Building Community-based Health Programs in Cebu

- Sitio St. Mary Grace, Barangay Talamban, Cebu City
- Sitio Back of Matimco, Barangay Subangdaku, Mandaue City
- Sitio Salvage, Barangay Looc, Lapu-lapu City

Visayas Primary Health Care Services, Inc. Philippines
It is with great honor and pleasure that the Visayas Primary Health Care Services, Inc. (VPHCS) presents this chronicle of the three projects that it implemented in partnership with the Asmae-Association Soeur Emmanuelle. The pages stand witness to the evolution of the projects over a span of nearly three years.

Each project was conceived, discussed, laid down and implemented with the full participation of the VPHCS, Asmae through its Visayas-Mindanao Coordinators and the leaders of the three people’s organizations; the St. Mary Grace Neighborhood Association in Barangay Talamban, Cebu City; the Kaming Lumulupyo Walay Sandigan (KALUWASAN) in Sitio Back of Matimco, Barangay Subangdaku in Mandaue City; and the Anakpawis – Looc Chapter in Looc, Lapu-lapu City. After the first project was finished, the second project was conceptualized by all partners and then implemented. The third project was similarly conceived in the course of the second project as its continuity. Through this participatory process, the project reaped its invaluable fruits.

We would like to express our sincerest gratitude to the following, namely: Beatrice GALONNIER, Asmae Nurse Volunteer who first introduced Asmae to us; Jeanne MARTIN, Asmae Visayas-Mindanao Coordinator; Maud BERNARD d’HEILLY who took over her position; and Anne-Sophie PETRI who followed Ms. BERNARD d’HEILLY. Through monitoring visits and regular communications, the three Asmae Visayas-Mindanao Coordinators greatly helped to ensure the success of the projects. Ms. BERNARD d’HEILLY particularly judiciously brainstormed with us the objectives and details of the second project and the third project, worked with us in accomplishing the different project documents and gave us invaluable advices and guidance.

We would also like to thank Marie DARMAYAN, Asmae Head of Asia Department, who visited our office on February 24, 2010, and Damien KIRCHHOFFER, Director of Operations, who introduced to us the Partnership Strategy Document which proved very useful to us.

We would also like to give credit to the leaders of the three people’s organizations, their various committees including their health committees and community health workers (CHWs) all of whom worked devotedly and zealously with the VPHCS in pursuing the mission of the projects. Without their unceasing support and participation, the projects and their gains would not have been possible.

The projects may have come to end on December 2010, but the fruits that they have borne in terms of enhanced capacities of the three people’s organizations to deliver much needed health services to their members and residents of the three communities and the strengthened organizational capacity of the VPHCS shall always be etched in the pages of the history of the community-based health programs movement in Cebu.

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For nearly three years, from March 2008 to December 2010, the Visayas Primary Health Care Services, Inc. (VPHCS) worked hand in hand with the Asmae-Association Soeur Emmanuelle to improve the health and welfare of three urban poor communities in Cebu. The fruitful partnership benefited tremendously the residents of Sitio St. Mary Grace in Barangay Talamban, Cebu City, Sitio Back of Matimico in Barangay Subangdaku, Mandaue City, and Sitio Salvage in Barangay Looc, Lapu-lapu City.

The VPHCS also reaped meaningful gains in terms of organizational strengthening and capability building to pursue its programs and services in a more systematic, effective and efficient manner.

One project evolved into the second and then into the third. The first project, “Capability Building on Community-based Health Programs in Cebu: Community Diagnosis” in March 2008 to August 2008 was followed by the second project “Promotion of Environmental Health and Child Nutrition in Community-based Health Programs in Cebu and Strengthening the Sustainability Aspect of the VPHCS” in April 2009 to December 2009 and the third project, “Strengthening and Sustaining the Community-based Health Programs in Cebu” in January 2010 to December 2010.”

Contact with Asmae was first established with Beatrice GALONNIER, ASMAE Nurse Volunteer who volunteered in one of the medical missions of the VPHCS in Barangay Montesuerte, Carmen, Bohol on April 14, 2007 after being invited by a VPHCS staff member in Bohol who was her friend. She went to the VPHCS office in Cebu and introduced the management committee to Jeanne MARTIN, then Visayas-Mindanao Coordinator. A partnership with VPHCS was established with Asmae through Ms. MARTIN and the first project was born.

Generally, the whole project is part and parcel of the community-based health programs (CBHP) building endeavors of the VPHCS for the past several years.

Such mission of the VPHCS was born based on the reality of the prevalence of many common diseases that could otherwise be prevented and treated easily. Such diseases like pneumonia, diarrhea, measles and tuberculosis have consistently been the top leading causes of morbidity and mortality in the local and national levels. This could be contributed by factors such as the lack of capacity, knowledge and skills of the people in the primary level to prevent such diseases, and the lack of resources and funds for tertiary care.

The VPHCS has always worked with people’s organizations and their health committees in its health endeavors. At the core of the health committees are community health workers (CHWs) who are trained to provide basic health services to the families under their care, render health education, prepare herbal medicines, encourage residents to participate in community activities on health, bring patients to clinics or hospitals and facilitate community meetings to discuss relevant issues.

In this project, the three communities were selected after consultations were made with people’s organizations in Metro Cebu in early part of 2008. These included the St. Mary Grace Neighborhood Association in Barangay Talamban, Cebu City, the Kaming Lumulupyo waly Sandigan (KALUWASAN) in Sitio Back of Matimico, Barangay Subangdaku in Mandaue City and the Anakpawis – Looc Chapter in Sitio Salvage, Barangay Looc, Lapu-lapu City.

Community participation and involvement in designing and implementing the health programs is a hallmark in CBHPs and is the cornerstone in the primary health care approach of health service delivery. Thus, throughout the projects, the communities through their people’s organizations were always involved in the planning and implementation of their health programs that concretely addressed the problems identified in the community diagnosis that was made in the first project. Thus, there was a spirit of zeal and a sense of responsibility, open enthusiasm and utmost interest among the people that contributed greatly to the success of the projects.
Capability-building on Community-based Health Programs in Cebu: Community Diagnosis

I. Introduction

The project, “Capability-building on community-based health programs in Cebu: Community diagnosis” was implemented from March 2008 – August 2008. The project involved three phases. The first phase involved the community diagnosis of the three communities in order to gather data on the socio-demographic profile and health conditions in these communities. The second phase involved the dissemination and validation of the results of the community diagnosis among the leaders of the people’s organizations in the three communities. In the third phase, the leaders met with the members to plan their courses of action in response to the survey results. The plans of the three organizations were then discussed with the Visayas Primary Health Care Services, Inc. (VPHCS) in order to come up with a project proposal which would serve as the basis for the second project.

