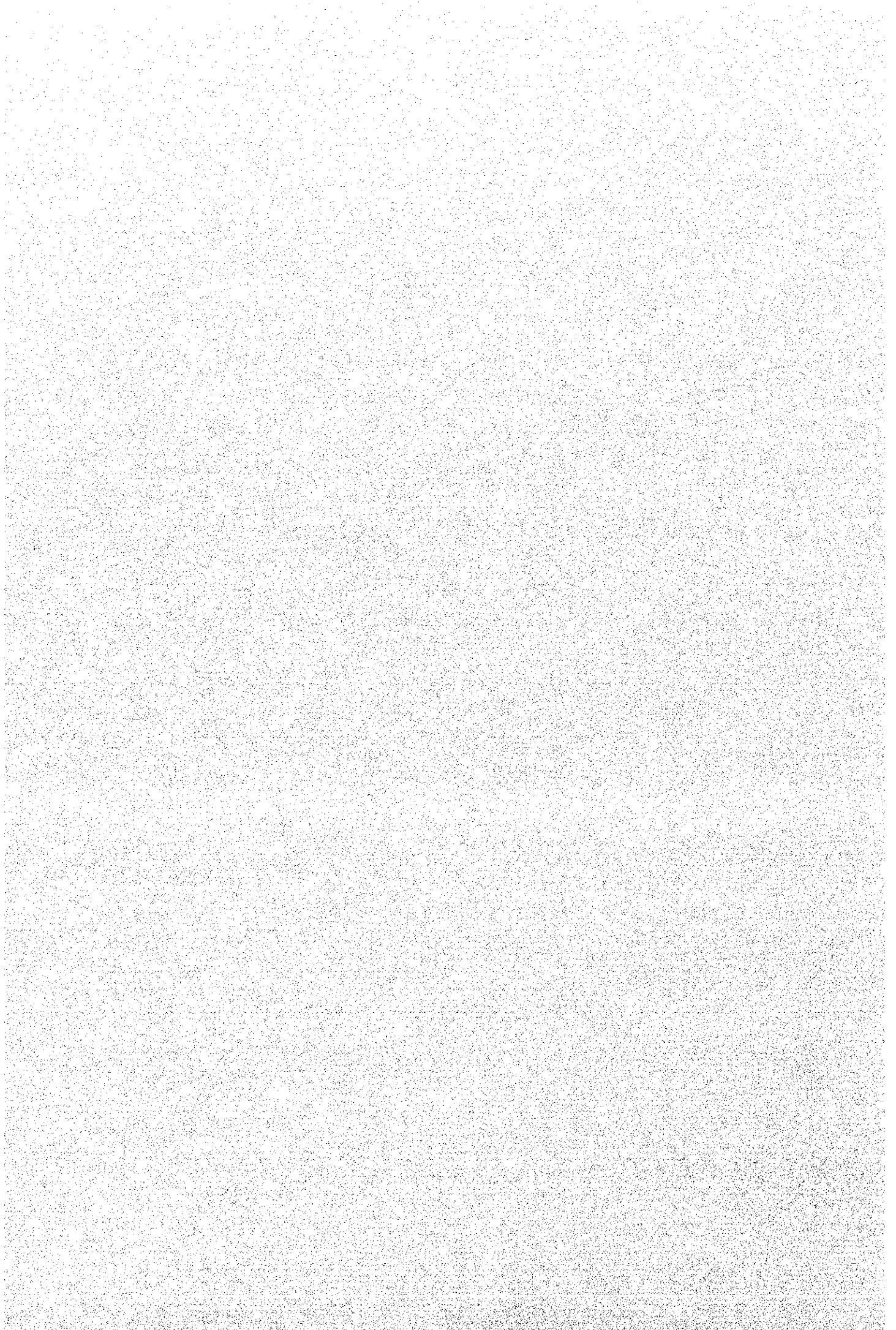


**ANALYSIS OF
THE FOCUS GROUP DISCUSSION**



FGD-1 PLAN OF ACTION (POA)

Analysis of the Focus Group Discussion (FGD)

OUCCOME of your POA

Individual level

More open and more delegative to them(Gene - 1)

myself being more involved in a civic organizations, Lions Club etc. (Gene —1)

more space was made for MHO to organize community(Gene, who is the head of district - 1)

Awareness Raising and Training

staff meeting for community organising (Beth - 1)

Training of Health Personnel & BHW in the areas of Family Planning (Amor / Paul -2)

Retraining of Barangay Health Workers from DOH (Amor -2)

Two (2) Midwives were trained (Mel —2)

feed back to the staff (Romeo, Hajiron - 4)

re-echo to the health worker(Isnain, Ruby)

Staff motivated to work more (Mel - 2)

70% responded . Trained 260 Barangay Health Workers on Malaria Control (Kiko - 2)

health education in Mothers class where mothers share responsibility(Jet -1)

Mothers Class in each barangay for 30 barangays (Amor - 2)

Mother's class conducted in selected barangays only due to inaccessibility. (Paul —2)

advocacy to PHO (Idlasan, Hajiron - 4)

meet barangay chairman (Usman, Hajiron - 4)

talked to mayor, advocacy (Lumandang, ferolin - 4)

I am now 20% in my implementation of my POA. I was able to conduct awareness session or feedbacking/orientation to the HRD & personnel of the province, different hospital heads & up to the barangay level about the PCHAP course. (Sitti - 3)

10% implementation, meeting was done.

I was able to attend the orientation at least 2 -3 assemblies because on few member mayors were proclaimed at that time & that is why during the assembly only few mayors were oriented about the PCHAP course (Linang - 3)

Advocacy activities was initiated at the LGU level; talk with the Vice Mayor & Sangguniang Bayan about the POA (Jong -3)

15-20% implementation; I was able to conduct re-echo activities to the PHO, municipal level & community members (Alex - 3)

10% implementation; I was able to talk with the Mayor about the PCHAP course & my POA (Calico - 3)

Effects on Community —BSB, SC

Laundry women are being organized and discussingg about deep well(Beth —1)

Community organizing employing staff(Pors - 1)

Established Botika sa Barangay, contributed share at P150.00 maximum share, a total of P1,500 accumulated. (Mel —2)

As a result of the information dissemination , there's an increase of awareness re: malaria control, they already know how to seek assistance and they know how to do smear (Kiko - 2)

Increase community participation 30-40% (Amor —2)

30% implementation, Activities conducted includes are visitation especially to rebel infested areas. I used the process of information drive and community organizing, through the formation of groups since they are planning to implement BSB "Botika sa Barangay" (community pharmacy). The BSB is now busy in their fund raising activities. (ANDREW- 3)

Low rate - because of the constraints, but it will take time to change especially the culture of the people (ANDREW - 3)

I am now 15% implementation of my POA. The outcomes are, establishment of the satellite clinic; about to conduct orientation to the staff. The Satellite Clinic was established because CRS provided COCD that facilitates the POA (Elvis - 3)

Mayor expressed his support especially to the construction of the satellite clinic; advocacy to the barangay level was conducted & the site for the Satellite clinic was identified (Calico - 3)

To put a satellite in the province but have to pilot an area first to serve as a model. Able to meet the barangay captain & community health leaders in the area, the BC verbalized his support to the program (will provide a portion of lot for the SC & IGP for the community) (Sitti —3)

Effects on Community SED —Social Enterprise Development

The area for the basic commodity store was already secured & identified. It is now at the initial stage but not yet fully implemented. The BHWs were organized & the fund raising for the goods is now on-going. There is a full participation from the community people (Alex - 3)

There is a high rate of acceptability of the project in the community compared before (Alex - 3)

The BHWs are already organized & they become members of the cooperative (Calico - 3)

Effects on LGU and other stakeholders

After the consultation, the attitude of Municipality and LCE has changed from dole-out.(Jet - 1)

RESOURCE MOBILIZATION and MANAGEMENT

The Municipal Hall has been repaired out from the NPC funds - Support from major corporations like National Power Corporation —(Amor —2)

Partly constructed Barangay Health Station (source after PCHAP Course) (Amor - 2)

10% implementation rate, on-going implementation. I concentrated on the resource management & development. (JQ - 3)

Health & infrastructure - upgraded some of the facilities in the Province in terms of repair & renovation (JQ - 3)

Facilities & equipment received - we have received medicines especially to areas with high rate of mortality & upgraded some of the equipment. Enhanced the capability of the health personnel ex. what to do in maternal care & safe motherhood (JQ - 3)

HIMS (Health Information Management System)

Radio programs for illiterate on health and other issues(Ed - 1)

PHO Hour - Broadcasting Hour (talk on our dialect) re: Malaria control (KIKO —2)

10% implementation, I was able to strengthen the HIS (POA); feedbacking was done; conducted HIS & it was started in Lanao. The M&E activities conducted are RHU visitation with Taka & 2 PHOs of Lanao (Ruby M - 3)

POA title " Mass Health Screening in 9 Pilot Barangays". At present I am now between 10-15% implementation of my POA, not yet in the community level. (Jong - 3)

FACILITATIONG FACTORS for implementation of POA in Individual level
know yourself and work values(Gene - 1)

Positive thinking "you can do it"(Gene - 1)

Change of attitude (leadership style, teamwork, quality of service) (Amor —2)

Change style of management from autocratic to democratic (KIKO —2)

commitment and sincerity to the work(Pors - 1)(Jet - 1)

personal commitment to implement POA, Pchap experience (ferolin- 4)

Dedication & determination in the implementation of the project is a plus factor for the success of the project implementation (Sitti - 3)

patience and perseverance(Gene - 1)

Patience & persistence in inviting other health personnel especially the superiors during orientation & the implementation of the POA (Ruby M. —3)

I provided money for community phaomacy program (Gene - 1)

I overcome the LCE barriers(Beth - 1)

FACILITATING FACTORS for implementation of POA in ORGANIZATION LEVEL

PHO / Boss support

boss and I attended the same course at the time(Pors - 1)

supportive IPHO (boi- 4)

supportive PHO, IPHO staff, District head(Pors - 1)(Beth - 1)

Supportive PHO (Amor - 2)

Availability of travel allowance (MEL —2)

Training for staff (Provincial Funds) (MEL —2)

With the Help of PHO (medicine) (Paul -2)

Availability of computer (Jun - 2)
Availability of funds on infrastructure (Jun —2)

My boss or superior is very supportive of my activities or my POA. Friendship is one of the factors, I even tapped him to be our provincial consultant. He promised to give training for my staff and provide funds for the activities of my POA (ANDREW - 3)

Supportive DOH secretary helped me in the implementation of the preliminary activities of my POA (Ruby M. - 3)

There is a full support from the PHO office (Elvis - 3);

Technical support from the Provincial Health Officer for the medical supplies & equipment (JQ - 3)

Support from the PHO to fund the PIR (Linang - 3);

Co-staff support

-
-
staff believe in me (romeo - 4)

my staff really satisfied me(Beth - 1)

commitment of the health worker(Isnain - 4)

Supportive Staff - Staff motivated to work more (MEL —2) MHO (ruby - 4) supportive RHU (boi, ferolin - 4) supportive BHW, LHB (ferolin - 4)

Highly motivated management & staff (KIKO —2)

presence of trained staff, personnel & other project coordinators. (JQ - 3)

trained staff on CO, social enterprise development (boi - 4)

The engineer was tapped in the identification of equipment for upgrading & repair. (JQ - 3)

Presence of active health personnel (Sitti - 3)

LGU / NGA / politician support

I have a good collaboration with the 2 LGUs.(Isnain - 4)

networking with other line agencies especially LGUs (Idlasan - 4)

Supportive other line Agencies (Amor - 2)

Some supportive political leaders (Amor -2)

Assistance from LGU (Paul —2) newly elected mayor (Idlasan - 4) mayor is a relative (lumandang - 4)

Full commitment from the local officials & networking from other agencies & fund sourcing is very important (Elvis - 3)

There is a strong participation from all sectors & from the LGU really is a big help to my POA(Jong - 3)

LGU support (food & transportation) (Sitti - 3)

After the consultation there was an attitude change for counterparting LGU(Jet - 1)

Assistance from barangay officials (Pors - 1)

Network with supportive LGU(governor)(Pors - 1)(Ed - 1)

Barangay officials, networking to other local agencies especially to the Department of Agriculture (Elvis - 3)

there are some LGUs) who are cooperative in terms of coordination & networking (Linang - 3)

Vice Mayor's support is a very big help, he is easily tapped especially for consultations (Jong - 3)

I was able to give orientation to the Mayor & he is very supportive. (Calico - 3)

Able to befriend people in the politics(Gene - 1)

Support from the congressman(Ed - 1)

OTHER SUPPORT (NGO)

Foreign assistance through training (Paul —2)

Support from major corporations like National Power Corporation (Amor —2)

Presence of other NGOs existing in the area facilitates some activity of my POA because their intervention is also in line with my POA ex. enterprising a skylab (single motorcycle for hire) was provided to the community as their IGP which is part of their enterprise project; there is a full support from the PHO & conducted initial advocacy (Elvis - 3)

