



AUSTRALIAN AID INTERNATIONAL



Australian Aid International (AAI)

Healthcare Project in Response to the Philippine Typhoons



**January, 2010
End of Month Report**

Project Name: AAI Health Care and Capacity Building Project

Location: Los Banos, Laguna District, Republic of Philippines

Report prepared by: Australian Aid International, Philippines

Report submitted on: 12 February, 2010

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1.0 Operations

Australian Aid International (AAI), and partners have been conducting a health care and capacity building program in the Laguna district since 11 January 2010.

Australian Aid International (AAI) has been on the ground since the typhoons hit, and AAI has been providing direct medical care as well as capacity building trainings to many affected communities. AAI has been involved in providing training to help with long-term recovery and to improve resilience against future disasters. While many areas can still feel the effects of these recent disasters, the Philippines is transitioning out of the emergency phase and moving into the recovery and rehabilitation phase.

Since 11 January, 2010, AAI has been operating in Los Banos and surrounding municipalities in the Laguna District. AAI has conducted outreach medical clinics and training programs. In light of the transition that is occurring in the Philippines, AAI has been actively assessing community needs from a health perspective. AAI has had numerous meetings with local health officials and municipality officers and in accordance with AAI's assessments it is apparent there is a diminishing need for AAI clinics and an increasing need for health and disaster education.

AAI's Current Objective

To improve the capacity of local health care workers and the greater community through the provision of training – particularly in the area of disaster response and hygiene promotion.

Dr. Ma. Rosario Salvuacion Yan is a licensed Physician who has participated in a number of medical missions especially during the recent typhoons. Dr. Yan has been working with AAI by providing assistance at AAI clinics. Dr. Yan has articulated the importance of focusing efforts on training, especially in the area of disaster response. "Learning is a continuous process and one can never be too prepared. Awareness is very important in times of disaster."



This report covers the period of 11 January 2010 to 1 February 2010 in which AAI and partners conducted operations in the Laguna District. This report is a summary and revision of AAI's efforts over the designated time period.

2.0 Program Summary

Over the period of 11 January 2010 to 1 February 2010, AAI conducted the following activities: Healthcare Clinics, Clinical Preparedness Training, an ongoing Hygiene Promotion Training Program and a hygiene lecture at the Los Banos Health Summit.

AAI Health Care Clinics

AAI and partners have conducted five outreach clinics since January 11, 2010. A total of 310 patient consultations were conducted.

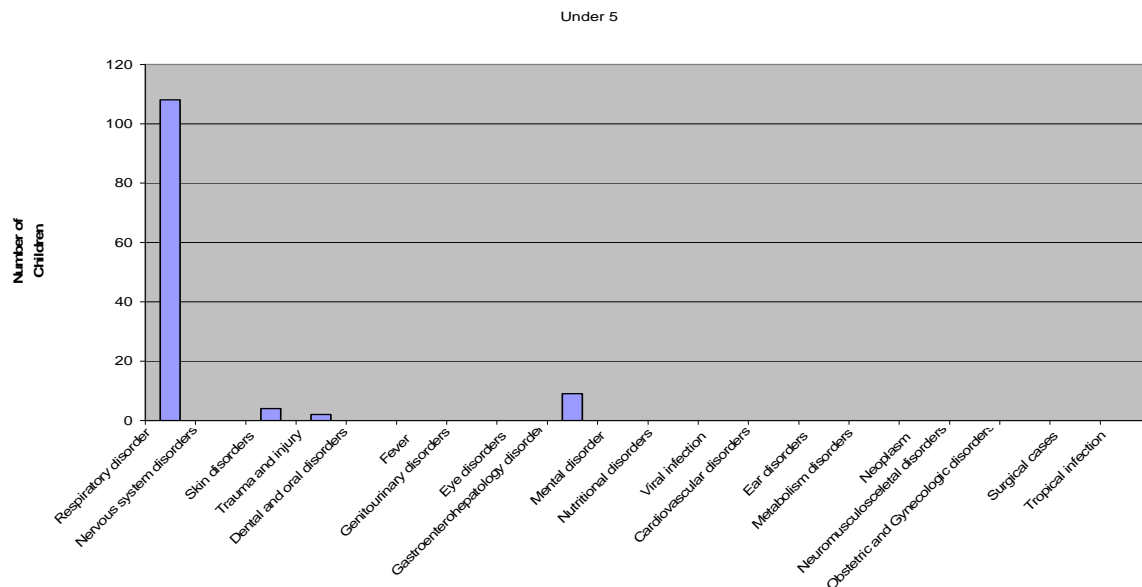


AAI staff provides medical care at outreach clinics.

