



## **FINAL REPORT**

**Submitted to USAID / Philippines  
Office of Public Health and Nutrition**

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**Activity Name: Enhanced and Rapid Improvement of Community Health in  
Mindanao (EnRICH) Program**

**Implementing Partner: ACDI/VOCA**

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**Report for the Period: September 16, 2002 to February 28, 2007**

**Purpose of Activity: To fund viable family planning and health-related activities,  
which will help the ARMM and the local governments directly or indirectly to  
improve their health status in a sustainable way.**

**Linked to USAID SO No. 3: Desired family size and improved health sustainability  
achieved.**

**Activity Objectives:**

**Increase modern contraceptive prevalence rate (CPR) of ARMM  
Improve tuberculosis diagnosis and treatment  
Improve other maternal and child health indicators**

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## ACRONYMS

<b>ARMM</b>	Autonomous Region in Muslim Mindanao
<b>BHS</b>	Barangay Health Station
<b>BHW</b>	Barangay Health Workers
<b>CCF</b>	Christian Children's Fund
<b>CHBO</b>	Community Based Health Organizations
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSR</b>	Contraceptive Self Reliance
<b>DSWD</b>	Department of Social Welfare and Development
<b>EnRICH</b>	Enhanced and Rapid Improvement of Community Health in Mindanao
<b>EPI</b>	Expanded Programme Immunization
<b>FIC</b>	Fully Immunized Child
<b>FP</b>	family planning
<b>GEM</b>	Growth with Equity in Mindanao
<b>HFC</b>	Healthy Family Coalition
<b>HKI</b>	Helen Keller International
<b>IEC</b>	Information, Education and Communication
<b>IPHO</b>	Integrated Public Health Office
<b>LGU</b>	Local Government Unit
<b>MCH</b>	Maternal and Child Health
<b>MRL</b>	Muslim religious leader
<b>MOA</b>	Memorandum of Agreement
<b>NGO</b>	Non-Government Organization
<b>OB</b>	Obstetrics
<b>OPHN</b>	Office of Population, Health and Nutrition
<b>PHO</b>	Provincial Health Officer
<b>RHU</b>	Rural Health Unit
<b>SEC</b>	Securities and Exchange Commission
<b>SCF</b>	Save the Children Federation
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>TOT</b>	Training of Trainers
<b>USAID</b>	United States Agency for International Development

## **I. Background**

The Autonomous Region in Muslim Mindanao (ARMM) is one of the six administrative regions of Mindanao. It is composed of five provinces: Basilan, Lanao del Sur, Maguindanao, Sulu and Tawi-Tawi; and one city, Marawi. It has a population of more than 2 million, 98 percent of the population predominantly are Muslims. It is populated by five major ethnolinguistic groups, namely Yakan in Basilan, Maranao in Lanao del Sur and Marawi City, Maguindanao in Maguindanao, Tausug in Sulu and Sama in Tawi-Tawi.

With poverty incidence of 71.3 percent (NSO 2000) and a population growth of 3.86 percent (compared with the national average of 2.36 percent), the five provinces and one city are included in the most depressed provinces in the Philippines. The region regularly reports the lowest health and family planning (FP) statistics. According to the National Demographic and Health Survey (NDHS 2003), fully immunized child (FIC) coverage is at 44 percent (the national mark is 73 percent) while infant mortality rate is at 55/1000 live births (the national record is 35/1000 live births). Women using modern FP methods account for only 11.6 percent as compared to the national figure of 33.4 percent. Political instability, weak leadership, frequent armed conflicts and the geographic inaccessibility of many areas have made the delivery of health services difficult and unstable.

In response, the USAID-Philippines launched the Enhanced Rapid Improvement of Community Health (EnRICH) project in September 2002 to help improve the health situation in ARMM. ACDI/VOCA was provided funding to assist the provinces of Maguindanao and Tawi Tawi in the implementation of health interventions.

EnRICH was designed to (a) establish community health systems; (b) strengthen government services; (c) energize the regional government leadership; (d) improve the delivery of health services; and (e) increase the health-seeking behavior of families through sustainable partnerships that will improve the health of women of reproductive age and children (under five) in pilot areas.

## **II. Target Beneficiaries**

During 2002 – 2004 period of performance, ACDI/VOCA targeted five municipalities in Tawi Tawi. The project covered 115 barangays in the municipalities of Bongao, Sitangkai, Languyan, Simunul and Tandubas in Tawi Tawi. In June 2004, USAID tasked an external team with reviewing the EnRICH Project's accomplishments. The team recommended the extension of the project, EnRICH Phase Two, for two more years. During this extension, the project coverage included additional 88 barangays in five other municipalities of Tawi Tawi - Turtle Island, Sapa-Sapa, Mapun, Panglima Sugala and South Ubian. In Maguindanao province, the five target municipalities were Shariff Aguak, Mamasapano, Talayan, Datu Saudi and Datu Unsay. Also, two new program components were added such as the ARMM health assessment and the avian influenza prevention in ARMM and selected non-ARMM areas in Mindanao.

**Table 1. Tawi Tawi and Maguindanao Target Beneficiaries**

Tawi Tawi Phase One Municipalities	Total Population	No. of Households	No. of Barangays
1) BONGAO*	51,026	6,759	35
2) LANGUYAN*	35,792	2,184	20
3) SIMUNUL*	31,983	1,348	15
4) SITANGKAI*	39,389	6,229	25
5) TANDUBAS*	22,572	2,046	20
<b>Tawi Tawi Phase Two Municipalities</b>			
1) Panglima Sugala ++	26,674	4,034	17
2) South Ubian ++	22,063	1,654	31
3) Sapa-Sapa ++	19,382	2,769	23
4) Mapun	22,649	3,211	15
5) Turtle Islands ++	2,579	431	2
<b>TOTAL</b>	<b>274,109</b>	<b>30,665</b>	<b>203</b>
<b>Maguindanao Phase Two Municipalities</b>			
1) Datu Saudi Ampatuan	30,199	5,033	14
2) Datu Unsay	15,850	2,642	10
3) Mamasapano	19,339	3,223	18
4) Shariff Aguak	44,286	7,381	15
5) Talayan	19,232	3,205	18
<b>TOTAL</b>	<b>128,906</b>	<b>21,484</b>	<b>75</b>

Source: PHO Tawi-Tawi Summary Report

\* Existing Pilot Municipalities for EnRICH II “Healthy Families – Tawi-Tawi”

++ Proposed expansion areas

### III. Performance

ACDI/VOCA adopted an integrated approach to designing and implementing the project activities that was: a) *client-oriented* – considers the points of view, interests and needs (demand-driven) of the beneficiaries; b) *systems-oriented* – integrative and mutually reinforcing; follows procedures, guidelines and processes in implementation; c) *sensitivity to cultural practices* – observes and respects religious and traditional beliefs, norms and practices; d) *highly participatory* – encourages and promotes the involvement of various stakeholders in the community to broaden project ownership; e) *optimal resource mobilization* – explores and utilizes available and indigenous venues and opportunities required to implement activities; f) *competency-based* – directed at raising the level of knowledge, skills and experiences to improve the delivery of services; and g) *gender equity* - encourages and allows equal opportunities for the participation of both genders in trainings and other activities; promotes cooperation and partnership between males and females; provides gender analysis and sex disaggregated data.

