

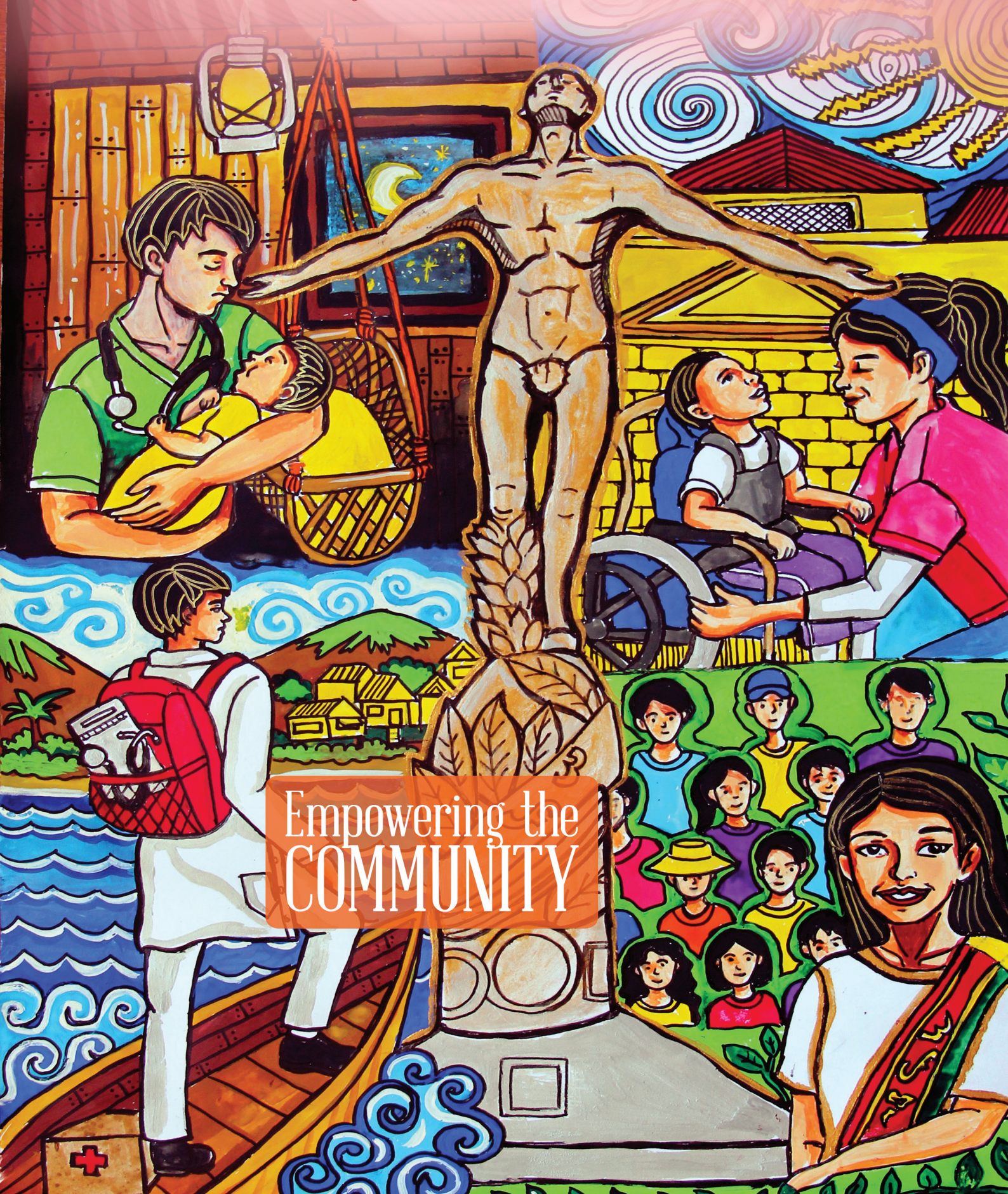
Health

The UP Manila Health and Life Magazine



Ripples

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Empowering the
COMMUNITY

Table of Contents

Editor's Notes	1
Empowering the KMKs by Bringing Rehabilitation Services to the Community	2
Anne Marie D. Alto and Cynthia M. Villamor	
A Doctor to the Barrio:	8
Championing Family Planning and Reproductive Health	
Charmaine Lingdas	
From Bedside to Countryside: A Tale of Empowering People	14
Anne Loren Claire A. Santos	
Forging the Road:	23
A Man's Mission for Better Maternal and Child Health	
January R. Kanindot	
The Community Health & Development Program:	30
Where Students Learn as They Serve	
Anthony G.H. Cordero, MD	
Serbisyong Pampamayanan, Kailangan ng Bayan	36
Josephine D. Agapito	



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EDITOR'S NOTES

"Community Warriors"

A university has three main complementary functions-- teaching, research, and community service.

For decades now, UP Manila has been reaching out to and helping the larger community as a major aspect of its mandate. Its public service programs not only complement its academic and research goals but also address specific needs and problems in the communities, especially in health.

The faculty, students, and alumni are the principal means through which programs and projects that influence the community are undertaken. With their expertise in a wide variety of health and allied health disciplines and desire to improve the health and other living conditions of people in such places, a substantial number of the UP Manila constituents, particularly the alumni, have been making a positive impact around the country and even outside.

Their contributions to improving life in and empowering the communities is the theme of this issue of the UP Manila Health Ripples magazine. Four UP Manila alumni in different health fields and community locations, whom we describe as "community warriors," are featured in this issue. An article on the UP Manila Community Health Development Program (CHDP) aptly caps the issue.

The articles demonstrate varied modes of community engagement and empowerment and how the UP Manila alumni applied and are still using their UP education to serve the people. The first is through a community-based rehabilitation program initiated by a BS Physical Therapy alumna in a remote town in the province of Rizal and which, since then, has been sustained and strengthened in partnership with the local government unit.

The second is through the perspective of a young UP College of Medicine graduate who was deployed in Palawan under the Doctors to the Barrios (DTTB) program of the Department of Health. Since then, he has been dedicating his efforts in promoting reproductive health and family planning.

The third traces the journey of a UP College of Nursing graduate who relinquished her dream of working abroad, and left the city of Manila to become initially a mayor's wife of a remote town in Leyte province, and later, as its mayor. She is one of the shining examples of good politicians who leads with integrity and implements a holistic program of health, education, livelihood, and skills building.

The fourth is from the viewpoint of a midwifery graduate of the UP Manila School of Health Sciences, who made it his mission to strengthen maternal and child health in Leyte by establishing his own maternity clinic that provides affordable and accessible services.

The CHDP was started in 2007 as the field laboratory of UP Manila students who, together with the faculty, provide basic health services through an interdisciplinary approach. By no means is this issue complete on the alumni community achievers. Future issues will run articles on other alumni achievers.



EMPOWERING THE KMKs by Bringing Rehabilitation Services to the Community

By Anne Marie D. Alto and Cynthia M. Villamor

A BS Physical Therapy alumna of UP Manila and now Professor has been helping KMKs and their families in Rodriguez, Rizal and mainstream them into society.

They say that every child is a blessing to the family. It is a wonderful gift from God given to

a loving couple. But what if your child is different from others? Would you accept her? Or would you reject and keep her isolated?

Maybe my parents can be role models for other couples with special children because they believe that there are no circumstances that they cannot surpass whenever they are together, having the strength and determination to cater my special needs.

The above are a few sentences from an essay written by 26-year old **Leonor Envee Gabriel of Rodriguez** (formerly Montalban), a remote town in the province of Rizal. Envee was born in 1990 with cerebral palsy (CP). Her condition mostly affects her legs restricting her ability to walk. But being in an improvised wheelchair desk has not stopped Envee from doing what she loves: writing poetry, stories, and essays.

At nine months old, Envee started to undergo therapy. She was spastic – her hands were closed, her toes deformed, and whenever she gets excited, her body stiffens. That was Envee then. Envee now shows much improvement. She has overcome stiffness at age four and after almost 12 years of therapy, Envee is able to write, speak, and eat on her own. She also attended a regular school and graduated high school with honors.

Sabi po ng mga magulang ng classmates ko, bakit ka Top 5 eh hindi ka naman nagsusulat? (My classmates' parents asked me how I got in the Top 5 when I wasn't even writing in class.)



Envee can write but not as fast as we all can. But if the questions are read to her, she can answer in no time and maybe even perfect the exam, her mother said.

Envee has practically grown under the care of community-based rehabilitation (CBR) workers who were supervised by the rehabilitation science students of the UP Manila College of Allied Medical Professions (CAMP). CAMP's Community-based Rehabilitation (CBR) program was started in this town in 1989 to bring rehabilitation services to this community. Under the program, CAMP students undertaking Physical Therapy (PT), Occupational Therapy (OP), and Speech Pathology (ST) courses stay with the families of the *Kaibigang May Kapansanan* (KMK, as how persons with disabilities are called) to provide therapies and other interventions to the KMKs, with the support of the local officials.

Breaking the Stigma

For 28 years now, the CBR program in Rodriguez has been helping families combat the struggles of disability. The woman behind this program is **Ma. Lucia Mirasol 'Ci' Magallona**, a PT graduate of UPM-CAMP in 1972 who ranked 7th in the licensure exam and who taught in this college for 32 years.

Her knowledge and training in physical therapy is extensive, to say the least. Her contributions to the rehabilitation profession and to the improvement of the plight of KMKs and their families in Rodriguez are profound.