FACILITATIONG FACTOR in COMMUNITY LEVEL

more involved in a civic organizations. fraternities and Lions Club (Gene - 1)

Closer relationship with women's organization in Buluan(Gene - 1)

Tied with private organizations(Ed - 1)

Organization was formed(Beth - 1)

community s willingness to have Pos. (Boi - 4)

most of the barangay captains and some of the leaders in the barangay have vision for development(HAJIRON - 4)

Community Support (labor) (MEL —2)

cooperative community people (hajiron - 4)

I m native son of the area, I have 60-70% relatives, most of them are my friends, attitude of the people (Usman - 4)

Supportive community it is because they were already trained re: CO-PAR (KIKO —2)

the community was encouraged to find ways to get funding (Andrew - 3)

community s enthusiasm especially BDC (ruby - 4)

Presence of active CHV & organized women's group (Sitti -3)

peace and order in Tawi Tawi (Ed - 1)

CONSTRAINTS in Individual level

time constraints(Isnain, Ruby, ferolin, hajiron - 4)

I just came from the training, I just started implementing my POA just this month (Andrew)

Not so much things was done because it is still very early since the end of the training in Japan (Sitti)

because we just arrived from the training & finished the course last month (June). I(linang)

My health status affects the implementation of the activities, because I experienced temporary blurring of my vision. (Alex)

bulk of work, (ferolin - 4)

lack of knowledge on CO (Isnain - 4)

COSTRAINTS in ORGANIZATION LEVEL

Lack of training

Lack of CO-PAR Training for Staff, Leaders (Amor, MEL -2)

lack of health workers knowledge on CO-CD, SED, capability building(Isnain)

-need for training of BHW on CO(Isnain)

-lack of KAS of my staff in CO

I failed to delegate my responsibility especially to the rest of my staff while I'm on leave & the sudden departure of the nurse to PCHAP course, because the technology was not transferred to some other personnel that will take over in our absence(Alex);

We do not have a knowledge on how to establish the satellite clinic especially in the SC management, MBN, PRA. (Calico - 3)

Lack of resources

lack of manpower, I have no MHO and we have only 3 personnel to run the RHU.(Isnain)

-lack of financial and logistics (felorin)Lack of social funds in Local Government (Amor

?)

No budget for Food/Resource Person- (Mel -2)

Only one computer (Jun -2)

the POA has many component that needs funding , because we cannot easily implement the activities because of the funding constraints. (JQ - 3)

No money for the implementation of my POA (Andrew - 3)

Lack of budget in purchasing & provision of equipment & computer facilities (Ruby M.-3)

Problems in leadership / management / system of the organization

-Mayor: we are an enemy and we have a family feud (they killed 2 of my relatives)(Romeo)

-limited support from the NGO, LGU(boi)was transferred(Ompong - 1)(Nic - 1)

Only lacks implementation (problems re: contractor due to government bureaucracy in identifying contractor) (Jun - 2)

Promises only - Infrastructure projects (Paul -2)

Funding Agency is interested on lowlands only (Paul -2)

Mother's class conducted in selected barangays only (main health centers) due to inaccessibility. (Paul-2)

On stand-by due to unavailability of connections, Province data already establish but the problem is in the municipality we're still following the old style. (Jun -2)

there are some high ranking personnel that are not supportive of my POA (Ruby M.-3);

Too many other assignments to do CO(Gene - 1)

Mayor / LGU / NGA

very slow pace of POA implementation due to fast turnover of LGU(Jet - 1)

LGU difficult to persuade because Mayor and Vice Mayor came from opposite party((Jet - 1)

Few member mayors were proclaimed at that time (Linang - 1)

LGU has problem of not devolved(Pors - 1)

LGU is not always in the area(Pors - 1)

There is less LGU support from some of the political leaders(JQ - 3)

The LGU did not give 20% development fund.(JQ - 3)

only some of the LGUs express support to my POA (Linang - 3)

The SB (Municipal Council) members were not convened since election, that is why they were not oriented about the POA & PCHAP course (Jong - 3)

Soliciting donations(Ed - 1)

No funding(Ompong - 1)

We or the people are expecting too much or everything from them.(political leaders)
(JQ - 1)

Difficulty for line agencies due to few site visits(Beth - 1)

Lack of community organizer(Gene - 1)

The lack of LGU coordination (Elvis - 3)

CONSTRAINTS in COMMUNITY LEVEL

Community is very mobile(evacuated,economic)(Beth - 1)(Ed - 1)

Community's low priority on health(Olan)

Barangay people was not responsive(Pors - 1)

People's doubt (Ompong - 1)

Apathetic community due to the past failure of government agencies (ruby, usman - 4)

Military operation(Ompong - 1)

Culture of the different tribes (Andrew - 3)

Cultural beliefs (among Maranao) (Paul -2)

Folk culture and belief(Ompong -1)(Pors - 1)

Cultural beliefs of Badyao's re: Malaria Prevention (KIKO -2)

Cultural barrier is also a constraint especially the IP's that are staying in hard to reach areas. (JQ - 3)

Dole-out system (Amor -2) People's doled-out mentality(Olan - 1)

50-50 adoptive - Maybe it will ran 3 to 5 years to adopt the project (KIKO -2)

It will take time to change especially the culture of the people (ANDREW -3)

We or the people are expecting too much or everything from them.(political leaders)(JQ - 3)

lack of follow up(Gene)

lack of information & education (Andrew - 3)

Illiteracy(usman - 4)

There are some political personalities who wants to take control of the people & they are against community organizing because the process will open the eyes of the people & it will make them aware (Andrew - 3)

There is no transparency within the barangay. (ANDREW - 3)

Poverty is also found to be one of the constraint. (JQ - 3) Poverty(Ed - 1)

CONSTRAINTS - EXTERNAL FACTORS

Geographical location of the area (rough road). (Elvis - 3)

Far flung barangays (hard to reach, irregular transportation - you have to hire or hike); (Sitti - 3)

geographic location of the area (very far & hard to reach. (JQ - 3)

The far ,location of the area also affected my implementation because of the hard to reach areas (Calico - 3)

inaccessibility of I island municipality, irregular transportation (Isnain - 4)

geographical location of each barangays (boi, hajiron - 4)

Peace & order situation (Paul —2) (Ruby, boi, ferolin - 4)

Instability of the peace & order situation of the covered area. (Alex -3)

The unstable peace and order situation of the area affects the implementation(Elvis - 3);

Perennial flooding & security risk also affects my implementation(Alex - 3)

LESSONS

Leadership and commitment

constant reflection-action cycle needed(Gene - 1)

perseverance and patience (as in 2-2-1)(Gene - 1)

Hope(Jet - 1)

time management (ferolin —4)

Community Participation

for sustainability, people s participation and peoples counterpart has to be directly proportional (Isnain- 4)

people involvement is very important (Idlasan - 4)

people should have trust and confidence in you, should be aware of the problems and activities, (Usman - 4)

community should be given the chance to plan for themselves, confidence building , creation of BDC(boi -4)

you should stay in the community/area(Ompong —1, who was transferred)

Need to be able to speak language otherwise problem(Ompong - 1)

Empowered staff, organized community will lessen the work burden(Beth - 1)

Information education campaign or continuous communication with the People re: health status of the community. - (Kiko —2)

Increase community awareness & involvement : if they are aware they Will contribute voluntarily —(Amor —2)

there's a need to raise awareness on health (Paul —2)

Implementation of "Adopt a Barangay" Program —(Amor —2)

It is important that the felt need of the community should be identified so that there will be a full participation from the community members. (Alex - 3)

The presence of the organized groups is needed whether Muslims or Christian areas, although it is easy for the Christians to organized compared to the Muslims (Maranao) (Calico - 3)

We have to find ways to make people participate ex. by tapping the elders "IMAM", influential people or the elite people in the community that will help facilitate people's participation. (ANDREW - 3)

COLLABORATE WITH LGUs/ NGAs

constant meeting with local health leaders (hajiron -4)

Good rapport with LGU(Pors - 1)

Improved LGU in terms of support is very important especially in the Delivery of health services (Amor —2)

Build good rapport with the Mayor it is important for him/her to know the importance of Health (Paul —2)

LGU we need their moral support & good relationship(Calico - 3);

The good relationship with the LGU is very important, because of the financial & human resources provided for us. (Calico - 3)

There is a need for advocacy not only to the LGU but also to the people or community level (Jong - 3)

Support/collaboration with other agencies include: Communities/barangays (Paul —2)

Good PR with the LGU's; they are very committed at the municipal level especially the support from the PHO, MHDO & DOH-ARMM (?)(Linang - 3)

COMPREHENSIVE APPROACH

Upliftment of the livelihood(Ed - 1)

equitable distribution of the existing resources to all constituents. There is a convergence of services - ex. projects that focuses to the family - ex. malnutrition - we just don't give our intervention for malnutrition but we also provide livelihood & other health component that affects the people's /families health. Policy & media advocacy especially to those unsupportive LGUs (JQ - 3)

MONITORING

A need for monitoring of Stakeholders (Mel —2)

TRAINING NEEDS

need or other staff to be trained participatory course, ICTP targeting my subordinates(romeo - 4)

Need of practicum in Japan or in Davao(Olan - 1)(Jet - 1)

Needs CO-PAR training for Staff & BHWs and training/lecture on salt farming (Mel —2)

There is a need to have a training on SC management but before the training it should be known first if the SC is really the need of the people. (Sitti - 3)

We wanted to have a seminar on OD, PAR, PIME, SC but we are waiting for Joy Bastian's response about this training (Linang - 3)

POA should be dynamic/flexible to the context(Nic - 1)

HEALTH RESOURCES

it is a strength if health worker could reside on the place (Isnain - 4)

Increase number of Barangay Health Stations (Mel —2)

Construction of toilet bowls needs to be done as much as possible for Almost everybody have no toilets (Mel —2)

ADVOCACY

constant immersion with people, especially, the leaders up to the grassroots level (hajiron - 4)

intensify lobbying to LGU especially to Mayor

Creativity in fund sourcing(All of Batch 1)

Mobilize BHW and file a resolution to raise problem (Amor —2)

A need for community signature campaign and send this higher ups. (Jun / Amor —2)

A need for the Department of Transportation and Communication Intervention
(advocacy to higher level/Department Level) (Jun —2)

NETWORK and LINKAGE BUILDING

to continue networking and PR (Idlasan —4)

The need to network other agencies (like PCSO) for potential Funding -(Amor —2)-

Alleviate the problem between the Province and lower level (Jun - 2)

Alternative: using of cellular phones - Non-availability of direct line (phone) (Jun - 2)

social marketing(Isnain- 4)

RECOMMENDATION

JICA

regular follow through course, continuing education (Jet - 1)

JICA to provide us financial assistance in the construction of the building & procurement of equipment & the labor will be the people's counterpart.

to provide counterpart especially for the IGPs for women, since we have already identified potential resources and manpower to do the IGP; they can also provide us with equipments; (Sitti)

financial support; training for the satellite clinic; (Linang)

There is a need to have funds for the implementation of my POA activities(Ruby M.)

we are asking for donations like facilities (Ruby M.)

for financial support & equipment like portable x-ray & ECG; (Jong)

To provide funds for the implementation of the ICTP & COCD, LGU, PHDF & IPHC to conduct regular meeting (Elvis)

for moral & financial support)JICA(Jong);

Regular monitoring and evaluation

PHDF

Income generating programs for livelihood of health workers

educational tour between provinces/barangays to observe success stories(

Ompong - 1)

Regular monitoring and evaluation

DOH-ARMM

for the sourcing of funds & equipment (Calico);

for the DOH-ARMM we need their technical & financial assistance. (JQ)

Regular monitoring and evaluation

IPHO

We need the presence of the IPHO in the area & moral support (Calico)

Tapped PHO for the technical aspect & peers for moral support & share their experiences.

(ANDREW)

The PHO should initiate in putting up the equipment & strengthen the HIS to have a better linkaging; (Ruby M.)

MHDO & DOH-ARMM, PHO, AHI - financial support & technical support; (Linang - 3)

Regular monitoring and evaluation

IPHC

AHI & IPHC - share their KAS on how to manages the satellite clinic, invite staff as resource person (Sitti - 3)

IPHC - technical expertise in COPAR & COCD; (Linang - 3)

We need IPHC's expertise for trainings of our personnels & staff(Ruby M. - 3);

IPHC we need their technical assistance & ICTP (Calico - 3)

Batchmates

moral support & share their expertise (Linang - 3)

share their expertise & experiences in their implementation of their POA's. (JQ)

LGU

LGU we need their approval of my POA with corresponding budget (Jong)

LGU & PHDF for financial assistance to fund the infrastructure project (Alex)

AHI

practicum about community organizing is a must(Ompong - 1)

Regular monitoring and evaluation.

