PRIMARY HEALTH CARE

HISTORICAL BACKGROUND

- In 1976, Haldan T Mahlar of Denmark (who was by then the WHO Director General) proposed the goal of "health for all by the year 2000". This was during the World health Organization assembly.

- The international conference on primary health care took place at Alma-Ata was the capital of the soviet republic of Kazakhstan located in the Asiatic region of the Soviet Union (Russia). The conference was attended by 300 delegates from 134 governments and 67 international organizations from all over the world.

- The 3 world health assembly that took place in Geneva in 1979 endorsed the conference as declaration i.e. the declaration of Alma-Ata (WHO 1978). This declaration highlighted a minimum set of activities considered essential if there were to be implemented.

- These set of activities were later the components of PHC.

- Primary health care was endorsed by all countries attending a world conference in Alma-Ata,

- USSR (Russia) as an approach to reach the goal of HFA/2000 (WHO, UNICEF 1978).

- In 1977 the WHO, WHA (World Health Assembly) and UNICEF adopted a new resolution "Health for All (HFA) by year 2000". This meant that by the year 2000 every citizen in the world should have full knowledge of PHC and be able to lead a socially and economically productive life.

- The key for the attainment of the above resolution is based on understanding and successful implementation of the PHC elements/components.

Alma-Ata conference

In 1978 a world health conference was convened at Alma-Ata in Russia to be attended by all heads of states in the world. The main objectives of the conference were as follows:

- Formation/definition of PHC which took them one week from $6^{th} - 12^{th}$ September 1978
- Formulation of elements/components of PHC
- Formulation of pillars of PHC

- Declaration/launching of PHC programmes all over the world in order to achieve the goal (HFA by year 2000)
- To discover and add more elements according to the state of health of the country.

Definition of PHC

PHC is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to all individuals and families, and in the community through their full participation at the cost that the country and the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of the country's health system of which it is the nucleus and of the overall socio – economic development of the country.

Objectives of PHC

- To promote health
- To prevent diseases
- To cure diseases
- To rehabilitate the disabled persons
- To make a country productive and self-reliant

Concepts / characteristics of primary health care

A concept is an idea in one's mind. Within the definition of PHC there are nine concepts

I. *Essential health:* this is the health care that meets the needs of the majority.

II. *Practical, scientifically sound methods and technology:* the health care system should be able to solve health problems in questions

III. *Socially accepted methods:* the health care should not conflict with the norms of the community that receives the services.

IV. *Accessibility:* the programme should be easy to reach, easy to approach for both children and families

V. *Full community participation and involvement:* this is the process in which individuals and families assume responsibilities for their own health and welfare in the community.

The people should be involved in planning, organising, implementing, monitoring and evaluation of the services and then this will be socially accepted and sustainable.

VI. *Affordability:* the cost of health services and its maintenance should be affordable both to the community and the country.

VII. *Self-reliance:* the community should be independent, confident and trusting itself by changing from being passive recipients to active partners with government and NGO's

VIII. *Self-determination:* the community should be able to decide and take action on matters concerning their health and development

IX. *Integration:* all sectors working towards the socio – economic development of the community with the health as a nucleus. This should promote the health status of the people/community throughout its referral system.

Introduction to PHC implementation

The nurse has an important role to play in PHC implementation. He/she should have a sound knowledge of factors which give rise to both good and ill health. From time to time he/she may be required to give advice to patients, relatives, community members and school children. He/she should be confident and effective in passing the message of health promotion, prevention and treatment of diseases to the people.

PHC SUCCESS

- Promotion of equitable distribution of resources
- Decreased mortality rates (IMR/MMR)
- Large coverage of several PHC programs
- High coverage of immunization has reduced polio, measles, tetanus etc.
- Rapid economic growth

FAILURES

- Weakness in activity and resource coordination by government and partners
- Tropical diseases such as TB, malaria, cholera and aids are still on the increase
- Unemployment

- Inequality in health and health care between different social groups and gender.

