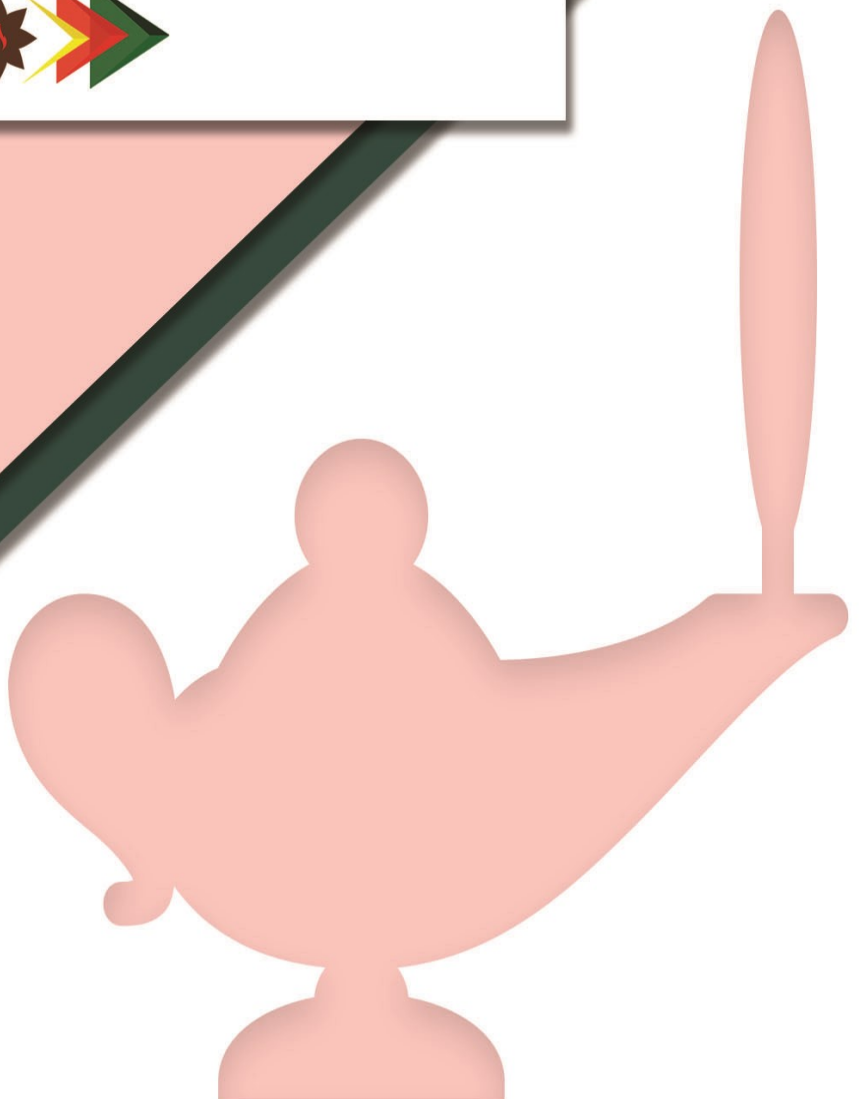Nursing Department

Advancing P.E.A.C.H
in
Mountain Province

Extension Program
2019 - 2022

I.   CONTEXT OF EXTENSION

With devolution, the two major sectors that were most affected by the implementation of the Local Government Code (LGC) of 1991 were the health and the agricultural sectors. This "radical move" aimed to efficiently deliver the highest achievable standards of quality healthcare, agricultural support, extension, and on-site research services and facilities. The Implementing Rules and Regulations (IRR) of the Agriculture and Fisheries Modernization Act of 1997 (AFMA) mandated the Agricultural Training Institute (ATI) to lead in the provision of extension services in collaboration with National Government Agencies (NGAs), State Universities and Colleges (SUCs), Local Government Units (LGUs) and private sectors.

RA 7182 paved the way for the conversion of the Mountain Province Community College (MPCC) to Mountain Province State Polytechnic College (MPSPC). This yielded opportunities for the growth and development of people in the province and its neighbors when different academic programs were offered.