II. Objectives

The project aimed to achieve the following objectives, namely:

A. Survey

1. To describe the socio-demographic factors of residents of Sitio St. Mary Grace in Barangay Talamban, Cebu City, Sitio Back of Matimco in Barangay Subangdaku, Mandaue City, and Sitio Salvage in Barangay Looc, Lapu-lapu City. These include household composition, parents’ age, education, place of origin, occupation and income, residence status, household facilities, toilet facilities, water supply and garbage disposal.
2. To determine the prevalence of common health problems affecting the residents in the areas and the causes of deaths.
3. To determine the immunization status and nutritional status of the preschoolers.
4. To determine the health services available in the community and how they are being utilized by the residents.
5. To determine the methods of family planning practiced by the residents.

B. Community feedback

1. To present the results of the survey to the Community residents for discussion and validation in order to identify priority problems that can be feasibly addressed.

C. Community planning

1. To plan with the communities the courses of action to address the health problems identified in the community feedbacking.

III. Methodology

Consultations with leaders of the people’s organizations were held in March 2008 regarding the project. They are, namely: the Kaming Lumulupyo walay Sandigan (KALUWASAN) in Back of Matimco, the St. Mary Grace Neighborhood Association in St. Mary Grace, and the Anakpawis – Looc Chapter. They all expressed enthusiasm and cooperation in the project.

The organization Kaming Lumulupyo walay Sandigan (KALUWASAN), translated to Cebuano, means literally, “We Residents without Support.” The name expresses the sentiments of the people that they are deprived of basic social services by the government, as evidenced in the perennial problems of drainage and threat of demolition of their houses. However, the acronym, KALUWASAN literally means freedom which expresses their determination to work together to free themselves from their hardships.

Anakpawis, a Filipino term, literally translated, means Sons of Sweat, meaning, its members are all from the toiling sectors of society – the peasants, workers, urban poor, the marginalized and depressed groups. It is a national organization that has chapters in various provinces and regions.
A. Socio-demographic profile

More than 70% of the couple respondents in the three communities were between the ages of 20 to 40 years old, within the reproductive age group and thus still capable of bearing more children. Already, nearly 60% of the families in St. Mary Grace, 45% in Sitio Salvage and 30% in Sitio Back of Matimco had five to six members in the family. Such data suggested the need to promote a family planning program that would conform to their economic capabilities.

One asset in the communities was the close-knit ties among families, an asset which was a favorable factor in initiating collective endeavors to improve their situation. Neighbors knew each other and readily lent a hand whenever the need arose. Majority (66% in Sitio St. Mary Grace, 59% in Sitio Back of Matimco, and 72% in Sitio Salvage) have lived in their homes up to 20 years or more. In spite of the difficult housing and living conditions that they live in, particularly in Sitio Back of Matimco and Sitio Salvage, they chose to stay in their homes which were close to their sources of livelihood. In Sitio Back of Matimco for instance, the people resisted moves by the government officials to demolish their houses and refused offers to relocate them to other barangays in Mandaue City because the relocation sites...
were far from their sources of livelihood and entailed more expenditures for transportation.

Religion enforced such close-knit ties among families and remains an influential factor in community life as the majority were Roman Catholics. Members of the families often showed deep affection and respect for their fellow members and this was reflected in the communities as little children were often seen kissing the hands of their elders upon entering the home, and the children caring for their elderly parents.

B. Economic status

About 80% of the heads of the families in all the sitios were laborers who worked with machines or tools (carpenters, construction workers, factory workers, machine operators, welders, production workers and the like) or service workers who provided services to other people (drivers, helpers, vendors, janitors, security guards, and the like). Thus, the majority were hired workers and paid the minimum wage mandated by the law or even less. Income for the majority (74% in Sitio St. Mary Grace, 88% in Sitio Back of Matimco, and 86% in Sitio Salvage) was less than or equal to P 6,000 a month. With an average family size of four to five members, majority of the respondents were living at P 50 or below per person per day, or below the poverty line.

In all the sitios, the mothers were mostly full time housewives (75% in Sitios St. Mary Grace and Back of Matimco and 50% in Sitio Salvage). They were the ones at home doing all sorts of household chores – washing clothes, cooking, cleaning, taking care of the children – while their husbands went to work. Their constant presence in their homes was another asset that can be considered when collective endeavors such as health activities are initiated that call for their participation. Since mothers are the caregivers and health service providers of their children, they can be encouraged to join activities that equip them with knowledge and skills to institute preventive measures to control common diseases and that promote health practices.

C. Housing, water and environmental sanitation

Because of their economic status, the residents in all the sitios lived simply in houses made of cheap and light materials built close to one another. A few had concrete houses. Majority of the houses in all the sitios were small, one-room, and just enough to accommodate all the members of the family who slept together and ate together.

In all the sitios, 70% to nearly all of the residents built their own houses with their own resources while a minimal number rented their houses. However, except in Sitio St. Mary Grace, the residents were all squatting on government land and face the constant threat of demolition. They simply have no choice but to stay in place.

Water, a public utility that is indispensable to life, which most of us take for granted, can become costly, as it was and still is in the three sitios. Although water for washing and bathing is available free from artesian wells in Sitio Back of Matimco and Sitio Salvage, water for drinking has to be bought in all the three sitios, being sourced through a piped system connected to the public water system, the Metro Cebu Water District (MCWD). It is in Sitio Back of Matimco that the piped water system is owned and managed by the people’s organization and the profits, after payment to the MCWD, are plowed to the organization’s projects particularly the pouring of gravel and stone to cover their constantly flooded ground. Another problem was the need to transport pails and containers of water from the artesian wells or the piped water source to the houses, and to store them, making the residents face the risk of contamination of the water with bacteria and dirt that can cause diarrheal diseases. This was another area for health intervention that is, to provide people with readily accessible clean water.
Flooding in Sitio Back of Matimco resulted from absence of a drainage system. Blocks of stone and cement served as pathways.

Except in Sitio St. Mary Grace, environmental sanitation was very poor in the sitios. Flooding resulting from accumulation of drainage from three neighboring companies and the absence of drainage out from Sitio Back of Matimco made the place filthy and the residents prone to diarrheal diseases. In Sitio Salvage, because the sitio is in the seacoast, sea water constantly abounds and flooding worsens during heavy rains. Flooding is aggravated by the lack of toilet facilities in Sitio Back of Matimco and Sitio Salvage. Even if there was a communal toilet in Sitio Back of Matimco which was built and managed by the people’s organization, some residents still defecated in the open waters. Flooding and lack of toilets were further worsened by the lack of a garbage collection system. Being in the interior far from the highway where no garbage trucks could pass by, the residents in all the sitios disposed of their garbage in their surroundings. Garbage was either burned or simply dumped and thrown to the neighbors’ backyards or outside one’s own house. The situation was better in Sitio St. Mary Grace since there was a lot of open space where garbage can be burned.

**D. Health situation**

Common health complaints and illnesses in the sitios were cough and colds, fever, headache, hypertension, diabetes, diarrhea, dental problems, ordinary wounds and skin diseases.

