

The experience with KFLC provided insight and learning in terms of partnership - that is preparation for trainings is dependent on the level of consciousness of the partners in terms of understanding the PIM Curriculum, its prerequisites and process. We cannot exact from the partner what it does not fully understand.

Another insight derived from the experience is when we are able to learn from our experience, we become consistent in our actions. The prerequisites INAM now requires for PIM trainings were derived from the experiences of conducting PIM trainings. Our experience taught us these prerequisites.

SILSILAH PIM ORIENTATION, Sinunoc, Zamboanga City
February 3-4, 2011

INAM's relationship with Silsilah Dialogue Movement (hereafter referred to as Silsilah) began when it hosted the KFLC PIM Orientation and Training on Organizational Management in September 2010 at the Harmony Village, Zamboanga City. In November 2010, INAM decided to hold the INAM Partners' Conference also in Harmony Village with Fr. Sebastian D'Ambra providing the keynote address and Ms. Aminda Sano leading the delegates in an ecological tour of the venue. Silsilah became interested in INAM's training program and INAM on the other hand, offered to facilitate a PIM Orientation so that they can decide whether they will commit themselves to the PIM trainings. INAM had a series of consultations with staff of Silsilah in the past, and from them, INAM learned that their health program (Center for Holistic Health Care) was patterned after the INAM set-up.

Silsilah requested the PIM orientation so that according to them, they will have a working idea on what is PIM, and how this can help Silsilah determine an "integrated" approach to their programs and services to effectively assist the communities they currently work with.

Eleven individuals (11) that included the President, the staff of Center for Holistic Health Care (CHHC), leaders of the *Hacienda Sembradores* and Silsilah staff assigned in three (3) communities in Zamboanga City participated in the orientation. During the pre-meeting with Beth Solis, Officer-in-Charge of CHHC, she expressed hope that the training can



Silsilah staff who finished after their PIM orientation with INAM staff.

provide some direction to the CHHC. However, it was also gathered from the meeting with Beth that some Silsilah staff had some reservations with INAM and its role if and when they decide to pursue the partnership on the PIM trainings of the communities they assist.

It was clear during the orientation that Silsilah has appropriated some concepts such as holistic health, quantum agriculture, etc. Their expectations revealed that individually, they have many diverse concepts and interests but collectively or as an organization of Silsilah, they do not have a common grasp of these concepts, as evidenced by their difficulty in explaining these concepts.

The PIM orientation responded to this apparent confusion on the concepts by clarifying them and facilitating the exchanges of ideas and sharing of experiences so that they are able to arrive at a common understanding of the different concepts.

At the beginning of the orientation and using the objectives formulated from the expectations of the staff, INAM expounded on the dynamics of the PIM framework, the interrelationship among *Consciousness, Action* and *Relationship*. It was emphasized that it is a framework of integration and will serve as guide in succeeding discussions.

From the workshops and discussions, the Silsilah staff arrived at the following common definition of the following concepts:

- Health as total well-being resulting from the interplay of economic, social, cultural, ecological, political, spiritual factors.
- Health Care as the system of providing services to the people which considers availability, affordability, accessibility, acceptability, effectiveness and sustainability.
- Alternative Medicine as a system of medicine other than conventional medicine or modern medicine:
 - Herbal Medicine
 - Prayers/Rituals
 - Traditional Chinese Medicine
 - Hilot, Massage
- Indigenous Health Knowledge/Practices as the knowledge and practices of our ancestors and handed down from generation to generation by oral tradition.
- Role of alternative medicine and indigenous health knowledge and practices in health care
 - To improve access and affordability of health care
 - Has the potential to reduce the cost of health care if this is integrated as part of the health system

The staff also arrived at a common understanding of the concepts of community, community organizing, community participation and community development. Other concepts that were challenged and clarified were immunization, advocacy, herbal production and the role of health professionals in the delivery of health care.

After arriving at common understanding of these concepts, the PIM curriculum was explained by showing the end points of each level and relating this with their new understanding of the different concepts.

From the reflection session and evaluation, majority of the participants especially the officers of *Hacienda Sembradores* and Silsilah staff assigned in the communities were very much interested and would like to be part of the PIM trainings. However, initial feedback from Silsilah during the post-training meeting with one of their staff showed that they are more inclined to develop their own training modules which they can use to train the communities since according to them, they have enough experiences (seminars attended, etc) and resources to pursue this. Nonetheless, Silsilah will still finalize their decision and will inform INAM of their next plans.

The not so-eager-to-avail-of-the-PIM training attitude of Silsilah despite expression of interest by the local community organization of *Hacienda Sembradores*, demonstrated that the people's potential for development can be hampered by the organization that assisted them. On a positive note, the PIM Orientation awakened the dormant knowledge and skills that are already within the organization and the challenge is how to harness its potential and make it useful for the communities.

SCC-CEREA PIM Level 3 Training, Midsayap, Cotabato

February 16-21, 2011

From the original target of 26 CHWs, eleven (11) CHWs, nine (9) staff, two (2) volunteers, two (2) observers participated in PIM Level 3. The CHWs represented five (5) communities, namely: *Rangaban, Nes, Pagangan, Aroman, Palacat* from 3 municipalities (*Aleosan, Midsayap, Carmen*). The training proceeded without complications or difficulties. The training team attributed this to SCC-CEREA's involvement in the whole process of the PIM. From PIM level 1-3, SCC-CEREA staffs are engaged in the process hence they are aware of the process being gone through by the trainees and the direction of the training. SCC-CEREA has documented well the trainings and each CHP is provided with the documentation, which the CHWs used as reference to implement their CHPs.

SCC-CEREA's monitoring is thorough. The community appreciated SCC-CEREA's unobtrusive and non-imposing stance in monitoring the CHWs' implementation of their CHPs. The staffs assigned in the specific community for monitoring, were also the same staff who assisted the communities in the workshops during the training.