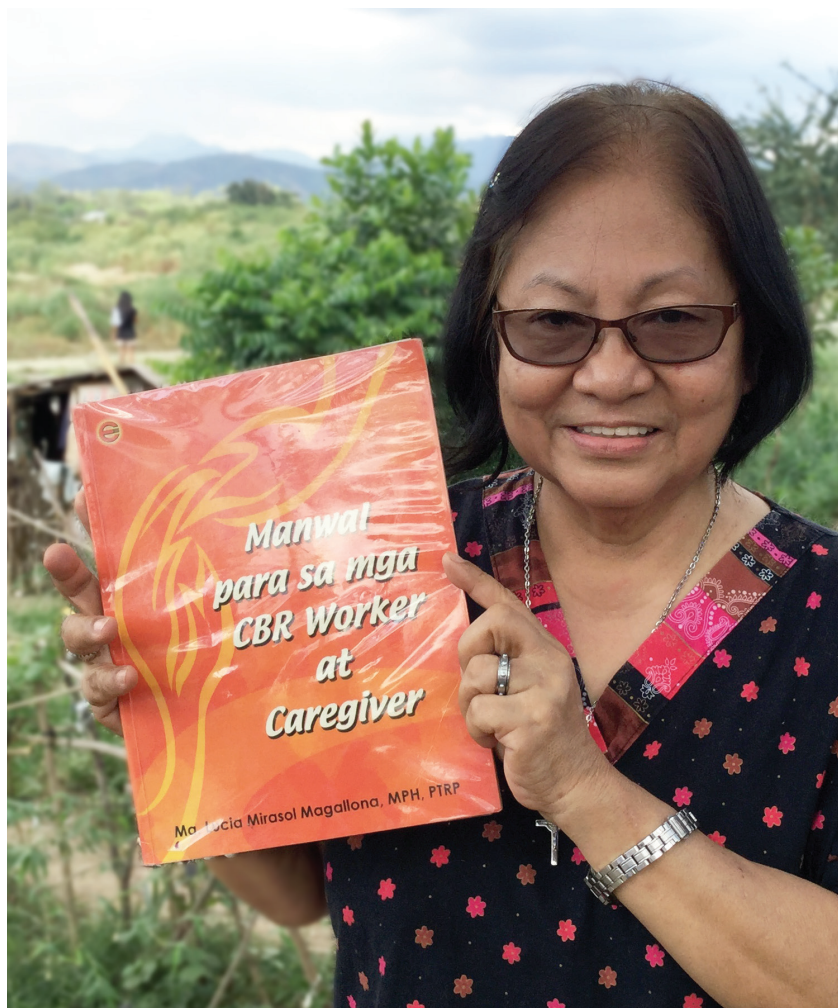
"When I was in fourth year high school, we conducted home visits in a depressed area around our school. At that time,

I was inclined to take up medicine in college. In one of the homes we visited, we were met by a lady with her son whose legs were not of equal length. At that time I did not know that the child had poliomyelitis. What really moved me was when I looked at the child, his eyes spoke to my heart asking me, 'What can you do to help poor children with my condition?' I found myself responding to him in my heart, 'When I become a doctor I will work in poor communities.'"

Magallona's undergraduate thesis paved the way for starting the CBR Program of CAMP. The college was first involved in the UP Comprehensive Community Health Program (CCHP) in Bay, Laguna, but it was later phased out in 1988 to implement the CBRP in Rodriguez, Rizal, under the direction of the author herself.

"In our senior year, I submitted a research topic entitled *"Feasibility to Establishing PT Services in a Rural Community."* Our professors thought that the topic was weird and untimely because, at that time, physical therapy was practiced in big, urban hospitals. I was advised to submit another topic but I begged my professors to give me the chance to prove that PT is a much-needed service in poor communities. It was decided to conduct the thesis in coordination with the UP Comprehensive Community Health Program (UP-CCHP) in Bay, Laguna."

Doing the thesis and developing the training program of PT students in Rodriguez proved the possibility of implementing physical therapy services in a rural community. Thus, the founding of UP-CAMP's Community-Based Rehabilitation Program.



Prof. Ci Magallona holding the manual for CBR workers.



KMKs in beadwork; a helpful form of therapy that strengthens eye-hand coordination.

But that's not all of it. Magallona authored a manual to serve as a guide for CBR workers, interns, and the families of KMKs in providing not only rehabilitation services, but more importantly, early detection of conditions causing disabilities.

"The **Manwal Para sa mga Community-based Rehabilitation Worker at Caregiver** was written first in Filipino in 2004 after using the photocopy of our training materials developed with the interns of CAMP for the training of CBR workers. I formed a group of CBR workers to help me edit the book for its clarity and simplicity. It was translated into English in 2005 for the use of Cebuanos, Ilocanos, Bisayans, and foreigners."

Up to this day, the book is being used by CBR workers in Rodriguez to develop more hands in the rehabilitation of KMKs.

For her contributions in uplifting the rehabilitation professions and increasing the access of KMKs to rehabilitation services, Magallona has been recognized by different groups. She received 29 awards and recognitions from local and international institutions, delivered 23 papers related to Physical Therapy and Community-based Rehabilitation, and authored and co-authored 16 publications.

Despite her retirement in April 2015, Magallona still goes to Rodriguez twice a week to check on the CBR program. She is thankful that through the years, she and the CAMP students were able to train local CBR workers from the KMKs themselves and from other community residents who are willing to learn, help, and continue the tasks of rehabilitation. In this regard, the manual has proven to be a very useful tool. An average of 200 patients a month are seen in the clinics, with most of them suffering from autism and stroke.

Being the CBR head for almost 20 years, Magallona has moved forward the rehabilitation services in the homes and communities in significant ways. Witnessing how it has alleviated the conditions of the KMKs, restored their productivity, and mainstreamed them into society, the CBR was absorbed by the local administration of the town.

Rodriguez: CBR workers in action

According to Magallona, establishing the CBR in Rodriguez had its birth pains. When a disability survey was done in 1987, the prevalence in Rodriguez was 11%; already one of the highest rates in the country. After almost 30 years, as of March 2017, there are 2,090 registered PWDs in Rodriguez, barely 1% of a projected population of 379,941. However, this number does not include unregistered cases. Magallona intimated that some family members feel that there is stigma associated with having a disability so they choose to keep loved ones with disabilities inside their homes.

The CBR in Rodriguez has many stories showing that there is nothing to be ashamed of in having family members who are differently-abled. Take the

case of Tessa Martinez, who has been a CBR worker for 25 years. Like Envee, she, too, has CP. Before she became a CBR worker, she was first a KMK. After three years of therapy, Tessa decided to train to become a CBR worker. Since then, she has been performing OT and SP services to fellow KMKs. As a CBR worker assigned in the Special Education (SPED) of Rodriguez, Rizal, Tessa has helped four kids with autism speak.

"Dati, hindi ako lumalabas ng bahay hindi ako nakikihalubilo sa mga tao, kasi ayaw ng mother ko baka daw tuksuhin ako. [Ngayon,] hindi ko na ikinahihiya 'yung sarili ko at ipinagmamalaki ko kasi ako 'yung pinakainspirasyon ng mga KMK, na ang mga nanay kailangan nilang ilabas ang mga ka-pamilya nilang may kapansanan. Wag nilang itago. Kasi hindi naman natin ginusto ito. Nakakataba ng puso na nakakatulong ka sa kapwa mong

may kapansanan pati sa mga magulang," Tessa declared. (My mother did not want me to go outside the house nor interact with other people because she feared that they'd only make fun of me. But now I stopped being ashamed of myself because I became an inspiration to KMKs and to parents who should not isolate their child who needs special help. I did not choose to become like this, but it is heartwarming that I am able to help my fellow KMKs and their parents.)

Like Envee and Tessa, recognizing KMKs as individuals with dignity gives them courage that they, too, can play a part in the development of their community.

Apart from providing services at the Barangay Health Center, 14 trained CBR workers were assigned to 11 different barangays to expand the scope of rehabilitation. In other days, they visit KMK children in their homes to attend to their rehabilitation needs. They call it "home-therapy." Envee was managed under this home set-up with CAMP students staying in with Envee in their house for 12 years.

A community teaching program called '**Kapitbahayan Conference**' organized by the CBR workers, is conducted for families to join sessions and have a deeper understanding of the special needs of KMKs. This effort aims to develop support groups among parents and KMKs. Recently, the CBR workers were trained on community organization through a partnership with the UP College of Social Work and Community Development.

The CBR livelihood program is basically a form of therapy. Here, a group consisting of individuals who are either a KMK, a KMK parent, or had a stroke, engage in beadwork such as making bracelets, necklaces, and bags. The activities are meant primarily to strengthen their muscles and improve eye-hand coordination. The livelihood aspect is just a bonus with the projected earnings once the finished items are sold. This is currently supported by the



A KMK with cerebral palsy who regularly consults at the CBR Unit and undergoes therapy with the CBR workers.

Community Life, Japan and Japan International Cooperation Agency(JICA).

Never at Rest

Although CAMP has disengaged its CBR program with Rodriguez in 2007, the CBR continues with the help of its local government, Magallona, the CBR workers, and the local and barangay officials. Magallona is currently working on reviewing and enhancing the CBR program to serve as a model for other OT and PT schools.

"Before I retired, I submitted a proposal for the enhancement of the CBR Program in Rodriguez, Rizal. Luckily, it was approved. And my continued involvement in CBR even after retirement gives me so much fulfilment and meaning," Magallona enthused.

The CBR Rodriguez founder cited an expressed need of other PT-OT schools in the Philippines to review and modify the CBR Program. She plans to share her experiences in doing CBR with different schools like the Emilio Aguinaldo College who made CAMP's CBR its model.

"I hope the other schools would do the same. If this happens, we will be producing PTs and OTs who are ready to serve the different municipalities."

Many families, especially in rural settings, often cannot afford additional expenses for treatment and therapy. While Executive Order No. 437 signed by then President Gloria Macapagal-Arroyo encourages local government units to set up a CBR program and allocate funds. Magallona and her colleagues at the Special Interest Group-CBR (SIG-CBR) of the Philippine Physical

Therapy Association are lobbying to make the setting up of the CBR program compulsory in every town. This will help KMKs in remote areas gain access to free rehabilitation services.

"If the municipalities will be required to establish a CBR Program, there will be a need for more therapists to serve in the communities under the CBR programs around the Philippines," Magallona stated.

The aim of CBR does not revolve only around medical rehabilitation but also on the acceptance of society towards KMKs. They deserve to be treated equally and to have the same rights and privileges enjoyed by others.

According to Magallona, CBR is a spectrum which starts with detection, treatment, and rehabilitation of KMKs. But CBR does not end here.

"As we rehabilitate the KMKs, their empowerment begins. When their level of functioning is maximized, they are ready for organization, livelihood training, work or schooling towards more responsibilities and more fulfilling roles in their family and the society. Thus, the training in doing CBR must include every part of the spectrum which makes it an inclusive development approach and not just for the rehabilitation of the KMKs. "

With her exemplary dedication to the planning, implementing and overseeing the CBR program, Magallona commits as well to accomplish the rest of the empowerment tasks for the KMKs during her retirement.

Community-based Rehabilitation

By Leonoria Envee Gabriel

Back then, it was an unsolved mystery
What are the certain kinds of disability
And there had emerged a certainty
That situation will make such history

People who are called CBR workers
Became my greatest partners
In achieving physical and therapeutic wonders
Made me believe my motivation really matters

Through the years, it has been their occupation
To give those limitations a wonderful improvisation.
Seeing their perseverance and dedication
Indeed, this is truly a noble profession

Expressing their love and concern
Without expressing anything in return
Analyzing every aspect
Implying that each person needs respect

My name is Leonoria Envee
With an endless endeavor for you and me
Trying to participate in the community
By sharing my little legacy.