With regards to health practices, approximately one-fourth to one-third of the residents in the sitios either went to the health centers, or to private doctors or simply took medications without medical consultation when illness struck. While the practice of health-seeking in centers or health professionals may be commended whenever serious or potentially serious diseases are present, the practice of self-medication may be commended if the mothers are equipped with knowledge and skills on basic home remedies and can adeptly recognize if an illness can just be readily managed at home or can be potentially serious if no medical consult is done, such as a cough is simply due to an upper respiratory viral infection or is already pneumonia. Furthermore, the lack of knowledge on the prevention of such diseases was an area of intervention as the majority were ill-equipped on such measures. And as the adage goes, “an ounce of prevention is better than cure”— statement central to the practice of primary health care and community development. The need to train volunteer health workers in the communities was thus addressed in the project.

It is commendable that maternal and child health care was thought of as very important, with majority of the respondents in the three sitios saying that they availed of the public health centers’ pre-natal check-ups, natal services, immunization of the children and weighing of the children. Many deliveries in the three sitios were done by the government midwives while a few were by private doctors and traditional birth attendants. Majority also said that barangay health workers visited their sitios. Immunization was felt just as important, with nearly all of the children surveyed having been adequately or completely immunized according to the government’s Expanded Program on Immunization.
The drainage problem was not as serious before and water used to ebb in a day when the drainage from the sitio to the neighboring sitio, Sitio Malibu, that is located in the North Reclamation Area adjacent to the sea, was still intact. However, with the construction of more shanties in Sitio Malibu, the drainage was closed. Opening the drainage would entail the demolition of the shanties in Sitio Malibu and the relocation of the affected residents. However, the Sitio Back of Matimco residents found this to be the only recourse left. They planned to go to the barangay council of Sitio Malibu and Sitio Back of Matimco, to the Mandaue City engineering officer and to other government officials in order to present their proposal. The leaders in Sitio Mack of Matimco talked with the leaders of the association in Sitio Malibu in order to solve the drainage problem and they agreed to work together.

In the meantime, the residents continued their own arduous efforts to bring rocks and discarded cement from the North Reclamation Area empty lots and bought gravel from the meager profits of their communal toilet in order to address the perennial problem of flooded ground. Cleanliness drives were also ongoing, to pick up by hand and shovel all sorts of garbage that were littered below and between their houses. It was a never-ending endeavor. Big garbage drums were wanting and were requested by the organization from the city government officials.

The health committee of the organization also resolutely planned for its continuing health activities such as health education classes, blood pressure monitoring among the hypertensive residents, growth monitoring of children, and a nutrition program for preschoolers. They planned to set up a one-room wooden health center that serves as a day-care center as well near their basketball court. With funds solicited from generous donors to complement their own hard work to construct the structure, the residents looked forward to seeing and savoring the fruits of their own efforts in the midst of apparent government neglect of their sufferings.

In Purok Yellow Bell, Sitio Salvage, Looc, Mandaue City, it was seemingly impossible to dry up the water beneath the houses because the purok is located just beside the sea. The huge problem lay in the garbage littered in the sea water beneath and around the houses and the lack of footpaths or solid ground that would make passageway safe and easier. Toilets and garbage disposal system were severely lacking in Purok Yellow Bell. Malnutrition was common among the children.

The leaders of the organization mapped out plans to address the lack of toilets and garbage disposal system. Collective cleanliness drives and personal hygiene campaigns were planned. They would also ask the barangay council of Looc for funds for toilets to be built in areas where the ground is not made of sea rocks.

V. Community feedback and planning

The economic status and the difficulties to make both ends meet were cited as the gravest problems affecting the respondents in the three sitios. In terms of health issues, the major problems concerned environmental sanitation particularly in Sitio Back of Matimco and Sitio Salvage, and not so much in Sitio St. Mary Grace. The perennial flooding in Sitios Back of Matimco and Salvage even during dry season with filthy water littered with garbage constantly beneath the floors of the houses posed serious environmental health hazards such as diarrheal diseases.

The government officials solved the drainage problem in Sitio Back of Matimco with a machineto drain the stagnant water but it was merely a stop-gap or band-aid as the machine gasoline cost was exorbitant and water reaccumulated after the suctioning. Offers to relocate the people to a far-flung barangay in Mandaue City were also rejected as it would dislocate them from their means of livelihood. Promises of electoral candidates remained unfulfilled after they were seated in office.

The community feedback in Sitio Back of Matimco aroused the people to explore other ways to solve the drainage problem. Although maternal and child health care was given high importance in the three sitios, many preschoolers were noted to be underweight in the face of the lack of adequate sources of livelihood and income among the families.
They also thought of coming up with a nutrition program for the children, consisting of operation weighing of all the children in the sitio, health education on nutrition for the families and a feeding program.

Plans to make herbal medicines such as lagundi syrup were also made in order to address the problem of common cough and colds prevalent in the sitio.

In Sitio St. Mary Grace, the problems affecting the residents had existed for several years, worsened today by the worsening economic crisis affecting the nation and by the apparent lack of government basic services. The local people’s organization has struggled to work for improvement of their living conditions, particularly in the field of health services and environmental sanitation.

During the feedbacking done on July 5, 2008, the leaders of the St. Mary Grace Neighborhood Association saw the need to prioritize problems and determine their feasibility for solutions to be worked out, which problems were long-term or short-term, and which would require only local resources or outside logistics.

They identified their main problems to be the economic crisis and the difficulties to buy the basic necessities particularly food. In order to improve their economic situation, the leaders said they would explore the possibility of setting up a poultry of chicken. They had open spaces of land for the poultry. This economic enterprise however entailed business plans and feasibility studies which the leaders said they would ask other non-government organizations to help them.

In the aspect of health, the leaders identified hypertension and common cough and colds to be the main problems. The members of the health committee who were present in the feedbacking said they would initiate a campaign on healthy lifestyle, monitor those who were hypertensive and advise them to seek medical consultation in the government centers. They also said they would make herbal preparations such as lagundi for cough and colds. The health workers were actively working on this aspect after being trained by the VPHCS in a three-series of basic health skills training (BHST) in 2008.

The organization also planned to set up a small one-room wooden health center in the sitio beside the basketball court and chapel where they held public gatherings. Before the demolition, the chapel also served as a day-care center for 30 children, an initiative project of the organization and the foundation AKAP BATA. With mothers mostly housewives, the prospects of having corollary education and health activities in a focused venue was very attractive to the organization. With a modest fund solicited from donors for wood and some furniture of the center complemented by their own labor to construct the center, and the readiness of the CHWs to volunteer in manning the center, the project would indeed go a long way towards improving the health situation of the sitio.