MILLENIUM DEVELOPMENTAL GOALS (MDG)

These are numbered in order

1. End poverty in all its form everywhere.

2. End hunger, achieve food, security and improved nutrition and promote sustainable agriculture.

3. Ensure health lives and promote wellbeing for all ages.

4. Ensure inclusive and equitable quality education and promote lifelong running opportunities for all.

5. Achieve gender equality and empower all women and girls

6. Ensure access to affordable, reliable sustainable and modern energy for all.

7. Ensure availability and management of water and sanitation for all.

8. Promote sustainable inclusive and sustainable economic growth full and employment and decent work for all.

9. Build resilient infrastructure.

10. Promote inclusive and sustainable industrialization and foster renovation.

11. Reduce inequality within and among countries.

12. Make cities and human settlement resilient and sustainable

13. Ensure sustainable consumption and production patterns.

14. Take agent action to combat climate change and it' impacts.

15. Conserve sustainable use the oceans, seas, and main resource for sustainable development.

16. Protect, restore and promote sustainable use of terrestrial ecosystem, sustainable manage forests, combat desertification and halt and reserve land degeneration, and halt biodiversity low

17. Promote peaceful and inclusive development, provide access to jutes for all and build effective, accountable and inclusive institutions at all inclusive

18. Strengthening the means of implementation and revitalize the global partnership for sustainable development

MINIMAL HEALTH CARE PACKAGE FOR UGANDA (MHCPU)

- Control of communicable diseases e.g. malaria, TB, STI/HIV/AIDS
- Sexual/Reproductive health and rights
- Integrated management of childhood illnesses (IMCI)
- Other public health problems e.g. EPI, H/E, Environmental health, Nutrition and school health
- Strengthening mental health
- Essential clinical care (oral/dental care, injuries and palliative care)

COMPONENTS/ ELEMENTS OF PHC

In the Alma ata conference in 1978 the following were identified as basic components/ elements of primary health care required in order to achieve health as their goal.

- ➤ **E**- Health education.
- ➤ **L**- Control to local endemic disease.
- ➤ **E**-Expanded program on immunization.
- ➤ **M**- Maternal child health and family planning.

ELEMENTSMO

- **E**- Essential drugs.
- **N**- Food production and Nutrition.
- **T**- Treatment of diseases.
- **S**- Safe water and sanitation
- **M**-Mental health services.
- **O**-Dental or oral services.
- **R**- Rehabilitative services.
- **E**- Eye care.

1. **Health Education:** Is the education that is intended to have a positive impact on health. It's a process of dialogue with the community members to find out appropriate responses to health problems as well as empower them with knowledge and skills methods of preventing and controlling them.

2. **Promotion of food supply and proper nutrition:** This is about the process of improving food production, preparation and consumption.

3. **Adequate supply of safe water and sanitation**: It refers to the quality of water in terms of colour, taste odor microorganisms and chemicals. Adequacy in terms of amount and distance to the source, different actors from related sectors are brought together to survey and identify sources of safe water and carry out proper analysis of the water. The community should be educated on how to protect wells and springs from contamination, sanitation is about the control and improvement of all those factors in the total human environment that have a boring of health eg housing, refuse and excrete disposal, vector control food hygiene and personal hygiene.

4. **Maternal and child health including family planning**: These are services aimed at promoting health of mothers and children by reducing maternal and child mortality rates enabling women of child bearing age to have the desired number of pregnancies at the right

interval. These services are rendered through prenatal care, antenatal care, young child clinic, family planning.

5. **Immunization against the major infectious diseases:** Immunization activities are through the Uganda expanded the program on immunization by administering vaccines to susceptible members of the community to raise their body defense mechanism against influenza B in case of epidemics and other diseases like cholera, meningitis etc.

6. **Prevention and control locally endemic diseases:** There are many Endemic diseases in the country some of which are confined in particular areas the most prevalent endemic disease are malaria, hook warm infection, Trypanasomiasis, schistosomiasis, Tuberculosis, Trachoma, leprosy etc. Many of these diseases are due to a poor environment sanitation while others are due to vectors borne and rest are due to other causes, all measures for prevention and control of the locally endemic diseases should be under taken as primary Health Care activities.

7. **Appropriate treatment of common diseases and injuries:** The common condition include diarrhea, skin diseases worm infection and common accidents are burns, wounds, bites and stings allergic shock which requires first aid.

   A community nurse / midwife should be able to treat minor illness using essential drugs and refer major cases to the immediate high levels of management.

8. **Provision of essential drugs**: Is the supply of drugs required for effective management of most common conditions in the community in the Rx of endemic and infectious diseases.

   The following are additional elements considered particularly for appropriate conclusion among the essential elements of PHC general reflecting the special and prevailing needs of this country (Uganda).

