

D2. HEALTH AND SANITATION

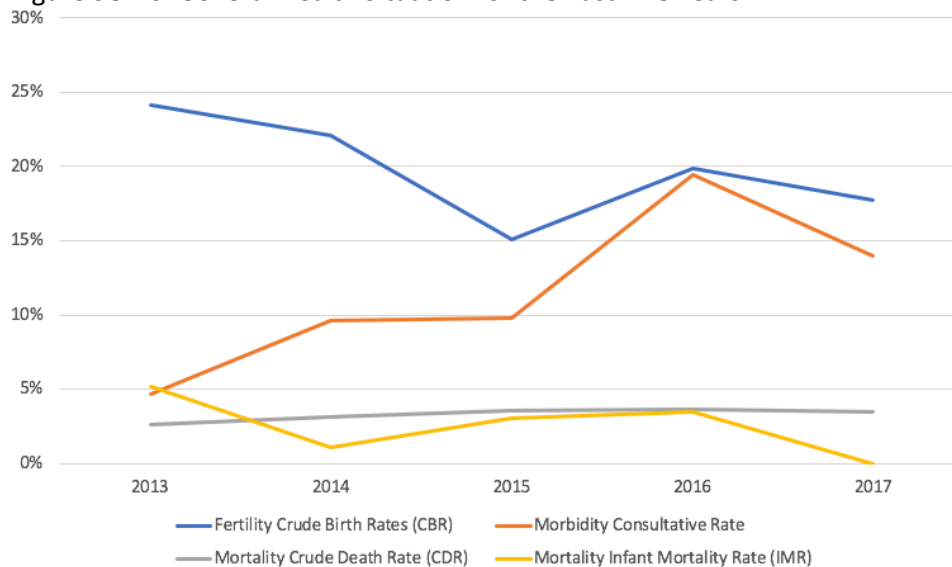
Health is both a means and an end of development. Improved health increases the productive capacity of the population; and that, a developed community can provide better facilities, services and personnel in specialized roles to promote, protect and maintain good health. The availability and access to health services are significant and contributory factors towards the attainment of good health. Health services refer to “a specific activity provided in or through a facility which is designed to contribute to the good health of the community.

Health care extends beyond the delivery of services to patients, encompassing many related sectors, and set within a bigger picture of financing and governance structures. The Municipal Health Office is functioning through the funds of LGU and Phil health reimbursements. In addition, the Department of Health is also extending its full support through the provision of infrastructure projects, commodities, equipment and skilled health professionals.

The Gloria Municipal Health Office firmly believes that effective delivery of health care services will lead to the attainment of healthy Glorianos.

In this sub-sector presented the general situation for the past five (5) years; medical health facilities and personnel; ten (10) leading causes of morbidity and mortality for the past five (5) years; malnourished children; existing cemeteries and memorial parks; number of households in occupied housing units by type of toilets facilities; projected requirements for barangay health facilities; summary of health services facilities and functions; and standards in RHU personnel population per RA No. 1082.

Figure SO-10. General Health Situation for the Past Five Years



Source: Municipal Health Office, 2017

Crude birth rate refers to the number of crude births occurring during the year per one thousand (1,000) populations, estimated at midyear. Another term used interchangeably with birth rate is natality. Crude death rate or mortality rate is the number of deaths per one thousand (1,000) midyear population of a given area. Crude birth rates (CBR) exhibited an erratic pattern while the crude death rate was increasing from 2013 to 2017. From 2013, the consultative rate reached to 4.66% or 2, 255 patients. Residents who seek medical advice are mostly out-patient, pregnant women, and patients with tuberculosis. It rapidly increases from 2014 to 2016 and reached the rate of 19.40% or 8, 518.

Infant mortality is the death of young children under the age of one (1). This death toll is measured by the infant mortality rate (IMR), which is the number of deaths of children under one year of age per one

thousand (1000) live births. Premature birth is the biggest contributor to the IMR. Other leading causes of infant mortality are birth asphyxia, pneumonia, congenital malformations, diarrhea, malaria, measles and malnutrition. One of the most common preventable causes of infant mortality is smoking during pregnancy. Improving sanitation, access to clean drinking water, immunization against infectious diseases, and other public health measures can help reduce high rates of infant mortality. In Gloria there was low infant mortality rate up to 2016 and zero from 2017.

