

Promising Practices for Community Engagement in Tuberculosis Activities



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Promising practices for Community Engagement in Tuberculosis Activities

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FOREWORD

In 2006, the World Health Organization updated The Stop TB Strategy, including in it a new component that underscores the importance of communities in TB control: *Empower people with TB, and communities through partnership*. It is widely recognized, in both poor and wealthy nations, that government health services alone cannot adequately address the problem of tuberculosis. The active participation of the communities themselves can help improve case detection and treatment compliance, particularly in difficult and hard-to-reach rural and urban areas. When communities are involved, people with TB can be diagnosed more quickly and receive better quality health care. With increased awareness, stigma and discrimination is reduced.

This monograph documents experiences in establishing community engagement activities for TB awareness in the province of Maguindanao, Philippines. It is the fifth publication produced by Catholic Relief Services-Philippine Program focusing on mobilizing communities for health as part of its commitment to share lessons and insights distilled from its work with other organizations.

This publication highlights promising practices in increasing case detection and treatment rates as documented in the Maguindanao TB Control Project. It chronicles how community groups — Microscopy on Wheels (MOW), TB Clubs, Muslim Religious Leaders (MRLs) and *Barangay* Health Workers (BHWs) — have contributed to addressing the problem of TB. Health staff and others directly involved in the project also offer their insights and recommendations for mobilizing communities. ***Our experience demonstrates that even in conflict-ridden areas, there is enormous human potential that can be tapped to address the needs of TB-infected clients.***

We dedicate this publication to the communities and people affected by TB, whose lives have been changed and have been given hope because of the TB community groups.

Catholic Relief Services
Philippine Program

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ACRONYMS

ARMM	Autonomous Region of Muslim Mindanao
ASM	Advocacy and Social Mobilization
BCC	Behavior Change Communication
BHS	<i>Barangay</i> Health Station
BHW	<i>Barangay</i> Health Worker
CDR	Case Detection Rate
CRS	Catholic Relief Services
DOH	Department of Health
DOTS	Directly Observed Treatment Short-course
IEC	Information, Education and Communication
IDP	Internally Displaced Person
IPHO	Integrated Provincial Health Office
LCE	Local Chief Executive
LGU	Local Government Unit
MHO	Municipal Health Officer
MOW	Microscopy on Wheels
MRL	Muslim Religious Leader
MTCP	Maguindanao Tuberculosis Control Program
NTP	National Tuberculosis Control Program
PHN	Public Health Nurse
PIR	Program Implementation Review
RHM	Rural Health Midwife
RHU	Rural Health Unit
RIMCU	(Xavier University) Research Institute for Mindanao Cultures
RMT	Rural Medical Technologist
SB	<i>Sangguniang Bayan</i> or Municipal Council
UNFPA	United Nations Population Fund
WHO	World Health Organization

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SETTING AND CONTEXT

MAGUINDANAO

Maguindanao is one of five provinces, including Lanao Del Sur, Sulu, Basilan, and Tawi-Tawi, and one city, Marawi City, that make up the Autonomous Region of Muslim Mindanao or ARMM. Cotobato City is the gateway to the Region and its seat of government, although it is not actually part of the ARMM.

Ninety percent of the population is Muslim. The remaining 10 percent is made up of Christians, most of whom reside in population centers, and diverse indigenous groups, which live mainly in the rural areas. More than three-quarters of the people in Maguindanao live in rural areas. The province is a patchwork of mountain ranges and marshy lowlands. Traveling short distances can take hours due to annual flooding, impenetrable marshes, and arduous mountain streams. Travel between barangays or villages can be difficult; it is common to have communities in the same barangay that are over two hours apart.

Maguindanaoans are a peace-loving people who have lived amid armed conflict for several decades. The political environment is volatile, and periodic clashes between government and rebel forces compel residents to evacuate to safer areas, compounding health problems.

In 2004, influenza, acute respiratory infections (ARI), diarrhea, skin diseases, and cardiovascular diseases were the leading causes of morbidity, according to the Integrated Provincial Health Office — Maguindanao (IPHO-Maguindanao). Leading causes of mortality included cardiovascular diseases, accidents, pneumonia, pulmonary TB, and diarrheal diseases, making TB prevention and control a primary concern of the IPHO-Maguindanao.



A Barangay Health Worker (BHW) smears a sampled specimen in Awang Barangay Health Station (BHS), municipality of Datu Odin Sinsuat. At least three times a week, she reports to the BHS to collect and smear sputum specimen. While the work is challenging, she finds joy in knowing that this is an added skill she possesses because of the chance provided by the project.

THE MAGUINDANAO TUBERCULOSIS CONTROL PROGRAM (MTCP)

Catholic Relief Services (CRS) implemented the USAID-assisted project, Maguindanao Tuberculosis Control Program (MTCP), in partnership with IPHO-Maguindanao from 2005 to 2009. Its goal was **to reduce tuberculosis morbidity and mortality in 28 municipalities of the Province of Maguindanao** by September 2009 by (1) increasing the detection rate of smear-positive tuberculosis cases from 69 percent to 75 percent, and (2) increasing the cure rate of smear-positive tuberculosis cases from 72 percent to 85 percent.

The program was implemented within the broader context of the Philippine's National Tuberculosis Control Program (NTP), which seeks to cut in half TB morbidity and mortality by 2010. The NTP targets: Cure

at least 85 percent of sputum smear-positive TB clients and detect at least 70 percent of the estimated new sputum smear-positive TB cases using the Directly Observed Treatment Short Course (DOTS).