The Bachelor of Science in Nursing (BSN) is one of the academic programs of MPSPC that was first offered under BOT Res. # 745, s.2004. It is mandated to sustain the four-fold functions of the college which are the provision of quality services in instruction, research, extension and production that is also the main function of Higher Education Institutions (HEIs) as the means in achieving our vision of becoming a vibrant and dynamic education center.

Historically, BSN is one of the leading academic programs in providing extension activities to indigenous communities. The school strives to sustain this achievement while continuously improves other extension activities in line with its extension agenda.

The School of Health Care Education (SHCE) formerly known as Nursing Department conduct researches and extension programs/projects towards attainment of the MPSPC development goals. Whereas, the extension unit works hand in hand with the research unit in generating and disseminating appropriate technologies and information in response to the needs of clienteles and contribute to the welfare and development of communities particularly on health care and other related concerns

II.   PROGRAM DESCRIPTION

In the Philippines, universities and colleges have been mandated by the Commission on Higher Education (CHED) to extend their educational and civic services to the communities. Whereas, there was an increasing appreciation to the impact of higher education extension in the teaching and learning process as students apply their disciplinary knowledge to help address real world problems. This work may be of interest to higher education institutions (HEIs) which are designing community extension programs with optimized societal outcomes.

Health Care Services as an extension program is an avenue for SHCE to develop social awareness among faculty and students and to extend its services and resources to the people in the community. This is also an attempt to bring MPSPC closer to their partners and stakeholders.

The BSN academic program adheres to the four-fold mandates of the college where research and extension are very much practiced. It is also tasked to help in the promotion of health, prevention of diseases, managing illness at home, and restoring the wellness of the community. The services are being undertaken through extension programs on community-based health care. Whereas, the Related Learning Experience (RLE) of student nurses has been an effective instrument for developing the community and attaining the provision of quality health care delivery system in order for the communities and families can able to cope with health deficits, health threats and the foreseeable crisis maximizing their potential for a high level of wellness.

A. Goal and objectives

Goal

Sustain and enhance relevant community - based health related extension programs in generating a co-active partnership among students, faculty, civic organizations, and government and non-government organizations (NGOs) in advancing the health of the community.

Objectives:

1. To intensify social awareness that will enhance active involvement in community service;
2. To disseminate and extend results of research towards addressing health issues and problems in the community;
3. To increase quality and quantity of extension health and health related services by the students and faculty to the community;
4. To conduct impact assessment, monitoring and evaluation of the department's extension program;
5. To participate in the health and health related community activities by serving as facilitators/coordinators/advisers in various projects and programs undertaken by the community; and
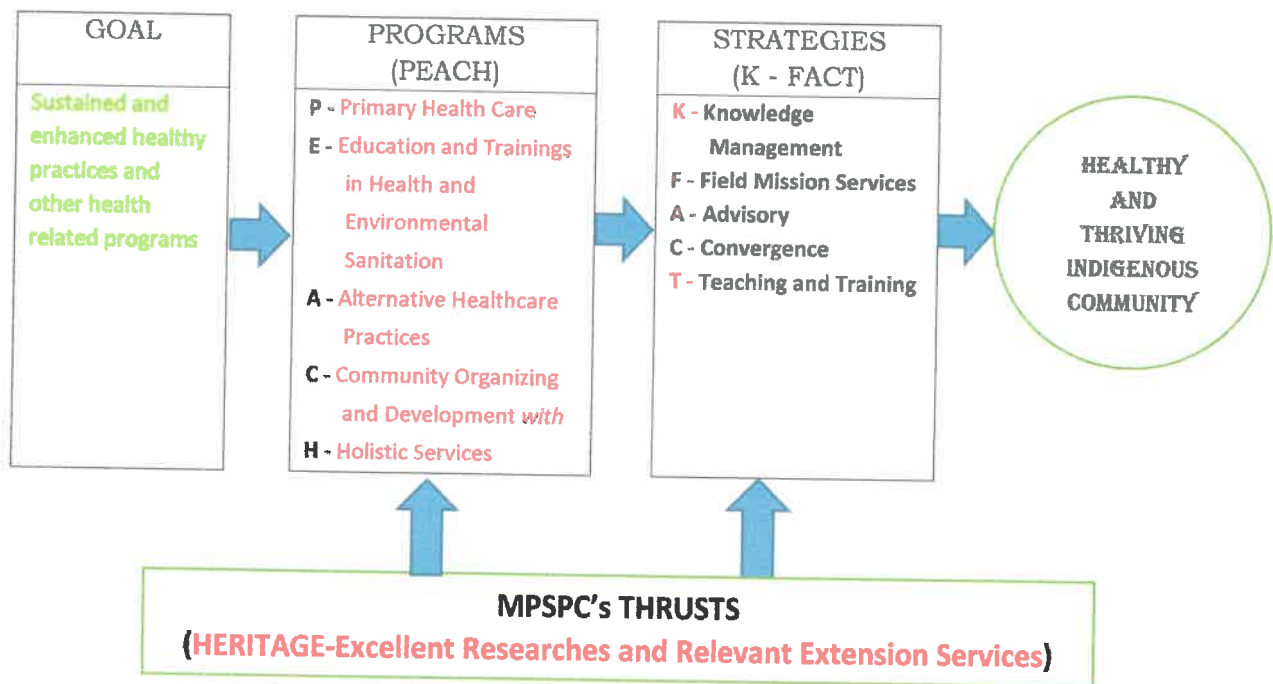6. To sustain linkages with partner agencies.