Date	Clinic Location	No. of Patient Consultations
15 January, 2010	Aplaya, Pila	76
19 January, 2010	San Antonio, Bay	86
29 January, 2010	San Antonio, Bay	76
1 February, 2010	Gonzales, Pakil	15
1 February, 2010	Kabulusan, Pakil	57
	Total	310

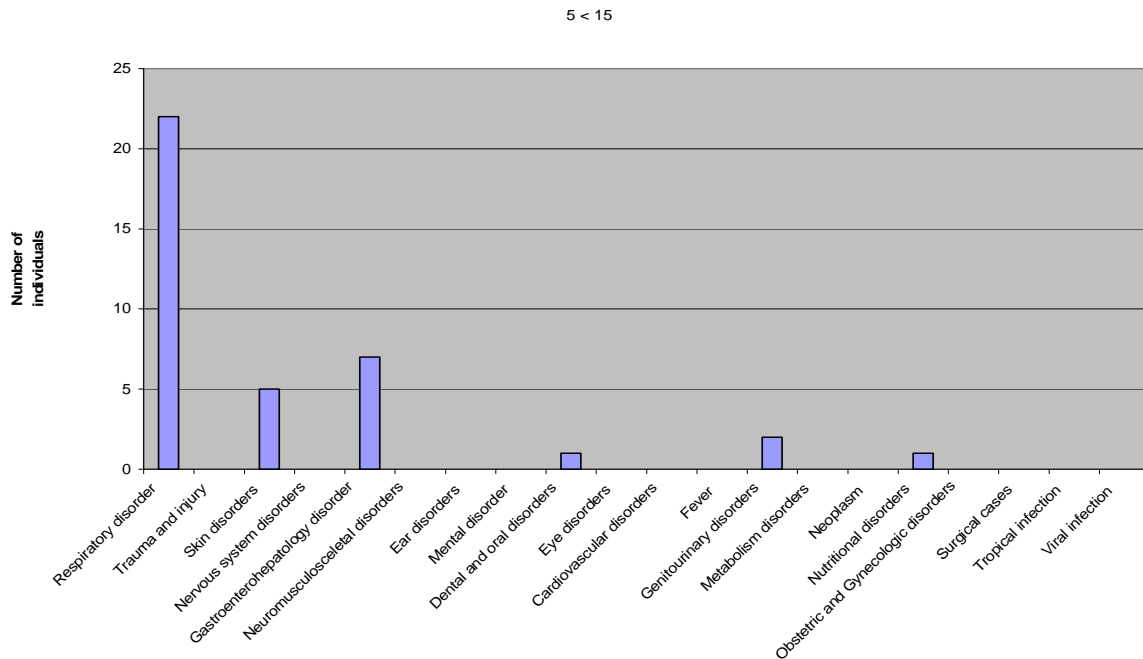
Health Data from Outreach and Mobile Healthcare Clinics

Figure 1: Diagnoses for January in Laguna, Under 5 years (n=123)



