

COMMUNITY HEALTH NURSING

DEFENITION

- ❖ It is synthesis of nursing practice and public health applied to promoting and preserving the health of populations (ANA,1980)
- ❖ Focus of the community health nursing is the community as a whole, with nursing care of individuals, families and groups being provided within the context of promoting and preserving the health of the community (Association of Community Health Nursing Educators, 1990)
- ❖ According to Ruth B. Freeman, it refers to a service rendered by a professional nurse with communities, group, families, individuals at home, in health centers, in clinics, in schools, in places of work for the:

- Promotion of health
- Prevention of illness
- Care of the sick at home and rehabilitation

Four Levels of Clientele:

- Individuals
- Family
- Population
- Community

Subspecialties:

- School Nursing
- Occupational Health Nursing
- Community Mental Health Nursing
- Public Health Nursing

COMMUNITY – BASED NURSING

- ❖ It is a philosophy of care in which the care is provided as clients and their families move among various service outside of hospitals.

PUBLIC HEALTH NURSING

- ❖ It is a special field of nursing that combines the skills of nursing, public health and some phases of social assistance (World Health Organization)
- ❖ Functions as part of the total public health programme for the promotion of health, the improvement of the conditions, in the social and physical environment, rehabilitation of illness and disability
- ❖ According to Dr. C.E Winslow, public health is the science and art of:
 - Preventing diseases
 - Prolonging life
 - Promoting health and efficiency

PUBLIC HEALTH NURSE

- ❖ Refers to the nurses in the local/national health departments or public schools whether their official position title is public Health Nurse or Nurse school nurse
- ❖ Starts with a Salary Grade 15
- ❖ **Roles & Functions**
 - **Planner/Programmer**
 - ✓ Identifies the health needs, priorities and problems of individuals, families, and community
 - **Nursing Care Provider**
 - ✓ Provides nursing care to the sick, disabled in the home, clinic, school, or place of work
 - **Manager/Supervisor**
 - ✓ Formulates and implements nursing plan for individual, family, group, community
 - ✓ Leads and encourages them to address their health needs and solve their health problems
 - **Community Organizer**
 - ✓ Motivates and enhances community participation
 - ✓ Initiates and participates in community development activities
 - **Service Coordinator**
 - ✓ Collaborates with individuals, families, and groups for health and health services

- **Health Educator/Counselor/Trainer**
 - ✓ Conducts health teaching, training and counseling
 - ✓ Trains and educates rural health midwives Acts as a resource speaker on health and health related services
- **Health Monitor**
 - ✓ Monitors the status of the individuals, families and groups through various contacts
- **Role Model**
 - ✓ Sets as good example of healthful, living to the individuals, families, and community
- **Change Agent**
 - ✓ Motivates changes in the health behavior of individual, families and community
- **Reported/ Recorder/Statistician**
 - ✓ Records every nursing interventions
 - ✓ Updates existing data base
 - ✓ Makes statistical analysis of data for interpretation
- **Researcher**
 - ✓ Uses observation, interview, survey questionnaire, physical exam, and other methods in the assessment of individuals, families, and community

Qualifications of Public Health Nurses

- Graduate of Bachelor of Science in Nursing and a Registered Nurse
- Good physical and mental health
- Interest and willingness to work in the community
- Capacity and ability to:
 - ✓ Relate the practice with on-going community health and health related activities
 - ✓ Work cooperatively with other disciplines and members of the community
 - ✓ Accept and take actions needed to improve self and service
 - ✓ Analyze combination of factors and conditions that influence health of populations
 - ✓ Apply nursing process in meeting the health and nursing needs of the community
 - ✓ Mobilize resources in the community
- With leadership potential
- Resourcefulness and creativity
- Active membership to professional nursing organizations

PHILIPPINE HEALTH CARE DELIVERY SYSTEM

PUBLIC SECTOR

DEPARTMENT OF HEALTH

Leadership in Health	<ul style="list-style-type: none"> • Serve as national policy and regulatory institution. • Provide leadership in formulation, monitoring, and evaluation of national policies, plans and programs. • Serve as advocate in the adoption of health policies, plans and programs
Enabler and Capacity	<ul style="list-style-type: none"> • Innovate new strategies in health • Exercise oversight functions and monitoring and evaluation of national health plans, programs, and policies • Ensure the highest achievable standards of quality health care, health promotion, and health protection
Administrator of specific Services	<ul style="list-style-type: none"> • Manage selected national health facilities and hospitals with modern and advanced facilities • Administer direct services for emergent health concerns that require new complicated technologies • Administer health emergency response

VISION

- ❖ Filipinos are among the healthiest people in Southeast Asia by 2022, and Asia by 2040

MISSION

- ❖ To lead the country in the development of a productive, resilient, equitable and people-centered health system

GOAL

- ❖ Health Sector Reform Agenda (HSRA)

- Health Sector reform is the overriding goal of DOH

FRAMEWORK FOR THE IMPLEMENTATION OF HSRA

- ❖ FOURmula ONE for Health (2005-2010)
 - **Goals** of the FOURmula One of Health
 - ✓ Better Health Outcomes
 - ✓ More responsive health systems
 - ✓ Equitable health care financing
 - **Four Elements of the Strategy**
 1. Health Financing
 - ✓ To foster greater, better and sustained investments in health (PHILHEALTH)
 2. Health Regulation
 - ✓ To ensure the quality and affordability of health goods and services
 3. Health Service Delivery
 - ✓ To improve and ensure the accessibility and availability of basic and essential health care
 4. Good Governance
 - ✓ To enhance health system performance at the national and local levels.

LOCAL HEALTH SYSTEM

- ❖ **RA 7160 – Local Government Code**
 - All structures, personnel, and budgetary allocations from the provincial health level down to the barangays were **DEVOLVED** to the Local Government Units to facilitate health service delivery
- ❖ **Objectives of Local Health System**
 - Establish local health system
 - Upgrade the health care management and service capabilities of local health facilities
 - Promote inter-LGU linkages and cost sharing schemes
 - Foster participation of the private sector, non-government organizations and community
- ❖ **Inter Local Health System**
 - It is a system of health care similar to a district health system
 - System that is being espoused by the DOH in order to ensure quality of health care service

Composition of Inter-Local Health Zone

1. People
 - ✓ Ideal health district would have a population size between 100,000 to 500,000 for optimum efficiency and effectiveness
2. Boundaries
 - ✓ Clear boundaries between inter Local Health Zones determine the accountability and responsibility of health service providers
3. Health Facilities
 - ✓ District or provincial hospital and other health services deciding to work together as an integrated health system
4. Health Workers
 - ✓ Right unit of health providers is needed to deliver comprehensive health services.

PRIMARY HEALTH CARE (PHC)

- ❖ Adopted in the Philippines through:
 - **Letter of instruction (LOI) 949**
 - ✓ Signed by President Marcos on October 19, 1979
 - Underlying theme: "Health in the Hands of the People by 2020"
- ❖ Characterized by partnership and empowerment of the people that shall permeate as the core strategy in the effective provision of essential health services that are community- based, accessible, acceptable, and sustainable at a cost, which the community and the government can afford.

