It is classified as a socio-economically depressed area.

Infectious diseases such as tuberculosis and gastroenteritis, as well as schistosomiasis which is endemic to certain areas, are leading causes of morbidity and mortality. Compounding these problems are poor environmental sanitation and malnutrition. To alleviate these, the government maintains the Carigara Emergency Hospital, a 25-bed hospital serving incredibly a population of approximately 130,000 people in the municipalities of Barugo, Capoocan, Carigara, Jaro, San Miguel, and Tunga. The government also operates a Rural Health Unit (RHU) in each of these towns. Each of these units is headed by a Municipal Health Officer (MHO) who is also a physician, except for the small town of Tunga, whose RHU is run by a public health nurse under the supervision of the Jaro Municipal Health Officer. These government facilities constitute the major portion of health infrastructure in the area which has only a few private clinics.

R & D Activities in the Study Area

In the initial discussions between the IHS R&D staff and the Chief of the Carigara Emergency Hospital, it became clear that for the hospital services to be effective, the existing RHUs in the catchment area must involve the outreach structures of the system. It was therefore decided that the MHOs of Barugo, Capoocan, Carigara, Jaro, and San Miguel be invited to participate in the program. To implement this, a group consisting of these MHOs and the hospital chief was organized. A memorandum order from the Ministry of Health officially sanctioned the participation of its group members.

During the first meeting of the Carigara group, each member selected one barangay in his area of responsibility to start a program of health development.[13] Selection was based on a collectively determined set of criteria. Subsequently, utilizing their own records (hospital and RHU), each member identified one pressing health problem on which to base a health program for the selected community.

Early entry into the selected barangays was accomplished by having the participants conduct a quick survey of each community to gather baseline data. Information gathered

[12]This and other background information is taken from Romualdez, *op. cit.*, pp. 10-14.

[13]The barangays involved in this Project are Balud (Capoocan), Barugohay Norte (Carigara), Jugaban (Carigara), Sta. Rosa (Barugo), Canap (San Miguel) and Hiagsam (Jaro).

covered both health as well as other aspects of community life. The agenda of the meetings from April to September 1977 were mostly devoted to the analysis of these data to determine their use in the planning of health programs. Gradually, it became evident to the group that perceptions of the communities constituted an indispensable input in the planning process. But it was not yet clear how the group would generate, validate, and incorporate this community input into a viable health plan. The group decided to initiate a continuing dialogue with the concerned barangay, a process which was later incorporated into the individual plans.

In late September 1977, the group met again for three days at Palo, Leyte, to develop and prepare individual and group plans of action. A planning outline was arrived at. Two weeks later the individual and group plans were finalized. The group plan, which was directed mainly at approaches to anticipated problems common to the individual plans, featured the following points: (1) the evolution of mechanisms for sharing technical personnel, facilities and expertise among the different units involved; (2) the development of a common program for continuous improvement of the existing resources of the units; and (3) a common approach involving external agencies (both government and private) in each individual barangay program.

The first two of these features emphasized the sharing of activities. An example of this was the training of personnel in sputum microscopy by a microscopist in the area. Another example was the program to develop skilled personnel in stool examination for schistosomiasis. Two technicians from the hospital and from the Barugo RHU were trained at the Schistosomiasis Center in Palo to eventually take care of the training of staff members from the other RHUs.

From consultations with the barangays, the group was convinced of the validity of the principle that a health development program at the community level would be viable only if it were viewed as part of an integrated development program. Thus, instead of implementing their own individual health directed programs separately, it was agreed that they would integrate the health programs into on-going socio-economic and cultural development programs. It was in this manner that goverment agencies such as the Ministries of Local Government and Community Development, Education and Culture, and Agriculture, among others, were involved at the local level.

The Community Health Development Project at Carigara – An Analysis

The Integrated Health Sciences planning involves a quest for predictability and for community involvement. It attempts to structure barangay participation in problem-solving, planning, and decision-making for health programs by changing the perceptions of roles of those involved from that of being either mere recipients or providers of health services to that of active partners. The strategy developed by the R & D staff is to use an information network of the health system to bring about the gradual transformation of the barangay members. This transformation is to be carried out in three stages: the preliminary stage (6-12 months), the implementation stage (12-36 months), and the development

stage (continuous).[14]

The first stage includes the establishment of the bases for operations and the social preparation of the various staffs involved in the project. It further involves the social preparation of the barangay through the barangay captain and the council. This paves the way for other steps such as the training of barangay health workers, baseline data survey, and the development of an information system at the barangay level.