CHW records were discussed by Sr. Dulce as important tools for monitoring the implementation

In terms of CHP implementation, all CHW responsibilities were being performed although CHW records indicated limited practice in treating sick family members. In *Barangay Nes*, instead of treating sick community members, they are referred to the BHWs as part of their referral system. This necessitated reiteration of their CHW task to treat the sick. There is still the need to continuously hone their skills to manage community diseases. The CHWs also did a re-survey. Each of the five (5) CHWs added new CHWs and at present 10 individuals were being trained as CHWs.

At the end of the training, five (5) Community-Managed Health Programs were formed, to be managed by 11 CHP Managers. During the distribution of certificates, Sr. Dulce led the participants in the Hippocratic Oath. The CHWs made commitment to perform their responsibilities. SCC-CEREA on the other hand, promised to continuously support the CHPs. After the training proper, the training team visited *Nes* and *Rangaban* and learned about the context of the participants, their actual condition, and the situation of the farmers. The team also gained experience in monitoring in more efficient way, learning how information for the indicators could be generated.

In the exit meeting, SCC-CEREA expressed appreciation of the experience and was happy with the results of the training. SCC-CEREA also expressed the need to train new CHWs, since SCC-CEREA started to expand to other areas covered by the project. There is a need as well to add more CHWs to CMHPs who have few CHWs at the moment. From this, the conduct of Trainers' Training by the 2nd to 3rd week of July came about. INAM also introduced CHW Assembly to provide venue for sharing of experiences among the CHWs trained with the assistance of SCC CEREA.

From the SCC-CEREA PIM 3 experience, INAM realized the following:

- defining *Planning, Implementation, Monitoring* and *Evaluation* as a means to synthesize preceding discussions/workshops, which resulted to more systematic and structured conduct of PIM level 3
- the concept of main facilitator in PIM trainings
- the value of a very good documentation of PIM trainings - from INAM's perspective, the significance of each activity in the training and the reason or concept behind them should be captured in the documentation. For example, the significance of doing the

reflection where the participants are situated in a circle is to ensure that participants see and hear each other, that the thoughts and feelings shared confirm their interconnectedness with each other in that sacred space created by the circle

- concept of area visit after the PIM trainings as a way of doing monitoring in more efficient way

SSAFI PIM Level 3 Training, Sorsogon City, Sorsogon

March 5-13, 2011

Training proper was conducted on March 7-10, 2011. INAM also visited two communities of the CHWs on March 11 and 12. On March 11, INAM met with the staff of SSAFI and shared the results of the training as well as discussed other possibilities for future partnership to further enhance the health programs of the communities and continuously improve the skills of the CHP managers.



Sharing of reflections among 13 CHP managers from the municipalities of Gubat, Magallanes, Pilar & Sorsogon City

Our engagement in Sorsogon was our first experience of conducting PIM training with Basic Ecclesial Communities (BEC). It was also the first PIM Level 3 that was facilitated by an ART staff who served as the main facilitator for the duration of the training.



Visit to CHP at Barangay Kaditaan, Magallanes

As a result of the training, 13 CHWs completed PIM Level 3 and became CHP Managers of six (6) Community-Managed Health Programs in six (6) BECs in three municipalities of Gubat, Magallanes, Pilar and Sorsogon City in Sorsogon Province.

After the training, INAM visited BEC Tagalwoy, located in Brgy. Gatbo, Sorsogon City and BEC-Binalyuhan in Brgy. Kaditaan, Magallanes and had the opportunity of meeting with the local people, members of the BEC and officers of Barangay Council. The visit helped clarify how the BECs were



Visit to CHP at Barangay Gatbo, Sorsogon City
with organic farming

organized, how the local people are able to access the services of the CHPs, saw the communal herbal gardens and made recommendations on how people can gain more access to herbal plants.

INAM also gained insight to other programs of SSAFI in the communities such as organic farming. Local people narrated how the services provided by the CHWs helped them take care of sick members of their family without having to bring them to a doctor or to buy medicine.

During the exit meeting attended by SSAFI Program Director, Msgr. Angel Dy and the rest of the SSAFI staff, SSAFI expressed his appreciation on how the PIM trainings was

able to provide clarity in the direction of the health program of SSAFI. It addressed the issue of sustainability and integration of SSAFI's different programs on sustainable agriculture, governance, health, etc.

In the same meeting, the team shared that one of the recommendations of the CHWs to themselves is to clarify their responsibilities as CHW and how the responsibilities can be divided among them. SSAFI committed to monitor that this recommendation is taken up by the CHWs.

Coming from the experience in the area visit, the relationship of *botika ng bayan* with the CHPs was also raised. Sr. Dulce pointed out that with the *botika ng bayan*, we are not changing anything in the health care system. Sr. Dulce suggested that SSAFI study this further.

The idea of a CHW assembly was also introduced to facilitate the exchange of experiences among the CHWs and to be able to learn from each other. It was also pointed out that if they are planning to expand, given that the 6 BECs were pilot areas for PIM trainings, the CHP Managers can serve as the training/resource pool. A Trainors' Training Course is available if and when they decided to venture into expansion to other areas.

Again, coming from the community visit experience, INAM introduced the setting-up a community health care financing scheme to address hospitalization expense, etc, if and when this happens. The team offered the Training on Community Health Care Financing (CHCF) to facilitate the setting-up of CHCF.

DKMP PIM Level 1 Training, Maranding, Lanao del Norte March 24-29, 2011

The PIM level 1 training for DKMP partner chapters/communities was conducted on March 9-12, 2010. The PIM level 2 training was originally scheduled in November 2010, however DKMP decided to move it on the first quarter of 2011 due to other pressing organizational activities. Coming from the previous experiences in facilitating the PIM trainings, DKMP was reminded that as part of the requisites for the PIM Level 2 training, only those participants who attended the PIM level 1 training could join PIM Level 2.

