



**LOCAL VOLUNTEERING
RESPONSES TO HEALTH
CARE CHALLENGES**

**LESSONS FROM MALAWI, MONGOLIA
AND THE PHILIPPINES**

CONTENTS

ACKNOWLEDGEMENTS	3
LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	5
INTRODUCTION	7
SUMMARY OF CASE STUDIES	9
<hr/>	
CASE STUDIES	10
PHILIPPINES ON HEALTH PROMOTION	10
(UP UGNAYAN NG PAHINUNGÓD-MANILA)	
<hr/>	
MONGOLIA ON HEALTH PROMOTION	13
(VSO MONGOLIA)	
<hr/>	
PHILIPPINES ON SEXUAL AND REPRODUCTIVE HEALTH, MATERNAL AND CHILD HEALTH (BARANGAY HEALTH WORKERS)	15
<hr/>	
MALAWI ON MATERNAL AND CHILD HEALTH	17
(MAIMWANA PROJECT)	
<hr/>	
MALAWI ON MATERNAL AND CHILD HEALTH	19
(THE HEALTH FOUNDATION CONSORTIUM)	
<hr/>	
PHILIPPINES ON SEXUAL AND REPRODUCTIVE HEALTH, ADVOCATING FOR RIGHTS TO HEALTH CARE (LIKHAAN MOTHERS)	22
<hr/>	
KEY EMERGING ISSUES FOR NV IN HEALTH	25
KEY CONSIDERATIONS FOR SCALING UP VSO'S NV WORK IN HEALTH	27
<hr/>	
APPENDIX 1	29
APPENDIX 2	33
REFERENCES	34



Cover image shows an education session involving a MaiMwana Counsellor in Malawi. Volunteer MaiMwana Counsellors promote essential newborn care and safe motherhood. See page 17 for full details.

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Front cover, Contents page, page 17: MaiMwana project

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LIST OF ACRONYMS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
BHW	BARANGAY HEALTH WORKER
CORP	COMMUNITY-OWNED RESOURCE PERSONS
CSP	COUNTRY STRATEGIC PLAN
DOH	DEPARTMENT OF HEALTH
ERV	EMERGENCY ROOM VOLUNTEER PROGRAMME
FCHW	FAMILY CLINIC HEALTH WORKERS
ICRC	INTERNATIONAL COMMITTEE OF THE RED CROSS
ICT	IN-COUNTRY TRAINING
IDP	INTERNALLY DISPLACED PEOPLE
HIV	HUMAN IMMUNODEFICIENCY VIRUS
HSA	HEALTH SURVEILLANCE ASSISTANTS
LTV	LONG-TERM VOLUNTEERING
M&E	MONITORING AND EVALUATION
MOTHERS	MOTHERS' ORGANISATION FOR TOTAL HEALTH EDUCATION, RESEARCH AND SERVICES
NGO	NON-GOVERNMENTAL ORGANISATION
NV	NATIONAL VOLUNTEERING
PAP	PROGRAMME AREA PLAN
PGH	PHILIPPINE GENERAL HOSPITAL
PMTCT	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (OF HIV)
PO	PROGRAMME OFFICE
QI	QUALITY IMPROVEMENT
RA	REPUBLIC ACT
STV	SHORT-TERM VOLUNTEERING
SWGS	SENIOR WOMEN'S GROUPS SUPERVISOR
TB	TUBERCULOSIS
TBA	TRADITIONAL BIRTH ATTENDANT
THFC	THE HEALTH FOUNDATION CONSORTIUM
UN	UNITED NATIONS
UNICEF	UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND
UP	UNIVERSITY OF THE PHILIPPINES
VHT	VILLAGE HEALTH TEAMS
VMC	VOLUNTEER MAIMWANA COUNSELLORS
VSO	VOLUNTARY SERVICE OVERSEAS
WG	WOMEN'S GROUPS

EXECUTIVE SUMMARY

The global reality of a lack of international health care professional volunteers and VSO's increasing emphasis on national volunteering present the ideal opportunity to explore the role that local volunteers can play in responding to health care challenges. Through national, local or community volunteering, human resources that can be tapped to address massive health challenges are not limited to medical or health professionals. While health volunteering initiatives often encourage medical and health professionals to share their skills as volunteers, it also opens doors to non-medical or health related groups or individuals to do their share in promoting good health and health care services in their own communities or countries, in their own way.

VSO programme offices and federation members worldwide now face the challenging task of delivering on VSO's corporate priorities to increase the impact of VSO's work in the areas of health and national volunteering. *Local Volunteering Responses to Health Challenges* aims to serve as a useful reference for programme offices in exploring ways to scale up VSO's work in health through national volunteering.

The MaiMwana Project and The Health Foundation Consortium illustrate how Malawian women volunteers are taking charge of maternal and child health issues in their own villages. VSO Mongolia's NV Programme, which started two years ago with one NV partner, is now supporting four health districts in managing their local health volunteer programmes, with assistance from VSO volunteers. In the Philippines, UP's Ugnayan ng Pahinungód-Manila proves that a university's resources can be tapped through volunteering in order to serve the health needs of Filipinos in remote areas. Filipino mothers advocating for women's rights to health care and providing reproductive health care services are featured in Likhaan's MOTHERS. Finally, the case of the Barangay Health Workers demonstrates how local volunteers' vital role in promoting health in the communities has earned them legislation to support their remarkable volunteer contribution in the Philippines. Whether through counselling new mothers on breastfeeding, advising couples on family planning, lobbying for women's rights to health care, giving patients that 'human factor', conducting puppet shows on healthy lifestyle, or facilitating women's groups to mobilise communities, the case studies in this report prove that health volunteering is already happening in different countries and in various settings – villages, hospitals, health centres and academia.

The case studies of health volunteer programmes gathered from Malawi, Mongolia and the Philippines demonstrate the potential and the opportunities for involving volunteers in delivering high quality health services. There is clear evidence that volunteers can contribute to assisting countries to deliver their national health plans and priorities.

The research has identified the following key issues that programmes may need to consider when planning, implementing or scaling up national volunteering in health:

- the need for political will and strong partnerships with the Ministry of Health
- ensuring that volunteer roles complement the work of qualified health professionals
- the key role of community leaders in ensuring appropriate and sustainable volunteer health programmes
- paying attention to and prioritising gender considerations
- recognising and mitigating the specific risks faced by health volunteers
- developing health specific resources to support health volunteers and their managers.

This report concludes with a set of considerations for VSO programme managers who are planning to initiate or scale up national volunteering in health. These include the need for maximising opportunities presented by VSO's 'tool box', the critical role of planning and review, the potential for corporate partnerships and advice around how to replicate successful NV health programmes. By presenting realistic and effective examples of how local or community volunteering activities within VSO and non-VSO health programmes are uniquely responding to health care issues, this research report hopes to inspire VSO programmes to develop their own NV thinking within the VSO Health Goal.

INTRODUCTION

VSO's consistently innovative work in volunteer programming has enabled us to respond to the evolving challenges of poverty. VSO constantly develops creative approaches to provide appropriate assistance where it is most needed, when the time is right. Among its recent innovations has been the decision to support national volunteering (NV). National volunteering builds on VSO's distinctive competence based on its rich history and experience in working with volunteers. It also offers a more contemporary approach to volunteering by making use of a country's most valuable resource – its people.

The global reality of a lack of international health care professional volunteers and VSO's increasing emphasis on national volunteering present the ideal opportunity to explore the role that local volunteers can play in responding to health care challenges. NV has the potential to create a significant impact on health care provision in a cost effective way. Most of the countries that are suffering from a chronic shortage of skilled health workers are the same ones suffering from the greatest public health threats.¹ Through national, local or community volunteering, human resources that can be tapped to address massive health challenges are not limited to medical or health professionals. While health volunteering initiatives often encourage medical and health professionals to share their skills as volunteers, it also opens doors to non-medical or health related groups or individuals to do their share in promoting good health and health care services in their own communities or countries, in their own way.

The VSO National Volunteering Guide for Programme Offices clarifies what is included as volunteering, namely, community and national, full and part-time activity that is structured and/or formalised and:

- is undertaken for the benefit of the wider community beyond the volunteer's immediate family and friends
- is undertaken by choice and free will
- the volunteer's motivation will not be for financial gain
- that rather than any specific model of volunteering, VSO will focus support where sustained commitment is demonstrated
- the volunteers define themselves as such.