Focus Group Discussion 2

1. PCHAP Contents relevant or useful in your daily work —in what way it is relevant or useful?

1-1. People-centered Approach (I)

- really a need to do some strategy to tap the community (dimaumpao - S)
- people empowerment & self-reliance (Asri —T)
- through meetings & consultations influence activities (Andrew —T)
- through the Mother's Class people approach was implemented in Health activities (Jet —T)
- Story telling - To love my work, myself (Mina —T)
- It involves the community in the implementation of the programs - Everybody can share

1-2. CO-PAR(I,II)

- Through consultation and meetings with Staff, increase in participation (JQ —T)-
- They learn to care for their project - Dedicated community (they can do it without external assistance) (Chio —T)
- very relevant because IGP is really need, CO-PAR is important because it is the starting point of development missing link in our community, CO-PAR topic will lead to community empowerment.(hajiron -S)
- It strengthens the partnership between health agency, LGU & other sector (Hinpon —T)
- Health workers are now more responsible (shared through Lectures and Field visits)
- I conducted an orientation on CO- PAR to my staff LGUs interpersonal relationship improves (Hinpon —T)
- still on process
- Organize community and stay in the community so that you can know their real needs.(M)CO is relevant before project implementation

1-3. SIAD/COCOBREAD(IV)

- learned how to do community immersion(Isnain - S)
- lecture on culture, gender sensitivity - understand the mechanics of CO-PAR/COCO Bread in relation To culture (increase awareness on CO-PAR importance) (Andrew —T)
- Module on COCOBREAD & SED - How to attain sustainability (JQ —T)

1-4. . Networking

- Through consultative, informal sharing - influence on active to community (Andrew —

T)

- Through consultative meetings get support from community (Jet —T)

1- 5. Good governance and New Public management(III,IV)

-it made me realized that I need to project a new role model as a new public official (Isnain - S)

- Good Governance came from within (ourselves) as role model (Mina —T)

Influences my management capabilities & style

- it helps in dealing with problems & daily activities, more democratic in dealing with people (Falmi- T)

- very good (hajiron -S)

1-6. Participatory Development(II-)

-paradigm shift (dimaumpao, isnain —S)

1-7. Leadership and Management

- Module on Management - Useful in managing the hospital (Falmi- T)
- Module on Leadership - Mold us into a good leader (Falmi- T)
- gave me knowledge how to be a good manager, be democratic(Isnain - S)
- paradigm shift, shift from authoritarian to the grassroots (hajiron - S)
- Able to identify what type of leadership that is appropriate to your area
- Change in attitude of colleagues by showing example of leadership
- Through delegation, designated as section in-charge increased to be the participation in all activities
- Motivates self improvement
 - Realized not to be dependent
 - Work orderly (Chio—T)
- Through community based activities he could share knowledge & skills (Kiko —T)
- Respect to the higher management - Is the factor that makes the Japanese government so disciplined
- Through community based approach, informal sharing, he got supportive staff and their participation (Co-Staff)(Asri —T, Chio —T)
- Leadership by example they influence their staff to adopt the management style gradually.
- Community is now more interested in DOH programs
- Improved the leadership style Managerial skills

- Change in leadership style
- PCM(sul - M)

1-10. Social analysis

- constituency analysis → understand that obstacles can be changed into opportunities (Ruby - M)
- "Tree in a box" - gives self-reflection (Om)

1-11. Globalization and health

- Economic manipulation by industrialized countries- relevant (Asri —T)
- ODA gives us money and debt. 80% goes back to Japan.V (-M)
- Lecture on influence of industrialized Country - able to understand the difficulty of other industrialized country (Andrew —T)
- health care financing (hajiron - S)
- Insurance System- Time comes when insurance premium will be very high (can no longer serve the need of the people) (Andrew —T)
- Health Insurance System- Rich & poor treatment is equal (Chio —T)
- Increase awareness on globalization

1-12. Philippine / Mindanao issue

- Our historical background- relevant (Asri —T)

1-13. Japan

- The Japanese people shared their wealth, knowledge and skills
- dedication/commitment of workers to their work (Jailani - S)
- Discipline & cleanliness through lecture, former participants influenced to change their habits & learned the importance of discipline & cleanliness and Time consciousness
- The principle of 5'S of the Japanese - Still on process, but there's an expected change in behavior & attitudes of the subordinates
- time management (hajiron - S)
- self discipline, attitude, open minded attitude (tahil, isnain - S)
- Volunteer work - advocacy- it stimulates curiosity- Thrifty (Falmi —T)
- Learned the culture of the Japanese people - folk dancing (Sul - M)
- Japan situationer is explained to the staff and people by Share & explain how the Japanese work Narration, pictures
- there are many good things which are hidden but is working for the community
- Observe the culture of the people in relation to development
- Problem: How to die due to Sickness? (Chio —T)

- Field Trip "Kobe Experience"- participatory- discipline within themselves (Kiko —T)
- Exposure to Saku General Hospital
 - Hospital set-up, sustainability (JQ —T)
 - Promotive & curative aspect
 - Orderly of listing of patients
 - How to do mass health screening
- Visit to Matsukawa Village – IGP activities
- Toyota City Flea Market - good quality / good product (JQ- T)
- Garbage Disposal System - Income Generating (JQ-T)
 - Discipline is important (Chio —T)
- Learned the principle of discipline and commitment

1-14. Personal development

- personal sharing gives self-improvement (Alex)
- reflection(Sul) you can get to know yourself.
- Tasking principle(Sul)
- Dr.Kawahara's sharing - gives us the importance to have dreams. -a story of giving fish and giving instruction to get fish (Liz) who am I module(AI)
- Commitment & dedication influence colleagues to Change the attitude and behavior of the subordinate & the people

1- 15 Social enterprise development

- Help us come up with some IGP (Isnain)

1-16 Health Information Management System

- Minimum Basic Needs
 - Basis for identifying who are really in need
 - Determine the basic needs of the community through the MBN

1-17. PTM

- we were given time to participate
- Enhanced the power of speech
- Module are all very useful (Mina —T)
 - Leadership, lobbying, COCD, role play - They are all interrelated & necessary for my daily work as COH

- modules are interrelated, (jailani, Isnain, hajiron —S)

1-18. others and unclassified

- confidence in English(Ruby)
- computer skill (Isnain —T)

2. Participatory approach . (Were there circumstances that you were able to practice/apply participatory approaches? Kindly narrate those circumstances?)

2-1. family

- distribute tasks to children, teaching them to do some responsibilities at home (Ompong)
- have real dialogue with husband which was not possible before (Beth)
- recap between me and husband, more on feeling(Liz)
- shared responsibility (jailani, isnain)
- decision making through consensus (Isnain, dimaumpao, jailani)
- Consensus building in decision making is practice (Falmi —T)
- Committed family man - Do marketing before PCHAP and after PCHAP (Kiko- T)
- more participatory (JQ - T)
- sharing of ideas, more gender sensitive Minan —T)
- sharing of responsibilities of work in the house - tasking for children (Asri —T)
- Give them the responsibility to plan for their own needs, choose what they want (children plan and participate in decision-making) (Chio —T)
- more gender sensitive, shared my ideas (Andrew —T)
- gender sensitivity (hajiron)
- practice participatory (tahir)
- division of labor(jailani, hajiron)
- consult family but final decision comes from me (tahir)
- Everybody has to do their share in doing household chores. Like for example I (husband) do the marketing while my wife helps the house helper in cooking food, takes care of our kids and cleaning the house. (Jet —T)
- Sharing of household chores
- Food that the family want to eat in a picnic
- Conjugal decisions
- Oversee the daily needs
- My wife & me resolves issues & problems through discussions (decision -making through concensus)

- During election campaign, my cousins & relatives ran for congressman & all of us participated in campaigning Helping each other

2-2. work

- Goes to office 15 minutes earlier(Elvis)
- more on consensus approach,team approach (Elvis)
- more acceptable to my staff's suggestion(Olan)
- no more fault finder to subordinate(Beth)
- monthly staff meeting now taken as need arise(Gene)
- already trust and confident to the staff and they know my position(Sam)
- work with staff setting aside the idea of being their superior(jailani)
- participation, get them involved (dimampao),
- Respect the decision of co-workers (hajiron)
- I realized sometimes i have to be authoritative on a case to case basis (Isnain)
- get ideas but final decision comes from me (tahil)
- Through community based activities he could share knowledge & skills (Kiko —T)
- Trough consultation and meetings with Staff increase in participation (Jet —T)
- consensus building - consultative meeting/involvement in policy making (Jet-T)
- Entertain ideas from bottom to ups (Falmi-T)
- continuous open communication within the office (Kiko-T)
- collective decision making (JQ-T)
- delegation of responsibilities at work (JQ-T)
- time management, there is time for work and family (Minang-T)
- Consensus building, consultation (Asri-T)
- Treat them as co-worker not as subordinate (Asri-T)
- Trust and confidence on their work (Asri-T)
- Consensus building (Chio-T)
- consultation, open communication (Chio-T)
- shared my ideas (Andrew-T)
- Participatory Management Partly absorbed Gradual adoption
- By getting the consensus during decision making
- Involvement in a certain program eg. nutrition month celebration
- Make a routine evaluation on daily work
- Participatory decision making
- During meetings issues & concerns were tackled through group discussions, solutions & recommendations

- Daily routine in then office. I involved my staff in the office especially in the technical division
- RHMs & PHN together with the BHWs are more participative
- Health workers are more responsive & participative

2.3 Community

- participatory approach, community consultation (jailani, dimaumpao, hajiron)
- staff go deeper into the community (Isnain)
- initiate POA, satellite clinic(dimaumpao)
- all stakeholders are consulted - community has a shared responsibility (Jet-T)
- participation in community activities (JQ-T)
- decision making on the part of the community is important (Minang-T)
- let them feel the important of decision making, designate one spoke person from the community to talk the issues (Chio-T)
- organizing community to improve communication system (Chio-T)
- Immersion in the community (Andrew-T)
- Involving the community regarding the solution of their problems
- Participation during planning
- Field visit to BHS; counterparting eg. food are provided by the community during activities
- Self-help, BHS put up by the community
-

3. Networking What was the nature of the network you have established?

3-1 between batchmates

- yes(Sam - Maguindanao)
- all Yes (Tawi Tawi)
- All seven (7) respondents answered YES! (Lanao)

3-2. between different batches

- not across the batch(Sam)
- not easy because each batch has its own experience(Mayon)

3-3. between inter-province

- not an issue(because it already present?)(Sam)
- good camaraderie established among the 4 ARMM provinces (Isnain, Hajiron)

3-3. other comments on networking

- no idea of batch for networking because we all came here(Sam)

3-4. the ways to contribute to the establishment of the network

- the ways to establish network are: meeting together, sharing yourself(Mayon?)
- It is normal to disagree to how to agree as in japan course(Sulaik)
- Information being pass from one to the other, keep them well-inform (Jet-T)
- Informed them through text messages/inter-networking (Falmi-T, Chio-T)
- through cellular phones, sharing of ideas and sometimes sharing of jokes(Kiko-T)
- sharing of information and knowledge, exchange ideas/views through communication network (JQ-T)
- through reunions, meetings (Minang-T, Asri-T, Chio-T))
- Communication through text messaging & sharing their best practices
- Sharing of information like zonal meeting schedules, greetings & updating through text messaging
- Conversation
- Camaraderie & brotherhood
- Long distance

3-5. the benefits from networking with alumni:

- livelihood opportunities increased(dried fish enterprise?)
- exchange of ideas: not so much up to now but expect more after this meeting
- encouragement with birthday card and letters from Taka, reminding us of POA(Beth)

4. Policy advocacy/proposal made (according to "to whom")

- Buluan toilet facilities promotion(Gene)
- community participated because they know it eliminates diarrhea.
- Mass health screening(Jong) people who has illness know by themselves their health condition
- health insurance(Sulaik) We already piloted in one hospital.
- commonality that we all had a same course with same spirit, including our boss, gives us a good opportunity to advocate. We can share this spirit with our staff in our own offices.(Sam)
- Paradigm shift by training as we see in Ruby (Sulaik)
it can be integrated in to the objectives of PHDF.
- support mechanism on program implementation (JQ-T)
- exchange of work related ideas, sharing of success stories/failures (Andrew-T, Minang-T)

- able to know/learn from fellow participants the progress of their Plan of Action (POA) (asri-T)
- Access to information, for example incoming meetings, conferences, seminars, Conventions (jet-T)
- exchange of ideas, sharing of best practices (Falmi-T)
- common goals are shared (kiko-T)
- team work approach, self reliance, linkages (JQ-T)
- fast and easy communication (Minang -T)
- acquiring new and innovative strategies (Asri-T)
- renewal of acquaintances and commitments - giving encouragement (Asri-T, Anderw-T)
- Relieve of the hectic schedule/work (Chio-T)
- try to apply any success stories in my community after hearing their stories in a reunion (Chio-T)
- renewal of friendship (Andrew-T)
- Friendship, solidarity consultation with each other
- It makes us stronger as a group
- Closeness to each other, camaraderie
- Harmony
- Feeling of oneness, solidarity & the need to consult each other for any concerns
- Sharing of the same vision, solidarity of the alumni
- Have the opportunities to ask for opinions in some health related issues
- Chance to ask about their best practices
- Easy access to information
- Friendship
- Self-confidence
- Sharing of knowledge & skills & capability & leadership style
- Opportunity for consultation
- Strengthen relationship

3.6 Contributed factors to establish the networking

- shared visions (Jet-T, Minang-T)
- friendship, same visions and ideas (Fa.mi-T)
- camaraderie, openness, sharing of ideas and thoughts (kiko-T, Andrew-T)
teamwork, cooperation, common visions & goals (JQ-T)
- common objectives and projects - finding out the accomplishments of other

participants vis- -vis POA (Asri-T, Chio-T)

- presence of good communication facilities

4. Policy advocacy

With the knowledge and skills you learned during the PCHAP course, What are these policy proposals/program innovations that you introduced/advocated In your organization / community? To whom it was Addressed? What is its current status?