Table SO–11. Medical Health Facilities And Personnel, Year 2017

Name of Health Facility*	Brgy.	Ownership	Capacity (No. of Beds)	Personnel (No.)							Physical Condition	Hazard Susceptibility (H/M/L)						
				D	N	M	SI	BNS	BHW	Total		Fl	Tc	Eq	Vo	Ln	Ts	Su
Main Health Center																		
a.	Maligaya	Public	2	1	2	1	1	1	7	13	O	L	L	L	L	L	L	
Brgy. Health Station																		
A. Bonifacio BHS	A. Bonifacio	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	L	
Alma Villa BHS	A. Villa	Public	0	0	0	0	0	1	8	9	O	L	L	L	L	L	L	
Agos BHS	Agos	Public	0	0	0	0	0	1	7	8	O	L	L	L	L	L	L	
Agsalin BHS	Agsalin	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	M	
Balete BHS	Balete	Public	0	0	0	1	0	1	6	8	O	L	L	L	L	L	L	
Banus BHS	Banus	Public	0	0	0	1	0	1	9	11	O	L	L	L	L	L	L	
Banutan BHS	Banutan	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	L	
Bulaklakan BHS	Bulaklakan	Public	0	0	0	1	0	1	3	5	O	L	L	L	L	L	L	
Buong Lupa BHS	B. Lupa	Public	0	0	0	1	0	1	4	6	O	H	L	L	L	M	L	
G. Antonino BHS	G. Antonino	Public	0	0	0	0	0	1	8	9	O	L	L	L	L	L	L	
Guimbonan BHS	Guimbonan	Public	0	0	0	0	0	1	7	8	O	L	L	L	L	L	M	
Kawit BHS	Kawit	Public	0	0	0	0	0	1	9	10	O	L	L	L	L	L	L	
Lucio Laurel BHS	Lucio Laurel	Public	0	0	0	1	0	1	9	11	O	L	L	L	L	L	L	
M. Adriatico BHS	M. Adriatico	Public	0	0	0	0	0	1	5	6	O	M	L	L	L	L	L	
Malamig BHS	Malamig	Public	0	0	0	1	0	1	7	9	O	M	L	L	L	L	L	
Malayong BHS	Malayong	Public	0	0	0	0	0	1	6	7	O	M	L	L	L	M	L	
Malubay BHS	Malubay	Public	0	0	0	1	0	1	3	5	O	M	L	L	L	L	L	
Manguyang BHS	Manguyang	Public	0	0	0	1	0	1	7	9	O	L	L	M	L	M	L	
Maragooc BHS	Maragooc	Public	0	0	0	0	0	1	8	9	O	L	L	L	L	L	M	
Mirayan BHS	Mirayan	Public	0	0	0	0	0	1	4	5	O	M	L	M	L	M	L	
Narra BHS	Narra	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	L	
Papandungin BHS	San Antonio	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	L	
San Antonio BHS	Papandungin	Public	0	0	0	0	0	1	6	7	O	L	L	L	L	L	L	
Sta. Theresa BHS	Sta. Theresa	Public	0	0	0	1	0	1	7	9	O	L	L	L	L	L	M	
Sta. Maria BHS	Sta. Maria	Public	0	0	0	1	0	1	8	10	O	L	L	L	L	L	L	
Tambong BHS	Tambong	Public	0	0	0	0	0	1	10	11	O	L	L	L	L	L	M	