VSO programme offices and federation members worldwide are now challenged with responding to VSO's corporate mandate to increase the impact of VSO's work in the areas of health and national volunteering. This research showcases how the call to improve VSO's work in health and in national volunteering could be addressed simultaneously through one course of action – promoting national volunteering initiatives in the health sector. The case studies in this report feature how health volunteering is already happening in various countries, by providing VSO programmes with the opportunity to think of what further opportunities may exist within their respective environments. By presenting realistic and effective examples of how local or community volunteering activities within VSO and non-VSO health programmes are uniquely responding to health issues, this research report hopes to inspire VSO programmes to develop their own NV thinking within the VSO Health Goal.

1 Strategic Position Paper for VSO's Health Goal, January 2007.

The priority areas for purposes of this research are:

- **maternal, newborn and child health** (e.g. pre and post natal care, safe delivery, early years care, etc...)
- **sexual and reproductive health** (e.g. life skills training to youth, condom promotion and other family planning, HIV and AIDS/STI awareness, tackling violence against women and gender inequity, etc...)
- **health promotion messaging** (e.g. nutrition, water and sanitation, inoculation, malaria prevention, etc...)
- **advocating for rights to access health care.**

Volunteering in these health areas happens at different levels – community, health care settings, primary to tertiary level hospitals, government units and academia. This research explores the various settings wherein health volunteering takes place.

Through offering examples of how VSO and other organisations are supporting the mobilisation of national volunteers to complement existing health service delivery, synthesising lessons from the case studies and outlining recommendations for VSO programmes, this research aims to serve as a useful tool in:

- providing further thinking to **programmes already implementing national volunteering in support of the health goal**, on how to scale up their work
- supporting, encouraging and inspiring **existing VSO health programmes not currently including national volunteering** within their work to consider developing a national volunteering component
- encouraging those **programmes considering developing a programme area plan (PAP) on health** to include national volunteering as part of programme development.

SUMMARY OF CASE STUDIES				
HEALTH FOCUS	COUNTRY/ORG/ PROGRAMME	VOLUNTEERING ACTIVITIES	VOLUNTEERS	RESOURCES/ LINKS
HEALTH PROMOTION	Philippines: University of the Philippines Ugnayan ng Pahinungod	<ul style="list-style-type: none"> • Conducting health education and trainings • Conducting health medical and surgical missions • Providing emergency care 	Medical and health related students, graduates, alumni, faculty and staff	www.pahinungod.org publications (newsletters, volunteer and technical journals, annual reports)
HEALTH PROMOTION	Mongolia: VSO Mongolia	<ul style="list-style-type: none"> • Health counselling • Monitoring of blood pressure and vital signs • Promoting healthy lifestyle • Therapeutic massage • Promoting traditional medicine 	Community members (non-health/medical professionals)	NV Impact Assessment Proceedings Mongolia Study Tour Report
HEALTH PROMOTION	Philippines: Barangay Health Workers	<ul style="list-style-type: none"> • Providing primary health care (with supervision from medical doctor and nutritionists) • Disseminating family planning information through seminars and counselling • Surveying of community health baseline data 	Community members (mothers/women, fathers/men, non-health/medical professionals)	Complete version of Philippines Republic Act 7883: Barangay Health Workers' Benefit and Incentives Act of 1995
MATERNAL AND CHILD HEALTH	Malawi: MaiMwana Project	<ul style="list-style-type: none"> • Promoting essential newborn care and safe motherhood • Breastfeeding counselling among new mothers • Disseminating information on nutrition and hygiene 	Women of reproductive age/mothers from benefiting communities	MaiMwana Project Protocol and Brochure www.wcf-uk.org
MATERNAL AND CHILD HEALTH	Malawi: The Health Foundation Consortium	<ul style="list-style-type: none"> • Facilitating women's groups to mobilise and prioritise local health needs • Promoting use of health facilities • Disseminating information on nutrition and hygiene 	Women of reproductive age/mothers from benefiting communities	The Health Foundation Consortium Monthly Reports and Project Presentations
SEXUAL AND REPRODUCTIVE HEALTH ADVOCACY FOR RIGHTS TO ACCESS HEALTH CARE	Philippines: Likhaan (Linangan ng Kababaihan) MOTHERS	<ul style="list-style-type: none"> • Providing primary and reproductive health care (family planning) services • Lobbying for women's rights to health care • Conducting health education and trainings 	Community members (mothers/women, fathers/men, youth, non-health/medical professionals)	Field study reports http://en.wikipedia.org/wiki/Likhaan

CASE STUDIES

PHILIPPINES ON HEALTH PROMOTION University volunteers promoting health in the communities and responding to emergency care

Inadequate facilities, unequal distribution of available medical services and supplies, and the high cost of health care prevent many Filipinos from getting the medical attention they need. Their remote geographic location, on the other hand, prevents them from accessing proper health care and information. In a country of more than 7,100 islands with scattered mountains and insufficient road networks, any available services shrink further because of physical access difficulties. Ugnayan ng Pahinungód-Manila has responded through medical and surgical missions accompanied by health education and trainings, delivered in the most isolated and disadvantaged communities in the Philippines; and an Emergency Room Volunteer Programme for the poorest Filipinos in the capital city.



Learning through service

As a state university student, it is not enough to get high grades or do well in academic study. One is also expected to be socially responsible and prove worthy of the taxpayers' money. In 1993, a study of knowledge, attitudes and values showed that University of The Philippines (UP) students and faculty were not as socially committed as the university had thought. On 28 February 1994, the Ugnayan ng Pahinungód was officially launched as the University of the Philippines' (UP) Volunteer Service Programme "to make the University a more caring academic institution that is bound together by a commitment to the empowerment of people and selfless service to the nation". Dr Carmencita Padilla, one of the pioneering directors of Ugnayan ng Pahinungód-Manila, explained, "It is the University's responsibility to enrich the lives of our students, faculty and personnel through opportunities where they can give 'part of themselves' to our people. With children spending more time in school and with all the negative distractions in society, there must be a conscious effort by both family and the University to enrich the lives of students through experiential learning beyond the walls of the [classroom]."

The University of the Philippines is comprised of seven constituent universities – each is known for its field of specialisation. The Pahinungód unit in each of these UP campuses developed its own set of volunteer activities by building on the available skills of its constituents, as well as on what individuals and organisations within the campus have already started. The UP Manila, being the nerve centre of studies in medicine and its allied professions, has medical students, professionals, alumni, and even equipment, within reach, thus inspiring Pahinungód-Manila to develop a health programme.

More than your regular health mission

In the Philippines, health missions are often viewed as unsustainable. Ma Lourdes de la Rea, Pahinungód-Manila's Health Programme Manager, sees them as the means to provide opportunities to dig deeper into the community's health issues. The Pahinungód health teams give direct health and medical care through the missions. As a result of the health education and training provided by Pahinungód, they build the skills of community-based medical professionals, who are brought

up to date on the latest methods relevant to their specialisations. In addition, they train community health volunteers, who feel more confident in promoting proper nutrition and good health practices to prevent diseases in their areas.

“I do not panic any more each time my children get sick because I now have better understanding of common illnesses and I even know ways to prevent them. Within my community, people come to me because they now recognise me as a trained community health volunteer. I feel that I am able to contribute to my community. Even though I did not finish my education, I have my health training that I can use for the rest of my life, and even share with other members of my community.” Rosalinda Manuntag, one of the volunteer health workers and a mother, shares the benefits of attending Pahinungód health trainings.

Emergency volunteering

The Emergency Room Volunteer Programme (ERVP) was started by Pahinungód-Manila in partnership with the Philippine General Hospital's (PGH) Department of Emergency Medical Services, to address the government hospital's shortage of personnel, while providing yet another opportunity for the UP Manila students to do their share, without having to go to the remotest areas of the country where the health missions and trainings happen. The PGH Emergency Room accommodates about 250-300 poor patients seeking emergency care every day. All ER volunteers must go through orientation and corresponding pre-deployment trainings on four different levels: level 1 trains volunteers to become ER Relations Officers; level 2 is for First Aid Workers; level 3 is for Trauma Care Providers; and level 4 is for Ambulance Team Volunteers.

“The ERVP was originally established to address our lack of staff, but now with more available personnel, the ER volunteers give our patients the ‘human factor’ that ER staff rarely have the time to spare,” said Dr. Ma Lourdes Jimenez who is now on her extension year as ER Chief Resident having been inspired by her involvement in the UP's volunteer programme. “With the rise of the Philippine's medical tourism, most Filipino doctors and nurses cannot wait to work overseas as soon as they pass the medical board exam. Since I am responsible for the pre-deployment orientation of the ER volunteers, I feel that my most valuable contribution is when I try to make the volunteers realise how much they are needed in their own country.” Dr Ma Lourdes shares her personal advocacy.