4.1 Organization level

POLICY/PROPOSAL INTRODUCED	TO WHOM IT WAS PRESENTED ?	CURRENT STATUS INNOVATIONS
<ul style="list-style-type: none"> • Leadership (attendance in office) 	Personnel	Some changes in attitude of some personnel (Lanao)
<ul style="list-style-type: none"> • Establishment of the spirit of transparency & commitment 	Office for public consumption	Continuing activity (Lanao)
<ul style="list-style-type: none"> • CO, CD 	To all staff	Planning (Lanao)
<ul style="list-style-type: none"> • Participatory approach/management 	MHOs, RHU personnel	On-going (Lanao)
<ul style="list-style-type: none"> • Good governance 	Technical division, RHU staff, PHO II	MHOs are expected to report to their RHUs not only on Wednesday but everyday (Lanao)
<ul style="list-style-type: none"> • NPM 	PHO II, MHOs, technical division staff (Lanao)	
<ul style="list-style-type: none"> • Formulation of new Hospital policies acceptable And helpful to employees Strategies: meetings, Consultations with the staff 	for hospital employees only	it is now being practice, there is a Manager in every Department and they Open will be the on responsible for it(Falmi-T)
<ul style="list-style-type: none"> • Every Monday Staff Meeting 	IPHO Technical Staff	on-going (JQ-T)
<ul style="list-style-type: none"> • Child Friendly Movement 	RHU Staff	on-going (Kiko-T)

<ul style="list-style-type: none"> Inclusion of Health Budget and activities on the Medium Term Development Plan of Provincial Government 	Provincial LGU	adopted in the 2000-2005 Plan(Asri-T)
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4.2 Community level

POLICY / PROPOSAL / INNOVATIONS INTRODUCED	TO WHOM IT WAS PRESENTED?	CURRENT STATUS
- Participatory Health Activity	- Barangay Captain	- on-going (Jet-T)
- People Empowerment - People-Centered Health	- LCEs /Mayor/Sangguniang Bayan Member	But we have to start all over again Activity because we have new set of Local Chief Executives (Jet-T)
- Transparency on the Management of the Hospital Especially involving Financial Matters	- to the hospital employees and the community	- on-going (it is now being practice(Falimi-T)
- Actualization and retraining of BHW as partners in CO-PAR & building of BHS/Set-up clinics (Self-Help)	- to Brgy. Chairman & Councilors & the Community	- First meeting has been conducted, we are now on the process of drafting policies including the incentives (Falimi-T)
- Community Based Approach on Malaria Control Program	- Community or the "Populace"	- on-going, 70% responded & piloted 2 project areas (Kiko-T)
- Conducted Health Education campaign	- Community	- on-going (Minang-T)
- Encourage & foster good relationship with the community Local leaders, NGOs., GOs	- LGU,NGO, GO & community	- on-going(Asri-T)
- CO-PAR	- Personnel, Community	- applied and on-going (Chio-T)
- Networking	- Local Government Units	applied & on-going (Chio-T)
- Piloting Self - Help Community	- Barangay Captain -	accepted & on-going (Andrew -T)
- organized Medical Emergency Team	- Dr. Asri, Dr. Joseph & influential people in the community	(Andrew-T)
- Botika sa Barangay		- accepted & on-going (Andrew-T)
- Programs included in the POA - because POA is more on programs and no policies	- LGU & Local Chief Executive	-No action yet Still to be responded Planning stage (Lanao)
• Policy proposal	LGU	Still to be responded(Lanao)

FGD #3 LEADERSHIP AND SELF DEVELOPMENT

**No actual FGD due to the lack of time. This information was taken from the FGD # 3 questionnaire and feedback from the superiors of PCHAP Alumni.*

A. CHANGES IN SELF

● **New perspectives about development**

- Working with other stakeholders is necessary; the health workers can't do it themselves alone; there should be participation among others (Jong - 3)
- Participatory thinking in health (Romeo -3)
- Participatory approach (Linang – 3)
- People –centered (Al Wajer – 1, Elvis - 3)
- Being honest with the people (Ronolfo - 1)
- Trusting the community as an important stakeholder having potentials (Elizabeth - 1)
- A democratic leader is more effective than autocratic (Elizabeth - 1)
- NPM or New Public Management application (Mina - 3)
- Role shift from expert to partner (Romeo - 3)
- Peoples participation will increase productivity/output and makes the program sustainable (Teogenes – 1)
- Community participation is the key to sustainable endeavor especially in health programs (Romeo -3)
- There are commonalities of needs, frustrations, and interventions (Romeo – 3)
- Realized the need to have a good leader (Nic – 1)
- Good Governance starts from oneself (Minan – 3)
- A nurse with people-oriented mind aiming for social change (Sitti – 3)
- Health workers must shift role to become facilitator and initiator (Sitti – 3)
- Role model for the staff (Sitti – 3)
- Right principles as basis for achieving the goal (Sitti - 3)
- Shifting from hospital-based bureaucrat to community-based bureaucrat (Juby – 3)
- Love of work as against desire for money (Falmi – 3)
- Substantiated the conviction that democratic leadership is suited in ARMM (Mel – 2)
- It changed me as a person. (Nic -1)

● **Confidence**

- More equipped to work after gaining additional knowledge (Mel – 2)
- Not anymore nervous to speak to the crowd; public speaking (Ronolfo -1)
- Lobby and assert demands to the local leaders (Ronolfo -1)

- Requested the military to temporarily stop military operation to finish the survey (Ronolfo -1)
- Interacting with superiors and discuss sensitive an current issues, for example, staff empowerment and global issues (Elizabeth – 1)
- Openness and transparency of feelings and ideas to the boss (Andrew -3)

- More liberated and empowered (Calico – 3)
- Articulate, open-minded, smart, and dynamic (Andrew -3)
- Self-esteem is boosted (Juby – 3)

- **Commitment**
 - To make a difference (Nic - 1)
 - More independent and self-reliant (Minan – 3)
 - Strengthened dedication towards work (Juby – 3)
 - Extend services to more areas (Falmi – 3)
 - Love towards work; serve even amidst war (Portia – 1)
 - Willingness to help the needy even beyond official working hours and holidays (Portia – 1)
 - Inspire community participation (Alex – 3)
 - Give time and effort to the foundation (Elvis -3)
 - Service to the people rain or shine; in war or in peace (Portia-1)
 - Share talent and time to other agencies (Ronolfo -1)
 - To organize the community (Elizabeth – 1)
 - To empower the staff (Ulambay – 1, Elizabeth -1)
 - Convince LGUs to adopt participatory activities (Ulambay – 1)
 - Work hard to achieve maximum implementation of health programs (Amoran – 2)
 - Reports to the office regularly (Minan – 3)
 - To foster community participation and self-reliance (Andrew – 3)
 - To implement POA (JQ – 3)
 - To help empower the muslim communities (Linang -3)
 - To become a good leader, health provider, and catalyst of change (Nic-1)

- Dedicated and honest (Ronolfo - 1, Minan – 3)
- Role model in Good Governance and health service delivery (Minan – 3)
- Striving to become a good public servant (Minan – 3)
- Serve & have more time to the community than to the hospital (Falmi- 3)
- Advocate community organizing for far flung communities (Falmi -3)
- Be participatory in socio-economic activities for the community (Falmi -3)
- Will uphold the integrity of PHDF as an officer (Hajiron – 3)
- Reach out the hard-to-reach areas (Falmi – 3)

● **Motivation**

- Feel good knowing that there are people who share the same vision and willing to lend a hand (Elvis – 3)
- Highly self-motivated to achieve results/create change, and attain VMGO (JQ – 3)
- Optimistic about finding solutions to problems; strong motivation for change (JQ – 3)
- To be more self-reliant in helping hard-to-reach areas (

● **Interpersonal Relationship**

- Emphatic and responsive to the staff and the community (Alex – 3)
- Teammanship among the staff and personnel, working as one in the RHU (Al Wajer - 1)
- Can handle unfriendly persons (Ronolfo -1)
- Good relations/linkages with LGUs, NGOs, NGAs and community as partners in health care (Edward – 1)
- Improved inter-personal relationship with my subordinates (Linang - 3)
- Empowered relationship with husband (family level)

B. CHANGES IN CAPACITY TO LEAD

● **Management**

- Shift from top-bottom to bottom-up approach (Boi – 3, Jong -3)
- Delegation of tasks and functions and authority. (Edward – 1)
- Staff empowerment (Edward – 1)
- Consultative/need-based (Andrew – 3)

- (Balancing) Not being too autocratic and not being too democratic as a leader (Alex – 3)
- Trying new leadership/management style, now a new public manager (Falmi – 3)
- Lead by example, role model (Juby – 3, Sitti – 3)
- Project Cycle Management (PCM) application to succeed (Teogenes -1)
- Putting participatory principles in practice (Al Wajer – 1)
- Responsibility-sharing (Al Wajer – 1)
- Shift from being too democratic; apply autocratic leadership when needed (Juby – 3)
- Goal setting (Linang – 3)
- **Decision-making**
 - Consensus-building (Alex – 3)
 - Listening other's ideas; people-centered (Elvis -3)
- **Others**
 - Invited as speaker/lecturer (Ronolfo – 1)
 - Trying to do participatory training (Romeo – 3)
 - Finding common grounds: needs, frustrations, interventions (Romeo – 3)
 - Social mobilization (Edward – 1)
 - Success stories on SED or Social Enterprise Development were encouraging (JQ – 3)
 - Initiating community-based social enterprises/IGPs (Juby – 3)
 - Received award as Center of Sentrong Sigla (Center of Health)
- **#4 Ways were the PCHAP Course changed your leadership style**
 - the idea of shifting health workers role (Romeo – 3)
 - being aware of New Public Management (NPM) and Good Governance (Minan – 3)
 - value of transparency and bottom-up approach, people and staff empowerment (Andrew – 3)
 - participatory management in practice (Nic – 1)
 - strong motivation for change (Minan – 3)
 - Japanese experience leadership style (JQ – 3)

- Idea of establishing SED(Social Enterprise Development) (Juby – 3)
- Boosting self-confidence and management skills (Falmi -3)
- Enhancing leadership qualities (Falmi -3)
- Working as a team (Ronolfo – 1)
- Leading by example (Sitti – 3)
- Shared responsibility/delegation of authority (Edward – 1) (
- Realization: there's a need for a good leader; having a democratic leader is advantageous (Ronolfo – 1)

#6 & #7 New expectations and challenges

- Completion of the Barangay Health Station (BHS) (Mel – 2)
- Implementation of health projects in addition to the existing ones (Mel – 2)
- Creation of Peoples Organization per barangay (Boi – 3)
- Facilitate planning and establishment of community-based social enterprises (Boi – 3)
- Application of community organizing (Portia – 1)
- Personnel/Staff empowerment (Portia – 1)
- Implementation of POA (Plan of Action) (Elvis – 3)
- Follow or abide by the PHDF VMG (Elvis – 3)
- Re-echo the lessons learned from Japan (Ronolfo – 1)
- To lead others with confidence (Ronolfo – 1)
- Ability to plan when problems arise in the community (Ronolfo -1)
- To improve the health status of the people (Jong -3, Amoran - 2)
- Additional strategies for improving program implementation ()
- Prioritization of projects (Elizabeth -1)
- Improved leadership style (Jong – 3)
- Invent creative activities or projects to improve the organization and the community ()
- Initiate new development in the hospital and field health units (FHUs) (Romeo – 3)
- More confidence in service delivery (Calico – 3)

- More democratic in leadership (Amoran – 2)
- Improve interpersonal relationship (IPR) (Amoran – 2)
- Change in attitude from single-mindedness to open-mindedness and ready to welcome suggestions (Andrew – 3)
- To make something different in the community(Nic - 1)
- To delegate; by making them feel responsible for themselves and their needs (Edward - 1)
- To work on time (Amoran – 2)
- Distribute more free medicines and projects to the community since they have dole-out mentality (Al Wajer – 3)
- Encourage peoples participation in promoting health and sanitation (Falmi -3)
- To increase the number of Peoples Organizations (Falmi -3)
- Active participation in program management and implementation as a team (Al Wajer – 1)
- Transform personnel's attitude to become open-minded; transform from passive to active (Al Wajer – 1)
- Renewed commitment and dedicated community-based health workers and district health officers (many)

#6 Coping mechanisms (Challenges and Expectations)

- **Ability to handle new challenges**

- mobilizing others to participate like the staff and the community (many)
- sharing and applying the lessons learned from the training in Japan (Elizabeth – 1)
- social awareness-raising, consensus-building, and delegating (many)
- motivating others to also feel responsible and accountable of their work (Edward – 1)
- motivate health personnel to increase their commitment as to the duties and responsibilities (Amoran - 2)
- aspiring to become a good public servant and trying hard to show good example (Sitti – 3)

- internalizing the PCHAP principles (Elvis – 3)
- allowing change the natural way (Hajiron – 3)
- doing things slowly but surely (Mina – 3)
- **Positive attitude towards new challenges**
 - high confidence, strong determination, and enthusiasm (many)
 - willingness to be a part of... (Elvis – 3)
 - trust and confidence among community and co-workers (many)
 - flexibility, sincerity and dedication (many)
 - people-friendly (Falmi -3)

Fn: FGD#3

Dn: Joy's disk

Date: as of 10/02/01

SULU GROUP: DR. ALRAZID TAHIL, Provincial Health Officer, Sulo

When I returned from Japan, there was a big transformation in Sulo province where Sulo used to be a sleepy province and because of the incidence of a celebrated case, the Abu Sayaf case —from a sleepy province to an internationally kidnapping area. So, nobody can deny that the Philippine economy was down and we are not hiding and this is known to everybody. But inspite of everything, before I start, I just hope that Taka San would be able to visit our province, not to be as a kidnap victim but to be our visitor to see for himself what your training before has been done to IPHO.