9. **Mental Health:** These are services directed to the care and rehabilitation of the mentally ill and preventing mental illness in the community. This service should be made available at all levels. Mental Health Care should be integrated into general Health Services so that patients are managed as close as possible to their families' mental, treatment act. In case the patient has been admitted. The discharge procedures and provisions of the services within the community, the family members should be greatly involved.

10. **Dental/ Oral services**: It is a strategy of care on the promotion and prevention of care of the teeth and oral cavity. All health centers should provide first line care to prevent dental carries and gum diseases.

11. **Rehabilitative Health Services**: These are services which give special attention to the management and prevention of disabilities arising from congenital defects chronic non communicable diseases such as cancers and accidental injuries. These services are directed towards the chronically mentally ill patients at all levels of health care delivery.

12. **HIV/AIDS prevention**: The Ugandan government has set up technical and ethical approaches aimed at meeting challenges presented by the HIV/AIDS pandemic. These include adequate provision of health care to the numbers of HIV infected people.

Treatment of other sexually transmitted diseases that increase people's biological vulnerability to infection.

A supportive social economic environment for HIV/AIDS prevention.

The PHC approach emphasizes the need to involve individuals, family members in the prevention and control of HIV/Aids

PILLARS OF PHC

These are pre-quilts to successful implementation of PHC

These are guidelines that govern the implementation of PHC activities they are strong supports (like the four examples of the table) on which PHC stands. Therefore the following are pre-requisites for a successful PHC implementation;

1. **Political commitment**: Is the support provided to promote PHC by those who influence decision making at various levels those include, policy makers e.g. cabinet ministers, administrators e.g. permanent secretaries Political and social support; political leaders must be committed in policy formation, resource mobilization and allocation and mobilization of the community to support PHC programs.

Positive Effects of political will:

♣ Policy making

♣ Monitoring and Evaluation of PHC activities.

♣ Ensure adequate budgetary allocation

♣ Mobilization that is made from up (top) to bottom

♣ Ensuring priority plans @ different levels to reflect PHC x - tic elements and pillars

♣ Active involvement and participation

♣ Setting aside a day for observing PHC e.g. PHC Day.

Negative Effects of political will:

♣ Embezzlement of funds

♣ Civil wars

♣ Self-centeredness

♣ Delay of service delivery due to top - bottom approach.

♣ Conflict ideas.

♣ Need to get high salaries by the political leaders.

1. **Inter sectoral collaboration/ multi sectoral approach**: It's aimed at encouraging linkage with other health related sector to incorporate goals into their strategies and programs.

These sectors include animal husbandry, Agriculture, transport, water and works, therefore the inter-sectoral collaboration reduces duplication of work thus reducing a burden to the community.

- ….. fasten team work and spirit
- Promotes sustainability and avoids conflicts

2. **Appropriating technology**: These are methods that can be used to benefit the community. These methods can be scientifically valid
   - Adoptable to the local reeds
   - Acceptable quality to the community
   - Affordable
   - Easy to maintain
   - Easy to learn
   - Should not conflict with people's culture and norms
   - Easily available

   Why appropriate technology
   - For cost effectiveness
   - For better sustainability

3. **Community participation and development:** This refers to active involvement of members of the community in problem identification and priotization, planning implementation, monitoring, evaluation, decision making on matters related to PHC.

Why community participation

Effective community participation results in a community assuming responsibility for:

- A sense of ownership

- Self-reliance

- Acquisition of skills and abilities to sustain the PHC activities

- Efficiency and effectiveness in PHC implementation

- Equal distribution of resources

- Health services must be shared equally by all people irrespective of their ability to pay.

PRINCIPLES OF PHC

There are SIX basic principles identified in the PHC approach.

1. **Equitable distribution**

   This means that health services must be shared equally by all people irrespective of their ability to pay and all people i.e. rich and poor, rural and urban must al have access to health service.

2. **Manpower development**

   PHC aims at mobilizing the human potential of the entire community by making use of available resource. Vigorous action to be taken to ensure availability of adequate number of appropriate health personnel required to devise and implement plan of action

3. **Community participation**

   It is a process by which an individual, families and the community assume responsibility in promoting their own health and welfare. For the success of the PHC Community participation and involvement is most vital, community involvement is concerned with the level community resident participation in health and decision making.

   Residents and health providers need to work together in partnership to seek solutions to the complex problems facing communities' today.