Poem handwritten by Envee Gabriel that speaks of her personal experience of the CBR after comfortably learning how to write.



A DOCTOR TO THE BARRIO: Championing Family Planning and Reproductive Health

By Charmaine Lingdas

A young Filipino doctor to the barrio becomes first Southeast Asian on the '120 Under 40'.



This was the story that established the name of Dr. Marvin Masalunga as a young mover

in the field of public health. In 2016, at age 27, Dr. Masalunga was chosen as one of the recipients of the “120 Under 40: The New Generation of Family Planning Leaders” Campaign of the Johns Hopkins Bloomberg School of Public Health and the Bill and Melinda Gates Institute which recognizes and highlights the achievements of the next generation of family planning leaders worldwide. The winners were selected from a field of nominees who were 40 years or younger and have made significant contributions to family planning at the local, national, or international level in one of the following categories: advocacy, programming/program implementation,

research, service delivery, demand generation, and policy/government or media.

“I never expected to receive this kind of award. I consider this as one of those moments in life which happen at the right place, at the right time, with the right people,” he stated. Dr. Masalunga has been actively promoting family planning and reproductive health by engaging in activities, such as peer counseling, youth development sessions, film screenings, and other health activities alongside his work in providing primary care in Coron, Palawan.

“Most of my achievements related to family planning are deeply connected to the maternal health status of Coron,” he explained. “What we did was to improve the maternal health status by ensuring that all women have access to modern family planning methods and that pregnant women receive complete check-ups. We do a lot of field visits, Information, Education, and Communication (IEC) activities, and special activities, such as the Buntis Congress. We also ensure that pregnant women undergo facility-based deliveries, hence, the need for constant follow-up.”

Life in Coron, Palawan

Dr. Masalunga graduated from the UP College of Medicine in 2014. As a scholar of the Department of Health's (DOH) PinoyMD program, he was set to be a doctor to the barrios (DTTB). The DTBB program initiated by DOH ensures to provide quality health care, especially to geographically isolated and disadvantaged areas (GIDAs) in the country through the deployment of competent and community-oriented doctors. DTTBs are assigned to a certain municipality for two years.

"To be honest, it was simply to fulfill the requirements of my scholarship to serve as a DTTB for two years. During my stint as a DTTB, I was assigned to the municipality of Coron, Palawan," Masalunga recalled his beginnings as a DTBB, not knowing that the outcomes of his deployment in Coron would set the course of his life.

Coron is a first class municipality in the province of Palawan, Philippines. It comprises the eastern half of Busuanga Island, all of Coron Island and about 50 other minor islets stretching as far as Tara Island in the north-east and Canipo Island in the south. Coron is made up mostly of coastal villages and its main industries are fishing and tourism. It is subdivided into 23 barangays.

Well-known for its breathtaking view of sandy white beaches, pristine, clear waters, and majestic landscape, Coron is an ultimate destination haven for travelers and adventure seekers. But behind its beauty and potentials as a tourist spot in the country, the town is considered one of the geographically isolated, and disadvantaged areas (GIDAs) in the country, particularly in terms of health care. Although categorized as a first class municipality earning an average annual income of P55M, only seven out of its 23 barangays are flourishing, while the rest are remote and underdeveloped.

According to the Cities and Municipalities Competitive Index of the National Competitive Council, as of 2016, Coron ranked 410th in the municipalities in the country based on economic dynamism, government efficiency and infrastructure, 419th in terms of capacity of health services, and



Dr. Masalunga attends to child patients at the barangay health station of Barangay Buenavista, Coron

739th in terms of health, lagging way behind other first class municipalities in the country.

"In spite of its reputation as a tourist spot and as a first-class municipality, only a few barangays benefit from tourism. The municipality, which is larger than the National Capital Region in terms of land area, is composed of numerous barangays, many of which are coastal and are located on different islands. The most distant barangay, Tara, requires three hours of travel time by boat—assuming the sea is calm," Dr. Masalunga explained the landscape of Coron and its geographic characteristics affecting the reach of healthcare in distant barangays.

"Most of the patients who come to the Rural Health Unit or the barangay health centers are from poor families and their complaints range from upper respiratory tract infection to hypertension and diabetes. At times, we also receive trauma cases, and occasionally, there are really emergent conditions, such as myocardial infarction and stroke. Although we have a district hospital in town (Coron District Hospital), the services offered are also limited. Most of these patients work as farmers or fishermen; hence, they rely on the RHU for free consultations and medicines."

Dr. Masalunga was assigned as a Deputy Municipal Health Officer at the Coron Municipal Health Office from December 2014 to October 2016. He worked with two other doctors and 50 staff members serving at least 50 to 150 patients per day. Part of his work as a DTTB is to visit remote barangays and stay in those areas for 2 to 3 days. During those times, there were days he and his team attended to around 300 patients.

"My primary duty is to provide health care to people who need it the most, such as the indigents and those who live in geographically isolated and disadvantaged areas. As a DTTB, I am an employee of a national government agency, the DOH, but I work at the frontlines. I have to ensure that the three



RHU staff with UPCM students taking up their community elective in Coron, Palawan

main desired outcomes of the health system improved the health of the population: client satisfaction and responsiveness, and that financial risk protection was attained.”

Dr. Masalunga stated that his principal responsibility as a municipal health officer was to ensure that basic medical services were provided to the community. This included the implementation of the Department of Health’s program through the Expanded Program on Immunization (EPI), improvement of maternal and child health, overseeing of the communicable and non-communicable diseases program, such as hypertension and diabetes, and improvement of PhilHealth coverage through the enrollment of Coron’s indigent citizens.

“At the same time, I have to come up with my own programs that are tailored to the needs of the community. For instance, one of my main thrusts was the establishment of a community-based mental health program, in part due to

the rising numbers of illicit drug users and the undocumented number of people with psychiatric disorders who have yet to receive appropriate care.”

He identified reconciling the people’s traditional and cultural beliefs and medical perspective and practice as one of the biggest challenges he encountered in his work. “Most of the patients see doctors as know-it-all individuals who are adept at the most appropriate medicine for a given illness. Many of them rely heavily on medicines for treatment. We know that some illnesses, such as viral respiratory infections, do not require medications,” he said.



Dr. Marvin Masalunga and his fellow RHU staff after a field work in Barangay Cabugao, Coron



Dr. Masalunga conducts a Youth Development Session on Teenage Pregnancy at the San Nicolas High School, Barangay San Nicolas, Coron.

Another challenge he encountered was the difficulty in shifting the viewpoint of patients from curative to preventive. “Many people neglect that prevention is better than cure. It’s hard to institute lifestyle changes in an individual who claims not feeling anything despite smoking two packs a day,” he expressed.

RH Advocacy Beginnings

He first became interested in Reproductive Health during his medical school years. As a third-year medical student, he was the head of the Mu Sigma Phi Fraternity’s Service Committee and one of the major activities they did back then was the Quisumbing-Escandor Film Caravan. In this activity, he and his committee partnered with the Office of Senator Pia Cayetano to conduct film screenings in various places on maternal health that also served as venues to address the different concerns of mothers on reproductive health issues.

According to a Provincial Health Office (PHO) report, maternal

deaths and teenage pregnancies were among the major reproductive health issues in Palawan. The province recorded in 2012 a Maternal Mortality Rate (MMR) of 125 per 100,000 live births which rose to 182 in 2014, making it among the highest in the country. Per the PHO report, 9% of total maternal deaths in Palawan were in the 15-19 year old bracket. It had the highest teenage pregnancy cases in the Mindoro, Marinduque, Romblon, Palawan (MIMAROPA) Region with 888 (4.84%) in 2012, which rose to 2,240 (12.47%) in 2014 and dipped by almost half with 1,247 (7.01%) in 2014.

Coron is noted for its rising number of teenage pregnancies. In 2015, there were 130 teenage pregnancies which comprised 10% of the total pregnancies for that year. In partnership with the 4Ps Municipal Link, Dr. Masalunga conducted youth and family development sessions in different high schools in Coron. The sessions focused on correcting myths about reproductive health and served as opportunities to discuss with the teachers their concerns and misconceptions on family planning.

“Several weeks later, they sent me a message asking me if it was okay to nominate me to this (120 under 40) international competition on reproductive health and family planning. I figured that since I needed their help in my projects related to RH, and also because the competition is free to anyone, I could not say no. I submitted the required materials and filled up the necessary questionnaires—and that’s it.”

120 Under 40

Together with eight other awardees, Dr. Masalunga attended a series of lectures in Baltimore, Maryland, Washington, D.C., and New York to discuss ways to improve maternal and child care among locals of their respective countries. Masalunga discussed the state of reproductive health in the Philippines.

“The biggest challenge in implementing reproductive health and family planning in the country is that in spite of the passage of the Responsible Parenthood and Reproductive Health (RPRH) Law, the Temporary Restraining Order (TRO) issued by the Supreme Court to halt the distribution of some

modern family planning methods prevents the maximum implementation of the law," he lamented while pointing out that lawmakers needed to educate themselves further and conduct actual conversations with experts on reproductive health.

He noted that a lot of the problems on reproductive health have to do with the misconceptions that pervade society. "For instance, the RPRH Law does not promote abortion; it does not force women to use family planning methods if they do not want to, although it wishes to emphasize that if they do, the supplies are readily available at their health centers. The teaching of sex education in schools will undergo a series of reviews to make it appropriate for its audience."

Lessons in Life

"One thing that pushed me to do better was seeing how my staff members grow as health care providers," he replied when asked on what inspired him in his work as a DTTB. "After a year of staying in the area and working with them, it amazes me to see how much they have grown. They have started their own projects, introduced innovations to their respective barangays, and volunteered ideas for health programs. What inspired me further was the teamwork among them. What I have achieved for the past two years, I definitely owe it to my staff."

During his graduation as a Master in Public Management student at the Development Academy of the Philippines, Dr. Masalunga shared six lessons that have guided him in his journey: 1) *Hindi pwede ang pwede na*. (What is good enough is not enough). 2)



Dr. Masalunga speaks on the status of reproductive health in the Philippines in one of the 120 Under 40 events at the Johns Hopkins University, Baltimore, Maryland.

