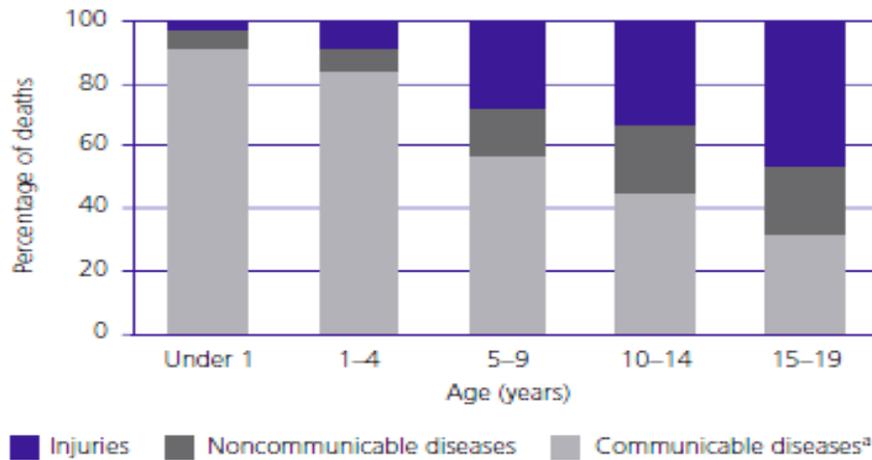


## SITUATIONAL ANALYSIS: CHILD INJURY PREVENTION PROGRAM (CIPP)

**Globally**, hundreds of thousands of children die each year from injuries or violence, and millions of others suffer the consequences of non-fatal injuries. The figure below gives us a good picture.

**Main causes of death among children, World, 2004**



In the **South-East Asia (SEA) Region**, road traffic injuries, drowning, burn and self-inflicted injuries are the leading causes of death among children. In 2004, the region had the 2nd highest rate of unintentional child injuries globally.

In the **Philippines**, drowning outranks traditional causes of child mortality (eg. meningitis, septicemia, malnutrition, tuberculosis and pneumonia).

No regional data is still available since no baseline data has been established yet. The program is still being established.

*There are proven ways to reduce both the likelihood and severity of injury. The world needs to raise its awareness of the problem and its prevention, and strengthen its political commitment to act to prevent child injury.*

### **PROGRAM DESCRIPTION:**

The Child Injury Prevention (CIP) Program is focused on improving information dissemination and instilling awareness on CIP through the conduct of activities such as:

- a. Establishment of baseline information and identification/mapping of support group;

- b. Orientation on Child Injury Prevention & Control (CIPC) policies, guidelines and first aid treatment;
- c. Development of Localized IEC materials and conduct press conference /media placement on child injury prevention;
- d. Conduct of Community Fora;
- e. Provision of First Aid Kits to BHERTS, BHW and Families with under five children;
- f. Strengthening the Service Delivery Network on CIPC; and
- g. Conduct monitoring and evaluation.

### **PROGRAM'S VISION, MISSION AND GOALS:**

**VISION:** For the Philippines to have the lowest child injury rate in Asia.

**MISSION:** To guarantee cost-effective injury prevention interventions to every Filipino child and ensure sustainable and equitable multi-sectoral support.

### **GOALS:**

1. To reduce health disparities that increase the risk of child injury among children.
2. To reduce social burden of child injury and improve the health of the Filipino child.

### **PROGRAM OBJECTIVES:**

To decrease the incidence, severity, morbidity and mortality associated with child injuries at home, in the community, schools, roadways and acute care settings.

### **SPECIFIC OBJECTIVES:**

1. To address the health gaps and needs pertaining to injury prevention;
2. To empower families and communities in ensuring safety mechanisms for children by heightening and deepening their awareness on Child Injury Prevention;
3. To develop a database on child injury;
4. To inform, communicate and train the health service providers on child injuries prevention and control;
5. To mobilize multidiscipline and multi-sectoral stakeholders in Child Injury Prevention.

### **STRATEGIC DIRECTIONS:**

The strategy will initially focus on areas where interventions are possible, effective and able to be implemented with a clear and actionable role for the health sector. Five priority areas for immediate action by the health sector will be undertaken. These are the prevention of falls, burns, poisoning, road injuries and drowning.

In line with DOH's mission to guarantee equitable, accessible and quality health for all Filipinos, especially the disadvantaged and vulnerable sectors, the Child Injury Prevention Strategy will be based on a population health approach that addresses the range of factors such as social, economic, cultural and political that determine the health and well-being of the overall population.

The following strategic responses shall be adopted:

1. Enhanced capacity for data collection.
2. Legislations and enforcement.
3. Transformation of health systems- in areas where it is not possible to provide tertiary health care and rehabilitation services, a referral system should be established.
4. Resource generation and mobilization through partnerships. This entails multisectoral collaboration to generate and mobilize resources.
5. Health workforce development.
6. Empowerment of parents, families and community.

#### **PROGRAM IMPLEMENTATION:**

1. **Health promotion**- advocacy, information, education and communication activities.
2. **Human Resource Development and Management**- enhancing the capacity of health and non-health service providers.
3. **Surveillance System**- ensure that a system of data recording and reporting of child and adolescent injuries is established.
4. **Networking and linkages**- establish multisectoral collaborations with injury stakeholders
5. **Equitable health financing packages**- this is done in coordination with PhilHealth.
6. **Research and Development**- establish research agenda to build knowledge and evidences and gain a better understanding of child injuries in relation to determinants of health.
7. **Service Delivery**- establish a comprehensive and integrated package of service provisions
8. **Monitoring and Evaluation**

#### **ISSUES & CONCERNS:**

1. Baseline data have yet to be established.
2. Limited number of trained personnel at the provincial level to conduct assessments determining safety of homes, schools and their community as a whole.
3. Lack of advocacy on child injury prevention and service delivery network.

#### **2015 PROGRAM HIGHLIGHTS:**

DOH-CAR has conducted the following activities in 2015:

- 1) Allocation of the Child Safety flipchart to each RHU in CAR.
2. Allocated Child Safety Tips flyers to Abra, Apayao and Benguet where the Universal Health Care (UHC) Caravan and Buntis Congress were held.
3. Conducted mass counseling of mothers with children during the UHC Caravan and Buntis Congress.
4. Provision of First Aid kits to mothers of children in all UHC Caravans held in Abra and Apayao.

**FUTURE DIRECTIONS IN 2016:**

1. Capacity building of health and non-health personnel at the provincial level regarding the conduct of assessments for the safety in the home, school and community as a whole. Subsequent improvement in building the database is an expected outcome.
2. Advocacy to local officials & health workers in the different provinces/ city in CAR on the formulation of local ordinance for the prevention of injuries on the different key areas.
3. Further allocation of IEC materials on child injury prevention to the different provinces/ city in CAR.
4. Conduct of monitoring and evaluation through field visits to assess implementation of the program as well as address issues and concerns first hand through thorough technical assistance.

**EXPECTED GENERAL OUTCOME:**

At the end of the next fiscal year, the senior officials know that this program has an impact based on the number of improvements or maintenance of features made to secure a safe home, school and community within a municipality with trained assessors and implementers.

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