4. **Appropriate technology**

   These simply means to health care that is relevant to people's health needs and concerns, as well as being acceptable to them. It includes issues of cost and affordability of services

within the context of existing resource as number and the type of health professionals and other workers, Equipment, and the pattern of distribution throughout the community. Appropriate technology is the technology that is scientifically sound adaptable to local needs, culturally acceptable and financially feasible.

5. **Multi-sectoral approach**

   Health and family welfare programs cannot stand on its own in an isolation manner, thus the sector's need to work together in multi sectoral approach to coordinate their goal, plans and activities to ensure that they may contribute the health of the community and avoid conflicting or duplicating efforts

   These include: agricultural, irrigation, animal husbandry, education cooperatives among others

6. **Self-reliance**: this principle self-reliance applies at the three client level of individual family and community. PHC practitioners play a major role in helping people achieve self-reliance in relation to their health care through community participation and involvement. This means the individuals, families and or communities are encouraged to change the attitude of being passive recipients to active partners with or without government or donor support.

Achievements of PHC

♣ When Uganda adopted the Alma alta declaration of health for all by the year 2000 and beyond. They become committee to the integration of all health programs necessary to bring everyone to a level of health that could permit them to a lead of socially and economically productive life.

♣ However, there has been a number of notable achievements.

♣ The shift in emphasis from curative to preventive program has led to a reduction in mortality or mobility.

♣ PHC has a considerable influence in promoting more equal distribution of resources in the development of new types of health workers in a country.

♣ There has been extensive expansion of coverage of several PHC elements.

♣ Epidemiologically, childhood diseases such as polio myelitis, measles and pertusis have decreased owing to the rapid expansion of immunization coverage. This disease has contributed significantly to the overall decline in the infant or child mortality rate.

♣ PHC has led to encouraging achievements in the global targets for education, and control of selected diseases. PHC has been widely spread and accepted widely by NGO's.

♣ PHC has led to a wide spread acceptance among government ministries Ngo's and international agencies. Formal commitment has been made to health for all by most countries including Uganda.

♣ PHC has made an important contribution to greater social justice by reducing the gap between those who can access appropriate level of Health care and those who do not. It has reduced the gap between those who can access the health care service and those.

CHALLENGES FACED IN PHC IMPLEMENTATION

♣ Although considerable progress has been made in implementation of PHC our government has continued to face a number of problems and these include;

♣ The major cause of mobility and mortality in Uganda still remains diseases and conditions that can be easily prevented through immunization and personal hygiene environmental manipulation, for example, the under fixed population die before their 5th birthday due to preventable diseases and conditions like diarrhea accounts for a larger percentage of death for the under 5 in Uganda and malaria.

♣ Curative services remain an expensive aspect of Uganda's health care delivery accounting for about 70% of the health budget. Most of those funds are held up in tertiary and secondary level facilities which are mainly located in urban areas.

- There has been an increase in the burden of diseases due to merging and remerging diseases as well as human and natural disasters. AIDS related illnesses such as pneumonia and TB have a prevalence of nearly 10% and account for 14.2% of the burden of diseases measured in terms of life years lost.

- Lack of access to safe water and sanitation, a situation that puts the population at risk of contracting diarrhea and other communicable diseases, air pollution, poor waste management and poor food control measures have been on an increase.

- Maintenance of the present level of coverage achieved by many PHC program such as Uganda expanded program, UNEP on immunization has remained high raising concerns about air sustainability.

- There is no clear guideline on the referral procedures from one level to another.

THE WAY FORWARD FOR PHC IN UGANDA

- There is no doubt that our government is committed to improving the countries health status. It has introduced policies and constantly reviewed and revised its strategies in order to implement PHC in this country.

- However, there are a number of things we can do at our level to improve the implementation of PHC and these are;

- Implementing PHC elements at all levels

- Effective disease surveillance and reporting so that measures can be taken in good time.

- Rational and effective use of resources such as drugs, time and funds which are located to the health facilities.

- One way of ensuring the rational use of drugs is for example by making a correct clinical diagnosis and prescribing appropriately.

♣ Continuously updating the knowledge, skills and attitudes for example, the management of malaria is continuously changing as the parasites become resistant to drugs.

Advocating for policy change and good governance at all levels.

CONCEPT OF COMMUNICATION IN PRIMARY HEALTH CARE
♣ Human communication is the transmission and reception of messages.

♣ It is a means by which an idea or thought may be transferred or shared from one person to another.

♣ Effective communication is when ® message is sent by the ® person through the ® appropriate channel & is received by the receiver without interference.