Of the 25 participants from PIM Level 1, only 12 had undergone PIM level 1 training while the remaining 13 participants were new. DKMP being a people's organization, the training team decided to assist the participants to understand the requisite processes involved. Realizing the difficulty to proceed given the objectives derived from their own expectations and the lack of experience of the new participants in the conduct of the survey and collation of survey results that were needed to continue with the PIM Level 2 training, the participants who were DKMP members decided to repeat PIM Level 1. The participants also decided to sign up other members as participants in order to meet the ideal ratio of 1 CHW for every 20 families or 5 CHWs to serve 100 households in a barangay. The criteria for the selection of additional participants were also drawn up and the date set for the PIM Level training two days later.



Graduates of PIM Level 1 from 13 barangays of Lanao del Norte receive their certificates



A total number of 48 participants from 13 barangays plus 5 DKMP staff attended the training. The major problems identified were lack of financial income to meet basic family needs, lack of access to potable drinking water and health problems such as: common colds, PTB, bronchitis, pneumonia, asthma, gastroenteritis, capillariasis, schistosomiasis, ulcer, malnutrition, diabetes, hypertension, sore eyes, arthritis and goiter. Basic health skills training served as an activity that the participants could use for themselves and their families after the training.

The participants realized the need for exact information to identify major problems in the community and hence the need for a household survey. A survey form was developed by the participants and compared with the previously formulated one. Planning ensued for the participants to carry out the survey and collate the results towards having the PIM Level 2 training on August 2011.

The reflection session that followed was witnessed by the vice-mayor and members from the LGU Health Committee. They expressed support for the next PIM Level 2 training that will be shouldered entirely by DKMP. This is in consideration of the fact that INAM's share in the budget intended for PIM Level 2 was utilized to conduct the PIM Level 1 training.

PLAN PIM Orientation, San Jose, Occidental Mindoro

May 31-June 1, 2011

The PIM Orientation with the 19 staff of PLAN International-Mindoro Occidental Unit was a result of the following:

- INAM's participation with the PHC Coalition, where PLAN was one of the convening organizations;
- participation of Malou Sevilla of PLAN as part of a panel of reactors during the First CHW Assembly in 2009;
- the experience of PIM Training among the Dumagat-Remontado IPs in Tanay, where PLAN facilitated our partnership with the Department of Health Center for Health and Development Region 4-A and with the Tanay Municipal Health Office.



Representatives from the Provincial and Municipal Health Office in attendance during PLAN PIM Orientation

This led to their participation during the INAM Partner's Conference last November 2010 which paved the way for them to invite INAM to give an orientation to their Program Unit in Mindoro Occidental. Most PLAN who attended were community development workers in charge of specific PLAN projects in Mangyan IP communities.

Three (3) representatives of the Mangyan IP people's organization, two (2) municipal health officers and one (1) other staff with the municipal health office and one (1) representative from the provincial health office were also invited to attend the PIM Orientation.

As the objective of the PIM Orientation seminar was to have a common understanding of concepts behind the PIM training, the following concepts were discussed through workshops: community and health, community participation and community organizing.

However, some discomfort was not being articulated by the PLAN staff during the third workshop on community development and decision making, so that the main facilitator opted for a Reflection Session to enable them to express these. There was resistance to the process so that the orientation was not able to achieve a common working knowledge on these concepts due to various levels of understanding and acceptance by the PLAN staff.



The Circle as a sacred space during the Reflection Session

An orientation to INAM Philippines was given on the second day followed by the PIM Curriculum. The PIM curriculum was explained by showing the end points of each level, the prerequisites for each level and while relating it with the different concepts covered by the discussion during the first day. The technology behind the PIM Curriculum was also mentioned for the first time - the adult learning process and open space technology.

The seminar ended with the Mangyan IPs expressing openness to the PIM training, the government units willing to support the IPs and PLAN deciding that PIM design is an appropriate road map for the organization towards ensuring the sustainability of the health program of the IPs.

KALIMUDAN PIM Orientation, Marawi City

June 9-10, 2011

KFI is a current partner which has been able to facilitate PIM Level 1 and 2 trainings for their partners communities. After attending the Partners' Conference in Zamboanga City where they felt encouraged to partner with health LGUs, the organization opted to undergo PIM Orientation. Objectives derived from their expectations included, among others, gaining knowledge about health, PIM, INAM and KFI and be updated about the local, national and global situation in relation to PIM. One other reason for the PIM orientation is defining PIM activities in Lanao in consideration of the current situation KFI finds itself in, that is in search

for organizational directions. KFI has long been involved in peace work but is finding that previous funding partners have shifted to priorities other than peace.

The PIM Orientation seminar with KFI was significant for both KFI and INAM as the experience was not only able to achieve a common understanding of concepts that guided PIM but also discovered the ecological perspective.

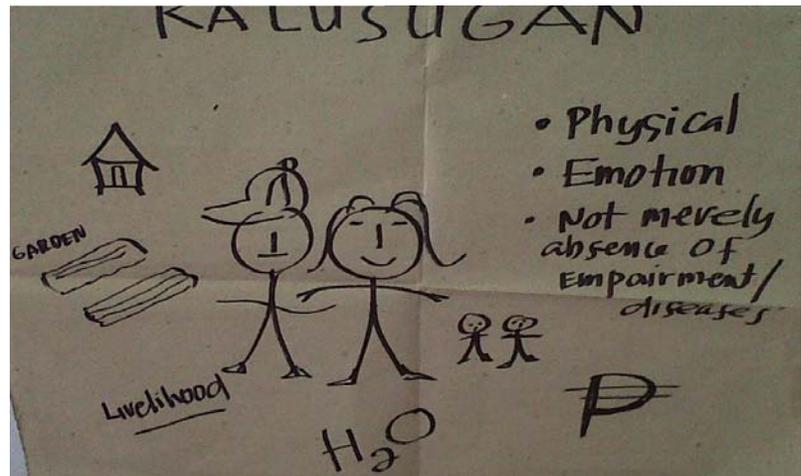


Community – a group of people living in a particular area na may iba ibang cultural beliefs, traditions, antas ng kalusugan, pamumuhay, edukasyon, mithiin, kasama pa ang iba pang nilalang sa “community of life”.