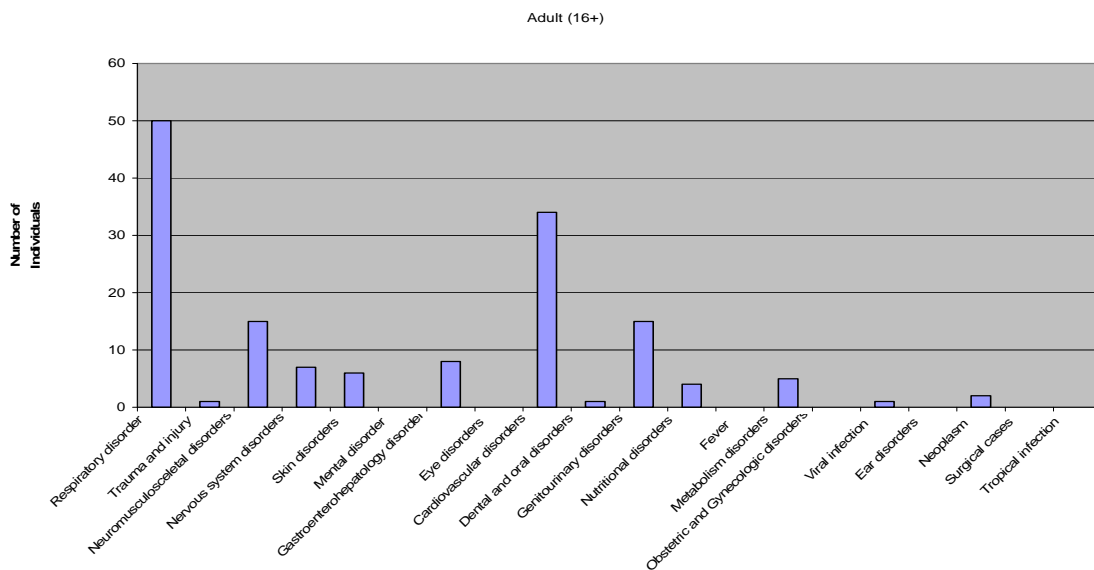
A total of 123 patients in the 0-5 year age group were seen at AAI clinics in the month of January. Respiratory tract infections accounted for 87.8% (108 cases) of clinical presentations in this age group. Gastroenterohepatology disorders accounted for 7.3% (9 cases) of clinical presentations and skin conditions accounted for 3.3% (4 cases) of clinical presentations.

Figure 2: Diagnoses for January in Laguna, **Age 5-15 years** (n=38)



A total of 38 patients in the 5-15 year age group were seen at AAI clinics in the month of January. Respiratory tract infections accounted for the majority of the diagnoses in this age group consisting of 57.9% (22 cases) of clinical presentations. Gastroenterohepatology disorders accounted for 18.4% (7 cases) of clinical presentations and skin conditions accounted for 13.2% (5 cases).

Figure 3: Diagnoses for January in Laguna, **Age over 16** (n=149)



A total of 149 patients in the over 16 year age group were seen at AAI clinics in the month of January. Respiratory tract infections accounted for the majority of the diagnoses in this age group, 33.6% (50 cases) of clinical presentations. Cardiovascular disorders accounted for 22.8% (34 cases) of clinical presentations and neuromusculoskeletal disorders and genitourinary disorders both accounted for 10.1% (15 cases) of clinical presentations.

Summary of Clinics:

AAI successfully conducted outreach clinics in collaboration with local and international health care providers. There was however, a diminishing need for the provision of clinics as was evidenced clinics with low attendance rates. AAI conducted a number of assessments and in collaboration with local health officials, it was determined that many Health Posts were independently operating without the need for international clinical assistance. Therefore, there is not a significant need for AAI to provide additional clinics at this time, however there is a need for AAI to support local health officials and communities through capacity building and training as part of the emergency response transition.

Clinical Performance Training Course

AAI ran an ***Introduction to Clinical Performance Training Course*** over the course of two days on January 19, 2010 & January 23, 2010. This course aimed to build capacity, skills and performance in health care settings. This training was designed to better equip health professionals from the Philippines so they are better able to apply their skills and respond during a disaster.

A total of 12 local nurses participated in the training course. Many of these nurses were involved in responding to the typhoons a few months ago and they will continue to be involved in disaster response in the future.

