

Community Health Outreach Program



Paracelis, Mt. Province, Philippines



INTRODUCTION

- International collaboration between Municipal Health Office, Paracelis, Mountain Province, **Philippines** and Saku Central Hospital, Nagano, **Japan**
- Linkage between HSRA's components:
 - Service delivery – community outreach services
 - Health financing – *Peso for Health Program*
 - Regulations, service delivery & financing – *Botika Binhi* (village/ 'seed' dispensary)
- Attempt to repackage the service delivery of a rural health office based on its own capability with minimal external assistance
- The first of its kind in the Cordillera region, Philippines.

Background/Rationale



- Mass Health Screening (MHS) concept: Yachiho village, Saku (Japan) experience
 - Replication of MHS in Tabao, Benguet, Philippines
- Village/ 'seed' Dispensary [*Botika ng Barangay* (D.O.H) and *Botika Binhi* (NGOs)]
- A need for a more responsive community based health care financing scheme to supplement the National Health Insurance Program to achieve universal health insurance coverage

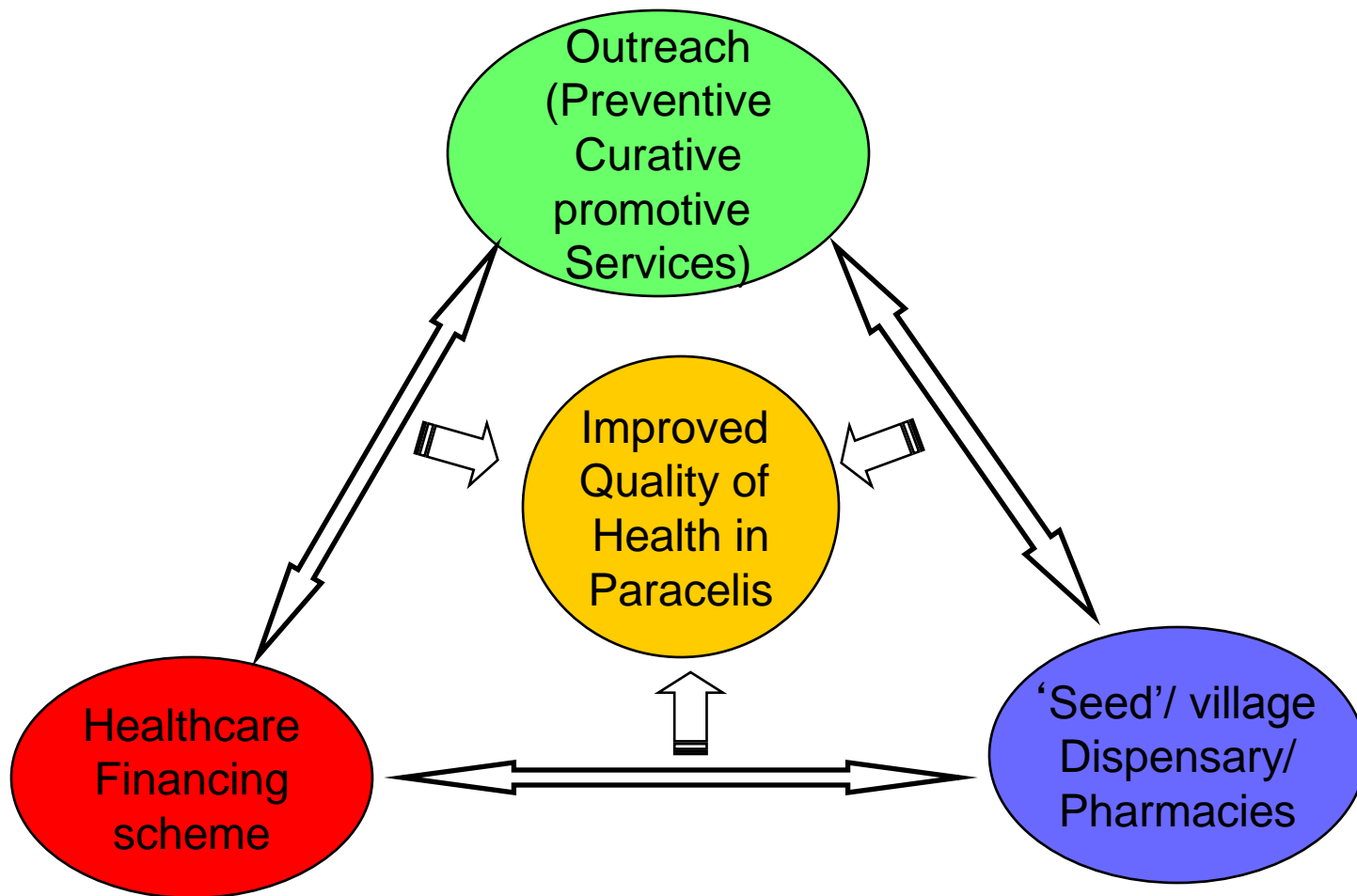
GOAL



To improve quality of health in
Paracelis, Mountain Province

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CONCEPT: Interactive, integrated, interdependent, dynamic and responsive healthcare services





GENERAL OBJECTIVE

- To make quality health services accessible, affordable and available to the populace through a responsive and sustainable community health outreach services.

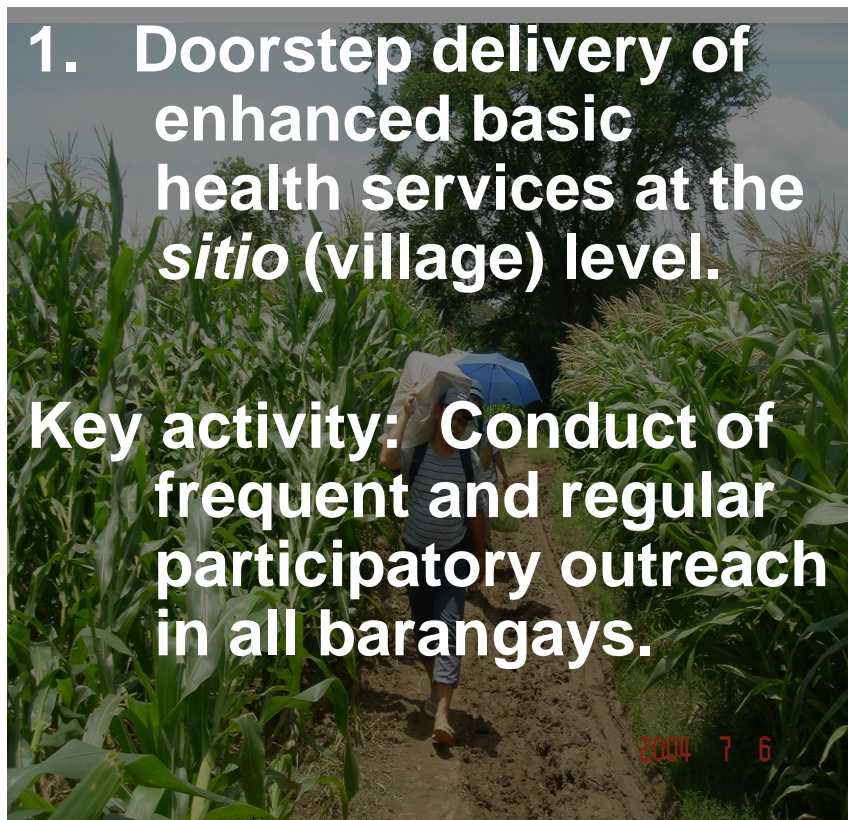
SPECIFIC OBJECTIVES

1. To conduct outreach activities in at least two *sitios* (*village*) in every *barangay* per year.
2. All *sitios* have 24-hour access to safe, affordable and quality essential medicines by 2007.
3. Thirty percent of total population (N=20,504) are enrolled in *PESO for HEALTH* by 2007.
4. To improve preventive and curative health-seeking behavior among clients.
5. To achieve *Senrong Sigla* (Center of wellness) phase II certification by e.o. 2006.