Regina Francisco, an ER volunteer and a nursing graduate, started volunteering at PGH's ER in 2006. Just like many Filipino nursing graduates, Regina was planning to work abroad once she passed the board exam. That was before her ER volunteering. Today, Regina has promised to stay and serve as a nurse in her own country, where she realised she is also needed. She also continues with her ER volunteering to enhance her skills while being of service to disadvantaged Filipino patients.

Working with volunteers

“Volunteers have different attitudes and part of my job is learning how to deal with their diverse characters to have an effective working relationship with them,” Health Programme Manager Ma Lourdes confesses one of the main challenges she encounters at Pahinungód. Meanwhile, the ER Chief Resident mentions how the volunteers’ motivations vary, hence the importance of appropriate orientation before deployment followed up with regular supervision.

Different promotion strategies are implemented to target students, alumni, personnel and funding supporters. Staff and volunteers conduct room-to-room campaigns to announce upcoming orientations, supported by posters and flyers distributed around the campus. Participants are given application forms at the end of orientations for volunteers to complete, depending on whether any of the programmes interest them. Given the wide array of volunteering activities that Pahinungód has to offer, almost every participant would find one that matches their interests and skills. Part of the orientation is guiding the participants in choosing the volunteer programme that suits their availability, skills and interests.

Selection in the Ugnayan ng Pahinungód occurs at two levels: volunteer selection; and selection of partner institutions. The careful matching of volunteers with organisations not only improves volunteer motivation but also organisational performance. Initially, one has to be affiliated with the University of the Philippines in any capacity to be a *Pahinungód* or volunteer. Recently though, some programmes have been opened to accommodate non-UP volunteers, such as the ERVP, as long as they have the proper motivation and needed skills. Volunteers are oriented about the Ugnayan ng Pahinungód’s goals and objectives so they can put in perspective their own goals and objectives. Every volunteer is required to undergo pre-deployment trainings, including onsite visits to demonstrate appropriate behaviour and dress in the field, and other relevant briefings deemed crucial for their new volunteer roles.

Ugnayan ng Pahinungód has a creative way of nurturing its volunteers. Apart from weekly meetings and discussions after each volunteer activity, gatherings among different Pahinungód programmes are held at least twice a year to provide avenues for volunteers to share and reflect on their experiences. Volunteers prepare creative presentations to illustrate their volunteering roles, the highlights and the challenges they face in the field. It is also during these Pahinungód assemblies that special awards of simple tokens (*i.e.* Pahinungód shirts and publications, paper weight, school supplies...) are accorded to all volunteers, as programme managers always find a special attribute in each of their volunteers that would merit an honourable distinction.

Programme managers also conduct regular site visits to monitor the work of their volunteers, and to provide individual consultations or debriefings with volunteers, as needed. Furthermore, every volunteer is encouraged to write a reflection paper, which is another opportunity for volunteers to express their sentiments and process the impact of the work they do within themselves and among their beneficiaries. These reflections are often a rich resource for Pahinungód’s promotion materials.

Promoting the spirit of volunteerism

Ugnayan ng Pahinungód-Manila's volunteering does not end in actual service. It is also an advocate for volunteering using its website, quarterly newsletter and series of inspiring publications to encourage others to get involved. It holds regular events to recruit more volunteers or raise funds, and most importantly to give recognition to the *Pahinungóds*. Through the Ugnayan ng Pahinungód, UP has not only enthused non-UP constituents to volunteer with Pahinungód-Manila, but has also inspired several other academic institutions to develop their own volunteer programmes.

MONGOLIA ON HEALTH PROMOTION

VSO volunteers working with health departments, supporting Mongolian volunteers

When was the last time you went see a puppet show to find out about how to treat your common ailments? The idea may seem unusual, but in Mongolia this novel approach to informing people about how to look after their health is significantly reducing the pressure on the country's doctors and nurses.



Glenn Benablo is a VSO volunteer working at the Darkhan Health Department and he is supporting groups of Mongolian volunteers who work with communities around the Darkhan area. Like many poor countries Mongolia suffers from insufficient equipment, a lack of qualified personnel and huge discrepancies in health care availability between rural and urban areas. Aggravating this is the tendency for Mongolians to bypass their local GP and head straight to hospital. Those that do attempt to use their local clinics often find that nurses are out visiting patients who are too sick to travel.

National volunteering is a familiar concept in Mongolia and The Health District did already have a number of volunteers registered, but they were not training them so consequently the volunteers were ineffective and received little respect from the communities. As a community nurse trainer, Glenn is working to improve the status of these volunteers and the service they offer. The first step was to rename the volunteers as Family Clinic Health Workers (FCHW), provide them with a uniform, and train them to undertake basic tasks, such as routine health checks and blood pressure tests.

One of their most important roles is to raise awareness of how people can take better care of themselves to prevent illness. To help this, Glenn organised a study tour to the Philippines, where staff from the Health Department and the Family Clinic Health Workers saw how community volunteers successfully work in his home country and how puppetry can be used to communicate sensitive health care lessons. On their return to Mongolia the volunteers created a puppet show and video about the need for vaccinations.

All of this happened within a year of Glenn arriving in volunteer. As a result of this NV support and the funded tour, the Director of the Health Department has provided an allowance of \$5 a month for the Family Clinic Health Workers and doctors and nurses have reported that they are able to spend more time treating people in the clinics.

Two years hence

Glenn is about to finish his two-year volunteer placement in Mongolia and he wanted to know whether his work on national volunteering has indeed made an impact on the VSO partner, the Family Clinic Health Workers and most importantly, on the health of the people in Darkhan Uul.

He conducted an Impact Assessment Study to identify areas of strengths and improvement, as well as the sustainability factors for the Darkhan Health Department's NV initiative. The study sought to gather feedback from stakeholders in the following areas; service access, quality of health services supplied by volunteers, increase in the health knowledge of patients, communication skills of volunteers and levels of community trust in their work, as well as the quality of health training provided to the health volunteers. Assessing the success of the local volunteering support at the Darkhan Health Department would also guide VSO Mongolia in replicating this NV support among other VSO partner organisations and agencies in the country.

The health information activities of the Family Clinic Health Workers have led to positive changes among the people of the Darkhan District. For example, through use of puppet shows and videos more children brush their teeth regularly, people know more about preventable diseases, safe water and hygiene, and more Mongolians have gained information on how to live a healthy lifestyle. The NV Impact Assessment has shown that communities would like more local health volunteers and to see an increase in support for their volunteering services, through including the FCHW Project in government policies, and giving the volunteers livelihood and training opportunities.

These encouraging outcomes, including good results of the health programme's delivery and high rate of health workers' accessibility, are just a few of the many reasons to continue and learn from what Glenn has started at the Darkhan Health Department.

Replicating best practices

Since 2007, three other health districts in Mongolia are learning from the Darkhan Health Department's NV experience. The Chingletei District Health Unit, with support from another VSO volunteer, is training its newly recruited health volunteers on basic health issues. The government has also started to provide Chingletei's 40 local volunteers a small monthly stipend, beginning in 2008, which removes some of the financial barriers to volunteering. A staff member to supervise and work closely with the health volunteers has also been employed by the district health unit.

Another VSO volunteer placed in the Nalaikh District Health Department is extending their term to continue working with the district health department in supporting its Mongolian volunteers. These health volunteers have the same roles as Family Health Clinic Workers in Darkhan, but are not yet receiving the same amount of support, particularly in terms of stipends.

The same NV efforts are being promoted at the Dornod Health Department, which at this stage is still recruiting more local volunteers to set up its health volunteer programme.

The staff and local volunteers of the four health districts – Darkhan, Chingletei, Nalaikh and Dornod – are also linked to one another to provide technical support and learn from each department’s experiences. NV partners’ exchange visits and a research on health volunteering in the country have also been conducted to further support national volunteering initiatives within the health sector in Mongolia.

PHILIPPINES ON SEXUAL AND REPRODUCTIVE HEALTH, MATERNAL AND CHILD HEALTH

Barangay health workers’ frontline role in community health leads to national legislation supporting their volunteering efforts

“A young couple with a newborn came to me in the middle of the night because their baby would not stop crying. The baby was allergic to milk formula. Armed only with herbal medicine training from way back, I boiled a couple of banana leaves, added some medicine and fed the broth to the baby. The baby instantly stopped crying and slept soundly.” Isabelita Gravides, a barangay² health worker (BHW) since the 1980s, says that seeing a comforted newborn and equally relieved parents made that incident one of her most unforgettable memories as a community health volunteer. Isabelita says before the implementation of a government policy on the BHW benefits and incentives, she and her fellow community health volunteers had to rely on their own knowledge and experiences to assist the local health centre in delivering basic health services in their community. With the legislation, BHWs are regularly provided with trainings giving them the assurance that they are doing the proper intervention and enabling them to be more effective in their roles as community health volunteers.