VI. Summary and conclusion

The community diagnosis project in Sitios Back of Matimco, Salvage and St. Mary Grace not only reiterated the problems long existing in the communities but aroused the people to rise up from their years of complacency and passivity that nothing can be done anymore in order to explore means and ways to address these problems. The diagnosis also made more apparent the neglect or futile efforts of the government to squarely address the problems particularly the drainage, flooding and garbage problems in Sitios Back of Matimco and Salvage. Although the people had been resigned to the fact that government authorities including the local barangay and city government officials had not showed any concern and it was utterly fruitless to ask them to do so, the community diagnosis project had, through a series of meetings, made them rethink and moved them to approach the government officials. After all, they said, they are citizens, they pay taxes, and the government has the duty and responsibility to provide very basic social services to its people, particularly water, decent housing, garbage disposal system, and health -- the very basic social services lacking in the sitios as evidenced in the project.
Promotion of Environmental Health and Child Nutrition in Community-based Health Programs in Cebu and Strengthening the Sustainability Aspect of the Visayas Primary Health Care Services, Inc.

I. Background

The project consisted of two main parts, “Promotion of Environmental Health and Child Nutrition in Community-based Health Programs in Cebu” and “Strengthening the Sustainability Aspect of the Visayas Primary Health Care Services, Inc.”

The project was conceived after the first project in March 2008 to August 2008 identified the priority health needs of the three communities that became the basis for the first part of the current project. In line with Asmae’s thrust to extend organizational support to its partners, the second part was conceived after a series of consultations with Asmae Visayas and Mindanao coordinator, Maud BERNARD d’HEILLY in late 2008 and early 2009. The needs of the VPHCS to strengthen its capability on resource generation and monitoring and documentation of its programs were identified that became the second basis for the current project.

The project upon its conceptualization was intended to be a three-year project to start on April 2009. Initially, only the first year was defined and for it to end on March 2010 instead of the standard Asmae January – January time frame. The second two years would be defined after an evaluation of the first year. However, during a meeting on July 20, 2009, Ms. BERNARD d’HEILLY reported about Asmae’s adjustment of its themes, among which was that purely primary health care programs was not anymore one. Thus, Asmae was willing to support the project until December 2010.

The project implementation was based on four objectives, namely:

1. Strengthen the capacities of health committees, community health workers (CHWs) and the people’s organizations to manage their community-based health programs.

2. Improve the environmental sanitation in Sitio St. Mary Grace, Sitio Back of Matimco and Sitio Salvage.

3. Improve the nutritional status of children below six years old in the three sitios.

4. Strengthen the capability of the VPHCS to plan, manage and sustain its programs and services.

II. Communities

Since the project was implemented starting April 2009, the people’s organizations (POs) in the three project areas sustained their efforts to promote health and prevent disease. Led by the St. Mary Grace Neighborhood Association in Sitio St. Mary Grace, the Kaming Lumulupyo walay Sandigan (KALUWASAN) in Sitio Back of Matimco, and the Anakpawis – Looc Chapter in Sitio Salvage, the project reaped valuable gains in terms of enhanced population health awareness and improved health practices. The three POs applied the primary health care approach in collectively planning, implementing and evaluating their health programs to address their common health issues. Community involvement and participation is the essence of community-based health programs (CBHPs).

In all the three sitios, separate monthly meetings between the VPHCS management committee and the leaders of the people’s organizations were conducted. Area visits by the VPHCS fieldworkers were regularized. The health committees and the associations of the three sitios also had regular monthly meetings.

A basic health skills training of the CHWs from the three sitios was held on August 7, 8, and 9 in a local barangay hall in order to save the costs of board and lodging. A total of 21 CHWs from the three sitios attended the trainings. They had already participated in past basic health skills trainings conducted by
the VPHCS. The trainings covered the following health problems, namely: (a) infectious diseases particularly acute respiratory tract infections, diarrheal diseases and dengue fever, (b) chronic diseases such as hypertension, (c) child health care particularly nutrition and growth monitoring, and (d) reproductive health including family planning, safe motherhood and adolescent reproductive health.

As a result of the trainings, the 21 CHWs continued to render basic health information and health services, launch community health campaigns, and mobilize their residents to promote health and prevent disease. They used their knowledge and skills and indigenous resources and traditional methods of healing such as herbal medicine, acupressure, and cupping therapy combined with rational Western drugs to treat common ailments.

A total of 29 health education classes were conducted from April 2009 - December 2009 as part of the health campaigns to address the common health issues existing in the barangays, provide information to the residents to enable them to prevent illnesses and maintain health and launch community endeavors together.

A special skills training on leadership was held on August 14, 15, and 16 for the health committees of the three communities. The training taught them how to exercise leadership to ensure that their activities were smoothly planned, implemented and evaluated. Resource persons were from the VPHCS. Twelve members of the health committees of the three sitios joined the training.

In order to address the problem of sustainability of the nutritional rehabilitation of malnourished children, a community kitchen project was introduced in the later part of the year to complement a feeding program. The community kitchen managed by the PO sold nutritious food and profits generated were used for the feeding program. A total of 68 children availed of the nutritional program.

The construction of the three health centers was scheduled in the timetable to be in the first quarter of 2010 after sufficient trainings, health education classes and services of the CHWs and the capability of the POs would have been fully laid down for them to manage the health centers.

The full implementation of the project was however delayed in Sitio St. Mary Grace because a series of demolitions enforced by the courts due to an ongoing land dispute had disrupted the residents’ normal daily living and livelihood. The full implementation was finally in place in October.

III. Individual community project updates

**Sitio St. Mary Grace**

Sitio St. Mary Grace has been the site of a long drawn land dispute between the residents’ association and three big

Trained community health workers take blood pressure of their fellow residents and process lagundi syrup, an herbal medicine for cough.
corporations claiming ownership of the 22,927 square meters property. As a result, staggered demolition of all 85 households occurred on April to May 2009 and on September 2009, by police and demolition teams as ordered by the Regional Trial Court Branch 5. Court cases are still pending in court and the residents have been prohibited to rebuild their houses and continue until the present to live in makeshift houses without study walls and floors. As a result, even after the demolitions had stopped, many of the residents especially the children came down with colds, cough and fever and the normal daily routines were very severely affected. It took some time before the residents adjusted to their harsh environments and being exposed constantly to the hot days, cold nights and sudden rains.

However, the residents are blessed with their ever hardworking community health workers trained by the VPHCS to render basic services. In peaceful and tense moments, the CHWs attended to the health needs of the people, giving paracetamol tablets and home-processed lagundi syrup to those with cough and fever. When tensions ran high, they checked the blood pressures with their sphygmomanometer and stethoscope. The CHWs have remained active doing home visitations and ever watchful of any illness that may occur.

The full project implementation was put on hold until October 2009 by the residents’ association. The nutritional rehabilitation of malnourished children and health education classes were temporarily shelved since the demolitions disrupted their normal activities and livelihood as they tried to save and keep safely whatever personal belongings they had while trying to have makeshift roofs on their heads, floors to sleep and walls to keep away the cold. Furthermore, their chapel located in the center of the property which used to serve as their place of gatherings, clinic, health education classes and day-care center was destroyed except for the altar with the figurines of the saints and the child Jesus.