(Community – a group of people living in a particular area with different cultural beliefs, traditions, levels of health, , livelihood, education, vision, together with all of creation in the “community of life”.)

Kalusugan – estado o kalagayan ng “community of life” batay sa pagkakaugnay ugnay ng usapin tungkol sa cultural, peace, paninirahan, pinagkakakitaan, tubig, pagkain, education, ecological

(Health – state of “community of life” as a result of the interplay of cultural, peace, housing, economic, water, food, education, ecological factors)



As one of the participants shared,

“Community of Life --- yun yung phrase na naka-awaken sa akin. May bagong diskubre ba, hindi lang ang word na community kundi lahat ng creation sa community.”

(Community of life --- that is the word that has awakened something in me. There is something newly discovered, not only the word community but a community of all creation.”

The PIM process enabled a rediscovery and deepening of their expression of their Muslim faith as expressed by a senior staff of the organization and helped provide the framework for KFI’s current search for organizational relevance:

“Bakit itong Lanao del Sur ay di umuunlad? Ano ba talaga ang problema? Bakit kami naririto? Ganito talaga siguro ang task naming ditto—magsilbi sa mga tao. Paano natin ito maipasok sa programa—yung satisfaction din sa spirituality, sa faith mo dahil yun ang magbibigay ng direction sa Gawain. Di kaagad ito ma-translate sa bagong mga volunteers. More than work... ginagawa naming ito kasi we believe na kasama ito sa maing faith...Nag level up na ang KFI, there’s one thing na we always say sa KFI, commitment ang nagbibigay ng lakas at nagsasabi na kung sino tayo. Kung ang KFI ay nagkakaroon ng mga activities, nag magnetize sa mga tao, ginagawa namin ito para sa tao. Medyo kakaiba ito at nagiging down to earth. Baka mag back to basic tayo at pagisipan kung paano magsimula ulit. Its more than the work.”

(Why is that Lanao del Sur has not developed? What is really the problem? Why are we here? I think this is really our task – to serve the people. How do we integrate this into the program – the satisfaction from spirituality, from faith because this is what will give direction to our work. This won’t be immediately translated for the volunteers. More than work ... we do this because we believe this is part of our faith ... KFI has gone a notch higher, there’s one thing that we can always say about KFI. Commitment gives us the strength and describes who we are. If KFI will have activities, people will be attracted because we do this for people. This is quite different and down to earth. We might as well go back to basics and think about how to start once more. It’s more than the work.)

PARTNERSHIP DEVELOPMENT FOR SHARING AND EXCHANGES

INAM Partners’ Conference

November 18-20 2010

Thirty delegates representing 16 partner organizations of INAM from the academe, church, local government unit, non-government organizations and people’s organizations coming from Luzon, Visayas and Mindanao, attended the three-day INAM Partners Conference held at the Harmony Village in Zamboanga City.

From Mindanao, partner organizations who sent their delegates were: 1) Chance for the Poor Foundation of Agusan del Sur, 2) DKMP of Lanao del Sur, 3) Kalimudan Foundation of Marawi City, 4) LAFCCOD of Lanao del Sur, 5) SCC-CEREA of North Cotabato, and 6) KFLC of Sulu. From the Visayas partners, 1) Quidan Kaisahan of Negros Occidental, 2) SHIFT of Northern Samar and 3) Siliman University Mission Marina Clinic attended the conference. From Luzon, 1) CARET of Nueva Ecija, 2) Holy Family Parish Health Center of Cavite, 3) Claret Urban Poor Apostolate of Quezon City 4) SSAFI of Sorsogon Province, 5) Tanay Rural Health Unit, 6) DOH Center for Health and Development IV-A, and 7) Plan International – Occidental Mindoro Program Unit came.

On INAM’s side, apart from the staff of the ART Department, Heads of the IHSD and Administrative and Finance Department were also present during the conference. Dr. Isidro

Sia, pharmacologist and professor at U.P. Diliman, who is also a member of INAM's Board of Trustees also attended the conference.



The gathering veered away from traditional conduct by commencing the conference with an ecological tour of the venue. This helped the participants to relax and become more comfortable with one another. Hence, interaction during the conference was more open and at the same time respectful of each other's dynamics, context and perspective.

The ecological tour also introduced the partners to Silsilah's ecological practices such as biodynamic and organic farming. Members of the *Hacienda de Sembradores* were on hand to explain the technology. The delegates visited the *Eskwela del Sembradores* (Farmer's School) located at Barangay Baluno, an upland area of Zamboanga City and had the opportunity to meet with the officers of the *Hacienda de Sembradores*.



The Dialogue

They also visited Silsilah's Center for Holistic Health Care (CHHC) and were introduced to their herbal processing and herbal products, the raw materials of which were sourced from their biodynamic farms.

5 officers welcomed the delegates who give an orientation about their PO and what they are doing.



The conference dubbed as **Kapihan: Karanasan ng mga Kabalik sa Kalusugan ng Pamayanan** brought together the 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.

Partners' responses to a set of guide questions presented as discussion points for the workshops were synthesized and presented to the plenary. Key points were:

- Partners have different requisites to fulfill before the conduct of the PIM training. This depends on the context of the partners and the communities.
- In terms of impact:
 - › Some changes were can be noted in the consciousness, actions and relations of Partners and Communities and between them
 - › Improvement in health outcomes
 - › Some of the components of the Alternative Health Care System of the communities can already be glimpsed (programs/services, referral system, networking and linkages and community governance)
 - › Effect of private-public (multi-stakeholder) approach/ partnership to address communities' health situation
 - › Documentation as an important process during and after the PIM trainings. This serves as reference for CHWs and Partners and also as basis for assessing effectiveness of training/ application of training to address community health situation.
 - › Community participation and empowerment are important in the sustainability of the health program

Partners also made a commitment to continuously support the CHPs and the CHWs and these varies depending on the nature of the organization, its resources, capability and programs.