Compartmentalize. 3) If it hurts too much, then it's wrong. 4) *Kung may isang bagay kang panghahawakan, yun ay ang katotohanang hindi maaaring sabihin ng kahit sino na hindi mo ginawa lahat para sa pasyente mo*. 5) Never say that you have done enough and that you can do no more. The need for your involvement is always great; you can do no less. 6) *Dapat alam mo ang sagot sa tanong na "Ano ang gusto mo?"*

"What's next for me, I am now taking up residency in Anatomic and Clinical Pathology at the Philippine General Hospital. The plan is to continue our projects and programs related to reproductive health in our areas. As of now, I am still in contact with my team in Coron even if I'm already pursuing residency training at PGH," he stated.

There is a plan for the 120 under 40 winners to grace the bi-annual International Family Planning Conference in 2018 to be held tentatively in South Africa. In 2020, all winners will gather in the US to discuss and set plans for family planning and reproductive health. Specifically, the 120 under 40 is an offshoot of the goal to provide 120 million women with access to modern family planning methods.

With his experiences as a DTTB and the opportunities afforded by the international recognition, Dr. Masalunga's passion, knowledge, and skills on how to improve health and well-being in the communities have been enriched and continue to fuel his advocacy in reproductive health and family planning.



FROM BEDSIDE TO COUNTRYSIDE:

A Tale of Empowering People

By Anne Loren Claire A. Santos

"True leaders serve the people and their best interests; and sometimes, in doing so, will not always be popular. But, because true leaders are motivated by loving concern rather than a desire for personal glory, leaders are willing to take [the] trials and challenges of governance." –Mayor Viviane P. Alvarez

At the witching hour of the night, a man came knocking on the door,

hinting an emergency while looking for then Mayor Neil Alvarez. It was the mayor's wife who came down and talked to the man. The man was hesitant to disclose his concern at first, insisting that he would like to speak with the mayor. Sounding disinclined, the man eventually told the mayor's wife about his child wincing in pain and needing tooth extraction.

At that instant, she noticed how vulnerable and reliant the people were to the mayor. For every hitch, big or small, they expected the town head to work it out for them. She told herself, this could not happen forever. She took cognizance of the need to empower them. A change of mindset was imperative.

Now elected mayor of the Municipality of Oras in Eastern Samar, Mayor Viviane P. Alvarez cannot consign that incident to oblivion. Proclaimed mayor in 2013 for her first term, she took an oath to stir the people to liberate themselves from social and economic constraints.

A nurse by profession, public servant at heart
In the top eight out of 78 graduates from Class 1995 of the College of Nursing, University of the Philippines Manila, and awarded Best in Clinical Performance, Viviane had the world at her feet. As a young nurse then, she had every opportunity to seize that others only dream of, including the chance to go to and work in the United States.



Mayor Viviane Alvarez talks about the path that led her to pursue public service.

Nonetheless, she resolved to stay in the country in the meantime owing to her desire to give back to the Filipino people like a true 'iskolar ng bayan'. Her passion to serve in the community was inflamed when she had a three-month immersion in Barangay Daniw, Victoria, Laguna, the poorest barangay in the area, in 1994.

At a time when some of her classmates were already going abroad, Viviane was determined to work at the Philippine General Hospital (PGH) for two years. While in the country's biggest tertiary hospital, she demonstrated exceptional work ethics and admirable dedication to her tasks, particularly patient care.

With a mindset of one day pursuing her profession overseas, Divine Providence intervened, leading her to take a different course and fulfill a distinct purpose. At PGH, she met her husband, who is from Oras, and that became the turning point in her life. The young Viviane favored to leave the city, relinquish her dream of working abroad, and establish a family in the province.



Former Oras Mayor Neil Alvarez and Mayor Viviane show support to their three boys during a sporting event.

She became the Municipal Population Officer (MPO), where she saw the Orasnon culture and way of life. She recognized how desperate the people were for government help.

"If this is the situation, the life of a politician would really be very difficult. Your social services will be very expensive. Everything is solicited," Viviane said. Yearning to see the lives of people change, she organized the women's organization in her capacity as MPO. With the help of various partners and through advocacies and trainings, the organization gradually became sustainable.

Orasnon by choice

Raised in the serene town of Natividad in the easternmost part of Pangasinan province, studied and worked in Manila, Viviane chose to make Oras her home. She learned the dialect, got accustomed to the values and traditions, cared for the people, and made a decision to positively impact their lives.

While she was blithely serving the public as MPO, they urged her to serve a higher purpose and run for mayor. Without any plan of joining politics, Viviane was indecisive until she was able to speak with the masses. She heard them and she was emboldened.

Now on her second term as mayor, Viviane has seen lives changed and communities transformed. "I really never imagined myself being a public servant, elected at that. Maybe I was destined to be here," she uttered. For her, serving the people with all sincerity is the key. She is grateful to her husband for bringing her to the truest essence of public service. "We, elected officials, were elected because the people trusted us. You have to give justice to the trust that was given to you," she added.



The young Viviane in her graduation photo.

During her inauguration in 2013 and 2016, she emphasized that she is offering a brand of leadership characterized by transparency and good governance. "As in the immediate past, we shall continue living in a 'glass house' so to speak, so you can always see what is going on in our administration," Viviane declared.

Her journey as mayor has never been easy. During her first term, there were resistance and opposition. Hence, she sought to create a culture of united leadership, where people with various political



Mayor Viviane holding a Responsible Parenting Movement (RPM) class.

affiliations come together with one vision. "It is important that the people are united and that they are walking and working towards one mission for this municipality. "And if you are not able to do that, no matter how good a mayor you are, you will not be able to do what you need to accomplish," Viviane underscored. She exemplified solidarity by choosing to serve all, especially the destitute and underserved. "You took your oath to serve all, and not to serve only the people who voted for you."

In the 2016 election, Viviane made history in Oras by uniting all the political parties. For the first time, all incumbent officials with various political affiliations, including those who ran independently, united under one banner. The decades of political struggle with the town's affluent families and dominant parties finally came to an end. Such unity led to the first ever straight win of all party candidates with the highest recorded vote margin.

She encouraged participative leadership where people felt empowered. While addressing

to do anything. I show them that they have a leader who is ready to lead them in all aspects of governance."

To further enhance the Orasnon's sense of empowerment, Viviane pursued the social contract with the people and refined the municipality's vision statement, which she termed "USWAG pa ORAS." It is an acronym where U stands for united leadership, S for social services (health, education, and empowerment), W for work and livelihood opportunities, A for agriculture, G for governance, P for peace and order, A for advanced trade and commerce, O for ordinances, R for roads and infrastructure programs, A for accredited NGO-CSO partners, and S for self-reliance and disaster resilience. Uswag is a term in Waray – dialect spoken by people from Samar – that means progress.

Uplifting lives, providing decent living

In the midst of poverty and despondency, the people of Oras saw hope in Viviane. Inspired to ignite the best in her people and let their own light shine, she instituted significant projects that directly address their needs. One of her landmark programs is the Barangay Performance Monitoring System, where barangay plans, projects, and activities are developed, examined, and monitored in partnership with the people. To intensify and sustain this monitoring mechanism, Viviane issued a policy statement addressed to all barangays and municipal departments to increase the barangay officials' accountability and responsiveness.

The said program was inspired by the Civil Society Organization Satisfaction Report Card (CSRC) used in the citizens monitoring of the local government unit's (LGU) accountability. The CSRC is a monitoring instrument that determines the Civil Society Organization's (CSO) satisfaction on the LGU performance based on agreed critical key result areas. Subsequently, they organize the volunteers to do the survey, classify the results, make initial analysis, and get ready for the validation in a CSO assembly. The findings are then presented to the mayor.

As of 2015, the number of CSOs in Oras, who are participating in and accredited by the LGU, has increased to more than 400% since 2013. From 18 CSOs in 2013, the number has grown to 101 after two years, the biggest in the

the constituents, she said "I need all my component parts here to work with me. I will not be doing this alone. In everything that we will be doing, we need to be together. Let us work with the same process." For Viviane, no government official can claim that the community's progress is at the hand of one person only.

Moreover, she always reminds her constituents that leaders are just herders guiding them. "The change you want to see in your life is not in our hands; it is in your own hands. So, if you do not want your lives to change for the better, you do not have



A volunteer and donors during the Buntis Congress' blood letting activity held at the multi-purpose covered court of Oras.

entire region. The National Anti-Poverty Commission (NAPC) and various non-governmental organizations (NGOs) train the CSOs in the proper way of governance. If anomalies in the administration are uncovered, these can be immediately reported to the NAPC. CSOs are, thus, regarded as watchdogs of society.

The CSO is represented by individuals from all marginalized sectors. The different sectors that have already federated under the name Oras Civil Society Network are now preparing to register with the Securities and Exchange Commission (SEC) with the LGU's full support.

According to Rebecca Nofies Nicart, CSO Core Group member, the CSO is the LGU's partner in implementing its programs. "If the barangays are organized, it is easier for the LGU to bring aid since there is already a point person in every barangay," Nicart said.

The Mayor's initiative on the Zero Open Defecation (ZOD) program of the Department of Health (DOH) is another landmark project that is considered a vital strategy

in advancing sanitation development.

For Barangay Captain Vicente Noromar of Naga, Oras, one of the town's primary problems is the lack of comfort rooms, with 3,222 households across 42 barangays without sanitary toilets in 2013. With the ZOD, this number decreased to 2,141 in 2015. Moreover, the LGU already declared 31 out of 42 barangays as ZODs without NGO support as of 2016. In the same year, Oras was recognized as model LGU for the ZOD program without NGO

assistance in the entire country during the Sanitation Learning Exchange (SANLEX), which was sponsored by the DOH, World Health Organization (WHO), and NGO partners. By 2017, the LGU aims to declare the entire municipality as ZOD.

"Ang mga programa nya ay para sa kalusugan. Sabi nya, kung ang mga tao hindi malusog, paano na ang pagprogreso? (Her programs are for the health of the people. She asked, if the people are not healthy, how can we progress?)"

Now all 42 barangays have an updated health profile, a Barangay Health Plan, and a Barangay Development Plan, where health programs are incorporated. There has also been a decrease in waterborne diseases in each barangay, an increase in awareness on the importance of health and sanitation programs, and an established partnership with the barangay local government unit (BLGU) and households on the implementation of water and sanitation programs following the counterparting scheme. Local legislations are also being formulated to sustain such programs.

"Keep your people healthy and they will help propel your town to progress,"



Awarding of fishing boats to some fisherfolks of Oras.



