Tboli Evangelical Clinic & Hospital (TECH) Integrated Health Services
Christian and Missionary Alliance Church of the Philippines (CAMACOP)
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In 1965, a CMA missionary nurse from Canada came to Tboli, South Cotabato to bring the message of God's salvation to the indigenous people named Tbolis in this southern part of the Philippines. Being a nurse, she couldn't help but involve herself in treating the sick that came to her doorstep. Daily she saw patients at her garage. With just a bottle of aspirin for a start, her work grew in leaps and bounds. Those whom she couldn't handle she brought to the government hospital which is about 50 kms. away on dusty and rugged roads. Later did she realize that she spent more time in doing medical work rather than in missions. Because of the enormous health needs of the people she later decided to support a Tboli young man through medical school.

Deeply moved with gratitude to God and consumed with compassion for his own people, the first and only Filipino Tboli medical doctor came back home from medical school to the mountainous and forested recesses of Tboli, shunning the luxury of the medical profession in the urban centers. The first clinic that he built was a two room affair made up of grass roof and bamboo floors. After five years, the same people who supported him through medical school also sent some money for the construction of a concrete building. Thus the start of the Tboli Evangelical Clinic and Hospital, a 16 bed primary hospital whose mission is to bring people to God through the ministry of healing. His practice was not only confined to the clinic but also in the villages. As he moved from village to village doing medical clinics, he slowly started to weave his vision to uplift his people from poverty, ignorance and diseases and spread the contagion of compassion among the datus and tribal leaders "for the poorest of the poor."

At the beginning, the Tboli Evangelical Clinic and Hospital (TECH) existed as a private, non- stock, non-profit, mission hospital providing curative and spiritual care to the sick. During the course of its existence, the management of the hospital was overwhelmed by the numerous health problems of the patients coming from the community which could have been prevented if only they were provided with basic health, social, economic and spiritual ministry at the community level. Because of stark poverty and ignorance, people in the community apparently were hopeless, losing their precious land to traders just to be able to pay for hospitalization. This has led to the development of an institutionalized outreach program of the hospital serving 25 villages. Thus the birth of the Tribal Leaders Development Foundation (TLDFI) whose vision is to improve the socio-economic status of the cultural communities and help them achieve self-sufficiency and self-reliance. Together TECH and TLDFI serve hand-in-hand in reaching out to the poorest of the poor indigenous people of Tboli, South Cotabato providing wholistic ministry.

The hospital provides both physical and spiritual care to the sick. Every patient and their family are given the opportunity to hear the message of God's salvation and eventually given a chance to receive Christ as Savior and Lord. Patients who were evangelized at the hospital were ushered into a Christian church in their respective community. A very good example is one local missionary from a very far village who brought in about 10 villagers from his community for surgery during one of MMI's (Medical Ministry International) surgical mission. Most of his patients had goiters and hernias. Not only they received free thyroidectomies and herniorapies but also they have experienced compassionate and caring ministries while in the hospital. So when they got back to their village, in tears they shared their joy and unique experiences and since then together with their families started

to attend church pastored by our local missionary. On the other hand, discipleship program among the hospital staff as well as regular prayer meetings have enhanced their life testimonies in providing compassionate health care to the patients.

Involving the hospital staff in community health projects was often difficult and tedious specially when they were overworked and under compensated. More so, the villages of Tboli are far from each other. However, this did not deter the medical director in pursuing the desire to reach out to the community through TLDFI which is the hospital's social arm. The foundation (TLDFI) was tasked to provide social, preventive health and spiritual ministry at the community level. With grants from several funding partners, the TLDFI implemented the following :

Potable Water Supply

Six villages were given safe drinking water. As a result, the incidence of gastro intestinal illnesses was greatly reduced.

Sanitary Toilets- Together with the safe drinking water is the construction of about 70 water sealed toilets in each of the six villages.

Adult Functional Literacy- since about 70% of the people in the community are illiterates, adults were given empowerment through functional literacy using health promotional booklets as reading materials.

Community Health Volunteers (CHV) Training-About 20 community health volunteers in 3 villages were given capability training in family planning, maternal and child health, hygiene and sanitation and basic first aid. Not only these trainings have enhanced their well being and made them feel useful to the society but also have improved the health of the members of their families especially young children.