INAM also shared its experiences by responding to the guide question from the perspective of being the training provider or PIM Facilitators.

During conference breaks, INAM also met with some partners to finalize the schedule of the next level training for the respective communities they assist.

Before the end of the conference, partners and INAM arrived at common unities on the following:

- Need to regularize the partners' gathering for sharing of experiences and continuing dialogue
- Need to monitor and document the impact of the PIM trainings on the communities and on the partner organization towards developing our policy agenda on health. The partners recommended that INAM develop a monitoring template that can be used by the partners to monitor and document the impact on the communities and on the organizations.

Tui Na Massage Training, Sorsogon City

March 24-29, 2011

After the PIM Level 3 training, SSAFI requested for further health skills training for the CHWs. Thus INAM sent two of its trainers to train the 13 CHP managers in tui na massage therapy, a Chinese remedial massage. The training included discussions on basic theories of traditional Chinese theory and practicum sessions for the treatment of common community conditions.

STAFF DEVELOPMENT

To continuously enhance the growth and development of the staff, they are encouraged to attend seminars, workshops that suit their need to be able to perform their responsibilities in the department and the organization including preparing the staff and the department to be able to contribute to the sustainability initiatives of INAM. Among the staff development session attended/held for the period are:

Philippine Academy of Acupuncture General Assembly, Manila

February 10, 2011

INAM staff attended the assembly. Around 150-160 delegates attended the gathering. PhilHealth representatives attended the conference and their opinion on the matter of accreditation is encouraging. They have done some research on acupuncture and are convinced that this is indeed effective. This demonstrated the work ahead and the challenge for PAA to provide documented evidence.

One of the interesting inputs in the assembly was the lecture on the neurophysiological basis of acupuncture and was intended to make more people interested in acupuncture as having scientific evidence. This was discussed to counter the conclusion of some studies presenting acupuncture to be merely a placebo effect. Other inputs included a lecture on auricular acupuncture for addiction treatment, mental health and post-traumatic management by Dr. Michael Smith, the need for standardization of acupuncture training in the Philippines by Dr. Paul Kadetz and history of acupuncture in the Philippines by Dr. Lilia Marquinez.

In the afternoon, the PAA held its business meeting and among the issues that discussed were:

- Practice of acupuncture by foreigners in the country
- Standardization of TCM training
- PhilHealth accreditation of TCM modalities for treatment

To be able to pursue the accreditation of TCM Modalities of treatment in PhilHealth, the standardization of TCM training should come first and once this has been established, the documentation of clinical practice can be the next step and information that can be generated from this can be used to advocate for accreditation.

For INAM, PAA serves as a network for future advocacy. Jenny Madamba sits as an officer of the Board of Trustees and sees her participation as important in the light of the standardization of training and accreditation.

Training on Monitoring and Evaluation

August 11-13, 2010

An ART staff attended the training organized by the U.P. College of Social Work and Community Development. The resource persons from the college presented various frameworks on Participatory Monitoring and Evaluation.

INAM presented its training program to demonstrate how monitoring and evaluation is inherent in the training. INAM had the opportunity to establish links with individuals from different sectors of the academe, government, health industry, business industry and development work who participated in the training.

The Six Healing Sounds and Inner Smile Meditation Workshop

October 22, 2010

The DaoRen Tai chi chuan and Zhang Zhuang Qigong Workshop

October 23-24, 2010

An ART staff participated in two Qi Gong Workshops. The first was the NADA Philippines-sponsored October 22 workshop with Rene Navarro, a Taichi master as resource person. The workshop includes the Six Healing Sound and Inner Smile. It focused on basic meditation exercises to cool down organs and will help transform negative energies into positive energies. For the staff, he learned new drills and exercises on breathing, qi gong exercises since the workshop provided updates, new combination (sheng cycle, five elements to focus on healing specific conditions). The October 23-24 workshop focused on Dao-Ren Tai Chi. The staff learned new drills and exercises i.e. rooting, embracing the tree, etc. The exercises focused on strengthening of the spine. The staff realized that these can be integrated in the management of musculo-skeletal conditions.

TCM Trainers' Training

Part I, December 4, 2010 to January 9, 2011

Part II, January 10 to February 21, 2011

The ART Department Head, a TCM trainer, helped organize the 36 day (weekends) TCM Trainers' Training sponsored by the Philippine Academy of Acupuncture (PAA) of which

INAM's clinicians are members. Dr. Madamba also attended the training as one of the trainees. Part 1 consisted of the Intensive TCM Acupuncture Course component of the Trainers' Training. Part 2 was the Mentorship component of the Trainers' Training.

Two other ART staff completed 18 days of intensive acupuncture training (Part 1 of the TCM Trainers' Training Course). Their attendance to the training was aimed at readying the department towards improving its capability to contribute to INAM's sustainability; hence, their training to become TCM Trainers and Clinical Supervisors. The staff shared that the training design and the experience was challenging and will be helpful in crafting INAM's own training design and curriculum. They also agreed that there was a need to continuously hone their skills; hence they will do clinical work at least during the times that there are no PIM trainings for at least 2 half days a week.

Mentoring for PIM Trainings

1. Revisiting PIM 1 and PIM 2
December 13-14, 2010

Coming from the PIM Level 3 experience in Sinacaban where insights on how facilitation of PIM Level 1 and Level 2 can be further enhanced so that participants learned what they need to learn at each level of the training, what needs to be put in place so that facilitation of PIM Level 3 also becomes unproblematic and PIM Trainings on the whole become effective and efficient.