Program implementation focused on the following four key program components: (1) capacity building through training, (2) sustainable partnerships through coalition building, (3) public education and social marketing, and (4) small grants assistance.

## **1. Capacity Building through Trainings, Health Workers, Health Volunteers and Traditional Birth Attendants (TBAs)**

### ***Tawi Tawi Province***

#### **a. Distance Education Program**

According to the Training Needs Assessment (TNA) completed in 2003, Barangay Health Workers (BHWs) in isolated communities were the most in need of skill enhancement. In order to maximize resources and respond to training needs in widely dispersed locations, a distance learning program using radio was designed and initiated during Phase One in 2004 then replicated during Phase Two in 2006. Using a Training of Trainers (TOT) methodology, a core of 40 BHW facilitators in 2004 and 19 in 2005 were trained to facilitate the guided learning process. There were 208 BHWs with 50 BHW facilitators in Phase One and 278 BHWs with 20 facilitators trained through school on radio.

The distant municipalities of Mapun and Turtle Islands relied on recorded distance education broadcast because radio signal from Bongao could not reach these islands. The radio broadcast, which aired one hour per week, lasted for six months and became a household favorite as it became the major source of health information for the general public, which captured around 30% of the households in the entire province. The use of radio for distance education greatly enhanced the general knowledge and clinical skills of BHWs and inspired their active participation during and after each episode. Since there are no radio stations in Maguindanao, the distance education strategy was not implemented there, however, TOT training courses were conducted for BHWs on FP and interpersonal skills (see below).

#### **b. Traditional Birth Attendants (TBAs) Trainings**

In many remote barangays of Tawi-Tawi, most residents depend on TBAs for pre-natal, delivery, and post natal care of mothers and their babies. According to the baseline study, nine out of 10 deliveries take place in private homes. It was widely accepted that the TBAs contributed to many unsafe deliveries and were a variable to high maternal morbidity and mortality rates in the area. On the other hand, the IPHO recognized the crucial role played by TBAs in providing maternal care. The reality is that many women have no choice but to tap the services of traditional childbirth practitioners due to poor access to health facilities.

While it is, indeed, a long term objective to have all deliveries attended by health professionals, EnRICH considered this informal sector a great partnering opportunity by linking TBAs with the formal health sector in the provision of childbirth services. Emphasis of the trainings was on

Obstetrics (OB) Care, especially on the subject of safe and clean delivery with focus on common aseptic practices to reduce infection during delivery and two-way referral system. Courses on modern methods of FP counseling as a way of promoting birth spacing among mothers were integrated into the training since TBAs are regarded as “primary care givers” in many far flung areas of the province. In Tawi Tawi, 56 TBAs received training certificates in 2004 and another 58 in 2006.

### **c. Selected Trainings for Health Workers and HFCs**

Other selected priority training workshops conducted in Tawi Tawi were:

1) *basic microscopy workshop* for 10 Medical Technologists and 10 Microscopists in Tawi Tawi in 2004 - the training enhanced the knowledge and skills of laboratory technicians for improvement of early diagnosis of tuberculosis (TB) through efficient microscopic investigation and confirmation of case-suspect and carriers for prompt treatment;

2) *hands-on training and mentoring in collaboration with the IPHOs* - offered in 12 RHUs on the use of partograph, maternal death review, pooling of under five, masterlisting of pregnant women, masterlisting of adults of reproductive age, birthing class, delivery plan, and simultaneous blood typing for possible blood donors of critical deliveries in the target areas and tuberculosis testing; a total of 30 midwives and 10 nurses participated in 2005;

3) *technical training provided to 25 midwives* in Tawi Tawi on maternal death review to improve strategies in handling maternal and child health program planning and management in 2006; and

4) *non-medical training* conducted in Tawi Tawi, including training in project orientation (76 participants), resource mobilization (76 participants) and financial management for HFC officers (38 participants).

### ***Maguindanao Province***

A summary of the major trainings in Maguindanao are presented below:

Target Group - Public Health Nurses (PHNs) and Rural Health Midwives (RHMs):

- FP counseling for service providers (27 participants)
- Training for TBAs, TOT methodology (28 participants)
- Community organizing and community-based monitoring (26 participants)
- Interpersonal communications skills (27 participants)

Target Group - Barangay Health Workers (BHWs):

- Basic training for BHWs (26 participants)
- Interpersonal communications skills (27 participants)
- Refresher course for BHWs (26 participants)

Target Group - core officers and members of the five municipal HFCs:

- Orientation to EnRICH (75 participants)

- Advocacy planning (75 participants)
- Integrated workplan and financial management (75 participants)
- Resource mobilization (75 participants)

**Both Tawi Tawi and Maguindanao Provinces**

**a. Strategic Regional Planning Workshops**

During the last quarter of EnRICH implementation, all 15 HFCs (one representative from each) and key officials from IPHO and LGUs participated in the development of medium-term health development plans for their respective province. A total of 70 participants in Tawi Tawi and 90 participants in Maguindanao attended the strategic planning workshops to formulate program directions in the next three years (2007 - 2009) to sustain initiatives and gains during the life of the EnRICH project.

**b. International Study Tours**

In February 2005, the Provincial Health Officer II, IPHO Maguindanao was invited as a presenter to the International Public Health Conference held at the University of Washington, Seattle, Washington. In 2006, the Provincial Health Officer II of Tawi Tawi attended the International Health Exposure at same university. Gates/Packard fellows and leaders in the arena of Population, Health and Development coming from Pakistan, India, Mexico, Sudan, Vietnam, Laos, Nigeria, Ethiopia and the Philippines were among the participants.