After the demolitions stopped on June 1, 2009, meetings and actions of the association concentrated on going to the courts to file a counter claim to nullify the Certificates of Title and Tax Declaration of the three parties claiming ownership with a petition for the issuance of a writ of preliminary injunction against the three parties. The claim was filed on June 4, 2009 in the Regional Trial Court by the president of the residents’ association, Julian Libato, who has papers that the property is owned by his own father, having bought it in 1963. Three hearings were held on June 18, July 15, July 25 and in the Regional Trial Court with the residents themselves contributing financially to pay the court fees and attorney’s fees. Until now, there has been no favorable action from the court.

From the original 85 households before the demolitions started on April 20, 2009, the present households number 56.

With semblance of normalcy returning to the sitio in October 2009 after the demolitions completely stopped, the full-blown implementation of the project started. Meetings between the VPHCS fieldworkers and the leaders and members of the association were held and the details of the project discussed. Thus, the monthly health educations and the community kitchen and nutrition program started.

A medical mission was also held on October 17, 2009 with the CHWs assisting VPHCS medical personnel in checking up patients mostly suffering from upper respiratory tract infections...
and skin problems. Homeopathic remedies were the mainstay of treatment which gave relief.

Of the 60 children less than 72 months old weighed in October, 15 had weights below normal and they were the beneficiaries of the feeding program. Feeding was conducted two times a week with funds generated from the profits of sales of the viand in the community kitchen.

The constructions of the health center, toilet and water system were put on hold because of the uncertainty of permanent residency of the people in the sitio.

**Sitio Back of Matimco**

Sitio Back of Matimco had perennially been noted for its two huge swamps and several large pools of water, flooded pathways and murky water underneath houses that resulted from the absence of a drainage system for the wastes flowing from two lumber companies and one ammunitions manufacturing factory that surround the sitio.

In 2009, the drainage problem and the constant flooding of the sitio appeared to have been solved with the reclamation of the huge swamp separating the sitio from Sitio Malibu. Tons of soil, gravel and stones were dumped by backhoes into the swamp, transforming it into land.

However, the KALUWASAN objected to the barangay council to stop the reclamation since the solution was to make a drainage system connecting the exit drainage systems of the three companies (which is the entrance of Sitio Back of Matimco) to the end boundaries of the sitio and Sitio Malibu. Such drainage system would pass an underground culvert in Sitio Malibu which is now non-functional after houses were built on top of it. The association demanded that the barangay consider restoring the culvert to allow drainage to pass in it but since this entailed the demolition of the houses built on it, the barangay refused.

The KALUWASAN also demanded to stop the reclamation of the swamp which would make the ground become elevated while sitio Back of Matimco would become much lower, making its flooding much worse and waters reaching up to knees high. The reclamation was stopped temporarily but resumed until the swamp was fully reclaimed. Houses were then built on the reclaimed land.

To prevent the flooding of their houses from being worse due to the higher ground in the reclaimed land compared to
their lower ground, the residents in Sitio Back of Matimco, using shovels and pails, carried gravel and land from the reclaimed land and dumped them in between and below their houses and in footpaths and alleys.

Today, it is now easier to walk in certain parts of Sitio Back of Matimco without fears of having to walk through murky waters in the footpaths. But still, pools of dirty water are scattered in between and underneath several houses. In the area just beside the big fence of the Matimco lumber, the very deep swamp still persists. During rainy weather, waters are still knee-high. The drainage problem has not been solved yet.

In spite of this, the CHWs continued to render their services in their little chapel. Operation blood pressure was conducted every Friday with at least 20 patients seeking consultation. Ventusa was also done for those complaining of muscle aches after a day’s hard work since it is a form of deep massage. Patients’ records were kept by the CHWs. Lagundi syrup was also processed by the CHWs and given to patients.

An environmental sanitation campaign for cleanliness was sustained with the youth taking an active part in collecting the trash and putting in a big garbage drum that was given to the sitio after a dialogue between the residents of the entire barangay and the Mayor of Mandaue City in July 2009.

Monthly health education classes were held in the chapel of the sitio. Since hypertension was deemed to be a problem as seen in the weekly BP taking, the health workers advised the patients to have a low-salt, low-fat diet, to have regular BP monitoring, to take medicines, and to adopt a healthy lifestyle. The use of herbs like lemon grass and garlic was also encouraged.

A basic health skills training for new CHWs was conducted in October 9 and 10, 2009. Young, intelligent and high school teenagers eagerly studied how to take blood pressure, perform ventusa services, read the thermometer and render basic home remedies for cough, colds, fever and other common ailments.

As part of the nutritional rehabilitation program for malnourished children, an operation timbang (Cebuano term for weighing) was conducted in October in order to identify those who were malnourished. The CHWs went around the houses, took the weights of children less than 72 months old, came up with a list and classified them according to the Department of Health (DOH) classification. Of the total 87 children, 23...
were malnourished and enrolled in the nutritional rehabilitation program.

The community kitchen started operation in November. The young CHWs were assigned tasks to man the kitchen including marketing, cooking and selling of the viand. Profits were used in the feeding program conducted three times a week.

**Sitio Salvage**

In Sitio Salvage, Looc, the Looc Anakpawis Chapter residents’ association composed of 230 individual members from more than 50 households in four puroks (villages) in the sitio conducted its health services through its five trained CHWs.

A small kiosk served as a meeting place and venue for health education classes of mothers and the CHWs and check-up center, regular blood pressure taking and processing of lagundi syrup.

An operation timbang of children less than 72 months old was also conducted in October 2009 in order to identify those who had normal and below normal weights. Of the total 100 children, 30 were malnourished. They were enrolled in the nutritional rehabilitation program incorporated in the community kitchen project that started in November.

**IV. VPHCS organizational strengthening**

A strategic planning workshop was conducted on June 29 – July 1 following the organizational evaluation workshop conducted on June 24 - 26. The organizational evaluation of the strengths and weaknesses of the VPHCS was conducted prior to the strategic planning in order to come up with an objective assessment of the VPHCS that would serve as the basis for the formulation of its strategic plans. All staff members and selected field workers of the VPHCS in Cebu and Bohol and representatives of the Board of Trustees were present in the two workshops held at the Institute of Religion and Culture seminar house in Guadalupe, Cebu City.

During the organizational evaluation workshop, a review of the annual assessment of the VPHCS for the past five years from 2004 to 2008 was first conducted. This was followed by environmental scanning. This served as an adequate preparation for the strategic planning spanning 2010-2014. A SWOT analysis – strengths, weaknesses, opportunities and threats – was also done. The vision, mission, goals, objectives, strategies and programs of the VPHCS were revisited and revised. The major benchmarks for each program were then plotted in a gantt chart and a timetable made.

The results of the organizational evaluation workshop and strategic planning were presented during the November 14, 2009 annual meeting of the Board of Trustees which approved them.

