

6. 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 as important tools for monitoring the implementation of CHP.

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

7. 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.

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.



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 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.

8. 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 I, 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.



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.

Summary of PIM Trainings from January 2008 TO March 2011

As of March 2011, INAM trained 862 participants for PIM level 1 as Community Organizers, from 210 communities or barangays in 56 municipalities/ cities coming from the NCR and 5 provinces in Luzon, 5 provinces in Visayas and 8 provinces in Mindanao. (See Annex B)

From PIM level 1 trainees, 598 Community Health Workers were trained in PIM Level 2 from 131 communities, in 43 municipalities/cities from 4 provinces in Luzon, 3 provinces/cities in Visayas and 7 provinces in Mindanao. An additional 106 communities have the potential for Community Health Programs.

From the start of PIM trainings, 99 of the 862 participants who trained as Community Organizers in PIM level 1 and as Community Health Workers in PIM level 2, have been trained in PIM level 3 as Managers of their respective CHPs. They have 29 functioning Community Managed Health Programs coming from 14 municipalities coming from 1 province in Luzon, 1 province in the Visayas and 3 provinces in Mindanao.

B. PIM Consultations, Orientation Seminars and PIM Enhancement Trainings for Partner NGOs, POs, Academe, LGUs and Church Programs

INAM also facilitated four (4) PIM Orientations to four organizations, two of which have decided to pursue PIM training for the communities they assist (HELP and Sarilaya), one is currently a partner (KFLC) and one (Silsilah) has not yet fully decided whether to enter into a partnership for PIM trainings with INAM or not. A total of 48 staff of these organizations participated in the PIM Orientation.

1. 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.

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.

2. TRAINING ON FACILITATION OF HEALTH EDUCATION, RHU STAFF, Tanay, Rizal

September 10-12 2010

INAM's training team facilitated the training on facilitation of health education for seven (7) staff of Tanay Rural Health Unit that included a Rural Health Nurse and six (6) Rural Health Midwives. They were the assigned RHU staff in the Dumagat communities of the CHWs who were trained in PIM Level 1 & 2.

As cited earlier, during the PIM Level 2 training for the Dumagats of Tanay, the training team gave ample time for the data analysis of the household survey of 401 Dumagat families as part of training them to become confident in speaking in front of the people. As

a result, the discussion of diseases was limited to only two among the top 13 common community conditions affecting the Dumagat families. This became an opportunity for the RHU staff present from PIM Level 1 to Level 2 to complement the efforts of the community at being able to address their health concerns.

Also, the Dumagats who have become Community Health Workers as a result of PIM Level 2 included in their Community Health Program the treatment of sick members of their communities and giving health education as among their CHW responsibilities; hence the need to be provided with health skills to perform these tasks.

Likewise, during the Cultural Sensitivity Training (which is essentially a PIM Orientation) of the staff of Tanay RHU, they were introduced to more appropriate approach in conducting health education based now on their enhanced understanding of *Community; Health*, as defined in the Alma Ata Declaration; *Community Participation* as implied in the Alma Ata definition of Health; *Community Organizing* and *Community Development*. In the same training, the staff expressed interest to pursue the “next level” training.



The above developments provided the context for the conduct of the Training on Facilitation of Health Education for Tanay RHU Staff. The RHU staff will guide the Dumagats in pursuing their CHPs. Hopefully, the RHU staff’s enhanced understanding will improve the way they conduct the delivery of health care system in Tanay.

From the interaction with the RHU staff, it was observed that there is lack of information on basic health skills. Hence, aside from introducing the more appropriate way of conducting Health Education, the RHU staff also learned basic health knowledge on the top 14 common community diseases derived from the PIM Level 2 training of Dumagats, as well as, skills in facilitating effective health education. The training also introduced *Adult Learning Process*, which facilitated understanding on the value of health education and how to make it more effective in facilitating the learning process in the communities. *Steps in Problem Solving* within the framework of community development, and in consideration of the major problems identified by the Dumagats in PIM Level 2, were also taken up during the training.

During the training, the RHU staff shared how the Dumagat CHWs became more inspired and motivated to perform their responsibilities as CHW. Some of them have started bringing children to the health center for immunization. Some expressed interest in learning

skills on how to determine whether a child is malnourished or not using DOH standards/tools.

During the reflection session, the RHU staff expressed becoming conscious of the value of health education and the information on herbal plants in relation to common community diseases that they can treat or manage; how having this information and being able to share this to people, especially the poor, can be a great relief to them. They also realized how they have been “deprived” of opportunity to enhance their knowledge and skills so that they are better equipped to respond to emergency situations such as the increased cases of dengue (able to discern appropriateness/rationale of the DOH programs that they were instructed to implement, such as the need to get platelet count of patients with prolonged fever to determine if it is dengue or not). But most of all, the RHU staff learned life skills that can guide them in their everyday struggle to become better persons.

Because of the training on facilitation, the RHU conducted a three-day health education among the Dumagat CHWs in December 2010.

3. 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.