**2. Community Mobilization**

Harnessing the participation of various sectors in the community was an effective method of catalyzing local talent and energy to work towards a common goal. ACIDI/VOCA successfully convened and organized fifteen municipal-based *Healthy Families Coalitions* (HFCs) to increase community participation to help address a number of health issues. Each coalition was composed of public health personnel, health volunteers, TBAs, key municipal and barangay executives, Muslim Religious Leaders, representatives from the youth and academic sectors and other non-governmental organizations (NGOs). The main function of each coalition was to facilitate the community awareness in the acceptance and practice of FP, particularly modern methods, the urgent need for maternal and child care and TB control as well as to provide for other health needs of its members. The presence of the coalitions is advantageous to the LGUs for they have been empowered to initiate local projects in their own communities. Such partnerships bring about long and lasting bonds for growth and sustainability. The registration of the HFCs with the Securities and Exchange Commission (SEC) was a way of protecting community interests and, through the new legal status, it gave them the potential of accessing fund support from government agencies, as well as from local and foreign donor organizations.

The following HFCs have been registered by the SEC:

Maguindanao		Tawi Tawi	
Location	HFC Name	Location	HFC Name

Shariff Aguak	Healthy Families Coalition of Shariff Aguak, Inc.	South Ubian	Kasambuhan Raayat Tabawan-Ubian, Inc.
Talayan	Talayan Healthy Families Coalition, Inc.	Panglima Sugala	Panglima Sugala Healthy Families Coalition, Inc.
Mamasapano	Healthy Families Coalition of Mamasapano, Inc.	Sapa Sapa	Para Sannang Manusiyah Sapa-Sapa Healthy Families Coalition, Inc.
Datu Saudi Ampatuan	Happy Family Healthy Coalition Datu Saudi Ampatuan, Inc.	Turtle Islands	Turtle Island Healthy Families Coalition, Inc.
Datu Unsay	Datu Unsay Healthy Families Coalition, Inc.	Mapun: Mapun	Healthy Families Coalition, Inc
		Bongao	Healthy Families Coalition of Bongao, Inc.
		Simunul	Healthy Families Coalition of Simunul, Inc
		Sitangkai	Healthy Families Coalition of Sibutu-Sitangkai, Inc.
		Languyan	Healthy Families Coalition of Languyan, Inc.
		Tandubas	Healthy Families Coalition of Tandubas, Inc.

ACDI/VOCA conducted a series of project orientations to all officers and members of HFCs in both provinces totaling 50 and 100 participants in 2003 and 2004 respectively. The orientations aimed at generating local interest and served as a means of identifying health “champions.” Each HFC elected a set of officers drawn from different sectors/ groups in each target municipality.

The Resource Mobilization Workshops, conducted in 2003 and 2005, were held for all elected officers (five in each of the 15 HFC). Workshop outputs included: 1) assessment of community health needs, 2) formulation of HFC vision, mission and goals in relation to family planning, MCH and TB programs, 3) drafting of small grant proposals, and 4) completion of application forms for Securities and Exchange Commission (SEC) registration. Workshop recommendations informed the process of developing Municipal Strategic Health Plans. These workshops provided key officers of the coalitions with basic fund raising and organizing skills for the institutionalization of their respective coalitions.

### **3. Advocacy, Public Education and Social Marketing**

ACDI/VOCA, as part of its program activities, implementing a broad-based public education campaign aimed at promoting advocacy and public awareness on FP/MCH/TB concerns among MRLs, men and women of reproductive ages, especially pregnant women and the adolescents/youths were conducted with the full support of the IPHO, HFCs, ulamas and school officials. The specific activities included:

#### **a. Fatwa on Family Planning, Tawi Tawi**

ACDI/VOCA facilitated the signing of a religious declaration of support or *Fatwa* on Family Planning by the assembly of Muslim Religious Leaders (MRLs) in Tawi Tawi in 2003. One hundred and twenty ulama (male leaders) and 80 alima (female leaders) took part in the activity, and the edict was led by the Mufti of the province and the Ulama Council. These religious community leaders have clarified misconceptions about FP as Islam views planning a family benefits the Muslim society in ARMM. Muslims in Tawi Tawi can now practice FP freely under valid reasons (e.g. economic reasons) and medical necessity. The Dean at the Center for Islamic Studies of the Mindanao State University served as anchorperson on a radio broadcast to disseminate the *fatwa* in the local dialect. This five-hour radio broadcast was aired via Bongao radio station DXGD during the last quarter of 2004. A panel including local MRLs, EnRICH staff and IPHO personnel, organized the radio broadcast and participated on a panel following the broadcast to take questions from call-ins.

#### **b. *Fatwa* Dissemination through Mushawarah, Tawi Tawi**

ACDI/VOCA worked closely with influential leaders in order to reconcile cultural sensitivities with contentious issues on FP modern contraception, which according to EnRICH baseline survey, 40 percent of respondents viewed FP as against their religious belief. The success of *Fatwa* declaration by MRLs to support FP program, which was EnRICH main program intervention, continuously faced with the challenges as slow FP acceptance was evident by stagnating CPR in the province.

During EnRICH Phase Two, the religious edict did not remain a paper draft but has been widely disseminated and transmitted at the grassroots level. Mushawarah is a form of religious consultation to further discuss issues on FP with local MRLs. When *fatwa* was declared in late 2003 in Tawi Tawi, only core groups of MRLs from five municipalities during Phase One were heavily involved in the process of crafting it. While it is true that the main hierarchy of MRLs, such as the ulama council, were at the forefront of the *fatwa*, local members of the religious communities of the expansion sites had to be organized for FP activities and oriented on the *Fatwa* supporting FP program.

Initially, EnRICH provided orientations on Family Planning program in partnership with the religious council, who provided inputs on the *Fatwa* to identified 40 core leaders. They were also organized to form as focal groups for each of the five new expanded municipalities under Phase Two and tasked to advocate with their fellow religious leaders at the local level to support *fatwa* dissemination. This contributed to creating social change in the communities particularly among males, who are dominant decision makers, and, as encouraged by the *Fatwa*, to ensure that families remain healthy, observe responsible parenthood, and recognize that the acceptance of modern methods of FP is permissible in Islam. EnRICH staff facilitated discussions among MRLs and between religious leaders and people in the community. MRLs were also tapped as resource persons to discuss Islamic perspective on FP during community assemblies and gatherings, radio program (IPHO hour), BHW and TBA trainings, municipal health fora, congregational prayer during Fridays or khutba, as well as providing marriage counseling during nuptial ceremony.

**c. Development and Reproduction of Information, Education, Communications (IEC) Campaign Materials**

EnRICH, in coordination with HFCs and MRLs, conceptualized key messages on FP for billboard display. There were 25 billboards installed in public places of convergence and in the RHUs in both Phases One and Two in EnRICH-targeted barangays in Tawi Tawi. *Fatwa* versions in local dialect were reprinted and distributed (3,000 copies) to HFCs and community leaders.