The Philippines’ Republic Act (RA) 7883 is an Act granting benefits and incentives to accredited barangay health workers. Since its approval on 20 February 1995, the Department of Health (DOH), in cooperation with concerned government agencies and non-government institutions, has formulated the rules and regulations necessary to implement the Act. RA 7883 defines a ‘barangay health worker’ as a person who has undergone training programmes under any accredited government and non-government organisations, and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the DOH.³

Decentralisation of health responsibilities

Often referred to as ‘living heroes’, these barangay health workers seemed to have let their great work be the impetus for the government to finally acknowledge their contribution to healthier communities. Prior to the 1995 legislation, several researches on Philippine health development highlighted the role of BHWs nationwide and made recommendations on how their valuable work could be supported and sustained. Advocacy activities by several non-government organisations may have also supported the enactment of the government policy. However, Philippine history shows that the government itself, in aid of its ongoing devolution of national power to local authorities, initiated the legislation.

The 1991 Local Government Code provided that health offices from provincial to the smallest political unit become the responsibilities of local governments. To improve the delivery of health and family planning services, the DOH has instituted a health volunteer programme, and barangay health workers have been



- 2 A barangay is the smallest political unit in the Philippines. The barangay system aims to broaden the base of citizen participation in the democratic process and to afford ample opportunities for the citizenry to express their views on important national issues. Being a small, closely and interpersonally related group, the barangay hopes to draw out more responsive opinions, ideas and involvement from its members. As such, its main goal is to be service- and development-oriented.
- 3 Republic of the Philippines’ Department of Health, Republic Act 7883: Barangay Health Workers Benefits and Incentives Act of 1995.

assigned to serve as the immediate link between the community and health centres. Activating the BHWs as frontliners of health care in the communities then became one of the top priorities of the Department of Health. Since the government cannot employ the BHWs outright due to other restrictions, the DOH sought out other benefits within its realm of authority through the RA 7883.

A defining moment

What made the Department of Health's OPLAN *Alis Disease*⁴ the most ambitious yet successful vaccination campaign in world history, attracting foreign spectators, such as Hillary Clinton and other famous UN personalities to visit the Philippines and learn from it? It delivered all vaccines in all parts of the country from 1993-1995 using participatory planning and implementation from different sectors. There was no way the government health workers consisting of doctors, midwives, nurses and staff would have achieved what they did during the three-year campaign had not every barangay health worker tirelessly knocked at the doors of 15 to 25 households, even in the farthest areas of the country.

"I lost two babies to miscarriage before I finally sought assistance from our barangay health workers to guide me in my pregnancies. Today, I have five children and each of them has been delivered safely because my BHW has kept a close watch at my pregnancies, often involving my husband. From family planning, birth spacing, to the immunisation and proper nutrition of my children, I have been reliant on the information and advice provided by the BHWs in our community." Loida Boco admitted that her lack of sufficient knowledge during her first pregnancies had been the cause of her miscarriages – an occurrence that every barangay health worker tries to prevent from happening through appropriate health information and timely intervention.

The remarkable contributions of the BHWs in executing government health campaigns have made it particularly easy for the Congress to pass the bill on the volunteers' incentives and benefits.

Fifty-three-year-old Flory Nose has been serving as a BHW for 20 years. The fulfilment she gains from her community involvement has led her to committing her Mondays to Fridays, checking dish racks of each household in her assigned street of at least 250 families, as part of their anti-mosquito campaign; doing a headcount of women of reproductive age; offering family planning information to new couples; guiding pregnant women on proper diet and lifestyle for safe pregnancy and birth delivery; and once the child is born, Flory also visits the newborn to check what vaccines and vitamins have been provided by the doctors. These are just a few of the many and expanding roles that most barangay health workers all over the Philippines fulfil. Flory also noted the increase in frequency of health seminars in the 1990s, provided by both government and non-government institutions. She also began receiving a monthly volunteer allowance of P1000 (about \$25), which covers her transport, reporting and other field expenses.

The Section 6 on Incentives and Benefits of RA 7883 states, "In recognition of their services, all accredited barangay health workers who are actively and regularly performing their duties shall be entitled to: hazard allowance; subsistence allowance; educational and training programs, continuing education, study tours and scholarship benefits; among many other accreditation and free government services."

4 OPLAN stands for Operations Plan, while *Alis* means to eradicate.

Caring for carers

The implementation of RA 7883, however, proved to be more challenging than its enactment because it involved money and other resources to be redistributed among local governments. BHW Isabelita, now a barangay captain⁵, looks after the plight of her barangay health workers by allocating enough funding within her limited budget to support their work. Her higher office has not been granted the requested budget so she could provide her 15 barangay health workers all the incentives and benefits defined in the Act. Together with a government doctor and two nutritionists, these BHWs serve the primary health needs of a constituency of 35,000. To augment funding for their activities, they organise cake raffles, bingo and other fundraising activities.

Having been volunteering even before the RA 7883 was passed, BHWs are motivated by goodwill. They added, however, that the Act proves how their contribution is being recognised not only by the people in their communities, but also by the national government.

The Philippine President Gloria Macapagal-Arroyo has recently granted an additional budget for the health insurance subsidy of barangay health workers nationwide, saying, "Because you take care of the health of the people in the community, the government will take care of your health".

With the high cost of health care in the Philippines, the barangay health workers are comforted by this additional government incentive and can confidently continue to look after the health of their fellow Filipinos knowing that they, too, have health insurance protection that they duly deserve.

MALAWI ON MATERNAL AND CHILD HEALTH

Volunteer MaiMwana Counsellors promote essential newborn care and safe motherhood

Sixty-three per cent of children in Malawi under four months are exclusively breastfed, but this drops off to only 12 per cent when the children reach four to five months of age. In a country where the estimated HIV prevalence among women between 15 and 49 years is approximately 17.5 per cent, HIV and AIDS prevention should be an integral part of any maternal and child health interventions. Children born to HIV positive mothers have a higher risk of dying, even when they are HIV negative.⁶



The MaiMwana Project* is a development and research project combined in one and aims to improve maternal and newborn care in the Mchinji District of Malawi. The development part of the project works towards the improvement of health service delivery across the district, through training of health workers, provision of some basic equipment, and introduction of prevention of mother-to-child transmission of HIV (PMTCT) services. The research component, on the other hand, studies the impact of two community-based health promotion interventions – women's groups and volunteer infant feeding and care counsellors. This community-based project study is funded by two grants from Saving Newborn Lives (Save the Children, USA). Among the key objectives is to distil lessons from this project in order to replicate the approach in other districts, through partners, including the Ministry of Health in Malawi.

5 The highest elected political position in a barangay.

6 MaiMwana Project Protocol.

Infant feeding and care counselling intervention

It all started with promoting exclusive breastfeeding among HIV infected mothers to prevent the transmission from mother to child, through volunteer counsellors from the villages. Today, the Volunteer MaiMwana Counsellors or VMCs have gone beyond educating mothers about exclusive breastfeeding. They even advise on weaning foods, family planning, birth preparedness, vaccinations, proper nutrition and hygiene, as well as support mothers when they have problems with breastfeeding.

“I can see the difference in my children,” shares Emma Kakhobwe, mother of two. “Before I received any counselling, I just breastfeed my baby each time he cries and I carry on doing other household tasks. Now I know that my baby should have my full attention when breastfeeding. The volunteer counsellors also advised me on how to handle my baby properly. Hence, my second born looks healthier and does not get as sickly as my first born.”

The Volunteer MaiMwana Counsellors have been selected from the local communities through recommendations from the village leaders. While being identified by their traditional leaders for the programme is a source of pride for these volunteers, the chosen VMCs said that they also welcomed the volunteering opportunity to gain new knowledge and skills. The Volunteer MaiMwana Counsellors are assigned to serve in their own villages to build on their credibility in their areas and to address the issue of transport. Since the MaiMwana Project works hand in hand with the District Health Office in Mchinji, the government has committed its Health Surveillance Assistants to provide the supervising role for the VMCs. MaiMwana provides the training, equipment, supplies and expense allowance for the volunteers. MaiMwana staff also organise quarterly meetings for all the volunteers, apart from individual consultations on a monthly basis, to provide avenues for volunteers to share their experiences and learnings in the field.

Volunteering makes the difference

Trained female facilitators manage the second community-based intervention of the women’s groups. These facilitators guide the groups of women through the following four-stage community mobilisation cycle:

- (Phase 1) identifying and prioritising local health problems and needs
- (Phase 2) planning local strategies
- (Phase 3) implementing these strategies
- (Phase 4) evaluating their successes in tackling their identified health problems and needs.