❖ Elements/Components of PHC

E	Ducation for health
L	Ocally Endemic and Communicable Disease Control and Treatment
E	Expanded Program on Immunization
M	Aternal and Child Health and Family Planning
E	Ssential Drugs
N	Utrition
T	Reatment (Medical and Emergency Care, Non Communicable Diseases and Mental Health)
S	Anitation of the Environment

❖ Four Cornerstones/Pillars in Primary Health Care

- Active community participation
- Intra and inter-sectoral linkages
- Use of appropriate technology
- Support mechanism made available

❖ Levels of Primary Health Care Worker

1. Village/Barangay Health Workers
 - Refers to trained community health workers or health auxiliary volunteer or a traditional birth attendant or healer
2. Intermediate Level Health Workers
 - General medical practitioners or their assistants.
 - E.g. Public Health Nurse, Rural Sanitary Inspectors and Midwives, Rural Health Physician

❖ Levels of Health Care and Health Referral System

1. Primary Level of care
 - Devolved to the cities and municipalities
 - Health care provided by center physicians, public health nurses, rural health midwives, barangay health workers, traditional healers

EXAMPLES
Barangay Health Stations
Rural Health Unit
Community Hospitals
Health Centers
Puericulture Center

2. Secondary Level of Care
 - Secondary care is given by physicians with basic health training
 - Serves as a referral center for the primary health facilities
 - Capable of performing minor surgeries and perform some simple laboratory examinations

EXAMPLES
Emergency/District Hospitals
Provincial/City Health Services
Provincial/City Hospitals

3. Tertiary Level of Care
 - Tertiary care is rendered by specialists in health facilities
 - Referral center for the secondary care facilities
 - Complicated cases and intensive care requires tertiary care

EXAMPLES
Regional Health Services
Regional Medical Centers and Training Hospitals
National Health Services
Medical Centers
Teaching and Training Hospitals

❖ Levels of Prevention

1. Primary Prevention

- Focuses on health promotion and disease prevention

EXAMPLES

Immunization

Promotion of Healthy Lifestyle (Proper Diet & Exercise)

2. Secondary Prevention

- Focuses on early detection of disease and prompt treatment for individual experiencing health problems

EXAMPLES

Breast-Self Examination

Diagnostic Test (AFB test)

Cancer Signs & Symptoms (CAUTION US)

3. Tertiary Prevention

- Rehabilitation (prevent further disability)
- Restore client's optimum level of functioning

EXAMPLES

Mental Health

Crutch Walking

Physical Therapy

COMMUNITY HEALTH NURSING PROCESS

1. Assessment

- This provides:
 - ✓ An estimate of the degree to which a family, group or community is achieving the level of health possible for them
 - ✓ Identifies specific deficiencies or guidance needed
 - ✓ Estimates the possible effects of nursing interventions
- Health Deficit
 - ✓ A gap between actual and achievable health status
 - ✓ Failure in health maintenance
 - ✓ Already developed the disease or disability, developmental lag.
- Health Threat
 - ✓ Condition that promote disease or injury and prevent people from realizing their health potential
- Foreseeable Crisis
 - ✓ Anticipated periods of unusual demand on the individual/family in terms of resources and adjustment
- Wellness Potential
 - ✓ This refers to states of wellness and the likelihood for health maintenance or improvement to occur depending on the desire of the family

2. Planning

- Goal Setting
 - ✓ Initial step
 - ✓ Declaration of purpose/ intent that gives essential direction to action
- Constructing a Plan of Action
 - ✓ Choosing from among the possible courses of action
 - ✓ Selecting the appropriate types of nursing intervention
 - ✓ Identifying appropriate and available resources
- Developing an Operational Plan
 - ✓ Establish priorities, phase, and coordinate activities
 - ✓ Development of evaluation parameters is done in the planning stage

3. Implementation

- Involves various nursing interventions which have been determined by the goals/objectives that have been previously set
- Carrying out of nursing procedures
- Documentation is done at this phase

4. Evaluation

- Three Classic Frameworks
 - ✓ Structural elements
 - ✓ Process elements
 - ✓ Outcome elements

MANAGEMENT FUNCTIONS OF THE COMMUNITY HEALTH NURSE

❖ Planning

- Includes assisting the organization in establishing a vision for the future
- Deciding what must be done and what the organization wants to achieve

❖ Organizing

- Helps to determine how a manager implements planning to achieve the stated goals
- Major concerns:
 - ✓ Analysis of the systems
 - ✓ Analysis of functions
 - ✓ Assigning job responsibilities
 - ✓ Implementation

❖ Directing

- Includes conveying to the workers what has occurred in the planning and organizing phases

❖ Coordinating

- Linking people on the health care team together to function in such a way that objectives are achieved

❖ Controlling

- Process that measures and corrects the activities of the people and establishes standards so that objectives are met
- Step:
 - ✓ Establishing standards
 - ✓ Measuring performance criteria
 - ✓ Correcting deviations from normal

❖ Evaluating

- Involves upon actions to determine their effectiveness in order to make decisions regarding future action
- Documenting the progress by comparing achievements against a performance standard

NURSING PROCEDURES

CLINIC VISIT

❖ Standard Procedures

1. Registration/Admission
 - Greet the client and establish rapport
 - Prepare family record (New Client)
 - Retrieve record (Old Client)
 - Elicit and record the client's chief complaint and clinical history
 - Perform physical exam on the client
2. Waiting time
 - Give Priority numbers to clients
 - Implement "first come, first served" policy except for emergency cases
3. Triaging
 - Manage program-based cases
 - ✓ Manage according to Protocols
 - Refer all non-program based cases to the physician
 - Provide first-aid treatment to emergency cases
4. Clinical Evaluation
 - Validate clinical history and physical exam
 - Nurse arrives at the evidence-based diagnosis and provides rational treatment based on DOH programs
 - Inform the client on the nature of the illness, appropriate treatment and prevention and control measures
5. Laboratory and other Diagnostic Examinations
 - Identify a designated referral laboratory when needed

6. Referral System
 - Refer the patient if he needs further management following the two-way referral system
 - Accompany the patient when an emergency referral is needed
7. Prescription/Dispensing
 - Give proper instruction on drug intake
8. Health Education
 - Conduct one-on-one counseling with the patient
 - Reinforce health education and counseling messages
 - Give appointments for the next visit

BLOOD PRESSURE MEASUREMENT

1. Preparatory Phase
 - Introduce self to client
 - Make sure the client is relaxed and has rested for 5 minutes
 - Client should not have smoked or ingested caffeine within 30 minutes before BP measurement
 - Explain the procedure
 - Assist to seated or supine position
2. Applying the BP cuff and stethoscope
 - Bare client's arm
 - Apply cuff around the upper arm 2-3 cm above the brachial artery
 - Apply cuff snugly with no creases
 - Keep the manometer at eye level
 - Keep arm level with his/her heart by placing it on a table or a chair arm or by supporting it with examiner's hand. If the client is in recumbent position, rest arm at his/her side
 - Palpate brachial pulse correctly just below or slightly medial to the antecubital area
3. Obtaining the BP Reading by using Palpatory Method
 - While the brachial or radial pulse is located and palpated, close pressure bulb and inflate cuff until pulse disappears
 - Note point at which pulse disappears (palpated systolic BP)
 - Deflate cuff fully
 - Wait for 1-2 minutes before inflating cuff again
4. Obtaining the BP by Auscultation
 - Place earpieces of stethoscope in ears and head (diaphragm) of stethoscope over the brachial pulse
 - Use the bell side of the stethoscope; however, for obese persons, use diaphragm
 - Watching the manometer, inflate the cuff rapidly by pumping the bulb until it reaches 30mmHg above the palpated SBP
 - Deflate the cuff slowly at a rate 2 to 3 mmHg per beat
 - While the cuff is deflating, listen for pulse sounds.
 - ✓ 1st Clear tapping sound (Korotkoff Phase I: Systolic BP)
 - ✓ Disappearance of sound (Korotkoff Phase V: Diastolic BP)
5. Recording of BP and other Guidelines
 - For every visit, take the mean of 2 reading, obtained at last 2 minutes apart
 - If first visit, repeat procedure with other arm. Subsequent BP readings should be performed on the arm, with a higher BP reading