4. SARILAYA PIM ORIENTATION, Quezon City

October 12-13, 2010

Seventeen (17) staff of Sarilaya attended the PIM Orientation. Sarilaya is an organization of women committed to promoting women's empowerment and gender equality. Its mission is to mainstream gender sensitivity and women's development in every member's work place, community and the broader movement for social change. The organization is assisting several communities in Central and Northern Philippines and has trained health workers of their own. However, Sarilaya employs a clinic-based approach in providing health services to the communities where patients who would want to avail of the services come to the clinic for consultation or treatment.

Some staff of Sarilaya had previously attended orientations with INAM at various time and with different INAM staff providing the orientation. Hence, the staff were at varying levels of understanding of PIM. The activity was the first time that the whole organization attended the orientation.

At the beginning of the orientation and coming from the objectives formulated, INAM presented the PIM framework that guided the conduct of the orientation including the way the participants reflected on their experiences. In the end, the PIM Orientation helped clarify and arrive at mutual understanding of the concepts of *Health and Community; Community Organizing and Community Participation; Decision-making and Community*

Development. The common understanding of the concepts served as springboard for INAM to introduce the PIM Curriculum.

The orientation also helped clarify the nature of partnership that INAM and Sarilaya will have once Sarilaya decides to engage itself in PIM. With this enhanced understanding of the PIM Curriculum and how this can improve Sarilaya's health initiatives in the communities, they decided to have the communities they assist undergo the PIM Trainings.

5. 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 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.



Silsilah staff who finished the PIM Orientation seminar

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.

C. Development of Integrative Medicine (IM) modules

The PIM Orientation and Training on Organization Management with the staff of KFLC became an opportunity for INAM to draft the concept paper on PIM Orientation, the Facilitators Guide for PIM Orientation and the concept paper on Organizational Management.

The concept paper on PIM Orientation defined the objectives and target of the PIM Orientation. The PIM Orientation was intended to provide information for the partner on the PIM Curriculum and on the various concepts upon which it was founded to enable the partner make a conscious decision whether to go into a partnership for PIM trainings with INAM or not.

The concept paper also defined INAM's common understanding of the different concepts that included Health, Community, Community Organizing, Community Participation and Community Development. Having our own understanding of these concepts facilitated the conduct of PIM Orientation. However, concepts that needed to be clarified were not limited to those already mentioned but would again depend on the expectations of the partners from the PIM Orientation. A Facilitators' Guide to PIM Orientations provided the process on how to facilitate a PIM Orientation.

The concept paper on Organizational Management enumerated and defined the various concepts related to organizational management such as organization, management, organizational management, program management, vision, mission, goal/objectives, strategy, resources, organizing, structure, management cycle, etc.

Component 2: Training of Partners on Community-Based Recovery Program

Objectives:

1. *Functioning community managed health programs (CMHP) among current and prospective partner NGOs/ POs*
2. *Progression of a partner's community based recovery program (CBRP) to become a component of the Community Health Program*
3. *Systematic documentation of CMHP experiences towards development of best practices.*

The two areas targeted for Ear Acu Detox training in coordination with Help Learning Center Foundation in Naga City have been targeted for PIM Level Training. This was to prepare these communities to gradually work collectively towards addressing their health situation. Eventually their collective experience will provide them enough strength to address more socially threatening problems such as drug addiction in their communities. In the meantime, in preparation for the PIM training, the Help staff underwent the PIM Orientation seminar which had been discussed earlier in the report.

Monitoring of the CBRP Paco, Barangay 823 continues to be done with the coordination of FCED. The EAPs of Barangay 823 continued giving ear acu detox to members of the community who have substance dependence problems. INAM plans to invite FCED to have its staff undergo a PIM Orientation seminar in order for its CBRP to progress to a CHP.

ADVOCACY, LINKAGES AND NETWORKING

Component 1: Partnership Development for Sharing and Exchanges

Objective:

Networking for solidarity building towards people's participation for policy change

1. PRIMARY HEALTH CARE COALITION

December 1, 2010

INAM sent a representative to the General Assembly Break-out Session organized by the League of Municipal Mayors. The activity was sponsored by the World Health Organization (WHO) and provided opportunity for mayors to access funds/services from various groups both public and private i.e. investors, government agencies, etc. Thirty (30) mayors attended the break-out session.

The Primary Health Care (PHC) Coalition of which INAM is a member, was given a slot to present the primary health care approach during the session. Also present were Lucille of WHO, a representative from Philippine Rural Reconstruction Movement (PRRM), Dr. Paterno of UP National Institute of Health (NIH).

Dr. Paterno presented the PHC approach focusing on 3 major concerns: 1) improved health services; 2) people's participation, 3) improved living situation. Major concerns raised during the plenary discussion were: lack of health personnel, lack of health facilities and lack of support from the national government. Although innovations have already been done, access to health services remained limited, according to the mayors. INAM took this as an opportunity to pose a challenge to the mayors "Given these realities, why not venture into organizing the communities for CHPs and training more CHWs?"

INAM was able to talk with Mayor of Llanera, Nueva Ecija and three (3) mayors from Lanao del Sur. INAM was able to briefly present its training program to them.

2 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 Siembradores* (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*. 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.



The Dialogue

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.

Component 2: Advocacy to Critical Sectors (academe, NGOs, church, government sectors, general public)

1. 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.