Pulmonary tuberculosis was one of the leading causes of deaths in Maguindanao. The province had a high estimated incidence rate, a low case detection rate of 42 percent, and a low cure rate of less than 50 percent. When the MTCP was launched in 2005, the NTP was beset by challenges, not least was inadequate human resources. The NTP staff had not received refresher trainings or technical updates in six years. There were only five functioning laboratories in the province. Infrastructure support for TB was lacking. Quality control was an issue, with only seven medical technologists serving the entire province — one medical technologist for every four or five municipalities. Unaware of the magnitude of the TB problem, local governments provided little or no support for TB control.

However, by September 2009, the MTCP successfully strengthened the ability of the IPHO to respond to and effectively manage TB cases. Key accomplishments include: upgrading 24 health facilities and training health workers at the municipal and barangay levels, including municipal health officers (MHOs), public health nurses (PHNs), rural medical technologists (RMTs), rural health midwives (RHMs), and barangay health workers (BHWs).

ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM)

One of the project's key strategies was Advocacy, Communication and Social Mobilization (ACSM). Using Behavior Change Communication (BCC), the project developed messages for three target groups: TB clients, health workers and local government. Two

The MTCP showed how people from all walks of life can be mobilized to support a program meant for their benefit. The community groups set up under MTCP effectively addressed clients' problem of access to health services. The capability of health personnel to respond to the needs of clients was upgraded through training and the provision of needed equipment.

[Department of Health-ARMM] provided technical assistance in monitoring and evaluation of the MTCP and facilitated linkages between the MTCP, IPHO-Maguindanao and [Department of Health] Central Office.

The success of the community groups emphasizes that we need to keep our faith in people. They are not just a nameless mass; they are our strength and the best solution to their own problems.

Tahir B. Sulaik, MD, MPH

Secretary, Department of Health –
Autonomous Region of Muslim Mindanao

Community volunteers constitute a potent force that can be harnessed to accelerate local response to TB prevention and control. We saw in the MTCP that given the correct information, appropriate training and motivation, TB community groups can significantly contribute to project impact. In supporting the TB symptomatics and patients, the BHWs, MOWs, TB clubs and MRLS have also demonstrated their sense of compassion and solidarity, thus, reducing stigma and discrimination.

Milagros A. Lasquety, RND, MPH

Health Program Manager
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BCC workshops — message development and material development — created messages to encourage: (1) improved compliance among TB clients to DOTS protocol; (2) adherence by health workers to the treatment protocol; and (3) increased participation of local government units (LGUs) in TB control.

The project’s advocacy and social mobilization (ASM) plan evolved from efforts to engage LGUs in TB control. Advocacy efforts focused on influencing local governments to increase resources to TB control efforts, such as community education and improving TB clients’ access to healthcare.

ASM also focused on building partnerships among community groups to harness their potential to have a more powerful impact on the project and to lay the foundation for long-term, sustainable TB control activities.

First, the project team participated in a workshop to build its capacity to plan and implement ASM efforts. The team developed a provincial TB ASM framework based on the project’s detailed implementation plan (DIP). The provincial TB ASM framework served as the basis for crafting municipal ASM plans, which could be adjusted to reflect the unique conditions of each area.

The ASM plan sought to mobilize community groups to improve access to TB services, especially in hard-to-reach communities. It targeted several key community groups: transportation groups, cured TB clients, Barangay Health Workers (BHWs), and Muslim Religious Leaders (MRLs). The project trained volunteers among these groups to disseminate correct information on TB prevention and control as well as to refer clients to health facilities.

Mobilizing community groups for TB control is an empowerment strategy where stakeholders play an active role in determining their health situation, particularly with regards to TB detection, diagnosis and treatment. MTCP helped by providing opportunities for organizing, orientation, capacity building, as well as some equipment and supplies. The contribution of community groups to case detection and cure rates now make up the best advocacy tool to engender LGU support and institutionalization in the health system

Melindi Malang, RN, MA

Officer-In-Charge

Maguindanao Tuberculosis Control Program

THE MAGUINDANAO EXPERIENCE IN SETTING UP COMMUNITY ENGAGEMENT IN TB ACTIVITIES

TB carries with it the weight of stigma. Encouraging symptomatic to seek testing and care is a challenge. Compounded by the physical terrain of the province, access to health services is difficult, particularly for the less fortunate who make up the majority of residents in the area. Health service providers cannot adequately respond to all the needs of TB clients, so the MTCP turned to community volunteers.

The TB community groups were organized to help improve the TB **case detection rate (CDR)** within the municipalities of IPHO-Maguindanao. The groups were trained to encourage those experiencing symptoms of the disease to seek diagnosis and treatment from the nearest health facilities. The

community groups were also expected to contribute to increasing the **cure rate** by helping TB clients adhere to treatment protocols, that is, daily medication and regularly scheduled follow-up sputum examinations. The MTCP initiated the organization of the following TB community groups through the Rural Health Units (RHUs):

Microscopy on Wheels (MOW) – Private transport providers were organized and oriented to help improve clients’ access to health services.

Barangay Health Workers (BHWs) – Existing health volunteers were trained on TB case management and sputum collection and smearing.

