Save the Children

Integrating PDQ and ACM in the Philippines: Community Partners Define Sustained Quality Health Services Using a Strengths-based Approach

On December 1, 2006 Super Typhoon Reming (International Code Name: Durian) devastated the Southern Luzon and Bicol regions of the Philippines. The disaster affected more than 140,000 families through disruption of basic social services, damaged infrastructure and loss of livelihoods and properties.

The coastal and mountain villages of Tiwi municipality (estimated population of 98,000) in Albay Province were severely affected during the disaster. As a response, Save the Children Philippines Country Office (SC PhCO) implemented the Bicol Emergency Health and Nutrition (BEHN) Project from April to December 2007 in six identified villages with funding from The David and Lucille Packard Foundation. Among the project partners were the Local Government Unit (LGU) of Tiwi, the Department of Health Regional Office and the International Organization for Migration (IOM). Three approaches and strategies already proven to be effective in SC PhCO's projects were used in the project: Partnership Defined Quality (PDQ), Appreciative Community Mobilization (ACM) and behavior change communication.

Objectives

The BEHN project's goal was to prevent morbidity and mortality among affected communities through access to quality health services by increasing the use of these services and increasing the practice of healthy behaviors. Health and nutrition services and interventions focused on children under 5 and pregnant and lactating women who were among the vulnerable population groups. The project also aimed on mobilizing key stakeholders and establishing a supportive environment (community leaders and local health service providers) for sustained delivery of quality health services.

Description

Integrating PDQ and ACM was a project innovation. When analyzed, both strategies have similar processes and intended results. Adhering to a philosophy on positive visioning, ACM's Phases (4 Ds - Discover, Dream, Design, Deliver) focus entirely on the attributes, potentials, assets and strengths of communities and partners for sustained action on a specific theme, concern or issue, while PDQ emphasizes and further highlights the partnership's dynamic roles and mutual responsibilities, and promotes coordinated collaborative efforts to solve a perceived problem or bridge an expressed gap after arriving at a win-win solution. Both complementary approaches, when integrated, set the tone for an appreciative mind frame to improved communication lines and feedback mechanisms between those who supply and demand the services. As was experienced by SC PhCO, integrated PDQ-ACM empowered partners and communities to have a choice and a voice. Community residents, leaders and social service providers had the opportunity to interact, receive feedback and build consensus on their next action steps. PDQ-ACM integration also fostered a more active multi-sectoral participation and linkaging, encouraged regular productive consultation, motivated constructive face-to-face dialogues, and re-enforced sustained mutual cooperation. Both ultimately facilitated the needed direction setting e.g., early and rapid recovery, rehabilitation, development and emergency preparedness for the typhoon-affected villages.

Among the interventions and activities of the project were: 1) conduct of health and nutritional assessments; 2) provision of support to the Primary Health Care System by mobilizing and building the capacity of health providers e.g. Rural Health Midwives (RHM), Barangay Health Workers (BHWs) to respond to health needs, help improve access to and quality of priority health interventions; and provide technical assistance for the strengthening of the health referral network; 3) organization and mobilization of BHWs for community-based health services and education; 4) educate parents and care givers on health, nutrition, sanitation and hygiene practices through Health Talks and Parent Education Sessions; and 5) provision of micronutrient supplementation (iron and vitamin A) and deworming to children age 1 to 12 years old (newborn to school age).

Results

The conduct of the integrated PDQ –ACM activities resulted to the following (see photos):