2. EED-Luzon Governance Group (LGG)

RBA to Governance Modules 7-9 (RBA 101 for NGOs), October 11-13, 2010

LGG General Assembly, January 20, 2011

Steering Committee Meeting, February 11, 2011

RBA to Governance Modules (RBA 101 for POs), March 21-25, 2011

The last three modules of the RBA 101 course were conducted during this period. One INAM staff (Jenny) was one of the 15 people who completed the entire course, from among the EED Partner NGOs that comprise the LGG. This also completes the 2nd phase of the Luzon Partners Governance project with EED geared towards the training of main trainers from the NGOs.

The EED-Luzon Governance Group continues to be a venue for PIM promotion among EED partners. This was evident in the 3rd phase of the project that involves the training of additional NGO staff at the field level, who will be responsible for training the communities. The main facilitator for the RBA course for POs adopted the PIM process in designing the training. The RBA 101 Training for POs also consisted of three levels: the first level has the conduct of survey as endpoint; level 2 endpoint is an HR community plan that the trainees will implement; level 3 endpoint is being able to manage their own HR program. The whole process is expected to enable the community to implement their HR program. For nearby areas, the INAM staff Jenny will provide assistance to NGOs and serve as one of the trainers.

3. The Asian Health Institute (AHI) Visit and Meeting with INAM

August 17, 2010

Since early this year, AHI requested a meeting with INAM staff who previously participated in its annual International Leadership Development Course (ILDC). The visit was part of AHI's task in monitoring what transpired after the ILDC trainees came back from the training, as well as, part of developing partnership with the organization that the trainees represented.

The Executive Director of AHI, Ms. Kagumi Hayashi, a staff of AHI, Ui Shiori, and 3 AHI Board of Trustees had a meeting with INAM AHI alumni staff last August 16, 2010 at the INAM conference room. INAM updated AHI on its current activities, particular focusing on

departmental thrusts, and its major activities such as PIM trainings. INAM also shared the conduct of courses / PIM Orientation with partners such as LGUs/MHO, NGOs, church-based organizations and the academe.

INAM also had the opportunity to discuss its broad strokes, emphasizing the possibilities of enhancing CHPs thru additional trainings such as Trainers Training, Community Health Care Financing and Training on Deep Ecology. With this, the group discussed the possibility of AHI support and collaboration with INAM particularly on the CHCF aspect.

The AHI also requested to visit a community serviced by members who had undergone the PIM training. This helped AHI have a feel of what was happening in the communities after the PIM trainings. INAM also felt that it would be better for AHI to talk with CHWs and observe for themselves what is the effect or impact of the PIM trainings in the communities.

First to have a clear picture of the situation in Tanay, Rizal, the group had an orientation with the Municipal Health Officer, Dr. Rene Luce at the Municipal Health Office in Tanay, Rizal. The group then visited Barangay Cuyambay, one of the communities that participated in the PIM level 1 and 2 early this year. They interviewed a CHW and a Barangay health worker. The group asked questions regarding their community as well as their Community Health Program. The group also had the opportunity to see the real situation in the barangay.

On August 17, 2010, before the INAM staff meeting, AHI had a meeting with the whole INAM staff. They presented what they have observed and what lessons they learned from the INAM visit. Among the points and reflections were: the possibility of support of the CHPs towards developing health care financing and the partnerships fostering harmony between the community and local government – which were rare in their experience. NAM, on the other hand, realized the need for some sort of periodic monitoring with the communities.

COLLECTIVE LEADERSHIP AND MANAGEMENT

Component 1: 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.

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.

The documentation of the CBRP experience at Barangay 823 in Pandacan in partnership with FCED was completed during the previous period.

During the General Assembly conducted in June 2010, the body decided to dissolve the Community-Based Recovery Department (CBRD) and integrate its services into the ART Department. The former Head of the Department resigned for personal reasons while the staff who is an Ear Acupuncture Practitioner was integrated into the ART Department.

Component 2: Program Management and Sustainability towards Program Effectiveness of PIM Trainings

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.

Integration of CBRD staff to ART Department

Jorelyn Casayuran, an Ear Acupuncture Practitioner (EAP) who used to be a staff of the CBRD is now integrated into the department. She is currently undergoing staff development to conduct PIM Trainings.

Department Meeting/Monitoring Meeting

From July 2010-March 2011, the department conducted seven (7) 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.

Assessment and Planning

December 8-9, 11, 15-16

January 19, 2011

The department conducted its assessment of June-December 2010 Plan from which significant developments for the period were derived. These significant developments will be discussed in section II of this report.

End of Project Evaluation

July 1 to October 15, 2010

INAM also facilitated the conduct of EED Evaluation for its project called “Community Empowerment through Integrative Medicine for Alternative Healthcare Systems Development” covering the project implementation period April 2005 through April 2010. Evaluation proper was conducted on July 1 to October 15, 2010.

Upon INAM’s recommendation, EED commissioned Dr. Ruben Caragay of PHC Coalition and former Dean of the UP College of Public Health together with Professor Edna Co, Dean of the U.P. College of Public Administration to conduct the evaluation. The evaluation design and the schedule of the area visits was discussed and finalized by the evaluators with INAM. An ART staff provided assistance to the evaluators during area visits. Meetings were conducted after each visit to help the evaluator understand the context of each training in each area. The evaluators shared the initial draft of the evaluation report for validation.

