FAMILY HEALTH WORKERS TRAINING

Banay-Banay, Bayawan City
Negros Oriental, Philippines

May 6 – July 8, 2011
Introduction

In partnership with Buhata Pinay, an NGO, Silliman University Marina Mission Clinic Training Team went to Banay-Banay to train Family Health Workers. Barangay Banay-Banay was selected because there are a number of original members of UUCP (Unitarian Universalist Church of the Philippines) came from that place. This project is sponsored by UUCP, not only open to their church members but to all other religious sectors as part of UUCP’s Community Action Program.

Banay-Banay is a mountain barangay about 30 kilometers from the city of Bayawan which is 110 kilometers from Dumaguete City. It can be reached by a 4-wheel drive vehicle through muddy roads. We start at 8:00 a.m. and would be there by noon (1:00 p.m.). Banay-Banay is a farming community planted to sugar cane with small patches of rice fields and banana planted along the road and in the nearby home lots. Total population of Banay-Banay is more or less 2,000, majority are poor with income below P5,000 or $111 a month ($1.00 = P45.00) or $4/day or P167/day with a big dependent population. Majority of people speak “Kinaray-a or Ilonggo” dialect but they can also speak Cebuano. Our education materials are in Cebuano which they can easily understand.
Communicable diseases are still present mixed with lifestyle diseases. Viral influenza, upper respiratory infection, diarrhea, typhoid fever, bronchial asthma, dengue fever, diabetes, hypertension, and heart attack are some of the common diseases. Their health facility is a government health center manned by the government midwife that works for 5 days a week and goes home on weekends and 17 barangay health workers (BHWs). The nearest hospital is a primary care hospital located 15 kilometers away which people seldom go to but prefer to go directly to the Bayawan District Hospital which is 30 kilometers away.

There are local healers and traditional birth attendants that attend to the health needs of the community.

Why train Family Health Workers?

Present Government Situation on Primary Health Care:

Usually, the number of Barangay Health Workers for a barangay is 7, making one Barangay Health Worker serve a purok or sitio. She/he is given an honorarium by the government.

If we analyze this situation, one Barangay Health Worker serves 30 to 50 families which consists a purok or sitio. Her work consists of weighing under-five children if the midwife needs the data, getting sputum for examination for suspected TB cases, informing the families for immunization schedule, assists the midwife in the health center in cleaning the center, preparing the records, and serves as a runner for the midwife. Most often, she does not have time to visit each family and do health education. The services that they are allowed to provide, especially curative ones, are usually so limited that it is difficult for the BHW to earn people’s respect. BHWs are trained, but rather than being the most important members of the health team, they are relegated to the existing health hierarchy. People in communities or barangays are mere recipients of the government’s primary health care services.

What we want to do:

We would like to implement a genuine Primary Health Care as brought out in the Alma ATA Conference in 1978. This is a genuine Primary Health Care of the Community–Based, Community–Managed Health Program where the people in the grass roots participates, makes decisions as to the kind of health program they want after giving them knowledge on their local and national health situation, the link between health and other factors – economic, cultural, biological, environmental, and political factors. The government’s health program will complement the people’s health program.

Each barangay will have Family Health Workers (FHWs) trained: one FHW will be in charge or takes care of 10-15 neighboring families by kinship. Thus, if there are 10
families in one purok, there will be 2–3 family health workers trained. Thus, in one barangay, where there are 7 puroks, there will be 14–21 family health workers trained. This will be purely voluntary, to help BHWs and the midwife in their barangay. Together with traditional midwives, local healers and the barangay council for health, they will form the Health Committee of the barangay.

The Community–Based, Community–Managed Health Care Program will be part of the government referral system. The people in the community or barangay will be empowered to decide for themselves about their own health program that they themselves can manage and sustain after training and organizing them.

Through the Community–Based, Community–Managed Health Care Program, the gap between people in the barangay and the Barangay Health Workers and midwife will be filled with active participation of people in their own health care.

Decision-making in the Barangay level is strengthened instead of being fully dependent on government health care system.

Health Committee (HC) will plan the Health Program of the Barangay utilizing Alternative Health Care and Decision-making by consensus building of families.

Health Committee consists of the Family Health Workers, Barangay Health Workers, Traditional Midwives, and Healers together with the Barangay Council member on health.