Many things had happened, before the Provincial Health Officer was an old, retirable lady and last year, she retired in February. Because of what happened in Sulo, the hospital was not given a priority. When I took over, I did some priority projects —I focused/prioritized on the improvement of our hospital services. And to this, I hope, as I ve said, you will see for yourself our hospital. And for this, I was appointed by Misuari from an Officer-in-Charge to PHO after a matter of one month.

On Dr. Hajiron - I can vouch for him —the fact that even before he went to Japan, even if he was the MHO, he used to be an alternate surgeon in our provincial hospital. For the information of everybody that surgery cases was high in our province and he did a lot of contribution to our hospital. An added information is that I heard from a reliable source that Dr. Hajiron will be appointed as the Chief of Hospital. His promotion will be a loss for us in our Sulo Hospital. So, it is a known fact that he is a team player.

On Dr. Jubaira - Again another one, is Dr. Jubaira who is a lucky girl because she is very new and was also appointed as Chief of Hospital. Now, she is transferred to where I used to work in Barangay District Hospital. I think she is lucky because before I used to have difficulty in the health personnels especially doctors. At present she has an addition of 3 doctors in her district —one MHO and 2 underboard who will be working in her hospital. More or less she will have a back up in terms of medical services. She used to be a committed health worker even before she went to Japan —what more now?

On Dr. Ramla Jailani and Sitti Dimampao —The State of lawlessness has been declared now in our place lately. Now, despite of the declaration of the government to that effect, still they go to their project that has been mentioned here —the satellite clinic that they have established just to inform you that they are committed as ever to work.

TAWI-TAWI GROUP:

DR. SUKARNO ASRI's EVALUATION TO HIS MHOs:

Is there a changes after PCHAP Course to your MHOs?

"Always speaks good about your fellowman otherwise do not speak or nothing at all".

Ten (10) participants were able to attend PCHAP Course from Tawi-tawi, unfortunately one of the participants transferred to another province just a month after the completion of the training, that's a big blow on our part being the one who recommend that participant. Another one set back on the Province of Tawi-tawi.

1st Batch 3 participants were send to PCHAP Course

It it true that the invitation was actually for Maguindanao & Zamboanga Sur but the invitation was course through the Office of the Secretary and maybe unknowingly he send us the invitation: DR. KALIL & MYSELF and also without knowing about this when we went to NEDA it was fortunate Zamboanga Sur did not send a participant in fact NEDA was asking will you vote by yourself and I grab that opportunity I vote my two personnels Dr. Chio and Dr. Limput that's why we were three actually on the first batch. So, that's destiny if it's really yours it's really yours. So, as regards to my assistant even without the training in Japan he always been there for support, in fact I would like to ask my fellow PHO to do the same what I've been doing to the project. Because he's now managing the Provincial Hospital that is a sign that I trust my assistant.

1. DR. EDWARD CHIO:

After the training, Dr. Chio has already made a tremendous improvement in his style of leadership before he used to travel for sometime leaving also the hospital, now most of the time he's in the hospital, I think he has somehow develop a love for the hospital. So, I seldom now go to the hospital to assist him because most of the time he's now in the hospital. To me there is actually great change in terms of sales development although actually he needs more to reach out more persons that are key players in the improvement of the hospital. In order for him to help improve the relationship of the Doctors in the hospital. Meet them together and come-up with a common goal for the improvement of the hospital.

2. DR. AL WAJER S. HIMPON

The very young and talented doctor, he is from Coluban but he choose Tawi-tawi and married Tawi-tawian. I think after the training, he made a lot of changes. He is now more focus, settled on the the improvement of RHU-Bongao. He has maintain a good relationship with the Local Chief Executive and has traveled extensively to his area of responsibility, before he just delegate the monitoring to the PHM, but now he's going to the field for supervision.

3. DR. STEPHEN:

Francis is working as a Technical Staff in the office, he's managing the Malaria Control Program after the training he has also made/write on how to improve the delivery of the Malaria Program. I choose him to go to Japan hoping that we could link the problem of Malaria in Tawi-tawi. He has also made improvement in terms of management of the people that are working in Malaria like Field Assistant workers, the different field units. He has tried his best to establish good rapport to the Head of Units because sometimes malaria people and head of units do not have good relationship because malaria personnel has the tendency to directly report to the PHO though sometimes it is not a part of the action plans. Francis emphasize the importance of coordination. Whether you are ARMM or Region IX you're still a part of the RHU.

4. DR. ANDREW DE VERGARA

He's very enterprise person, in fact I had second thought of sending him to Japan. But on the other hand, I said why not send him, maybe the Japan Course will change his attitude towards Public Health. Because, I think Andrew in the beginning he is a clinician, he likes to work in the hospital or loves doing clinics. So, when I decided Andrew actually I put a gamble. Let's just try, I always believe in people, as long as there is life, there is hope. As I expected I was not disappointed by Andrew feedback. In fact, Joseph also mentioned to me how Andrew participated in the Course in Japan, Joseph is my spy, he actively participated he change tremendously his attitude towards his work. Now I am to see his, for he showed to me his action plan and I said to him that some of his action plans is very difficult to implement, but I think Andrew is a very optimistic guy and I'm still waiting for that project to materialize and I am hopeful when we go back and the project would be started and hopefully we can invite Taka to receive that project.

5. JOSEPH S. QUILING

As always been one of my trusted spy, a hardworking guy, has been assigned to many programs very important programs and I'm very optimistic that with this training in Japan we can add more his talents as a hardworking. Except some of activities which he made mentioned on his plan of actions related to resources that are coming from foreign donors like UNICEF, UNFPA, etc. so I suggests

that we have to make some adjustments because we have a problem with UNICEF in the Province there seem to be not good relationship between the Provincial Govt. and UNICEF to the point that, some of the funding has been cut, very much needed funding for the line agencies but hopefully we can talk to the Governor and can renew this relationship and can go on with the different UNICEF programs in Tawi-tawi.

BATCH IV:

6. DR. AHMAD FALMI USMAN:

Feedback of Dr. Usman from Japan, In just two weeks in Japan immediately I want to go home in order for me to implement the project which I have in mind. So he also made mentioned that supposed to be that there's an opportunity to work in Sabah that will pay him P100,000.00 a month. I will forget the P100,000 a month and I will work for Sibutu. So therefore there's an immediate change on his perspective towards his work after the training.

7. MS. NURMINA IDLASAN:

Among the PHN she was chosen, she is hardworking public servant, a nurse by profession. As a challenge to her work, she is actually doing the work of an MHO, she's assign to a very depressed and hard to reach area that is Languyan a very large area, there's a lack of personnel in that area, but single-handedly she was able to perform the task given to her and through the recommendation of her peers and some people in the office so we consider her for the training. this added training would again be a great motivation for Ms. Minang to work on that area.

FGD 3: As Head of Office, after they returned, have you observed any changes in the leadership of this people that was sent to Japan?

Dr. Tahir B.Sulaik - MHO

In terms of the observable changes from among the staff that were sent to Japan, yes there were a lot of changes which varies from one individual to another. But generally, all of them, there was a very big change in terms of leadership, for instance:

Olan

He could hardly penetrate the very hard to reach areas. After the PCHAP course, because of the personal sharings as according to her, really touched her in her heart. That's why she really have to reach every constituent in her community.

Betsay

The very certification and awarding of Datu Piang as a Center of Sentrong Sigla facilities, is a clear indication that there is a very big, you know. Actually she was already performing before but it was actually reinforced by the PCHAP course. And of course her relationship with her husband which she has really shared with us, talagang nag-improve, dati kasi talagang nakadikit ang husband niya. Sa ngayon talagang she is liberated. Of course in terms of service delivery talagang nandyan siya, no matter how far, no matter how critical the situation is, she is there

Portia

Talagang malaki din ang pinagbago ni Portia. And she could be best rated by Dr. Baloba, the immediate supervisor.

Nic

Talagang di na-implement ang kanyang POA, kasi he was really transferred from Buldon to Tupi because of security reason. Medyo delikado ang presence niya sa area. Ang atin lang naman is the safety of our personnels.

Dr. Ombao

Likewise he has to be moved to a municipality for the simple reason, walang doktor sa municipality. It's a newly created municipality—a red municipality based on our color coding. But in terms of delivering the services, he has really improved plus of course his personnel relationship. Kasi mahiyain si Ompong, parang kasi he's really afraid to speak up, pero sa ngayon he's very talkative.

Menang

We still have to see the improvements but I could not have sent this people kung hindi sila nagperform sa area. After all our strategy is that, be sending people to Japan and elsewhere as much as they are performing. This PCHAP training serves as a motivational strategy for our personnel who are performing. And of course we have seen in them that they rally deserve., you know

Boy Solano

He is still pre-matured, but Boy is still a performing physician. But I could only assure that his facility is soon to be certified as a Sentrong Sigla. It was visited by our visitors from all over.

Mel

He is also one shy person. I saw in him before as a leader who's got inferiority complex. Parang

meron yon, pero Mel really has something to show and then has proved actually more than enough in his community. Before he was only sharing to public health a very little of his time. After the course, he was very candid when he said he was only 10%, he was lying. Perhaps 70% of his time is even shared. Perhaps he was referring only to his pilot area. The rest of his time is being shared by not only by his town but by adjoining town of South Upi, the impoverished down.

Alex

It really takes one brave surgeon to go to an area which is very critical and of course the PCHAP course even harness his better relationship with the community. Practically Alex is supposed to be from the area but he never grew up in the area. He is a Maguindanaon who can't even hardly speak Maguindanaon. Perhaps the PCHAP course really open his mind, perhaps to go back to his roots and be very good in his area.

Ruby

I could not really rate her because even prior to sending her to Japan, she was very much empowered and I really have trust in her. Imagine for how many years, almost 20 years, her municipality was already doctorless. It was only doctored during the coming of Alex, so she was left all alone. She has actually survived from the series of wars, this and that.

Sammy

Siguro you people would better rate Sammy not me.

Gene

Talaga he is a performer and in fact even used to be my mentor, even up to this point in time. That's the beauty here in Maguindanao, we really shared. It is not because I am their PHO, that I would claim to be knowing everything, no, after all it is important to be knowing of one's limitation.

I am really privileged to have these empowered men and women around me to have their support.

Elvis

Would you believe that Elvis is from Davao City? That he has opted to work in a very remote town of South Upi, wherein now a days it would not be even be penetrated by a transportation. You have to walk on top of those mountains. In fact he really shared it with us that before he used to report to the clinic at 8:30. After the PCHAP, he was infected by the Japanese, so his now reporting to the clinic at 8:00. That he is really a beneficial not only to the office but to the indigenous people of South Upi. Of course with the effect of the PCHAP course, the indigenous people of South Upi would better be insured of a more committed and a better service.

Jong

He is covering the town of Talayan. He is a medical specialist. He is a pediatrician by profession, who underwent formal trainings in pediatric, but would you believe he is covering a municipality. We have 3 municipalities that are doctorless and we have to assign doctors in the different areas as much as these are very much needed. So he's concern over the employees, a mass health screening among our health personnels for that matter as much as realized that we are very much eager to look into the health needs of our different communities but we have forgotten our very own people. Maraming changes kay Jong, pero di mo makita kasi he's a very silent person.