Mayor Viviane inspiring mothers during the Buntis Congress.

the Mayor said. At the start of her first term, she requested a doctor to the barrio (DTTB) from the DOH upon noting the ratio of the doctor to the whole population as 1:36,000.

In 2015, the first DTTB in Eastern Samar came to Oras in the person of Dr. Rose Teri Zacate, a graduate of the University of the Philippines Manila School of Health Sciences (SHS) in Palo, Leyte. The rural health physician is grateful that the Mayor is supportive of her health projects.

"She has that commitment to lower the rate of malnourished children in Oras. She is a stickler for the rules. She'd rather have low data or a red card, as long as it's true data. She abhors when you manipulate data just so the score looks pleasing or to make you look good or for the sake of awards," Zacate said.

With the leadership of Mayor Viviane, the barrio doctor believes that the health services have reached the farthest and hardest to reach barangays.

"The biggest improvement would be our facility-based deliveries. We are consistent that above 90% of the mothers here, even those coming from geographically isolated and disadvantaged areas (GIDA), prefer the facility-based delivery. There are still those who give birth at home, but attended by a skilled birth attendant," the DTTB said.

The Mayor also puts great importance to agriculture as farming and fishing are the main livelihood of the people of Oras. Salvador Dalosa, Municipal Agriculturist, stated that it is their priority to teach the farmers new technologies in farming. For the fisher folks, they have also started capacity-building programs.

"The entire program for the fishermen was packaged into a coastal resource management program. It includes the capacitation of the fishermen and the provision of alternative livelihood for those who are not following the law," Dalosa said. They also rehabilitate the underwater resources that have been destroyed; and to bring back its abundance, they declare marine sanctuaries and marine protected areas. While more agriculture programs are being plotted, they make it a point that there is social preparation because Mayor Viviane does not like to give programs that the people do not understand.

Further, through the current administration's efforts, informal settlers living along the river banks have already been relocated. A water system project in the poblacion barangays was also approved through a memorandum of agreement with the Local Water Utilities Administration.

For her infrastructure projects, she pushed for the construction of the legislative, fire department, and new Philippine National Police buildings. Under her term, the municipality's evacuation center was also constructed. Oras is also the first LGU to establish a disaster risk reduction operation center.

As an international humanitarian organization that implements programs through the Child Center Community Development approach, Plan International, Inc. Area Supervisor Juancho Romero recounted the program



The new fire department and PNP buildings, which form part of Mayor Viviane's priority infrastructure projects, are located at the heart of the municipality

implementation in Oras as painless and fluid.

"The priority programs of Plan right now are education, disaster, health, livelihood, and child protection. We have a budget for a specific project for a specific barangay, and the LGU has a counterpart. We see complementation," Romero said.

"We will not be staying here too long; our immediate concern is how to sustain the programs. And that is not a problem in the local government of Oras because they are willing and open," the Plan Area Supervisor added.

Since 2013, Viviane has initiated and undertaken other programs that promote a standard of adequate living. In 2015, the town's income classification has improved from being a 4th class municipality to a 3rd class town based on average annual income. "Our real property taxes collection increased [by] 200% compared to last year. Our local income increased three times from 2013 to 2016," she noted.

She also advocated the Responsible Parenting Movement (RPM), where she

went around the 42 barangays to give lectures that later evolved into a livelihood program. At the height of the RPM, she understood how eager the people were to see sustainable livelihood in place, dismissing the mindset of dependence and dole-out.

According to Ruby Pajanustan, president of the Women's Association in an upstream barangay, the livelihood program has provided their Association support for a sari-sari store and their husbands an opportunity to earn by selling the tuba (coconut wine) they harvested in the store. In 2009, Oras was chosen as the runner-up in the Best Regional Responsible Parenting Movement (RPM) Initiative by the Commission on Population.

With all these relevant projects and programs, the one that is invisible to the naked eye is still the most essential for Viviane – the empowerment of her people. "I am not alone anymore because everyone is there to help me, and it happened because I was able to make them see their own potentials."



Mayor Viviane congratulating one of the fisherfolks who attended the training-seminar conducted by the Municipal Agriculture Office.



Mayor Viviane solemnizing a civil wedding ceremony in her office at the Municipal Hall of Oras.

Road map for Oras

The current administration's capacity-building and people empowerment approach has led to Oras' inclusive growth and development. It has also gained for the municipality various nationwide recognitions and awards, such as the Seal of Good Housekeeping (2013-2014), Seal of Good Local Governance (2015), Seal of Child Friendly Municipality (2016), ranking first in the Commission on Audit's (COA) Closing of Books in Region 8 (2013-2016), being the model LGU for the barangay-based performance monitoring system (2015), and being Philhealth's top awardee for facility-based deliveries (2015).

The LGU's best practices also resulted in Oras having a Public Order and Public Safety Plan that is being used as a model design by other LGUs in the province; a Gender and Development Plan that has been commended by the Department of Interior and

Local Government (DILG) as very comprehensive and well-crafted; and getting an unqualified opinion from COA auditors in its audit report in 2016, the first in the entire province.

Looking forward, Viviane envisions Oras to be the social and trading center in the northern portion of the province of Eastern Samar. A leading-edge public market and an integrated bus terminal will soon rise in the municipality that will bring about synergistic activities for the common good. Its construction will pave the way for Oras to become the center for trade and commerce.

According to the local chief executive, Oras could also be the center for health in the inter-local health zone. The Oras District Hospital is being renovated to make it bigger and more advanced. The Oras Doctors Hospital, which is privately-owned, is also now fully operational. "We did not have that before. The bigger hospital is in Borongan that is two hours' drive from here," the Mayor said.

To stimulate the people's interest to read and learn and, thus, broaden their perspective about life, the Mayor advances the idea of building a mini-library and a youth center, which will focus on developing the youth to be upright, reliable, and productive citizens of Oras and the country, in general.

Furthermore, Oras steers toward sustaining its seal of good housekeeping and good social protection for basic sector, improving its disaster preparedness, enforcing relevant strategies to enhance its business competitiveness, intensifying its environmental protection, strengthening its approaches on law and order and public safety, and constantly providing accessible, quality education as enhanced early child care program with improved education facilities.

It shall also continue to establish linkages with other government and non-government entities, such as research and development and academic

institutions concerned with livelihood activities.

UP Oblation personified

Viviane adheres to the depiction of the Oblation – a selfless service to the Filipino people. “How I serve right now is how UP oriented me to be. In UP, we were not taught to take care of patients only. We were taught to focus on primary health care, and this is more on prevention and how to make your people more productive.”

She considers her immersion to the community while studying in UP as part of her formative years. She did not limit herself only to learning how to diagnose and doing the Nursing Care Plan (NCP). “There were a lot of questions in my mind that time. Were the things being unveiled to us then were for us to learn community work or did UP want us to see the reality, the bigger picture? I realized, there are so many things that a nurse can do beyond bedside care.”

“UP has always taught us that the knowledge we have should not only be for ourselves. After you immerse yourself in a certain place, it should be that something is changed when you leave. You are not from UP just because you are intelligent. You have to make a difference. You should be a change agent. You have to make your alma mater proud and give justice to your ‘sablay’. When I was elected Mayor, I told myself, I will do it the way an ‘iskolar ng bayan’ should do it,” Viviane expounded.

While she serves as an encouragement to many, in return, she draws inspiration from the ordinary constituents.



Mayor Viviane, third from left, receives the Outstanding Alumna for Public Service and Good Governance Award bestowed by the UP Manila College of Nursing during its 63rd UPCNAAI Homecoming.

UP has taught her to live a life of purpose by touching the lives of others. “You can only do that if you are ready to share yourself, not only the knowledge that you have, not only the skills that you have acquired, but importantly, the values that you have.”

According to her, true leaders serve the people and their best interests; and sometimes, in doing so, will not always be popular. “But because true leaders are motivated by a loving concern rather than a desire for personal glory, leaders are willing to take [the] trials and challenges of governance,” she added.

In 2015, Viviane was awarded as Outstanding Alumna for Public Service and Good Governance by the UP Manila – College of Nursing during its 63rd UP College of Nursing Alumni Association International Homecoming.

Legacy is a verb

The Mayor is humbled that she was able to rouse the leaders and ordinary citizens of Oras. “*Kung sa waray na term, nagpapasalamat ako kasi ang mga tao pukaw na* (In Waray, I am grateful that the people have been awakened). So meaning to say, the people can now work and strive harder for themselves.”

For Viviane, her greatest legacy would be the lasting change she continues to spawn in the hearts of the Orasnons, inspiring and empowering them to emancipate themselves from poverty. “The infrastructures that we are able to put up are simply support programs to our poverty alleviation programs. Those are not the things we want to see permanently. At the end of the day, it will still be the quality of life of the people which will measure my success as a leader.”

With the authority and influence ascribed to her position, Viviane wants to be simply remembered as the wife of an Orasnnon, the mother of three Orasnons, a health practitioner, community organizer, and public servant, who wants to see the people of Oras proud of their roots.



FORGING THE ROAD: A Man's Mission for Better Maternal and Child Health

By January R. Kanindot

I learned to give not because I have many, but because I know exactly how it feels to have nothing. -- unknown

As the crickets sing their lullaby in the dead of night, a persistent

knock was heard. This is not unusual. It is a welcome disturbance. In his sleepy stupor, Ancing opens the door to find Jissa, a pregnant 20-year old ready to welcome life. He ushers her to the labor room and readies her for the painful and grueling, yet, rewarding ordeal of childbirth. The night is long and the birthing place in the middle of rural Leyte owned by Ancing and his family is blanketed with a calm vigilance. Playing a waiting game, anticipating that moment where Jissa is ready.

Motherhood is an unimaginably beautiful gift a woman is bestowed with. It gives her courage and strength, yet, it also awakens fears that she never knew existed. Yes, it is a gift but it will never be easy, it comes with risks, particularly, health risks. Now, motherhood and poverty combined multiplies the challenges tenfold. On one hand, a mother wants what's best for her unborn child but on the other hand, does she have ready access to primary health care? Where will she and her family get the resources? What available support is there from the government? Who can she trust to help her welcome the precious life growing inside her? This is the reality for a lot of women in the Philippines, more so for women in remote rural areas.

But contrary to all the chaos of thoughts and emotions a mother may feel, the little birthing place is a picture of calmness. Jissa was in pain as the contractions became more frequent and stronger. Yet



Ancing with Jissa's son minutes after birth.

Ancing and his team are inarguably competent and experienced. Jissa has wholeheartedly laid her life and her baby's in Ancing's capable hands.