♣ It must be understood as it was intended by the sender & the receiver has to confirm, respond and send a feedback

Importance of human communication in PHC

o To get others to think in a way we want them to think.

o To inform others

o To educate others

o To ask questions (answer questions)

o To listen to others

o To get an action done

o To participate with others

o To understand others

o To advise others

o To counsel others

o To instruct others

o Mobilize others

SENDER - MESSAGE - CHANNEL - RECIEVER (SMCR)

- Encoding must take place e.g. encoding is the management (central) converted by the sender into a form that can be understood by the receiver e.g. spoken word, written, symbols etc.'

- Encoding is the interpretation of the message that has been received.

- Draw the mode of effective communication

- For communication to be effective and complete there must be a response or a feedback or appropriate - action taken.

- Identification of qualities are requirements of each element.

Qualities of elements of communication

Sender	Message	Channel	Receiver
Knowledgeable	Meaningful	Clear	interested
Consider the receiver	Relevant	No interference	Initiative
Clear	Clear	Have confirmation	cooperative
Up to date	Brief	Feedback Mechanism	Capable of taking action
Exemplary	Complete	appropriate	Committed
Presentable	Simple		Good Listener
Initiative			Understanding.

Types of communication channels

- Verbal e.g. spoken words, songs, telephoning, crying, shouting etc.,

- Nonverbal by gentries, signals, drumming, facial - expressions, smiling, panic cries, horns etc,

- Written symbols e.g. letters, memories, and telegrams.

Identification and description of common barriers to effective communication in CBHC

Barriers and solutions

- Cultural beliefs, behaviors, customs;

- Solution: Encourage the cultures that are promoting health.

- Low levels of education:

- Provide appropriate reading materials, orientation, causes, Verbal communication.

- Language; Use of interpreter - it is possible to learn local languages as a solution.

- Illiteracy: Literacy campaigns - use audio / visual aids, adult learning.

- Poverty: Encourage income generating activities and self-reliance subsidize essential commodities and services.

- Sex: Give equal opportunities to different sexes and educate the people on equal opportunity.

- Lack of knowledge: Intensify health education on equal opportunities.

- Ill health: Use 1° health care approach and intensify health education

- Wrong timing: Plan appropriately to accommodate timing and people's pre- occupation.

- Bad weather; arrange the appropriate methods of communication.

Techniques of human communication in PHC are;-
- Collecting methods that are generalized in format educational teaching, art and public relations.

- However, the spoken word or human talking or speech is still the universal means of communication.

- This word of mouth can be applied in various forms e.g. conversation, instruments, teaching, announcements, lectures, discussions, telling a story, counseling or giving advice.

- Human speech is the basis of communication, few examples are discussed below.

Lecture: Health talk use didactic approach i.e. one way method that is based on direct instruction of a group of people.

Advantages
- It's straight forward way of explaining a point.

- It can be used relatively on a large group.

- It is mainly used in schools and institutions.

- May be used to services information / knowledge and facts

Disadvantages
- Does not give adequate stimulation.

- Levels of learning capacity or perception are not the same.

- People have different goals and interests that valve most and may pay little attention to some things that may not seem important to them.

- People have their standing customs and habits which may conflict with health instructions.

- The language used may not be appropriate or even the message can be distorted by the interpreter.

- All that is taught may not be absorbed and there is a tendency to forget lectures instructions.

PRINCIPLES OF PHC

- Health promotion HE^3A^2DMIC

- Equity

- Effectiveness

- Efficiency

- Accessibility

- Affordability

- Decentralization

- Multisectoral/ intersectoral collaboration

- Integration

➤ Community participation

Community health

COMMUNITY

- The word community refers to a specific group of people in a geographical area or it can be described as a quality of relationship based on certain values and principles.
- Traditionally, a community has been defined as a group of interacting people living in a common location.

- According to world health organization, a community is a social group of people determined by geographical boundaries that have common values and interests. Its members interact with each other. It functions within a particular social structure and exhibits certain norms, values and social interactions. (WHO, 1947)

Elements of the community
- Membership- a sense of identity and belonging
- Common symbol systems e.g. similar language, vituals and ceremonies
- Shared values and norms
- Mutual influence i.e. community member have influence are influenced by each other.
- Shared needs and commitment to meeting them
- Shared emotional connection i.e. members share common problems, experiences and mutual support

Features of a Community
A community has three features, location, population and social system.
- **Location:** every physical community carries out its daily existence in a specific geographical location. The health of the community is affected by this location,

including the placement of the service, the geographical features...
- **Population:** consists of specialized aggregates, but all of the diverse people who live within the boundary of the community.
- **Social system:** the various parts of communities' social system that interact and include the heath system, family system, economic system and educational system.