HOME VISIT

- ❖ Professional family-nurse contact
- ❖ Allow the health worker to assess the home and family situations in order to provide the necessary nursing care and health related activities
- ❖ **Principles**
 - Home visit must have a purpose or objective
 - Planning should:
 - ✓ Make use of all available information
 - ✓ Involve the individual and family
 - ✓ Give priority to the essential needs

❖ Purposes

- To give nursing care to the clients
- To assess living conditions of the patient and his family
- To give health teaching regarding the prevention and control of diseases
- To establish close relationship between health agencies and public
- To make use of inter referral system

❖ Factors influencing Frequency of Home Visits

- Needs of the (most important)
- Acceptance of the family 2nd most important
- Policy of a Specific agency
- Other health agencies involved
- Past services given to family
- Ability to recognize own needs

❖ Steps in conducting Home Visits

1. Greet the patient and introduce self
2. State the purpose of visit
3. Observe the patient and determine health needs
4. Put the bag in a convenient place then proceed to perform the bag technique
5. Perform the nursing care needed and give health teachings
6. Record all important data, observation, and care rendered
7. Make appointment for a return visit

BAG TECHNIQUE

❖ A tool by which the nurse will enable her to:

- Perform a nursing procedure with ease and deftness
- Save time and effort

❖ Public Health Bag

- An essential and indispensable equipment of a public health nurse which she has to carry along during her home visits

❖ Principles of bag Technique

- Minimize if not prevent the spread of any infection
- Saves time and effort
- This should show the effectiveness of total care given to an individual or family
- Can be performed in a variety of ways depending on the agency's policy or home situation or as long as principles of avoiding transfer of infection is always observed

❖ Important Points to Consider in the Use of the Bag

- The bag should:
 - ✓ Contain all the necessary articles, supplies, and
 - ✓ Equipment that will be used to answer emergency needs
 - ✓ Be cleaned very often, the supplies replaced, and ready for use any time
 - ✓ Be well protected from contact with any article
- Arrangement of contents should be the one most convenient to the user

Epidemiology

- ❖ Study of the occurrence and distribution of health conditions such as disease, death, deformities or disabilities on human populations.
- ❖ The nurse measures the frequency and distribution of health conditions using Vital statistics.

Important Concepts related to Epidemiology:

1. The Multiple Causation Theory (the wheel, the web, the ecologic triad)
2. Natural History of Disease
 - A. Pre-pathogenesis or susceptibility
 - B. Pathogenesis which has 3 substages:
 - a. Pre-symptomatic
 - b. Discernible lesions
 - c. Advanced Disease

3. Level of Prevention of Health Problems
4. Concept of Causality and Association

The Epidemiological Approach

1. Descriptive Epidemiology
 - ❖ Concerned with disease distribution and frequency
2. Analytical Epidemiology
 - ❖ Attempts to analyze causes or determinants of disease through hypothesis testing
3. Intervention or Experimental Epidemiology
 - ❖ Answers questions about the effectiveness of new methods for controlling diseases or for improving underlying conditions
4. Evaluation Epidemiology
 - ❖ Attempts to measure the effectiveness of different health services and programs

VITAL STATISTICS

- ❖ Refers to the systematic study of vital events such as births, illnesses, marriages, divorces, separation and deaths
- ❖ Morbidity (Disease) and Mortality (Death)
 - Indicate the state of health of a community and the success or failure of health work
- ❖ Uses of Vital Statistics
 - Indices of the health and illness status of a community
 - Serves as bases for planning, implementing, monitoring and evaluating CHN programs and services
- ❖ Sources of Data
 - Population census
 - Registration of Vital Data
 - Health survey
 - Studies and researches
- ❖ Comparison between Rates and Ratios
 - **Rate** - Shows the relationship between vital event and those persons exposed to the occurrence of said event within a given area and during a specified unit of time
 - **Ratio** - is used to describe the relationship between two numerical quantities or measure of events without taking particular considerations to the time or place
 - **Infant Mortality Rate**
 - ✓ Good index of the general health condition of a community
 - **Crude Birth Rate**
 - ✓ A measure of one characteristic of the natural growth or increase of population
 - **Crude Death Rate**
 - ✓ A measure of one mortality from all causes which may result in a decrease of population
 - **Maternal Mortality Rate**
 - ✓ Measures the risk of dying from causes related to pregnancy, childbirth and puerperium
 - ✓ Index of the obstetrical care needed and received by women in a community
 - **Fetal Death Rate**
 - ✓ Measures pregnancy wastage
 - ✓ Death of the product of conception occurs prior to its complete expulsion, irrespective of duration of pregnancy
 - **Neonatal Death Rate**
 - ✓ Measures the risk of dying 1st month
 - **Attack Rate**
 - ✓ More accurate measure of the risk of exposure
 - **Case Fatality Ratio**
 - ✓ Index of a killing power of a disease and is influenced by incomplete reporting and poor morbidity data
 - **Incidence Rate**
 - ✓ Measures the frequency of occurrence of the phenomenon during a given period of time
 - ✓ New cases
 - **Prevalence Rate**
 - ✓ Measures the proportion of population which exhibits a particular disease at a particular time
 - ✓ New and old cases

FIELD HEALTH SERVICES AND INFORMATION SYSTEM (FHSIS)

❖ Objectives

- To provide summary of data on health services delivery
- To provide data that can be used for program monitoring and evaluation purposes
- To provide a standardized, facility level database which can be accessed for more in-depth studies
- To ensure that the data are useful and accurate
- To minimize the recording and reporting burden at the service delivery level

❖ Components

- Family Treatment Record
 - ✓ Fundamental building block of FHSIS
- Target Client List
 - ✓ Second building block of FHSIS
- Reporting Forms
 - ✓ Only mechanism through which data are routinely transmitted from one facility to another
 - ✓ Prepared and submitted either monthly or quarterly
- Output Reports
 - ✓ Objective in designing the output formats: Make the reports useful for monitoring or management purposes

PUBLIC HEALTH PROGRAMS

FAMILY HEALTH

Maternal Health Program

1. Antenatal Registration

PRENATAL VISITS	PERIOD OF PREGNANCY
1 st Visit	As early in pregnancy as possible
2 nd Visit	During 2 nd trimester
3 rd Visit	During 3 rd trimester
Every 2 weeks	After 8 th month of pregnancy until delivery

2. Tetanus Toxoid Immunization

VACCINE	INTERVAL	PROTECTION	DURATION
TT 1	As early as possible during pregnancy	-----	-----
TT 2	After 4 weeks	80%	3 years
TT 3	After 6 months	95%	5 years
TT 4	After 1 year	99%	10 years
TT 5	After 1 year	99%	Lifetime

3. Micronutrient Supplementation

VITAMINS	DOSE	SCHEDULE
Vitamins A	10,000 IU	Twice a week starting on the 4 th month of pregnancy
Iron/Folic acid	60mg/400ug tablet	Daily (Starting 5 th month of pregnancy up 2 months postpartum)