Source: Municipal Health Office, 2017

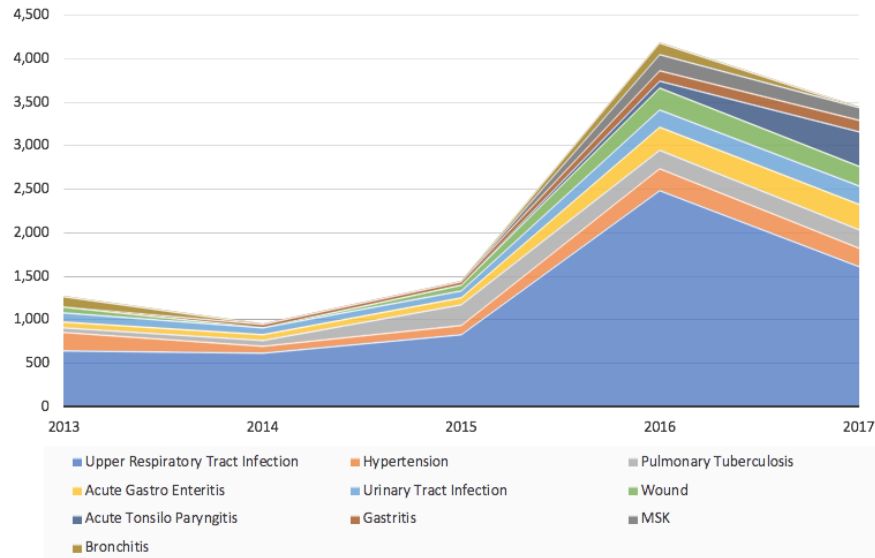
Society must create and maintain the conditions under which members of the community can be healthy. The responsibility for maintaining and improving the public's health lies with all sectors of society.

Society's efforts have been carried out through a combination of the personal health care (sometimes called "medical care") and public health systems. Through the activities of both private and governmental health care providers, organizations, and institutions, the personal health care system provides primarily curative services, such as treating illnesses and injuries, to individuals with relatively little attention to prevention. The financing of these services comes from the out-of-pocket payments of patients, private health insurance, and government.

The major health facility in Gloria is the Rural Health Unit (RHU) which is located at the Poblacion. Rural Health Unit also known as the Main Health Center (MHC) engages in a broad range of activities covering mostly referrals from the BHS and the preventive, promotive and curative aspects of health care. Serving at the grassroots level are a total of 27 Barangay Health Stations (BHS), one for each barangay of the

municipality. BHS is the initial unit which dispenses basic health care i.e. maternal and child care, immunizations, treatment of simple medical conditions, nutrition, family planning, sanitary health care, emergency treatment and health education. However, not all BHS have complete facilities, manpower and equipment. The health care providers such as the midwives could service remote barangays, such as Buong Lupa, Malayong and Mirayan, only few times a month. The medical health facilities and personnel in each barangay health stations are shown in Table SO-11.

Figure SO-12. Ten Leading Causes of Morbidity for the Past Five Years



Upper Respiratory Tract Infection is the leading cause of MORBIDITY

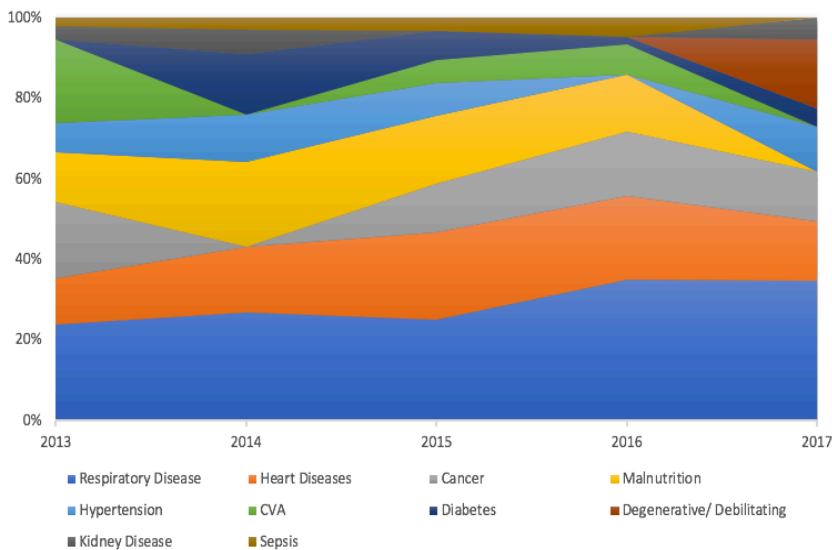


Source: Municipal Health Office, 2017

Morbidity refers to the state of being diseased or unhealthy within the population. As a concept, morbidity can be applied to an individual or to a population in the form of a morbidity rate. Morbidity rates vary depending on the disease in question. Some diseases are highly contagious, while others are not. Morbidity rates help doctors and nurses to calculate risks and make recommendations for personal and public health matters accordingly.

