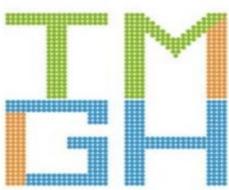




Community Health in the Philippines

through Field Trip (Mar. 4th to 17th 2018)



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Overview of community health in the Philippines

• **Background:** The Philippines' health care service is decentralized: the country has 17 Departments of Health(DOH) Regional Offices, 81 Provincial Health Offices, 38 City Health Offices, and 865 Municipal Health Offices. The number of Rural Health Units (RHUs) is 2,599, and the number of Barangay* Health Stations (BHSs) is 20,523. The community includes both RHU and BHS in the Philippines settings. The smallest or primary health care is implemented in BHS. The RHU conducts periodic facilitative supervision of the BHS. It also supplies Barangay Health Workers (BHWs) with logistics like community registers and IEC materials.

* **Barangay** is the smallest administrative division in the Philippines. There are more than 42,000.

* **IEC** is information, education and communication.

Objectives:

1. To learn about the importance of primary health care in the communities in the Philippines.
2. To understand the contribution to health care of BHWs in the community

HEALTH SYSTEM STRUCTURE AND ITS MANAGEMENT

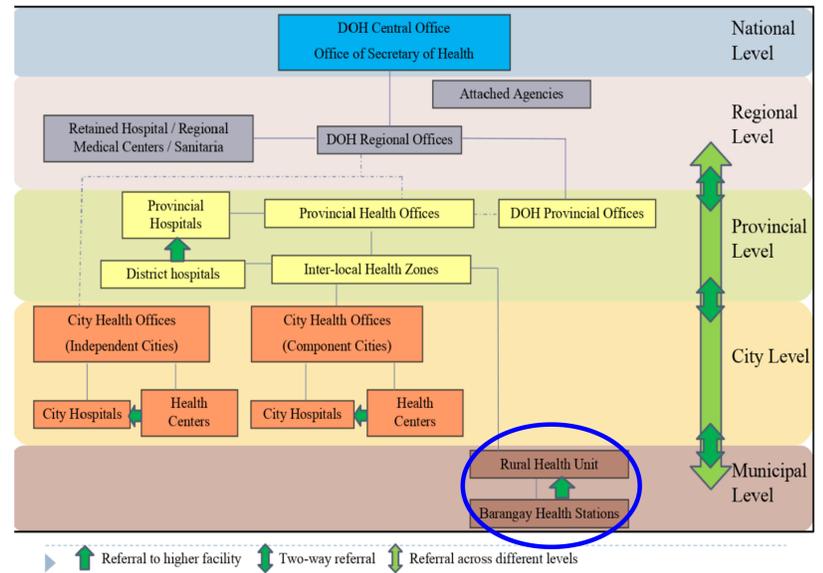


Figure. Organization of the Health System (Public sector)

Key Activities / Roles of RHU, BHS, and BHWs

- **RHU:** Minor surgery, dental care, laboratory, monthly clinic and immunization (visit BHS), TB diagnosis & treatment, family planning service, prenatal check-up, EPI, maternal care, newborn screening, environmental health services, nutrition program etc.
- **BHS:** Basic health care, promoting EPI, family planning services, maternal and child health etc.
- **BHWs:** Health promotional activities (to catch people for monthly clinic and immunization), referral to health facilities, track pregnant women and newborn babies, EPI, nutritional health services (micronutrient supplementation), education regarding health and teenage pregnancy lectures
- * **Collaboration between CBOs and BHS/RHU** * **CBO:** Community-based Organization such as women's group and youth association
 - CBOs serve as liaison between community members and BHWs.
 - CBOs help to provide local transportation to the community members. eg: bicycles
 - Helps the construction of bridges and roads leading to health facilities.
 - BHS/RHU holds regular meetings with CBOs on how to improve health in communities.
 - CBOs advocate for community members

Strength

*Alangalang and Dulag are the name of municipalities we visited

Human resource(HR) management

- Distribution of adequate nurses from DOH to LGU or RHU to complement the lack of HR
- Efforts to develop HR to contribute to isolated areas through the unique school curriculum in University of the Philippines, School of Health Science

Activities/system and management

RHU:

- 0 Maternal Mortality Rate (Alangalang, Dulag*)
- 98% facility based delivery (Alangalang, Dulag)
- Use of Local Government Units (LGUs) scorecard to evaluate and access results/outcomes of per BHS current program implementation
- Cash incentives (300 peso per month) for BHWs as motivation

BHS:

- Data management using PC → directly report to RHU
- Strong relationship with municipality(Dulag)

BHWs:

- Follow-up of cases such as malnourished babies, pregnant women, defaulters of ANC women etc
- Referral from community to health facility, participating in outreach activity

Recommendation

- Embark on more training programs (capacity building) for BHWs on preventive and curative health care activities in the communities.
- Provide incentive and motivational packages for health workers, especially the BHWs.
- Coordinate with department of education to tackle the teenage pregnancy issue
- Encourage health promotion for caregivers to increase vaccine coverage
- Reinforce data management and establish double check function system

Conclusion

Thanks to decentralization to LGU, the community health facility has an ownership, free from the central government orders. Each RHU is managed by BHWs at their own discretion, and some RHU could have achieved 98% facility based delivery. Contribution to the community health by BHWs is essential in the Philippines community health context. For effective improvement of community health service in the community, it is very important to motivate BHWs since they are the vital workforce and frontliners in the community health level in terms of primary health care (PHC) services.

Challenges

Human resource (HR) management

- Shortage of physician, nurse and midwife in community level due to brain drain abroad and private sector
- Not enough cash incentive for BHWs
- Resignation of contractual nurse from LGUs because of high burden

Activities/system and management

- High burden of transportation fee for patients after referral
- Inaccurate data due to "insufficient double check system" of each data
- Systematic report problem by no internet connection at times

Health issues

- High teenage pregnancy rate
- Double burden of both communicable and non-communicable diseases in vulnerable population
- Deaths without medical attendance, and difficult to follow up the registration
- Low coverage in all vaccines because of dengue vaccine side effects