4. Treatment of Diseases and Other Conditions

5. Clean and Safe Delivery

6. Health Teachings:

- Birth registration
- Importance of breastfeeding
- Newborn screening between 48 hours up 2 weeks after birth
- Schedule when to return for consultation for post-partum visits
- ✓ **1st Visit** – 1st week postpartum preferably 3-5 days
- ✓ **2nd Visit** – 6 weeks postpartum

7. Support to Breastfeeding

8. Family Planning Counseling

- Proper spacing of birth (3 to 5 years interval)

FAMILY PLANNING (FP)

- ❖ Overall Goal: To provide universal access to family planning information and services wherever and whenever these are needed
- ❖ **Aims to reduce:**
 - Infant deaths
 - Neonatal deaths
 - Under-five deaths
 - Maternal deaths
- ❖ **Objectives**
 - Addresses the need to help couples and individuals achieve their desired family size within context of responsible parenthood
 - Ensure that quality FP services are available in DOH retained hospitals, LGU managed health facilities, NGOs and private sector
- ❖ **Family Planning Methods**
- 1. **Female Sterilization**
 - Also known as **Bilateral Tubal Ligation**
 - Safe and simple surgical procedure which provides permanent contraception for women who do not want more children
 - Involves cutting or blocking of two fallopian tubes.

Advantages

- ✓ Permanent method of contraception
- ✓ Does not interfere with sex
- ✓ Results in increased sexual enjoyment
- ✓ No effect on breastfeeding
- ✓ No known long term side effects or health risks

Disadvantages

Uncommon complications of surgery:

- ✓ Infection or bleeding
- ✓ Increase risk for ectopic pregnancy
- ✓ Requires physical examination
- ✓ Reversal surgery is difficult
- ✓ Do not protect against sexually transmitted diseases

2. Male Sterilization

- Also known as Vasectomy
- Permanent method wherein the vas deferens is tied and cut or blocked through a small opening in the scrotal skin

Advantages

- ✓ Very effective in 3 months after the procedure
- ✓ Permanent, safe, simple and easy to perform
- ✓ Can be performed in a clinic
- ✓ Person will not lose his sexual ability and ejaculation

Disadvantages

- ✓ May be uncomfortable due to slight pain and swelling 2-3 days after the procedure
- ✓ Reversibility is difficult and expensive
- ✓ Bleeding may result in hematoma formation

3. Pill

- Contains hormones – estrogen and progesterone

Advantages

- ✓ Safe as proven through extensive studies
- ✓ Convenient and easy to use
- ✓ Reduces gynecologic symptoms such as painful menses and endometriosis
- ✓ Does not interfere with sexual intercourse

Disadvantages

- ✓ Often not used correctly and consistently, lowering its effectiveness
- ✓ Has side effects such as nausea, dizziness or breast tenderness
- ✓ Can suppress lactation

4. Male Condom

- Thin sheath of latex rubber made to fit on a man's erect penis to prevent the passage of sperm cells and sexually transmitted disease into the vagina

Advantages

- ✓ Safe and has no hormonal effect
- ✓ Protects against microorganisms during intercourse
- ✓ Encourages male participation in family planning

Disadvantages

- ✓ May cause allergy for people who are sensitive to latex or lubricant
- ✓ May decrease sensation, making sex less enjoyable

5. Injectables

- Contain synthetic hormone, progestin that suppresses ovulation, thickens cervical mucus and changes uterine lining.

Advantages

- ✓ Reversible
- ✓ No need for daily intake
- ✓ Does not interfere with sexual intercourse
- ✓ Has no estrogen-related side effects

6. Lactating Amenorrhea Method/LAM

- Temporary introductory postpartum method of postponing pregnancy based on physiological infertility experienced by Breastfeeding women

Advantages

- ✓ LAM is universally available to all postpartum breastfeeding women
- ✓ No other FP commodities are required
- ✓ It contributes to improve maternal and child health and nutrition

Disadvantages

- ✓ Short term FP method which is effective only for a maximum of 6 months
- ✓ The effectiveness of LAM may decrease if a mother and child are separated for extended periods
- ✓ Full or nearly full BF may be difficult to maintain up to 6 months

7. Mucus/Billing Methods

- Abstaining from sexual intercourse during fertile days prevents pregnancy

Advantages

- ✓ Can be used by any woman of reproductive age as long as she is not suffering from an unusual disease or condition that results in extraordinary vaginal discharge

Disadvantages

- ✓ Cannot be used by woman with medical conditions that would make pregnancy dangerous

8. Basal Body Temperature

- Identifies the fertile and infertile period of a woman's cycle by daily taking and recording of the rise in body temperature during and after ovulation.
- Before Ovulation: Temperature decreases 0.5 °F
- During Ovulation: Temperature increases 1.0°F

9. Sympto-thermal Method

- Identifies the fertile and infertile days of the menstrual cycle as determined through a combination of observations made on the cervical mucus, basal body temperature recording and other signs of ovulation

10. Two Day Method

- Simple fertility awareness based method of FP that involves:
 - ✓ Cervical secretions as an indicator of fertility
 - ✓ Women checking the presence of secretions everyday

Advantages

- ✓ Can be used by women with any cycle length
- ✓ No health related side effects associated
- ✓ Incurs very little or no cost
- ✓ Immediately reversible
- ✓ Promote male partner involvement in FP

Disadvantages

- ✓ Needs cooperation of the husband
- ✓ Can become unreliable for women who have conditions that cause abnormal cervical secretions

11. Standard Days Method

- Couples use color coded cycle beads to mark the fertile and infertile days of the menstrual cycle

Advantages

- ✓ No health related side effects associated with its use
- ✓ Increases self-awareness and knowledge of human reproduction
- ✓ Can be used either to avoid or achieve pregnancy
- ✓ Enhances self-discipline, mutual respect
- ✓ Can be integrated in health and family planning services

Disadvantage

- ✓ Cannot be used by women who usually have menstrual cycle between 26 and 32 days long

❖ Misconceptions about Family Planning

- Causes abortion
- Will render couples sterile
- Will result to loss of sexual desire

❖ Roles of Public Health Nurse on FP Program

- Provide counseling
- Provide packages of health services
- Ensure the availability of FP supplies and logistics

CHILD HEALTH PROGRAMS

❖ Goal: To reduce morbidity and mortality rates (for children 0-9yrs)

❖ Programs:

- Infant and Young Child Feeding
- Newborn Screening
- Expanded Program on Immunization
- Management of Childhood illnesses
- Micronutrient Supplementation
- Dental health
- Early Child Development
- Child Health Injuries

INFANT & YOUNG CHILD FEEDING (IYCF)

❖ Goal: Reduce child mortality rate by 2/3 by 2015

❖ Objective: To improve health and nutrition status of infants and young children

❖ Outcome: To improve exclusive and extended breastfeeding and complementary feeding

❖ Key Messages on Infant and Young Child Feeding

- Initiate breastfeeding within 1 hour after birth
- Exclusive for the first 6 months of life
- Complemented at 6 months with appropriate food
- Extend Breastfeeding up to 2 years and beyond

❖ Exclusive breastfeeding means giving a baby only breast milk, and no other liquids or solids, not even water.