EED Final Evidence of Utilization of Funds Visit

March 8, 2011

Two representatives from EED (Ms Marlene Schroth and Daniel) came for a visit to INAM. The visit included an orientation on INAM, which was provided by the heads of the department of ART, IHSD and Administration and a visit to Tanay. During the orientation, clarification regarding the underutilized funds on module development was that funds here were used for the EED evaluation to which Jutta had given her consent.

A visit to the town of Tanay followed where INAM conducted PIM Level 1 and PIM Level 2 in partnership with the LGU RHU and Plan International. Dr. Rene Luce, the CHWs and the RHU staff midwives and nurses were there to meet them. Each of the Dumagat CHW had the chance to speak and share their experience as CHW and their problems. One of them expressed her hopes that their children can gain higher education. Marlene replied that she will explore if something can be done about this and if ever funds would be available, this will still be channelled through INAM. The group also visited the Sampaloc RHU. Marlene was very happy of the visit and said that she finally understood why a year is needed to implement the CHP. EED according to her will continue to support INAM.

Performance Appraisal

January 18-19, 2011

The ART Department conducts Performance Appraisal every six months 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.

Staff Development Seminars (SDS)

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. This also includes mentoring for the PIM trainings with Sr. Dulce Velasco. Among the SDS attended/held for the period are:

1. Mentoring for PIM Trainings

Sr. Dulce Velasco mentors the staff during PIM trainings. This provides opportunity to enhance skills in facilitation of PIM trainings and to allow the staff to reflect on the progress of his/her integration of PIM.

2. 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 derives its topic from the results of the household survey and it is important that it is discussed within that context.

3. 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.

4. 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.

5. PAA 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.

6. 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 for 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.

7. 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.

III. SIGNIFICANT DEVELOPMENTS LESSONS LEARNED/ 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-March 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

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 remaining period of April to June 2011 until the next General Assembly in June 2011 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
- Development of Next Line of Leadership
- Financial Sustainability

Scheduled activities for the period April to June 2011 include the following:

- Sustaining PIM Promotion for Base Broadening
 - PIM Trainings:
 - 1) PIM Level 3 - SUEP, April 25-May 2, 2011
 - 2) PIM Level 1 - Sarilaya, May 9-14, 2011
- Solidarity Building for Policy Advocacy
 - PIM Orientation:
 - 1) PLAN Philippines - May 30-June 2, 2011
 - 2) Kalimudan Foundation, Inc - June 8-11 2011
- Enhancement of Collective Leadership in Management for Program Effectiveness and Efficiency
 - INAM Finance Orientation
 - ART PME Workshops: Indicators and Monitoring Tools
 - ART Monitoring Meetings
 - ART Assessment and Planning, June 20-24, 2011
 - INAM General Assembly, June 25-30 2011
- Financial Sustainability
 - Conduct of Short Courses
 - 1) Introductory Course on TCM Acupuncture for Common Diseases
 - 2) Anthroposophic Nursing Procedures
 - 3) Tui Na Massage to Maintain Health
 - Preparatory Meetings for Long Courses
- Continuing Integration of Deep Ecology Perspective in ART's work
 - SDS on Waste Management: Plastics

ANNEX A
ART Accomplishments for Reporting Period (July 2010 to March 2011)

Activities		Outputs		Remarks / Refinements
Planned	Actual	Planned	Actual	
Training of Partners on Philippine Integrative Medicine (PIM) Courses	PIM Trainings	Conducted PIM Courses: For Year 1: <ul style="list-style-type: none"> ▪ PIM I - 8 ▪ PIM II - 4 ▪ PIM III - for next period yet For Year 2: <ul style="list-style-type: none"> ▪ PIM I - 4 ▪ PIM II - 6 ▪ PIM III - 4 ▪ Special - 2 For Year 3: <ul style="list-style-type: none"> ▪ PIM I - 4 ▪ PIM II - 2 ▪ PIM III - 6 ▪ Special - 2 	PIM Courses conducted: <ul style="list-style-type: none"> ▪ 2 PIM Level I in - <ul style="list-style-type: none"> ▸ KMPI (Sep 28-Oct 1) ▸ DKMP (Mar 24-29) ▪ 3 PIM Level II in - <ul style="list-style-type: none"> ▸ Tanay (Jul 26-30) ▸ Kumare (Aug 23-27) ▸ KMPI (Nov 23-26) ▪ 4 PIM Level III <ul style="list-style-type: none"> ▸ Sinacaban (Oct 3-10) ▸ KFLC (Jan 27-31) ▸ SCC CERECA (Feb 16-21) ▸ SSAFI (Mar 5-13) 	
	PIM Orientation consultations and seminars for partner NGO	PIM Orientation and consultations (monitoring visits) done: <ul style="list-style-type: none"> ▪ For Year 1 – 4 ▪ For Year 2 – 4 ▪ For Year 3 – 4 	3 PIM Orientation Seminars conducted for: <ul style="list-style-type: none"> ▸ HELP (Jul 26-30) ▸ KFLC (Sep 19-21) ▸ Sarilaya (Oct 12-13) ▸ Silsilah (Feb 3-4) 1 Facilitation Training on Health Education with RHU staff and Retooling of 7 Tanay RHU staff in Health Education (Sep 10-12) 1 Organizational Management for KFLC (Sep 22-26)	
	Development of Integrative Medicine (IM) modules	Developed modules from best practices of partners in Integrative Medicine <ul style="list-style-type: none"> ▪ of partners & INAM's IHS in Integrative Medicine ▪ of partners & INAM's CBRP in Community Organizing (CO) and Community Health Program (CHP) Management 	<ul style="list-style-type: none"> ▪ Concept Paper on PIM Orientation ▪ Concept Paper on Organizational Management ▪ Facilitators' Guide (FG) for PIM Orientation 	

