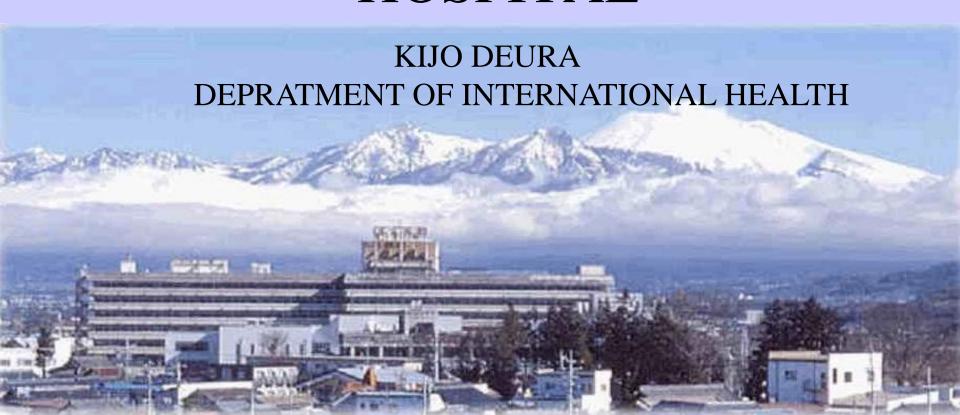
# INTERNATIONALCOOPERATION IN RURAL HEALTH and SAKU CENTRAL HOSPITAL





# Community **Health Care** System **Program**

#### VIEWS ON RURAL HEALTH

#### Goal/View

•Rural Development through Health

→ PHC Approach

#### Concepts/Objectives

- •Equality of rural and urban area
- •Participation

(Together

with farmers)

- •Prevention oriented
- •Integration of health and medical care

- Accessibility to Health/Medical Services
- •Community Organization/ Health Volunteers
- •<u>Health Promotion/Public</u> <u>Health/Health Screening</u>
- •<u>Health Screening/Early</u>
  <u>Cure/Referral System/</u>
  Networking

## First Total Village Health Care Program







## PROGRAMS

#### SCHOOL-BASED MHS

- ☐ Taba-ao Elementary School (2003)
- ☐ Kapangan Elem. Schools (2004)

INSTITUTIONAL –
BASED: LGU –
KAPANGAN (for its employees: 2004 -2005 and with possible institutionalizatio n for the whole municipality)

#### **PMHS**

(Community-based: 2002-2006)

**CBHPP** 

SAKU CENTRAL HOSPITAL

**TRAINEES** 

COMMUNITY HEALTH
OUTREACH PROGRAM
(CHOP: RHUParacelis, Mt. Province)

**COOPs** 

Cooperatives & Pharmacy/B.B

Peso for Health

School Based MHS (primary school)

# **PMHS**

#### **SERVICES:**

- ✓ Physical examination
- √ Visual Acuity Test
- ✓ Breast Examination
- Pelvic Examination with Pap Smearing
- Rectal Examination
- ✓ ECG
- ✓ Laboratory (Hemoglobin and Hematocrit, Urinalysis, Random Blood Sugar and sputum examination)
- Dental Services (oral exam, Dental scaling and extraction)







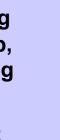
#### **CBHPP**







- ✓ CBHPP Core Group Capability Building activities (seminars/trainings on leadership, first aid and basic life support, rational drug use, Basic Botika Management.)
- ✓ Taba-ao 55 Self-Sufficiency Movement (T55SSM)
- ✓ Information and Education Campaigns (IEC) e.g. hypertension, meninggoccemia, UTI, dengue, Rainy Day Diseases, cervical and prostatic cancer
- ✓ Environmental Sanitation and Preservation activities
- ✓ Capability-building activities for children
- ✓ Health savings
- Establishment of 2 Botika Binhis

















#### TACU 55SSM as Health Promotion

(TACU 55 Self Sufficiency Movement)

#### Goal of 55SSM:

- •Health
- Food
- •Women's self-dependent
- Economic activities
- •Community empowerment