B. Extension Framework

Figure 1. The Extension Framework

PEACH Program is the thrust of the SHCE's extension program. The matter has been recognized as part of the institution's **HERITAGE** in pursuit to a **HEALTHY and THRIVING COMMUNITY.**

C.   Strategies

The acronym *K-FACT* served as the strategies in the implementation of the PEACH programs of SHCE. Each letter from the acronym gives a meaning that will describe the scheme towards healthy and thriving indigenous community in the following scope.

*K*nowledge Management. An essential activity in order to create, capture, share and manage knowledge especially in indigenous communities explicitly in traditional health care knowledge, attitudes and practices by coming up with our own knowledge products (KP).

*F*ield Mission Services is the strategy in providing support and assistance to our clientele. Part of the Nursing curriculum is the Related Nursing Experience at which community immersion is one of the activities through the community health nursing (CHN) component. Level 2, 3 and 4 students together with assigned faculty and staff will assess, plan and develop the entire community in terms of its health status. As such, home visits, medics during school and community events, and extended health and wellness programs to Persons Deprived of Liberties (PDLs), senior citizens, other vulnerable members of society and the community.

*A*dvisory. It is the strategy for the use of a specific practice or technology to solve an identified health and health related problem or production constraint. (Swanson and Rajalahati, 2010) From validated information available thru knowledge and good practices, our inquiring client receive information in solving their problems.

*C*onvergence. There is a close institutional inter-departmental and partner agencies collaboration. This is important in scaling up our extension health programs. Thus, linking with different government agencies, civic and non-government organizations, and collaboration with other academic programs of MPSPC is a necessity to come up with projects and activities that will address the prioritized needs of the community.

*T*eaching and training. Faculty and students will impart knowledge and skills health services to the people in communities. This includes family, group and individual health teachings; distributing IEC materials to empower people to sustain high level of wellness; training on personal hygiene, basic health assessment and environmental sanitation to individual, school children, groups and families in the community.

III. PROGRAM COMPONENTS

SHCE - Extension thrusts are anchored with the acronym **PEACH** which is the international color of nursing and utilized as the MPSPC's BSN academic program school and clinical uniform. It is also the symbol of youth and immortality which can be kindred with good health. Whereas, it encouraged social

consciousness and greater awareness on the different situations of the community. And that, the extension services are established.

The said thrust is anchored by the **HERITAGE** Program of the institution. The thrust is framed under **PEACH** at which, all extension activities of the school are initiated by faculty members and students. Extension programs / projects which are research – based should be within the thrust as follows:

*P*rimary *Health Care (PHC)*. Focused on health and well-being centered on the needs and preferences of individuals, families, schools and communities. It encompasses the Basic Life Support and Vital Signs Training, Advocacies on anti-drug abuse, Hygiene Clinic Programs in schools and in the community, Healthy Lifestyle Promotion, Reproductive Health, Indigenous Health Care Practices, Cardiovascular Disease Prevention and Control, Kidney care Program, Dengue Prevention and Control, Proper Nutrition, and Herbal/ Medicinal plants and uses.