SERVICES:
- Home management of emergencies and common diseases in the community using alternative medicine
- Preventive and promotive health care
- Environmental conservation and protection
Here, people are empowered to participate in planning and decision-making in trying to solve their own health problems leading to self-reliance. Thus, health is placed in people’s hands and not in the hands of medical professionals.

Activities in community–managed health program are geared towards preventive and promotive health with the use of complementary medicine as herbals, massage, acupressure and maximizing local health services of traditional midwives and healers in the barangay after training them. Family health workers are taught how to do family surveys, collate and analysis of data. They are also taught how to manage common diseases in their area utilizing alternative health care, preventive and promotive health care.

In other words, training Family Health Workers to do voluntary health services to their community is a supplement to the government’s primary health care system.

The Family Health Workers trained in Banay-Banay were organized into a women’s organization known as “Uswag Kababayan-an sa Banay-Banay or UKBB,” the purpose of which is to raise funds for health and other income-generating projects. Through them, they can establish a credit cooperative or a “walking bank.” It is our hope they can stand on their own to be a Community–based, Community–managed Health Program. A total of 17 Family Health Workers completed the training while 8 of them participated (more than 50% absences).

In our experience in Banay-Banay, the Barangay Council members and their Chairman were cooperative and responsive. However, the government’s midwife, city officials were not visible in spite of invitations to attend the graduation ceremony. This needs further follow-ups and visits.
SESSION 1:

- Courtesy Calls: Mayor, RHU Physician, etc.
- Consultation Orientation
  - Workshop
  - VMG & Health Services of SUMMC
- Biblio—Theological Reflection of Man, Human Dignity and Human Rights
  - Song: “KINSA AKO”

SESSION 2:

- Philippine Health Situationer – Micro & Macro Level
  - Story of Maria – analysis
  - Facilitator’s Input
- Alternative Health Care System - Community–Based, Community–Managed Health Care System
  - Family Survey (How to make questionnaires)
  - To print out and distribute to FHWs for survey
SESSION 3:

- Herbal preparations & rationale
- Herbal demonstration
SESSION 4 & 5:

- First Aid
  - Fever and Home Management; Temperature taking
  - Convulsion/Epilepsy
  - Severe bleeding/Hemorrhage
  - When breathing stops
  - Shock/unconsciousness
  - Stroke
  - Myocardial Infarction
  - Foreign body in the throat
  - Poisoning
  - Allergies
  - Drowning
  - Diarrhea & Dehydration
  - Burn

SESSION 6:

- Respiratory System:
  - Simple anatomy and physiology
  - Normal respiratory rate
- Common Diseases of the Respiratory System
  - Common colds and cough
  - Upper Respiratory Tract Infection (URTI)
  - Lower Respiratory Tract Infection
    - Bronchitis, Broncholitis
    - Pneumonia
    - PTB
    - Cigarette Smoking & Lung Cancer
    - Review of Herbal Preparations

SESSION 7:

- Digestive System
  - Simple anatomy and physiology
  - Malnutrition
  - Common diseases:
    - Abdominal Pain & Management
    - Diarrhea & Dehydration – home management
    - Intestinal Parasitism
    - Constipation
  - Liver diseases: cirrhosis & alcohol drinking
  - Hepatitis A & B
SESSION 8:
- Integumentary System
  - Simple anatomy and physiology
  - Boils, abscesses, impetigo
  - Skin allergy
  - Diaper rash
  - Infected wounds
  - Review of herbal preparation

SESSION 9:
- Cardiovascular System
  - Simple anatomy and physiology
  - Common Cardiovascular Diseases
    - Hypertension
    - Stroke
    - Heart attack/Myocardial Infarction
    - Congestive Heart Failure
    - Rheumatic Heart Disease

SESSION 10:
- Nervous System
  - Simple anatomy and physiology
  - Common Diseases: meningitis, brain tumor, stroke
- Urinary System
  - Simple anatomy & physiology
  - Common Diseases: Urinary Tract Infection or “UTI,” Renal stones, Prostatic hypertrophy
- Other diseases: rabies, dengue, diseases of childhood – mumps, measles, chicken pox, rubella, roseola