- ❖ Complementary feeding- after six months of age all babies require other foods to complement breast milk.
 - Complementary foods should be:
 - ✓ Timely
 - ✓ Adequate
 - ✓ Safe
 - ✓ Properly fed
 - When not to breastfeed:
 - ✓ AIDS

LAWS THAT PROTECT INFANT AND YOUNG CHILD FEEDING

1. Milk Code (EO 51)
 - Products covered by Milk Code consist of breast milk substitutes, including infant formula; other milk products, food and beverages, including bottle-fed complementary foods.
2. Rooming-In and Breastfeeding Act of 1992 (RA 7600)
 - To promote room-in and to encourage. Protect and support the practice of breastfeeding.
 - Compliance to the law is ensured through one of the 10 steps to Mother Baby Friendly Hospitals wherein the mother and the baby should be together for 24 hours.
3. Food Fortification Law (RA 8976)
 - The law requires a mandatory food fortification of staple foods – rice, flour, edible oil and sugar and voluntary food fortification of processed food or food products
4. Expanded Breastfeeding Act of 2010 (RA 10028)
 - Exclusive breastfeeding for the first 6 months.

EPI LAW (PD (996)

- ❖ Principles:
 - It is safe and immunologically effective to administer all EPI vaccines on the same day at different sites of the body
 - Measles Vaccine should be given as soon as the child is 9 months old. If the child is living in an endemic area, give the vaccine as early as 6 months. If given at 9 months = 85% protection; if given at one year and older = 95%
 - Vaccine schedule should not be restated
 - Giving doses less than the recommended interval may lessen the antibody response
 - No extra must be given to children/ mother who missed a dose of DPT/Hepa-B/OPV/TT
 - Strictly follow the principle of never, ever reconstituting the freeze dried vaccines other than the diluents supplied with the
 - One Syringe, One Needle per child during vaccination

RA 10152 (2011)

- ❖ An act providing for mandatory basic immunization services for infants and children.

False Contraindications:

- ✓ Malnutrition
- ✓ Low Grade Fever
- ✓ Mild Respiratory Infections
- ✓ Cough
- ✓ Diarrhea
- ✓ Vomiting

Absolute Contraindications:

- ✓ DPT 2 or DPT 3 to a child who has had convulsions or shock within 3 days the previous dose.
- ✓ Patients with neurologic disease should not be given vaccines containing whole cell pertussis
- ✓ Live vaccines like BCG vaccine must not be given to individuals who are immunosuppressed due to a malignant disease.

EPI

VACCINE	MINIMUM AGE AT 1 ST DOSE	DOSES	INTERVAL
BCG	At birth	1	
Pentavalent	6 weeks	3	4 weeks
OPV	6 weeks	3	4 weeks
HEPA B	At birth	1	6 weeks from 1 st dose
MEASLES	9 months	1	
MMR	12 months	1	
IPV	14 weeks	1	

VACCINE	DOSAGE	ROUTE	SITE
BCG	0.05 mL	ID	Right deltoid region
DPT	0.5 mL	IM	Upper outer portion of thigh (Vastus lateralis)
OPV	2-3 drops	Oral	Mouth
HEPA B	0.5 mL	IM	Upper outer portion of thigh (Vastus lateralis)
MEASLES	0.5 mL	SQ	Outer portion of upper arm

NUTRITION PROGRAM

- ❖ **Goal:** improve quality of life of Filipinos through better nutrition, improved health, and increased productivity
- ❖ **Common Nutritional Deficiencies**
 - Vitamin A
 - Iron
 - Iodine

Programs and Projects:

- Micronutrient Supplementation
- Food Fortification
- Essential maternal and Child Health Service Package
- Nutrition Information, Communication, and Education
- Home, School and Community Food Production
- Food Assistance
- Livelihood Assistance

ORAL HEALTH PROGRAMS

- ❖ **Goal:** Reduce the prevalence rate of dental caries and periodontal diseases from 92% in 1998 to 85% and from 78% in 1998 to 60% by 2010 among general population

Objectives:

- To increase the proportion of orally fit children under 6 years old 80% by 2010
- To control oral health risk among the young people
- To improve the oral health conditions of pregnant women by 20% and older persons by 10% every year until 2010

CLASSIFIATION OF ORAL INTERVENTIONS

Promotive Service	<ul style="list-style-type: none"> • Health education
Preventive Treatment	<ul style="list-style-type: none"> • Oral examination • Oral hygiene • Pit & Fissure Sealant Program • Fluoride Utilization Program
Curative Treatment	<ul style="list-style-type: none"> • Permanent Filling Gum Treatment • Atraumatic Restorative Treatment • Temporary Filling • Extraction • Treatment Post Extraction • Drainage of Localized Oral abscesses

PHILIPPINE REPRODUCTIVE HEALTH

- ❖ Overall Goal: Better Quality Life among Filipinos
- ❖ Main Objectives
 - Reducing Maternal Mortality Rate
 - Reducing Child Mortality
 - Halting and Reversing spread of HIV/AIDS
 - Increasing access to reproductive health information and services
- ❖ Elements
 - Family Planning
 - Maternal and Child Health Nutrition Prevention and Management of Reproductive Tract Infection
 - Adolescent Reproductive Health
 - Prevention and Management of Abortion and its Complications
 - Prevention and Management of Breast and Reproductive Tract Cancers and other Gynecological Conditions
 - Education and Counselling on Sexuality and Sexual Health
 - Men's Reproductive Health and Involvement
 - Violence against Women and Children
 - Prevention and Management of Infertility and Sexual Dysfunction

ENVIRONMENTAL HEALTH AND SANITATION

- ❖ Environmental Health
- ❖ It is a branch of public health that deals with the study of preventing illness by managing the environment and changing people's behavior to reduce exposure to biological and non-biological agents of disease or injury
- ❖ Health and Sanitation Laws
 - PD 856 – Sanitation Code of the Philippines
 - RA 6969- toxic Substances and hazardous and Nuclear Waste Control Act of 1990
 - RA 8749- Clean Air Act of 1999
 - RA 9003- Ecological Solid Waste Management Act of 2000
 - RA 9275- Clean Water Act 2004
- ❖ **Environmental Sanitation**
 - Study of all factors in man's physical environment, which may exercise a deleterious effect on his health well-being and survival
- ❖ The Development of Health through the Environment and Occupation Health Office (EOHO) has set some policies on the following areas:
 1. Approved Types of Water Supply Facilities
 - **LEVEL 1 (Point Source)**
 - ✓ Protect well or developed spring with an outlet but without a distribution system
 - ✓ Serves around 15 to 25 households
 - ✓ Outreach must not be more than 250 meters from the farthest user
 - ✓ Yield or discharge is generally from 40 to 140 liters per minute
 - ✓ Generally adaptable for rural areas where the houses are thinly scattered
 - **LEVEL II (Communal Faucet System or Stand –posts)**
 - ✓ System composed of a source of reservoir, a piped distribution network and communal faucets
 - ✓ Located not more than 25 meters from the farthest house
 - ✓ Designed to deliver 40-80 liters of water per capital per day
 - ✓ Average households: 100
 - ✓ One faucet per 4 to 6 households
 - ✓ Suitable for rural areas where houses are clustered densely to justify a simple-piped system
 - **LEVEL III (Waterworks System or Individual House Connections)**
 - ✓ NAWASA, Maynilad
 2. Unapproved type of water facility
 - Open dug wells
 - Unimproved springs
 - Wells that need priming
 3. Access to safe and potable drinking water

4. Water quality and monitoring surveillance

- Disinfection of water supply sources is required on the following:
- Newly constructed water supply facilities
- Water supply facility that has been repaired/improved