TB Clubs – TB clients who had completed treatment were organized to counsel and encourage TB symptomatic to seek diagnosis and, for those undergoing treatment, to adhere to treatment protocols.

Muslim Religious Leaders (MRLs) – Select influential members of Muslim communities were tapped as key partners to help educate the community about TB through regular addresses with their constituents.

The MTCP provided general guidelines to organize TB community groups, but each RHU adapted them to their own unique circumstances. Some of their experiences are chronicled herein.

MICROSCOPY ON WHEELS

The forbidding terrain of Maguindanao discourages residents from accessing health services. Although transportation is available, it is often unaffordable for most. To address this challenge, the MTCP turned to a model previously developed by IPHO-Maguindanao, with the support of the United Nations Population Fund (UNFPA). Called Reproductive Health on Wheels (or RH on Wheels), IPHO-Maguindanao organized transport drivers and operators and encouraged them to provide their services for free or at minimal cost to pregnant mothers. RH on Wheels improved access to prenatal care and provided needed transportation to health facilities, where women could safely deliver their babies.

Adopting the RH on Wheels model, the MTCP reached out to several transport groups and tapped them to become partner advocates in TB control and prevention. The motorcycle is the main mode of transportation in rural areas, but in flood prone areas, tractors are also used for transporting passengers and goods. There also are areas accessible only by boat. Reaching out to all transportation operators, the MTCP demonstrated how important these partners can be in reaching underserved areas and providing access to needed health services.



A MOW member in the municipality of Datu Unsay, Maguindanao passes at the Barangay Health Station (BHS) to submit the specimen from inner barangays. (Photo by: Melindi Malang, CRS/Philippines)

Objective

To improve access to TB laboratory services, particularly for clients experiencing symptoms of the disease and those who live in hard-to-reach areas of the province.

Organization

The IPHO organized an orientation and planning workshop for transport groups in Maguindanao in September 2006. A total of 155 participants attended. Participants outlined a strategy to complement DOTS, and called it **MICROSCOPY ON WHEELS** or MOW. A core group was organized for each of the 28 municipalities where MTCP was being implemented.

Sultan Sa Barongis is flood prone, so it is difficult to reach many of our *barangays*. With the help of the *Barangay* Captain, we identified at least one motorcycle driver from each *barangay*. We organized and oriented them to be MOW. Through them, we send information and materials to the *barangays*. They are the ones who transport patients to the RHU, if necessary.

Aisha Meriam Amba

Public Health Nurse
Municipality of Sultan Sa Barongis

Roles and Functions

Based on their plan and commitment, MOWs were expected to:

- Transport sputum specimens and smeared slides from the *Barangay* Health Stations (BHS) to the nearest RHU equipped with laboratory facilities
- Provide free transport to TB clients from outlying areas to the RHU for laboratory diagnosis and treatment
- Serve as advocates of the TB program in general
- Disseminate information about TB services to passengers and other drivers while waiting at the transport terminal
- Serve as treatment partner and/or peer support group

Activities

The LGU normally designates an area where transport providers can wait for passengers. It may be a terminal for motorcycles or a pier for boats. Trained volunteers used the waiting time in these areas to disseminate information to passengers and drivers alike. Through training and orientation, MOWs learned about TB, were able to recognize symptoms, were familiar with the MTCP, and knew what services clients could access and where.

Constraints

The RHU staff usually resides in the areas where they serve and personally know most of the transport operators and drivers. They are able to approach and talk with them individually, but finding time to meet the transport workers as a group was more difficult. Transporters must ply their services if they are to make a living. To address this challenge, RHU staff visited transport workers at designated terminals, usually on market day, to meet as many of them as they could at one time.

While most transport providers were willing to help their fellow residents, many felt constrained by their need to also earn a living. This conflict was the primary reason transport providers dropped

out of the MOW program. Understanding the situation, active MOWs and the RHU staff simply encouraged the transporters to continue participating in the MOW as they could. The RHU staff also tried to advocate the LGU to support MOWs through fuel allowances, but not all LGUs are able to provide support on a regular basis.

Tokay Aton uses his motorcycle to ferry passengers and goods in the Municipality of Talayan. The motorcycle — also called *single*, *skylab* or *habal-habal* by residents — is the main mode of transportation in Maguindanao. Tokay is well known in the community, particularly among the RHU staff who asked him to join the Microscopy on Wheels or MOW program. MOWs relay information from the RHU to the community and encourage those experiencing TB symptoms to consult the RHU. They bring sputum specimens from the community to the RHU and sometimes transport patients, too. Tokay considered the invitation as an opportunity to better serve the community.

Tokay's own mother was afflicted with TB. He saw how she suffered and how her illness affected the entire family. He vowed that no one in his family would ever have to suffer that way again, if he could help it.

Though Tokay is sometimes torn between his desire to help others and the need to provide for his family, he is always willing to do what he can. His help has made it possible for countless patients to access the help they need from the RHU. He has transported the RHU staff to remote communities numerous times. Knowing that he is not paid for his services, the RHU staff extends all possible benefits to him and his family. One of his children was included in the feeding program for underweight children. When the Smile Train held a medical mission in the area, the RHU staff made sure that Tokay's child was among the beneficiaries who received reconstructive surgery for cleft lip and palate. Tokay believes that *good deeds beget good things*.