Upper respiratory tract infection ranks high on the list and has been number one (1) cause of morbidity in the last five (5) years. Pulmonary tuberculosis, a very curable disease registered high on the list until 2017. Other major causes of morbidity in the last five (5) years are hypertension, acute gastro enteritis and urinary tract infection. Refer to Figure SO-12 for the other leading causes of morbidity.

Figure SO-13. Ten Leading Causes of Mortality for the Past Five Years



Respiratory Disease is the leading cause of MORTALITY

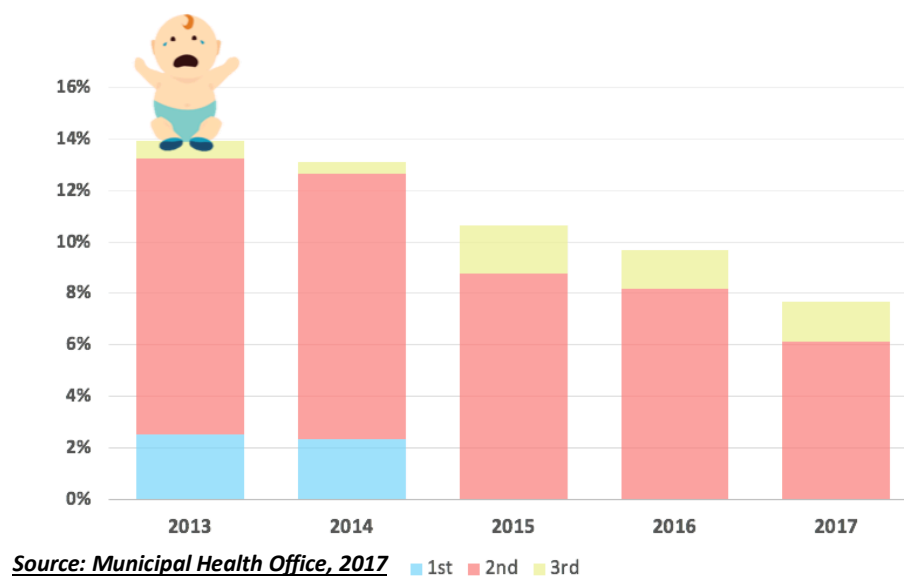


Source: Municipal Health Office, 2017

Mortality is the term used for the number of people who died within a population. There are different causes of mortality that can happen to anyone. The rate at which humans die varies tremendously by geographic location, wealth, incidence of illness (morbidity), age, etc.

Respiratory disease has remained the leading cause of mortality for the past five (5) years. Other causes of mortality are cancer, heart diseases, hypertension and malnutrition due to senility. These diseases can be prevented with healthy lifestyle.

Figure SO-14. Malnourished Children for the Past Five Years



Malnutrition is the unhealthy condition that results from inadequate or unbalanced intake of nutrients. It is often used to specifically refer to undernutrition where an individual is not getting enough calories, protein or micronutrients. Malnutrition during childhood can lead not only to long-term health problems but also to educational challenges and limited work opportunities in the future. It can also slow recovery from wounds and illnesses, and can complicate diseases such as measles, pneumonia, malaria and diarrhea. It can leave the body more susceptible to disease. The healthcare provider prepares a targeted care plan with specific aims for treatment. Supplemental feeding program is prepared with specially planned diet and some additional nutritional supplements.

The number of malnourished children in the municipality was lessened for the past five (5) years but the number remains high. There are factors that influence the nutritional needs and intake of children such as age, gender, growth, disease states and genetic makeup. Poverty is one of the major socio-economic causes of variation in nutrient intake and it also impacts nutrient requirements.