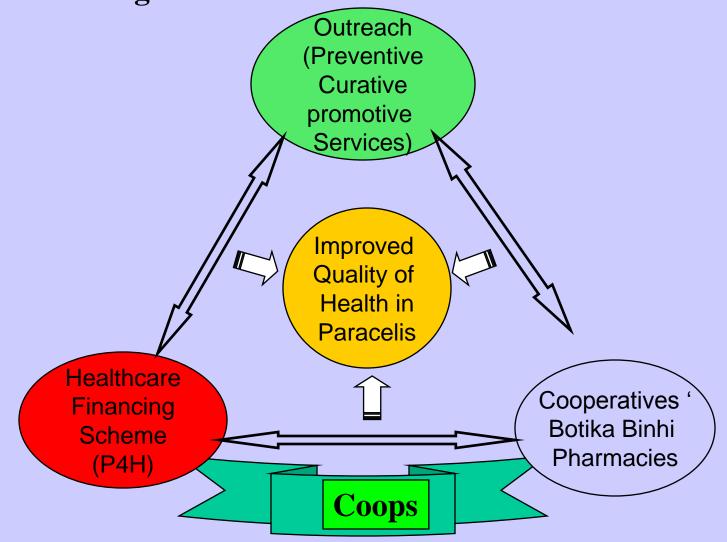
## Community Health Outreach Program

- 1.Regular Outreach 2.Village Pharmacy(BB/BnB)
- 3. Community Health Financing (P4H)



#### **CONCEPT of CHOPP**

**CONCEPT:** Unified, dynamic and responsive healthcare services at grassroots level



"The whole is greater than the sum of its parts.."

### Coops Botika Binhi Pharmacy











Binabagan BB





PASGO PHARMACY





Sallabat BB Babba BB



Saliok BB

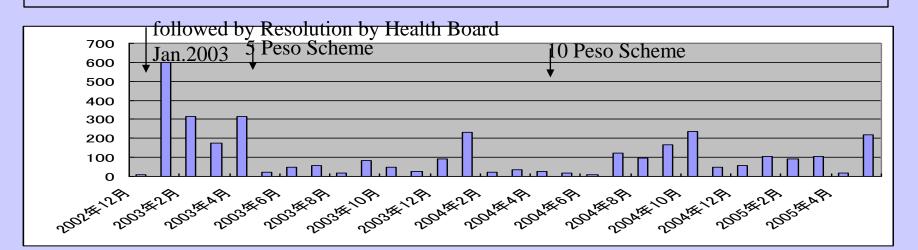


Tappo BB



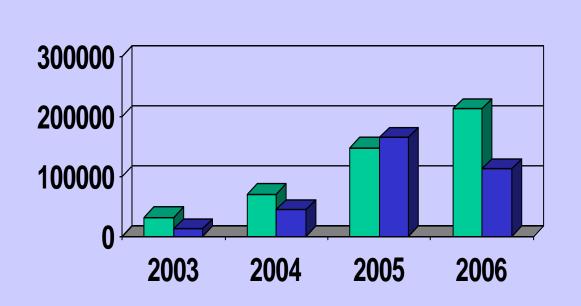
#### PESO FOR HEALTH

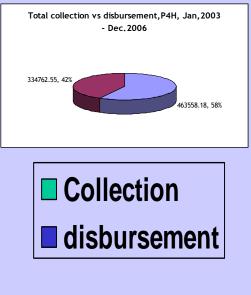
- Total members to date: 7,072 (95% of CHOPP target up to 2007 of 7,445)
- Special scheme for schools: 1,894 enrollees
- Benefit/claims: 1,136 members (50% less 2005 level)
- Collection: P212,705.98; Disbursement: P100,278.48
- All disbursement prioritized for medicines
- During outreach we served 397 P4H members, 109 PHIC members and the rest sponsored by LGU officials or health workers or paid in cash.