Activities		Outputs		Remarks / Refinements
Planned	Actual	Planned	Actual	
Partnership Development for Sharing and Exchanges	Networking for solidarity building towards people's participation for policy change through an INAM Partners Conference	Sharing/ Exchanges for Year 2: <ul style="list-style-type: none"> Resources, knowledge & skills among partner communities Best practices in community organizing, integrative health services, management of CHPs Formation/ assemblies for solidarity building for local and national advocacies 	<ul style="list-style-type: none"> INAM Partners Conference conducted with 16 partner organizations (academe, church, LGU, POs, NGOs) participating out of 25 partners. Introduced the ecological perspective of PIM to the partners Agreement among partners to monitor and document the impact of the PIM trainings in respective areas 	
Advocacy to Critical Sectors (academe, NGOs, church, government sectors, general public)	Advocacy in terms of PIM Orientation to academic institutions, NGOs, church, government sectors, general public	Advocacy through: <ol style="list-style-type: none"> Educating critical sectors to support a cause 	Promotion of PIM Training to League of Municipal Mayors under PHC Coalition EED-Luzon Governance Group: <ul style="list-style-type: none"> Provided guideline for INAM in dealing with Quezon City LGU continues to be a venue for PIM promotion –PIM process was adopted by main facilitator for RBA 101 course for POs Attended General Assembly of PAA towards standardization of acupuncture training and PhilHealth accreditation Orientation and Exposure for Asian Health Institute representatives	
	PITAHC accreditation for TCM trainings	Advocacy through: <ol style="list-style-type: none"> Integrative Medicine (IM) trainings for general public through TCM courses and IM seminars <ul style="list-style-type: none"> For Year 1: <ul style="list-style-type: none"> Acupuncture Course for CAA & CAMA 4 IM seminars for common community conditions For Year 2: <ul style="list-style-type: none"> Acupuncture Course for CAA & CAMA Tui Na Course for CATMT 4 IM seminars For Year 3: <ul style="list-style-type: none"> Acupuncture Course for CAA & CAMA Tui Na Course for CATMT 4 IM seminars 	TCM Short courses conducted: <ul style="list-style-type: none"> 4 Seminars on Holistic Health (Jul 13 & 20-21, Oct 20 & 23) Acupuncture for Pain Management (Aug 24-28) Acupuncture for Common Diseases (Oct 26-30) Anthro Nursing Procedures (Sep 16) 	Advocacy for TCM continues to be part of INAM's effort to mainstream integrative medicine by popularizing acupuncture and tui na which are not part of the existing health care system towards the development of a broader pool of practitioners and in the process bring down their costs for the general public.

Activities		Outputs		Remarks / Refinements
Planned	Actual	Planned	Actual	
Systems Development	Documentation of CMHP experiences towards development of best practices	Systems on: 1. Documentation of best practices in <ul style="list-style-type: none"> IM of partners Community Organizing and Community Health Program Management of partners 	Enhancement of PIM Training Procedures: <ul style="list-style-type: none"> number of CHWs that will be trained is dependent on the household population per barangay only those who completed prior PIM level trainings can be admitted to the next level Tools: <ul style="list-style-type: none"> revision of PIM Summary Report to include useful and meaningful information for next level training process-documentation of training to focus on documenting rationale, concepts behind pursuit of a particular theme, process, workshop question or step during the training documentation of training expense of the partner to determine actual training expense and percentage distribution of expense between INAM & partner 	
		2 Public trainings & continuing TCM, IM trainings and health education	<ul style="list-style-type: none"> Systems developed based on the paper <i>Acupuncture Training Program 2009</i> which described the tools and procedures of INAM as a PITAHC accredited training center Development of new IM trainings for the public needed new systems for training and promotion 	
	Documentation of CMHP experiences towards development of best practices	3 Development of Database for: <ul style="list-style-type: none"> Functioning community managed health programs (CMHPs) of partner NGO/PO/ communities towards networking for solidarity building Best practices for IM management of top 10 common diseases 	<ul style="list-style-type: none"> Indicators for art program defined for the next project cycle Database re CMHPs and best practices on IM management culled from: <ul style="list-style-type: none"> NGO/PO Profile PIM Training Summary Report Documentation of PIM Training Collated Survey Results List of Participants & Photos Liquidation Report w/ Cash Counterpart (CC), Non-CC Summary of PIM Trainings Conducted / Database Partner's Training Documentation CHW Assembly/ Partners' Conference proceedings Activity reports 	
		<ul style="list-style-type: none"> Trainee's/ graduate's performance in TCM and IM trainings Sustainability and efficient use of resources 	<ul style="list-style-type: none"> Data sources for database on acupuncture training and PITAHC Training Center developed Ongoing systems development for promotion of IM trainings Data sources to monitor efficient use of resources include tools for Finance monitoring and for inventory of equipment and supplies for PIM trainings Ongoing ecological procedures for ART department 	