STRATEGIES

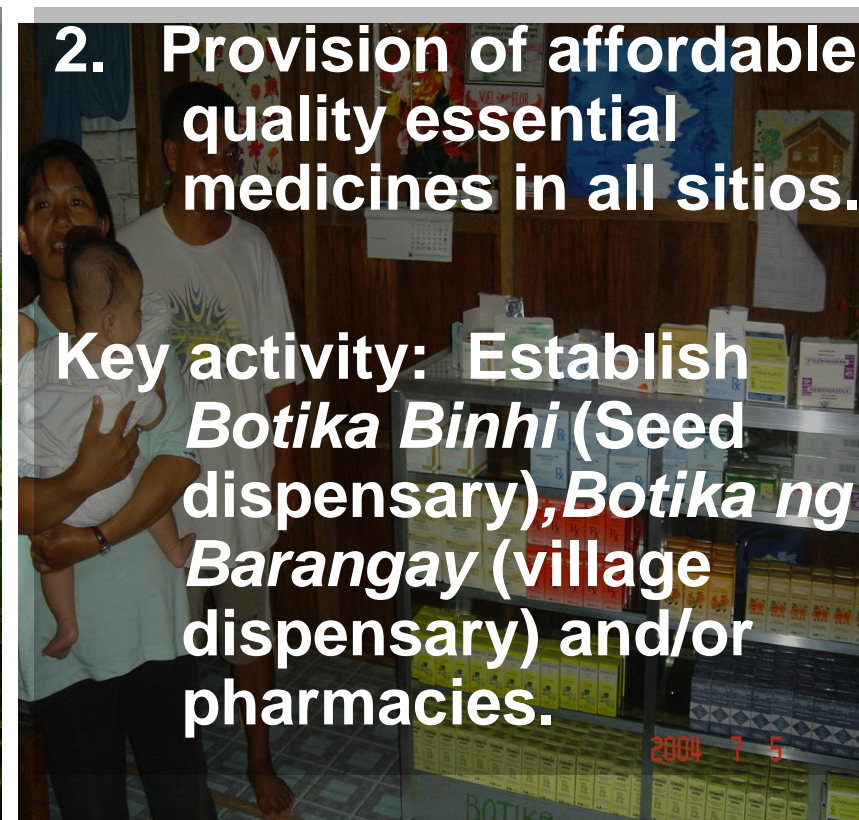
1. Doorstep delivery of enhanced basic health services at the *sitio* (village) level.

Key activity: Conduct of frequent and regular participatory outreach in all barangays.



2. Provision of affordable quality essential medicines in all sitios.

Key activity: Establish *Botika Binhi* (Seed dispensary), *Botika ng Barangay* (village dispensary) and/or pharmacies.



STRATEGIES



3. Socialized healthcare financing.

Key activity: Establish a responsive and sustainable, socialized local financing scheme acceptable to the people.

4. Ensure compliance with the minimum requirement of SSP2 (*Center of Wellness, phase 2*).

Key activity: Semi-annual self-assessment of facility and services.



COVERAGE

- All 9 *barangays* (big village) of Paracelis

COMPONENT AREAS

- OUTREACH – (Preventive, curative, and promotive community health services)
- VILLAGE/ 'SEED' DISPENSARY (*Botika Binhi/Botika ng Barangay/Pharmacies*)
- HEALTHCARE FINANCING SCHEME (*Peso for Health*)

PROGRAM MANAGEMENT STRUCTURE



LGU Paracelis

Saku C.H.

MHO

CDA -
JICA

CHOPP

Village officials

Hospital/ private
physician

Schools, TESDA, Volunteers

Cooperative Pharmacies,
Village Dispensaries



MONITORING / EVALUATION

Semi-annual review:
Municipal Health Office,
Cooperatives,
Saku Central Hospital,
CDA-JICA,
other stakeholders and
other interested parties



Accomplishment: medical services



- Conducted 6 outreach activities in 5 *barangays* (villages) from March – October except April-June (elections)