SESSION 11:
- Reproductive Health and Family Planning
  - Simple anatomy and physiology of female and male reproductive system
  - Physiology of menstruation and fertilization
  - Common diseases of the reproductive tract
    - Sexually transmitted infections (STIs)
    - HIV & AIDS
SESSION 12:
- Basic nutrition
  - Infant – menu
  - Balanced diet
  - Common nutritional deficiencies

SESSION 13, 14, 15:
- Maternal and Child Health
  - Prenatal care
  - Delivery
  - Postpartum care
  - Care of the newborn
    - Neonatal tetanus
  - Expanded immunization program
  - Growth chart
  - Infant massage
SESSION 16:
- Personal hygiene, environmental sanitation
- Preventions (“Panalipod”)
- Water disinfection
- Toilets

SESSION 17, 18, 19:
- Lifestyle diseases – smoking drinking alcoholic drinks, hypertension, diabetes
- Collection of household surveys, collation, interpretation
- Records of patients and home visits.

SESSION 20:
- Graduation
- Distribution of certificates
- Oath taking for officers of UKBB

Inspirational Message given by Mrs. Mercedes Leah W. Gigataras in place of Dr. Nichol Elman, SUEP Director who was sick.

Barangay Chairman of Banay-Banay, Mr. Teofilo M. Cagas, giving his opening remarks.

Mrs. Inday Koerkamp, induction of officer of Buhata Pinay, Negros Oriental.
Reflections during the closing program from two family health workers trained:

Nene Siwagan:
“My family together with my auntie were on a picnic about a month ago. While we were having lunch, my auntie suddenly choked. She could not breathe with wheezing sounds and signaling me to help her. I suddenly remembered the first aid for choking and applied the Heimlich’s Maneuver to my auntie which saved my auntie’s life.”

Mitze Caballero:
“One of our neighbors had severe bronchial asthma and was about to be brought to the hospital. They asked me for my help. I shared some of my Lagundi Syrup to him. After a few minutes, his breathing became better and he got well without going to the hospital.”

**NOTE:** Methods of teaching: Evocative Questioning and Discussions, Situation Analysis, Workshops.

Some sessions are preceded with Bible Reflections, stories and analysis, discussions of superstitious beliefs and management. Practices for blood pressure taking, taking of vital signs as pulse rates and respiratory rates, drawings and illustrations.
FACILITATORS

Rev. Rebacca Q. Sienes, President
Buhata Pinay and Financier of UUCP Funds

Silliman University Marina Mission Clinic Team:

Dr. Fe L. Sycip-Wale – Acting Coordinator, SU Marina Mission Clinic
Mrs. Teodora E. Bernardez – Midwife
Mrs. Pacita O. Wale – Assistant Book Keeper
Mrs. Isabelita B. Diaz – Social Work
Ms. Kim V. Koppin – Nurse
Mr. Ronald T. Ferrolino – Nurse
Mr. Alex Minguita – Driver of Strada
Training of FAMILY HEALTH WORKERS on Basic Health Skills for Voluntary Work
Banay-Banay, Bayawan
By: S.U. MARINA MISSION CLINIC
July 8, 2011

Certificate of Completion: Absences less then 50% of total attendances

1. Rosan D. Española
2. Evangeline E. Antonio
3. Mitza C. Caballero
4. Analie J. Ignacio
5. Mary Jean T. Benedicto
6. Gina E. Sumadia
7. Zorahayda D. Ignacio
8. Luz S. Mahusay
9. Jorry O. Salibio
10. Vilma C. Dorio
11. Lorena I. Palomar
12. Jelnamy D. Senit
13. Jonabeth S. Española
14. Regina C. Siwagan
15. Cecila B. Nermal
16. Mary Ann J. Española
17. Jireden P. Marcelino

Certificate of Participation: Absences is more than 50% of total attendances

1. Anita B. Cataylo
2. Ronica S. Paunal
3. Shiela J. Rizaga
4. Analiza M. Bactol
5. Abebina G. Gualdaquiver
6. Weina C. Hoyohoy
7. Edina P. Letegio
8. Charlyn T. Nacionales

They are organized into a women’s group called “Uswag Kababyen-an sa Banay-Banay (UKBB)”. Their president is Mrs. Mitze C. Caballero. Purpose of the organization is to engage in income generating activities for health and to serve the poor population of Banay-Banay.
RESULTS OF THE FAMILY SURVEY