**d. Provincial Health Fairs, Tawi Tawi and Maguindanao**

Annual Tawi Tawi Health Fairs were initiated in 2003-2006 to bring health issues as priority agenda in the negotiating table especially to decision-makers. It also had drawn awareness among policy-makers regarding the importance of family planning, maternal and child health and TB programs as urgent public health concerns for the province. The EnRICH Maguindanao Health Fair, conducted in Shariff Aguak in December 2005, showcased the FP, MCH and TB programs and community information campaigns of the five target municipalities. RHUs supported by the HFCs put up their respective exhibit booths during the occasion.

**e. Advocacy Efforts for LGUs to Increase Support to Health through Local Health Fora and Health Fair**

ARMM political structure is unique in the Philippines, as health functions have not devolved to local government units (LGUs) since 1991. The health care system from the region, provinces, districts, down to the municipal and barangay health offices are highly centralized at DOH-ARMM, which is directly under the Office of the Regional Governor. Within this autonomous structure, IPHO and District Health systems are fiscally independent of each other and from the LGU in terms of managing their own health budgets and finances for personnel services and for maintenance and operations. Each health system is constrained by small budgets for hiring additional personnel and low financial support for the operations of public health programs. The RHUs and BHSs, which are under the municipal and barangay LGUs respectively, suffer much of the consequences without any funding support for operations of vital health programs.

EnRICH initiated advocacy activities in coordination with the health sector and other NGOs and facilitated discussions on health and other social issues during series of health fora with Local Chief Executives (LCEs) and other elected political leaders. The main purpose was to help the leaders and stakeholders to understand the health problems and challenges in their locality and to solicit their financial support for health programs. EnRICH Tawi Tawi primarily provided technical assistance to IPHO and RHUs in facilitating community discussions. One of the most significant results was the integration of health plans of Sapa Sapa municipality into the Executive Legislative Agenda of the LGU together with a 5% budget allocation from the health budget (out of the total 2006 Internal Revenue Allotment) made to health programs. This resulted in the hiring of many nurses and midwives as contractual workers by the LGUs to augment manpower shortages of health units. Forty nurses and midwives were employed by the provincial government and deployed to hard to reach communities. Three midwives were put on the payroll of LGU South Ubian, Panglima Sugala and Sapa Sapa. EnRICH also succeeded in

advocating to some LGUs to enroll poor families in the National Indigent Programs of Philippine Health Insurance.

#### **f. Community Assemblies**

A series of community gatherings was conducted in the target expansion municipalities under Phase Two to generate broader awareness on community health (FP/MCH/TB) programs. The Municipal Coordinators (MCs) facilitated the assemblies in collaboration with the Municipal Health Officers, Public Health Nurses, Midwives, MRLs and officers of the HFCs. Health personnel served as resource persons on FP, MCH and TB; the President of the HFCs for the HFC activities and programs; and a MRL who is an active officer or member of the HFC discussed the Fatwa on Family Planning. Intersectoral collaboration is an important undertaking towards advancing community health agenda for convergence. A total of 150 community assemblies were conducted (100 in Tawi Tawi and 50 in Maguindanao) covering 150 barangays. An average of 50 community members and stakeholders usually participated in each assembly.

#### **g. School Campus Tour: Peer Education for Adolescents and Youth**

Youth comprises a significant proportion of the population in both provinces. The youth are the hope of the nation as they will become the future parents and leaders in the next generations. ACDI/VOCA provided the youth with proper and adequate information on adolescent reproductive health (ARH). The activity also encouraged youth to be pro-active in their community as health advocates in their homes. A total of 1,500 youth in Tawi Tawi and 686 in Maguindanao attended lectures and symposia on ARH from 2004 until 2006.

#### **h. Radio Program on Health “IPHO Hour, DXGD”**

ACDI/VOCA contributed to the “IPHO Hour” in Tawi Tawi since August 17<sup>th</sup>, 2005 to introduce EnRICH and facilitate the discussion on priority health concerns. Over time, the subjects expanded to include live interviews with DOH-ARMM personnel and other people knowledgeable on health care issues. Forty-eight episodes for an hour per week radio segments were aired in 2005-2006.

### **4. Local Initiatives through Small Grants**

Under EnRICH Local Initiative Fund, ACDI/VOCA implemented a small grants program for 15 Healthy Families Coalitions to support community FP/MCH and TB campaigns. Grant funds were also used for other purposes related to community health activities deemed as priority by the HFCs. Small grants project proposals were developed in close coordination with their respective Rural Health Units and support from local government units. Illustrative examples of how grant funds used include the following:

- **Bongao** -- a number of community assemblies conducted targeting married women of reproductive age for their community health (FP/MCH/TB) campaigns; also held radio broadcast on community health issues.
- **Languyan** -- solid leadership and committed members of the Languyan HFC resulted in successful implementation of activities under the small grant; used their grant funds to

improve their co-owned *Botica sa Barangay* (community drugstore) in the town center; members contribute monthly to a fundraising campaign.

- ***Simunul*** -- used grant funds to purchase a sound system for use during community information drive such as TB Tutok campaigns and IEC.
- ***Sibutu-Sitangkai*** -- used the grant money with counterpart funds from the Barangay Internal Revenue Allotment to construct a Barangay Health Post in Tandubanak, which serves as a cluster for four barangay communities; started a *Botica sa Barangay* (community drugstore) serving the remote villagers.
- ***South Ubia*** -- worked closely with two Rural Health Units in this municipality, one in Tabawan and one in South Ubian proper; equally shared the fund to separately implement activities in their specific areas; same amount was used to install two community pharmacies or Botica ng Barangay to provide accessible, affordable and readily available essential drugs in their locality; maintains two village pharmacies.
- ***Sapa-Sapa*** -- succeeded to ensure local government officials are active at HFC; the chief executive donated a small motorized pumpboat to the RHU for use as sea transport for local travel in reaching island barangays during their community health outreach program and IEC campaigns; spent a portion of the financial assistance to install the Botica ng Barangay; from a minimal amount used for investing a village pharmacy, their current proceeds have now reached five times the capital amount.
- ***Panglima Sugala*** -- used for public education to community stakeholders and IEC campaigns to potential clients or new acceptors of Family Planning; conducted outreach/mopping up operations in hard to reach barangays.
- ***Mapun*** -- utilized funds on IEC campaigns and community health outreach to generate health awareness on Family Planning, MCH and TB programs and increase program coverage.
- ***Turtle Islands*** -- utilized funds to conduct IEC campaigns and mopping up operations to increase awareness on FP/MCH/TB and health program coverage in the very remote communities that are seldom reached by the Philippine government health agency since it is more proximal to Malaysia; a small amount from SGA was matched with huge LGU counterpart for the construction of a deep well, which became a source of water supply for the municipality's capital town at Taganak Island located near the community primary school.
- ***Shariff Aguak*** – used to procure a mobile sound system for community means.
- ***Talayan*** – established *Botica sa Barangay* – a community drugstore – with their small grant.
- ***Mamasapano*** – used small grants to assist the RHU build two health and nutrition posts in remote barangays.