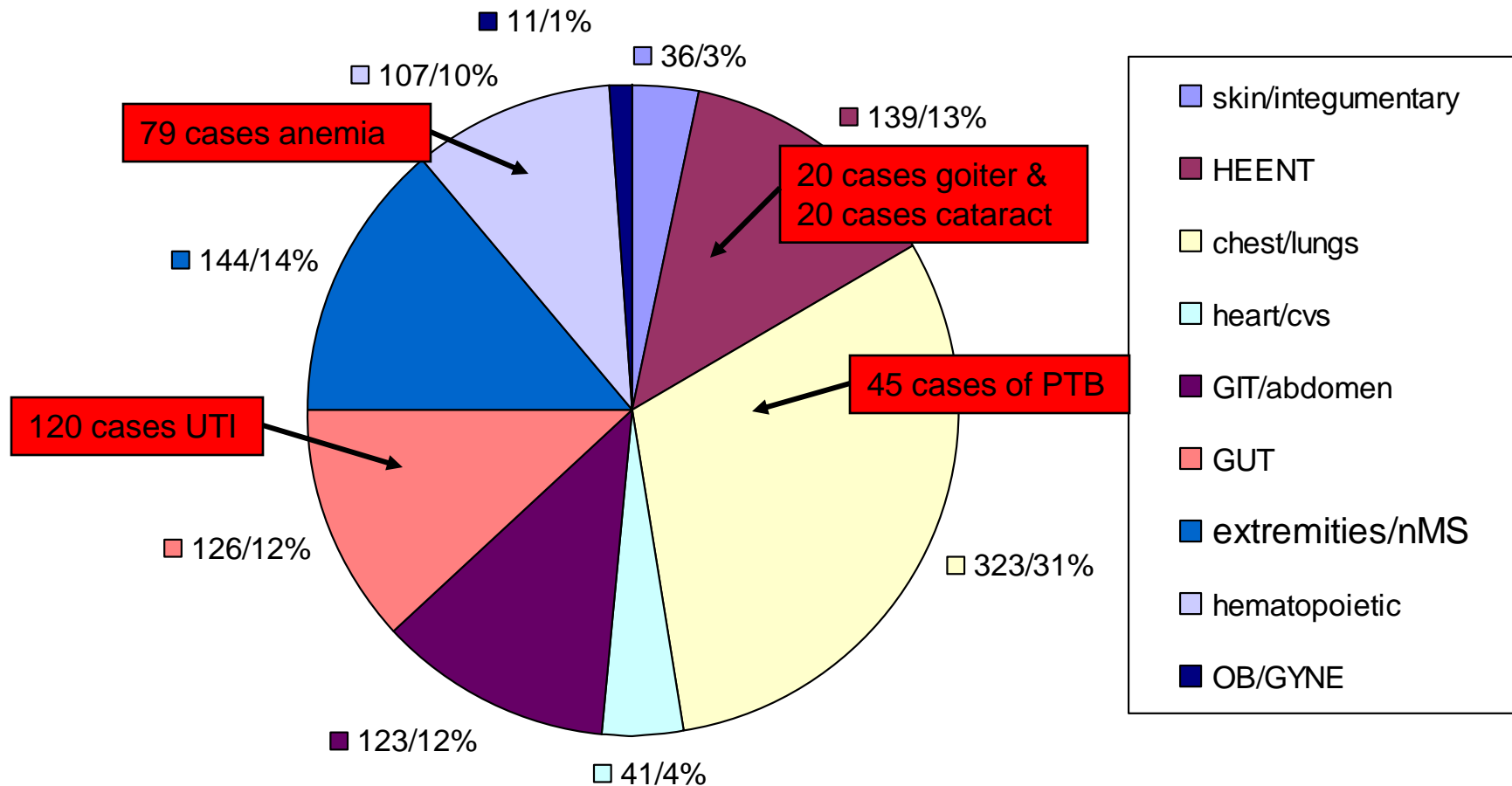
Accomplishment: Medical services

- 843 clients were seen; 95% were ill, mostly under-five agegroup.
- There were more female clients (64%). Slightly more children (52%) than adults.
- Age range: 1 mo.- 95 y/o (median: 16 years)
- Most of ill had more than one (1) medical condition.

Accomplishment: medical services



Fig.1 Impressions by body systems, all barangays, CHOPP 2004, Paracelis, Mountain Province





Accomplishment: Dental services

- 458 clients seen, mostly adults.
- All clients had dental caries.
- Adults had the most number of decayed, missed, or filled teeth.
- 33% of schoolchildren required pit and fissure sealant, 15% of adults had gingivitis treatment.
- 13% given permanent fillings.
- No neoplasm was detected.