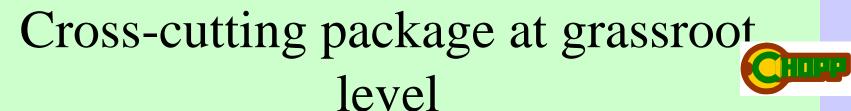


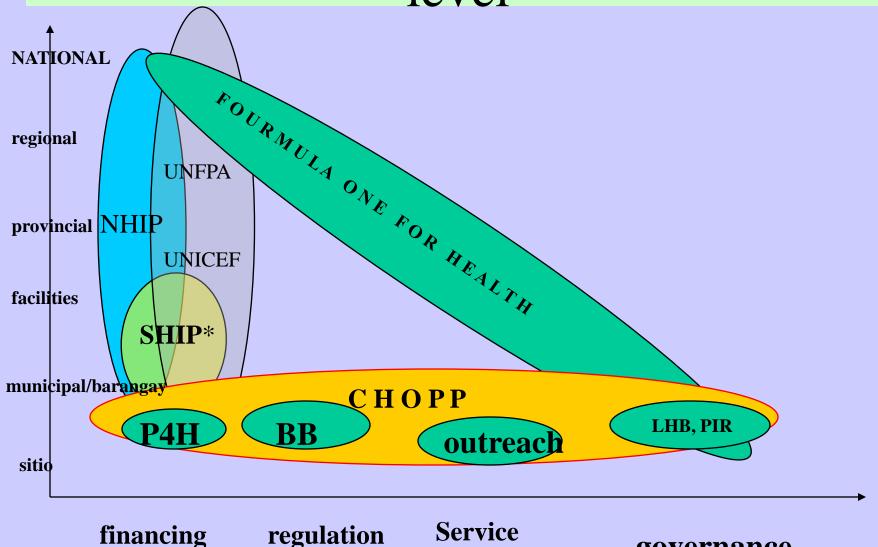
## P4H: financial status

- The are 7,072 members to date (36.5% of total population [NSO=24,817])
- Active members: 3,136 (Jan. Dec.06)









delivery

governance

#### COOP-LGU PARTNERSHIP AWARD



#### **CHOPP: BEST PRACTICE AWARD BY DOH-CAR**





# How to Evaluate Impact of Health Care Programs or Health Promotion

- •Health Indicators such as Incidence/Prevalence
  - Incidence of common illness
  - Incidence of sever illness
  - Other Basic Health Statistics
- Social Health Indicators
  - •Health Consciousness/Behavior
  - •Community Participation to Health cf. Frequency of Voluntary Activities/Programs
  - Medical Expenses
  - Others





# Distance: Village-HC-DH-PH(GH)

Area	НС	DH	PH
(Country)	km	km	km
Hoabin (V)	3.8	25	62
Vp (L)	5.6	14	39
Odxy (L)	9.8	21	22
Paracelis(P)	14.9	0.2	80
Natonin(P)	6.9	42	75
Kapangan(P)	10.9	2	35
Yachiho(J)	2.6	na	7*
Suzaka(J)	0.6	na	1*

\*:General Hospital







Health Center	Pop	Village	Staff	Dr/AsD	Nurse	VHWs	DKit
PhonengFuang VP Laos	6273	10	3	3	0	10	4
PhabongHineub VP Laos	4119	10	3	0	3	18	0
KeoKumKeodom VP Laos	4070	8	3	0	2	8	na
FanamgahXay Odxy Laos	6927	20	4	0	4	19	4
SamakyxayLa Odxy Laos	1740	5	2	0	2	na	5
PonphogXay Odxy Laos	3078	10	3	0	3	na	3
PacoMaiChau Vietmam	2156	8	6	3	2	7	0
QuyetChienTanL Vietnam	1415	7	5	1	1	7	0
TrungHoaTanL Vietnam	2136	6	4	2	1	6	0





# SURVEY ON VOLUNTEER HEALTH WORKERS AND ROLES FOR COMMUNITY HEALTH SYSTEM

Area	No of	Age	Female	Year	Household	Population	Serve
(Country)	Volunteer	(Mean)		served	No/VHW	/VHW	Days(%)
	surveyed		Male R	(mean)	(mean)	(mean)	>15
Kapangan (P)	117	45	116/1	12	42	190	93
Paracelis (P)	109	41	104/5	9	36	194	45
Natonin (P)	77	50	<b>76/1</b>	15	29	153	51
Hoabin (V)	12	34	3/9	7	56	284	67
Vientiane (L)	29	41	19/10	6	124	602	65
Odomxay (L)	30	38	11/19	6	132	833	55
Yachiho (J)	14	51	0/14	6	97	313	72
Suzaka (J)	25	57	<b>25/0</b>	2	93	na	96

