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HEALTHY LIFESTYLE PROGRAM

■ 1. Family Health Mapping/Health Screening

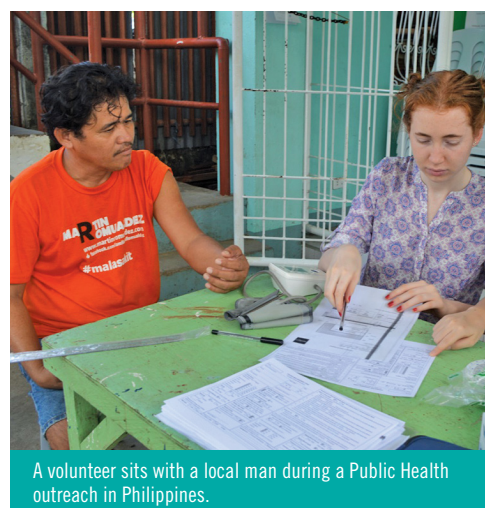
- Volunteers conducted house to house surveys in a village setting (Barangay Sudlonon, Carbon, San Vicente, Siocon, Libertad, Lourdes, Binabag, La Paz, Polambato) by completing the Non-Communicable Diseases High Risk Assessment Form.
- After completing the health survey form, volunteers had to carefully evaluate all the data being gathered or collected in order to identify those individuals who are at risk of suffering from Non-Communicable Diseases.
- Once they have sorted out those clients, volunteers will perform health screenings, which include taking vital signs especially monitoring blood pressure, calculating the Body Mass Index (BMI) by measuring height and weight, random blood sugar testing, and cholesterol checks.

MONTH	TOTAL NO. OF INDIVIDUAL SCREENED	TOTAL NO. OF HIGH RISK INDIVIDUAL
July	378	198
August	198	129
September	93	On going

From July to September, Projects Abroad was able to reach out to nine different Barangays here in Bogo City. At the same time, volunteers were able to screen 569 individuals, who all received free health screenings. Likewise, 327 individuals were identified as high risk or prone to suffering from Non-Communicable Diseases.



A Public Health outreach in Philippines.



A volunteer sits with a local man during a Public Health outreach in Philippines.



People arrive for the Public Health outreach.



Volunteers, staff and locals at the Philippines Public Health outreach.

■ 2. Family Health Empowerment Program – House to house Intervention

- a. Volunteers carefully evaluated the results of the health screenings and came up with Public Health empowerment strategies to fight Non-Communicable Diseases such as diabetes, hypertension, cancer, etc.
- b. They also reviewed the attitudes and behaviours towards health of the family members of those being screened. They went on to provide a dietary pattern survey and food journal entry specific to each family visited.

Note: This particular category was implemented simultaneously with category number one and was carried out every Tuesday and Thursday. Based on the table above, 261 individuals were visited in their homes for follow-ups or monitoring by Projects Abroad volunteers.



Public Health volunteers prepare for their day on the outreach.



Volunteers talk and assist people during the Public Health outreach.

■ 3. Healthy Food Behaviours – Eating Real Food Challenge

- a. Volunteers identified and introduced local natural foods (e.g. whole grains, backyard gardening) to every family visited in the village.
- b. Likewise, they had to motivate every member of the family to refrain from eating processed foods (e.g. canned goods).

■ 4. Healthy Cooking Recipe Books/Compilation – Cheap Recipes under 250Php

- Volunteers studied the nutritional content or value of the local foods available and then created recipes and innovative cooking menus that could also be integrated into Mother and Child nutrition.
- They also prepared their own menus using local products and natural foods. This was introduced to the locals during the cooking demonstration and nutrition class.
- Likewise, volunteers had to integrate their menus in the compilation of simple cooking recipes they created.



Volunteers marketing before the cooking demonstration.



Volunteers practising their cooking skills in the office.

MONTH	RECIPES TRANSMITTED	NO. OF PARTICIPANTS
July	120	180
August	100	140
September	90	130

The table shows the different Barangays, number of recipes transmitted, and the number of participants from January to February. 310 copies were distributed to 450 participants.



Local people observe the cooking lessons about how to eat healthy.