At 8:57 am, she gives birth to a healthy baby boy. A new chapter has begun for her and her son but for Ancing and his team, this is life. A life of service to the mothers of Abuyog, Leyte.

The Making of a Servant

Jacinto Dañolco Managbanag or "**Ancing**," as he is fondly called in the community, was born in Sitio Tag-Abaca, Balinsasayao, Abuyog, Leyte to a large family. Ancing is the tenth of 12 children of Flavanio Merilo Managbanag, a farmer, and Cristita Llanos Dañolco, a trained hilot and Barangay Health Worker (BHW).

Being in a profession dominated by women was not Ancing's dream. He wanted to become a teacher. He was already enrolled in the Visayas State University when his mom got sick. Unable to pay the hospital bills, Ancing had to withdraw his enrollment so that the money can be used to augment

the expenses. His mother, a kind and helpful woman who Ancing takes after, knew about the scholarship at the University of the Philippines - School of Health Sciences (UP-SHS). At first, Ancing was hesitant because he was afraid at the mere sight of blood but the scholarship was his only ticket to a college degree. Without much choice left, he grabbed the opportunity. Little did he know that this was the road set for him all along.

Ancing finished his Midwifery course at the UP-SHS in 2004 and subsequently passed the board examination in the same year. To give back, he dreamed of working as a Rural Health Midwife for the government. For him, it was his way of returning the goodness that UP bestowed upon him as it was the people's taxes that sent him to school. He wanted to dedicate himself to providing high quality service to the people, especially the poor and underserved. Shortly after passing the board examination in 2005, Ancing volunteered his services to the Rural Health Unit (RHU) 1 of Balocawehay, Abuyog. But as the years went by, Ancing sensed a yearning for something greater. He felt

that he was meant for a greater calling, he didn't know that he was about to embark on a different and more noble path.

Ancing remembers one fateful night that became the turning point of his life. "In November 2009, a mother delivered her baby in Barangay. Ba linsasayao, Abuyog, near the house where I was residing. The mother, although already instructed by the public midwife not to deliver at home, was so poor. She decided not to go to a health facility and delivered her baby at home."

"I was summoned by the family to cut the cord and do the cord dressing, however, I refused because I had apprehensions. Having no money to pay for the services in the health facility, the family insisted. And out of pity for the poor mother and her newborn baby, I obliged. I also gave the mother free medicines and took care of the mother and her baby."

The above incident had a huge impact on Ancing. "I realized that many mothers are prevented by their poverty to utilize the services of a health facility. From there on, my desire to use my profession to make quality and affordable maternal care services accessible and available to mothers was born. This desire fueled the birth of the **Stephanie Helen Maternity Clinic, now known as the Managbanag Maternity Clinic.**"

When Ancing started his clinic, he did not have any money. In the years of volunteering, he relied on his parents for support and the meager income of his wife. But his heart was set in serving the people. He credits UP for teaching him to be in the center and fully immersing himself in the community. He firmly believes that the success that he enjoys now and

whatever he has achieved is because of the community. With what little they had, together with his wife, they converted their house into a make shift clinic.



Ancing with his mother Cristita

In the beginning, Ancing had very few patients. People were not keen on consulting medical practitioners. Added to that, a male midwife was not something mothers were really amenable with. But Ancing held his head high, he was determined to succeed. He went out in search of patients, crossing rivers and walking endlessly through jungles and unpaved roads in the scorching heat of the sun to look for mothers who need his services. Slowly, his patients grew but he still had little money because most of his patients were below poverty line.

Luuy kaayu. Parehas ra mig pinobre. Pero naka ing-ana ra gihapon mi, nakatabang



Ancing's clinic at Barangay Balocawehay



Ancing voluntarily bringing his patient home after discharge.

ra gihapon. At least malipay pud gihapon mi kay ang pure success di makikita sa karangyaan, di makikita sa kalaki sa balay, sa kanindot sa sakyanan, makita sa imong natabang.” (It was a pity. We were as poor as our patients. Nonetheless, we were still able to help. We feel delighted because pure success is not measured by wealth, by how big your house or how nice your car is; success is measured by how much you have helped.)

But in 2013, typhoon Haiyan hit the province of Leyte. His house suffered irreparable damages. Luckily, he met the Honorable Erlinda Pena Canales, a barangay kagawad in Balocawehay, who offered Ancing her old house for free for five years, after which Ancing was given the option to purchase the property. It was a blessing in disguise because his old home was too far from the town proper that mothers had a hard time reaching him; his new clinic provided better access. And so began his next chapter in transforming the lives of the people of Abuyog.

A Model for Public Private Partnership (PPP)

Abuyog, the biggest municipality of Leyte, is historically known for its prosperity due to its rich soil. It has a total land area of 688.25 km² with three municipalities: Javier, MacArthur (formerly known as barangay Bugho and Taraguna, respectively) and Mahaplag. Subdivided into 63 barangays, its population in 2010 was 57,146 with an annual growth rate of 0.62%. The health facilities servicing Abuyog are the Abuyog District Hospital and the two rural health units, RHU 1 located in Barangay Balocawehay and

RHU 2 located near the municipal hall of Abuyog. RHU 2 provides health services to 21 barangays, while RHU 2 covers 22 barangays. The immensity of the municipality becomes its biggest challenge as many of the barangays are isolated and far from the town center. The accessibility and availability of health care to the residents living in these geographically isolated and depressed areas (GIDAs) poses a major problem.

Most families do not have money for their health issues, more so, for pregnancies. Furthermore, getting to a health facility would entail long hours of travel, for some by foot! Most families would opt to deliver at home, availing the services of a traditional birth assistant (TBA) or *hilot*. However, *hilots* may not have adequate medical training to assist in child delivery resulting to possible complications. The administration of President Gloria Macapagal-Arroyo addressed this challenge by issuing Administrative Order 2008-0029 titled “Implementing Health Reforms Towards Rapid Reduction in Maternal and Neonatal Mortality ” or the “No Home Birthing Policy.”

In 2011, the Department of Health updated the policy on Maternal, Newborn and Child Health and Nutrition (MNCHN). Mothers are required to give birth in birthing facilities. While the intention was noble, some mothers are so poor they still could not afford to pay the bills. Not only that, they could not afford pre-natal check-ups and supplements that would ensure a healthy pregnancy.

In the 2016 State of the World’s Children report by United Nations Children’s Fund (UNICEF), the annual number of births in the Philippines was 2,349,000, of which 13% or roughly 305,370 were attributed to neonatal deaths. Moreover, in the same report, maternal mortality was 343 out of 100,000 live births. Since the numbers are still high, the need for a novel approach to solve the problem is more urgent than ever.

This is where the Managbanag Maternity Clinic comes in as a solution. Ancing’s clinic is now recognized by the Department of Health (DOH) as a model for Public Private Partnership where a private clinic becomes a complement to government services rather than a competitor. Ancing’s clinic is a refuge for mothers and their families who are in deep-seated poverty. He

is now doing a book entitled, "One plus one equals eleven (1+1=11) Making Quantum Leaps through Public Private Partnership" He wants to share the best practices that he has implemented in the clinic so that other clinics in the country, especially in remote areas, can follow suit.

Ancing does not ascribe to formal labels and corporate hierarchies, or profits. He has completely adapted his style to fit the culture of communities in rural areas in the Philippines. He considers his patients as part of his family, so are the midwives who work for him and the on-the-job trainees. His clinic's track record of commendable service that goes above and beyond the call of duty is recognized by the communities of Abuyog He and his team has gone over the extra mile and more to serve and ensure the safety of the patients.

That being said, if you go to Ancing's clinic, everything is free. Yes, free! Imagine the relief of a struggling mother. A private clinic that offers free services. Even charity cases in public hospitals still need to pay a certain amount, so for a private clinic to offer free services is short of amazing. Initially, the mother gets a free pregnancy testing. This is to ensure that they capture women in their first trimester. Ante-natal services are also free, even in remote barangays. Ancing and his team never hesitates to drive to or walk to reach the patient. The clinic has teamed up with the Provincial Health Office so that family planning commodities and prenatal vitamins are also free. Ultrasounds are reimbursed. Delivery is completely free, no balance billing.

Ancing worked on making his clinic Philippine Health Insurance (Philhealth) accredited, so he made sure that all his patients are Philhealth members specially mothers categorized under the Pantawid Pamilyang Pilipino Program (4Ps). This benefits both Ancing and his patients as the income now comes from Philhealth reimbursements and the patient need not pay anything.

When the mother comes to the clinic to deliver, she and her watcher will have free food during their stay. For mothers from GIDAs, on their 37th week, they are encouraged to stay in the clinic for free, as well. When the babies are born, they are given free vaccine procured via partnership with the district hospital or the Rural Health Unit (RHU). Upon discharge, Ancing would bring the mother and the baby home, wherever she lives. Consequently, he will do a house call a week after to check on the mother and her baby.

The clinic has also zero maternal and neonatal mortality and it has on-call Obstetrician-Gynecologists and Pediatricians. Complicated cases are referred to hospitals. Upon referral, they do not leave the patient. She will still be assisted in admission and discharge, particularly, in her Philhealth documents and claims, as well as, the birth certificate of her baby. If in the event the family lacks money to buy medicines, the clinic will act as guarantor. Upon discharge Ancing will take the family home and he will still follow up on the mother and baby even if she did not give birth in the clinic.

They have also devised a savings plan for mothers and her family. She may sell goods or opt to give money to the clinic as savings for her delivery. If in case she got referred, she will have cash on hand for unexpected expenses. And if she gives birth in the clinic, she will have extra cash at her disposal.

Ancing receives Php8,000.00 per delivery but will all the freebies, sometimes it's not enough specially when the reimbursements come in late. But, nevertheless, they make it through. Some families give him goods like banana, rice, or chicken as a thank you. He happily accepts these gifts. It's so provincial, yet so heartfelt.

However, the clinic is not only a birthing facility but a forefront in Family Planning (FP) education. In the early years of the clinic, it partnered with leading distributor of contraceptives, DKT Philippines in conducting reproductive health classes in schools and cooperatives.



Ancing making a house call to one of his patients a week after her delivery.

Ancing also leads the program called “*Usapan*,” a series of family planning talks that are subdivided into four categories depending on the couple’s current situation: “*Usapang Buntis*,” “*Usapang Puede Pa*,” “*Usapang Kuntento Na*,” and “*Usapang Maginoo*.” This ensures that the people are educated so that they can make well-informed choices. This thrust made the people more receptive to FP and increased couple’s ante-natal visits.