Components of community
- Communities have common components which are people, goal, needs environment service systems & boundaries.
- People Refers to community residents, people are the most important resource, and they are the community.

Goal & Needs;
- Refers to goals & needs of people within the community.

Environment:
- Refers to where people are living. It includes Physical x-tics such as geography, climate, and social entities.

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Boundaries:
- Community has boundaries which they can regulate
- The boundaries may be complete, conceptual etc,

Service system:

These services & systems include; - Health education, social welfare, Religion, Recreational

facilities, Government.

TYPES OF COMMUNITIES

1 **Geographic communities.**

These range from local neighborhood, suburb, village, town or city, region, nation or even the

planet as a whole.

2 **communities of culture**

These range from local clique, sub-culture, ethnic group, religious or multicultural. These

may be included as communities of need or identity e.g. the disabled persons.

3. **Community of organization**.

These range from informal family or kinship networks to more formal incorporated

associations.

COMMUNITY HEALTH

- Community health refers to the health status of the members of the community and the actions and conditions (both private and public) to promote, protect and preserve their health.
- **OR:** Is an art science of taking care of health in all its aspects of life which include promotion & prevention of health - prevention of diseases.
- **OR;** Is the state of equilibrium which derives from a balance between the individual and his physical, psychological, cultural and social environment
- Community health implies, in a broad sense, integration of curative, preventive and promotive health services in the community.

Principles of community health

- Health care should be shaped around life patterns of the health system and other population. It should serve and meet the needs of the community.

- PHC should be an integrated part of the national health system & other services should be designed in support of the needs of the community.

- Health care activities should be fully integrated with the activities of other sectors involved in the community development that is to say agriculture, education, public workers, housing among others.

- The local population should be actively involved in the formation & implementation of health care activities so that health care be brought in line with local needs and priorities.

- Decision upon the community needs dialogue between the people & the services.

- The health care offered should place a maximum reliance on available community resources especially those which have neither to remain untapped & should remain within least limitation relevant to each country.

- Health care should be an integrated approach of a preventive, promotive, curative & rehabilitative service for the individual family & community.

- The Majority of interventions should be undertaken @ most peripheral practice level of health services by the workers who are most suitably trained for performing those actives. Functions of community health

- Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.

- The formulation of public policies designed to solve identified local and national health problems and priorities.

- To ensure that all populations have access to appropriate and cost - effective care including health promotion and disease prevention, services and evaluation of the effectiveness of that care.

Purpose of community health

- To help people to attach general knowledge, level of health & well-being thru various Programmes.

- To ascertain the nature and extent of diseases & disability in the community.

- To take suitable measures to:-

- Promote helpful living

- Prevent disabilities

- Correct peripheral defects

- Treat illness

- Rehabilitate those with hand caps S Evaluate the progress &success of covalent programmes

- Conduct research into community

- To provide the necessary organizations of medical care, health care, nursing care and to deal with community health.

- To educate the public in prevention of health hazards in best way of medical -social measures and appropriate knowledge.

Common Community health activities
- Home visiting
- Health education
- Immunization
- Screening and Curative services for the sick
- Distribution of drugs for home care
- Control of communicable diseases
- School health programs
- Community survey and diagnosis
- Environmental sanitation
- MCH -Family planning
- Immunization
- Antenatal care
- Community - based rehabilitation

- Community HIV care

Determinants of community health

- The social and economic environment.
- The physical environment.
- The person's individual characteristics and behavior.

Terms used in community health

Population; It's a group of people living in a particular area at the same time.

Target population; It's the population of interest or is a specific group of people and the total population required for a health program.

Contagious diseases are infections which spread from a person to person in several ways e.g. direct contact through air e.g. flue, TB

Community mobilization; It's an act of bringing people together for a common health activity.

Community diagnosis; It's a process of accessing the health status of a population.

Epidemics; It's an outbreak of a disease in the common affecting a large number of people e.g. cholera, Ebola etc.

Pandemic; Is the spread of the disease to several countries and it affect a large number of people e.g. HIV

Sporadic; It's a disease that breaks out only occasionally e.g. typhoid in the USA.