All municipal LGUs in Maguindanao recognized the Healthy Families Coalitions as a means to providing complementary support to the Rural Health Units and barangay health stations. Municipal mayors provided monetary and in-kind contributions to HFC major activities and during implementation of the small grant program.

Due to the delay in the implementation of the grants released to Healthy Family Coalitions as part of the first phase, it was imprudent to release the second phase of grants to HFCs beyond

September 2006 – six months before the end of the project – due to insufficient time to monitor and evaluate the program so late in the implementation stage.

## **5. Community Health Outreach and Mop-up Operations in EnRICH Municipalities**

EnRICH assisted the RHUs and BHS with small operational funds to conduct health outreach programs and a series of mopping up operations to reach out communities with a limited program coverage, particularly focusing on those communities that are isolated. This was conducted on a quarterly basis and specifically during the time when alarming cases of vaccine-preventable diseases occurred. The outreach activities were also done in coordination with the DOH-IPHO during the observance of nationally held activities such as the “Patak Polio Week” (oral polio vaccination), Garantisadong Pambata Program (a strategy to increase immunization coverage and micronutrient supplementation to children under-five years old), National Nutrition Month and Family Planning Month. These were primarily devoted to immunization of children under five including pooling of neonates for BCG immunization, Vitamin A supplementation and TB case finding in far flung barangays consistent of EnRICH target municipalities. In consultation with the IPHO, the EnRICH field team assisted in identification barangays with lowest health program coverage, areas with poor access to services and poor isolated communities with difficulties going to the rural health facilities. The outreach activities also provided an additional means to increase awareness for marginalized communities on various health issues as well as extending health information and services to hard to reach barangays.

## **6. Avian Influenza (AI) Community Campaigns**

In June 2006, USAID tasked ACIDI/VOCA to help address the need to provide technical assistance in building the capacity of LGUs for AI preparedness and response and for establishing a community-based rapid reporting system. The AI activities started from June 1<sup>st</sup> until September 30<sup>th</sup>, 2006. There were nine selected priority areas in Mindanao, including Davao City, Davao del Sur, South Cotabato, Saranggani and ARMM provinces of Basilan, Lanao del Sur, Sulu, Tawi Tawi and the city of Marawi. The goal was to build awareness on Avian Influenza and to develop a simple but rapid reporting system from the community to obtain timely response from the agencies concerned in the event of AI outbreak. ACIDI/VOCA, in coordination with the Integrated Provincial Health Offices of nine selected LGUs conducted rapid assessments in the targeted barangays to identify presence of risk factors. All nine LGUs and 24 high risk barangays (12 in ARMM and 12 in non-ARMM) were trained on AI preparedness and response mechanisms. All targeted municipalities and barangays developed their plans for AI preparedness and response that were integrated into the provincial plans, and as in the case of ARMM; these provincial plans formed the regional AI preparedness and response plan.

Barangay-organized activities have also resulted in establishing 24 “Bantay AI” taskforces/councils to address AI concerns in both ARMM and non-ARMM regions and to serve as an early warning and rapid community reporting system. These councils (15 members per taskforce) consist of stakeholder representing different sectors. In collaboration with local health offices, they organized IEC campaigns generating public awareness and educating people about AI through community outreach and peer education.

The project provided financial support for the translation, pre-testing and production of IEC materials in Vernacular that propped up the awareness campaign. The media campaign reached out to audiences in both identified high risk and non-high risk sites in the provinces. Radio is still the most cost-effective medium since it reaches even the most remote communities.

In the high risk barangays, IEC campaigns were intensified through several activities. There were 24 community assemblies conducted (with an average of 100 participants in attendance in each gathering), which promoted face-to-face dialogue among community members and leaders to tackle AI preparedness. This strategy intensified an information drive fostering interactive discussions among stakeholders.

The billboards, made of tarpaulin, were printed and installed in public places of convergence in the high risk barangays. Seven information caravans and motorcades generated wider awareness on the on-going AI project in selected high risk barangays.

The barangay taskforces were given training to install a rapid community reporting system. They then developed their municipal/ barangay avian influenza preparedness plans. Five simulation exercises were done separately utilizing table top processes. With the table top drills they learned how to use a simple tool and protocol for rapid community reporting to serve as an early warning system. Also during these sessions, each of the pilot barangays developed a barangay profile.

## **7. ARMM Assessment of Public Health Care Capacities in the Autonomous Region of Muslim Mindanao**

In 2003, ACDI/VOCA assisted USAID to assess ARMM health services and produce a unified, comprehensive and updated baseline information. The study addressed a number of objectives, including assessment of health personnel competence, status of health facilities, LGU role in the delivery of health services, client's perceptions on quality of public health services, and factors that could influence the implementation of health programs and interventions in the region. Public health care providers and provincial and barangay levels were interviewed. Rural health units and barangay health stations have been assessed. Twenty four municipalities in five provinces and one city of ARMM were covered. While there were some constraints to the study, the assessment comprehensively answered the pressing question: What is the status of the public health care capacities in the ARMM? Refer to Appendix 1 for key recommendations.

## **IV. Information Dissemination and Coordination**

EnRICH remained committed to providing timely information about the project and being informed about the work of other organizations and events in the target regions of the project, as well as monitoring information at the policy and national level. EnRICH staff continued to hold and participate in a variety of meetings with USAID and non-USAID-funded donor organizations, local non-governmental organizations (LNGOs) and local government officials at the regional, provincial and barangay levels in order to provide timely information sharing to stakeholders.

Information sharing for EnRICH varied from providing project updates, presenting regional, provincial and community-level statistics and highlights, networking with mass media representatives and responding to information requests from EnRICH stakeholders on a timely basis. EnRICH staff regularly participated in all EnRICH grantee meetings to share information on various implementation issues, highlights on accomplishments and program challenges in each target province in ARMM. Best practices were discussed amongst partners, and some of the recommended program interventions were later adopted by partners. This was the case for provincial fatwa on family planning, which first was implemented by ACDI/VOCA and later adopted by CCF in its target region. ACDI/VOCA was also a regular participant in AED-led communication planning workshops to support the information and communication campaign on national fatwa in family planning.

ACDI/VOCA was organized and facilitated a Joint EnRICH Project Convention of Community-based Health Organizations in Zamboanga City in June 2006 – a culmination event for ACDI/VOCA - organized community-based health organizations in ARMM. This was a very valuable experience for all ACDI/VOCA healthy family coalitions in Tawi Tawi and Maguindanao to meet and discuss their community health activities, challenges, and sustainability plans.