Health Insurance-The TLDFI paid 50% of the total annual premium of every member who has availed of the "Medicare for the Poor" program of the government. In as much as the hospital is a Medicare accredited facility, patients pay only about 30-40 % of their hospital bill.

Livelihood Programs- Women engaged in small income generating projects like bag making, dress making, hog raising and poultry production were provided with low interest loans to help augment their family income.

The good track record of TLDFI in implementing the above projects have helped improved its access in sourcing out funds to accommodate more villages and more beneficiaries.

The overall goal of the project is people empowerment. Before the project is introduced in a community, the people, through a community assembly made a community health plan. But before coming up with a health plan they came up with a community health diagnosis by assessing the health condition of the community. They were also taught to prioritize their health problems. Needs then were made to come up with solutions, strategies and activities. As a result they have a sense of ownership of the community project because of their involvement even at the stage of conceptualization of the project. This has helped a lot in the sustainability of the project at the community level. As a result of the health education, mothers have learned to take care of their babies submitting them for immunization.

A very significant result is the decrease in the incidence of gastrointestinal illnesses due to the provision of safe drinking water and the correct use of latrines. Children who looked dirty and unkempt now look clean and healthy. Also because of literacy, people who once were shy and timid are now self- confident and have involved themselves in church and community activities. The availability of Medicare in every family has removed the fear of losing their precious land when any member gets sick. Before, when they did not have Medicare , they usually mortgaged their precious farm to traders in order that they could pay for hospitalization. Now with 70% of their hospital bill being paid by the Medicare, people are no longer afraid to get sick. The income generating projects have helped specially the women in augmenting the meager income from corn farming.

The dynamic testimonies of the hospital staff while providing compassionate health care to the patients have led many a soul to appreciate God's goodness. In addition to that, the active evangelism in the hospital has brought many patients into the saving knowledge of the Lord Jesus Christ. Those who have made professions of faith were referred to their respective pastors in the villages for follow-up. There is a close coordination between the local church and the hospital. Likewise at the community level, most of the community health volunteers are either church workers themselves or wives of pastors. There is a growing acceptance of the ministry at the community level because of the active involvement of the church.

The project is wholistic because it does not only cater to the curative aspect of health but likewise in the preventive through health education in the community level, spiritual ministry through evangelism and counseling, economic through livelihood projects and social or physical through basic social services like water and sanitary toilets.

It is very unfortunate that hospital staff did not have the opportunity to experience working in the villages among the people. They are just confined to the hospital. As a result they do not have a grasp of the health situation in the community. This is because the hospital is understaffed and the workers work longer hours as compared to other health facilities. Nevertheless the outreach program at the community level is being handled by the staff of TLDFI although most are non-medical having little hands on training experience in community health. It would have been ideal if the hospital staff are the frontliners in doing community health ministry.

As we have observed, the availability of Medicare privilege of a certain family makes that family emancipated from the fear of losing their precious source of income in times of crisis like illness. The cycle of poverty and disease has been severed. In some way it has helped in the economic condition of the family. It is very sad that there is only a handful that has Medicare coverage. It would have been good if more church workers who have availed themselves of this privilege. With a minimum of $22 a family can enjoy Medicare coverage for a year.

Since we are operating in a very poor community and majority of the patients can hardly pay for the hospital whenever they get sick, the income of the hospital has suffered so much that hospital staff are more often underpaid. As a result, there is a high turn-over of hospital staff to the government hospitals and even abroad. Also it is very difficult to attract health professionals especially doctors to work in our hospital because of low compensation.

There is still a lot to be done. There are still many villages that need safe drinking water and sanitary latrines. Likewise there are still more villages who need to be provided with health education through community health volunteers. There are still a lot of villages who need to be organized so that they could come up with their own community health plan and could map out and implement their own health related activities to improve the health of their people. Likewise more livelihood projects are needed so that people can have enough money for their food, clothing and payment for Medicare premium. Yet we do not lose heart because we believe that since it is God who started this work we are certain in our hearts that He is going to sustain it and continue it up with His abiding grace.