Endemic; These are diseases which frequently re-occur in a community e.g. malaria.

Quarantine; It's an isolation of people or animals out of a certain area to prevent the spread of diseases.

Or It's a state period or place of isolation in which people or animals that have arrived from elsewhere or been exposed to infectious diseases are placed.

DIFFERENCES BETWEEN URBAN AND RURAL COMMUNITIES

Factors	urban	rural

Size.	Small families	Big families
	More families.	Fewer families.
Facilities.	Urban areas are equipped with all modern amenities.	Rural areas are less equipped with modern amenities.
Housing.	Majority have comsmunity health nursing advancement.	People in rural areas live in close proximity; there is room for pets and grazing.
Occupation	There is increased number of education facilities and career opportunities.	Fewer opportunities for education career and income.
Population	Overcrowding is common.	Due to relatively lesser people inhabiting rural areas, the rural parts are usually not over crowded.
Health	Excessive industrialization has invited environmental problems like pollution.	Pollution is less.
Social interaction	Self- centered nature of society thus social interaction is less.	Social interaction is more.
Satisfaction	The rise in prosperity has been characterized by decline in peace	
Life style.	Life is fast and lived lavishly.	People are not so lavish but are very generous and receptive.

HEALTH

Health is the general condition of a person in all aspects. According to WHO, health is a state of physical, mental and social well- being and not merely the absence of disease or infirmity (WHO, 1948)

Health it's a state of complete physical, mental, spiritual and economic well-being of an individual and not merely the absence of a disease.

Continuum of health

Travis illness -wellness continuum composed of two arrows pointing in opposite directions and joined by a neutral point.

1. Movement to the right on the arrows equals an increasing level of health and well -being achieved in three steps;

a) Awareness.

b) Education.

c) Growth.

2. Movement to the left on the arrows (towards premature death) equals a progressively decreasing state of health achieved in 3 steps

   a) Signs

   b) Symptoms.

   c) Disability.

   Most important is the direction the individual is facing on the pathway.

   - If it's towards high level health, a person has a genuinely optimistic or positive outlook despite his/ her health status.

   - If it's towards premature death, a person has a genuinely pessimistic or negative outlook about his / her health status.

Dimensions of health

Overall good health and wellness are interdependent on five dimensions namely physical, mental, social, emotional and spiritual. WHO, 1948)

Our body and mind are tuned to send us signals for any non- functional activity generally called symptoms. It is important to understand them in time, to ensure balance of mind, spirit and body.

1. Physical health.
2. Mental health.
3. Social health
4. Spiritual health.

Physical health

Is a state in which all body parts are anatomically intact and are performing their physiological functions perfectly and harmoniously. This basically covers everything like;

1. All body parts should be there.
2. All of them in their natural place and position.
3. None of them has any pathology
4. All of them are doing their physiological functions.
5. They work with each other harmoniously.

The following are the few ways to ensure good physical health.

- Eat nutritious food to keep the body and mind energized.
- Never skip meals or over eat.

- Water is essential for cleansing of the body.
- Fitness and exercise to increase immunity and endurance levels of the body.
  Regular medical checkups can help to arrest illness in its early stages.
  Avoid drug abuse.

Mental health

a state of well -being in which the individual realizes his or her own abilities, can cope with normal stresses of life ,can work productively and is able to contribute to his/her community.

Standards for mental health

- Having a mental aptitude near or above social average.
- Ability to perceive things as they are not as one thinks they are.
- Having the ability to understand the social structure and ability to comprehend vocal and other forms of communication within their social structure.
- Having a reasonable ability to make judgments regarding good or bad.

- Having the ability to remember and reproduce information collected through various senses or through learning to a reasonable degree.

Emotional health

Our brain regulates both our mental and emotional faculties so these two are highly related. In fact most people who suffer from a psychological disease are both mentally and emotionally ill. The three basic attributes of emotional health are;

- Ability to show correct response based on the stimulus.
- Ability to express emotions.
- Ability to regulate the mental and physical response generated due to an emotion.

Social health

To build and maintain satisfying relationships comes naturally to us, as we are "social animals". Being socially accepted is also connected to our emotional wellbeing.

Being accepted requires that:

- We increase our ability to interact with people and their ideas.
- Accept and understand diverse cultural norms.
- Build networks among different kinds of people.
- Adopt a positive self- image.
- Enhance our interpersonal communication skills.