In 1978, world leaders made the historical commitment to achieve health for all through Primary Health Care (PHC) in the Declaration of Alma-Ata. In 2015, leaders signed on to the Sustainable Development Goals, which renewed commitment to health and well-being for all based on universal health coverage.

*E*ducation, *training, information dissemination on health and environmental safety.* Through advocacies and good practices, health service extension workers need to focus more on prevention and the need to inform, educate and train our clients and health workforce to enable them to respond effectively to health-care demands.

*A*lternative *Knowledge, Skills and Practices in Health Care.* The government enacted a law which incorporates traditional and alternative medicine in the national health care system, thus the establishment of the Philippine Institute for Alternative Health Care (PHITAC). Mountain Province being rich in culture and heritage have many traditional and alternative health care practices at which the department's research outputs on indigenous health practices and herbal plant advocacies will be integrated in this program.

*C*ommunity *Organizing and Development.* These are the primary focuses where endogenous development projects in the different priority areas of the province were linked. Herbal/ Medicinal Garden Project/ Demo Farm, Medical-Dental Missions, Environmental Protection and Sanitation Projects are also part of our societal developmental services.

*H*olistic *health care related extension service programs.* These include nursing knowledge, theory, intuition, and experiences as a guide for building a relationship with the people as recipients to promote health, prevent occurrence of such illness, increase healing and restore healthy life. The college will integrate alternative medicine and practices into our nursing care and in extending our services.

IV: IMPLEMENTATION PROCESS

Community Organizing Participatory Action Research (COPAR) is a widely used framework in public health nursing that aims to empower marginalized communities by giving them the opportunity to engage in the research process

where they play an active role as participants. As a social development approach, it aims to transform poor communities into being participatory and politically-responsive community. In addition, the significance of action research in today's world as the need for organized, systematic, and reflective investigations increases. With more people becoming aware of their conditions as oppressed and marginalized, action researches prove to be significant as they promote the principles of participation, reflection, and empowerment.

The COPAR has registered positive impacts in communities that agreed to take part in health care research in the Philippines. Its effectiveness in community health organizing was noted where significant improvements in the performance of community health organizers and in the well-being of the people. However, the necessity of external assistance in order to sustain the improvements of the status of community health care is important.

The principles of COPAR transcend health care issues. It has been serving as a tool in community development, which facilitates the education of the people through activities that aim to enhance their capabilities. It puts emphasis on their involvement in the resolution of health issues and concerns in the community.

Moreover, COPAR is embedded with 10 critical Steps that include Integration, Social Investigation, Tentative program planning, Groundwork, Meeting, Role Play or Modelling, Mobilization or action, Evaluation, Reflection, and Organization.

The COPAR Process

1. Pre-entry Phase: The Organizing Process
   - The community/organizer looks for communities to serve/help.
   - Designing a plan for community development including all its activities and strategies for care development.
   - Designing criteria for the selection of site
   - Realistic selection of the site for community care

2. Entry Phase: The social preparation phase
   - Sensitization of the people on the critical events in their life, innovating them to share their dreams and ideas on how to manage their concerns and eventually mobilizing them to take collective actions.
   - This signals the actual entry of the community worker/organizer into the community
   - Recognizing the role of local authorities through home visits and meetings to remind their presence and the activities to be conducted.
   - Cultural sensitivity is essential
   - Avoid raising the consciousness of the community residents; adopt a low-key profile.

3. Organization Building Phase
   - Entails the formation of more formal structures and the inclusion of more formal procedures of planning, implementation, and evaluating community-wide activities.
   - The organized leaders or groups are being given trainings (formal, informal) to develop their skills and in managing their own concerns/programs.