FGD 3 : COMMENTS FROM THE PROVINCIAL HEALTH OFFICER (PHO)

Mr. Eli Santos - Administrative Officer

Since he came from the training as far as his commitment is concern before I have to tell him to do this & do that but after the training, presently it is now not necessary for me to dictate or tell him what to do, especially to his community work, he is very committed to pursue with his community work. We now have a better communication & he has improved his leadership. He also has time to see with his batchmates & share their learnings & updates while in the field. I am satisfied with the changes that Mr. Eli Santos has shown.

Dr. Paul Alonto

He is with his health center which is quite dilapidated, but still he was able to improve his program & the delivery of the services of his health center. I am satisfied with his handling with his program. He has now the commitment to go with his work & most of the time he comes to the office to deliver the reports & necessary needs for my office.

Dr. Amoran Sampal

I appreciate & he also has presented to you his Plan Of Action, & he become more committed to manage his health center & improve his services. Taka also was able to visit his health center & he has accomodated also some visitors to visit his health center to see if how did he manage the center.

Dr. Lina Sani & Calico

This two are more committed & very aggressive, actually when we had a meeting their when we answer the question about the comprehensive plan of the program, Lina is very active in participating & even quarrel with others who did not implement right away their plans. She wants things to be done & implemented immediately. As far as Calico is concern, his area is consisted of Christians (60%) & Moslems (40%) & the people there are very reposnicve the mayor is very supportive. The only time that has a problem is when there are problems concerning family feud that involves his family, since they are the aggrieved party, he is might as well transfer & avoid himself to be on the field for a while, but I already talked with the mayor & give protection if he will go to the field. Taka knew what is the situation in Lanao as far as the peace & order situation.

Dr. Montanier

As far as his leadership is concern it is not questionable. Yusef Fernandez has visited his area, he appreciated very much how he managed the hospital & even visited the RHU. His district was included in the "Sentrong Sigla" program of the DOH.

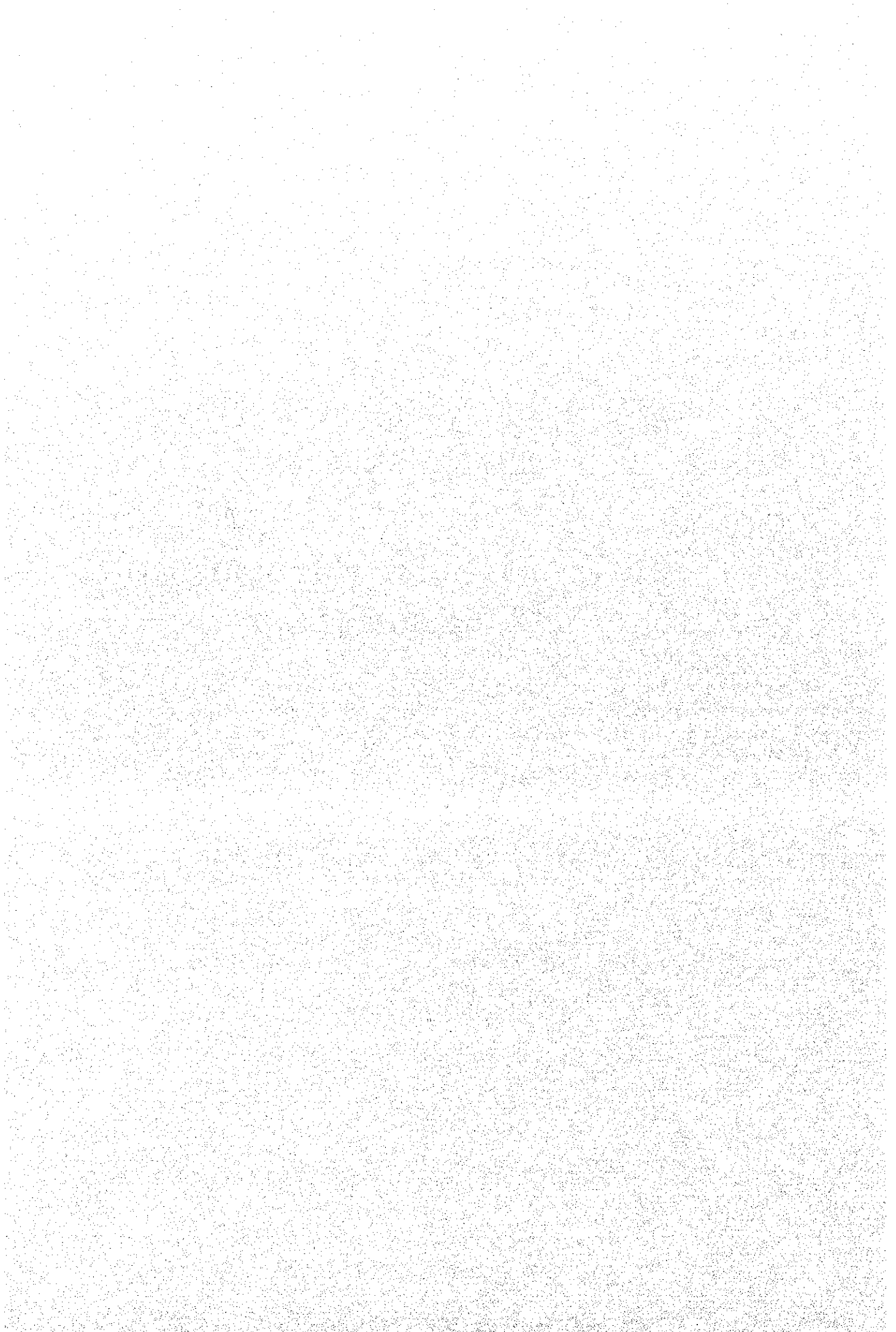
Dr. Dingdong Lumandong

Dingdong is quite a naughty guy, "if you want to see him there he is not there, you need him he is still not there". That is the only reason why I send him to this training, hoping that he can learn & change his attitude with his work, & hoping that this guy should change, just to safeguard him while on training I send someone to watch over him while on the training. I was not really very surprise about the feedback with Dingdong is not quite good. But after the training he become more committed, he become aggressive & more discipline eg. he use to come to the office at 9:30 now he reports 30 minutes before the time.

I just would like to tell this participants who gone to this training that they have to work together to pursue with this endeavor & teamwork is very important to the success of their plans. If we will not work together & have a teamwork we will not succeed with our plans & that as one family the other district must help the other district. Do not ask me about the constraint because in the four provinces I can tell you can name it & we will have the constraint in Lanao del Sur. One is politics - I tell my people not to have a political colors, but some cannot avoid it because some of the politicians are their relatives, because this will somehow affect the delivery of their services in their areas. This family feuds - one example is their in Malabang - the family of Dr. Montanier is involved, I advised Dr. Montanier to avoid himself first in his area, that is why Dr. Montanier 's time is very limited in his area, that is why he had a hard time coping up with his work in his district.

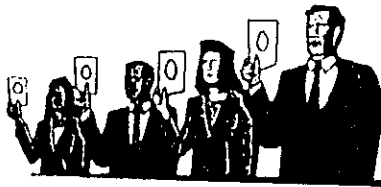
**PRESENTATION OF BEST
PRACTICES**

**Tawi-Tawi, Sulu, Maguindanao
and Lanao del Sur**



**STRENGTHENING EQUIPMENT
PARTNERSHIP
FOR QUALITY HEALTH CARE
SERVICES**

**-resource mobilization and manpower
augmentation**



Implementation site- DHSMH and selected RHUs

Implementing units- Office of the Congressman
Office of the Provincial Governor
IPHO

Length of implementation- 3 years (1999-2001)

OBJECTIVES

- 1. Construction of 2 new 2-storey hospital wards and administration buildings, to include equipments**
- 2. Provision of manpower augmentation-employment of nurses and midwives under nursing services, as well as utility workers**
- 3. To improve and strengthen the existing management mechanisms in the delivery of health care services in the hospital**

TARGET BENEFICIARIES

Availability of quality health care for hospital clients

BRIEF DESCRIPTION/BACKGROUND

DHSMH- 50 bed capacity

95-100% Occupancy rate

-with ONLY 4Mds, 3 staff nurses,3 n.attendants,

-as referral hospital from health units and private clinics

RESOURCE REQUIREMENTS

Sources of Funds

- 1.CDF, Office of Congressman Nur G. Jaafar- construction of hospital buildings
- 2.General funds of the Office of the Provincial Governor for the salaries of contractual personnel
- 3.IPHO funds for meals and transportation
- 4.Medical and clinical equipments and supplies from WHSMP, PAGCOR, Office of the Congressman

IMPACT/RESULT

The project has successfully established a mechanism that fostered closer coordination and collaboration on

Significantly and upgraded the hospital facilities, improved the manpower and equipment, thereby improved the delivery of health care services.

DHSMH now deserves a

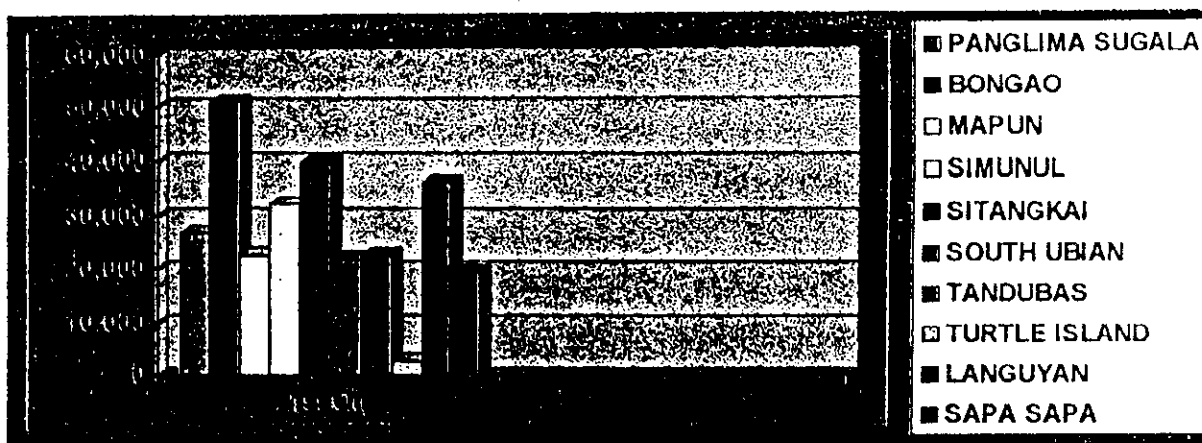
BRIEF DESCRIPTION/BACKGROUND

10 MUNICIPALITIES- 8 island municipalities, more than 300 islands and islets

- majority of the island barangays are hard to reach with
- sea transport as the major means of transportation

Map of Tawi Tawi

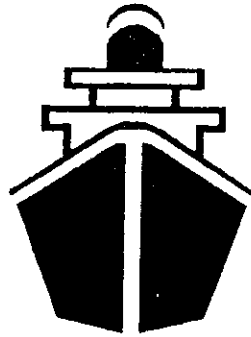
TOTAL POPULATION- 274,109



12 RHUs- 10 RHUs are in the island municipalities
5 PRIMARY HOSPITALS- 3 are in the islands

BRINGING HEALTH SERVICES TO FAR FLUNG BARANGAYS VIA

THE TAWI TAWI FLOATING CLINIC



OBJECTIVES

1. To assist the RHUs in the far flung areas and in particular, those units without MDs assigned in the conduct of consultations and immunizations, as well as mop-up operations to improve and maintain better accomplishments.
2. To provide **quick response** and assistance to LGUs and RHUs in cases of disease outbreaks and calamities/disasters.
3. To provide services by **BRINGING THE BASIC HEALTH SERVICES** thereby making it more accessible to people in far flung islands thru regular medical, surgical and dental missions
4. To provide regular monitoring and supervision of field health services
5. To serve as a **major transport** medium in bringing the needed supplies.

FIELD HEALTH SERVICES- 3 RHPs, 11 PHNs,
3 DMDs, 4 RMTs, 8 RSIs,
50 RHMAs,
250 BHWs, 222 TBAs

THE TAWI TAWI FLOATING CLINIC was commissioned on August 1988 during the administration of Pres. Corazon Aquino. The launching ceremony was attended by the then Sec Periquet and Usec Milagros Fernandez.

TARGET BENEFICIARIES

People in the remotest area of the province, as well as victims of untoward eventualities such as during disease outbreaks and calamities/disasters

RESOURCE REQUIREMENTS

Regular funds from DOH- thru CHD Western Mindanao
International Donor Agencies

Medicins Du Monde- provided funds for the repair
and renovation of upper
Deck

JICA- donated the brandnew 240HP Yanmar engine

HOW PROBLEMS ARE BEING ADDRESSED/ACTIVITIES

1. Regular Medical, Surgical and Dental Missions to remote areas have served thousands of people
2. Monitoring and supervision of field health services are being done on a regular basis
3. Have served as a Means for emergency transportation in cases of disease outbreak such as measles, malaria, diarrheal cases that occurred several times, as well as calamities/disasters that have occurred in the past during strong winds and big waves.
4. Means of transport for the needed supplies interisland
5. Used for inter agency activity such as those during military rescue operations, elections, etc

IMPACT/RESULTS

1. **Accessible and available health services** in the remotest areas are provided during its regular medical and dental missions
2. **Immediate responses** made during disease outbreaks and in times of calamities, even during bad weather conditions.