Activities		Outputs		Remarks / Refinements
Planned	Actual	Planned	Actual	
Program Management and Sustainability	Proper management and availability of resources (human, financial)	1 Program management a Trainer's pool meeting b Department meeting ▪ Monthly meetings ▪ Assessment/ planning c Inter-program meeting d Organizational meeting ▪ Board meeting ▪ Execom meetings, assessment/ planning	<ul style="list-style-type: none"> ▪ Conducted seven (7) department meetings and semi-annual departmental assessment/planning ▪ PA consistent with PIM framework facilitate the process of staff's appraisal ▪ Conducted inter-program meetings as needed ▪ Conducted regular Execom meetings and a semi-annual Execom assessment/planning 	
		2 Human Resource Development a Staff development sessions b Attendance at IM seminars, fora, trainings c Team building and consolidation activities	<p>Staff Development Sessions for the period:</p> <ul style="list-style-type: none"> ▪ Seminar on Monitoring and Evaluation ▪ RBA 101 for NGOs (Modules 7-9) and for POs (Part 1) ▪ PAA Trainer's Training ▪ Forum on Ear Acupuncture Detox ▪ Qi Gong and Meditation Workshop <p>Team building and consolidation activities through facilitation of PIM related trainings such as</p> <ul style="list-style-type: none"> ▪ Ecological Retreat for INAM staff ▪ Mentoring during PIM trainings ▪ Revisiting Facilitation of PIM trainings 	PIM related trainings enhanced the integration of PIM processes towards development of new courses for partner communities
		3 Resource mobilization as a means for advocacy to Critical Sectors	<p>From July to December 2010:</p> <ul style="list-style-type: none"> ▪ earned a total of P267,712.50 from the conduct of seminars and P24,000 from honoraria from PIM trainings for total of P317,712.25 ▪ Cash counterparts raised: 143,160.00 ▪ Non-cash raised: P21,516.30 	

II. Lessons Learned / Effects and Initial Impacts of ART Program Activities

Program & Corresponding Objectives	Effects / Impacts		Outputs	
	Target by End of Project	Cumulative as of March 2011	Target by End of Project	Cumulative as of March 2011
<p>1 Functioning community managed health programs (CMHP) among current and prospective partner NGOs/ POs</p> <ul style="list-style-type: none"> › KFLC (Jan 27-31) › SCC CERECA (Feb 16-21) › SSAFI (Mar 5-13) 	<p>Emerging effects to systematize management of common community conditions</p>	<p>Sharings from CHW Assembly and from Community Visits:</p> <ul style="list-style-type: none"> ▪ a decrease in number of community members getting sick ▪ a decrease in health expenses of families and by the partner NGO ▪ outcomes of health are tracked by CHWs and gathered during their periodic CHP meetings ▪ emerging needs for components of the alternative health care system, in particular community health care financing and the referral system, in in Negros Occidental and Misamis Occidental communities ▪ improved access to local medicinal resources with establishment of herbal gardens in many CHPS 	<p>Conducted PIM Courses:</p> <ul style="list-style-type: none"> ▪ For Year 1: <ul style="list-style-type: none"> • PIM I - 8 • PIM II - 4 ▪ For Year 2: <ul style="list-style-type: none"> • PIM I - 4 • PIM II - 6 • PIM III - 4 • Special – 2 ▪ For Year 3: <ul style="list-style-type: none"> • PIM I - 4 • PIM II - 2 • PIM III - 6 • Special – 2 	<p>Conducted PIM Courses</p> <ul style="list-style-type: none"> ▪ For Years 1, 2 & 3: <ul style="list-style-type: none"> • PIM I - 23 • PIM II - 18 • PIM III - 5 • Special courses have been integrated into the different PIM level trainings ▪ As of March 2011, trained 862 participants for <u>PIM level 1</u>, from 210 communities or barangays in 56 municipalities/ cities coming from the NCR and 5 provinces in Luzon; 5 provinces in Visayas and 8 provinces in Mindanao ▪ From PIM level 1 trainees, trained 598 Community Health Workers in <u>PIM Level 2</u> from 131 communities, in 43 municipalities from 4 provinces/cities in Luzon; 3 provinces/cities in Visayas and 7 provinces in Mindanao › An additional 106 communities have the potential for Community Health Programs
	<p>Improved social determinants of health from baseline</p> <ul style="list-style-type: none"> ▪ improved water situation ▪ improved food access ▪ improved environmental sanitation 	<ul style="list-style-type: none"> ▪ Participants' plan during the PIM level 2 training continue to reflect their understanding of the interrelatedness of factors underlying health through their CHP plans that addressed issues such as lack of sources of income, food, housing, education and poor environmental sanitation/ pollution ▪ Integrated approach to disease conditions such as dengue resulting in one very poor Northern Samar community in being dengue-free despite being surrounded by communities stricken by the disease 		