In order to come up with concrete effective ways to address the problem of strengthening the financial capability of the VPHCS to generate funds and other resources as pointed out during the project conceptualization with Ms. BERNARD d’HEILLY, Asmae provided the VPHCS a form on needs assessment in fund raising. The VPHCS management committee judiciously studied and filled it up and submitted to Asmae on July 2009. Essentially, the form stated that fund raising in the past was highly focused on submission of project proposals to foreign funding agencies. It was only in the recent year that local income-generating projects were explored. The VPHCS needed outside support for it to systematically and effectively address its organizational limitation on fund raising.

Responding to the need of the VPHCS for assistance in expanding its fund raising work, Asmae conceived of a local mission on fund raising and recruitment of a fund raising specialist, many of which applied for the position. Ms. Lani Bayron, a social work graduate with intensive experience in such work in the Department of Social Welfare and Development and
a non-government organization, the Consuelo Alger Foundation, was eventually hired for the mission. Ms. Bayron visited the VPHCS office and integrated with its staff and its three project communities on December 7 – 11, 2009. She subsequently went back to VPHCS in January 2010 to work with the VPHCS in formulating its fund raising policies and resource generation plan.

On the community health insurance project that Asmae provided a contribution in the amount of P 20,000 for the seed fund, the Planned Parenthood Federation of America – International (PPFA-I), the funder of the VPHCS youth leadership reproductive health project under which the insurance project was to be implemented, withdrew financial support for the insurance project. The Board meeting in November also recommended for the shelving of the community health insurance project because it entailed a huge capital that VPHCS was not able to provide through its funders. It was subsequently decided between Asmae and VPHCS to transfer the seed capital of P 20,000 into the 2010 project.

An outstanding highlight in 2009 was the intensive discussion on the Partnership Strategy Document that Asmae provided and worked with VPHCS in order to sharpen the understanding of both parties on the organizational partners, resources, strengths, weaknesses and needs of VPHCS, its past relationship with Asmae, and more effectively define the bases for future partnership. This document included the following, (a) General information of VPHCS that included its human resources and beneficiaries in 2007 – 2009 and funding sources from 2005 – 2009 and percentage of Asmae support, (b) Historical facts and data about the partnership from 2008 – 2009 that included the projects supported by Asmae and means of intervention and key events for and with VPHCS, (c) SWOT of VPHCS, and (d) Strategy for supporting VPHCS in 2010.

The strategy for supporting the VPHCS by Asmae was outlined in two levels, the organization’s level and the operational level. Brainstorming and filling up this strategy form proved to be very beneficial since it provided a better understanding of the VPHCS main strengthening needs and mapped out the objectives for 2010 in response to the strengthening needs identified, the means of intervention from Asmae, and the indicators of the latter. The budget for the project for 2010 was later formulated in consonance with such objectives and indicators.
I. Introduction

The third and the last project, “Strengthening and Sustaining the Community-based Health Programs in Cebu” was implemented in January 2010 – December 2010.

It had the following objectives, namely:

1. Improve the capacity of the VPHCS to tap local and foreign sources of funding for sustainability of its various programs and services.
2. Enhance the capacity of VPHCS to maximize its resources in order to generate income for its programs and services.
3. Monitor and document the projects, activities, methods and resources of implementation in the three communities and come up with monitoring and documenting tools that can be duplicated to other programs.
4. Build the health centers and ensure the continued training and education activities and health services in the communities and monitor and document them.
5. Continue the implementation of the community kitchen and document on the process.
6. Establish the water system and ensure proper maintenance of safe water supply (Sitio St. Mary Grace).

II. Organizational capability building

A Capacity Enhancement on Fund Raising Mission was embarked in the project in order to develop the VPHCS understanding of the different sources of funds, provide supportive mechanisms to enable it to become more effective in searching for and responding to fundraising opportunities and to assist it in creating and improving adapted fund raising methods and tools.

A Fund Raising Specialist, Ms. Lani Bayron, worked actively and closely hand in hand with the VPHCS management committee and staff in achieving the objectives. A training needs analysis (TNA) tool was first prepared by her and answered by the VPHCS management committee that identified the organizational mechanisms, needs, past and current experiences and practices of the VPHCS related to fund raising. The TNA was discussed in the mission and used as the basis for developing the content of the Mission inputs.

Four seminars were conducted in the VPHCS office by Ms. Bayron, with the following outputs, namely:

1. January 26 – 29, 2010 - An organizational paper on fund raising policies and procedures was drafted and finalized by the management committee and staff. Based on this, a resource generation including fund raising, plan for 2010 was also drafted which subsequently underwent three revisions until it was finalized in May 2010 with a member of the Board of Trustees. The two papers were presented, discussed and finalized in the annual BOT meeting on November 22, 2010.

2. April 7 – 10, 2010 – Seminar on sustainability planning. The concept of setting up an endowment fund for the VPHCS was elaborately explored after successful case studies were presented and the management committee drafted a proposal that was presented to the BOT meeting.
3. May 25 – 27, 2010 – Seminar on project development and management, and marketing planning for Balay Kahimsog, the training center of VPHCS in Bohol. A marketing plan for the Balay Kahimsog center was drafted and finalized that provided guidelines for the operation and generation of income of the center. Such marketing plan is the first paper ever to be written on such project.

4. June 23 – 25, 2010 - Program marketing, communication planning and social enterprise inputs were provided to the staff.

The seminars utilized lectures and workshops and provided reference materials and information, education and communication materials. VPHCS executive director Dr. Petty Orbeta de Castro who represented the VPHCS in two Asmae fund raising seminars in Manila on March and June 2010, also shared her learnings and insights during the seminars.

The VPHCS staff members who attended the seminars became knowledgeable on fund raising activities. The members were able to broaden their original understanding that fund raising was not limited to project proposals to funding agencies which were the concern of only the management committee. Instead, the staff members realized that fund raising is a multi-faceted endeavor encompassing several aspects and that each one has a role and contribution to make it successful and sustainable.

The Mission also provided the VPHCS with a list of potential foreign and local donors and their websites; this was used by the VPHCS to explore funding agencies for possible partnership.

The Mission also participated in the finalization of a project proposal that the VPHCS submitted to the Asian Community Trust (ACT) based in Japan which was subsequently approved on March 2010.

The VPHCS wrote the Consuelo Alger Foundation which replied that it would introduce the organization to its local partners with similar programs on family planning and reproductive health.

Because the Mission was primarily determined based on the training needs analysis prepared by the Mission and were attuned to the needs identified, the learning sessions were marked with the full participation of the VPHCS staff. Thus, the mission came up with unprecedented results including a resource generation plan, fund raising policies and procedures, a marketing plan for its Balay Kahimsog center project, and a prospect to generate a buffer fund in preparation for the setting up of an endowment fund in the future. These were institutionalized after presentation during its annual Board of Trustees meeting on November 22, 2010.

