Community- Based Health Programs: Struggles for Health, Education, and Social Care

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President, Philippine Nursing Research Society

Session:
Community Health: Investigating Successes and Challenges

1:30 PM Thursday 21 July 2016
Declaration of Conflict of Interest:

I declare that I do not have any conflict of interest in this undertaking.

My STTI Chapter, Iota Sigma, partly sponsored my participation in this conference while my organization supported my travel on official time.

I was part of the second wave of the Community Based Health Programs (1979-1985) and has been then an active advocate.
Why am I here?

• Share lessons and insights, pieces of evidence on what works and what does not work in community health development work.
• Share stories of the struggles and contradictions of highly dedicated and committed health professionals as they inspire, advise, motivate, serve the people.
• Share what and how it is to journey with the community as we endeavor to close the gaps of inaccessibility and inequality in health care.
Community-Based Health Programs (CBHP)

CBHP: An Approach honed by history
Embraced, practiced and nurtured by the people

I have been part of community-based health programs (CBHPs) in the Northern Part of the Philippines, taking on the struggle for health, education and social care.
1. Community Health Education, Services and Training in the Cordillera Region (CHESTCORE)
2. Community Based Health Development Program –(CBHDP-Isabela)
3. SARANAY, Isabela
4. CBHP-Nueva Ecija
5. Center for Environment & Development Services (CEDS) in Bulacan
6. San Jose Diocesan CBHP, Nueva Ecija (Canossa)
7. CBHP-Central Luzon
8. CBHP-Boso-Boso, Antipolo
10. AUSCULTA – Ambagan Udyok ng Sandiwaan ng mga Congregasyon may Ugnayan Lingkod sa Taong Aba (AOR: Southern Tagalog)
11. Bukluran (Palawan)
12. Pangkalusugang Samahan ng Magsasaka ng Kanlurang Mindoro (PASAMA-KAMI)
13. Samahang Pantribu ng mga Mangyan sa Mindoro (SPMM)
14. CANOSSA Health and Social Center, Silang, Cavite
15. Cayssay Development Center, Batangas
16. USWAG-P.O.
17. Tabang sa mga Biktima sa Bicol (TABI), Naga
18. SIPAG-KO, San Benito, Legaspi City
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Visayas

1. MAKAPAWA
2. Leyte Community Development Center (LCDE)
3. Health Empowerment and Action in Leyte and Samar (HEALS)
4. Visayas Primary Health Care Services, Cebu-Bohol
5. Health Education and Services for the Less Privileged (HELP-Panay)
6. Negros Island Health Integrated Program (NIHIP)
7. Franciscan Mountain Clinics, Negros Oriental
8. Katilingbanon nga Programa ha Panlawas han Samar (KAPPS)

Mindanao

1. Community-Based Health Services Association (CBHSA)
2. Community Based Health Services – NMR Inc.
3. CBHP-Butuan
4. CBHP-Tandag
5. Health Services for Community Development
6. Religious of the Good Shepherd – TFM Health Program
7. Missionary Sisters of Mary-Alternative Health Program
8. Urban Integrated Health Services (UIHS)
9. KAABAY
10. Brokenshire Integrated Health Ministries, Community Health and Dental Center
11. Community Primary Health Care – SOCSKSARGENDS
12. Zamboanga Peninsula Health Extension Program (ZPHEP)
13. CBHP-Zamboanga del Norte
14. CBHP-Zamboanga del Sur
15. CBHS- Misamis Occidental
16. Ipil Prelature, Zamboanga del Sur
<table>
<thead>
<tr>
<th>Stage and Time Period</th>
<th>Description</th>
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<tbody>
<tr>
<td>Stage I: (1973-1975)</td>
<td>Conceptualization of a Developmental Approach to Health Care For and By the People</td>
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<td>Stage II: (1976-first half, 1977)</td>
<td>Promotion of a New Approach to Health Care</td>
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<td>Stage III: (Second half, 1977-1978)</td>
<td>Community Organization: the Backbone and Key to Success;</td>
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<td>Stage V: (1981-1985)</td>
<td>Growth and Strengthening of CBHPs</td>
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<td>Stage VI: (1985- 1988)</td>
<td>Setback Years</td>
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<td>Stage VII: (1989-1995)</td>
<td>Reorientation and Reaffirming Commitment to CBHPs</td>
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<td>Stage VIII: 1996-2000</td>
<td>Facing the challenges, resolutely continue community-based approach to health</td>
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<td>Stage IX: 2001-2010</td>
<td>Continuing Struggle and Service to the People</td>
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<tr>
<td>Stage X: 2011-present</td>
<td>Continuing struggle and service: Asserting the right to health towards social transformation</td>
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25 Years of Commitment and Service to the People...
(1973-1998)

ONWARD WITH THE STRUGGLE FOR SOCIAL CHANGE!