The second stage, the implementation stage, covers drawing up retrospective studies of the participating communities, determining the resources utilized for carrying out health programs, and developing new programs and/or modifications of existing ones. Using experiences gained at this implementation stage, this will support the orientation and training programs of the Regional Training Center for rural health personnel.

The last stage, the development stage, includes prospective studies to investigate the impact of alternative programs and to consider the expansion of operations that will include areas possibly outside of Region VIII with modification of approaches.

The initial plan is thus for trained community organizers to identify existing barangay institutions which appear to be functional and effective. Utilizing these institutions or developing new ones if necessary, the community is then organized for the purpose of introducing the idea of evolving development programs within the community. With help from the community, baseline data about itself will be collected by a variety of methods starting initially with a quick survey by trained workers. All aspects of community life, including health status, will be covered by the survey.

The information gathered will then be presented to the community. Problems will be identified by the barangay and priorities established by them. Programs to solve these problems are to be developed by the barangay. If health problems are not included in the priorities of the programs, the barangay will be helped to consider these as well. If the community decides to develop a health program as a component of total development, it will be assisted in determining health needs and priorities by analyzing the health components of the survey and, if necessary, by gathering additional information. Ideas may be introduced at this point, including that of developing indigenous health workers to serve as links to the health care system.

Later, additional projects within each barangay will be initiated as different target problems are identified. It is anticipated that in time the integrated program will have components directed at the four main health concerns, namely communicable disease control, family planning, nutrition programs, and environmental sanitation programs.

As the organizers themselves admit, this preliminary stage actually consists of a process of sensitization and organization of both the existing health structures and the individual communities (barangays). These steps

[14]See Annex A, "Towards Alternative Approaches to Health Development in Underserved Communities," of Romualdez, *op. cit.*, pp. 8-9.

are crucial because of the change in roles and role perceptions that the Project requires. At this stage the information about their roles still come from "above." It is, however, not only the people at the barangay level who wait for decision-making from "above" but also the officials of the central government employed at the intermediate level (who have always assumed the role of "providers") who also receive their information from "above." However, as the preliminary stage unfolds further, the government officials for the first time at this level, are called upon to think of themselves as facilitators, trainers, technical advisers, resource persons or consultants. Because of the sudden change, an understanding of their new roles must be insured to gain their cooperation.

Based on documents produced by the IHS, [15] there has been a change of awareness by the existing health system personnel (RHUs and Emergency Hospital) of the need for close cooperation in the development of community health programs. This awareness has resulted in the formation of a group and the development of a common plan of action.

There has also been a marked change in the perceptions of the participants regarding their roles in community health programs. Thus, they no longer see themselves as providers of health care but rather as consultants for the communities. The health system personnel have also become aware that, especially at the barangay level, health programs are but a part of community life and as such need to be integrated with other development programs. Thus, if no other programs exist in a given barangay they need to be initiated concomitant with the health program.

In addition to the changes in role and role perceptions of health system personnel, the planning process which places emphasis on the perceptions of the health system at the field level as well as (and perhaps more importantly) on the affected communities themselves has been initiated. A mechanism for maximal utilization, sharing and development of existing resources before looking to external sources has been formulated. Last but not least, initial entry into and organization of six barangays in the study area have occured.

These accomplishments which all fall within the scope of the preliminary stage are expected to have been completed within a few months in the study area. Once this is accomplished and simultaneous with the beginning of the stage of implementation in the selected barangays, the program will expand to include additional barangays. Expansion is expected to proceed exponentially as experience is gained and as the whole process of health program development at the barangay level is better understood.

On the basis of interviews with the health system personnel, including the MHOs of Carigara, Capoocan, Jaro, and San Miguel and the Chief of the Emergency Hospital in Carigara,[16] it is evident that many of the elements of this program such as com-

[15] Romualdez, "Research and Development. . .," *op. cit.*, pp. 15-16.

[16] The following persons were interviewed: Dr. Pami, Carigara MHO; Dr. Misagal, Capoocan MHO; Dr. de Veyra, San Miguel MHO; Dr. Fe-Vidal, Jaro MHO; and Dr. Redulla, Chief of the Carigara Emergency Hospital.

munication from above and changes in role and role perception have indeed been implemented.

Prior to the establishment of the Community Health Development Project at Carigara, these MHOs worked independently of each other and rarely, if ever, consulted with each other. Under this new program, although each of the barangays involved in the overall project had slightly different problems, there were now many areas of common concern. These officials were able to utilize these areas of common concern for sharing the fruits of their individual experience. According to these MHOs, they met monthly on a regular basis, sometimes weekly or even daily, if specific problems arose.