Volunteers and staff give healthy cooking lesson demonstrations to locals.



Cooking demonstrations in Philippines.



Volunteers give out cooked meals to those who attended the cooking demonstrations.



Preparing meals before the Public Health outreach begins.



Volunteers cooking on the Public Health Project.



A cooking demonstration in Philippines.



Local women and children attend a cooking demonstration in Philippines.

■ 5. Health Promotion and Awareness Campaign

- a. Volunteers needed to identify areas (villages/schools) where they can implement or impart their knowledge regarding the Health Promotion Awareness Campaign.
- b. They were tasked to come up with empowerment strategies through health teachings, giving an emphasis to nutrition, hygiene, alcohol and smoking.

LOCATION	TOPICS	PARTICIPANTS
Polambato Elementary School	Healthy Lifestyle	200 (5 classes)
Taytayan Integrated School	Healthy Lifestyle	200 (4 classes)
Libertad Elementary School	Nutrition and You	150 (3 classes)
Libertad National High School	Environment and Sustainable Development	60
Taytayan Integrated School	Compost to Garden	40
Taytayan Integrated School	DNA Profiling	50
Dakit Daycare Centre	Dental Hygiene	30
Bungtod Daycare Centre	Dental Hygiene	35

From July to September, Projects Abroad was able to conduct this activity in four different locations and has reached out to 775 participants. Volunteers were able to impart their knowledge on healthy lifestyle promotion, DNA profiling, compost to garden, environment and sustainable development, nutrition and you.



Public Health sessions in the classrooms.



A group photo with students after a lesson on public health and healthy eating.



Lessons on gardening at a local school in the Philippines.



Lessons on healthy eating and growing vegetables at a local school.



Public Health volunteers visit a local school.



Children and volunteers in the Philippines.

6. Other Activities:

Volunteers did not do the main components of the Healthy lifestyle Program, but they were able to take part in the different services of the City Health office, as well as host one Global Citizenship and Social Actions Day, three case presentations and 12 medical outreaches.

Medical Outreaches:



Public Health sessions taking place for locals in the Philippines.



Volunteers observe staff giving medical advice to locals in Philippines.

Assisting in the City Health Office services:



Public Health volunteers observe a doctor during a small procedure.



Volunteers with the CHO-Laboratory and Dental Department staff.

Case Presentation:



Staff and volunteers during a workshop and training session.



Volunteers and staff in the laboratory.

Global Citizenship and Social Actions Day:



Public Health volunteers give a presentation in the Philippines.



Volunteers and staff at a Dental Hygiene workshop in the Philippines.

■ 7. Issues and/or activities not accomplished and actions taken:

- Leaflets or Hand-outs – in order to develop a clearer picture and promote understanding amongst the locals, leaflets and hand-outs still need to be modified and will be distributed to the community.
- 1. Healthy Food Behaviour/Healthy Cooking Recipe
 - Cooking Demonstration – Volunteers need to familiarise themselves with the local products available in the country and should learn how to prepare the menu.
 - Healthy Menus – just like the leaflets or hand-outs, the menus should also be modified or innovated from time to time without sacrificing the local products that we are using.
- 2. Health Promotion and Awareness Campaign
 - During this activity, the participants (pupils or students) should be provided with the campaign materials (leaflets or hand-outs) that they can share with the community.
- 3. Other Matters
 - Proper coordination or constant communication with the Barangay Health Workers (BHW) and Barangay Officials – this is to address one of the challenges that Projects Abroad has encountered. Availability of Barangay Health Workers is essential throughout the entire course of the program. Furthermore, this is to highlight or identify issues and other concerns that will most likely be encountered in the placement.
 - Accurate information during the Induction Process – so that volunteers will be well-informed as to what to expect and what tasks they are going to carry out in their placement.

■ 8. Work Objective for Next Month:

1. Develop a more precise and understandable NCD High Risk Assessment Form.
2. Enhance or strengthen the activities of the Healthy Lifestyle Program.
3. Constant communication, proper channelling, and networking will always be considered and put into consideration.
4. We always hope for volunteers with medical expertise and skills to help improve the program.