Name of Barangay (village)	Issues identified during the "Bridging the Gap" step/"Design" Phase which Affected Access to Health Services	Mutual Agreements and Collective Community Action Resulting to Increased Access and Improved Quality of Health Services
San Bernardino	The assigned Rural Health Midwife (RHM) visited the far-flung village only once a week to deliver health services. Minimal transportation allowance provided by the municipal LGU prohibited her from making more frequent community visits.	The Barangay Council agreed to shoulder the RHM's transportation expenses to the village to ensure health services were delivered twice or thrice a week. The Barangay Council Chairperson even volunteered to fetch the RHM in the town on the scheduled date using his own personal motorcycle.
Libtong	The Barangay urgently needed three (3) additional BHWs to cover underserved neighborhood clusters and meet the ideal BHW: Number of Household Ratio. Other BHWs have become inactive due to old age or health reasons.	The Barangay Council Chairperson agreed to add three (3) new BHWs for the underserved neighborhood clusters. The BEHN project agreed to train the batch of new BHWs. The trained BHWs agreed to cover the underserved neighborhood clusters while the BHW recruits were undergoing training.
Naga	The Barangay badly needed a Barangay Health Station (BHS). Health services and education are being conducted in the small Barangay Hall or at the nearby waiting shed where the clients especially sick children were exposed to the elements.	The Barangay Council agreed to construct a temporary BHS near the Barangay Hall using local funds, materials and labor while looking for a public lot to construct a permanent and typhoon-proof BHS. The organized BHWs agreed to help maintain the upkeep of the facility.
Cale	The Health Talks and Parent Education Sessions were seldom conducted. Mothers who needed information on health services and referral systems expressed that the BHS is far and they have time constraints to attend due to housekeeping chores.	The RHM and the BHWs agreed to conduct regular Health Talks and Parent Education Sessions in the neighborhood clusters on specified schedules given by the mothers. The Barangay Council agreed to provide snacks and gifts to mothers who completed the series of sessions during the culmination program.
Misibis	The BHS's location on a hill was quite strenuous as expressed by the mothers and was very far from the center of the village where most of the neighborhood clusters were location.	The RHM agreed to schedule the conduct health services in the house of the Barangay Council Chairperson which was located in the center of the village and in other accessible venues in the other neighborhood clusters as well.
Maayong	The BHS's was inaccessible (coastal), poorly maintained and was partly destroyed during the typhoon by strong winds and storm surge. Many of the equipment and forms were already missing or damaged.	The Barangay Council agreed to repair the BHS while looking for a lot and safe location to construct a permanent BHS. The BHWs agreed to create a group amongst themselves who will be in-charged with the facility's maintenance and security.

Challenges & Lessons Learned

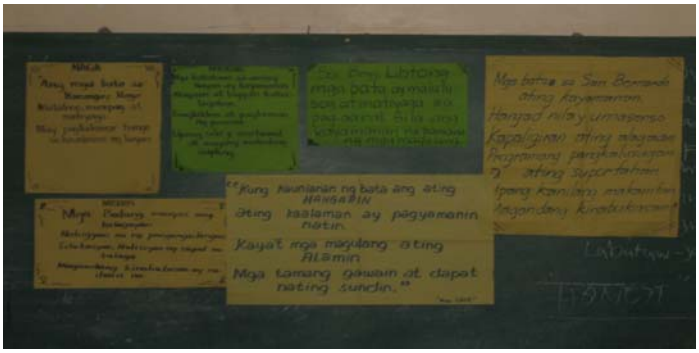
The challenges faced by the integration of PDQ and ACM were: 1) mastery on objective facilitation and processing inputs during the "Bridging the Gap" sessions; 2) time constraints among key players to attend all scheduled PDQ-ACM sessions; and 3) need to regularly follow-up all the commitments and tasks assigned as agreed upon in the community Health Action Plan.

Among the lessons learned were: 1) carefully planned PDQ -ACM integration especially in the "Bridging the Gap" Step/"Design" Phase can lead to significant results; 2) during the "Exploring Quality" step, interactive discussions should be focused on the positive aspects to reinforce valuing of past and current achievements; 3) due recognition should be given to all partners e.g., simple tokens to community leaders and key players, graduation program to trainees, certificates of appreciation to active BHWs; 4) there is no need to organize a new group if a community-based organization is already existing e.g., Barangay Council for the Protection of Children (BCPC) as the Quality Improvement Team (QIT); 5) need to establish rapport with incumbent local officials and potential leaders to build and sustain support; and, 6) ensure the competence and commitment of trained BHWs to perform their vital roles as partners in health service, education, information management and advocacy.