For instance, from the experience in Sinacaban, it was realized that conducting basic health skills training outside or separate from PIM Level 2 removes the context and confused the participants. Basic health skills training derived its topic from the results of the household survey and it is important that it is discussed within that context.

2. Mentoring for PIM Trainings
January 27-31, 2011, Jolo
February 3-4, 2011, Zamboanga City
February 16-21, 2011, Midsayap
March 5-13, 2011, Sorsogon
March 24-29, 2011, Dumaguete City
May 31-June 1, 2011, San Jose, Mindoro
June 9-10, 2011, Marawi City

Coming from revisiting PIM 1 and PIM 2, the department requested Sr. Dulce Velasco to mentor the staff during PIM trainings. This provided the opportunity to further enhance the staff's skills in facilitation of PIM trainings and to allow the staff to reflect on the progress of his/her integration of PIM.



Jenny Madamba as main facilitator for PIM Orientation for Kalimudan.

INAM Ecological Retreat

January 4-8, 2011

The ART Department joined other INAM staff in a five- day Ecological Retreat conducted during the first week of January 2011, in HEAL (Haven for Ecological and Alternative Living) at Villasis, Pangasinan. The experience provided an opportunity for ART to deepen the ecological perspective of PIM.

The challenge was for the ART staff to integrate deep ecology into one's health and healing, into the department's systems, and into the PIM trainings for deepening and broadening of CHPs towards building an ecological community/ bioregion.

Forum on Ear Acupuncture Detox

February 8, 2011

A staff from the ART Department attended the forum, which was held at Sulu Hotel, Quezon City. Around 40-50 participants including INAM staff and guest clinicians attended the forum. The forum revolves around the sharing of experiences on the use of ear acupuncture for various cases/conditions. INAM shared its experiences in providing assistance with the *Tahanang Sta. Luisa* as well as in its clinic. The Ear AQ Practitioners trained through the CBRP in Brgy. 823 also shared their community experiences in addressing substance abuse problems in their community. Dr. Michael Smith, resource speaker from NADA shared anecdotes, testimonies on the effectiveness of ear acupuncture in their Boston clinic.

COORDINATION: COLLECTIVE LEADERSHIP IN MANAGEMENT

Systems Development

During this period, experiences in PIM Level 3 helped enhance the PIM Training Procedures.

- The prerequisites for PIM Training were sharpened. Instead of having a minimum of 6 barangays with 3-5 pax per barangays as participants of the training, the number of CHWs that will be trained is proportionate to the population or total number of household per barangay. Hence, the number of barangays per training and the number of CHWs that will be trained is dependent on the household population per barangay.
- Only those who completed PIM Level 1 and participated in the implementation of the action plan, particularly the household survey, can move to PIM Level 2. For PIM Level 3, only CHWs who have completed both PIM Level 1 and PIM Level 2 and have participated in the implementation of CHP for a year can move to PIM Level 3.
- A Main Facilitator is identified for each PIM Training. The role of the main facilitator is to oversee what is happening during the training, manages the training itself and sees to it that what needs to be learned by the participants will be learned. The Team Leader is

responsible for negotiating with the partners on accommodation, logistics and initially on finance until a Finance Officer for the training is identified.

Tools for documentation of the training, including the training expenses were enhanced during this period.

- The PIM Summary Report is revised to include information that would be useful and meaningful for the next level training.
- Process-documentation of the training is focused on documenting the rationale, concepts behind the training team's decision to pursue a particular theme, process, workshop question or step during the training.
- Aside from documenting INAM's training expense, it has also become a policy to document as well the training expense of the partner. This is necessary in determining the actual training expense and the percentage distribution of the expense between INAM and the partner.

During this period, the outcome indicators for the EED-funded INAM 2011-2014 Training Program were developed.

- The PIM training experiences since 2008, the 2009 CHW Assembly and 2010 INAM Partners Conference helped develop the outcome indicators for the EED-funded INAM 2011-2014 Training Program.
- The outcome indicators will be very useful in monitoring the program and in determining its impact on communities that engage in PIM trainings.
- The outcome indicators will facilitate the setting-up of a database to manage information regarding these indicators and provide basis for decision-making.
- The outcome indicators will also be helpful in monitoring INAM's organizational management and financial sustainability.

A tool for Performance Appraisal using the PIM framework was finalized and used after the department's assessment and planning. The tool had *Guide Questions for Self-Appraisal / Reflection*, *Guide Questions for Feedback* and dialogue with the staff being appraised in terms of clarifications, affirmations, concerns and challenges. Given what was shared, the staff rated themselves on a scale of 1-10 as to the degree of integration of PIM. The rest of the department also rate on a scale of 1-10 the staff being appraised.

After the auditor's finance orientation in January 18-19, 2011, ART staff were able to further enhance its finance system for program fund utilization and sustainability measures. This has enabled ART staff to monitor the department's capability towards financial sustainability.

Development of 2nd Line of Leadership

In line with the department's thrust to develop the 2nd line of leadership, the department has begun the set-up of co-sharing the department head position with another staff. Every staff will have the opportunity to co-share the position for six months but because this set-up began only in September 2010, the term of the first staff now presently co-sharing this position ends in June 2011 after which another staff takes over. The idea is to allow the staff to discover and develop his/her leadership potentials and eventually prepare the department towards defining a more appropriate system for selection of new department head.

Department Meeting/Monitoring Meeting

From July 2010-June 2011, the department conducted nine (9) department meetings and 2 special meetings to monitor progress in the implementation of the plan, made adjustments and decision on various matters that affected program management. Department meetings have also been properly documented and *Minutes of the Meeting* served as ART Department's Accountability Report to the Executive Committee.