Unlike the MaiMwana counsellors, MaiMwana is paying the women group facilitators. This has led to some difficulties in getting some members of women’s groups to actively participate in the community activities. Hence, MaiMwana is now looking at the possibility of identifying capable volunteer facilitators among the women’s groups since the communities more positively receive volunteers than the paid facilitators. Many Malawian communities see volunteers as people who give their services freely out of concern for others. This perception has influenced the kind of cooperation that is generated from the people for this community intervention of the Project.

Meanwhile, former volunteer counsellor turned MaiMwana staff Stella M’ mango proudly shared how her volunteering experience has enabled her to get paid work.

As she goes about her new role as an enumerator gathering baseline information, Stella admits she still finds herself showing mothers how to breastfeed their babies properly and advising them to take their sick children to health facilities for proper care. Just like her new job, Stella takes pride in being a volunteer because she was able to advise many women in her village.

Other volunteers mentioned how their husbands encourage them to be good volunteers because, apart from being of service to their villages, they also see it as a way for their wives to gain experience and be better qualified for future employment opportunities. The VMCs also noted how the trainings and the other benefits that they receive from MaiMwana effectively support them as volunteers.

Evaluating the interventions

As part of assessing the MaiMwana Project's impact, selected cluster areas are being evaluated against other areas that did not receive any of the interventions. Although the MaiMwana Project is still finalising its data analysis, positive changes in the behaviour of the Mchinji District health staff, such as a warmer welcome for women from communities, as well as more women going to the health centres, have already been observed.

Sustaining the work

The MaiMwana Project has been testing two low-cost health interventions, using volunteers and women's groups, which the Malawian government has been supporting since 2003. Already, the Mchinji District Health Office has expressed interest to continue the health volunteer programme since its Health Surveillance Assistants are already involved in supervising the work of the volunteer counsellors. The Volunteer MaiMwana Counsellors support the ongoing efforts of the government health staff with their more personalised approach in dealing with the communities through individual counselling. The District Health Office is also confident in being able to source out and provide funding to support the minimal expenses of the volunteers. The MaiMwana Team has yet to decide on their next move come 2009. Given the success of the Project in Mchinji, MaiMwana has been generating more international funding for scaling up and replication in other Malawi districts.

*The MaiMwana Project in Mchinji District was inspired by the success of a similar intervention to improve the health of pregnant mothers and their newborn infants in the Makwanpur District in Nepal. To learn more about the Nepal experience, visit www.wcf-uk.org or download <http://www.ich.ucl.ac.uk/ich/academicunits/cihd/Homepage>; http://www.health.org.uk/current_work/international_work/malawi.html for the comprehensive report.

MALAWI ON MATERNAL AND CHILD HEALTH

Women group facilitators volunteering to mobilise communities in improving maternal and child health

A Malawian woman who had just given birth almost died when a traditional birth attendant (TBA) used the bark of sugarcane to cut her for lack of a razorblade. The woman was eventually rushed to the nearest health centre because of non-stop bleeding due to complications from infection.

Malawi's Ministry of Health has recently changed its policy on TBAs involvement, encouraging them to refer pregnant women to deliver at health facilities, while penalising them if found conducting the deliveries. In the rural areas of Malawi, about 67 per cent of birth deliveries are done at home. Having a delivery at home often involves a traditional birth attendant, who has not received adequate training to do the job. Doing so often leads to adverse maternal or perinatal outcomes. Maternal mortality in Malawi has been reported as one of the highest in the world, at 1,120 per 100,000. Infant mortality is also high, at 104 per 1,000. Still the reality is that most Malawian women would rather risk their lives and seek assistance from their trusted TBA when giving birth, than to receive poor treatment from health staff in the health centres.

Using a 'supply and demand' approach

The Health Foundation Consortium (THFC) is composed of the Liverpool Associates in Tropical Health, Liverpool School of Tropical Medicine, the Institute of Healthcare Improvement, the Institute for Child Health and Women and Children First; each has a distinctive role within the Consortium. THFC started the implementation of key activities in the districts of Lilongwe, Kasungu and Salima in June 2006, through close coordination with Malawi's Ministry of Health. Through a combined facility (supply) and community (demand) approach, The Health Foundation Consortium aims to support the implementation of the Malawi Road Map for accelerating the reduction of maternal and neonatal mortality and morbidity.

'Supply' refers to the interventions being conducted on the side of health service providers. This intervention does not deal directly with the volunteers, but rather supports their work in promoting use of health facilities. In order to encourage women to go to health centres, THFC saw the need to improve the quality of care in the health centres through its Quality Improvement (QI) activities among clinicians, midwives, nurses and other health workers. These QI activities include workshops on topics such as development of clinical strategies to reduce maternal and neonatal deaths, and effective support systems, e.g. inventory systems to improve drugs and supply management and blood availability. Mentoring and coaching activities, as well as exchange visits for mutual learning and support among health service providers are also part of the QI interventions. A hand washing campaign for health care workers, patients and guardians, improved referral system for pregnant women and the development of protocol for the management of pre-mature and low birth weight babies are just some of the outcomes brought about by the QI activities. One village woman shares that the most noticeable of all is the staff at her health centre being friendlier towards them.

The 'demand', in this approach, represents the interventions being delivered in the community level. This entails community sensitisation meetings, formation and supervision of women's groups and most importantly, working with women volunteers to mobilise village women.

Working with traditional leaders

"We had to approach the different heads and leaders of the existing structures in the communities and discuss how our programme would support their work in building healthier communities, so we can get them to support our work." Eric Tsetekani, THFC Community Intervention Programme Officer shares how

important it is to work with the community and traditional leaders before introducing the programme to the communities. The community leaders are aware that many of the women in the villages are dying due to pregnancy related causes and agreed on the need to educate the women so that such deaths could be avoided in the future. The village headmen and other influential leaders in the communities also assisted in identifying potential women volunteers after a series of entry meetings to sensitise them on the health issues that the programme hopes to address.

Women helping women

“Malawian women are not comfortable talking about issues relating to maternal health, but there are better chances of making them speak out when with other women. This is the reason why we deliberately sought out women as volunteers for the programme.” Although they have women volunteers facilitating women’s group discussions, there are certain meetings where men are invited to join so women can feedback their shared issues to get their views and involvement. “If you have men in the group from the first meeting, the women will just keep quiet and let the men do all the talking. When it comes to maternal and child health issues, the women surely know better than the Malawian men, and hence should be doing most of the talking.” Eric explains.

Women Groups (WG) Facilitators are volunteers who have been identified by the communities themselves, through the traditional leaders. Nonetheless, these women volunteers had to meet the selection criteria and undergo the THFC screening process that includes individual interviews. Preference is given to those women who are married and have had children themselves. The WG volunteer facilitators receive trainings on how to organise women’s groups and to facilitate the meetings. They are also equipped with knowledge on maternal and neonatal issues, including the THFC’s programme objectives. Apart from training the volunteers, The Health Foundation Consortium also provides necessary equipment and materials to facilitate the work of the women volunteers, including an expense allowance, pushbikes, umbrellas and raincoats.

Every volunteer is expected to organise nine women’s groups and hold eight meetings in each of these groups – each group has about 30 to 80 women members from their assigned areas. Agendas for these meetings include probing issues relating to maternal and child health issues and coming up with strategies to address the identified issues. Promoting use of health facilities at certain periods before, during and after giving birth, instead of going to a TBA, is one of the volunteers’ main advocacies. Proper nutrition for the mother and child are also discussed, including ways to access these healthy foods, such as through gardening in their own backyards.

The Senior Women’s Group Supervisors (SWGS) are THFC staff and they oversee the work of the volunteers. SWGS Victoria Sande said that while it is challenging to attend to the varying demands of each volunteer, having the volunteers as women’s group facilitators increases the chances of sustaining the impact of their work in the communities. Because of the work of their volunteers, even the daughter of a traditional birth attendant opted to give birth in a health facility rather than at home.

Thirty-five-year-old Susan Mkhola has been a volunteer with The Health Foundation Consortium for the past six months. She shared that her volunteering has given her the opportunity to help other women in her community. More importantly, it has also allowed her to gain knowledge on maternal and child health issues that she herself could use as a woman and a mother of two.