In addition to the closer cooperation between these MHOs, their individual experiences within the barangay changed their perceptions of their role in that community. As doctors, they naturally assumed that health problems would be the number one priority concern for the members of that community. In fact, on the basis of their records in the RHUs, they selected one particular health problem which they considered as the most important (schistosomiasis in Barugo, tuberculosis in Capoocan, Carigara, Jaro, and San Miguel, and gastroenteritis in the Carigara Emergency Hospital). When they consulted the community members about their own priorities of needs, they were dismayed to find that health needs were not always considered the most important, and sometimes were not even considered at all. In San Miguel, for example, where the MHO had suggested TB as the number one problem in the community, the barangay members themselves (through voting) ranked health as the number seven problem, after many purely economic problems such as high prices, lack of work animals, etc.[17]

Given the fact that health was not considered as a major problem by the community members (either they have taken disease as an inevitable part of the life cycle or other needs are much more pressing and urgent), the health officials in this area were forced to change their strategy to attend to the community's perceived problems first before directing their attention to health programs. In one barangay (Carigara) where water was considered to be the number one priority, the MHO was required to intercede with the proper government officials to connect new pipes and establish a new system of billing for the barangay. In another barangay, because of the problem of income, the MHO became involved in helping put up a piggery.

The result was that these physicians have been forced to adjust their roles from attending to purely health problems to engaging in marginally related activities which nonetheless affect the overall development of the community. Because of their lack of expertise in these new areas,

[17] It is interesting to note that the number one problem as identified by the barangay members in San Miguel was their own uncooperative attitude which obviously created difficulties in organizing the people. Among the most common complaints in this and the other barangays was the failure to release the ₱5,000 from the Barangay Improvement and Development Assistance Fund (BIDA fund). To date, none of the barangays had received their funds for use in community development projects.

they were forced to ask for assistance from agencies other than the Ministry of Local Government and Community Development.[18] As one MHO stated rather than just playing out his role as a physician, he has under this program become more of a community development worker despite his lack of training in this field. The MHOs thus found themselves relying more on their Community Organizers (COs) – three young, female graduates of U.P. Tacloban in Community Development assigned to work in these six barangays.

The MHOs tried to use existing structures within their selected barangays. For instance, Dr. Pami was able to carry out his projects in Carigara by seeking the cooperation of the *purok* leaders. However, in other barangays such as Hiagsam in the municipality of Jaro, although the barangay network had been established by the Nutrition Council of the Philippines (NCP), it was not functional at the time of entry. Thus, an overhaul of the entire network was required. A Barangay Action Group (BAG) was established consisting of the barangay captain, the President of the Parent-Teachers Association (PTA), the principal of the school, the President of the *Kabataang Barangay* and the RHU representative (the MHO). Under the BAG, the members of the community elected their purok leaders and, below them, their unit leaders. Hiagsam, which has a population of approximately 900, was divided into nine units, which meant a unit leader for every 20 families. These unit leaders were supervised by the purok leaders: one purok leader supervised five unit leaders and the other purok leader supervised the remaining four unit leaders. With this framework and with the support of the community, especially the school teachers who seemed to have played a particularly active role, it was then possible to undertake some of the community projects in the "R & D way," as they call it – in other words, by involving not just the captain and the councilors but the whole barangay itself.

It was pointed out by all of the MHOs that the most difficult problem, after providing the structure for their entry, was to get the barangay members to attend the meetings. The people were so accustomed to accepting decisions made by the barangay captain and/or the councilors that they did not understand why they should attend these meetings: at most (in San Miguel, for instance), only 40 percent of the members ever attended barangay meetings. In order to change this negative attitude on the part of the people towards barangay meetings, it was first necessary to make the people aware of their potential role in community affairs. This was undertaken through a house-to-house campaign by the community organizers and supplemented by certain ingenious and creative techniques on the part of the MHOs. The MHO in Carigara, for example, set up a lottery as an incentive to get the people to attend the

[18] In this context, the MHOs complained that there was no coordination between the various government and non-government agencies working in related fields of community development. It was recommended that there be closer coordination among all agencies and more community organizational skills be given to the personnel working in these agencies. The MHOs also complained that they felt responsible for coordinating government agencies in this field although this was definitely outside their area of responsibility. It is quite obvious that the MLGCD is not fulfilling its coordinating functions in this area.

meetings. [19] The lottery turned out to be extremely popular among the people and was successful in getting them to meet together. Once congregated, it did not seem very difficult for them to work together to plan, to solve problems, and to make decisions. With the support of the COs, they finally realized that they did not have to accept without question the decisions of the barangay captain and that they could express their own needs and have these needs reflected in the policies formulated for their barangay. For instance in one of the barangays, the captain had allotted funds for the construction of a basketball court. The members decided that there were other more important priorities and made their opinions known to the barangay captain who later willingly reversed his decision.