The Clinic is also in partnership with the United States Agency for International Development (USAID) project Private Sector Mobilization for Family Health Project - Phase 2 (PRISM2), as part of the PPP. The clinic is present in barangay sessions to present the MNCHN services to the barangay captains and forged agreements that the private midwife be the health provider of the barangay.

In addition, the Clinic is “home” to student midwives from the UP-SHS who are completing their required number of births. Home because these students get free board and lodging. Ancing and his wife even supports these midwives when they are reviewing for the board examinations, as most of them are in financial difficulties. This generosity not only helps the students but also inculcates Ancing’s advocacy to support and serve the community where these midwives came from.

Behind the Man

What started out as a feature on one UP alumnus would reveal a different alumna that has been quietly supporting Ancing away from the limelight but has nonetheless shaped him to



Ancing and wife, Marie Rose, with their son Jamm, and daughter Samm

become the man that he is now. His vision would not have come to life had he not have the steadfast reinforcement of his wife, **Marie Rose Victoriano-Managbanag**. He never fails to mention her because she has always worked with him hand in hand.

Marie Rose, is a midwife and a nurse graduate of UP-SHS, as well. They started out as friends when they became classmates in campus. But their love story only flourished later after they have started working with each other. Ancing would recall that it was Marie Rose who helped him change after he fell into gambling and alcohol after college. She was with him from the beginning, through the struggles and eventually the successes of the clinic. In fact, she urged Ancing to start his own birthing clinic. Marie Rose, along with their children, Jacinth Anthony Mari and Sofia Antonnette Marie, are part and parcel of Ancing’s inspiration. They are a team in running the clinic. Where Ancing is soft and kind, Rose is more strict and the practical iron fist. Together, the dynamic duo has set a path for others to follow and emulate and for families of Abuyog to rely on.

Rose has never been competitive even when she was young. She was always ready to support anyone who needs help, so naturally, she is happy to see Ancing take the platform. When asked, why she unconditionally supports her husband and gives so much and goes through all the hassle, with tears in her eyes and strained voice, Rose says that her drive to help comes from the struggles she went through. Being the eldest in a brood of twelve, her family had to make it on their own without any help. Now that she is a midwife, her advocacy is to help women.

“Karun midwife naku, karun naku na-realize akung nanay kulang sa health education. Siguro kung napusukan siya, di kami dose; siguro duha ra kami, tulo, ing-ana ba. Mau nga na-midwife naku, as long as makatabang ku

nimo na ipakita ang reality, ang practicality nga lisud ang kalibutan, ipakita naku, ihatag naku. Naa ra na sa imu if dili ka matuu namu, kay kanang gibuhat namu dili na para sa amu, para gihapon na sa inyo. Wala baya prize.” (Now that I am a midwife, I realized that my mother lacked health education. If there was an intervention, we would have not reached a dozen; probably, we would only be two or three. As a midwife, it is my passion to help you see the reality and practicality that the world is hard. It is up to you to believe us or not, because what we are doing is not for us but for you. There is no prize for us in doing such.)

The Road Ahead

With his sincere and heartfelt commitment to service, on June 22, 2016 the Professional Regulatory Commission (PRC) conferred on Ancing the Most Outstanding Midwife Award at the Manila Hotel. He never

expected the award because while his track record was outstanding, the competition was stiff. He was sure he would fall short on several aspects of the criteria, particularly, on participation in any seminars, conferences and trainings abroad. When one interviewer pointed it out, Ancing replied, “Sir, uunahin ko pa ba ang ibang bansa? Ang international convention? Samantalang ako kapag nagpapa-anak, walang bayad? Wala akong pera. Uunahin ko pa ba ‘yon? Uunahin ko talaga yung sa mga constituents ko, sa mga pasyente kong mahirap lalung-lalo na sa mga nanay na nagdadalang tao”. (Sir, would I prioritize going out of the country? And [attend] international conventions? Whereas, I do not charge for delivery. I do not have the money. Will I prioritize it? I would rather prioritize my constituents, my poor patients especially pregnant mothers.) His answer was the clincher. Evidently, Ancing was an embodiment of true service.

This is not Ancing’s only award, he has many. One can see all the numerous certificates framed and displayed on the walls of his clinic but as Marie Rose is quick to point out, they are on the wall because they are part of the requirements for accreditation. They want to remain grounded in their mission.

Ancing relates that if he were to choose all over again the career that he and his wife would take, they will still choose the same. They are exactly where they are meant to be. “My wife and I, in establishing and maintaining our clinic, have embarked on a journey. We have not yet reached our destination, however, we are enjoying the ride very much. It is full of challenges but just hearing the first cry of a newborn baby, and seeing the mother smile contentedly upon seeing her baby - is pure joy. Heavenly!”

In the next two years, Ancing and Marie Rose have even bigger plans. They have already purchased a lot. They plan to build a modest school for children whose mothers have sought their services. The children will be able to study completely for free.



Ancing receiving his Outstanding Midwife Award from PRC at the Manila Hotel.



THE COMMUNITY HEALTH & DEVELOPMENT PROGRAM:

Where Students Learn as They Serve

By Anthony G.H. Cordero, MD

The CHDP provides the site for UP faculty, staff and students' curricular (academic) immersion and service activities using a participatory approach from planning to implementation and monitoring with the community as main partner towards a healthier and more empowered citizenry.



Jazmine Mateo, CHDP Community Organizer who is a graduate of SHS-Baler Aurora briefs barangay officials on the day-to-day activities of CHDP

The UP Community Health and Development Program (CHDP)

is the UP Manila unit mandated by the University to enter into partnerships with Philippine municipalities to set up and maintain community-based health programs (CBHPs) that will benefit both parties. It provides the site for UP faculty, staff and students' curricular (academic) immersion and service activities.

In 2007, the UP CHDP was revived by then UP Manila Chancellor Ramon L. Arcadio. The UP CHDP Conceptual Framework considers the community as a partner in health and development towards a healthier and more empowered community.

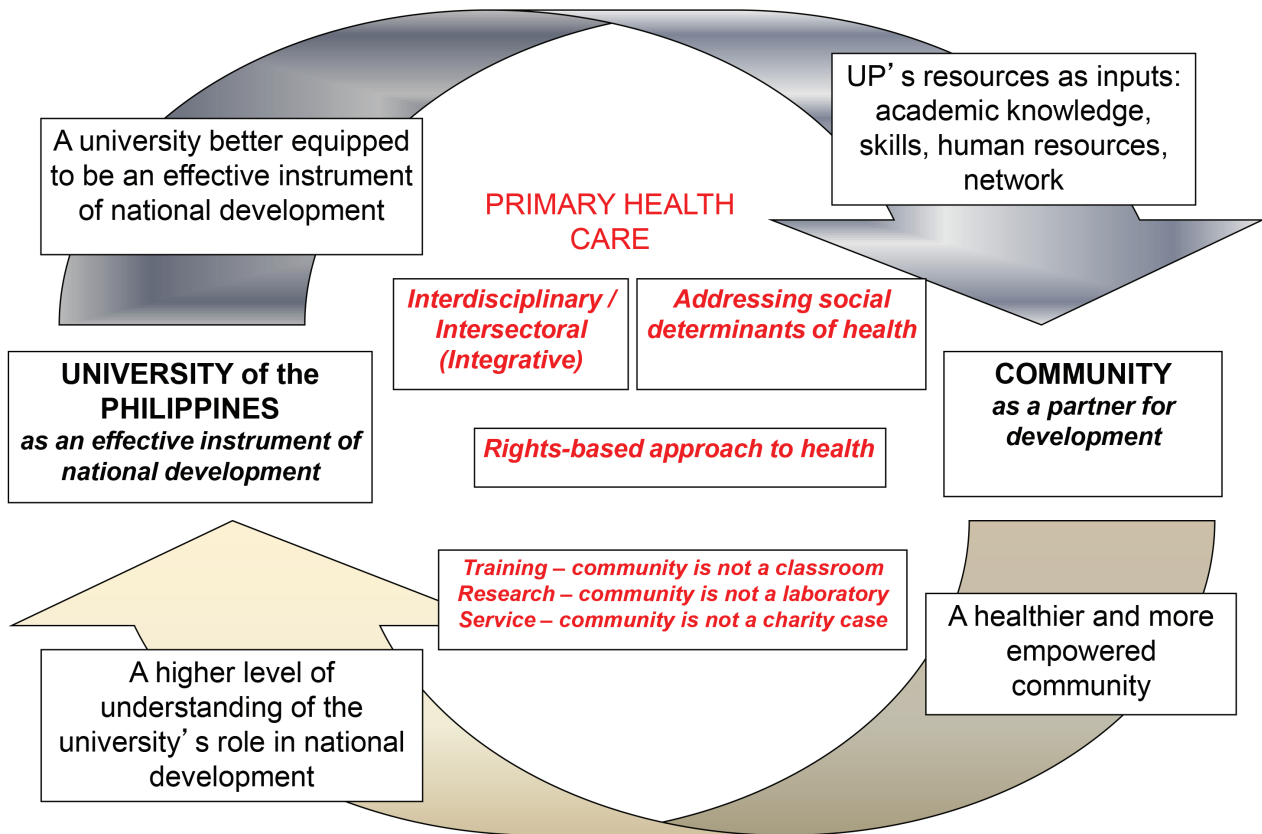
The objectives of the UP CHDP are to assist communities in attaining enhanced capacities in their own health care and development through the Primary Health Care Approach while providing learning opportunities for the faculty and students of UP in the principles and practice of community health and development which they can also use in their extension and volunteer work.

The community partner of the UP CHDP from 2007-2013 was the Municipality of San Juan, Batangas (San Juan started working with UP Manila through the UP College of Medicine in 2006) while the partner from 2013 to the present is the Province of Cavite through the A.M.I.G.A. Inter-L.G.U. Health Collaboration Council.



AMIGA, Cavite: Community visit by UPCn and Seton Hall faculty and students.

UP CHDP CONCEPTUAL FRAMEWORK:



CHDP in San Juan, Batangas

The municipality of San Juan and the UP CHDP successfully worked together from 2006 to 2013 “to decrease by 50 percent the morbidity of children ages 0-12 years old.” In addition to the municipal-wide program on children’s health, there was also a municipal-wide program on dengue prevention. The dengue program involved the formation of a Barangay Dengue Task Force in all the barangays. These groups created the mechanism whereby community members were able to participate actively in the program. School-Based Dengue Task Force groups were also formed in every public and private school in the municipality. Several public

elementary schools were able to form teams of “Bulilit Health Scouts” which assisted in the implementation of school-based projects, including the school-based dengue prevention efforts.