Media interest in EnRICH activities and health outreach continued to grow throughout the life of EnRICH. Media coverage of EnRICH included radio broadcast, print and television news and features. Fatwa information dissemination, distance education, avian influenza information campaign would not have been possible without the media coverage. EnRICH project major events were also covered on the ACDI/VOCA website.

## **V. Other Accomplishments (life of project)**

### **Floating Medical Clinic**

ACDI/VOCA provided grant assistance to the IPHO Tawi Tawi for the rehabilitation of M/L Tawi Tawi Floating Clinic inaugurated in 2004. The IPHO now maintains the facility under its own maintenance and operations budget. It is serving the health needs of isolated communities, and it has become a symbol hope for people living in remote barangays of Tawi Tawi. ACDI/VOCA's project staff together with other medical doctors and health personnel in the province co-developed and participated in ten medical outreach programs utilizing the Floating Clinic. The IPHO trip missions registered an average of 1,000 patients per mission benefiting from a range of services like public health interventions (immunization, vitamin A supplementation and family planning services), medical consultations and specialty services like minor surgery, obstetrics (including prenatal check-up) and cataract operations. LGU participation, through the municipal mayors, barangay chairmen and municipal/barangay council members, contributed significantly by providing counterpart funding for the operations of the mobile clinic. The medicine distributed during missions was sourced out by LGUs through donations from Philippine Charity Sweepstakes or from their own municipal budget.

## **USNS Mercy Ship Mission to Tawi Tawi**

ACDI/VOCA supported the humanitarian medical mission to Tawi Tawi in summer 2006 and acted as a facilitator to consultations with stakeholders and as an organizer of local volunteers for the mission. Medical interventions conducted by the mission included thyroidectomies, hernia repairs, cleft and lip repairs and OB-GYN surgical procedures. USNS Mercy Ship performed a total of 54 major surgical and ophthalmology operations, 5,466 cases for medical assistance, 13,548 patients availed Ancillary services, 194 cases under preventive and public health services, five infrastructure projects including water pumps, and 40 biomedical projects. There were 577 medical staff and health providers of IPHO and a group of volunteers organized by ACDI/VOCA, who received certificates of “Training on Basic Life”. The Mercy Ship visit provided insight into the health care inequities evident in southern Philippines. The seamless interoperability of the military, NGO and allied military medical staff as they went about providing patient care showed how medicine is often the first discipline able to cross borders and break down long-held barriers to peace; and how the universal language of medicine is easily translated by providers, patients and politicians alike.

## **Making Health Interventions a Priority for Local Government**

EnRICH staff assisted in the Project Implementation Reviews (PIRs) of the IPHOs of Tawi Tawi and Maguindanao ensuring family planning, maternal and child health and TB major programs are priority health interventions at the provincial, municipal and barangay level. The EnRICH field team closely worked with the respective program coordinators of the IPHOs so that EnRICH program priorities are well integrated into the IPHO major programs.

Monthly community health data from the Rural Health Units on FHSIS (Family Health Statistics and Information System) were gathered and collated to track changes of core health indicators on Family Planning, Maternal and Child Health and TB. EnRICH Field staff were tasked to gather the periodic information and submitted to the EnRICH MIS Specialist based in the provincial capital. This assisted the IPHOs of Tawi Tawi and Maguindanao in the regular tracking of community health information.

The ACDI/VOCA Monitoring and Evaluation Specialist provided ongoing feedback to provincial teams from data requirements to data processing, generation and interpretation so that they are well informed on the changes as well as need to refocus activities that needed more impact on the target communities. EnRICH project team directly worked with the concerned IPHO health personnel (basically the coordinators of the health programs: FP, MCH and TB and Municipal Health Officers). This facilitated a smooth monitoring and evaluation process as well as productive working conditions despite limitations and challenges on accessibility of isolated communities, lack of regular transportation and unavailable data in some instances.

## **VI. Challenges Encountered / Lessoned Learned / Best Practices**

### **Security**

ACDI/VOCA operated in highly volatile environment when implementing EnRICH. To address this challenge, EnRICH staff were regularly provided briefings on security and safety measures during the project staff orientations in both Tawi Tawi and Maguindanao. EnRICH core team emphasized the need to exercise caution to avoid potential security risks despite the perception of peace in the provinces. The Maguindanao municipal coordinators were advised to exercise extreme caution and not to expose themselves to critical areas and remote barangays where their safety was not assured.

### **Sustainability of HFCs**

In the course of project implementation a number of problems and constraints were encountered. EnRICH staff had to overcome challenges of LGU officials being unavailable, having conflict of schedules, challenging logistical issues from inclement weather conditions to irregular transportation facilities make travel to the far flung island municipalities difficult, dangerous and expensive.

On the other side, there are many accomplishments. The various capacity building activities upgraded the theoretical knowledge, clinical skills and practiced experiences of health service providers. The trainings have raised their levels of competence and self-confidence which will eventually result in an improvement in the quality of their services. The broad participation and ownership by various stakeholder groups in the community are clear manifestations of the people's enthusiasm and acceptance of the ACDI/VOCA's intervention projects.

The formation of the HFCs has been a successful outcome of the multi-sectoral effort guided by the spirit of volunteerism and civic duty. The coalitions have started to unify the community into working and collaborating towards a common health agenda. Advocacy efforts focused on the MRLs have been effective and have harnessed their active involvement in various FP campaigns. They are the main peddlers of influence in the community in matters related to sensitive issues like FP. The success in gaining the strong participation of the IPHO and other health units is an essential component in developing collaborative relationships for the effective and sustained delivery of health services. Successful outcomes of activities are influenced by the strong leadership and active involvement of local chief executives. This is another crucial factor for ensuring sustainability of the project. Thus, the burden of providing health services becomes the joint and lasting responsibility of the government and the community.

### **Best Practices**

The following program interventions can provide practical and effective intervention models that could be useful for replication and expansion efforts in the future in the ARMM. The four most important achievement of EnRICH project were:

- ***Fatwa in Family Planning and Responsible Parenthood:*** Islam's position on family planning has a direct bearing on how the Muslim population around the world can achieve development goals, thus providing a framework for managing population growth and improving people's lives. Contraception then is mainly addressed in the context of marriage and the family. The Holy Quran views marriage as sacred and identifies the husband and wife as principals in family formation. When procreation takes place, it should support and endorse tranquility rather than disrupt it. Contraception helps families attain tranquility by having children when they want them and when they are prepared to have them. The Quran does not prohibit birth control nor does it forbid a husband or wife to space pregnancies or limit their number. Therefore, family planning is permissible if spacing pregnancies and limiting the number of children will make the mother more physically fit and the father more financially able to provide for the needs of his family.
  