**PHILIPPINES ON SEXUAL AND REPRODUCTIVE HEALTH,
ADVOCATING FOR RIGHTS TO HEALTH CARE
MOTHERS volunteering to address sexual and reproductive
health issues, and advocating for health rights**

The natural way is not good enough

Lourdes Osil has seven children, all born within 12 years. Warned by her doctor of complications from repeated pregnancies, she started using injectable contraceptives provided free at a local government health centre. Eventually, the centre stopped providing contraceptives. Since she could not afford to buy them and because natural family planning methods have failed her, she had several unwanted pregnancies before she found an NGO that provided counselling on different family planning methods.⁷



The Philippines, with a population of 84 million, is one of the fastest growing populations in the world. About 70 per cent of Filipinos rely on the government for family planning services. The Philippine government has prioritised the promotion of the natural planning methods acceptable by the Roman Catholic Church. Some city ordinances uphold natural family planning not just as a method, but as a way of self-awareness in promoting the culture of life. To discourage the use of artificial methods of contraception, such as condoms, pills, intrauterine devices and surgical sterilisations, many local officials have stopped allocating budget that used to allow community health centres to give away free contraceptives.

Founding MOTHERS

A UNICEF study revealed Malabon as one of the poorest urban communities in Metro Manila struggling with health issues brought about by lack of access to a range of family planning methods. The research finding highlighted a wide range of maternal and child health problems that are often associated with unplanned pregnancies. This served as an entry point for Likhaan, an NGO engaged in providing health care services to women in marginalised communities, to establish their relationship with the mothers of Malabon. In coordination with the government's health centre, Likhaan's first community activity was an immunisation project, which was accompanied by health education sessions, delivered through film showings, puppet shows and trainings. During the health education activities, Likhaan managed to identify and invite selected members to be the core group of a community-based organisation of volunteers. These core group members were then trained and mentored by Likhaan so they could continue the organising activities in their communities. Likhaan has also set up another clinic to complement the services of the municipality's health facilities. The clinic provided the vital infrastructure for the delivery of the volunteers' health care services, as well as a meeting venue for these community volunteers. Meanwhile, the inaccessibility of maternity clinics, found to be the major cause of maternal deaths in the area, prompted Likhaan, in partnership with the Malabon local government, to set up a lying-in clinic in a strategic location for 21 communities. Medical staff run the lying-in clinic with the assistance of the community health volunteers.

⁷ Stella Gonzales, *Population- Philippines: Manila Women to Fight Ban on Contraceptives*. Challenging Fundamentalisms, <http://www.whrnet.org/fundamentalisms/docs/issue-population-1007.html>.

In 1992, a group of 12 mothers became MOTHERS. With guidance from Likhaan, these Malabon mothers formed themselves to become a Mothers' Organisation for Total Health Education, Research and Services. Likhaan works with local government health providers to implement health activities for 40,000 Filipinos in Malabon, through the MOTHERS. The MOTHERS had to undergo intensive nine-month health training with Likhaan, to lead in providing basic health services and information in their communities. Today, these MOTHERS serve as advocates for women's rights to health care in local and national lobbying arenas, health educators and community organisers. The MOTHERS also deliver health services, such as immunisations for children and tetanus toxoid for women of reproductive age, with support from the government health staff in the area. These health volunteers said they continuously find ways to enhance their skills through Likhaan's trainings, to establish their credibility and earn the trust of their communities. The MOTHERS also shared how their community volunteering has helped build their confidence and gain self-affirmation, knowing that they are able to do something to address the health issues in their communities. The recognition that they receive from Likhaan and community members, including a volunteer allowance, also validates their contribution.

A healthier community by mothers... and fathers

The nine-month health training delivered by Likhaan for the MOTHERS was originally set for only six months. But the training schedule had to be adjusted to the mothers' activities, given their traditional roles at home. The husbands began complaining and were initially unsupportive of their wives' newfound role in their communities. They saw the health training as time away from their wives' families and less time to attend to their husbands' needs. Likhaan immediately began organising activities to involve the men, ensuring joint discussions for men and women, and providing mechanisms to accommodate childcare. These activities did not only gain the support of the husbands, but also led to men's involvement in MOTHERS, doing exactly the same volunteering roles as the mothers or women members. To date, MOTHERS has more than 1,200 members and has expanded to include young men and women, and yes, the fathers.

An avenue for women's creativity

The Filipino phrase *linangan ng kababaihan* suggests 'an avenue for women's creativity'. Likhaan, short for Linangan ng Kababaihan, develops alternative perspectives and approaches in health enabling marginalised women to be autonomous social agents to look after their own health and be actively engaged in improving society. This NGO's approach to primary health care services is twofold. First is the community-based programme that integrates basic health care with community organising and education through trained community health volunteers. The second involves setting up clinics that bring a medical team and medical supplies to support their health programmes in the communities, with assistance from the organised community volunteers. Likhaan has set up several MOTHERS in many disadvantaged areas in Metro Manila. Likhaan guides and supervises MOTHERS, as well as providing funding for the community-based organisations' operational expenses. A strong mentoring culture prevails where every MOTHERS volunteer is supported along the way.

Likhaan also recruits organisers as staff in the communities where they work. This enhances the sustainability of Likhaan's initiatives. The Likhaan staff are part of the communities they represent, hence the issues that the communities face are their issues too. By linking people's everyday concerns with national issues,

Likhaan is able to educate communities and empower them to assert their rights. While Likhaan provides autonomy and independence to a number of community-based organisations of volunteers like the MOTHERS, it also continues to provide technical and financial assistance to them as its affiliates, whenever appropriate.⁸

A MOTHERS' touch

Counselling is an integral part of the primary and reproductive health care services being rendered by the MOTHERS. This helps people understand their health situations, enabling them to make informed decisions. When the natural way does not work, the fully equipped MOTHERS serve as the communities' link to proper information on alternative ways of family planning that incorporate respect for the patients' rights and quality care standards.

Likhaan's capacity building versus direct resource supervision has made the MOTHERS' volunteers what they are today. With 15 years of community-based health activities, the MOTHERS has also helped organise another volunteer group of 220 young women, gay men and lesbians to expand their initiatives on sexual and reproductive health and rights in other areas of the 21 communities. The MOTHERS and the youth group now have 55 trained leaders among them to continue and sustain what Likhaan has started in the slum areas of Malabon in 1992.

8 Maridel Icatlo, A field study report on MOTHERS, in partial fulfilment to Women and Development 221. First Semester 2006-07.

KEY EMERGING ISSUES FOR NV IN HEALTH

This research has identified a number of key issues that programmes may need to consider when planning, implementing or scaling up national volunteering in health.

- **Political will and working with Ministries of Health.** In countries where there is demonstrable political will VSO can play a role in mobilising and capitalising on this support through its work with Ministry of Health partners. Where there is a lack of political will, VSO may choose to focus on working with civil society partners to influence Ministries of Health to help create an enabling environment for volunteerism.

Involving a government's Ministry or Department of Health is essential for a sustainable and meaningful programme. VSO and its partners should seek to link their work into the national health agenda. In practical terms this means having an understanding of what the health priorities are, what resources are available to deliver improvements in care and where there is scope for national volunteers to make a contribution. Whether in terms of generating national policies to institutionalise and gain wider support for local volunteers or sustaining local health volunteering activities, partnership with the Ministry of Health is key.

The support of a Ministry of Health and its regional or district offices has a huge impact on the work of health volunteers in the communities and hospitals. The opportunities for a government health agency to continue managing the work of health volunteers when a project ends are also much higher if they have been significantly engaged in the health volunteer programme from the outset.

Just as in any partnership, it is recommended that agreements with Ministries of Health are in writing and signed off. This is to ensure that the commitment of the Ministry to support health volunteers lies with the government health institution rather than with the Ministry of Health partners currently in position.

- **Health volunteers complementing health professionals.** While communities should be an essential part of all health systems' planning and delivery, in many countries governments have left them to shoulder the burden of health care with little funding or support from national health systems. VSO believes strongly that the volunteering sector should be properly supported and developed but it is also critical that efforts are made to expand the current health workforce so that volunteers are not the only health workers in poor and disadvantaged communities.

Any national volunteering health programme needs to ensure that it safeguards against volunteers being deployed as cheap labour in roles that should be filled by qualified health professionals. With the arising issues concerning use of para-professionals, health volunteering activities must be designed in coordination with the Ministry of Health to ensure that the role of health volunteers supports existing health systems rather than undermining the services of health institutions and professionals.

- **Working with community leaders to gain support for national volunteering health programmes.** Community leaders can be highly influential in sensitising villages about their health issues and the need for localised responses through community volunteers. For example, asking the village headmen to assist in identifying community volunteers for health activities gives them the opportunity to support the programme, while increasing the likelihood of recruiting the right volunteers.

Community leaders may be able to provide insight into the factors that are preventing people from going to their health centres and can be essential advocates in encouraging community members to access health services.