There were also several barangay-wide initiatives such as solid-waste management programs and livelihood programs, as well as school-based programs anchored on the “Fit for School” initiative of the Department of Education.

There were also regular primary care clinical services in barangay health stations. The Rural Health Unit staff and the UP students worked together to provide primary care services with the assistance of the local government unit (LGU) and the health workers in the barangay.

By the end of 2013, a total of 3,450 UP faculty and students did academic and community services at San Juan.

The Municipality of San Juan was led by two mayors during the partnership years from 2006 to 2013, the Hon. Rodolfo Manalo (2006-2007 & 2010-2013) and the Hon. Danilo Mindanao (2007-2010). Dr Nestor Alidio served as the overall leader of the health team. A disengagement and appreciation ceremony was held in March 2013 where both the municipality of San Juan and UP showed their gratitude for the collaboration.



Charles Batay, UPCM medical student attending to a patient at a clinic in Indang, Cavite.

"The main contribution of our students in the improvement of the health system in San Juan, Batangas was in upgrading the skills of the rural health midwives and barangay health workers (BHWs) that ranged from clinical work (diagnosis and management of patients) to leadership. Midwives and BHWs claim that they were taught and are now confident to speak in the barangay council meetings and public forums. BHWs claim that the community people are increasingly showing trust in them after observing the way our students trained them," stated former CHDP director Dr. Elizabeth Paterno in a previous article published at the May-June 2013 issue of the UP Manila Newsletter.

With the students rendering health services in the barangay stations, Dr. Paterno added that the health services became more accessible to the people, especially in far-flung barangays. At the beginning, the target was to decrease the by 50% the incidence of

specific illnesses in children (pneumonia, diarrhea, and malnutrition). This was achieved by the end of 2010.

"Part of this may be due to the services given by our students but we hope that the increased skills in diagnosis and management of the local workers was the more important cause of this decrease," Dr. Paterno stated in the same article.

Dr. Paterno attributed the attainment of the CHDP objectives to the participatory

approach utilized in the program from the planning to the implementation and monitoring. As can be gleaned from the answers of the respondents to an interview conducted, the San Juan people attributed the success of the program/attainment of the objectives more to themselves rather than to UP Manila.

"From the perspective of community organizing, this is a good sign of empowerment and ownership of the program," Dr. Paterno stated in the same interview article.

CHDP in Cavite

As early as 2012, the UP CHDP started discussions with the province of Cavite on a potential partnership program. Through the support and guidance of the Cavite Provincial Governor, the Hon. Juanito Victor Remulla Jr. and the Cavite Provincial Health Officer, Dr George Repique, the UP CHDP was introduced to the A.M.I.G.A. Inter-LGU Health Collaboration Council. The Council is made up of the municipalities of Alfonso, Mendez, Indang, General Emilio Aguinaldo and Amadeo.

A Memorandum of Agreement between the province of Cavite and UP Manila was formalized in March 2013. Governor Remulla represented Cavite while UP Manila was represented by then Chancellor Manuel Agulto.

Orientation activities were held from March to April 2013. Situational analysis was done by both parties through several participatory activities from May to July 2013: AMIGA decided to prioritize the issue of non-communicable diseases (NCD's) especially hypertension and diabetes in terms of the partnership with the UP CHDP. The objective that was collectively decided by both parties was "To increase by 25 percent the number of controlled hypertensives and diabetics within AMIGA in 5 years (2013 to 2018)".



Essential Health Care Program - A school-based program showcasing the collaboration among the municipal LGU, municipal Health Officer, Department of Education, school officials, teachers and UP personnel.

The problem was further analyzed from July to October 2013 using the “problem tree analysis” approach. The strategies and interventions that are collectively being formulated, implemented and monitored by AMIGA and UP are partly based on the factors that were determined through the problem tree analysis. AMIGA and UP also decided on April 2014 to anchor all the activities on hypertension and diabetes on the Department of Health’s PhilPEN (Philippine Package of Essential Services for Non-Communicable Diseases) Strategy.

Most of the collective efforts by AMIGA and UP have since then been geared towards achieving the main objective. These efforts included the following: (1) engagement of organized groups and interested individuals so they can be partners in the program; (2) regular community readiness assessment; (3) preparatory activities for the screening of all adults 25 years old and above in the barangays; (4) risk assessment using the

DOH PhilPEN Risk Assessment Form and data management; (5) development, implementation and monitoring of barangay action plans based on the risk assessment data and on the factors that came out during the problem analysis in 2013.

There were also several initiatives specific to particular municipalities and barangays. These were developed, implemented and evaluated by the concerned municipality or barangay with one or several UP units. Some of these initiatives included the following: (1) Universal PhilHealth Coverage project initiated by the municipality of General Aguinaldo; (2) School-based Handwashing and Toothbrushing program by the municipality of Mendez and the Department of Education; (3) Oral Health Workers Training with several towns; (4) Inter-Professional Practice in the five towns; and (5) numerous other barangay-specific projects within the municipalities of Indang, Amadeo, Alfonso and Mendez.



Dental Mission by teams composed of provincial and municipal dentists, as well as, those from the University.



Deziree Papa, Barangay Health Nurse weighs a child as part of monitoring.

There were also activities that were mainly patient-based curative services. These were the out-patient clinics in the rural health units and barangay health stations were the LGUs, the municipal health offices and the rural health units worked together with the UP CHDP in providing primary care services. There were also regular oral health clinics and dental missions. From 2013 to 2015, regular dermatology clinics were conducted by the UP-PGH Dermatology Section.

Participating colleges/units

As of May 2017, the Colleges of Allied Medical Professions, Arts and Sciences, Dentistry, Medicine, Nursing, Pharmacy, Public Health, Home Economics, and Social Work and Community Development (these last two from UP Diliman), and the National Teachers Training Center for the Health Professions have worked with the program. Two departments and one section from UP-PGH (Dermatology, Family and Community Medicine and Pediatrics) have also worked with the program. Cavite and UP have both provided full-time Community Organizers to help in the organizing, advocacy, management, and mobilization work.

The official staff house of the program is in Barangay Bancod, Indang, Cavite. The staff house is maintained through the generous support of the Cavite State University (Indang campus) and the provincial government of Cavite.

Former Cavite Gov. Juanito Victor Remulla, current Cavite Gov. Jesus Crispin Remulla, the Cavite Local Health Board, Cavite Provincial Health Officer Dr. George Repique, Cavite State University, former UP Manila Chancellor Manuel Agulto and current UP Manila Chancellor Carmencita D. Padilla, and the UP Manila Chancellor's Advisory Council (CAC) continue the tradition of providing invaluable guidance, support and assistance for the UP CHDP.

The UP CHDP has advocated the following guiding principles in the partnership program with San Juan and Cavite: (1) Primary Health Care Approach which recognizes health as a right and the importance of people's participation, (2) Social Determinants Approach, (3) Community Development Theories & Community Organizing Principles and (4) Inter-Professional Education/Practice in which the UP CHDP is in a unique position of having the mechanism to achieve these purposes because of its multi-disciplinary nature.

(The original version of this article first appeared in the January-March 2017 issue of the Forum, a quarterly publication of the University of the Philippines)

Dr Cordero is a graduate of the UP College of Medicine. He is the director of the UP Manila Community Health & Development Program and chair of the UP College of Medicine Return Service Obligation Program. He serves as faculty adviser for community partnership programs with several student organizations in UP Manila. He was the 2013 UP Manila Gawad Chancellor Awardee for Outstanding Faculty in Extension Service and the 2015 Gawad Chancellor Awardee for Outstanding Faculty in Teaching. He is engaged in numerous extension and volunteer service work in the field of community health and development and gender and development. He is an active volunteer of the UP Manila Pahinungod, a 2015 DOH Bayani ng Kalusugan Awardee. Email him at ahcordero@up.edu.ph.

Serbisyong Pampamayanan, Kailangan ng Bayan

Kung kapakanan ng madla ang pag-uusapan
Pagsisilbi sa mga komunidad ay isa sa mga paraan
Kung saan kapalit na bayad ay di hadlang
Dahil kusang loob ang pagtulong na alam.

Sa ganitong pagkakataon ay nagboboluntaryo
Sa paglilingkod sa abot ng kakayahan ng tao
Kapag tinatanong kung bakit sila inspirado
Saya ng puso ang bunga ng pagtulong na ito.

Mismo ngang UP Manila ay may programang pangkomunidad
Community Health Development Program ang tawag
Taong dalawang libo at pito ito pormal na itinatag
Bunsod ng kursong paglilingkod sa pamayanan ang hangad.

Sa San Juan Batangas ang unang lugar na itinalaga
Mataposang halos walong taon ay lumipat sa AMIGA
Ito ang acronym ng mga lugar sa Cavite nakasama
Sa kasalukuyan ay nagpapatuloy ang nasabing programa.

Kaya ang mga estudyante ng bawat mga kolehiyo
Medisina, Dentistry, Public Health, at Nursing ay aktibo
Sinasanay na makatulong sapamayanan bago matapos ang kurso
Upang kapag nakatapos sila ay hasang hasa na tungkol dito.

Halimbawa rin nito ang Community-based Rehabilitation
Programang isinagawa ng CAMP sa Rodriguez noon
Binigyang pansin ang mga may kapansanan sa lugar na iyon
Upang maging kapaki-pakinabang sa mga taga roon.

Isang retiradong UP propesorang nagsimula ng proyekto
Kaya halos tatlumpungtaon na ang programang ito
Kaibigang may kapansanan at kapitbahayan ang susi dito
Kung saan home therapy ay napatunayang epektibo.

Kaya naman ang pagtulong sa pamayanan ay mahalaga
Pakikipag-ugnayan sa mga komunidad ang siyang una
Mga opisyal sa lokal na pamalahaan ay hinihikayat talaga
Makipag-ugnayan sa mga paaralan, organisasyon at ahensya.

Sa huli tunay na pagtulong ang sadyang ikinikintal sa lahat
Taos napagkalinga mula sa pusong may galak
Di kayang mapalitan ng anumang halaga para nga ibayad
Bagkus biniyayaan ng pusong mapagkalinga ng ganap.



* Josephine D. Agapito

Guro sa Department of Biology, College of Arts and Sciences, UP Manila;
nagsusulat at bumibigkas ng mga tula tungkol sa agham sa DZEC tuwing Linggo,
5 pm sa programang "Pinoy Scientist."

Consent was secured for all photos of children in this issue.