Total 493 VHWs (P: Philippines, J: Japan, V: Vietnam, L: Laos)

# Reasons for becoming VHWs (%)

Reason	KAPAN GAN	PARA CELIS	NATO NIN	YACHI HO	SUZA KA	HOA BIN	VP	Odxy
Voluntary/O wn Will	53%	77%	73%	0	0	67%	14%	24%
Recommend /Nominate	30%	16%	8%	100%	100%	25%	79%	64%
Mandate of Community	16%	2%	9%	0	0	0	7%	12%
Others	0.1%	6%	10%	0	0	8%	0	0
(Total No)	(161)	(124)	(88)	(14)	(25)	(12)	(29)	(33)

# Benefits of VHWs (%)

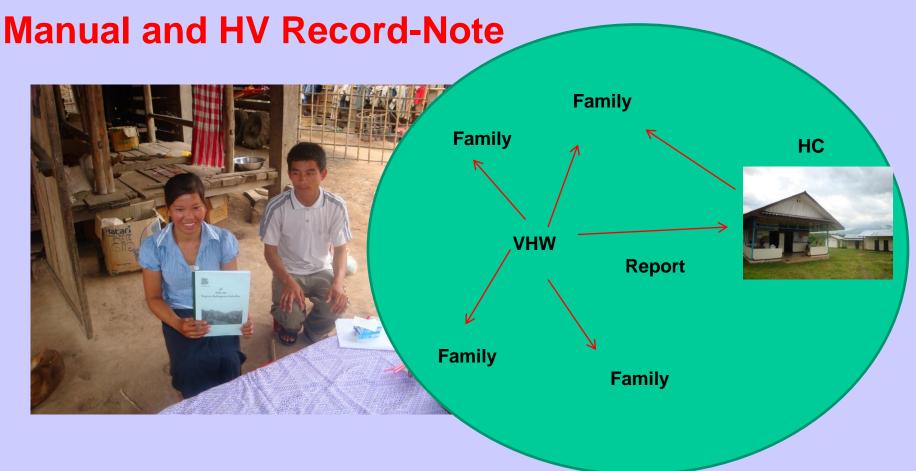
Category	KAPA NGAN	PARAC ELIS	NATON IN	YACHI HO	SUZA KA	HOA BIN	VP	Odxy
Religion/Spiri	t 7	5	38	0	0	0	16	24
Social Satisfaction	29	27	33	28	28	85	34	36
Knowledge	44	27	32	67	69	8	42	31
Allowance	17	18	18	0	0	8	8	7
Others	3	23	5	6	3	0	0	3
(Total No)	(258)	(198)	(187)	(18)	(29)	(13)	(62)	(72)

(Multi answer is acceptable)

# Barangay Health Volunteers (VHWs in Philippines)

- · BHW's Benefits and Incentive Acts in 1995
- ·Benefits/Incentives by Village and Governments
  - allowance by village,
  - training,
  - •free medicines and medical services
  - •free legal consultation
  - •hazard allowance
  - •loan services
  - •giving chance to stepladder curriculum to higher educations to be midwives, nurses, doctors and so on