Integral application of PDQ's "Building Support" step in ACM's Discovery ("Appreciating") phase: *Community members recall best practices and success stories, inventory local assets and identify resources through a story telling sessions, testimonies and making a community spot map.*

Organized BHWs in Barangay Misibis make their respective community spot maps and identify the location of local resources and assets.

Integral application of PDQ's "Exploring Quality" step in ACM's Dream ("Envisioning Impact") phase: *Communities envision an ideal scenario where children receive sustained quality health services for their survival, development and well-being.*

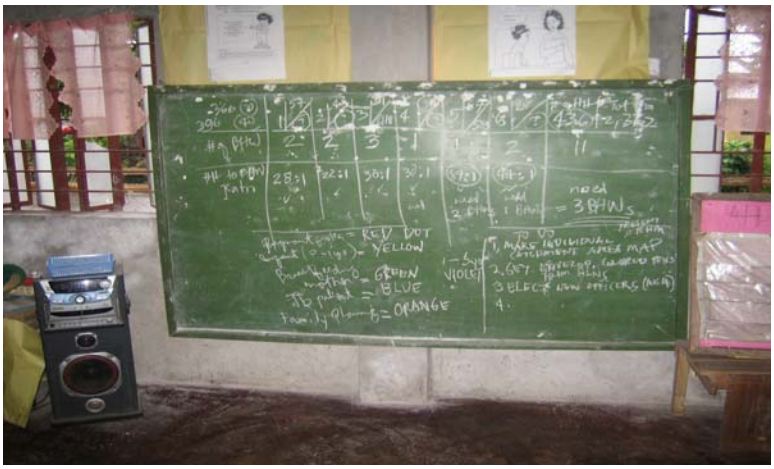


Examples of Dream Statements from the partner Barangays (Cale, Naga, Misibis, Maayong, San Bernardo and Libtong) which envision the best quality of life for their children and for the families in their villages.

Integral application of PDQ's "Bridging the Gap" step in ACM's Design ("Co-constructing to Bridge the Discovery and Dream") phase of ACM: *Conduct of the "Bridging the Gap" dialogue with key partners and stakeholders to achieve the envisioned impact or scenario based on the communities positive attributes, best practices and local assets.*

The incumbent Council Chairperson (right in blue pants) of Barangay Libtong talks to the eight (8) active BHWs and the Municipal LGU-employed Rural Health Midwife (middle in while shirt) during a dialogue as part of the "Bridging the Gap" session. Mutual respect and trust in local leaders and proven commitment of BHWs were among the best attributes discovered and appreciated which resulted to a fast resolution of the perceived gap.

Integral application of PDQ's "Working in Partnership" step in ACM's Delivery ("Sustaining") phase: *Implementation of activities and projects by the Barangay Council for the Protection of Children (equivalent to PDQ's Quality Improvement Teams) through collective efforts as agreed upon during the "Bridging the Gap" sessions and are stipulated in their respective Community Health Action Plans.*



The "Bridging the Gap" dialogue centered on the need for three (3) more BHWs (seen written on the blackboard) in addition to the eight (8) active BHWs to cover the 436 households to meet the ideal government-prescribed 1 BHW: 25 -35 Households ratio for accessible and quality public health services as presented by the Rural Health Midwife to the Barangay Council Chairperson

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Photo taken at the start of the project shows the Barangay Hall of Naga where the BHWs and the Rural Health Midwife usually conduct community health services and education activities.

After the RHM and the BHWs conducted PDQ dialogues with the Barangay Council officials, a temporary Barangay Health Station (BHS) in Barangay Naga was constructed by the community through the Barangay Council for health services and activities. The BHWs used to conduct health education activities and delivery health services at the Barangay Hall and waiting shed (shown in photo) nearby where the space is too small and the health service providers and clients are exposed to the elements.

Mothers (some with children) and care givers attend one of the series of Health Talks and Parent Education Sessions conducted by the RHM and the trained BHWs under a house in one of the neighborhood clusters in Barangay Cale.

Save the Children CORE Group

*This monograph is a product of Save the Children/CORE Group's joint Technical Advisory Group on Partnership Defined Quality.