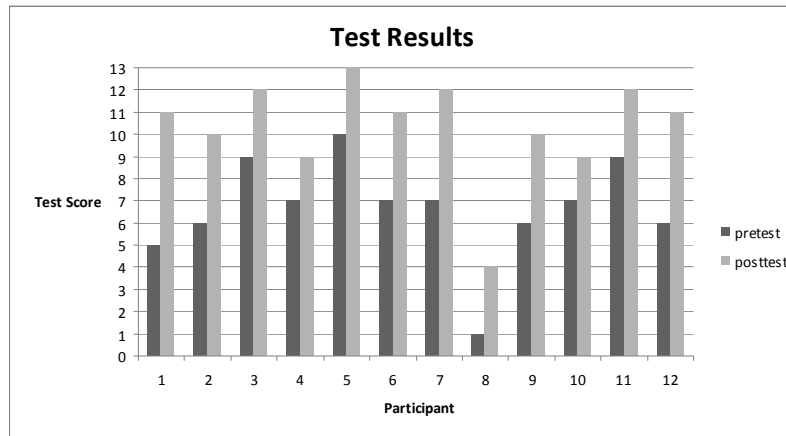


Participants of the Clinical Performance Training Course during lecture and group activities.

The training covered the following seven objectives:

1. Improve the medical knowledge of common illnesses
2. Perform a focused accurate history in an acute care setting
3. Improve physical exam skills
4. Develop a differential diagnosis
5. Initiate a treatment plan for common illnesses
6. Utilize a database for epidemiology surveillance
7. Build confidence in a clinical environment

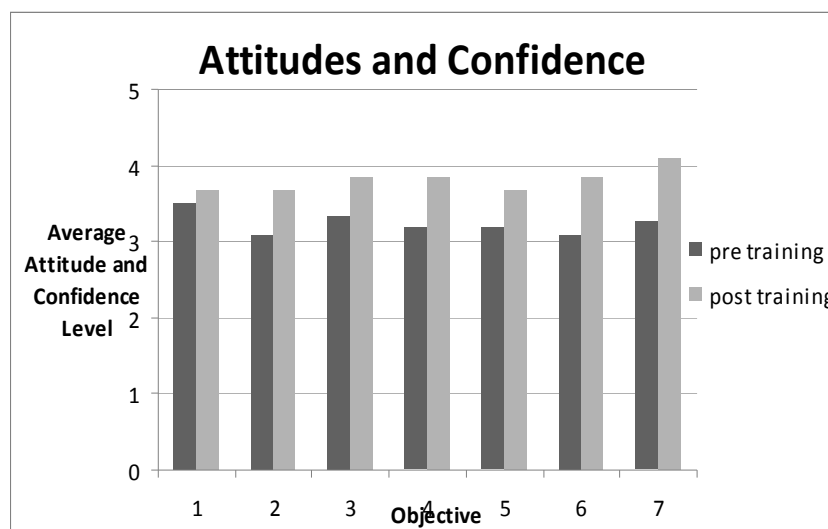
On the first session of the course, all of the participants completed a Knowledge, Attitude and (current) Practice questionnaire. The Knowledge and Attitude sections of the questionnaire were multiple-choice questions, where the participants had to choose the best answer from a short list of potential answers.



The graph depicts each participants increase in knowledge. Every participant scored markedly better on the post assessment. Overall, the pre assessment revealed a knowledge level of 51% and the post assessment revealed a knowledge level of almost 80%. Therefore, it can be concluded that there was a 29% knowledge increase.

Each participant also responded to attitude and confidence questions relating to each objective. Each question used a Likert scale for the responses. The score of 1 was assigned to strongly disagree/very poor and 5 was assigned to strongly agree/very good. The graph depicts the cumulative average of the participants score on each objective.

The post assessments have revealed that there was an increase in attitudes and confidence. Attitudes and confidence improved on every objective that was covered in this training course.



Summary of Clinical Performance Training Course

The Introduction to Clinical Performance Training Course covered a variety of health topics through didactics, small group work and mock case presentations (students role played illnesses so that other participants could diagnose and treat them). This training aimed to equip health professionals with the knowledge and tools to be able to respond effectively during the next disaster.

Please refer to the ***Introduction to Clinical Performance Training Report*** for a detailed revision of the training program.



Participants at the completion of the Clinical Performance Training Course.