Other key factors in the success of the Fund Raising Mission included the sense of responsibility of the VPHCS for the success of the project, its active involvement and participation, and its commitment to institutionalize its sustainability program. We also hope that we shall effectively stand on our own in terms of enhanced capacity on fund raising and actual generation of funds and resources for our various programs and services.

In summary, the Mission has greatly enhanced the capacity of the VPHCS on fund raising to generate resources in a sustainable and institutionalized manner for its programs and services.

III. Operational level (community projects)

Four basic health skills trainings were conducted in 2010 for 21 CHWs from Sitio St. Mary Grace (5), Sitio Back of Matimco (10), and Sitio Salvage (6). The trainings were a review of the topics of the first training conducted in August 2009 and discussed new topics that would be useful for the health work of the CHWs.

A pre-test and a post-test before every training were done to measure the knowledge gained by the participants.

The first training covered the following topics: (1) basic health orientation (Philippine health situation and the people’s response), (2) health awareness / concepts of health and disease, (3) health promotion and disease prevention (personal hygiene and fitness, nutrition, promotion of immunization), and (4) environmental health awareness (safe water supply and sanitation).

Ms. Bayron shares her expertise on fund raising with the VPHCS staff.
The second training covered the following topics, (1) basic home remedies, (2) vital signs taking; (3) common signs and symptoms and their management at home; (4) basic acupressure, (5) rational drug use and herbal medicines, and (6) ventusa.

The third training covered the following topics: (1) basic anatomy and physiology; (2) history taking and physical examination, and (3) management of common illnesses.

The last training covered: (1) reproductive health, (2) guide to health mass campaign, and (3) advocacy work.

The project also provided medical equipments and supplies, medicines and clinic supplies. These included blood pressure kits, weighing scales for children and adults, thermometers, first aid supplies and instruments, wound dressing materials, growth monitoring charts, and supplies for patients’ records and health activities. Essential medicines such as paracetamol, pain-relievers, antibiotics, ferrous sulfate and vitamins, anti-hypertensive agents, hypoglycemics, antacids, deworming agents and others were also bought and supplemented the herbal medicines of lagundi (cough syrup) that the CHWs processed.

**Sitio St. Mary Grace**

The long drawn land dispute in Sitio St. Mary Grace between the residents association and three big corporations claiming ownership of the 22,927 square meters property has remained unresolved up to this time. Today, the present households numbering 56, continue to live in makeshift and unsturdy houses.

Nevertheless, the community health workers (CHWs) continued to render their services in their own homes. Operation blood pressure was conducted as the need arose. Ventusa is also done for those complaining of muscle aches after a day’s hard work since it is a form of deep massage. Patients’ records are being kept by the CHWs. Lagundi syrup is also processed by the CHWs and given to patients.

Monthly health educations on pertinent topics including respiratory tract infections, tuberculosis, hypertension and nutrition were conducted; two of them were done by nursing students of the University of Southern Philippines – Foundation tapped by the VPHCS.

The community kitchen sustained the feeding program of malnourished children. Feeding was conducted two times a week. A total of 15 children in 2009 and 25 children in 2010 benefitted from the feeding program and gained normal weights.

The construction of the health center and the water supply system to be funded by Asmae did not push through due to the uncertainty that the residents would be able to rebuild their own houses again as a consequence of the land dispute. It was decided in a November 2010 meeting with Asmae Visayas
–Mindanao coordinator, Ms. Anne-Sophie PETRI that the funds would instead be used for a basic skills training for the CHWs of the three communities.

Monthly meetings of the St. Mary Grace Neighborhood Association were held not only to update the residents on the ongoing court cases but also to discuss and evaluate their health activities. The officers and the CHWs documented all activities in notebooks.

**Sitio Back of Matimco**

With the reclamation of the swamps with tons of soil, gravel and stones making the ground of the area of the sitio much lower compared to the reclaimed land, flooding became worse during rains with the water reaching knees-high. To prevent the flooding, the residents in Sitio Back of Matimco, using shovels and pails, carried gravel and land from the reclaimed land and dumped them in between and below their houses and in footpaths and alleys.

The environmental sanitation campaign for cleanliness was sustained by the youth organized under the D’Visioners Youth Organization collecting the trash and putting them in big garbage drums.

Since the health center built near the basketball court was finished in early part of 2010, all health activities were conducted there instead of the chapel of the sitio. These included weekly blood pressure taking, processing and dispensing of lagundi syrup, health education classes, health information dissemination drives, and the community kitchen with feeding program. Common and essential Western medicines were also dispensed and sold with a minimal profit. The residents welcomed this small pharmacy in the health center that provided them a very accessible source of essential medicines such as Paracetamol, antacids and amoxicillin. Records of patients and activities are also well kept in cabinets inside the health center.

A communal toilet was also constructed inside the health center. The CHWs took turns in manning the center and ensuring the cleanliness of the toilet.

In Back of Matimco, the feeding program benefitted a total of 23 children in 2009 and 48 children in 2010 who gained normal weights. A total of 152 households benefitted from the project.

**Sitio Salvage**

In Sitio Salvage, the Looc Anakpawis Chapter residents’ association composed of 230 individual members from more than 50 households in four puroks (villages) in the sitio also sustained its health services through its five trained CHWs. A total of 138 households including those who were not members of the association benefitted from the services.

Instead of the small kiosk that previously served as a meeting place and health education classes and check-up center, a health center was constructed near the kiosk since it is a strategic meeting point of the members.
from the four puroks. Services such as regular blood pressure taking, processing of lagundi syrup and health information classes are conducted in the health center. Records of patients and activities are also well kept.

The feeding program benefitted 30 children in 2009 and 65 malnourished children in 2010.

A communal toilet funded by the project was built in Purok Yellow Bell since waste disposal here is very poor, with majority of the residents throwing their wastes to the waters beneath their houses or to the seashore line adjacent to the purok.

V. Summary

Since the project started in April 2009, the people’s organizations in the three sitios took the cudgels to pursue health promotion and education and service delivery through their health committees and CHWs, guided by the VPHCS field staff.

On the other hand, the VPHCS in its thrust to strengthen its capacity to plan and manage its programs, pursued an organizational evaluation workshop and strategic planning workshop which subsequently produced its revised philosophy, vision, mission, goals, programs and services and came up with a 2010-2014 strategic plan. This marked a milestone in the VPHCS history since its founding in 1987.

Clearly, the nature of Asmae’s support for its various partners worldwide was expressed through the work of Ms. BERNARD d’HEILLY with VPHCS. Asmae support extends more than and beyond financial support to include technical assistance and organizational development. The provision of a mission, and a fund raising specialist to work with VPHCS in its fund raising and resource generation work for sustainability purposes is indeed invaluable. The intensive discussion of the Partnership Strategy Document also proved to be extremely worthwhile since it defined the 2010 objectives and strategy for support.

Although Asmae’s support for VPHCS ended in December 2010, we are positive that its contribution to VPHCS organizational development and sustainability shall last through the coming decades.
From the very start, the project was conceived with the utmost participation of the VPHCS, the people’s organizations in the three communities and Asmae. Such was deemed essential to its success.