4. Sustenance and Strengthening Phase
- Occurs when the community organization has already been established and the community members are already actively participating in community-wide undertakings.
- The different communities' setup is already expected to be functioning by way of planning, implementing and evaluating their own programs with the overall guidance from the community-wide organization.
- *Strategies:* Education and training; Networking and linkage; Conduct of mobilization on health and development concerns; Implementing of livelihood projects; and Developing secondary leaders
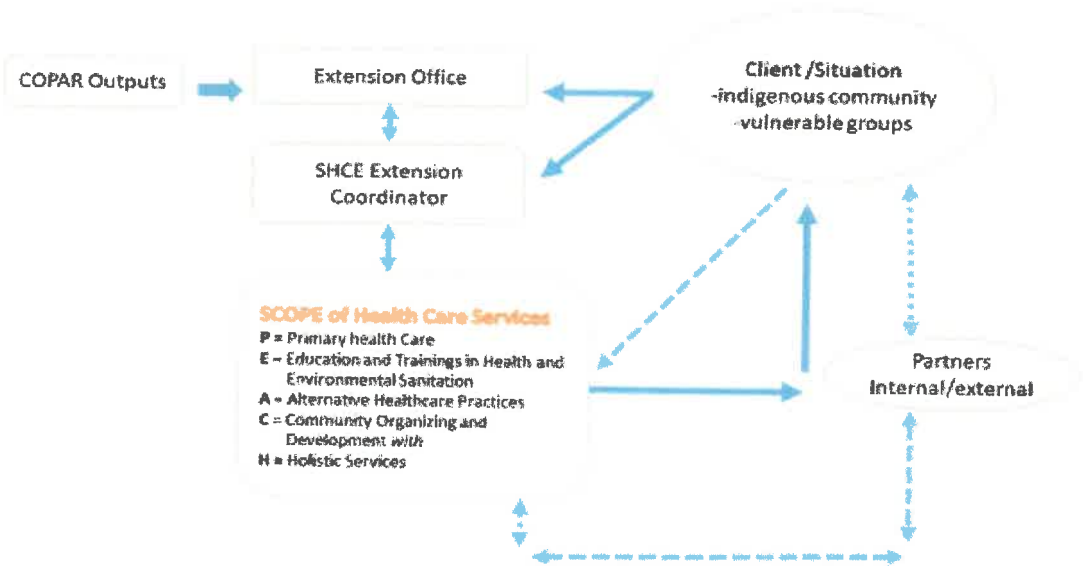
Figure 2: The Implementation Process

All activities for extension emanates from COPAR outputs, student and faculty or collaborative researches. Other activities can also be from partner agencies wherein, convergence is applied. Internal partners are from other units and academic programs of the school while external partners would all encompass partners outside the institution. This serves as a baseline data that is needed in the conceptualization of designs for extension.

Having at hand the design, the extension coordinator will identify if the design is aligned within the SHCE's extension framework for the dean to review and endorsement to the extension unit of the institution. Projects and activities can also be downloaded from the extension unit to the department and can also come from other members of the department. The project or activity will then be implemented headed by a team leader for each program. The faculty or staff who holds relevant trainings and seminars on a certain program component will be the team leader and would form the project team in implementing the extension activity.

V. MONITORING AND EVALUATION

Table 1. The PEACH monitoring and evaluation matrix

Programs	Components	Activities	Extension Service Delivery	Pre-work Administrative Forms	Implementation Result Monitoring Tool	Outcome Tools	Evaluation
P	Primary Health Care	• Community assessment • Home and school visits • Health education (Individual, group and family) • Convergence with the community leaders • Information dissemination campaign • Herbarium development	• Training on health promotion and prevention of illnesses • Clean up drive Program • Seminar workshop on proper waste disposal • Development of health related income generating project based on the available resources of the community	✓ Request Letter ✓ Activity Design ✓ Trainer's/resource speaker's Profile Sheet ✓ Training Need Assessment ✓ Referral Forms ✓ Memorandum of agreement with and linkage adopted community	✓ Terminal Report ✓ Registration and Attendance sheet ✓ Resource person profile ✓ Highlights of topics discussed ✓ Training Evaluation Form ✓ Field Monitoring Tool	✓ Return Demonstration Tool ✓ Pre and post tests ✓ Field Monitoring and Evaluation tool ✓	
E	Education, training, information dissemination on health and environmental safety						
A							
C	Community Organizing and Development				Community Health Progress Reports	✓ Success Story/ ✓ Learning Briefs ✓ Sustainability plan if the program is already done	
H	Holistic health care related extension service programs				✓ Attendance sheet ✓ Terminal Report ✓ Evaluation Form ✓ Profile sheet of speaker	Field Monitoring Tool Success Story	

VI.   RECOMMENDATION AND APPROVAL
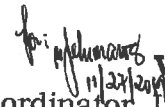
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