Training Pool Meeting

In as far as management of the training is concerned, the training team conducts preparatory meetings to discuss training agreements with the partner with reference to the prerequisites for each level of the training. Finance and logistics are also discussed and the design and tasking for the training is also tackled. Information relevant to the training is made available to the training team prior to the preparatory meeting. Post-training meeting is also conducted to evaluate the the training from the preparation to actual conduct.

Performance Appraisal

January 18-19, 2011

The ART Department conducts Performance Appraisal every six month after the assessment of the six-month plan to determine the level and quality of PIM integration among the staff. A Performance Appraisal tool was used to facilitate the process. Sr. Dulce guided the staff in conducting the appraisal. Based on the sharing of the appraisal, a summary statement towards the end of the appraisal described where the department was and what was valued by the staff and the department. Sr. Dulce synthesized the sharing using the guide questions in the feedbacking after the sharing of the individual reflections of the staff.

Assessment and Planning

December 8-9, 11, 15-16, 2010 and January 19, 2011

June 20-24, 2011

The department conducted its assessment of its plans for two periods: June-December 2010 and January-June 2011, from which significant developments for the period were derived. These significant developments will be discussed in section III of this report.

III. SIGNIFICANT DEVELOPMENTS, EFFECTS AND INITIAL IMPACTS OF PROGRAM ACTIVITIES

After more than three years of implementing the training program of INAM, significant developments in the areas of partnership, sustainability, program management and individual growth of the staff continue to evolve. For the period July 2010-June 2011, INAM identified the following significant developments as result of the evaluation of the plan for the period being reported.

1. From the shared (PIM) consciousness, a common language is evolving which facilitates the dialogue among partners and with communities.

Why it Happened:

- There was a convergence of efforts and experiences from the time we started the PIM trainings up to the present.
- PIM consciousness is taking root in varied community context and with partners from LGUs, church, academe and NGOs.

Opportunities:

- The INAM Partners Conference provided the venue for partners to dialogue on various issues that concerned the PIM trainings (eg. monitoring the impact, partnership, etc.)
- Solidarity was brought about by the rich PIM experiences which inspired INAM partners to embrace PIM.
- EED evaluation affirmed INAM's direction towards policy advocacy and prepared us for the prerequisites of getting into policy advocacy work (documentation of CHP experiences, etc)

Limitation:

- Some areas with limited documentation of PIM experiences
- Extent and quality of integration of PIM by the ART staff
- Different levels of understanding of PIM by the partners

Lessons Learned:

- For an idea to endure and flourish it must be rooted in the people and enjoying the support of others
- To gain support, it is important for people to understand the cause in order for them to own it.
- The quality of action is dependent on the degree of PIM integration.

Recommendations:

- Develop further the documentation of PIM experiences (setting up the database, monitoring system with partners, development of tools to generate the information for policy advocacy)
- To recommend to all INAM partners to undergo PIM Orientation
- Develop the concept paper for the *Gathering of Partners-CHWs* for the next period.
- For the staff to implement unities regarding the PIM trainings, i.e. PIM facilitation, format for PIM Summary Report, BHST, etc.

- To experience PA tool with the guidance of Sr Dulce, as a means to determine the level and quality of integration of PIM and from here identify appropriate SDS.

2. The integration of PIM into the management of the department is contributing towards a holistic organizational culture.

Why it Happened:

- The department made efforts to translate the values it upholds into its policies and systems.
- Convergence of individual decisions and mentoring to meet the challenges of collective leadership in management

Opportunities:

- The EED evaluation process gave feedback as they conducted the evaluation and gave recommendations on ART's management process (e.g . documenting the cost sharing, documentation of post-PIM training, etc.)
- Improved level of maturity to work as a team
- Systems and policies are derived from our experiences which helped define what policies and systems will work for us.
- The GA discussion and broad strokes set the tone and direction of the department.

Limitation:

- Extent and quality of integration of PIM by the staff

Lessons Learned:

- The values of an organization is reflective of the quality of life of its staff (seen in degree of PIM integration in terms of consciousness, action/work, relationship)
- The spirit behind the policies and systems is also reflective of the values a group upholds.

Recommendations:

- To review the manual of operations related to ART from a PIM perspective (where organizational culture is enhanced/ supported by mechanisms, i.e. by policies and procedures)

3. ART has developed mechanisms for PIM sustainability and for financial sustainability.

Why it Happened:

- ART planned and implemented (with Admin support) activities to generate income.
- ART assigned a staff to focus on these activities.

Opportunities:

- ART capitalized on its TCM/IM expertise and partners recognized their stake in the PIM trainings.
- Provision for honorarium is part of the system of some LGUs/NGOs.
- Short TCM/IM courses are conducted in view of INAM as a training center.

Limitation:

- Limited promotional activity (e.g. facebook, existing networks)
- Delay in release of honorarium due to government system

Recommendations:

- To continue conducting short TCM/IM courses
- To train additional ART staff as trainer-supervisor in preparation for the training center
- To conduct the TCM modular long courses
- To determine the training cost for PIM training
- To prepare the training packages for LGUs

4. PIM process enabled a rediscovery and deepening of their expression of their faith, reflecting the people's spirituality.

Why it Happened:

- PIM opens possibilities for the people for self- discoveries according to their context or situation.

Opportunities:

- A PIM is rooted in the faith life of the communities.
- Facilitator has a deep grasp of spirituality.
- ART as a group was open to explore the faith dimension of PIM (coming from Performance Appraisal activity).
- The reflection process that is integrated into PIM showed the way for a spiritual path.

Limitation:

- Different levels of PIM integration to facilitate PIM trainings/ orientations with faith dimension/ contexts.

Recommendations:

- For ART staff to rediscover, define and live one's spirituality through continuous engagement / integration of PIM

5. The integration of the ecological perspective of PIM in PIM trainings and orientations has broadened our understanding of concepts related to health and the community.

