

- There is an initial glimpse of developing a “**new type**” of personnel (embodying PIM)

The staff development sessions became opportunities for all INAM staff to further understand their role and contribution in the organization. The application of the different types of learnings especially the adult learning process and the willingness of the staff to take on new challenges are significant factors which led to this organizational development.

- 1<sup>st</sup> National Conference of Acupuncture Practitioners in the Philippines

Non-medical and medical acupuncturists trained by ATRC and INAM attended the first National Conference of Acupuncture Practitioners in the Philippines. The Philippine Institute of Traditional and Alternative Health Care (PITAHC) of the Department of Health in partnership with INAM Philippines organized this conference. PITAHC accredited acupuncturists from INAM and its partner organizations were the major participants in this event. There was an election for Board of Trustees for the Philippine Academy of Acupuncturists wherein 2 INAM staff were elected as members of the Board. Other acupuncture practitioners trained by ATRC/ INAM are still awaiting for their acupuncture certification.

- INAM assumes a lead role in promoting PIM to its patients and partner organizations through its integrated health services, trainings and networking with other groups. PIM is a major contribution in developing the alternative health care system of our country.
- Decisions made are based on information and actual experience. Process of decision making is done collectively ensuring the participation of all INAM staff.
- Increased PIM consciousness and a better grasp of PIM framework was seen among the staff. This was seen through:
  - the manner of work and relating with colleagues, patients and partner organizations
  - openness and objectiveness during discussions in meetings and assessments
  - values of responsibility and accountability are reflected in daily activities
  - concern for the environment and how it affects health and the issue of climate change
- Unified approach to the communities shall be the PIM framework and perspective.
- Enhancement of the monitoring tool for accountability and responsibility shall be done per department
- The Admin Department has developed a Community Health Care Financing scheme for all INAM staff. Policies and procedures were presented to all staff for approval. The Admin Department shall also develop the system and policies for the gratuity and retirement pay as mandatory and additional personnel benefits for all INAM staff.

- Community Based Recovery Department was dissolved and ear acupuncture detoxification training and services was integrated with the ART department's trainings and IHSD's integrated health services.
- INAM was accredited by the Department of Health's Philippine Institute of Traditional and Alternative Health Care (PITAHC) as an acupuncture training center.
- INAM's 26<sup>th</sup> Anniversary  
 INAM celebrated its 26<sup>th</sup> Anniversary last September 8, 2010 by providing community clinic and health education to the poor residents of Barangay Pinyahan, Quezon City. INAM coordinated with the East Triangle Neighborhood Association (ETNA) for the said activity. The community clinic was able to provide integrated health service to 285 community members. Health education on respiratory diseases, cardiovascular diseases, dengue and sore eyes were also provided. All INAM staff, volunteers and supporters participated in the meaningful celebration of INAM's 26<sup>th</sup> anniversary.
- 1<sup>st</sup> National Partners Conference  
 The conference brought together INAM Partners who shared experiences in organizing the PIM trainings and initial impact of the PIM trainings on the communities and the organizations. The workshops and discussion in the plenary helped clarify the role of the partners in the preparation of the training, during the actual training and after the training as well as the initial impact of the training on the communities and the organizations.
- Intensive Acupuncture Training  
 INAM staff participated in the Philippine Academy of Acupuncturists (PAA) Intensive Course on Acupuncture and Trainers' Training which aimed to generate consensus on a common language for a PAA core curriculum that will not only enable participants to conduct acupuncture training more effectively but also lead to better research opportunities and eventually to PhilHealth accreditation.

In the background of these actual developments in the country and as an organization, INAM finds its mission of propagating Philippine Integrative Medicine (PIM) all the more relevant and urgent. INAM through its programs and services needs to reach to more poor and marginalized communities who will have the most difficulty in accessing and affording essential health services. Hence, INAM evaluates its programs and services periodically to ensure its continued relevance to the poor and marginalized.