This "new" awareness on the part of the members that they can indeed take responsibility for their own decisions and, most importantly, initiate projects on their own, is truly a tremendous change in the period of less than one year. The fact that no one in these barangays has recollection of any project that had been initiated by barangay members prior to the establishment of the R & D project, and the fact that they are gradually becoming involved in the decision-making process as a result of the impetus of outside change agents and the information given to them by the intermediate-level government officials, validates the hypothesis that left on their own, people will not become actively involved in the political process; hence this requires a transition period with assistance from "above." The success to date in involving the members in this process, and the number of projects which have now been initiated from "below" also attest to the effectiveness of the "social preparation" undertaken by these three community organizers.

Not only are the community members now participating in the formulation and implementation of projects on their own initiative, but they also feel that they have forged a new and different relationship with the government officials. According to the COs, the people now regard the MHO as their "friend." It may still not be a relationship of equals since undoubtedly the people look up to the MHO, but a partnership has indeed begun.

The MHOs good-naturedly complain about the time and effort that their new role entails. They, of course, have to sacrifice some of their personal needs in order to spend more time in the barangay consulting with the people, coordinating with the other agencies, etc. However, they are highly committed to their new role and are now more than willing to undergo these sacrifices. In a sense, their role – as well as that of the COs – is one of liaison between the authorities of the central government and the barangay leaders, and between the barangay leaders and the people. They refer to themselves as "moderators" in the community and it is evident that the facility in communications is vital to the concept of popular participation.

[19] In this case they sold lottery tickets for ₱0.50 which served not only its purpose of congregating the people in one place but at the same time also generated income. However, some of the housewives in the barangay complained that their husbands spent the money won from the lottery on drinking, gambling, etc. Therefore, the prize was changed from cash to kind, e.g., rice, kerosene, or staples such as coffee.

For the first time, there is dialogue not only between the individual members of the barangays, and between the members and the barangay captain and councilors, but also between the barangay as a whole and the intermediate-level government officials.

In many cases, it was difficult for the MHOs and the COs to put into words their perceptions of the changes that have taken place both at the level of the government officials and within the barangays. Although they cannot always pinpoint the exact nature of these changes, they can *feel* the dynamics of change both within the barangays and with their relationship with the barangay members. Very rarely was the word "partnership" mentioned in the course of the interviews, but it was nonetheless obvious that the relationship is changing along those lines. As one MHO stated, the CHDP at Carigara or R & D as they refer to it – is moving in the "right direction."

Conclusion

The analysis of the CHDP at Carigara has shown that, in keeping with the stated goals of the project, instead of independent lines of force bearing on the community, a communications web for bringing about interaction and cooperation has been designed to maximize the impact of this project on the community.

It would seem that the techniques used in the R & D project of the IHS, especially the "social preparation" of both the implementors and the recipients, could be used in almost any barangay anywhere in the Philippines. The "social preparation" facilitates the entry into the barangay by officials of the central government and allows the individual members of the barangay to become familiar with the fundamentals of popular participation. This preparation enables

Table 1. Annual Increment of Barangay Programs

Year	New Barangays	Cumulative Total
1	6	6
2	12	18
3*	24	42
4*	48	90
5*	96	186

*The actual number of new barangays entered after the second year will depend on the processes evolved in the first two years.

all of those who are involved in the project initially as providers or recipients to change their roles to those of partners through the barangay. This change in role and role perceptions is essential so that the members of the barangay can indeed exercise policy formulation functions whether in the problem-solving, planning or decision-making activities of their programs.

Implications of this Project

There can be no doubt that the immediate beneficiaries of the R & D projects will naturally be the communities within the study areas. Neighboring communities such as those with underboard physicians and those where IHS students are recruited are also direct consumers of the R & D output. Table 1 shows the projections of the number of barangays to be involved in the Carigara area over the next five years.[20]

Barring unforeseen problems, it is projected that all barangays in the study area will have been included after five years. If the two other study areas are also activated within this period, the number of barangays directly involved will be about 450 and the people affected by the R & D program, almost half a million.

As information is gathered and disseminated, it is anticipated that this will be used to further develop these programs during transition for use in other communities, even for areas outside of Region VIII. Thus, indirectly, communities throughout the country will be potential beneficiaries of the R & D project.