2008

working for people’s health, struggling for social change

35 years of Community-Based Health Programs in the Philippines

2013

CBHPs@40:
Apatnapung Taon ng Puspusang Pakikibaka at Paglilingkod sa Sambayanan

Community- Based Health Programs: Struggles for Health, Education, and Social Care
‘Serving the people is what we do best’
In The Eyes of Service: Reflections of a Community Health Nurse
PJN Jan-June 2010

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Community-based health programs

• “working for people’s health and struggling for social change”

• a process and as an approach to working with the community in response to identified health needs
• Awareness of the socio-cultural determinants of health.

• Current health system as viewed from a historical, anthropological, economic and political perspective

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For one to be able to change a system, one must be able to understand how the present system works.
Principles of Primary Health Care and its importance in achieving for Health for All

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CBHP...

• Health Education on Prevention of Diseases
• Health Skills Training
• Patient Referral Network
• Livelihood Trainings
• Patient Database and Information Dissemination
• Resource Generation & Knowledge Sharing
• Partnership building
CBHP Strategies

• Organizing and networking
• Advocacy and public information
• Education and training
• Provision of basic health services
• simple mobile paramedic training team to a nationwide formation that is laying down the foundation for an alternative health care system that is nurtured, developed and defined by the people in the communities because it is their own health program.
communities have high levels of unity and cooperation among community members and a sense of security concerning basic health needs...
There are dedicated volunteer community health workers who:

• know how to prevent and manage common diseases;

• are capable of meeting health emergencies, and

• are greatly trusted by their neighbors
The community members understand why they get sick....

they know not only the medical reasons but...

also the inter-relationship of socio-economic political problems

...in the community and country as a whole
From learners to community health workers

For Acapulco Ointment

Ointment

- 1 glass of chopped acapulco leaves
- 1 glass cooking oil

Heat plant in oil to make oil extract. Mix 1 glass of the extract to 2 sticks small white candle (wick removed) or petroleum jelly. Transfer to clean containers while still hot then let it cool. Apply to affected part 2 to 3X a day.
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...dramatic change in the personality, attitude and capacity of our once timid, superstitious, subservient and passive, and so-called "ordinary" folks...
• The people have organized themselves to solve problems that affect their health and life.

• Find channels to voice out problems and collectively analyze their situation.
volunteerism
IN THE COMMUNITY

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Go in search of your people…

Community-Based Health Programs: Struggles for Health, Education, and Social Care
Assert people’s rights and welfare
Work for a people's health agenda
Challenges and strategies to achieving better health

*Livelihood Trainings*
*Resource Generation*

*Alternative Health Care Modalities*

*Technologies for field/community health use*

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Conclusion

CBHPs continue to....

• empower communities, Local Government Units and key stakeholders toward good governance for health

• generate Local Government Unit and community commitment to manage and sustain health care

• strengthen multi – sectoral linkages

• improve access and provision of health services to GIDAs
For Community Health to Succeed:

1. The community knows, feels and accepts responsibility for community health, not just the health of the individual;

2. The community taps and develops its own resources to meet health needs, including personnel and material resources, organizations and institutions at all levels; and

3. Community priorities are the priority focus of the programs.
This story is a celebration of committed health professionals and people's efforts and achievements in their movement for social change.

These lessons found their way to curricular development and changes as well as related learning experiences of student nurses.

These form evidences of tested strategies that aid community health nurses more relevant and effective in the delivery of community health services.
References:

- http://rsohealthsummit.webs.com/model-congress
- http://chdphilippines.org
- http://chdphilippines.blogspot.com/
Thank you...