

FAMILY HEALTH MANAGEMENT BY & FOR URBAN POOR SETTLERS

Research and Development Towards a Comprehensive Filipino Family Planning Program

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Health and health care are in danger where the urban poor live. Economy and ecology do not favour them. Urbanization is rapidly increasing and often sustains poverty instead of reducing it. Self-organization and community managed services would be a way out of some of the problems.

Germany supports Filipino endeavours to alleviate such situation through Family Health Management by & for Urban Poor Settlers - FAMUS for short. The German Ministry for Economic Cooperation and Development (BMZ) channels a grant to the Philippines through the German Agency of Technical Cooperation (GTZ); the German Reconstruction Loan Corporation (KfW) will cooperate through the procurement of basic drugs. The GTZ supported Health and Management Information System (HAMIS) of the Department of Health (DOH) supports this new project as well.

Main components of FAMUS

To improve the quality of life among the urban poor is the general goal of FAMUS. The purpose of this Philippine-German Cooperation is: to reduce morbidity and mortality among the urban poor, with emphasis on women, children and adolescents. A multisectoral group of Filipinos together with a few Germans identified the most important results of the project to be achieved during its first phase, 1993 - 1996:

- A Avoidable health risks in urban poor areas reduced
- B Balanced reproductive health in urban poor areas achieved
- C Community-managed programs developed and replicated
- D Demonstration of improved and utilized family health services
- E Empowered family health policies developed, improved and disseminated.

We call this the basic alphabet of the FAMUS project.

Main info- and infrastructure for FAMUS

Basic to FAMUS is the thrust to give health back into the hands of the people. This is underlined by the project title asking for health and family management "by" the people, e.g. by sustaining, empowering and cultivating self-help activities. And also "for" them, in case they can not afford it or they do not know it yet or they have to be empowered, still. This is what we call the mastermind behind FAMUS.

To achieve such results, the FAMUS project starts to build up the infostructure and the infrastructure for such endeavours. The many "M" of good management guide us. These are the most important pillars of FAMUS.

Manpower

- a Family health workers: This concept tries to bring health care closer to the people, i.e. into the hands of respected women or any responsible member of the family to be able to do initial health management in a smaller group of (related) families. Training and guidance by Barangay Health Workers and midwives is essential, as is proper referral to formal and informal governmental and non-governmental health centers/institutions.
- b Barangay health workers: Though not supported very actively in the past, Barangay Health Workers (BHW) are still existing and active in many areas. They are the arm of DOH & LGU into the communities. One of the priority concerns of the current administration and of the HAMIS winners is to influence legislation for getting incentives for them to support and increase their motivation and make their activities sustainable. Through the years we now recognize their strengths as grassroot institutions providing for health service delivery among the communities.

Mobilization

- a Purok databoards: Barangay Health Workers produce purok databoards. This organizes a social control and guidance among the community, health care delivery and the population. Databoards contain information on family health, family planning and environmental sanitation. To expand them nationally is one of the priority programs of the DOH. It is another info system discovered by HAMIS, taken over by several HAMIS winners, and now being implemented in the pilot areas of FAMUS.
- b Socioeconomic barangay profiles: This HAMIS info system identifies simultaneously the socioeconomic status of the community as well as if there are BHWs and databoards, other flanking info- and infrastructure for health management in the Barangays and other relevant community resources. It is being taken as a baseline assessment for FAMUS. It is at the same time a tool for a community managed self-assessment of health risks.

Material

- a Family health baskets: This concept designs a basic health management basket in the hands of families to manage health care for themselves. It contains basic medicine, herbal plants, contraceptives, educational messages, etc. It is drafted on the basis of illness episodes as discovered by the HAMIS Household Survey on Health Seeking Behaviour and Health Expenditure.
- b IECM material is one most important item to be mentioned specifically.