Tokay Aton, MOW

Municipality of Talayan

BARANGAY HEALTH WORKERS (BHWS)

Barangay Health Workers (BHWs) are the frontline of the Philippine health system. They are a unique breed of healthcare workers, who dedicate themselves to serving the health needs of the community. It was inevitable then that the MTCP would turn to BHWs. Harnessing the health workers' potential to raise TB case detection rates, MTCP trained BHWs to collect and smear sputum, making Maguindanao the first province in the country to use this strategy in their TB control efforts.

Objective

To use BHWs to collect and smear sputum in order to improve access to TB laboratory services, especially among symptomatic clients who live in hard-to-reach areas of the province.

Organization/Roles and Functions

Under the MTCP, 503 BHWs were trained on TB-DOTS, and 147 were trained on sputum specimen collection and smearing.

The training allowed BHWs to become skilled treatment partners, particularly in serving residents of distant communities. The DOTS-trained health workers also facilitated treatment compliance among clients, helping to ensure sputum follow up and tracking down and encouraging defaulters to return for treatment.

Training BHWs in sputum collection and smearing significantly contributed to an increase in early diagnosis and treatment compliance among clients. When the MTCP was launched in 2005, only seven medical technologists covered a 28-municipality area. Each technologist had to serve four to five municipalities, resulting in delays in releasing laboratory results and consequently contributing to attrition and/or default of clients. Training BHWs in sputum collection and smearing freed the medical technologists to focus on examining and analyzing the specimens, thus improving their ability to provide timely lab results.



Mr. Manny Gagno, IPHO-Maguindano medtech-supervisor, teaches a group of volunteers on proper smearing technique. IPHO-Maguindanao has many male volunteers serving for TB control in the province.

Activities

On designated days, trained BHWs made rounds in their respective regions to collect sputum specimens from clients and prepare slides. They transported the slides to the RHU, where the rural medical technologist (RMT) examined the slides. The results were released to the client at the RHU. But if the client could not travel to the RHU, the BHW would bring the results to the client's residence.

Many of our *barangays* are located high up in the mountains. We have to cross rivers and traverse bad roads to reach them, so we cannot visit them as often as we would like. Our BHWs are our frontliners, our links to the communities.

We asked our BHWs to be part of the TB Club since many of them are also treatment partners. Their help is invaluable. They know the patients personally; their presence is reassuring for the patients. They relay information from the RHU to the *barangays* and back. Those who own motorcycles transport supplies, staff, patients. They are our security escorts when we conduct medical missions to these areas.

Milagros A. Garcia

Public Health Nurse

Municipalities of Talayan and Guindulungan

As treatment partners, BHWs ensured that clients under their care take medications according to the DOTS protocol. This close supervision and personal attention helped clients comply with their treatment and contributed significantly to the cure rate. In addition, the daily rounds helped the BHWs identify other residents who were experiencing TB symptoms and encouraged them to be tested and treated.

Constraints

It was difficult for BHWs to balance their time between volunteering their service and earning a living. The RHU staff advocated for regular LGU support to health workers — e.g., living and transportation allowance, hazard pay, etc. — but not all LGUs were able to provide the support.

In addition, BHWs are responsible for all health programs at the *barangay* level, so TB control efforts sometimes were relegated to the background.

BHWs who were trained in sputum collection and smearing confessed that they initially found the task distasteful. Those who persisted were eventually able to perform the task in a professional manner. Trained BHWs now find the additional knowledge and new skill empowering. They are encouraged to continue serving their neighbors when they are able to meet their counterparts from other *barangays* and municipalities.

It is not easy to convince people to volunteer their services; we have to acknowledge that their first priority is earning a living for their families. We cannot blame them when they become inactive for some time, but they come back when they can. Our LGU provides 500 pesos a month for each BHW, depending on funds availability. We have to find ways of letting our volunteers know how much we appreciate them. BHWs and MOWs are very happy when they are recognized over the radio (station DXLB) and when their efforts are acknowledged by the LGU.

Marissa Lim Mangelen

Public Health Nurse
Municipality of Buluan

Aladin Ali is better known as Raffy to his friends and neighbors. He is a rice and corn farmer and a resident of Barangay Pangag in the Municipality of Buluan. In spite of the pressures of earning a living for his family, Raffy has been serving as a BHW since 1996, covering the difficult-to-reach barangays of Lepat, Kabiling, and Kayupo in addition to Pangag.

Raffy used to accompany his father, a former barangay council member, on frequent trips to the poblacion or town center. Since he was already there, Raffy decided to help relay health information to barangay residents who were unable to go to the health center. Raffy considers the MTCP a godsend to the people of Buluan who are affected by TB. To better serve his people, he volunteered for training in sputum collection and smearing. He collects the specimens and prepares the slides so that the Rural Medical Technologist (RMT) can concentrate on reading the smeared slides. Trained BHW like Raffy are a boon to the RHU, because one RMT usually serves four RHUs. Raffy makes it a point to be at the RHU to assist the RMT, especially on Wednesday — market day — the day when residents typically visit the town center. With his assistance the RMT can do his work faster and release results to clients sooner.

TB CLUBS

Understanding the power of empathy to provide support and encouragement, the MTCP revived the practice of TB Clubs. Clients who have been cured of TB are familiar with the signs and symptoms of the illness and often are reliable partners not only in identifying others who are experiencing TB symptoms but also in encouraging them to seek diagnosis. In addition they are able to share advice and their own experiences with the side effects of TB drugs.