# Healthy Village Campaign Home Visit Program in Odxy, Laos

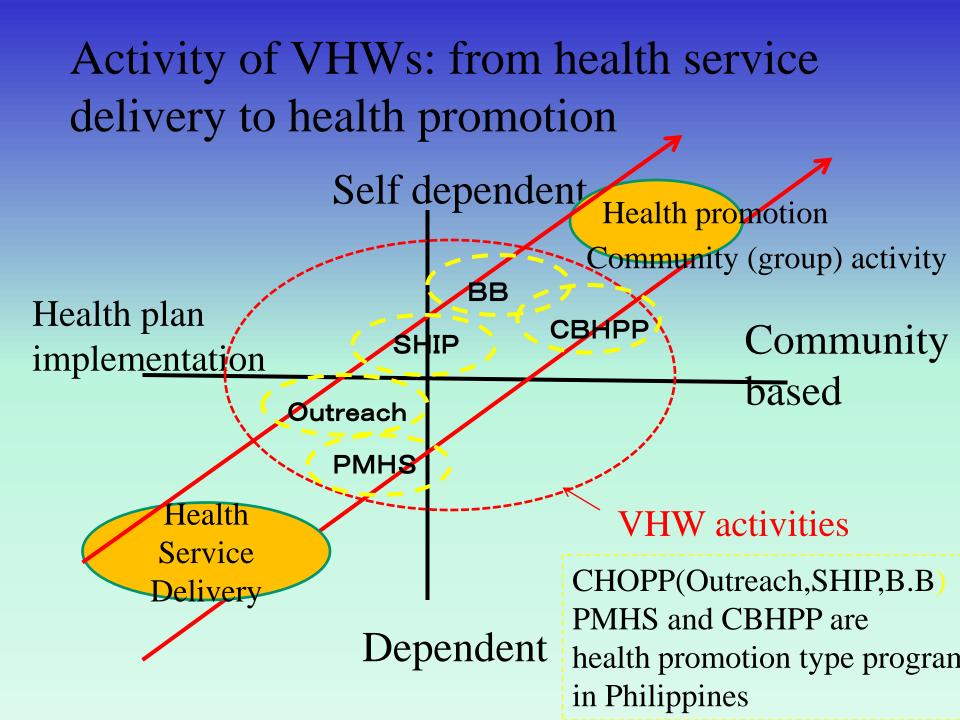


Home Visit to all Families at least 2 times /Year







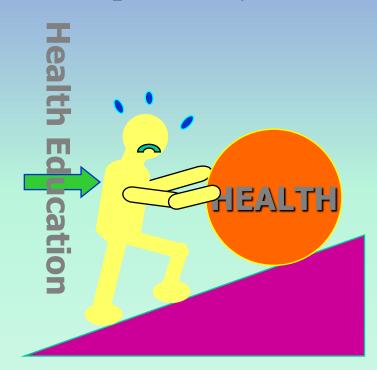


## The Bamako Initiative

- Provision of Essential Drug
- •Strengthening Health Volunteers/Activities
- •Financial/ Human Commitments at Community Level
- Participation to Community Activities
- •Roles/Commitments of Health Workers /Professionals/Health Facilities

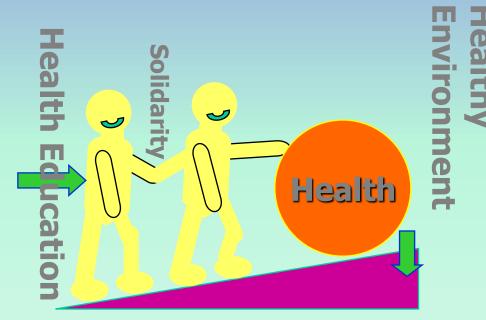
## **Concept of Health Promotion**

personally



**Health Promotion** 

Together with environmental improvement for health



Health Promotion

# The Otawa Charter: Framework of Health Promotion

#### Promote capacity building of people for health

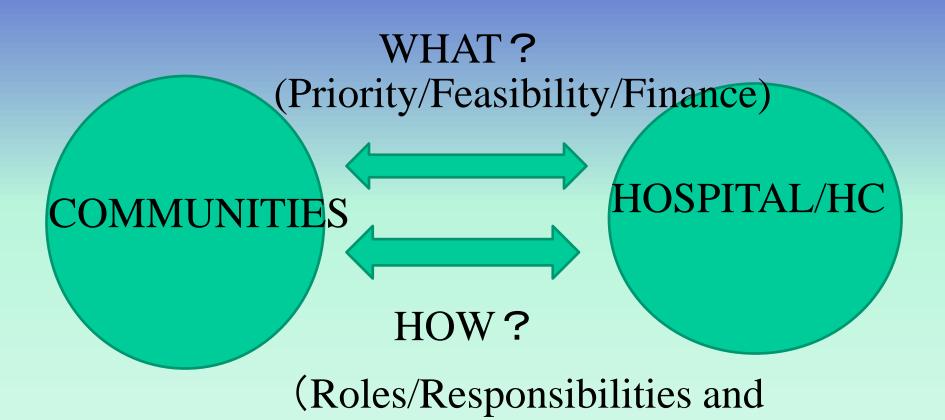
- Strengthen community action
- Develop personal skills