COMPREHENSIVE PARTICIPATORY HEALTH AND DEVELOPMENT PLAN
IPHO- SULU

VISION : HEALTHY, PARTICIPATIVE, EMPOWERED PEOPLE LIVING IN A PEACEFUL AND PROGRESSIVE ENVIRONMENT.

MISSION: TO PROMOTE, ENHANCE AND FACILITATE PEOPLE EMPOWERMENT PROCESS TOWARDS A COMPREHENSIVE, PARTICIPATORY, SELF RELIANT AND PEOPLE CENTERED HEALTH AND DEVELOPMENT OF ALL SECTORS.

GOAL : TO MAKE HEALTH SERVICES ACCESSIBLE, AFFORDABLE, ACCEPTABLE AND SUSTAINABLE THRU AN EFFECTIVE, EFFICIENT, RESPONSIVE HEALTH WORKERS WHO ARE EMPATHIC AND SENSITIVE TO THE PEOPLES NEEDS WITH THE COMMUNITY AS DECISION MAKERS OF HEALTH POLICIES.

OBJECTIVES:

-DEVELOP A PEOPLE -CENTERED AND PARTICIPATORY HEALTH AND DEVELOPMENT PROGRAMS.

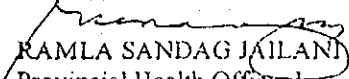
IMPROVE THE MANAGEMENT AND UTILIZATION OF HEALTH RESOURCES

STRENGTHEN 2 WAY REFERRAL AND INFORMATION SYSTEM.

ORGANIZE HEALTH WORKERS AND COMMUNITIES TO ENGAGE IN A PRODUCTIVE AND PARTICIPATORY SOCIAL ENTERPRISE

INCREASE PEOPLES AND LOCAL GOVERNMENT UNITS AWARENESS ON HEALTH.

SUBMITTED BY:


RAMLA SANDAG JAILANI M.D.
Provincial Health Officer I
IPHO-SULU

TITLE: COMPREHENSIVE PARTICIPATORY HEALTH AND DEVELOPMENT PLAN FOR SULU
GOAL: TO MAKE HEALTH SERVICES ACCESSIBLE, AFFORDABLE, ACCEPTABLE AND SUSTAINABLE THRU AN EFFECTIVE, EFFICIENT AND RESPONSIVE HEALTH WORKERS WHO ARE EMPATHIC AND SENSITIVE TO THE PEOPLE'S NEEDS, WITH THE COMMUNITY AS THE DECISION-MAK OF HEALTH POLICIES BY THE END OF YEAR 2004 AND THEREAFTER.

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME				PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS
				2001	2002	2003	2004			2005	Techni- cal	Finan- cial		
1. HEALTH RESOURCES MANAGEMENT AND DEVELOPMENT	Reecho to PHO II on the PHDF-POA for Sulu Presentation of PHDF-FW & POA to IPHO Staff	PHO II Chief of Hospitals Head of RHUs Technical Staff Head of sections	Awareness of the POA Awareness of the PHDF-FW & the POA	April				PHO I		IPHO LGU Communi- nity	Snacks	Mec- done Staff Meeting done		
				April				PHO-I SPHN		DOH - ARMM IPHO	MOA Training allow- ances	No. of Med Offs., MHOs, nurses, techs. trained		
A. Human Resource Development 1. Health Management Training	Hospital - based Skills Training on : - X-ray, Ultrasound, ECG, Dialysis & Endoscopy	Medical Officers, MHOs, nurses, technicians	Acquire or en- hance special skills on diffe- rent fields & improve perfor- mance	X				RHO - Chief of Ting. Div. PHO	DOH - HMDTS Trained health workers					
								Regional & Prov'l Coordi- nators PHO	DOH - Traditio- nal Med. Unit	Training materials Meals TEV	No. of MHOs, PHNs, RHMs, BHWs trained			
b CO-CD	Initiates the training on Oriental Medicine	MHOs PHNs RHMs BHWs	Acquire or en- hance skills on Acupuncture / Acupressure	X						IPHO				
								Community RHM	Trained Workers IPHC	Training materials Meals TEV	No. of health workers trained			
	Facilitates the conduct of training on the ff: - COPAR/ Part. Tools - Participatory Health Management Training - MBN Training	MHO PHN RHM BHW Barangay Capts. BHW	Increased awareness on COPAR, Part. Tools & Part. Health Mgmt. Social Inter- action	July to Dec				PHO MHO	Community RHM	IPHO LGU Communi- nity	Training materials Meals TEV			
	Facilitate the organization of the BHW Study Group			X				PHO MHO	Community Trained health workers	IPHO LGU	Training materials Meals TEV	BHW Study Grp organized		

TITLE: COMPREHENSIVE PARTICIPATORY HEALTH AND DEVELOPMENT PLAN FOR SULU

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME				PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS	
				2001	2002	2003	2004			2005	Tech- nical	Finan- cial			Mat. Equip.
c. GG / NPM	Facilitates the conduct of training on Satellite Clinic Management	BHWs RHMs Community	Community - empowered on Satellite Clinic Management	X					PHN SPHN	Community	IPHC	IPHO LGU	Training materials Meals TEV	No. of RHMs BHWs trained	
	Initiates the conduct of training on: - Vision/Mission Setting & Team building - Satellite Clinic Formation	LCES Community MHOs BHWs	Paradigm shift	X					RHO PHO MPDO	LG officials Community	DECS NGO	IPHO Community	Training materials Meals TEV	No. of LCES. CHOS. MHOs trained	
d. Capability Building	Facilitates Psychosocial Stress Debriefing	All health workers	Acquire the ability to cope with stressful conditions	X					RHO - Chief of Training Division PHO	Health Workers	RHO-IX Resource person	IPHO	Training materials Meals TEV	No. of health workers trained	
	2. Information Systems Training														
	Health Data Processing (ICD - 10)	Prov'l Coordinators, MHOs, PHNs, RHMs	Improved KAS on Data Processing	X					PHO	MHOs PHNs RHMs	Trained health worker	IPHO	Compu- ters, Training materials Meals TEV	No. of MHOs, PHNs, RHMs trained	
	Community-based information System Training (CBIS)	Health Workers	Enhanced knowledge	X					PHO	MHOs PHNs RHMs BHWs	Trained Health Worker Community	IPHO	Training materials Meals TEV	No. of health workers trained	

TITLE: COMPREHENSIVE PARTICIPATORY HEALTH AND DEVELOPMENT PLAN FOR SULU

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME					PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS
				2001	2002	2003	2004	2005			Tech- nical	Finan- cial	Mat. Equipt.		
3. Social Enterprise Development Training COOP Orientation/ Reorien- tion -Accreditation -Part. Enterprise Management Training -Marketing Strategy -Guidelines on Dis- bursement -Microlending Scheme		BHWs COOP members RHMs	COOP Awareness Increase aware- ness on Market- ing Strategy, Enterprise Mgt Accreditation and Disburse- ment Guidelines		X				PHO RHM BHW Fed. President	Health Workers, COOP Members Community	IPHC	IPHO LGU	Trng Materials Meals TEV	No. of members trained	
			Assessment of Health Prog- rams	X	X	X	X	X	PHO	Health Workers	IPHO	IPHO	meals TEV	Programs assessed	
	Regular Program Implemen- tation Review (PIR)	Health Workers	Increase KAS	X	X	X	X	X	PHO	Health Workers	PHO	JICA other foreign grants IPHO	TEV Accomo- dation	No. of health workers send for OST	
4. Health Resources Enhancement of Strengthening Program	Observation Study Tour (OST)	Health Workers (deserving)													

TITLE:
GOAL:

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME				PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS	
				2001	2002	2003	2004			2005	Tech- nical	Finan- cial			Mat. Equipt.
B. Health Service Facilities Development 1. Health Infrastructures	Initiates the request for the construction of buildings: - BHS - Satellite Clinic - Pediatric Dept. Bldng. Initiates the request for the Renovation and Repair of Provincial, District and Municipal Hospitals RHU Hospital Dormitory Facilitates the provision of a Floating Clinic	10 units in diff. municipalities Parang municipality Sulu Prov'l Hosp	Community's satisfaction	X			RHO PHO COH BHW Community	Community	Infra. Coordinator	JICA SZOPAD LGU Brgy Province IPHO		Bldngs. Constructed			
2. Medical Equipment	Initiates the Inventory of Medical Equipment Facilitates the request for the provision of hospital equipment - dialysis machine, incubator, etc. Facilitates the request for the Provision of RHU Equipment Nebulizer, refrigerator for vaccine storage lab. equipt	Hospital Sulu Provincial Hospital 18 RHUs	Improved Hosp. and RHU Facilities Health Service accessible to the community For accountability of equipment Fully Equipped Hospital Well equipped RHUs	X	X	X	PHO COH MHO RHO PHO Supply Officer PHO MHO	Health Workers Community	Infra. Coordinator	JICA SZOPAD LGU IPHO JICA Other foreign grants	motor-boat	Hospitals and RHUs renovated Floating clinic provided	Medical Equipment assessed Equipts Provided Equipment realized		

TITLE: COMPREHENSIVE PARTICIPATORY HEALTH AND DEVELOPMENT PLAN FOR SULU

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME				PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS
				2001	2002	2003	2004			2005	Tech- nical	Finan- cial		
3. Medical Logistic Support	Facilitates the requests for the Provision of Lap Tap Computers with printers	PHO I & II 6 District hosp. 18 RHUs	Facilitate data processing & networking			X	X		PHO	HW	Trained workers	JICA Other foreign grants	Lap Tap & If JICA is willing to provide	
	Initiates realization of SHIS	Community	Establishment of SHIS		X			MHO PHNs RHMs	Community	IPHIC resource persons	LGU Community	No. of SHIS members		
II. Health Management Information System, Research & Development	A. Research & Development													
	1. Community Participatory Research	Community	Health as- sessed, de- signed & pi- loted	X				PHO	PHNs RHMs BHws Community	IPHO	IPHO LGU	TEV	Health assess- ment realized	
2. Applied Health Research	Research on Local herbal plants	Health workers Community	Other local herbal plants known and approved by BFAD			X		PHO COHs MHOs	Health workers Community	RITM AHI	DOH IPHO NGO GO	Research conducted		
	Retrospective Study on the Incidence of Chloramphenicol Resistant Typhoid Fever in Sulu	Med. Officers MHOs HW	Incidence of resistant cases identified		X			PHO MHOs	Hws Community	RITM DOH AHI	IPHO DOH JICA	Research conducted		

TITLE:
GOAL:

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME					PERSON IN CHARGE	IMPLEMEN- TORS	RESOURCES		INDICA- TORS	RE- MARKS
				2001	2002	2003	2004	2005			Tech- nical	Finan- cial		
B. Data / Information Banking 1. Community - Based Data Management Presentation of community gathered data	Community	Awareness of health status of the community	X					PHO LGU	MHOs PHNs RHMs BHWs Community	IPHO	IPHO	Installed Data board		
2. Participatory IEC Material Production Involvement of other agencies and community in IEC material production - provision of IEC materials in local dialect Documents/Billboards est.	Community	Enhanced awareness on health programs & activities	X					PHO LGU LCE	HW Community	IPHO HW	IPHO LGU NGO	Billboards IEC mat. videocam provided cassette Billboards tapes/rec installed		
C. Information Network 1. CB Communication Network Systems Facilitates for the establishment of CB- Information Networking facilities & Management Info. System	Health Agencies	Awareness of health status of the community	X					PHO COHS MHOs LCEs HWs	BHWs Community	HEPO Coordinator	JICA IPHO LGU	Cellphones + Satellite based Network System. radios established Cable TV		
III. Community-Based Social Enterprise Development A. Health Workers Enterprise Projects B. Community Social Enterprise Projects People's Organization	BHW's Federation COOP members Community	Improved economic status	X X					PHO MHO	Community Community Community	CDA,DTI, DEN DTI, DEN	Comm. NGO GO Grants Comm. JICA JICA	Coop est. SW proc est. BB est. SC est. Project realized		
Food & Nut Livelihood Proj.	Community	Health awareness Improved economic status Income gen.	X X X					Community Community Community	MHO MHO DA	MHO MHO DA	MHO MHO DA			

TITLE:
GOAL:

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME					PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES		INDICA- TORS	RE- MARKS
				2001	2002	2003	2004	2005			Tech- nical	Finan- cial		
- Water & Environmental Dev Project	Establishment of rain water collector	10 municipalities	Availability of water in diff. municipalities		X				Community RSI	Community	PPDO	LGU	Cement, gravel, sand, etc established	Rain water collector established
- Rehab project for PWD	Establishment of Rehab. Center at the community (Jolo) and in the hospital	Jolo RHU 1 Section at the Sulu Prov'l Hosp	Availability of health services to people with disabilities		X				MHO PHO	BHW	Trained BHW	IPHO		Center for disabled established
	Basic Commodities Store	BHWs Community	Improved economic status Income gene - rating		X				PHO MHO	Community	DSWD	Commu- nity		No. Of IGP stores established
-Strengthen Youth Project	Encourage the youth in putting-up IGP (duck raising , poultry raising, etc.)	Youth Community	Improved economic status		X				Community	Community	DA	LGU	Ducks, Duck and Chicken Poultry realized	
-Women Dev. Project	Encourage the women in the community in livelihood project such as (mat weaving , dress-making, etc.)	Mothers Community	Improved economic status		X				Community	Community	DSWD	LGU Commu- nity	Sewing machines threads, etc.	Livelihood project realized
-Project for the elderly	Utilize the elderly as trainer for native food production & handicrafts	Elderly citizen	Enhanced their creativity		X				HW Community	Community	Community	Community	Indige - nous materials	Elderly utilized as materials trainers
-Herbal Pharmaceutical Dev	Production of herbal raw materials	BHW Community	Income-gene - rating		X				MHO	BHWs Community	MHO BFAD	JICA IPHO BARRIOS		No. of raw materials produced

TITLE:
GOAL:

STRATEGY	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	TIME FRAME					PERSON IN CHARGE	IMPLE- MEN- TORS	RESOURCES			INDICA- TORS	RE- MARKS
				2001	2002	2003	2004	2005			Tech- nical	Finan- cial	Mat. Equipt.		
C. Advocacy	Awareness Development Institute Feedback System	Community	Awareness raised	X					MHO BHW	Community	MHO PHNs	IPHO LGU	Leaflets Billboard	Feedback System instituti- onized Policy formulated	
	Policy Development Local Health Board Partici- patory Advocacy	LCEs LGUs RHUs	Awareness raised	X					RHO PHO MHO	Community					
PROGRAM EVALUATION	Monitoring & Evaluation (Local & External Monitoring)	RHUs BHSs	Program imple- mentation evaluated	X	X	X	X	X	PHO Community	Hws Community	IPHO Staff	IPHO	Monitor- ing check lists TEV	Monitor ing & Evaluat ion done	

**PRESENTATION OF BEST PRACTICES FROM SULU
BY: DR. RAMLA SANDAN - JAILANI**

The proposed project of putting up a satellite clinic of Parang municipality, which is my pilot municipality was based on my POA presented JICA after the completion of the training course on PCHA attended at Nagoya, Japan for 6 weeks (January 29-March 15, 2001). I've learned a lot from the training which led me to think of a proposal of having a health unit which could respond immediately to the health needs of the people in an area which is far from the hospital and the RHU

The following activities were conducted as soon as I arrived at my working place at the IPHO-Sulu.

DATE	ACTIVITIES
April 1 st week, 2001	Re-echo to PHO II on PHDF Framework and POA
May 1 st week, 2001	<ul style="list-style-type: none"> - Re-echo to IPHO staff including some BHWs - Meetings with the mayor of the pilot municipality who gave his commitment and full support to PHDF
May 3 rd week, 2001	<ul style="list-style-type: none"> - Meeting with community leaders of the pilot municipality - Community gave their commitment to support the proposed project by donating a portion of the land of the barangay chairman of the target area. - Inspection of the lot intended for the proposed clinic
June 2 nd week, 2001	<ul style="list-style-type: none"> - Signing of the deed of lot donation by the owner of the land in the presence of barangay officials and IPHO Sulu staff
June 14, 2001	Re-echo of PCHAP SPECIFICALLY ON Satellite Clinic project to 138 "Bangsamoro Health Volunteers" organized by the MNLF and they represent the different municipalities of the Sulu province
June 19, 2001	<ul style="list-style-type: none"> - Introduced PHDF to the regional governor, Governor Nur P. Misuari at the same time did some lobbying for his support especially on the proposed project of putting up a satellite clinic at different strategic areas of the MNLF.

Series of radio interviews about the proposed project opened-up the minds of the community leaders from other municipalities like:

- Lipunus, Parang municipality
- Panghisa Tahil
- Laminusa, Siasi
- Talipao
- Indanan
- Kalinggalang Caluang

I gave my commitment to them but I explained to them that I have to focus my attention first on my pilot municipality to ensure its success and will become the mode. From there, I will expand to other municipalities.

II. IMPACT OF THE PROPOSED PROJECT TO THE COMMUNITY

- people, specifically, the community leaders were hopeful and excited to have the project materialize soon.
- Commitment and full support given
- Lot donation for the future site of the satellite clinic was materialized.

III. FACILITATING FACTORS

- a) Existing community based health volunteers who are hard working, efficient and responsive to the community's health needs.
- b) Participative community leaders
- c) Supportive LGUs
- d) Women's group with inherent skills in mat weaving, dressmaking and others.

CONSTRAINTS

- a. distance
- b. rough roads
- c. irregular transportation to the pilot area
- d. PHO - 1 not provided with an official vehicle

IV. LESSONS LEARNED

- commitment, dedication, determination and patience are very important factors for one to be successful in any endeavor to be undertaken.
- Good rapport with the community and its leaders as well as with other sectors of the land will facilitate the implementation of every proposed projects r programs
- We thought that the community were passive but when we started to immerse with them, they were responsive and were just waiting to be mobilized by a committed and a dedicated health worker.

V. RECOMMENDATIONS FOR FELLOW PARTICIPANTS:

- Be sincere with your commitment to promote excellent, if not perfect, health services to your community

SULU

- 157 islands and islets
- 163,400 hectares
- 18 municipalities
 - 10 mainland
 - 8 island
- 410 barangays
- capital town Jolo
- population - 606,662 Suluans
- hospitals
 - 1 provincial hospital
 - 4 district hospital
 - 2 municipal hospital
 - 18 RHUs
 - 42 BHS

PRESENTATION OF BEST PRACTICES OF MAGUINDANAO

Presented by: Dr Beth Samama of Maguindanao

COMMUNITY BASED HEALTH CARE THROUGH COMMUNITY ORGANIZING APPROACH

BRIEF DESCRIPTION/ACKGROUND

During our training at Nagoya, Japan, when Participatory Health Foundation was not yet conceptualized, we were required to make a plan of action. In that training I have come to realize that most of our difficulties in our program implementation emanates from the fact that we do not go down to the level of the people. We did not give them the chance to identify among themselves what are their real problems and needs. They are not also given the chance to exercise their rights, make them plan and find out solutions to their problems. And most of all, to organize themselves for a collective responsibility to have collective decisions, so that program implementation in all levels will have good and sustained output.

OUTCOME OF THE PROJECT

The 5 community projects has progressed:

- 1) Rapport building with LCE
 - regular meetings
 - discussion
 - coordination
 - Mayor has been very supportive not only in our community organizing activity but in all our health and health related activities.
- 2) Community study on their strength, attitude, weakness and level of thinking were conducted
 - interviews done to at least 50HH
 - mingling with community and trying to get their trust still as a going activity
 - working with the community
- 3) Identification of
 - influential, respected and potential persons to work with
 - Mrs. Sosema Lu
 - Mrs. Marby Tungao
 - Mrs. Jenny Uy Tina
 - Proactive Women

- Mrs. Novie de Jesus
- Mrs. ManongLankuyon
- Mrs. Beth Solaiman

These personalities are closely working with us to attain our goal.

3) Study Meeting

- regularly conducted and documented
- have build a consensus to organize themselves
- members have identified their officers specific roles
- have elected their officers in November 2000

Empowerment process gradually being appreciated

II. STAFF

- 1) Re-echo seminar was conducted April 1999 on Participatory Health Management and Empowerment with complete attendance of the PHN, RHM, MedTechs, RSI, BHW and some TBAs.
- 2) Regular meeting called for and gradually practice participatory approach in my leadership style
- 3) Regular monitoring/evaluation
- 4) Working closely with my staff
- 5) IPHN, Raffy Tuloganan was sent for training on CO-PAR under AHI

My staff now is more perceptive, service oriented, willing to work, efficient, inspired, confident, committed, contented and has focused more on the communities.

EMPOWERED STAFF

- plan
- identify problems
- look for solutions to the problem
- decide
- independent

LINE AGENCIES, NGO, TRADITIONAL LEADERS, RELIGIOUS SECTOR

- regular meetings
- consultation
- lectures on community participation and empowerment were inserted during the meetings and consultation
- closely working and coordinating with them

FACILITATING FACTORS

1. Supportive PHO and IPHO staff
2. Established linkage with local government units, NGOs and line agencies
3. Active participation of religious sectors women's organization, military, friendly forces and youth
4. Responsive and cooperative populace/clientele
5. Good attitude and determination of health workers
6. Monitoring and support given by ARMM
7. Most of our health personnel are resident of the area

GOOD PRACTICES/INNOVATIONS

- 1) service oriented, empowered RHU staff
- 2) team approach
- 3) regular staff meeting and quarterly program implementation review
- 4) good rapport between health workers and the community

HINDRANCES

- 1) peace and order
- 2) low literacy rate
- 3) culture and tradition
- 4) poverty

LESSONS LEARNED

- You empower your staff and organize the community surely you will decrease your workload yet you get your targets in your program implementation overwhelmingly.

EXCERPTS FROM POA OF SECOND BATCH

DR. AMORAN SAMPAL

MHO, SAGUIARAN, LANA O DEL SUR

STRATEGIE S	ACTIVITIES	PARTNERS	EXPECTED OUTPUT	DATE CONDUCTE D	PERSON IN-CHARGE	RESOURCES	INDICATOR S
I-Human resources devt capability building.							
Strengthening the capabilities of health workers at the RHU and the BHWs/mothers in the community.	1. Recommend to the PHO-II the inclusion of RHU personnel to the next training on RH and FP basic/compre. Courses.	PHO-II, IPHO Technical division staff.	RHU personnel prioritized for the next training on FP/RH.	Y 2000 2 nd Quarter	MHO		8 RHU personnel prioritized for training on FP/RH under UNFPA.
	2. Training of PHN/RHMs on FP/RH.	1 PHN 7 RHMs	Improved KAS on FP/RH.	Y 2000 3 rd & 4 th quarters	IPHO technical division	UNFPA IPHO	1 PHN & 7 RHMs trained on FP/RH.
	3. Re-orientation of BHWs on the different DOH programs.	BHws	BHws are re-oriented on the different DOH programs.	Y 2000 3 rd Quarter	RHU personnel	RHU personnel	Improved KAS of 20 BHWs on the different DOH programs.
	4. Conduction of mothers class on the	Mothers	Improved KAS of mothers on the	Y 2001 1 st Quarter	RHU personnel	IPHO	Increased awareness of 30 mothers on

					agencies like NPC.						construction of 1 barangay health center.
		like PCSO, NPC and other foreign agencies for the construction of Barangay Health Centers	Barangay Chairman, RHU personnel, community BDC	Construction of 1 barangay health center.	Construction of 1 barangay health center.	Y 2000 3 rd & 4 th Q	MHO in coordination w/ barangay captain & BDC.	NPC			Pawak BHC constructed & completed in 4 th quarter year 2000
		4. Construction of Barangay Health Center at barangay Pawak.		Preparation of a resolution by the BDC for the construction of 1 BHC to be submitted to Sen. Coseteng.	Preparation of a resolution by the BDC for the construction of 1 BHC to be submitted to Sen. Coseteng.	Y 2000 3 rd Q	MHO				Resolution from the BDC submitted to Sen. Coseteng.
		5. Coordinate w/ barangay captain to make a resolution to be submitted to Senator Coseteng for the funding of 1 barangay health center of Songgod.									
III. Upgrading of health facilities & medical equipments.		1. Lobby to the PHO-II for the provision of medical equipments to	PHO-II	Saguwaran main health center included in the list of health	Saguwaran main health center included in the list of health	Y 2000 2 nd Q	MHO				Saguwaran RHU prioritized to be given UNFPA

	proper rearing of children w/ emphasis on the prevention of childhood diseases and available services at the health center.		proper rearing of children w/ emphasis on childhood diseases & available services at the health center.				the proper rearing of children w/ emphasis on the prevention of childhood diseases & available services at the center.
II. Health Facilities development							
Health infrastructures	1. Make proposal address to PHO for the repair/renovation of main health center	PHO-II	Renovation of main health center included by the PHO among the list of health centers to be renovated & funded by the UNFPA.	Y 2000 2 nd Quarter	MHO		Saguiaran main health center prioritized to be renovated.
	2. Renovation of main health center.		Main health center renovated	Y 2000 3 rd & 4 th Qrts.	PHO-II, MHO	UNFPA	Saguiaran main health center renovated.
	3. Sourcing of funds from other agencies	Funding agencies	Get the commitment of funding	Y 2000 2 nd Quarter	MHO	NPC	NPC committed to fund the

	the main health center.		centers to be prioritized as recipient of equipments.				medical equipments.
	2.Provision of RH/FP equipments to the MHC.	RHU personnel.	FP/RH equipments provided to the MHC.	Y 2000 3 rd Q	PHO MHO	UNFPA	FP/RH equipments provided to MHC.