Objective

To provide support groups for clients undergoing treatment.

Organization

RHU nurses or midwives initiated efforts to recruit members for a TB Club, enlisting the help of cured TB clients, clients undergoing treatment, family members of clients, and treatment partners to support TB clients, particularly those just starting treatment. Each RHU organized a TB Club according to what worked best in their respective areas. Some were formal organizations, complete with elected officers and scheduled activities. Others were organized informally and met as needed. Membership in the TB Club was strictly voluntary.

Roles and Functions

TB Clubs gave current and cured clients opportunities to share their feelings and concerns about the illness and the side effects of medications. TB Club members also:

- Encouraged friends and neighbors experiencing TB symptoms to seek diagnosis and treatment
- Served as treatment partners to family members/neighbors affected with TB
- Encouraged adherence to the treatment regimen, including taking daily doses of medicines and submitting to regular follow up examinations
- Helped track defaulters and encouraged them to continue treatment
- Suggested practical measures to prevent infecting others



Members of TB club receiving TB education at the Rural Health Unit in South Upi.

While on treatment, Saida joined the TB Club. She met other patients and talked about the challenges they experienced with the treatment. Hadji Rashid, Saida's husband, saw how the TB Club gave his wife the encouragement that she needed at that trying time. He took it upon himself to also encourage other symptomatics to make use of the available resources at the RHU. The couple continued to be active in the TB Club even after Saida was cured. They were always ready to assist the RHU staff help other patients. They were asked to share their story and give their testimony during the celebration of World TB Day on March 22, 2009.

Saida Sandigan
Municipality of Guindulungan

- Contributed to the reduction, if not elimination, of stigma by disseminating accurate information about TB
- Served as resources during information dissemination forums

Activities

Some TB Clubs held regular meetings and sharing sessions. Others were more informal with TB Club members and clients meeting whenever there was opportunity.

Constraints

The main challenge in organizing TB Clubs is finding a common time to bring together cured clients and clients who are currently undergoing treatment. To address this problem, the RHU/BHS staff scheduled follow-up visits on the same day and time, giving clients the opportunity to take their medications together and to interact with each other. On those days, staff would also invite cured clients to share their experiences and to encourage those undergoing treatment.

MUSLIM RELIGIOUS LEADERS (MRLS)

The majority of Maguindanao's population is Muslim. Islam is not only a religion; it is a way of life. The influence of Muslim Religious Leaders (MRLs) over different aspects of life and society is far reaching. The MTCP reached out to MRLs as important partners in the project.

Objective

To equip MRLs with accurate information about TB, giving them the ability to:

- Encourage people who are experiencing TB symptoms to seek diagnosis and treatment
- Help fight stigma by sharing accurate information about TB



I am just one, but still I am one with faculties, influence and responsibilities to educate my community against TB: Together with other Muslim Religious Leaders (MRL) in Maguindanao, an Ustadz sticks his pledge to be part of the campaign against TB, the 7th killer disease in the province. (Photo by: Armin Hautea, CRS-Philippines)

As a Muslim, Ustadz Serad is on a continuous quest for knowledge. Thus, he readily accepted an invitation from the RHU staff to join an orientation on tuberculosis which was being conducted as a part of the observation of World TB Day 2009.

Ustadz Serad was not disappointed. He learned about TB, its mode of transmission, signs and symptoms, and where to access the services needed to address the disease. He began to talk about TB during his *mohadarrah* (sermon), before *salah* (prayer). He encouraged TB symptomatics to seek diagnosis and treatment at the RHU. He was very enthusiastic about his role as TB educator; he even talked about TB during informal community gatherings. His learning from the orientation enables him to help his family and neighbors, as is his Muslim duty.

Ustadz Gani Serad
Municipality of Parang

- Encourage those who are undergoing treatment to abide by the treatment protocol

Organization

In March 2008, 155 MRLs from different municipalities participated in an orientation workshop in Cotabato City. In a public demonstration of their support, the MRLs signed a Pledge of Commitment to the project during the culmination of the workshop on World TB Day.

Roles and Functions/Activities

Equipped with basic information about TB, religious leaders participated in information, education and communication (IEC) campaigns held by the RHUs by sharing information about TB in mosque during Fridays and in mahad/ Arabic schools. They also helped encourage individuals with TB symptoms to seek medical care at the RHU, leading to an increase in referrals to clinics by MRLs. In fact, the Municipality of Rajah Buayan reports a jump in case detection rates of 14 percent in 2007 to 68 percent in 2008 and attributes the increase to MRL referrals.

Constraints

Unlike other mainstream religions, Islam does not have a formally defined ecclesiastical organization; therefore, MRLs must be approached individually.

MONITORING AND REPORTING

A monitoring and reporting system was designed and instituted in order to gauge the contribution support groups make to the overall performance of the MTCP. Members of support groups recorded their activities in notebooks and regularly submitted the notebooks to an RHU midwife or nurse, who recorded the information in a logbook.



“We lend our hands to STOP TB”: Muslim Religious Leaders (MRL) pledged to take part in the fight against TB in their respective communities. Armed with the right information about TB through an orientation on TB DOTS, 135 MRLs, were tapped to do campaign in their respective Mosque (place of worship for Islam) before a formal worship takes place.