Money

- a Local health financing: Some of the HAMIS winners developed cooperative efforts to get drug prices reduced or health emergencies covered or alleviated on a shared basis of families inscribed in such plans. The catchment benefits as well. Loans given on the basis of healthy behaviour (including family planning) as collateral are another aspect of such local health financing schemes. FAMUS will learn from the experiences of the HAMIS winners and will use them for a self-sustained program to be developed.
- b Seed money is given through the German technical and financial cooperation and financial and material counterparts from the Philippine national and local governments. This seed money will be used for a sustained expansion of the program into wider areas.

Monitoring and measurement

- a Surveys and studies: The HAMIS surveys will be extended to study the implications of risk pregnancies. It will be linked with the hospital information systems of HAMIS. This will allow an information based quality assurance and awareness program in the area of perinatology.
- b Other HAMIS information systems are used, too, i.e. databoards, socio-economic profiles and public health information systems. Some of them serve the double purpose of mobilization, monitoring and measurement.

Motivation

- a Panem et circenses will be used as motivating mechanism patterned after the HAMIS contests. Pride and prizes are being combined.
- b Self determination: to give health (back) into the hands of the people and to see that it can be handled by family health workers in a self-sufficient and self-determined way is perhaps the most important motivator for a self-sustained program.

These pillars stem from the many M's of good management: mastermind, manpower, mobilization, motivation, material, money, monitoring, measurement and the like. They build up the infostructure and the infrastructure for a program that is not that easy to implement in the Philippines.

The core of FAMUS

This set of objectives can best be fulfilled when all or most of the urban poor avail of the following, that will be the basic ingredients of a family health basket containing devices and management tools for:

- F First aid and emergency management: managing the care of common emergencies through prevention, wound dressing, basic forms of first aid, self-medication and self-treatment by family health workers is one of the mandates of health care for and by the urban poor.
- A Affordable drugs for common illnesses: treating the most common diseases that stem from poverty, overcrowding, and environmental hazards, e.g. by an informed use of antibiotics, antihelmintics and drugs against fever and pain (antipyretics and analgesic drugs).
- M Medicinal plants and other community-managed self-help: "health in the hands of the people" means that people should take health care into their own hands as well as the

production of basic medicines in the form of herbal plants, and more generally in the form of income and food generating projects; it includes healthy lifestyles as well.

- U Understandable health information: information and understanding on how to improve health by giving health into the hands of the people, i.e. by health information, education, communication and motivation to improve health within the families proper.
- S Safe motherhood and family planning: reducing the risk of morbidity and mortality in the family by avoiding pregnancies that are too early, too often and too late, and advocating the family's right of choice.

The basket itself is the symbol of an ecologically sound recycling of resources that others might call waste. Our first baskets were made of old newspapers and abaca strings and they served the purpose of income generation for volunteer health workers of a garbage collector community in Manila. These income generating activities are the backbone for a self-sustained program.

The family health baskets will be in the hands of trained family health workers, finally. It will take time, nevertheless, to place them there directly. Indirect ways will predominate in the beginning until health can be given (back) into the hands of the families.

- F First aid is what the family health workers will be trained first.
- A Affordable drugs will be channeled into these baskets by barangay health workers who will operate botica binhis, a kind of community drug insurances organized at the level of a Barangay.
- M Medicinal plants will be introduced as a self-grown drug for common symptoms. Step by step we will broaden this concept into income/food/health generating projects in the hands of communities; medicinal plants and vegetable gardening will be the focus.
- U Understandable information will be provided by the program management first and then supported by the communities in forms of jingles, street plays, etc.
- S Safe motherhood and family planning as the key elements of reproductive health will be a most important item to be given directly or indirectly into the family health basket. They will come from the national family planning program.

Alternative ways and means of allocating the content of the family health basket will be tested during the first years of the FAMUS project.

Outlook

The first phase of the project will be a research & development phase and will explore alternative strategies and tactics to achieve the goal of improving urban quality of life for the poor. Family planning is too serious an issue to be handled with traditional concepts, only.