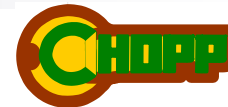
Accomplishment: Laboratory services

- **An average of 50% of all CBC (N=74) requested had below normal hemoglobin.**
- **An average of 43% had above limits pus cells in urine.**
- **24% had positive malaria smears.**
- **All sputum smears were negative at the time of examination.**

Medicines:

Most medicines dispensed were: Multivitamins, antibiotics, anti-pyretics/analgesics, H2-antagonist/antacids, cough preparations, anti-hypertensives, anti-helminthics, anti-TB





Referrals:

Most referrals are to the village health stations, hospital of choice, laboratory tests, and specialists (ophthalmology, internist, pediatrics, OB-GYNE). Reasons were: further evaluation and management, TB-DOTS, Ophthalmology, Laboratory tests, Chest x-ray, EKG, Biopsy of mass, treatment

Accomplishment: Village dispensary Component(BB/BnB/pharmacy)

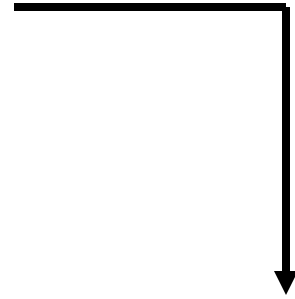
Table 3. Village dispensary established, CHOPP 2004, Paracelis, Mountain Province

Botika Binhi	Location	Start up grant (NGO)	Date Operation
1. PASGO	Poblacion	PhP 40,000.00	April, 2004
2. BACALAB	Poblacion	30,000.00	April, 2004
3.Brgy PALITUD	Palitud	30,000.00	April, 2004



BOTIKA BINHI

BB/PHARMACY



- >Prices are 150-200% lower than other regular pharmacies
- >Current worth of this pharmacy is thrice (3x) initial capital investment



Village dispensary component:

- **Botika Binhi: Five (5) additional ‘seed’ dispensaries set-up through a cooperative. Five (5) more dispensaries are being set-up for 2006.**
- **Botika ng Barangay: Six dispensaries were established by Dept. of Health and ten (10) more are being set-up for 2006.**
- **Total: 9/29 (31%) target dispensaries set up**

Accomplishment: Health financing component (Peso for Health)



Table 4. Health financing schemes, CHOPP 2004, Paracelis, Mountain Province

Scheme	Contribution/ Membership fee	Benefit ceilings*	Waiting period
one peso	PhP 1.00/mo or 12.00/year +10.00 l.m.f. Total = P22.00/yr	PhP 200.00/year	6 months
Five peso	PhP 5.00/mo or 60/yr + 10 l.m.f. Total= P70.00/yr	PhP 500.00/yr	3 months
Ten peso	PhP 10.00/mo. or 120/yr + 10 l.m.f	PhP 1,000.00	none

*: covers only medicines/services available at health centers & dispensaries

Accomplishment: Health financing component

- 17.55%(3,599) of total population (N=20,504) enrolled.
 - 47.6% of those enrolled availed of services.
- Interdependence with Dispensary component: 92.65% of pooled member's fund reimbursed medicines availed of at village dispensaries.
 - Benefit: more clients seek health check-up at outreach and regular consultations without need of 'out-of-pocket' payment.

Issues and concerns:

- **Mobility – inadequate/unreliable transport during outreach**
- **Epi6 software – needs reorientation/additional training**
- **Financial management of Peso for Health fund.**

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WHAT'S NEXT?



- Community-Based Health Promotion Program (CBHPP)

- PTB

- MALNUTRITION

- SELF-HELP FEEDING PROGRAM

- PARENT EFFECTIVE SERVICE

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CONCLUSION



- ***This program is the first of its kind in the Philippines.***
- ***It can serve as model for other local governments to replicate.***
- ***This initiative acts in synergy with national government priorities.***
- ***Interlocal cooperation can improve patient referral.***
- ***Institutionalization and continuing political and funding support will ensure its sustained operations.***