- ***Distance Education for Community Health Volunteer:*** Education through radio was conceptualized as a direct response to the problem of a face-to-face education and communication with a target audience that is widely dispersed and geographically isolated. The radio is the most common and least expensive source of mass communication and entertainment where people enjoy listening to dramas and other lively programs throughout the day. As an effective channel to inform, educate and entertain, it was chosen in order to reach out to the far flung communities, particularly the Barangay Health Workers (BHWs) in the EnRICH municipalities of Tawi-Tawi. Its overall vision and main focus are to create a healthy empowered families and productive communities that have a clear understanding of FP/MCH/TB control; possess equitable accountability and promote responsible parenthood and compassionate social responsiveness.
  
- ***Healthy Families Coalitions (HFCs):*** ACDI/VOCA's approach to community mobilization and sustainable partnership is rooted in the belief that creating local self-reliance and enhancing local capacities to advocate for sustained positive health benefits is the best way ensure continuity of reforms after the project's completion and the end of donor funding. It built social capital through coalition formation in the expansion municipalities in order to build sustainable linkages among the primary FP/MCH health stakeholder groups. This Healthy Families Coalition (HFCs) provided the necessary community support to strengthen positive health-seeking behavior and sustain community-based and managed FP/MCH programs.
  
- ***Tawi-Tawi Floating Clinic:*** The M/L Tawi-Tawi Floating Clinic was built to serve as the extension of the Outpatient Department of the Datu Holum Memorial Provincial Hospital. Its aim was to provide basic health information and services to the underserved communities due to geographic isolation. Since then, it has sailed a total of 12 medical outreach missions. During these missions, a variety of health impact programs were integrated in order to maximize the full range of services: from immunization, nutrition, medical-surgical, IEC campaigns and other activities. Major community health stakeholders had been very supportive in the weeklong activities. The willingness of the LGUs in providing counterpart contribution either in cash or in kind had been very encouraging and sustaining. The Floating Clinic has become a symbol of hope for people living in the farthest island barangays to have better access to health care services.

## ANNEX 1 - Assessment of Public Health Care Capacities in the Autonomous Region of Muslim Mindanao

### RECOMMENDATIONS

#### A. TNA of Health Providers

Based on the results of the TNA, the following recommendations are presented:

1. Enhancement of knowledge and skills through capability building based on the identified training needs and priorities of each of the health service providers in specific provinces and city of ARMM:
  - a. **RHPs** should be given priority trainings in NSV, BTL, Partograph, ECG, Facilitative Supervision, Social Mobilization, Comprehensive FP Course (Level 2) especially on IUD insertion, Managing OB Emergencies including episiotomy, episiotomy and repair of vaginal lacerations, Basic Epidemiology and Cold Chain Management.
  - b. Specific courses for **PHNs** should be offered on how to assist in NSV and BTL procedures, Partograph, ECG, Supervisory and management courses, Comprehensive FP course, Managing OB emergencies including episiotomy, episiotomy and repair of vaginal lacerations, Comprehensive FP Course (Level 2) especially on IUD insertion and DMPA, Food and waterborne diseases, Universal precaution and infection control, Health Promotions and IMCI.
  - c. Trainings for **RHMs** should be focused on the following courses: Partograph, ECG, Emergency Resuscitation and Newborn Care, Managing OB emergencies including episiotomy, episiotomy and repair of vaginal lacerations, Food and waterborne diseases, Universal precaution and infection control, Health Promotions, Early detection, management and treatment guidelines and protocols of diseases (like Malaria), and Social skills training like Advocacy and community organizing.
  - d. Fundamental course orientations must be designed for **BHWs** such as Retraining on Basic Community Volunteer Health Work, competency based FP and MCH, community IMCI, Two Way Referral System, Social skills training on CO-SAPIME, Soc-Mob and CO-CBM, Basic orientations on Quality Assurance, HSRA and DOH impact programs.
  - e. Training courses for **TBAs** should include refresher on Basic Hilot Course, Normal Spontaneous Delivery, Newborn Care, EGPCNC, Basic OB Care, HBMR, Orientation on Nutrition and Breastfeeding, Two Way Referral System, as well as a training course specially designed that will integrate curriculum on Basic FP, RH, Counseling and Interpersonal Communication Skills. Courses for TBAs may be offered at an early age, perhaps in their 30's during the peak period of their productivity.
2. Provision of logistical requirements and support so that the expected competencies acquired from trainings will be actualized and implemented immediately and are translated into a better delivery of health services.

3. Training needs assessment or audit should be made first in order to identify priorities in developing a Capability Building Plan. There must be equity in the distribution of opportunities and access to trainings among service providers.
4. Ensure the quality of training design and curriculum, as well as in the conduct of the course, which shall appropriately address specific needs and interests of participants.
5. Health service providers in Basilan and Marawi City should be given priority for assistance in terms of trainings.

**B. Assessment of Public Health Facilities (RHUs and BHS)**

**Rural Health Units (RHUs)**

Based on the assessment conducted among the RHUs in the provinces/city of ARMM, the following areas could be addressed in order to improve the delivery of health services:

1. Regular and sufficient supply of vaccines, essential drugs and micronutrients particularly cotrimoxazole tablets, ORS sachets and iodized oil capsules for all the provinces/city in ARMM. Among the vaccine supplies, hepatitis had the least percent availability except for Marawi City and Basilan.
2. Provision of functional medical instruments and equipment to the provinces of Lanao del Sur, Tawi-Tawi, Sulu and Basilan. The RHUs from these provinces had a small percent availability in various medical instruments and equipment. Pap smear kit and alligator forceps had a low availability particularly in Basilan and Sulu. There was also a greater need for timers.
3. Provision of cold chain facility (e.g. temperature chart and refrigerator thermometer/2c to 8c) especially to the RHUs in Lanao del Sur, Basilan and Sulu.
4. Improvement of water and electric supply in areas with no regular sources. For water sources, there is a greater need in Lanao del Sur, while for regular electric supply, there is a bigger requirement among RHUs in Sulu and also in Lanao del Sur.
5. Additional health personnel, particularly PHNs and RHM in Lanao del Sur and Tawi-Tawi and RHPs for Basilan and Tawi-Tawi.
6. Regularize adequate supply of family planning commodities and supplies specifically to the provinces of Basilan and Sulu. However, Tawi-Tawi and Marawi also registered low availability of IUD.
7. Maintenance of updated records/forms used in the public health units especially copies of referral forms.

**Barangay Health Stations (BHS)**

Based on the results of the BHS facility assessment, the following recommendations are presented:

1. Structural development like building of permanent and functional BHS structures or renovation/extension work, thus making these BHS facilities more client-friendly and more sensitive to the needs of the community.
2. Develop facilities that could provide regular power and water supply.