To date, they are starting to fulfill the commitment they pledged during the orientation, mostly by giving TB information and by sharing to the Muslim Ummah (community) the available TB services of the RHUs. Six (6) RHUs reported referrals from MRLs. Rajah Buayan noted the increase of CDR is attributed to referrals coming from MRLs in the municipality. (photo by: Melindi Malang, CRS-Philippines)

IPHO-Maguindanao plans, implements, monitor, supervise and evaluate TB program activities. Together with our partner, the CRS MTCP staff, the feedback mechanism from municipal to the provincial team and vice versa is strengthened with regular monitoring. Specifically, the project developed its own summary of indicators and checklist for RHMs to use in the monitoring and supervision of BHWs. Results are fed back to stakeholders through the regular conduct of PIR at the municipal and provincial levels.

Jean Gisela Senase, RN
NTP Provincial Coordinator
IPHO-Maguindanao

The RHU staff incorporated the information to the MTCP, using the advocacy and social mobilization reporting forms developed by the project. A specific form was designed to harmonize the recording and reporting of contributions of the support groups. The recorded information was the basis for the quarterly reports submitted to IPHO-Maguindanao.

IPHO-Maguindanao continues to consolidate and analyze the data to serve as the basis for addressing emerging issues and concerns; determining the effectiveness of interventions; detecting deviation from planned activities; and redirecting efforts, if necessary. Information from the monitoring and reporting system was discussed during program implementation reviews (PIRs) and partners meetings.

I think it is helpful to conduct a PIR (program implementation review) with the volunteers and local government officials. It gives volunteers a sense of accomplishment, because they understand how they have been able to contribute to the welfare of their friends and neighbors. It encourages government officials to enact measures for their support.

Margie A. Poingan

Public Health Nurse

Municipality of Datu Montawal

IMPACT OF ACSM ACTIVITIES

To determine the impact or contribution of the community groups, the project gathered data on the number of referrals made by each support group and calculated the percentage of sputum-positive cases in proportion to the total number of sputum-positive cases reported by each RHU. The percentage represents the contribution of each support group to the CDR.

The table on the next page shows the community groups' varying levels of impact on program performance in 10 municipalities. The greatest contribution was from the BHWs. This is attributed to the training MTCP provided on TB-DOTS and sputum collection and smearing. Trained BHWs made laboratory services more accessible to residents, resulting in increased CDR.

CONTRIBUTION OF TB COMMUNITY GROUPS IN SELECTED RHUS OF MAGUINDANAO 2008

RHU	TOTAL (+)	MOW			TB CLUB			MRL			BHW		
		Referred	Found (+)	%	Referred	Found (+)	%	Referred	Found (+)	%	Referred	Found (+)	%
Buluan	94	177	28	30%	85	15	16%			no data	214	30	32%
Datu Piang	43	21	2	5%	31	2	5%	15	1	2%	188	24	56%
DSA	27	11	2	7%	19	4	15%	26	5	18%	124	22	81%
Datu Unsay	10	1	1	10%	1	1	10%	1	1	10%	65	6	60%
Guindulungan	38	5	2	5%	6	1	3%	2	1	3%	33	14	37%
North Upi	52	8	2	4%	15	3	6%	8	4	8%	25	10	19%
Shariff Aguak	43	8	2	5%	4	2	5%	2	1	2%	20	10	23%
Sultan Sa Barongis	33	4	1	3%	43	3	9%	1	0	0	113	17	52%
Sultan Mastura	39	4	2	5%	6	0	0	3	1	3%	170	36	92%
Talayan	34	11	5	15%	5	1	3%	7	1	3%	170	15	44%

LESSONS AND INSIGHTS

By organizing various community groups, the MTCP demonstrated that communities themselves can be effective, active participants in TB control. With training, community groups helped identify TB symptomatic and encouraged health-seeking behaviors. TB clients, once diagnosed, received better quality care with the full support of their community. Treatment outcomes were improved, and TB clients were empowered to determine the type of care best for them and their family. The community approach also raised general awareness about the disease and resulted in less stigmatization.

By training BHWs on DOTS and sputum collection and smearing, the MTCP successfully enhanced and employed the frontline health workers to reach more TB symptomatic. What's more, they allowed RHU staff, particularly the RMTs, to work more efficiently and provide improved services.

The MTCP established the MOW program by reaching out to the transport sector — a group not traditionally considered a partner in health — and effectively engaged their support for health promotion.

Understanding that former TB clients make the best advocates for TB prevention and control, the MTCP organized TB Clubs to provide support as well as technical assistance. TB Club members were able to identify others who were experiencing symptoms and referred them to the RHU. As cured clients, the members are living proof of the effectiveness of the DOTS protocol offered in the RHU. They encouraged clients undergoing treatment to persist in taking their medications daily in order to be similarly cured. By sharing their own personal stories and experiences, members of the clubs put a human face on the disease and helped others better understand TB symptoms, treatment and prevention.

The contribution of the 147 BHWs who have undergone training on sputum collection and smearing is a major reason for scaling up the strategy of capacitating BHWs on sputum collection and smearing. This strategy has only been implemented in Maguindanao and the results are very encouraging.

In addition, the MTCP has demonstrated the value of involving and building the capacity of sectors that are not usually seen as partners in health promotion. The MOWs have proven effective in extending the reach of health services to difficult-to-reach areas, while the MRLs help disseminate accurate health information and encourage health-seeking behavior among their constituents. Cured TB patients contribute to case detection, treatment compliance, and cure rate. They are able to address issues of discrimination and stigma because they have been there, too.