## II. ACCOMPLISHMENTS FOR THE PERIOD<sup>1</sup>

### TRAINING OF PARTNERS ON PHILIPPINE INTEGRATIVE MEDICINE (PIM) COURSES

During the period being reported, INAM facilitated one (1) PIM Level 1 and four (4) PIM Level 3, 5 PIM Orientation and 1 Training on Organizational Management. For PIM Level 1 trainings, a total of 48 participants from 13 barangays in 3 municipalities/cities in Lanao del Norte completed the course on PIM Level 1.

As a result of PIM Level 3, 63 CHWs became CHP Managers of 19 Community Health Programs in the provinces of Mizamis Occidental, Sulu and North Cotabato in Mindanao and Sorsogon in Luzon, taking care of the health of approximately 1,784 households or 8,920 persons.

INAM also facilitated four (4) PIM Orientations to four organizations, one of which have decided to pursue PIM training for the communities they assist (HELP, Naga City), one is currently a partner (KFLC, Sulo) and one (Silsilah, Zamboanga City) has not yet fully decided whether to enter into a partnership for PIM trainings with INAM or not. A total of 36 staff of these organizations participated in the PIM Orientation.

Details of the aforementioned activities are presented below describing particularities in the experiences of each group including outcomes and insights.

#### **HELP PIM ORIENTATION, San Quentin, Mayon, Naga City**

July 26-30, 2010

The HELP Learning Center Foundations, Inc. (HELP) and its Community-Based Rehabilitation Program aims to address the promotive and preventative aspects, treatment as well as the rehabilitation needs of children and adolescents with disabilities. HELP, Inc. as an NGO provides assistance to physically challenged individuals and their families to enable them to integrate with the community.

There were two areas targeted by HELP for Ear Acu Detox training during the last period. However, these trainings did not push through as there was a need for the communities to undergo PIM orientation and PIM trainings first before the Ear Acu Detox trainings. This was to give the communities the experience in addressing their major problems collectively. In order to facilitate this, INAM conducted an Orientation on PIM to thirteen (13) staff of HELP that included health professionals, a social worker, special education teachers, volunteer workers and administrative staff of the organization.

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<sup>1</sup> See Annex for a Summary of PIM Trainings for the period July 2010 To June 2011.

INAM was also able to give a brief orientation on the PIM Curriculum to the mayor and some members of the City Council, several Barangay Council representatives and BHWs. The Naga City Mayor pledged to support the PIM Trainings through HELP. The project proposal for this was approved by the City Council in the first quarter of 2011. The PIM Level 1 is targeted in the second half of the 2011.

**KFLC PIM Orientation and Organizational Management Training, Zamboanga City**  
September 19-26, 2010

INAM facilitated a four-day PIM Orientation and Training on Organizational Management with seven (7) staff of Kalimayahan Family Life Center (KFLC), INAM's partner in Sulu Province. The training was INAM's response to KFLC's request to enhance the organization's capability to be able to complement the initiatives in PIM Trainings and the development so far achieved by the CHWs as a result of PIM Level 1 and Level 2. The PIM trainings showed a gap between what the CHWs hope to become/achieved and the way the staff related with the communities. A top-down attitude towards those who are schooled and unschooled or have not been able to reach/finish college would not help sustain the sense of empowerment achieved so far by the CHWS.

INAM offered to facilitate a staff development seminar to commence this "reorientation process" among the KFLC staff. Hence, a PIM Orientation would be suitable to them. Also, INAM felt that along with the PIM orientation, the Organizational Management Training will better equip the partner with skills on organizational and program management especially since there is fast turn-over of KFLC staff.

The PIM Orientation helped clarify and arrived at common understanding of the concepts of community and health, community participation and community development, community organizing and decision-making. These became the springboard for discussing the PIM Curriculum, including the prerequisites at each level of the training. Meanwhile, the Training on Organizational and Management facilitated common unity on the staff's understanding of Organizational Management. The Vision, Mission, Goal and Objectives of the organization were revisited to determine its appropriateness to the present situation. Their VMG were reformulated to apply the common understanding of the concepts defined in the PIM Orientation. Before the end of the training, the staff formulated a plan based now on their understanding of the different concepts related to the PIM Curriculum, on what organizational management is and on the reformulated VMG. Among its plan is to call for a CHW Assembly to determine the progress in the implementation in preparation for PIM Level 3.