5. Waterworks/water system and well construction

- Well sites shall require the prior approval of the Secretary of Health or his duly authorized representative
- Well construction shall comply with sanitary requirements of the Department of Health
- Water supply system shall supply safe and potable water in adequate quantity

PROPER EXCRETA AND SEWAGE DISPOSAL PROGRAM

APPROVED TYPE OF TOILET FACILITY

Level I	Non-water Carriage Toilet Facility <ul style="list-style-type: none"> ✓ Pit Latrines ✓ Reed Oderless Earth Closet Toilet Facilities requiring small amount of water <ul style="list-style-type: none"> ✓ Poor Flush Toilet ✓ Aqua Privies
LEVEL II	Water carriage type with Water Flush type with septic vault/tank disposal facilities
LEVEL III	Water carriage types of toilet facilities connected to septic tanks and/or sewerage system to treatment plant

FOOD SANITATION PROGRAM

- ❖ Food Establishments shall be appraised as to the following sanitary conditions:
 - Inspection/approval of all food source, containers, transport vehicles
 - Compliance to sanitary permit requirements for all food establishment
 - Provision of updated Health certificate for food handlers, cooks and cook helpers
- ✓ **DOH's Administrative Order no.1** – 2006 requires all laboratories to use Formalin Ether Concentration Technique (FECT) instead of the direct fecal smear in the analysis of stools of food handlers.
- Food Establishment shall be rated as follows:
 - ✓ **CLASS A** – Excellent
 - ✓ **CLASS B** – Very Satisfactory
 - ✓ **CLASS C** – Satisfactory
- ❖ **Four Rights in Food Safety**
 - Right Source
 - ✓ Always buy fresh meat, fish fruits & vegetables
 - ✓ Look at the expiry dates of processed food
 - ✓ Avoid buying canned goods with dents, bulges, deformation, broken seals and improper seams
 - ✓ Boil water for at least 2 minutes (running boiling)
 - Right Preparation
 - ✓ Avoid contact between raw food and cooked food
 - ✓ Always buy pasteurized mild and fruit juices
 - ✓ Wash vegetables well if to be eaten raw such as lettuce, cucumber, tomatoes & carrots
 - ✓ Wash hands kitchen utensils before and after preparing foods
 - ✓ Sweep kitchen floors to remove food droppings

- Right Cooking
 - ✓ Cook food thoroughly (temperature on all parts of the food should reach 70 degrees centigrade)
 - ✓ Eat cooked food immediately
 - ✓ Wash hands thoroughly before and after eating
- Right Storage
 - ✓ All cooked food should be left at room temperature for not more than two hours
 - ✓ Use tightly sealed containers for storing food
 - ✓ Store food under hot conditions (at least or above 60°C) or in cold conditions (below or equal to 10°C) if you can plan to store it for more than 4 to 5 hours
 - ✓ Do not overburden the refrigerator by filling it with too large quantities of warm food
 - ✓ Food should be reheated to at least 70 degrees centigrade
 - ✓ Rule in Food Safety: **"When in doubt, throw it out!"**

OTHER PRIORITY HEALTH PROGRAMS

SENTRONG SIGLA (SS) CERTIFICATION

Goal: Quality Health Care, Services, and Facilities

Level and Scope of Certification

1. Basic SS Certification

- Minimum input, process and output standards for integrated public health services for 4 core programs, facility system, regulatory functions and basic curative services

2. Specialty Awards

- Second level quality standards for selected 4 core public health programs

3. Awards for Excellence

- Highest level quality standards for maintaining Level 2 standards for the 4 core public health programs and level 2-facility system for at least 3 consecutive years.
- The SS Certification validity of certification is every two years.

- Facilities which did not progress to a level of certification but maintained current certification are:

- ✓ Given stickers to confirm the renewal of the validity of seal
- ✓ No other incentives given for mere renewal of SS status

- Facilities that slide back; seal will not be removed but not issued an SS sticker

❖ Scope and structure of the SS Quality Standards (Level I)

- Primary Function: Provide basic public health services
- Facility and System Standards
 - ✓ Ensure that the health facility is appropriately equipped with sufficient manpower, adequate logistics and organized procedures to efficiently and effectively promote core public health programs
- Integrated Public Health Function Standards
 - ✓ Ensure that the health facility and staff promote public health programs and prevent and control public health problems through direct patient/client care
- Basic Curative Function Standards
 - ✓ Ensure that the health facility and staff provide basic curative services that consist of primary level outpatient and emergency care
- Regulatory Function Standards
 - ✓ Ensure that the health facility and staff support and provide an environment to prevent, reduce and control risks and hazards to the community

❖ Scope and Structure of SS Quality Standards (Level II)

1. Local Health System Development

Goal: To strengthen local health system development

2. Integrated Public Health Functions covering 5 core public health programs:
 - Integrated Women's Health
 - Child Care
 - Prevention and Control of Infectious Disease
 - Integrated Prevention and Control of Lifestyle Related Diseases
 - Environmental Health

HERBAL MEDICINE

- ❖ General guidelines for the use of medicinal plants
 - Be sure that the right kind of plant is used according to the intended purpose
 - Use the plant part suggested
 - Use according to the dosage and direction recommended
 - Use only one kind of medicinal plant at a time
 - Stop the use of the plant if there is any untoward reaction or if side effects occur
 - If there are no signs of improvement after two or three administration of the drug, consult a physician
 - In boiling the plants, use enamel ware or clay pots, not aluminum ware. Clean the pots very well before and after boiling the plant
 - Use only the prescribed part of the plant
 - Avoid the use of insecticides
- ❖ Herbal Plants
 1. **Lagundi** (*Vitex negundo*)
 - For cough and asthma
- Preparations
 - ✓ Clean the leaves thoroughly and chop
 - ✓ Measure two cups of water and boil on a low fire for 15 minutes
 - ✓ Use the table on the amount of leaves to be used

LEAVES		
AGE	FRESH	DRIED
Adult	6 tbsp.	4 tbsp.
7- 12 y/o	3 tbsp.	2 tbsp.
2 – 6 y/o	1 ½ tbsp.	1 tbsp.

- Dosage
 - ✓ Divide the solution into three parts. Drink one part each in the morning, noon and night For fever, drink each part every four hours
- 2. **Yerba Buena** (*Mentha cordifolia* Opiz ex Fresen)
 - For pains of the body
 - Preparations
 - ✓ Cleanse thoroughly and chop the leaves, then boil in two glasses of water for 15 minutes.
 - ✓ Do not cover the pot; allow to cool and strain
 - ✓ For adults, six tbsp. of fresh leaves or four tbsp. of dried leaves should be used
 - ✓ For patients 7-12 years old, use half the adult dose
 - Dosage
 - ✓ Divide the boiled solution into three parts and drink on part each in the morning, afternoon and evening, Squeeze the fresh leaves and place on the painful part
- 3. **Sambong** (*Blumea balsamifera*)
 - For swelling. Diuresis, anti-urolithiasis
 - Preparations
 - ✓ Cleanse thoroughly and chop leaves, boil in two glasses of water for 15 minutes

- ✓ Do not cover the pot; keep boiling and strain
- ✓ For adults, use six tbsp. fresh leaves or four tbsp. dried leaves
- Dosage
 - ✓ Divide the boiled solution into three parts and drink one part each in the morning, afternoon and evening, Squeeze the fresh leaves and place on the painful part.