Why it Happened:

- Definition of concepts was based on our new understanding of the ecological perspective of PIM

Opportunities:

- PIM facilitated mutual learning from partners and communities that enhanced our understanding of the ecological perspective of PIM.
- Part of our SDS in Deep Ecology was to translate the ecological perspective into ART's work, particularly PIM trainings and orientations

Limitation:

- Not enough experience to facilitate PIM trainings/ orientations with ecological dimension/ contexts

Recommendations:

- For Art to continue to explore the ecological perspective in the department's work as well as to apply learnings in their respective lives

6. ART developed the PME indicators as a measurement of organizational relevance, effectiveness, efficiency, sustainability and impact.

Why it Happened:

- To respond to the need for a collective understanding of PME indicators not only as a department but also as an organization
- Experiences from implementation of PIM trainings and CHPs showed us what tools are to be developed

Opportunities:

- INAM acted on the recommendation from the 2010 EED evaluation.
- INAM attended a PME seminar sponsored by EED.
- INAM developed PME indicators as an organization

Recommendations:

- T For ART to consciously use the PME indicators in program management
- For ART to share relevant PME indicators with partners

7. ART ensured the development of second line leadership for collective management for PIM sustainability.

Why it Happened:

- Stems from the belief that no single individual knows all
- Collective leadership pools these knowledge/ talents towards a common goal

Opportunities:

- Mentoring session with Sr Dulce regarding development of second line leadership in relation to PIM sustainability and collective leadership
- All ART staff decided to experience leading the department
- ART concept paper for second line leadership developed.

Limitation:

- At the start, the task and responsibilities of second line leader in relation to the department head was not yet defined
- Mentoring system not yet developed

Recommendations:

- Continue to develop the tasks and responsibilities of the second line leader as each staff experiences being one, which can be basis for choosing the next dept head
- Develop system for mentoring second line leaders

IV. FUTURE PLANS AND DIRECTIONS

The next period signals a new project cycle for INAM and a continuation of initiatives in Philippine Integrative Medicine that began in 2008.

Consistent with the whole of INAM's broad strokes of 1) Sustainability of PIM Consciousness, 2) Sustainability of Collective Leadership, Organization, Programs and Services, and 3) Sustainability of Community of Life, ART continues with its broad strokes for the period of July 2011 until the next General Assembly in June 2012 as seen below:

- Sustaining and Expansion of CHPs for AHCS Development
- Sustaining PIM Promotion for Base Broadening
- Solidarity Building for Policy Advocacy
- Enhancement of Collective Leadership in Management for Program Effectiveness and Efficiency
- Continuing Development of Next Line of Leadership
- Financial Sustainability

Proposed schedule of activities for the period July-December 2011 with request for funding support from the Medical Mission Sisters Wagner Medical/Health Assistance Fund include the following:

- Partnership Development for Sharing and Exchanges:
 - › Second National Community Health Workers (CHW) Assembly
- Coordination: Collective Leadership in Management:
 - › ART Monitoring Meetings
 - › ART Assessment and Planning

ANNEX
Summary of PIM Trainings

	AREAS (as of March 2011)	PIM Level 1			PIM Level 2				PIM Level 3				
		Pax	Brgys	Mun/City	Pax/CHWs	Brgys	Potential CHPs	Mun/City	Pax/CHP Ms	Brgys	HHs ²	CMHPs	Mun/City
L U Z O N (9)	Nueva Ecija (Guimba)	53	11	1	41	10	10	1					
	Caloocan City (IPD)	74	5	1	25	3	3	1					
	Caloocan City, Valenzuela City- Malabon-Bignay, Las Pinas- Taguig, Quezon City (KMPI)	37	13	6	37	13	7	6					
	Valenzuela City (AKKMA)	-	-	-	12 (17) ³	1	1	1					
	Quezon City (CUPA)	22	5	1									
	Quezon City (ICAN)	33	1	1	30	1	1	1					
	Tanay, Rizal (LGU)	37	8	1	37	6	6	1					
	GMA, Cavite (HFP)	44	21	1									
	Quezon (KUMARE)	52	25	4	39	20	7	3					
	La Union, Tarlac, Nueva Ecija, Cavite (Sarilaya)	30	6	4									
Sorsogon (SSAFI)	27	6	4	32	6	6	4	13	6	663	6	3	
	Subtotal	409	98	21	253(258)	57	41	18	12	6	663	6	3
V I S A Y A S (5)	Negros Occidental	72	10	4	43	10	10	4	37	10	1078	10	4
	Negros Oriental	39	12	4	30	10	5	3					
	Aklan	39	12	5									
	Mondragon-Shift	23	4	1	41	4	4	1					
	Northern Samar	50	17	1									
	Subtotal	223	55	15	114	24	19	8	37	10	1078	10	4
M I N D A N A O (8)	Midsayap, North Cotabato	58	6	3	39	6	6	1	11	5	870+	5	3
	Jolo, Sulu	31	11	6	41	10	10	3	12	4	241	3	2
	Agusan del Sur /Norte	37	3	2	38	3	3	3					
	Misamis Occidental	31	15	2	48	18	18	2	27	16	880	5	1
	Lanao del Norte (LAFCCOD)	28	9	3	31	6	6	3					
	Lanao del Norte (DKMP) ⁴	36 (48)	12 (13)	4 (3)									
Marawi City	27	6	4	29	7	3	5						
	Subtotal	248(260)	62 (63)	24	226	50	46	17	50	25	1991	13	6
	TOTAL	850(862)	215(210)	56	593(598)	131	106	43	99	41	3432	29	14

² HHs – number of households

³ AKKMA underwent another PIM Level 2 training as many of the first batch assumed leadership positions in their PO and could no longer do CHW functions.

⁴ DKMP had PIM Level 1 twice due to decision of PO to repeat the process given the situation that many of those who came lacked the prerequisites to proceed to PIM 2, which will be funded largely by DKMP with LGU support