Table SO–15. Cemeteries And Memorial Parks, Year 2017

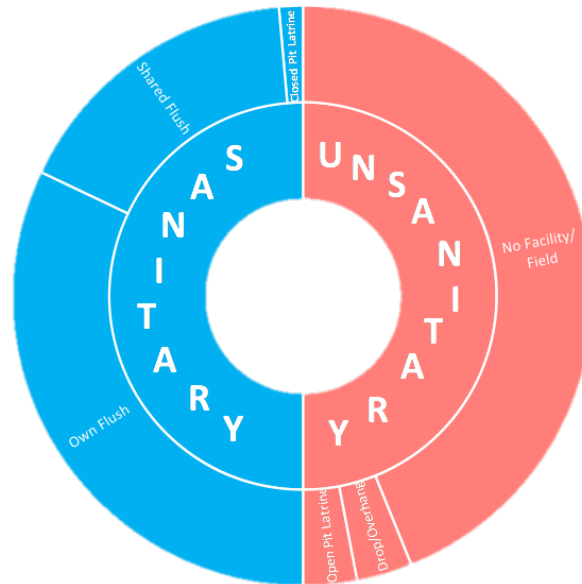
Name of Cemetery/ Memorial Park	Barangay	Ownership	Area (ha)	Capacity (No. of Plots)	Remarks
Gloria Municipal Cemetery	Maligaya	Public	10.6235		under expansion

Source: Local Economic Enterprise, 2017

Gloria has a ten-hectare municipal cemetery located in Barangay Maligaya and has vacated some area to become part of the cemetery. It lies adjacent to the Agriculture Center and Breeding Station (ACBS).

The Sanitation Code of the Philippines forbids construction of houses within 20 meters from any burial grounds, cemetery, memorial park or any place duly authorized by the government for permanent disposal of the dead. Furthermore, burial grounds should be at least fifty (50) meters distant from either side of any source of water supply (including creeks and rivers). These provisions in the Sanitation Code are designed to protect the health of the community. In Gloria, the existing communities currently surrounding the cemetery could be considered safe, as all the houses are situated more than twenty (20) meters from the area. The same could be said for their water sources.

Figure SO-16. Number of Households in Occupied Housing Units by Type of Toilet Facilities, 2014



Source: Community-Based Monitoring System, 2014

The type of toilet facilities was categorized to sanitary and unsanitary. Under the sanitary toilet facilities are own flush, shared flush and closed pit latrine. Own flush refers to the water-sealed type of toilet facility leading to a depository and is used exclusively by a household. Almost half of the total households of the municipality are using own flush especially those families living in Poblacion. Shared flush same as own flush but shared with other households. Barangay Banus has the greatest number of households using this type of facility. For the closed pit latrine, this is a toilet facility without water-sealed bowl and box for sitting/squatting. The depository is usually made of tubes with concrete/clay covered top with a small opening. Barangay Tambong has fifty (50) households using this facility and only one (1) in Barangay Sta. Theresa. Eighty-five percent (85%) of the total number of households are utilizing this sanitary type of toilet facilities. Cleanliness in the community is just as important as cleanliness for individuals and families.

Unsanitary toilet facilities are open pit latrine, drop/overhang and no facility/field. Open pit latrine is the same as closed pit but without covering. Ninety-one (91) households are using this latrine. Drop/overhang can be a pail system wherein fecal matter is contained in a pail and is picked up for disposal, or any other type of toilet facility not belonging to the earlier types. Lastly, no facility/field refers to the household without toilet facility. Thirteen percent (13%) of the total households has no access to sanitary toilet facilities. Barangay Buong Lupa and Mirayan are the leading barangay with no toilet facility. These are upland barangays and there are indigenous people living here practicing the traditional way of human waste management.