4. **Tsaang Gubat** (*Ehretia microphylla* Lam)

- For stomachache
- Preparations
 - ✓ Cleanse thoroughly and chop leaves and boil in two glasses of water for 15 minutes
 - ✓ Do not cover the pot; keep cooking and strain
 - ✓ For adults, six tbsp. of fresh leaves or four tbsp. of dried leaves should be used
 - ✓ For patients 7-12 years old, use half the adult dose
- Dosage
 - ✓ Divide in two parts and drink one part every four hours

5. **Niyug-niyugan** (*Quisqualis indica*)

- For ascaris
- Preparation
 - ✓ Use newly-opened, mature and dried nuts
- Administration
 - ✓ Eat the seeds two hours after supper
- Dosage

Adult	8-10 seeds
7-12 y/o	6-7 seeds
6-8 y/o	5-6 seeds
4-5 y/o	4-5 seeds

6. **Bayabas** (*Psidium guajava*)

- For cleansing or wounds, mouth infections and swollen gums
- Preparations
 - ✓ Clean thoroughly and chop leaves
 - ✓ Boil two glasses of leaves in four glasses of water on a low fire
- Administration
 - ✓ Clean wounds with the solution two times a day. To use as a mouthwash, use a lukewarm solution

7. **AKapulko** (*Cassia alata*)

- Infected skin, skin irritation and scabies
- Preparation
 - ✓ Squeeze enough leaves
- Administration
 - ✓ Apply the juice of the leaves on affected parts twice a day

8. **Ulasimang bato** (*Peperomia pellucida*)

- Lower uric skin; for arthritis or gout
- Preparations
 - ✓ Salad: Clean leaves thoroughly, Eat three times a day with meals
 - ✓ Decoction: Clean leaves thoroughly and boil 1 ½ glasses of leaves in two glasses of water for 15 minutes. Divide into three parts and take three times a day.

9. **Bawang** (*Allium sativum*)

- To lower cholesterol level
- Preparation
 - ✓ Saute or boil; may be infused (five minutes); be mixed with vinegar
- Administration and Dosage

- ✓ Eat two clove of garlic with meals three times a day

10. **Ampalaya** (*Momordica charantia*)

- For diabetes mellitus (mild-insulin dependent)
- Preparation
 - ✓ Clean the leaves thoroughly and chop. Measure two cups of leaves in two glasses of water, Boil for 15 minutes on low fire. Drink ½ glass three times a day before eating

HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM

- ❖ **Goal:** Promoting health emergency preparedness among the general public and strengthening the health sector capability and response to emergencies disaster.
- ❖ **Legal Mandate**
 - Presidential Decree No 1566 (1978) – Strengthening the Philippine Disaster Control Capability and Establishing the National Program on Community Disaster Preparedness
 - Republic Act No 7160 (Local Gov't Code of 1991)
 - ✓ Transfer of responsibilities from the national to the local government units (LGUs)
- ❖ **Disaster and Health Emergency Management**
 - **Disaster**
 - ✓ It a serious disruption of the functioning of a society, causing widespread human, material or environmental losses which exceed the ability of the affected society to cope, using only its own resources.
- **Classification of Disaster according to its cause**
 1. Natural Disaster
 2. Human generated/Man-made
- **Emergency**
 - ✓ Requires an immediate response
 - ✓ It is the responsibility of all
 - ✓ It should be woven into the community and administrative levels
 - ✓ It should concentrate on process and people rather than documentation
- **Main objective:** Decrease mortality, morbidity and prevent disability
- **Hazards**
 - ✓ Any phenomenon, which has the potential to cause disruption or damage to humans and their environment
- **General Principles**
 - ✓ **First priority:** protection of the people who are at risk
 - ✓ **Second priority:** protection of critical resources and systems on which communities depend
 - ✓ Disaster management must be an integral function of national development plans and objectives
 - ✓ Disaster management relies upon an understanding of hazard risks
 - ✓ Capabilities must be developed prior to the impact of a hazard
 - ✓ Disaster Management must be based upon interdisciplinary collaboration
- **Major Risks to be Considered**
 1. Natural risks
 - ✓ E.g. flood, earthquake, cyclones
 2. Technological risks
 - ✓ Chemical, radiological, other events caused by the failure of the socio-technical systems
 3. Epidemics
 4. Societal risks
 - ✓ Caused by social exclusion, extreme poverty and group violence.

NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM

RA 7719 – Blood Services Act 1994

❖ **Objectives**

- To promote and encourage voluntary blood donation by the citizenry and to instill public consciousness of the principle that blood donation is a humanitarian act.
- To provide adequate, safe, affordable and equitable distribution of supply of blood and blood products
- To mobilize all sectors of the community to participate in mechanisms for voluntary and non-profit collection of blood

❖ **Vision**

- Envision a network of modernized national and regional blood centers operating on a fully voluntary, non-remunerated blood donation system

❖ **Mission**

- Ensure adequate, safe and accessible blood supply by:
 - ✓ Promoting voluntary blood donation
 - ✓ Establishing new blood service facilities
 - ✓ Organizing association of blood donors and training medical practitioners on national blood use

❖ **Requirements before donating:**

- Weigh more than 45 kg (100 lbs) for 250 ml of donated blood; 50kg (110 lbs) for 450 ml of donated blood
- Be in good health
- Be aged 16-65 years (for ages 16 & 17, parental consent is need)
- Systolic BP =90-160 mm Hg
- Diastolic =60-100 mm Hg
- Hemoglobin at least 12.5g/dL

❖ **Contraindications**

- Diabetes
- Cancer
- Hyperthyroidism
- Cardiovascular disease
- Severe psychiatric disorder
- Epilepsy/convulsions
- Severe bronchitis
- AIDS/ Syphilis and other STI (past & present)
- Malaria
- Kidney and Liver disease
- Prolonged bleeding
- Use of prohibited drugs

❖ **Blood extracted for Donation**

- Whole blood and red cell concentrates
 - ✓ Shelf-life to 5 weeks
- Plasma
 - ✓ Can be stored frozen for **12 months**
- Considerations after blood donation:
 - ✓ Leave the adhesive dressing on your arm for **at least 3 hours** but not more than **twelve (12) hours**.
 - ✓ Bruising or discoloration may occur and will disappear in a few days
 - ✓ Avoid carrying heavy objects with your donating arm
 - ✓ Do not smoke for the **next 2 hours**
 - ✓ Avoid alcohol intake for the **next 12 hours**
 - ✓ Eat regular meals and increase fluid intake following your donation

BOTIKA NG BARANGAY

Goal: To promote equity in health by ensuring the availability and accessibility of affordable safe and effective quality essential drugs to all, with priority for marginalized, underserved, critical and hard to reach areas.