Over the past nearly three years, the project has reaped tremendous gains that shall become indelible legacy to further strengthen the VPHCS as an organization and improve the conditions of the residents in the communities.

I. Operational level (community projects)

In the three communities, Sitio St. Mary Grace, Sitio Back of Matimco and Sitio Salvage, health committees and 21 community health workers (CHWs) trained in a series of five trainings are now leading their respective people’s organizations in health services such as basic home remedies, health educations, operation blood pressure, processing and dispensing of lagundi syrup, dengue campaign, nutrition program and cleanliness drives. Monthly health educations on topics such as respiratory tract infections, tuberculosis, hypertension and nutrition have continued to be launched in the communities. The community diagnosis done in the first project was essential to be able to concretely identify the priority health problems facing the people and draw up the necessary plans and programs that were later implemented in the second and third projects.

The health centers in Sitio Back of Matimco and Sitio Salvage stand as hallmarks of the project since all health activities and services are conducted there. The small pharmacies in the health centers which dispense and sell common and essential Western medicines with a minimal profit are very much availed by the people. Records of patients and activities are also well kept in cabinets inside the health center.

The community kitchen which was started in November 2009 continues to this day in order to sustain the feeding program of malnourished children. Feeding is conducted two times a week. More than 130 children in the three communities have benefitted from the nutritional rehabilitation.

Sitio Back of Matimco which had been perennially beset with flooding and dirty waters underneath the houses has now a cleaner environment. The residents united under their people’s organization, the KALUWASAN, using shovels and pails, carried gravel and land from a neighboring reclaimed land and dumped them in between and below their houses and in footpaths and alleys to prevent flooding. Environmental campaign for cleanliness has also been sustained by the youth.
organized under the D'Visioners Youth Organization collecting the trash and putting them in big garbage drums.

The communal toilets in Sitio Back of Matimco and Purok Yellow Bell in Sitio Salvage in Looc have also greatly improved the environmental sanitation because the residents used to throw their wastes into the waters beneath their houses or to the seashore in Purok Yellow Bell or use an overused old communal toilet.

All activities are properly documented and patients served have individual health records kept in the health centers. However, for St. Mary Grace where a health center was not constructed, the documents are in the safekeeping of the health workers.

II. Organizational strengthening of VPHCS

The organizational evaluation workshop and the strategic planning workshops were highly significant contributions to the VPHCS. After a review of the annual assessment of the VPHCS for the past five years from 2004 to 2008, an environmental scanning was done, both of which served as the basis for the strategic planning spanning 2009-2013. A SWOT analysis – strengths, weaknesses, opportunities and threats – was also done. The vision, mission, goals, objectives, strategies and programs of the VPHCS were then revisited and revised. The major benchmarks for each program were then plotted in a gantt chart and a timetable made.

The 2009 annual meeting of the Board of Trustees later approved the above documents.

Another need that was identified during the project conceptualization with Ms. BERNARD d’HEILLY was to come up with concrete effective ways to address the problem of strengthening the financial capability of the VPHCS to generate funds and other resources.

A fund raising assessment form was filled up by the VPHCS, pointing out that fund raising was highly focused in the past on submission of project proposals to foreign funding agencies and that VPHCS needed outside support for it to systematically and effectively address its organizational limitation on fund raising.

Thus, the fund raising mission was conceived to enhance the VPHCS capacity to raise funds particularly by developing its understanding of the different sources of funds, providing supportive mechanisms to enable its fundraising team to become more effective in searching for and responding to fundraising opportunities, and supporting the fundraising team of VPHCS in the creation and improvement of adapted fundraising methods and tools.

From the very start, the mission was deemed as essential and crucial to the sustainability of the VPHCS so that its staff was very receptive and passionate to engage in the opportunities and learnings that it offered and delivered the expected outputs on time with full and earnest participation. Openness, honesty and respect between the fund raising specialist and the VPHCS greatly enhanced the success of the mission. The relationship
between the Asmae coordinator and the VPHCS was also marked with openness and honesty which also contributed to the success of the mission.

The outputs of the mission included the following, namely:

- Training needs analysis on fund raising
- Fund raising organizational policies and procedures
- Resource generation plan for 2010
- Assistance on sustainability planning
- Exploration of foreign and local funders
- Marketing plan for Balay Kahimsog, the VPHCS training center in Bohol
- Knowledge on social enterprise, program marketing and project development and management.
- Participation by the VPHCS executive director in fund raising seminars in March, June 2010 in Manila with other Asmae partners
- Prospect of setting up an endowment or buffer fund for VPHCS.

As a result of the mission, the VPHCS staff members became knowledgeable on fund raising activities and realized that fund raising is a multi-faceted endeavor encompassing several aspects and that each one has a role and contribution to make it successful and sustainable. Outputs of the seminars were discussed during the Board of Trustees meeting on November 22, 2010 and pertinent documents such as the fund raising organizational policies and procedures, resource generation plan for 2010, and the marketing plan for Balay Kahimsog were approved as institutional papers.
III. Prospects

The community projects have indeed harnessed the people’s initiatives to map out their own plans and programs to improve the health situation in their communities. With such initiatives proven and embedded in their organizations, we are positive that the community-based health programs in the three sitios shall be pursued more vigorously in order to meet the health needs of the people in the face of the increasing cost of health care and economic crisis facing our country. The health centers, the toilets, the services of the health committees and the improved health-seeking behavior and general health situation of the people shall remain as indelible hallmarks of the project in the years to come.

The strategic planning outputs of the project shall serve as guiding lamp posts for the VPHCS to continue with its mission to serve the health and welfare of the people.

And with the knowledge, skills and lessons we acquired from the Fund Raising Mission, we hope to stand more firmly on our own in terms of enhanced capacity on fund raising and actual generation of funds and resources for our various programs and services. We believe in this because we were provided with inputs, both discussed and in written materials, and we actively worked for the outputs, both of which we shall always use as guides in the future.

The entire three projects are indeed an enriching and heartwarming experience to cherish through the years to come.
St. Mary Grace before the demolition in April 2009, showing the houses, basketball court, and chapel which were later destroyed.

Flooding and poor environmental sanitation was addressed by the people’s organization in Sitio Back of Matimco.

A health education class

Children are dewormed with Cina, a homeopathic remedy for intestinal parasitism.

Flooding with sea water in Purok Yellow Bell, Sitio Salvage.
Mandaue City

- Health education classes on nutrition, safe motherhood and proper child care.
- Meeting of VPHCS staff with leaders of Anakpawis people’s organization.
- Children in a feeding program.
- Community health workers continue to render basic health services such as taking blood pressure and cooking lagundi cough syrup.
- Houses were demolished from April 2009 to September 2009 and the residents were forced to live in makeshift houses without proper roofs, walls and floors.
- A community toilet was built in the health center in the project.
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