Community Hygiene Promotion Training Course

AAI is in the process of running a ***Hygiene Promotion Training Program***. AAI, in partnership with the Los Banos Municipal Health Officer, delivered a hygiene promotion training course to Barangay Health Workers (BHW) and Barangay Nutritional Specialists (BNS) from the Municipality of Los Banos.

The municipality of Los Banos is divided into 14 Barangays. Two representatives from each Barangay in Los Banos, a Barangay Health Worker (BHW) and a Barangay Nutrition Scholar (BNS), attended the training session held on 26 January, 2010.

This training equipped the attendees with the necessary skills, knowledge and tools to promote safe Water, Sanitation and Hygiene (WASH) practices in their Barangay. Upon completion of the training course each participant was awarded with a certificate honouring their commitment to hygiene and their newly designated role as the ***Community Hygiene Promoter*** in their Barangay. The participants were given a variety of teaching tools including an educational tarp and a teaching manual that included numerous games, songs and activities for teaching children WASH messages.

This training aimed to provide the attendees with the knowledge and confidence to transmit WASH messages throughout their Barangay. This program was designed to foster initiative and confidence in the BHW and BNS so that they would visit community facilities regularly to promote WASH messages. Part of the training involved hands on teaching in day cares as well as day care follow ups. The day

care is being used by AAI as the avenue to monitor the hygiene promoter's community response. AAI is still in the process of conducting community follow ups and post assessments.

The training reviewed the relationship of hygiene and disease, safe hygiene practices including effective hand washing, safe disposal of excreta and safe drinking water, hygiene messages to consider in an emergency (the Sphere Guidelines), the role of the Community Hygiene Promoter and tools for the community hygiene promoter (tools for teaching children).



Training Participants are taught by AAI staff on how to use their training resources in the day care.

Summary of Hygiene Promotion Training Course

This course aimed to give the BHWs and BNSs from Los Banos the skills and tools to be able to promote hygiene within their own Barangay. There is the aim that the ongoing follow up and the variety of resources provided to the participants will encourage the BHWs and BNSs to promote hygiene on an ongoing basis.

Please refer to the ***Community Hygiene Promotion Training Program- Mid program report*** for a detailed revision of the training program.



Participants at the completion of the in class Hygiene Training Course.

Health Summit Lecture

AAI has been working in close partnership with the Municipal Health Officer of Los Banos. Through this positive partnership AAI has been able to provide hygiene training to a variety of community workers from Los Banos. AAI was invited to the Los Banos Annual Health Summit to provide a lecture on hygiene. Dr. Watts delivered an informative lecture about the importance of hygiene in disaster response. The attendees included the Municipal Health Officer, Mayor, Barangay Captains, Barangay Health Workers and Health Professionals of Los Banos.

AAI will continue to foster this positive relationship and will continue to deliver training and capacity building services to the municipality of Los Banos.



Dr. Jennifer Watts lectures at the 3rd Annual Health Summit.

3.0 Upcoming Operations

AAI has been actively involved in assessments since commencing programs in January. AAI has completed a number of field assessments in the Laguna district and has had many consultations with local health and municipality officials. As a result, AAI has determined that the largest need remains in the area of health training and development in relation to disaster management.

During the next reporting period AAI will be delivering a Disaster Medicine Training Course to local NGO's and health officials. AAI aims to deliver this much needed training a minimum of two times in the upcoming month. The registration for the first Disaster Medicine Training Course which is scheduled for 4-5 February, 2010 has reached capacity. The obvious interest in the course indicates the need to continue to provide disaster response education to a variety of individuals and networks.

AAI will continue with the Los Banos Hygiene Promotion Program and AAI will begin this hygiene training in another municipality. The location for the second hygiene promotion course will be determined once the municipalities have been assessed. The second hygiene training will follow a similar structure that involves theoretical and hands on training as well as community follow up visits.

AAI will also work with local health officials and Rural Health Units to donate medical supplies. Many health units have recovered since the typhoons and therefore they are able to provide direct care themselves. AAI will encourage communities to use their own facilities and this can be done by working with local health officials and by the provision of medical supplies.

End Statement

1 Feb 10

Emma Sturrock

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Australian Aid International (AAI)