- **Gender.** Women often take the roles of care providers, yet are often the last to receive care. When developing national volunteering health programmes, care should therefore be taken to ensure that the health and well-being of volunteers is balanced with the health gains of the programme itself.

Each national volunteering health programme should assess at which point men should be included and promote their involvement in and joint responsibility for community-based health programmes.

- **Levels of risk for health volunteers.** Volunteering for health exposes volunteers to greater levels of risk. Health volunteer programmes should look after the health and welfare of the volunteers. In order to minimise risks, adequate health training prior to deployment should be given. This can be provided by a number of different sources including health care staff or other service providers (NGOs). The volunteers need to be linked to the health care system so that they remain supported and up to date with health practices and continue to make a useful contribution. Additional training, such as first aid and basic life support, for unforeseen eventualities would also be useful to assist health volunteers in delivering their expanding roles once out in the field.

In addition to appropriate health training, placement risk assessments, transport provision, health kits, protective clothing and vaccines, where needed can further minimise the risks. Health volunteer organisations should also have terms and conditions that take into account the health hazards confronting their volunteers. These policies would guide volunteer managers, as well as volunteers, on the kind of available support in the advent of volunteers contacting disease or illness as a result of volunteer activity.

- **Health specific volunteer management resources.** Health volunteers require specialised training and so do the staff who manage these volunteers. References that would particularly guide health organisations in setting up health volunteer programmes or managing health volunteers are still limited. While a lot can be learned from manuals for home-based care volunteering, there is a need to modify these existing resources to make them more health-specific and useful to health volunteer managers.

There is a role for VSO staff, volunteers and partners in developing and adapting existing generic volunteer management materials to provide relevant and appropriate health focused management guidelines.

KEY CONSIDERATIONS FOR SCALING UP VSO'S NV WORK IN HEALTH

This part of the report discusses ways of exploring, developing, integrating and managing NV in health.

- **Use of existing VSO NV and health resources.** The National Volunteering Guide for Programme Offices and the NV M&E guide provide comprehensive information on approaches to national volunteering. VSO Mongolia's successful experience of developing NV in health can be used as a model of good practice. VSO's position paper on health and Health Goal updates provide guidance on our work in the health sector. All of these documents are available on Vision and the health Programme Development Adviser and Regional Volunteering Development Advisers are an additional source of support.
- **Exploring the use of the full range of the VSO 'tool box'.** Existing long or short term health volunteers can be involved in exploring the possibilities of providing NV support or setting up health volunteer programmes within their placements, organisations or communities, as appropriate. Current health partners may have links with other organisations and agencies that involve volunteers in their work and as such present opportunities for networking and learning. An NV LINKS study tour could be considered to find out more about models of health care volunteering in other countries. Small grants could be used for seed funding to support programme start up in a partner organisation or to enable national exchange visits to learn about existing good practice in your own country.
- **Creating capacity to develop NV health work.** Several programme offices have been successful in building their NV programme work with partners through the use of short and long term volunteer development volunteers (VDVs). VDVs can be placed among potential and strategic NV partners to identify ongoing health programmes in the country that involve local or community volunteers, how it is happening and what areas would benefit from VSO's NV assistance. In some programme offices, additional capacity has been created through the appointment of dedicated national volunteering staff.
- **Keeping NV work in health on the agenda.** The VSO NV health programme or plans to develop a programme can be promoted during in-country trainings, partnership reviews, placement assessments, volunteer visits, workshops or whenever the opportunity arises.
- **Planning and Reviewing.** Demonstrating evidence of VSO's programme impact and that of our partners is key to building a case to convince policy makers of the value of NV work in health, where the outcomes are positive. Where evidence of impact resulting from planning and review is limited, then this will necessitate programme amendment or the need for further research. VSO's own planning and review guidelines and the NV M&E guidelines are essential tools that enable programmes to measure outcomes and impact.
- **Exploring opportunities for replication.** The Mongolia case study demonstrates that starting with a small-scale pilot in one province, working with an appropriate partner, can lead to opportunities to scale-up across the country. In this instance when the pilot impact assessment was completed and provided evidence of improved community health as a result of the NV programme, it was easier to secure funding and political support from the Ministry of Health to expand the work. Linking NV partners to allow mutual support and learning, supported through NV study tours, exchange visits and other learning fora has also been proven effective in replicating NV efforts.

- **Investigating opportunities for corporate partnership.** VSO has significant experience in developing global resource partnerships e.g. Astra Zeneca, Accenture, Randstat that have resulted in increased supply of international volunteers, programme funding, support in kind etc. A number of programme offices are now beginning to explore the potential for corporate partnerships in support of national volunteering, recognising the opportunities presented by the increased global trend for corporate social responsibility agendas and employer supported volunteering initiatives.

Jitolee and Bahaginan have already piloted employer supported volunteering partnerships with corporates and this has led to some useful resources on how to develop business partnership schemes under the NV programme. Volunteering Development Advisers can be contacted for further information. Background checks of potential corporate partners are recommended to ensure synergy with VSO's health objectives. Programme offices should check that the image, background and practices of the private company would not be detrimental to VSO's work.

- **Linking NV in health to NV work in other goal areas.** Another way of scaling up health NV initiatives is by exploring possible areas of collaboration with current VSO partners in other programme areas where local volunteering is also happening. Particularly when advocating for national policies to support the work of local volunteers, others areas, such as HIV and AIDS, Disability, Education, Secure Livelihoods or Participation and Governance, may present potential opportunities for partnership and stronger multi-sectoral NV support.

APPENDIX 1: TIPS ON DEVELOPING A HEALTH NV PROGRAMME (FOR VSO PARTNERS)

The NV Guide for Programme Offices provides comprehensive information on what kind of support for national volunteering can be expected and is available from VSO. Meanwhile, this section offers some useful tips for VSO partners in running their NV programmes and activities, which programme office staff or VSO volunteers can refer to when dealing with NV stakeholders.

The case studies gathered from Malawi, Mongolia and the Philippines for this report featured the interplay among different sectors and players in the field of community health development. More importantly, the stories illustrated how local groups of volunteers have taken community health challenges into their hands and responded in their own ways, effectively. Engaging volunteers in addressing health issues involves capacity building activities, as well as considering the levels of risks that health volunteers face. It also requires adoption of government and organisational policies that will be supportive of health volunteer programme requirements. Other learning from the presented case studies of various local volunteering initiatives can be summarised as follows:

- **Knowing the field.** Counselling on family planning methods that work best for the couple, lobbying for women's rights to health care, talking about proper nutrition and hygiene, giving patients that 'human factor' or personalised service, conducting puppet shows on healthy lifestyle, doing community surveys for baseline health information, or designing posters and flyers for health campaigns – these are just a few of the many possibilities of addressing health issues in different contexts with the most appropriate responses, given the available resources. Be inspired by others' NV work. In developing a health volunteer programme, it is useful to know what kind of roles or activities health volunteers can perform, given the health needs to be addressed and available resources of the organisation and capacities of potential volunteers. There is a need to avoid duplicating existing volunteering efforts and instead support ongoing NV initiatives to strengthen impact. Being aware of what is already out there in order to identify a niche that has been overlooked is important.
- **Engaging and mobilising others.** The key to getting the interest and support of the stakeholders of a programme is seeking their participation as early as possible in the planning phase of the volunteering initiative to promote ownership of the programme, and build their commitment to it. Networking and collaboration with representatives of relevant sectors is necessary in promoting a new initiative and getting people to support it. Working closely with concerned government agencies is particularly useful in advocating for national policies to support the welfare of volunteers and promote the volunteerism movement. The case studies have also demonstrated how efforts in involving men to address women's issues have produced better programme outcomes and more sustainable impacts. At this stage, systems and procedures on how to monitor and evaluate the impact of the health volunteer programme need to be discussed and agreed on with the different programme stakeholders.
- **Being creative.** The featured case studies of various programmes, organisations and sectors proved that there are limitless ways of effectively responding to health challenges. However, designing a health volunteer programme that would actually work calls for innovative thinking. The local volunteering initiatives in this research may have similarities among them, in terms of the volunteer roles and activities, and even when it comes to the health problems requiring common

actions. Yet each has its own beginnings in specific contexts and each has its unique way of responding to the need. Creativity is required in: a) identifying approaches to be used in establishing relationships with the communities, health partners and volunteers; b) setting up systems and procedures on working with health partners and volunteers; and in c) designing effective health volunteer activities and materials, such as puppet shows, dramas, videos, and publications for health.