I. Total population surveyed = 640 or 25% of the total population.

   Male Population = 313
   Female Population = 327

Graph of Age Groups:

Biggest Population lies between the ages: 0–11 months to 16–20 years old. It is a pyramid curve which shows a big dependent population. There are more females than males which shows the males may have gone to other places to find jobs.
II. Income:

Families:

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below P 3,000</td>
<td>115</td>
</tr>
<tr>
<td>3,001–5,000</td>
<td>20</td>
</tr>
<tr>
<td>5,001–7,000</td>
<td>17</td>
</tr>
<tr>
<td>7,001–9,000</td>
<td>3</td>
</tr>
<tr>
<td>9,000 and up</td>
<td>3</td>
</tr>
</tbody>
</table>

(P100.00/day/family)

Majority are farmers, sugar cane laborers and lots rented out planted to sugar canes.

The total incomes for the majority of families are quite low but this amount is more of the cash part. Income from other sources like bananas, rice, vegetables, pigs, chicken were not counted. Some of the families are afraid to tell their real income for fear of taxation.

III. Type of Houses and Lots:

Majority owns the lot and houses. Type of materials used light, made of bamboo and cogon roofing materials or tin in 51 families and wood with tin roofing in 44 families.

IV. Health Situation:

- Most of the children were immunized, complete with BCG, DPT, Polio and AMV.
- Common illness: Viral Influenza, Diarrhea, and Bronchial Asthma.
- Other Diseases mentioned are: Scabies, Hypertension, TB, Dengue, Ulcer, Mumps, Heart Disease.
- Majority are treated in the Health Center.

V. Community Organizations:

Majority are members of BAPWASA. Others are members of Pantawid Pamilya (16 households).
VI. Religion:

<table>
<thead>
<tr>
<th>Religion</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>68</td>
</tr>
<tr>
<td>Baptist</td>
<td>55</td>
</tr>
<tr>
<td>UUCP</td>
<td>18</td>
</tr>
<tr>
<td>UCCP</td>
<td>10</td>
</tr>
<tr>
<td>Voice of Zion</td>
<td>9</td>
</tr>
<tr>
<td>Iglesia ni Cristo</td>
<td>5</td>
</tr>
<tr>
<td>Christian</td>
<td>4</td>
</tr>
<tr>
<td>Foursquare</td>
<td>2</td>
</tr>
</tbody>
</table>

- They peacefully exist together.

VII. Majority has radio, some have TV, drinking alcoholic drinks have become a problem in their community.

VIII. Dreams

To be healthy and able to send their children to complete schooling (finish college).
TASKS OF FAMILY HEALTH WORKERS

I. PROMOTIVE MEDICINE


2. Organic farm to promote protein-rich food as mongos, soy beans, peanuts, etc. A demonstration farm is ideal.

3. Use of organic fertilizers for planting.

4. To organize people for collective work and leadership.

5. Encourage tree planting around water-shed areas with hard woods as “tugas,” narra, “balayong,” etc.

6. Fruit trees in every home.

II. PREVENTIVE MEDICINE

1. Weighing of under-five children and recording in the growth charts.

2. Feeding of under 2 years old with balanced meal.

3. Health education.

4. Cleanliness with toilets in every home.

5. Safe water supply in every home.

6. Motivate and educate families to plan for their families.

7. Encourage parents to send their children to the rural health center for immunization, pre-natal care of pregnant mothers.

8. Early treatment and referrals of sick people.

III. TREATMENT

Use of first aids, massage, and herbal medicine for early treatment at home. If the FHWs cannot manage, early referrals are encouraged.
RECOMMENDATIONS:

1. Close follow-ups by facilitators every 2 weeks initially, then monthly for 6 months and as needed thereafter.

2. Seminar-workshops for income generating projects like “self-help” or “walking bank.”

3. To tie up their organization (Uswag Kababayen-an sa Banay-Banay or UKBB) with the local health committee of the barangay council, RHU midwife and its present primary health care system of the government. This needs follow-up visits to the local health council leader, local midwife and the City Health Officer of Bayawan City for further orientation on the Alternative Health Care System.