Almira B. Macapangkat, RMT

Training and Monitoring Officer, MTCP

It showed how a strong partnership between all stakeholders can improve program implementation. In particular, through the MTCP, community groups were organized to fill the gaps in human resources and improve case finding and case holding. There is need to further advocate for local government support, not just for MTCP, but for health in general. It would be difficult to sustain the community groups without any assistance from local governments.

Geraldine A. Macapeges, MD, MPH

Executive Assistant, DOH-ARMM

The project also recognized the influence of MRLs in the community and was able to engage their support for TB prevention and control.

The support groups benefitted all actors in the effort to control TB in the community. TB clients gained access to the health services they needed. Health staffs were able to work more efficiently and to reach out to more clients. Support group members enjoyed the satisfaction of helping others and were empowered with the knowledge and training they received through the MTCP. The benefits of activating community groups can be scaled up to address other health programs and regions of the country, as well.

The MTCP experience showed that people can be motivated to act with true charity. Despite difficult circumstances, armed conflict, poverty, forbidding terrain, and inhospitable weather, there are many who can and will put aside their own interests to serve and help others.

We are fortunate that our Mayor, Ramon A. Plang Sr., is very supportive of health. The municipality supports our midwives, medical technologists. We are also fortunate that we live in a relatively peaceful area, although we also have to contend with difficulty of reaching *barangays* in mountainous areas. We have Muslim Religious Leaders (MRLs), too, who are very supportive of our health programs, especially MTCP. Members of our TB Club encourage persons who have the symptoms of the disease to come to the RHU to be tested.

Jacqueline F. Gamit
Rural Health Midwife
Municipality of North Upi

RECOMMENDATIONS

ORGANIZING COMMUNITY GROUPS

Community groups are made up of volunteers. As such, organizations and staff that deal directly with them must contend with the many issues related to *volunteerism*.

Under the MTCP, the RHU midwife or nurse initiated the organization of community groups specifically for a health-related cause. The groups were chosen and organized based on the specific needs of the community (such as the MOWs or TB Club). As an alternative to this approach, programs can also link up with an existing group (for example, the Ka-Rancho organization of motorcycle drivers who work in Maguindanao, the REACT group of radio enthusiasts, etc.) and plan health-focused activities as part of the group's regular activities.

It is not easy to convince people to volunteer their services, because everyone needs to earn a living. We need to let people realize the value of volunteerism. In the case of the MOW, to help people access health services. Now, our volunteers are proud to be able to say that they are serving the community, even though they are not paid.

We will not allow this effort to die with the end of the MTCP. We will sustain it through regular meetings where members can encourage each other to continue the good work. Constant contact through meetings helps keep people interested. We appreciate any support we can get, but we try to teach our members not to expect anything. It will be the downfall of volunteerism if the members expect to be compensated for their efforts.

Joemar C. Babago
Public Health Nurse
Municipality of Rajah Buayan

SUSTAINING COMMUNITY GROUPS

Providing Incentives

To give or not to give incentives is one of the first questions raised when faced with the challenge of how to sustain the active participation of community groups.

On one hand, volunteerism is altruistic; volunteers often prioritize the welfare of others over their personal concerns. On the other hand, individuals must earn a living. Participation in support groups may limit the ability to earn that living, causing some individuals to abandon their volunteer efforts.

Advocating Support for Volunteers

Related to the issue of providing incentives is advocating support for volunteers. The MTCP successfully advocated for the creation of 18 Local Health Board (LHBs) in the *Sangguniang Bayan* (or municipal council) in a number of municipalities. The LHBs institutionalized support for volunteers in the municipalities, ensuring continued municipal support beyond the project time frame. The project also sought the support of *barangay* (village) councils, the IPHO-Maguindanao, as well as other socio-civic organizations.

Conducting Regular Meetings

Volunteers aver that regular meetings keep them interested and active in the support groups. The challenges of finding common free time and gathering members for meetings actually strengthen the bonds among members, rather than discourage participation. The meetings provide opportunities for sharing experiences and encourage those whose interest in the support group may be waning. When possible, meetings of community groups should share updates on activities as well as the groups' contributions to case detection and cure rates. The data should be presented in a way that clearly demonstrates the value of the volunteers' contributions, which in turn, encourages their continued participation.

Awards and Recognition

Under the auspices of the MTCP, the RHU facilitated community recognition of volunteers, including the participation of *barangay* and municipal councils. The annual recognition for supporters of the TB program was even expanded from health workers and BHWs to include

The establishment of community-based groups is one of MTCP's major contributions. It is hoped that these community groups will sustain project activities beyond the project time frame. These community groups have been capacitated and now form part of our pool of health program implementers, helping us not only in implementing the NTP, but other health programs as well.

Elizabeth Samama, MD

Provincial Health Officer
IPHO-Maguindanao

We keep close tabs on our BHWs. They have notebooks where they note down their activities and they present these to the midwife for monitoring purposes. They are involved in the monthly meetings of our RHUs. The IPHO recognized the contribution of the BHWs by giving them certificates of appreciation. We include them in the Program Implementation Review (PIR). We sometimes host simple parties for them to thank them for their support.