3. Provide medical equipment and instruments notably in the following areas:
  - Lanao del Sur has a need weighing scale, BP apparatus and vaccine carrier.
  - Tawi-Tawi is in need of a timer, thermometer and weighing scale.
  - Basilan requires the following equipments ranging from timers, BP apparatuses, stethoscopes, weighing scales, vaccine carriers and a few thermometers.
  - Sulu registered their need for vaccine carriers.
  - For Maguindanao, aside from functional weighing scales, vaccine carrier, BP apparatus and stethoscope were also needed.
  - Weighing scale and vaccine carrier were lacking in the BHS in Marawi City.
4. There should be regularity and adequacy of vaccines, essential drugs and micronutrients. Based on percentage of availability, hepatitis vaccines is most needed in almost all the BHS as with ORS sachets and iodized oil capsules.
5. Recruitment and training of additional health personnel especially active BHWs.
6. Provision of adequate FP supplies in almost all the BHS in the six provinces/city of ARMM. Among the provinces, there is a greater need for Basilan because these supplies were discontinued in their BHS. Even FP charts and manuals were lacking in a few BHS in Basilan. FP related training like IUD insertion be given especially to RHMs in Lanao del Sur and Maguindanao.
7. Provision of sufficient copies of updated forms specifically FP and TCL forms to almost all the BHS.

The above recommendations (both for RHU and BHS) particularly in the inadequacy of logistics and resources can be addressed through concerted actions from the Department of Health (DOH) which includes the national office, DOH-ARMM, IPHOs and the health units and stations. Collaborative efforts with the local government units, non-government institutions and local/international funding agencies could facilitate the much needed developments in terms of responding and managing logistical requirements of the public health facilities in the ARMM.

Advocacy efforts with the local government units in terms of prioritization of health programs in their municipalities are highly recommended. Results of these activities could be translated into an increase in budget allocation for health. The participation of the community is also of equal importance with regards to identifying health needs and priorities in their respective areas.

## **ANNEX 2 – Avian Influenza Activity**

### **PROJECT ACTIVITY SYNOPSIS**

**I. Timeline:** ACDI/VOCA addressed the need to provide technical assistance to build capacity of LGUs at the municipal, city and barangay levels for AI preparedness and response and a community-based rapid reporting system through the Avian Influenza activities performed during June 1 – September 30, 2006.

**II. Goal:** To build awareness at the community level on Avian Influenza: its causes, preventive measures and to develop a simple but rapid reporting system from the community to obtain timely response from the agencies concerned.

### **III. Specific Objectives**

1. To conduct education and information campaigns at the grassroots level to increase community awareness on Avian Influenza.
2. To provide technical assistance to selected barangays and municipalities to organize and equip community “watchmen” tasked to monitor possible “bird flu” outbreaks in the community.
3. To pilot a community-based rapid reporting system for AI and AI in humans in the selected communities.
4. To assist other USAID-funded AI activities in the development and implementation of local government preparedness and response plan.

ACDI/VOCA worked with local partners to increase their capacity to develop and implement local communication strategies as well as coordinated its efforts with other organizations carrying out related activities as an opportunity to leverage existing resources. ACDI/VOCA initiated its work by conducting consultative meetings with the lead regional and provincial AI response agencies, including the Department of Agriculture (DA) and Department of Health (DOH) in target areas of ARMM and Non-ARMM. This has ensured that overall leadership and direction of AI activities were in line with concerned government agencies.

ACDI/VOCA, in coordination with the Integrated Provincial Health Offices of several municipalities conducted a rapid assessment in the targeted high-risk areas. The main objectives were to identify high risk sites where poultry farms, domestic duck/turkey populations, commercial markets of poultry products, culture of cockfighting/game of fowls and live bird trade business were present, and to determine their scale, their owners and operators for future contacts, as well as its market status and consumption patterns whether backyard, domestic or commercial. The tool developed by ACDI/VOCA was a simple instrument designed to elicit information on the other risk factors and behaviors of the owners and operators, e.g. close association with farm animals and tendency to keep them in house, keeping together various

species of farm animals, geographic proximity of farm animals to wild life (distance in km) and in case of a dead bird, how they dispose and their consumption patterns made. A survey was conducted in pre-identified high risk barangays.

Five LGUs in ARMM developed their provincial and municipal plans for AI preparedness and response mechanisms. All of their outputs were consolidated as a regional plan. ACDI/VOCA presented the AI project deliverables to selected sites in Mindanao and clarified specific project assistance and support for ARMM.

USAID’s assistance on Avian Influenza Project in selected areas in ARMM is to support government efforts to prepare for Avian Influenza possible outbreak. ACDI/VOCA, in partnership with IPHOs and CHO in ARMM, organized IEC campaigns generating public awareness and educating people in the target areas about avian influenza using the community outreach peer education approach, an established information education structure with organized community taskforces in the pilot sites. Risk communicators alerted rural residents of these risks and explained how to avoid them.

In addition, ACDI/VOCA, in coordination with IPHO and provincial DA offices, facilitated project orientation of Local Chief Executives (mayors, municipal council members and barangay chairmen) and Heads of Rural Health Units and health providers of the selected areas. The aim was to draw local support for the implementation of the campaigns and other AI activities. A series of orientations were done at two levels: 1) municipal and 2) barangay.

Summary of Performance Indicators:

Activity	Indicators
Rapid Assessment	In ARMM, 80 percent (4/5 of the target LGUs in ARMM assessed high risk sites except for Lanao Sur which opted not to push through since they initially targeted a municipality having poultry farm, but later when they had ocular inspection in the area, the farm moved to neighboring province which is not under ARMM. All the target LGUs in non-ARMM areas have been reached.
Community Information Campaigns	<p>ARMM:            All LGUs reviewed and adapted existing info materials.            All LGUs translated info materials into vernacular.            All LGUs pre-tested the translated versions of info materials.</p> <p>Non-ARMM:            All the target areas in the non-ARMM areas have used existing IEC materials.</p>

Organizing “Barangay AI Watch”	<p>In ARMM, 7 of 12 <i>barangays</i> have multi-sectoral taskforces convened.</p> <p>In non-ARMM areas, ten out of twelve <i>barangays</i> have multi-sectoral taskforces convened.</p>
Installation of an Early Warning System	All target <i>barangays</i> in both ARMM and Non-ARMM areas have their own AI Early Warning System installed.
LGU Preparedness and Response Plans	All LGUs formulated their Preparedness and Response Plans: municipal/provincial/ regional levels both in ARMM and Non-ARMM areas.
Performance Evaluation	Regular reports submitted to USAID. Final Report submitted.