**Build system, environment and organization for promoting health (Social/environmental factors)** 

- Build healthy public policy
- Create supportive environment
- Reorient health services

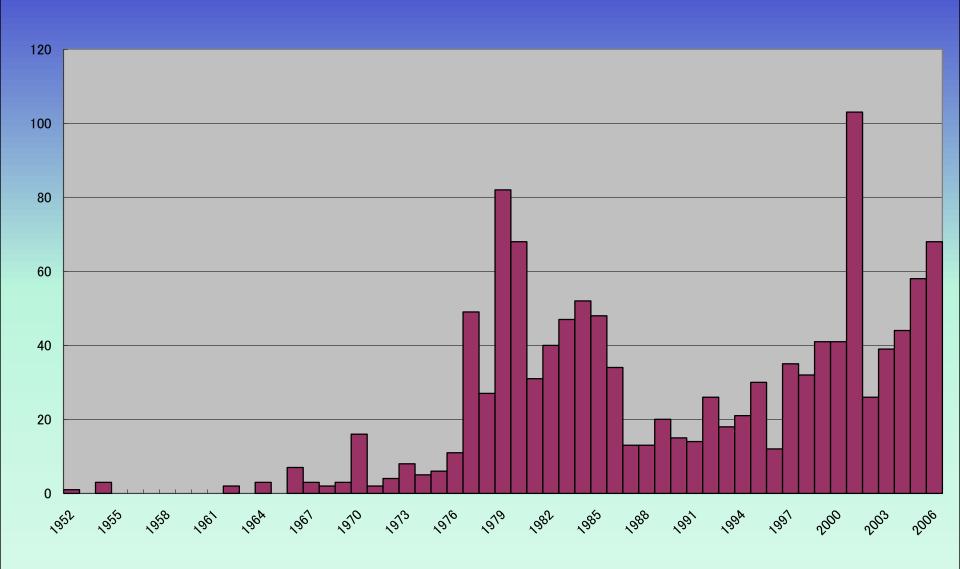
**Advocate, Enable, Mediate** 

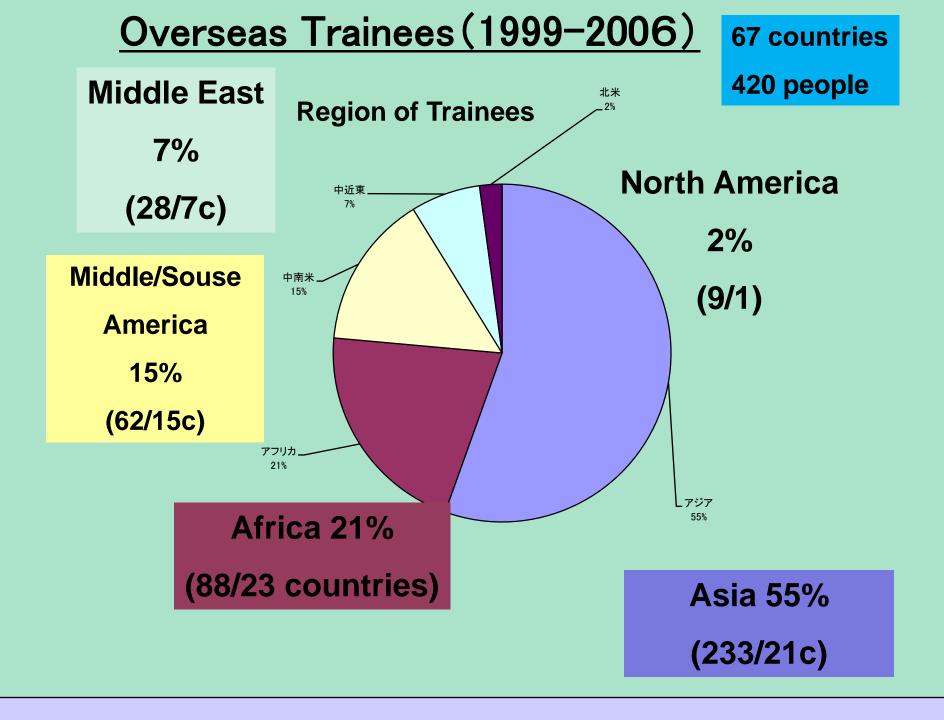
# What Plans of Activities/Programs in Community