Program & Corresponding Objectives	Effects / Impacts		Outputs	
	Target by End of Project	Cumulative as of March 2011	Target by End of Project	Cumulative as of March 2011
1 Functioning community managed health programs (CMHP) among current and prospective partner NGOs/ POs <i>(continued)</i>	Empowered communities with functioning CMHPs in terms of: <ul style="list-style-type: none"> community managed information well extent of participation of communities community expression of their collective action 	PIM Trainings enabled participants to: <ul style="list-style-type: none"> identify the main issues/ problems of the barangay & develop a community plan based on their survey which addressed their issues based on their capabilities, using local resources managed their CHP (from planning, implementation, monitoring and evaluation) as gleaned from periodic CHW meetings and from PIM level 3 training results establish CHPs in 89 barangays in 29 municipalities in the Philippines managed by the CHWs establish 29 functioning Community Managed Health Programs in 14 municipalities provide 2654 households access to health services rendered by CHPs participate at the family cluster level through attendance at health education sessions and setting up of herbal gardens transfer health and health-related knowledge and skills for an increasing number of families establish a community organization through their CHP with community leaders are able to animate the community for collective action as they progress from community organizers, to CHWs, to become managers of CHPs ensure equity in health services and resources given according to people's identified needs and in terms of capacities and resources 	Functioning CMHP in terms of extent of participation of communities with the partner program <ul style="list-style-type: none"> as recipient of services/ education in providing resources in identification of problems/ needs assessment, goal setting, planning, implementation of programs, evaluation 	<ul style="list-style-type: none"> From the start of PIM trainings, 99 of the 882 participants who trained as community organizers in PIM level 1 and as community health workers in PIM level 2, have been trained in <u>PIM level 3</u> as managers of their respective CHPs. <ul style="list-style-type: none"> They have 29 functioning Community Managed Health Programs coming from 14 municipalities coming from 1 province in Luzon, 1 province in the Visayas and 3 provinces in Mindanao,.
			Conducted PIM Orientation, consultations and seminars for partner NGO	<ul style="list-style-type: none"> Conducted 12 PIM Consultation and Orientations for NGOs 1 Facilitation Training on Health Education and Retooling in Health Education of RHU staff 1 Organizational Management for NGO 1 Program Management for PO
			Developed modules from best practices of partners: <ul style="list-style-type: none"> in Integrative Medicine in Community Organizing in Community Health Program Management 	<ul style="list-style-type: none"> Facilitators Guide for PIM Levels I, II and III finalized Facilitators' Guide (FG) for PIM Training of Trainers developed Facilitators' Guide (FG) Community Health Care Financing drafted Draft of Introduction to Anatomy & Physiology of the CHW booklets for health education of communities translated into Tagalog Concept Paper on PIM Orientation Facilitators' Guide (FG) for PIM Orientation Concept Paper on Organizational Management

Program & Corresponding Objectives	Effects / Impacts		Outputs	
	Target by End of Project	Cumulative as of March 2011	Target by End of Project	Cumulative as of March 2011
<p>2 Networking for solidarity building towards people's participation for policy change</p> <p>3 Advocacy to Critical Sectors (academe, NGOs, church, government sectors, general public)</p>	<p>Evolving levels of cooperation between and among communities/ sectors/ groups</p> <ul style="list-style-type: none"> ▪ exchanges between and/ among partners for sharing of resources, knowledge and skills (in sharing best practices in integrated health services, in community organizing and management of community health programs) ▪ exchanges between partners and critical sectors for sharing of resources, knowledge and skills ▪ formation or assemblies for solidarity building for local and national advocacies 	<p>PIM Trainings:</p> <ul style="list-style-type: none"> ▪ facilitated practice of partnership with partner NGOs, academe and other agencies for resource sharing ▪ facilitated the practice of solidarity through the sharing of common experiences and resources among community members <p>The CHW Assembly:</p> <ul style="list-style-type: none"> ▪ facilitated practice of solidarity through the sharing of common experiences in integrated health services, in community organizing and management of CHPs ▪ provided an appropriate process and venue for both the technical and field experts from the communities, to interact on a common ground, the CHP experience. ▪ developed solidarity among CHWs at the national level and providing the foundation for policy advocacy in the future, the bases of which are the common experiences and common aspirations of the people; and the strength of solidarity is the breadth and depth of a program, which are also crucial in ensuring that policy advocacy will serve common good <p>INAM Partners Conference:</p> <ul style="list-style-type: none"> ▪ developed solidarity among partner academe, church, LGU, POs, NGOs ▪ became venue to introduce the ecological perspective of PIM to the partners ▪ have agreement among partners to monitor and document the impact of the PIM trainings in respective areas 	<p>In Years 2 & 3, Sharing/ Exchanges for:</p> <ul style="list-style-type: none"> ▪ Resources, knowledge and skills among partner communities ▪ Best practices in <ul style="list-style-type: none"> · community organizing · integrative health services · management of CHPs ▪ Formation/ assemblies for solidarity building for local and national advocacies 	<ul style="list-style-type: none"> • INAM continues to be active in the PHC Coalition in the development of training for mayors on governance based on PHC principles • Through PHC Coalition, PIM trainings in Tanay and other Reg 4A areas c/o DOH Reg 4 and for Reg 4B were made possible through Plan Philippines • Development of PIM oriented health professionals in Tanay MHO through PIM Orientation (Culture Sensitivity for IPs) provided opportunities to make their health care system more responsive to the needs of the Dumagat-Remontados. • EED-Luzon Governance Group continues to be a venue for PIM promotion • Integrative Courses offered to the public continued to effective venues for PIM promotion.