❖ Objective:

- To rationalize the distribution of common drugs and medicines among intended beneficiaries
- To serve as mechanism for the DOH to establish partnership with Local Government Units (LGUs)
- To optimize involvement of the Barangay Health Workers addressing the health need of the community

❖ Criteria for Establishing a Botika ng Barangay

- Managed or operated by an established community organization or cooperative which is duly recognized as a judicial body
- Service or coverage area a barangay that is far flung, depressed, and hard to reach area as defined in the Magna Carta for public Health Workers implementing Rules and Regulations
- Community-sourced funds at least 1/3 of the initial capital requirements
- Local government unit/other government officials-sourced funds at least 1/3 of the initial capital requirement
- Submission of a barangay socio-economic profile and health profile including a master list of indigents, if available
- Commitment form a licensed pharmacist to supervise Botika ng Barangay operations
- Identification and selection of at least 2 accredited Barangay Health Workers or Community Volunteer Health workers trained as botika ng barangay Aides
- Availability of a botika ng barangay space

COMMUNITY ORGANIZING PARTICIPATORY ACTION RESEARCH (COPAR)

DEFINITION

- ❖ The strategy used by the health Resource Development Program (HRDP) III in implementing primary health care delivery in depressed and undeserved communities for them to become self-reliant
- ❖ It is collective, participatory, transformative, liberate, sustained & systematic process of building people's organizations by mobilizing and enhancing the capabilities and resources of the people for the resolution of their issues and concerns towards effecting change in their existing oppressive and exploitative conditions (National Rural CO conference, 1994)

❖ Importance:

- Tool for community development & people empowerment
- Prepares people/clients to eventually take over the management of a development programs in the future
- Maximizes community participation and involvement

PRINCIPLES

People, especially the most oppressed, exploited and **deprived sectors** are open to change, have the capacity to change, and are able to bring about change

Based on the interests of the poorest sectors of society

Should lead to self-reliant community and society

❖ Process/Methods used in COPAR

- Progressive Cycle of Action Reflection Action
 - ✓ Begins with small, local and concrete issues identified by the people and the evaluation and reflection of and on the action taken by them
- Consciousness Raising
 - ✓ Emphasis on learning that emerges from concrete action and which enriches succeeding action
- COPAR is participatory and mass-based
 - ✓ Primarily towards and biased in favor of the poor, the powerless and the oppressed
- COPAR is group-oriented not leader-oriented
 - ✓ Leaders are identified, emerge and are tested through action
 - ✓ Rather than appointed or selected by some external force or entity

COMMUNITY ORGANIZING

- ❖ Continuous and sustained process of educating the people let them understand and develop their critical awareness of the existing conditions

Objectives

- To make the people aware of social realities towards the development of local initiative, optimal use of human, technical and material resources
- To form structures that uphold the people's basic interests as oppressed and deprived sections of the community and as people bound by the interest to serve the people
- To initiate responsible actions intended to address holistically the various community health and social problems

Emphasis

- Members of the community work to solve their own problems
- Direction is internal rather than external
- Development of the capacity to establish a project is more important than the project
- There is consciousness-raising with regard to the situation of health care delivery within the total structure of society.

COPAR PROCESS

1. Pre – Entry Phase

- Done **before** going to the community
- Activities
 - ✓ Community consultations/dialogues related to site selection
 - ✓ Setting of issues/considerations related to site selection
 - Development of criteria for site selection
 - Socio-economically depressed and underserved community with majority of the population belonging to the poor sector
 - Health services are inaccessible
 - Community is in poor health status
 - The area must have relative peace and order
 - Acceptance of the program by the community
 - ✓ Site selection
 - ✓ Preliminary Social Investigation (PSI)
 - Use of secondary data from various government offices, particularly the Provincial Health Office and / or RHU
 - Use of secondary data from other community based health programs
 - Coordination with extension workers from both GO and NGO
 - Conduct ocular observations, noting the accessibility, geography , terrain, settlement patterns and available physical resources
 - ✓ Networking with local government units (LGUs) NGO and other departments

2. Entry phase

- Integration with community residents
- Deepening Social Investigation
- Information Dissemination
- Core Group (CG) Formation
 - ✓ Development of criteria for the selection of CG members
 - Respected member of the community
 - Belongs to the poor sector of society
 - Must be responsible, committed and willing to work for social change and social transformation
 - Must be willing to learn
 - Must be able to communicate; can express oneself in a group
 - ✓ Defining the roles/functions/tasks of the CG
 - Delivery of basic health services
 - Coordination/dialogue/consultation with other community organizations
 - Self-Awareness and Leadership Training (SALT)

- ✓ This will help each one discover his/her potentials and talents and discover opportunities for growth and development of the entire community

3. Community Study/Diagnosis phase/Research phase

- Selection of the research team
- Training on data collection methods and techniques
- Planning for the actual data gathering
- Data Gathering
- Community Validation
- Presentation of Community Diagnosis and recommendation
- Prioritization of Community Needs/Problems for action

4. Community Organization & Capacity Building Phase

- Community Meetings
- Election and induction of CHO officers
- Development of management systems and procedures
- Team building Activities /Action-Reflection- Action Session (ARAS)
- Organization of the Working Committees
- Training of CHO officers/ Community Leaders

5. Community Action Phase

- Organization and training of Community Health Workers (CHW)
 - ✓ Development of criteria for the selection of CHWs
 - ✓ Selection of CHWs
 - ✓ Training of CHWs
- Setting up linkages, networks, and referral systems
- Project implementation, Monitoring, and Evaluation (PIME) of health services intervention schemes and community development projects
- Initial identification and implementation of resource mobilization schemes

6. Sustenance & Strengthening Phase

- Formulation and ratification of constitution and by-laws
- Identification and development of secondary leaders
- Formalizing and institutionalizing of linkages, networks, and referral system
- Setting up and institutionalizing financing scheme for the community health program/activities
- Development and implementation of viable committees, management system and procedures
- Continuing Education of community leaders, CHWs and CHO members and community residents
- Develop medium and long-term community and development plans

10 CRITICAL ACTIVITIES IN COPAR

1. Integration

- Establishing rapport with the people in a continuing effort to imbibe community life and undergoing the same experience as the people and sharing their hopes, aspirations and hardships towards building mutual trust and cooperation

2. Social Inverigation

- Process of systematically learning and analyzing the various structures and forces in the community
- Objectives
 - ✓ Gather data on the geographic, economic, political and socio-cultural situation of the community
 - ✓ Identify the classes and sectors present in the community
 - ✓ Determine the correct approach and method of organizing
 - ✓ Provide a basis of planning and programming of organizing activities

3. Planning

- Process of formulating specific activities to attain the goals of meeting community needs solving community problems

4. Ground Working

- Also termed as Agitation

- This entails going around and motivating people on a one-to-one basis to do something about community issues.
- 5. Community Meeting**
 - Ratification of what has been already decided
 - The meeting gives a sense of collective power and confidence
- 6. Role play**
 - This is means of acting out the meeting or the activity that will take place between the people and the group targeted by the mobilization
- 7. Social Mobilization**
 - This refers to the activities undertaken by the community through the people's organization to solve problems confronting the community
- 8. Evaluation**
 - The process of discovering by the people the way something has been accomplished, what has been left out and what remains to be done.
- 9. Reflection**
 - Analyzing the finished mass action, its good and weak points identified
- 10. Organization**
 - This facilitates wider participation and collective action on community problems

PARTICIPATORY ACTION RESEARCH

- ✓ Active process where the expected beneficiaries of research are the main actors in the entire research process
- ✓ It is combination of education, research and action
- ✓ Purpose is the empowerment of the people

❖ **Characteristics of Traditional and Participatory Action Research**

TRADITIONAL	PARTICIPATORY
Research has the purpose of identifying and meeting individual needs within existing social system	Research seeks social transformation
Community problems or needs are defined by experts or researchers external to the community group and considered neutral or non-biased	Research problems are defined by the community members themselves who are viewed as experts of their own reality
Research problem is studied by the researchers who control the research process	Community group undertakes the investigation on research process from data collection to analysis. External researcher work alongside the community group
Recommendations for the community are based on researcher's findings and analysis	Community formulates recommendations and an action plan based on research outcome