As a result of the PIM Orientation and Training on Organizational Management, KFLC staff were glad because they were able to discuss matters that affected program implementation, discovered new concepts and learned lessons in the process. They also realized that it was important to sit all throughout PIM Level 1 and PIM Level 2 trainings to

be able to understand the process being undergone by the CHWs and provide appropriate support to the CHWs. At the end of the seminar and reflecting on her four-day experience, a KFLC staff shared:

*The training strengthened and inspired me to do better in the community. It is also a call for me to awaken the passion that has always been with me. I've always been passionate about working in the community but lately it seems that all my idealistic vision of myself is fading and I have to face the reality that things are not what I imagination it to be and so I have to adjust and be flexible if I want to be a catalyst of change in the community..... Yes, Community Mobilizers play a role but the key to change still lies in the hands of the people in the community.*

### **SINACABAN PIM Level 3, Municipality of Sinacaban, Misamis Occidental**

October 3-10, 2010



Sr Dulce facilitating PIM Level 3 training for Sinacaban CHWs

The PIM Level 3 in Sinacaban, Misamis Occidental was INAM's second PIM Level 3 since we started conducting PIM trainings in February 2008. The first PIM Level 3 was conducted with Quidan Kaisahan of Negros Occidental. Thus, this experience was a learning opportunity for the training team because it helped refine the prerequisites of PIM Level 3 and what needs to be put in place in PIM level 1 and 2 so that the materials needed to facilitate PIM Level 3 would be

available i.e. PIM Level 1 and 2 experiences, records, one-year implementation of CHPs; that is conducting PIM I and 2 from the perspective of PIM Level 3. The experience highlighted the value of having sufficient information and proper documentation to arrive at appropriate decisions for the training.

The training in Sinacaban is also INAM's first PIM partnership with an LGU to successfully progress from PIM Level 1 to PIM Level 3. The Municipal Health Officer has been very supportive since PIM Level 1 and the completion of PIM Level 1-3 training already ensured access to health services delivered through the CHPs and referred to the RHU.

24 participants came to attend the training, with ten not having completed PIM Level 1 and two not having either training in PIM Level 1 nor PIM Level 2. The material needed to facilitate PIM Level 3 was the experiences of the CHWs from PIM Level 1 and PIM Level 2, including the one-year implementation of the CHPs. Thus, it was important that

participants attended both PIM Level trainings and had experiences in implementing their CHPs.

Because of the gap in the experience of the participants, the team decided to conduct separate sessions. The 12 CHWs who completed PIM Level 1 and PIM Level 2 proceeded to PIM Level 3. A separate session was conducted for those who completed PIM Level 2, so that they could catch up and learn the PIM Level 1 knowledge and skills they needed. The training team facilitated simultaneous trainings and during the last day of PIM Level 3, the CHWs who have finished their PIM Level 1 and 2 trainings were integrated into the PIM Level 3 training. However, only those who have completed the PIM Level 3 sessions were considered as CHP Managers.

The training team faced with many challenges in the course of facilitating PIM Level 3. While Barangay CHPs were formulated in PIM Level 2, the RHU decided to implement them on a catchment basis (a group of barangays/communities, make-up one catchment) with the Rural Midwives of the RHU supervising the implementation instead of the CHWs themselves calling the shot in the implementation. The CHPs became channels for implementing the programs of RHUs. Secondly, there were barangays with only one CHW present in the training.



Sinacaban CHW sharing his views during PIM training

Considering all these, the training team walked participants through the management cycle and helped impressed upon the CHWs the knowledge and skills they acquired from PIM Level 1 and 2 and in the implementation of their CHPs. One-year records on treatment of patients, health education and meetings of CHWs were presented to illustrate monitoring and its importance. The records also provided information to evaluate the CHPs.

From the evaluation, recommendations to further enhance the CHPs were identified by the CHWs. This helped bring into the consciousness of the CHWs the importance of organizing the 880 households surveyed into family clusters to ensure effective and efficient implementation of their CHPs. For instance, instead of gathering the 880 households together to conduct health education, the CHWs can conduct the health education in their family clusters. This ensures that every household is able to access the health services being provided by the CHPs. The same holds true for treatment of sick members of the clusters. Every member of the family cluster is taken cared of.