Program & Corresponding Objectives	Effects / Impacts		Outputs	
	Target by End of Project	Cumulative as of March 2011	Target by End of Project	Cumulative as of March 2011
3 Systematic documentation of CMHP experiences towards development of best practices	Developed systems consistent with PIM	<p>The PIM Level 3 training and CHW Assembly are main venues for exchange of information about their CHP experiences where the people</p> <ul style="list-style-type: none"> ▪ analyze their situation from their community survey results and address health issues on the basis of a broader understanding of health, including underlying social determinants of health ▪ re-discover their traditional/ indigenous healing practices and make this an integral part of their health services ▪ make use of a recording system to document not only the effectiveness of medicinal plants relative to the health condition of the affected individuals, but also to monitor the health situation of member families ▪ who have undergone a common social process and provided with an opportunity and venue for sharing the breadth and depth of their experiences can be a springboard for policy change. 	<p>Systems on:</p> <ol style="list-style-type: none"> 1 Documentation of best practices in IM of partners, community organizing and management of CHPs 2 Process documentation of development and progress of CHPs <p>Database development on:</p> <ol style="list-style-type: none"> 1 Geographic distribution of PIM trainings conducted 2 functioning CMHPs of partner NGO/PO/ communities towards networking for solidarity building 3 best practices for IM management of top 10 common diseases 4 sustainability & efficient use of resources 5 public trainings and continuing TCM/ IM trainings and health education 6 trainee's/ graduate's performance in TCM and IM trainings/ health education 	<ul style="list-style-type: none"> ▪ Monitoring tool for CHPs through recording system introduced at the end of PIM Level 2 for: <ul style="list-style-type: none"> ▸ patients seen, treated and referred ▸ families given health education ▸ herbal gardens set up by families or for the community ▸ periodic meetings of CHWs to monitor implementation of CHP plan ▪ Tools/ data set developed for the CHW Assembly to document best practices of partner communities included <ul style="list-style-type: none"> ▸ <i>A Guide for Paper on CHP Implementation</i> ▸ Documentation of proceedings of CHW Assembly ▸ Identified diverse expressions of effectiveness of PIM from the sharing of experiences on CHP implementation ▪ Identified and drafted data sources for database ▪ Training Systems/Procedures documented: <ul style="list-style-type: none"> ▸ existing forms of PIM promotion and training ▸ increased breadth & depth of CHPs engaging in PIM ▸ efficient use of resources in conduct of PIM trainings including partner NGOs' contribution to PIM trainings

Program & Corresponding Objectives	Effects / Impacts		Outputs	
	Target by End of Project	Cumulative as of March 2011	Target by End of Project	Cumulative as of March 2011
4 Ensuring proper management and availability of resources (human and financial) Provision of technical assistance to the different programs	<ul style="list-style-type: none"> ▪ Developed systems of collective leadership and management consistent with PIM ▪ Defined orientation, direction and system of sustainability of INAM consistent with PIM 	Gained more experiences & options for the department to be able to contribute to the INAM's financial sustainability (short courses vis-à-vis long courses on TCM)	Systems on: <ul style="list-style-type: none"> ▪ sustainability & efficient use of resources 	Systems consistent with PIM for : <ul style="list-style-type: none"> ▪ PIM Training System and Procedures ▪ Performance appraisal procedure consistent with PIM. ▪ Financial and inventory system reviewed to include changes for the next project cycle

ANNEX B
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					
Sorsogon (SSAFI)	27	6	4	32	6	6	4	13	6	663	6	3	
Subtotal	379	92⁴	17⁵	253(258)	57⁶	41	18⁷	12	6	663	6	4	
V I S A Y A S (5)	Negros Occidental	72	10	4	43	10	10	4	37	10		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	0	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) ⁸	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)	209(210)	56	593(598)	131	106	43	99	41	2654	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 In order not to duplicate counting, subtotal is less 3 barangays (Brgy 175, Bagong Silang and Payatas) which were cited in KMPI, IPD and ICAN trainings

⁵ In order not to duplicate counting, subtotal is less 3 cities in Quezon City and Caloocan City which were cited in CUPA, IPD and ICAN trainings

⁶ See footnote 3

⁷ In order not to duplicate counting, subtotal is less 3 cities in Quezon City, Caloocan City and Valenzuela City which were cited in CUPA, ICAN, IPD and AKKMA trainings

⁸ DKMP had PIM Level 1 twice due to decision of PO to repeat the process given the situation that they lacked the prerequisites to proceed to PIM 2, which will be totally funded by DKMP supported by the LGU