- **Starting small, dreaming big.** While taking small steps in starting up a health volunteer programme, consider how volunteering activities can achieve greater health impact through replication and scaling up.
- **Making use of available resources.** While a volunteering activity is often launched to respond to an identified need, developing a health volunteer programme based on the available skills and resources of an organisation, agency or community is the most efficient approach. Given appropriate orientation and pre-deployment trainings on health, disadvantaged women or mothers without formal education can be the most effective volunteers for sexual and reproductive issues. Interested volunteers without medical and health backgrounds can be recruited for volunteering efforts that are non-health service delivery related, such as developing information and educational materials for health campaigns, conducting baseline health information surveys among communities, or organising fundraising activities for health volunteer programmes. It can be useful to link up with other health organisations or agencies that are either implementing similar health programmes or promoting volunteer training resources.
- **Customising.** Ways of targeting volunteers of every volunteer programme vary as do strategies for attracting them and the criteria needed for their selection. The manner of working with volunteers also depends on their profile. Hence, it is important to design systems and procedures that would best suit the needs of a health volunteer programme. In drafting recruitment strategies, developing criteria and screening procedures, setting guidelines to monitor the volunteering, as well as providing incentives or ways of recognising and motivating volunteers, one must always keep in mind the kind of volunteers that need to be targeted given the health volunteer roles, or the stakeholders to be dealt with. This goes back to the health needs that the volunteer programme aims to address, which then dictates the roles or job descriptions of health volunteers. The objectives of the implementing organisation may also have a bearing on the systems and guidelines in developing and managing a health volunteer programme.
- **Appropriate matching of volunteers and placements.** The careful matching of volunteers with organisations not only improves volunteer motivation but also organisational performance. Proper assessment of volunteers and host organisations or communities also increases the chances of successful health volunteering efforts.
- **Equipping volunteers.** Most case studies showed how crucial pre-deployment and ongoing trainings of volunteers are in delivering good services to the communities. Where the volunteer's background is not health-based, appropriate orientation for the volunteer's new role in health can ensure that the volunteer is properly prepared. Preparing the volunteers before the actual fieldwork is also a way of ensuring that they will deal appropriately and sensitively with the people in the communities.

Practical examples of how to equip volunteers could include:

1. Training volunteer counsellors on psycho-social counselling
2. Building the organisational and facilitation skills of women's group facilitators
3. Ensuring volunteers dealing with TB patients have received proper immunisation prior to deployment
4. Providing those who conduct home visits with the necessary means of transport, health kits and protective clothing
5. Delivering training, such as first aid and basic life support, for unforeseen eventualities to assist health volunteers in delivering their expanding roles once out in the field.

Volunteer organisations and managers have the responsibility of providing the required equipment and materials to help facilitate the volunteering service, while looking after the welfare of the volunteers.

- **Supervising, recognising and motivating volunteers.** Volunteers have different motivations, so regular monitoring through field supervisions, consultations and meetings helps to clarify volunteer expectations and goals. These activities also serve as monitoring tools and are an opportunity to identify learning needs. It is recommended that opportunities for debriefing, counselling, mentoring and coaching are available to health volunteers as part of volunteer supervision.

Many volunteers give their services out of their willingness to be of help to others in need. Some people volunteer to improve their skills through the trainings and experience that can be gained through volunteering. Whatever the motivations may be, volunteers are not being paid for their services. The organisations featured in this research demonstrated some examples of how to show their appreciation of their volunteers. Whether through giving tokens of appreciation, volunteer tributes, or accreditation of community work, incentives or other means of recognition help sustain the commitment of volunteers and reaffirm the value of the volunteers' contribution. Given the different motivations of volunteers, incentives or benefits should also be developed to suit the interests and needs of volunteers. Volunteers who join to enhance their capacities might appreciate getting more training, whereas professional health volunteers might find volunteer tributes more gratifying.

Most importantly, volunteer programmes should understand the particular challenges that face volunteers in the health sector. The organisation's volunteer policies or terms and conditions should take these health hazards into consideration, by providing medical treatment for ill volunteers as a result of volunteering activities or health insurance to ensure that the health of the volunteers is also taken care of.

- **Sensitising the community.** Target communities need to understand how the health programme can resolve health issues in their areas prior to the health programme implementation and volunteer deployment. This often entails supporting people in the communities to realise and identify their own health problems. Where the community has been sensitised, volunteers are more likely to receive local support and a positive response to their work.

Community sensitisation is sometimes part of the volunteers' initial activities. However, in cases where volunteers for the health programme are recruited from the target communities, programme managers take the lead in conducting these preliminary activities.

- **Promoting the programme.** Once the programme has been designed and established there is an opportunity to start disseminating information about the programme, highlighting the crucial role of volunteers in its implementation. Ways of promoting the programme can range from use of the media to inform the general public, or through community structures, such as churches and health centres in order to reach a more specific audience. IEC materials and activities, such as posters, flyers and puppet shows on health issues are also effective marketing tools. Promoting the health volunteer programme increases chances of replication and strengthens efforts of scaling up its health impact.
- **Involving people with credibility and authority.** Identifying and engaging with key stakeholders and decision makers is an integral part of developing a programme appropriate to the local context.

Apart from being sources of baseline information, village or traditional leaders have often been proven as the most appropriate selectors of volunteers for community health interventions. Village leaders do not only have knowledge of their community, but they also have the authority to encourage volunteering. In getting the village headmen on board, programme messaging during the community sensitising activities could highlight how a volunteer health programme can support community leaders in building healthier communities. In approaching corporations, extra precautions must be taken to ensure that the image, background and practices of the company will not be detrimental to the volunteer programme.

- **Adapting the programme.** Despite careful planning and preparation, unforeseen circumstances out in the field may have a dramatic impact on the volunteering programme. Natural disasters, epidemics, and civil unrests may all affect a volunteer health programme. The programme needs to be flexible enough to be able to make the necessary adjustments, particularly in terms of adequately preparing and protecting the volunteers. The approaches in implementing the health volunteer programme must also be flexible to accommodate changes in government health policies and laws, or to respond to community resistance. Often, these unplanned changes can enhance the programme.
- **Showcasing good work.** Communicating a job well done is as important as doing the job. By documenting the efforts of health volunteers, it becomes much easier to promote its success. Without proper documentation, the progress or impact of a good health volunteer programme is not easy to evaluate and share. Detailed case studies of how local volunteers are addressing health issues in their communities, or countries as a whole, can be widely disseminated to relevant stakeholders.

Reports featuring success stories and good practices, whether in health or other fields, are a means of showing how local volunteering can be an effective mechanism to address health challenges. Documentation needs to focus not only on the outcomes of the volunteering effort on the organisations, volunteers and partners, but also take note of the changes that the volunteer programmes have made on the health, or lives in general, of the people in the served communities.

APPENDIX 2: METHODOLOGY AND SCOPE

Acquiring information for the case studies featured in this report entailed the following activities:

1. Data gathering

- Library and desk reviews on national, local or community health volunteering among various organisations, programmes, agencies in select areas/countries where VSO operates
- Consultations and meetings (face-to-face, email and telephone) with research stakeholders, as well as with key informants for nomination and referral of models of effective national health volunteer programmes.

2. Criteria for selection of stakeholders and areas for case studies

While several NV case studies and impact stories across VSO's goal areas have been featured in various VSO publications and reports, the health area has been under-represented. For this research, there has been a deliberate effort to search for and feature case studies that are distinctively within the remit of VSO's Health Goal and across the cited four areas of priority. The need for diversity given the different contexts in which VSO works has also been taken into consideration. Thus, the attempt to gather cases in Asia and in Africa, whether within VSO or non-VSO programmes.

With the ongoing discussions on promoting national volunteering and issues on use of para-professionals, the criteria also ensured that the case studies presented are supporting the countries' existing health systems rather than undermining the services of the health professionals.

To offer a relevant and useful range of local health volunteering initiatives, the following criteria guided the selection of case studies:

a) Organisational/programme profile

Either VSO or non-VSO programme focusing on the cited priority health areas, and is being delivered/achieved through national volunteering, including those supported through VSO volunteers

b) Performance

With good track record, sustainable and presents opportunities to scale up the impact

c) Accessibility and availability of data

Must have sufficient data to feature good practices, as well as to assess the performance and impact of the national health volunteer programme for the past years of operation

d) Diversity

Case studies must offer a diverse range of national health volunteering initiatives in different sectors, regions or countries, specifically in Asia and Africa, and in the four priority areas within the Health Goal.

3. Methods for case studies

Given the two-month duration of this research, the actual field visits to volunteer placements and activities were limited to the Philippines and Malawi. For the rest of the case studies, the researcher had to rely on library and desk research, as well as telephone and email consultations with research stakeholders – local volunteers, partners, volunteer organisations, volunteer managers, beneficiaries and VSO programme staff, where relevant.

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