Dr. Jackieline M. Abpi

Municipal Health Officer
Municipalities of Talayan, Guindulungan, Tali-tay, and Datu Anggal Midtimbang

other stakeholders, such as LGUs, MRLs, MOWs and TB Club members supporting DOTS implementation. This was part of the advocacy efforts of the MTCP. It is hoped that LGUs will continue the practice.

In addition, IPHO-Maguindanao hopes to organize annual TB support group conferences/congresses, including recognition of exemplary contributions of TB support groups and their members.

MONITORING AND REPORTING

Information generated through regular monitoring can be shared with interested parties to help spread the benefits of the MTCP. Results of monitoring should be fed back to members of community groups, so that they, too, can appreciate the importance of their contributions to the project outcomes. Moreover, volunteers appreciate monitoring visits. These give them a sense of importance and encourage them to persist in their efforts.



ATTACHMENTS



BARANGAY HEALTH WORKERS QUARTERLY MONITORING FORM

NAME OF BHW: _____

NAME OF BHS/RHU: _____ QUARTER/YEAR: _____

KEY ACTIVITIES	ASPECTS TO MONITOR	INDICATIVE RESULT
IEC Activities	a.) Number of IEC activities done on TB program; individual counseling	
	b.) bench conferences	
	c.) health education classes	
	d.) household teaching classes	
Case Finding	Number of TB symptomatics referred to the BHS/RHU	
	Number of sputum collected	
	Number of sputum smeared	
	Number of positive cases smeared	
	Number of symptomatic among household contacts identified	
	Number of symptomatic among household contacts referred to RHU	
Case Holding	Number of patient being supervised under DOTS	
	Number of smear exam done for follow-up treatment	
	Number of patients cured	
	Number of patients completed treatment	
	Number of patients defaulted treatment	
Logistics	Stocks of TB program-related materials; a.) sputum containers	
	b.) lab supplies	
	c.) forms	
	d.) IEC materials	

Monitored by: _____



BI-ANNUAL SUPERVISORY CHECKLIST OF MIDWIFE FOR BHWs

NAME OF BHW: _____ DATE: _____

AREAS OF ASSIGNMENT: _____

OBSERVE THE BARANGAY HEALTH WORKER:	YES	NO	COMMENTS
1. Does he/she correctly identify suspected TB cases?			
2. Does he/she show competence in conducting TB education & HH teaching?			
3. Is BHW's knowledge on TB signs and symptoms, treatment and prevention adequate?			
4. Does he/she use appropriate visual aids and IEC materials?			
5. Does he/she refer suspected TB clients to the RHU?			
6. Does he/she collect sputum amples & send them to laboratory for examination?			
7. Does he/she patiently assist/instruct/demonstrate to patient proper sputum collection technique?			
8. Does he/she check the quality of specimen?			
9. Does he/she administer the correct number/type of drugs?			
10. Does he/she watch the patient swallow the TB medicines?			
11. Is he/she able to collect and submit follow-sputum on scheduled date?			
12. Does he/she instruct patient to bring HH members with symptoms to RHU			

TALK TO THE BARANGAY HEALTH WORKER:	YES	NO	COMMENTS
1. Has he/she undergone training on TB-DOTS?			
2. Has he/she undergone training on sputum collection & smearing?			
3. Does he/she know what to do when a client is suspected to have TB?			
4. Does he/she know what to do when he/she receive a sputum exam request form from the laboratory?			
5. Does he/she understand the importance of examining contacts of TB clients?			
6. Does he/she know what health education to provide for clients?			
7. Does he/she know how to complete the TB Identification Card, the Request form for Sputum Examination & the Referral/Transfer form?			
8. Does he/she know the importance of Directly Observed Treatment?			
9. Does he/she know the importance of sputum examination?			
10. Does he/she know the symptoms & infectiousness of TB?			
11. Does he/she know what to do in case TB client experiences adverse side effects of the TB drugs?			
12. Does he/she exert extra effort in retrieving defaulters?			

Recommendations: _____

Supervision done by: _____



CONTRIBUTIONS OF TB COMMUNITY GROUPS

RHU: _____

Quarter/Year: _____

INDICATORS	BHW	MOW	TB CLUB	MRL	TOTAL
No. of TB symptomatics identified					
No. of TB symptomatics referred to RHU					
No. of slides transported to Microscopy center					
No. of symptomatics collected w/3 sputum specimen					
No. of symptomatics collected w/3 sputum specimen & turned (+)					
No. of patient transported to RHU for consultation					
No. of patient transported to RHU for initial treatment/ follow-up					
No. of clients given information on TB					

REFERENCES

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- Catholic Relief Services – Maguindanao Tuberculosis Control Program. *Detailed Implementation Plan*. 2008.
- Catholic Relief Services – Maguindanao Tuberculosis Control Program. *Year 3 Annual Report*. 2008.
- Stop TB Partnership, Sub-group on Advocacy, Communication, and Social Mobilization at Country Level.

KEY MOVERS IN MTCP

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 Ms. Milagros Lasquety (Health Program Manager)
 Ms. Melindi B. Malang (BCC Officer/OIC)
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 Ms. Jean Gisela Senase (NTP Provincial Coordinator)
 Ms. Gloria Olivo (FHSIS Coordinator)
 Ms. Tuladan Manibpel (BHW Coordinator)
 Ms. Katherine Gay Villanueva (MTCP/IPHO Management & Information Officer)
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Buldon.....	Dr. Abdulrahman Biruar
Buluan	Dr. Alexander Ampatuan
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