Table SO-17. Projected Requirements for Barangay Health Facilities, Year 2017

Barangay	No. of Barangay Health Station					
	2016	2017	2018	2019	2020	2025
Agsalin	1	1	1	1	1	1
Agos	1	1	1	1	1	1
Alma Villa	1	1	1	1	1	1
Andres Bonifacio	1	1	1	1	1	1
Balete	1	1	1	1	1	2
Banus	1	1	1	1	1	1
Banutan	1	1	1	1	1	1
Buong Lupa	1	1	1	1	1	1
Bulaklakan	1	1	1	1	1	1
Gaudencio	1	1	1	1	1	1
Guimbonan	1	1	1	1	1	1
Kawit	1	1	1	1	1	1
Lucio Laurel	1	1	1	1	1	2
Macario Adriatico	1	1	1	1	1	1
Malamig	1	1	1	1	1	2
Malayong	1	1	1	1	1	1
Maligaya (Pob.)	1	1	1	1	1	2
Malubay	1	1	1	1	1	1
Manguyang	1	1	1	1	1	1
Maragooc	1	1	1	1	1	1
Mirayan	1	1	1	1	1	1
Narra	1	1	1	1	1	1
Papandungin	1	1	1	1	1	1
San Antonio	1	1	1	1	1	1
Santa Maria	1	1	1	1	1	1
Santa Theresa	1	1	1	1	1	1
Tambong	1	1	1	1	1	2
Total	27	27	27	27	27	32

Source: Municipal Planning and Development Office, 2017

Projected requirements for barangay health station was computed based on ratio of one (1) barangay health station per five thousand (5,000) population and using the projected population in demographic study. From 2016 to 2020, one (1) BHS can serve the residents of each barangay. For 2025, five (5) barangay health stations should be added in the municipality to meet the health needs of the residents.

Table SO–21. Summary of Health Services Facilities and Functions

Level of Health Services	Facilities	Kinds of Treatment/ Function/Services
Third Level	Birthing Home	A health facility that provides maternity service and post-natal care, normal spontaneous delivery and care of newborn babies

Source: Bureau of Health Facilities and Services (Department of Health)

A birthing home pertains to a facility that provides birthing service on prenatal and post-natal care, normal spontaneous delivery and care of newborn babies. The midwives monitor the labor and the well-being of the mother and fetus during birth. Women are free to act spontaneously during their birth, such as squatting, walking or performing other postures that assist in labor.

Table SO–22. Standards in RHU Personnel Population per RA No. 1082

Category	LGU/Catchment Population	Personnel			
		Doctor	Nurse	Midwife	RSI
IV	49,012	1	1 regular	5 regular	1
			1 contract of service	5 job orders	

Source: Municipal Health Office, 2017

Basic health services are being provided to the barangays by the municipal government through a network of manpower resources. Health care provider is an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities. The Rural Health Unit consists of one (1) doctor; two (2) nurses (1 regular and 1 contract of service); ten (10) midwives (5 regular and 5 job orders) and one (1) rural sanitary inspector.

DEVELOPMENT NEEDS

Good health is crucial to everything we do in our everyday lives. The mission of the government is to improve the conditions and behaviors that affect health so that all people can attain it. Registered below are the identified health and sanitation development needs:

- Additional health manpower and upgrade of health facilities are great factors to improve the services offered to the community.
- Not all people can afford to get treatment in private hospitals or health institutions due to higher cost of medication. The government must promote alternative ways for the treatment of diseases at more affordable cost.
- Conduct of regular medical missions in all barangays to monitor the health of the residents.
- The numbers of stray animals are increasing that lead to increase in number of animal

bite and rabies cases. Strict implementation of ordinance on dogs/ rabies and others must be adopted by every barangay.

- Increase the constructed hand washing facility in schools to prevent spread of illnesses and monitor if properly maintained.
- Maintenance of potability, regulation on deep well to prevent destruction of ground water through an ordinance on deep well installation.
- Indigenous people often find it difficult to access appropriate primary health care services compare to those within easy reach. Health services for the indigenous communities must be strengthen including the awareness to proper hygiene and sanitation.
- Open defecation is common where sanitation infrastructure and services are not available such as the IP communities. This is the human practice of defecating outside rather than into a toilet. They do so because either they do not have a toilet readily accessible or due to traditional cultural practices. Increase number of procured and installed toilets can be a way to attain zero (0) open defecation status.
- Expansion of the existing cemetery to accommodate more interments in the future.