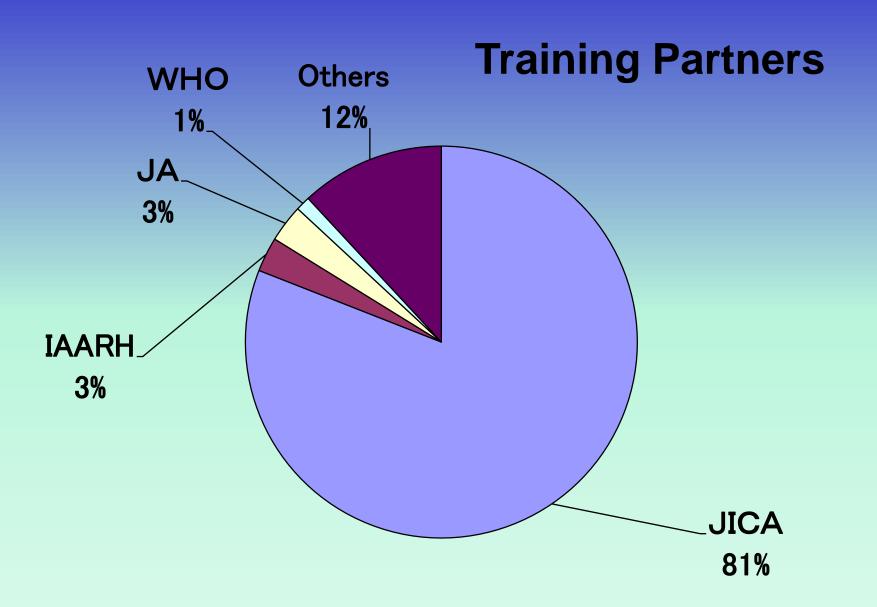


Capability)

#### Overseas Visitors-Trainees







# Training and Follow up

Training Follow-up Implementation

# Topics:

- •Community Health in rural Japan
- •<u>District Health</u> <u>System</u>
- •Referral System
- •Etc

### Trainees

- Evaluation
- •Promotion
- Survey
- Health Facilities
- •Health System
- •Social H System
- Health Workers etc

# •JICA Project

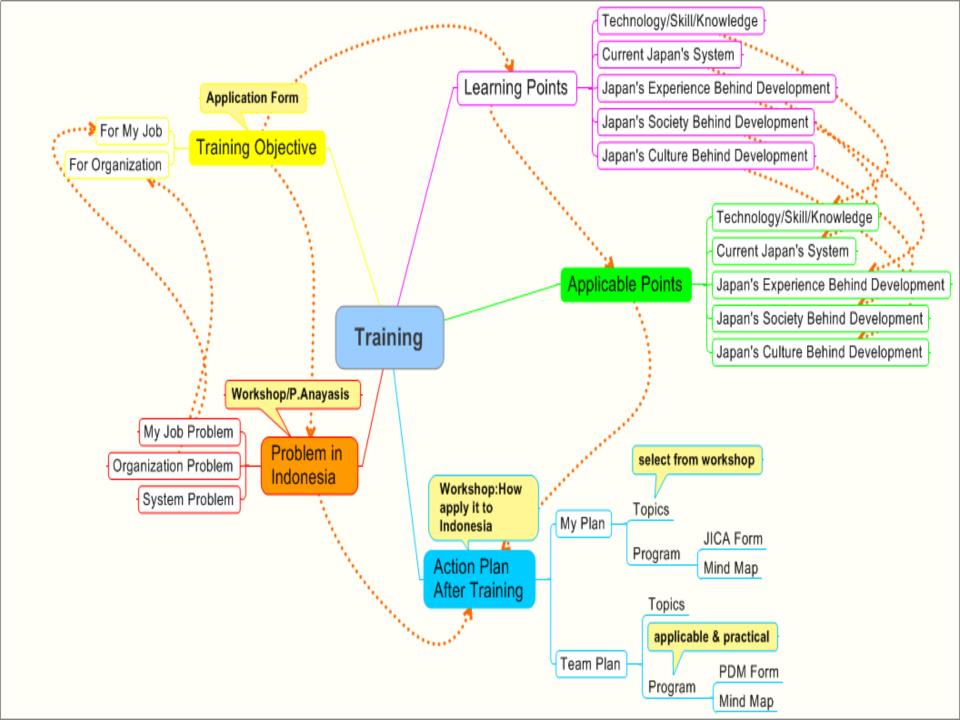
(by Counterparts)