The training also helped the CHWs clarify the relationship of their CHPs with the RHU. The Rural Health Midwives assigned in each of the catchment will coordinate the programs of the RHU through the CHWs in each of the catchment. After five days, five Community-Managed CHPs were set-up in each of the five catchments in Sinacaban. Each CMHP is being managed by 2-7 CHP Managers.

In the exit meeting with the Municipal Health Officer, the training team shared the results of the training, the difficulties encountered and recommendations. It was recommended that to facilitate clarity in the relationship of the CHWs with the RHU, a PIM Orientation can be conducted for the RHU staff. Also, since one of the recommendations was to improve the conduct of the health education using the process and format introduced by INAM, a training on facilitation of health education can be conducted for the Rural Midwives and other staff of RHU. In this way, the capability of the RHU is also enhanced and they will see the work of the CHWs as complementing their work at the RHU and not as competitors.

INAM, in addition, clarified from the MHO her vision of the CHPs and opened the possibility of the CHPs being integrated into the Municipal Development Plan so that the major problems identified from the household survey are addressed. In this way, the CHP becomes the vehicle for community development and community participation is ensured through the CHP.

The Sinacaban PIM Level 3 experience provided insights on how PIM Level 1 and Level 2 are being conducted and therefore served as basis for the department to revisit the PIM Facilitators' Guide and the staff's experiences in facilitating PIM 1 and PIM 2.

### **KFLC PIM Level 3, Jolo, Sulu**

January 27-31, 2011



12 CHP managers of Patikul and Jolo municipalities with INAM staff at the end of their PIM Level 3 training

PIM Level 2 in Sulu Province was conducted two years ago and despite several postponements, PIM Level 3 was finally conducted on January 28-30, 2011 with 12 CHWs from 4 barangays of Patikul and Jolo municipalities participating. Twenty-one (21) CHWs originally came to attend the training but since only 12 had completed PIM Level 1 and PIM Level 2, only they were qualified and were permitted to take the training.

The training team felt that the requisites of PIM Level 3 were already made clear to the partner during the PIM orientation with KFLC in September 2010. In fact, part of the plan of KFLC was to convene a CHW Assembly to determine the status of CHP implementation and prepare for PIM Level 3. Allowing this incident to pass as if agreements were not made would not help KFLC be more responsible and accountable to the partnership.

It was gathered from the consultation with the staff of KFLC and the CHWs themselves that KFLC channels the implementation of its programs through clusters and areas that composed the clusters. For instance, a cluster was composed of several areas and these areas included different barangays. Hence, there were clusters where the CHW belonged to the same barangay but not necessarily in the same area.

However, clustering was based on the availability of the KFLC staff known as community mobilizer. If a community mobilizer resigned, the cluster also ceased to exist and the areas that composed the cluster were integrated into other active clusters. The initial activities with the CHWs revealed that the CHPs drafted during PIM Level 2 were not implemented as designed. However, CHWs conducted activities as individual CHWs belonging to a particular cluster and not as part of CHPs. Hence, there was lack of material in terms of the implementation of the CHP. The training was therefore redesigned and after recalling the knowledge and skills gained from PIM Level 1 and 2, as well as the responsibilities of a CHW, the training proceeded to the reorganization of cluster CHPs into Barangay CMHPs. The CMHPs served as springboard to discuss *Implementation, Monitoring and Evaluation* as important phases in the management cycle.

The training team also opened the possibility of Jolo CHW Assembly to provide a venue for the exchange of experiences and evaluation of the CHPS.

After 4 days of training, consultations with the partner before the training, in between and after the training, twelve (12) CHWs finally completed the course and became CHP Managers with each CHP Manager having clear responsibilities to their CMHPs and family groups or *tumpukan*. In the end, 3 CMHPs were formed, namely CMHPs of Gandasuli and Latih in Patikul and San Raymundo in Jolo.



A CHP manager discusses the new plan for their CHP