It seems clear that the IHS uses its R & D program as that part of its network for monitoring information from below and above for integrating part of its structure. It provides a mechanism for validation of some of the new ideas presently incorporated in the Institute. In addition, it provides the means by which newer ideas can be generated and used by the Institute. Finally, R & D, by means of the information monitoring system, ensures that the curricula, programs, and activities of the Institute will be in constant touch with the realities in rural communities it is designed to serve.

It is thus evident from the preliminary data gathered and observations presented by many of the participants involved that the R & D project, through the two-step process, is working towards the realization of barangay democracy. However, there is the danger that this type of project will become bureaucratized over time. The administrative structure which involves the change of roles can make the barangay members now participating in the program develop their own self-interests. They may begin to think that their roles are more or less permanent and this may become part of the new bureaucracy. Orthodoxy, as is well known, substitutes for conviction and produces its own inflexibility. It is conceded then that along with just mere involvement in community projects, formulating policies, and arriving at decisions on these projects, a community ideology or national ideology must be part of the backdrop of this process. This means that the information network must include, in part, the evolution

[20]The following information is taken from Romualdez, "Research and Development. . .," *op. cit.*, pp. 22-23.

of an ideology based on a larger world view. How this would take shape – to make sure that barangay democracy is not just the expression of local vested interest – is a subject for still another study.

Recommendations

It would seem that what is necessary at this point in time in the Philippines are more systematic studies and evaluations on projects similar to the CHDP. Projects such as these, although they are no longer the territory of a particular government agency, do represent the merging of the resources of various government agencies simultaneously, including harnessing the support of international agencies when necessary. In the case of the Carigara project, it is not only the U.P. College of Medicine and the Ministry of Health which are involved, but the Ministries of Local Government and Community Development, Education and Culture and Agriculture, among others.

Although this is basically a health project, the organizers and implementors have realized that the concern for health cannot be separated from the country's efforts towards national development.[21] Health may be seen as an end in itself and as a means to an end. In the context of national development, health is to be considered as an essential investment in human capital. A healthy individual represents a potentially productive economic unit that can help propel the country's economic programs. In other words, health is viewed from the standpoint of the individual's total well-being which includes not only the state of his body but also his environment. The concept of environment is itself broad, for it covers both the physical environment and the social environment The individual is no longer isolated from the community in which he belongs. Thus, to be concerned about the health of the individual is to be concerned about his community as well. The CHDP is as much a community development project involving all aspects of that community as it is a health project. It is precisely from this standpoint that a study of the two-step process of barangay democratization becomes meaningful. Barangay members are drawn to participate in projects from "above" that concern and touch their lives, and eventually end up making decisions and formulating policies about these projects.

This approach to health programs, as one component in the overall development of the community, has been recommended by the World Health Organization (WHO). The Director-General of the WHO has proposed at an international conference in September 1978 in Alma-Ata (Soviet Union) that the developing countries of the world adopt the concept of "primary health care" in the formulation of their health programs. Primary health care is defined as "essential health care made universally accessible to individuals and families in the community by means acceptable to them, *through their full participation* and at a cost that the community and the country can afford; *it forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic develop-*

[21] Annex A, "Towards Alternative . . .," of Romualdez, *op. cit.*, pp. 1-2.

ment of the country."[22]

It is not possible within the context of this paper to describe the details of primary health care. It suffices to emphasize that since primary health care is an integral part both of the country's health system and of its overall economic and social development it has to be coordinated on a national basis with the other levels of the health system as well as with other sectors that contribute to a country's total development strategy. This coordination of government and non-government agencies at the national level is essential and, on the basis of the interviews in Carigara, seems to be lacking at this point in time, at least in Region VIII of the Philippines.

No doubt, the IHS program, particularly the external Research and Development component, is one illustration of the hypothesis that the operationalization of barangay democracy in the Philippines is possible only when the two-step process is considered.

The recommendation is, therefore, to use a holistic approach to planning, not only for health but for all government programs and projects. If such an approach is used at the level of the national government and a transition period is allowed for the change in roles and role perceptions on the part of the officials and the members of the community, then the barangay can begin to initiate and participate in the decision-making process not just within one particular sector but within the context of overall community development. Such a coordinated effort is needed if this CHDP at Carigara and other similar "models" are to be replicated in other parts of the country or in other developing countries. Moreover, by using this "model" – a step-by-step initiation of the people into government participation – President Marcos' concept of barangay can become more than just a dream.

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[22]World Health Organization and United Nations Children's Fund, *Primary Health Care*, International Conference on Primary Health Care, Alma-Ata, USSR, September 6-12, 1978, p. 8.