- •Government/
- **Non-Government** 
  - •Planning
  - •Management
  - •Implementation
  - Evaluation



#### **HEALTHY INDONESIA 2010**

- Health Promotion
- Health Management
- Social Health Seculity(JPKM)
- Decentralization



# Problem Analysis Workshop

Topics/Problems	Issues/Causes	Countermeasures
1: VHWs		
<ol> <li>Capacity Capability</li> <li>Motivation</li> <li>Training</li> <li>Roles/Activity</li> </ol>		
2: Health Environment		
<ul><li>a) Residents</li><li>b) Natural Settings</li></ul>		
3: Facility		
1) HC/CHC b) Equipment c) Service		
4): Others		

# Planning Workshop

Goal: Program:

Objectives/Activities	Indicator	Target	Time Schedule	Responsible Person	Budget Resource
1: VHWs					
<ol> <li>Capacity Capability</li> <li>Motivation</li> <li>Training</li> <li>Roles/Activity</li> </ol>					
2: Health Environment					
<ul><li>a) Residents</li><li>b) Natural Settings</li></ul>					
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4): Others					



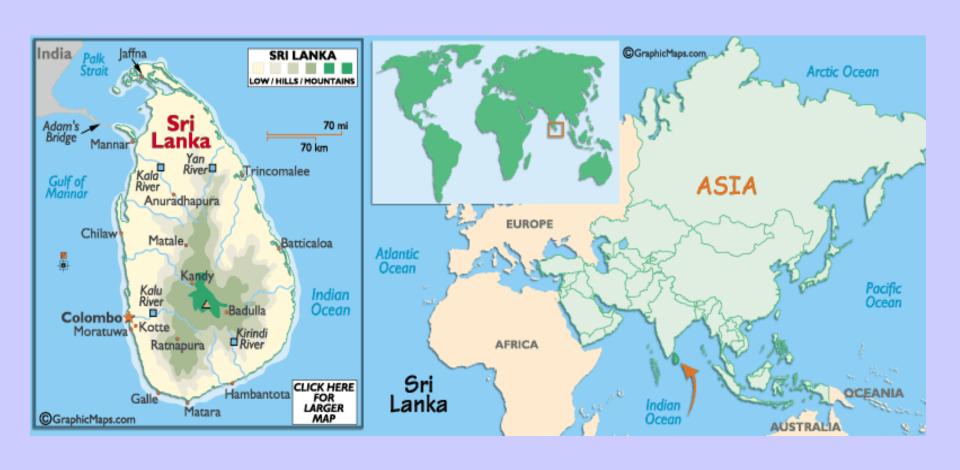


### ONE VILLAGE ONE PRODUCT CAMPAIGN



ONE VILLAGE ONE HEALTH CAMPAIGN

### NSLFAのスリランカ支援交流活動











# NSLFAスリランカの支援協力プログラム

- 1. 津波孤児支援の継続
- 2. 文化交流:日本村プロジェクト
- 3. 保健協力プログラム
  - ・キャンディ地区保健システム強化支援
  - •SAARC Village 保健プログラム



#### 連携協力機関

スリランカ保健省・キャンディー保健局



スリランカ・キャンディ県

#### ナワラピティヤ総合病院

医療機器活用



医療機器活用

地区病院





電力エネルギー大臣の指導と協力

連携協力者南アジア地域連合村

長野スリランカ友好協会の家

ヘルスセンター建設

健康な村運動



モデル村つくり



地域保健強化プログラム

医療機器活用

エステート(茶農園)病院





サークビレッジ

ヘルスセンター機能強化

地域連携システム強化

キャンディー保健局との協力

中古医療機器寄付



JICA連携

人材育成

研修教育

PC研修等

相互交流