Spiritual health

Homeopath does consider that we all have a spirit like "vital force". We ought to seek harmonious balance between the mind, body and spirit to lead an optimal fulfilled life. Life as we know is a puzzle, health dimensions are like separate pieces that need to be fitted together to make meaning.

Factors for failing health

While discussing physical, mental and emotional health, there is hardly any cause which affects one plane without affecting the others. Our mind and body are so closely integrated that when one is affected there are bound to be repercussions on the other.

For example; a small cut in your hand (physical plane) can make you worry (mental plane) about bleeding or injury in general and make you angry (emotional plane). Nearly every known disease, be it physical or psychological can be associated with signs and symptoms on other planes

Most common factors for failing health

1. **Genes**

   These are one of the biggest factors in deciding the way in which our health gets deranged. Defective genes sometimes directly result in diseases commonly known as genetic disorders.

2. **Life style and social factors**

   A contemporary life style is the second biggest factor for failing health of people. Increasing sedentary habits, long working hours, reduced rest, diet containing highly processed food, poor in fiber content and with lots of artificial colors and flavors, increased anxiety and tensions related to education, career, job performance etc. are some of the factors education, career, job performance etc. are some of the factors responsible for decreasing health status of our society at large.

3. **Allopathic drugs**

   These are one of the biggest causes of health problems today. They not only have side effects but their excessive use is decreasing the immunity level of the society at large.

4. **Environmental factors**

   The increasing pollution of our air, water and earth is a well- known factor for the increasing level of diseases. There is a high level of asthma and other allergic complaints in urban areas. Depleting the ozone layer is a known factor in increasing rate of skin cancers. Noise pollution is a recognized factor in increasing anxiety and stress levels in our society.

Determinants of health

Many factors combine together to affect the health of individuals and communities whether people are healthy or not, is determined by their circumstance and environment. To a large extent factors such as where we live, the state of environment, genetic our income and education level, our relationship with friends and family all have considerable impact on health where- as the more commonly considered factors such as access and use of health care services often have less of an impact.

1. **Income and social factors**

   Higher income and social status are linked to better health. The greater gap between the richest and poorest people, the greater the differences in health.

2. **Education**

   Low education levels are linked with poor health, more stress and lower self -confidence.

3. **Physical environment**.

   Safe water and clean air, healthy work places, safe houses, communities and roads contribute to good health, employment and working conditions. People in employment are healthier, particularly those who have more control over their working conditions.

4. **Social support network.**

   Greater support from families, friends and communities is linked to better health. Culture, customs, traditions and the beliefs of the family and community all affect health.

5. **Health services**

   Access and use of services that prevent and treat disease influences health.

6. **Genetics**

   Play a role in determining life span, healthiness and likelihood of developing certain illnesses. Personal behavior and coping skills balanced eating, keeping active, smoking, drinking alcohol and how we deal with life's stresses and challenges all affect health.

7. **Gender**

Men and women suffer from different types of diseases at different ages.

Evidence base of health determinants

Providing a comprehensive view of the evidence base is not simple as it requires reviews, research papers including qualitative and quantitative evidence. The following are examples of health determinants.

1. Transport
2. Food and agriculture.
3. Housing
4. Waste.
5. Energy.
6. Industry.
7. Urbanization.

COMMUNITY BASED HEALTH CARE (CBHC

C -   Community

B   -   Based/ foundation/   starting point

H   -   Health / well being

C   -   Care/ looking after/   giving   attention

- ♣ Community Based Health Care is a community programme on health and care, in which the community is actively involved in identifying their problems and needs, prioritizing them and mobilizing their own resources to meet those needs.
- ♣ Is the process that starts with the community and finally the project become community based.
- ♣ It emphasizes active involvement of the community by their full participation in identifying

health related problem/ need of priotizing them coming up with plan for solving the problems [interventions].

♣ CBHC is a strategy for achieving the goals of PHC and as an integral part of PHC, it reinforces the PHC concepts and principles.

♣ The community fully participates in dealing with appropriate activities required to solve the problems i.e. the community members are involved in planning within the available resources, implements and evaluates what has been done,

♣ The programme is usually comprehensive and integrated (i.e. addresses all aspects of health care - preventive, promotive, curative, rehabilitative, and palliative- at community level), and involves other sectors like, agriculture, and economic activities by individuals, families and groups within the community,

REASONS FOR EXISTENCE OF CBHC

• The Alma Alta assembly stressed a need for greater participation and involvement of people with mobilization of all potential resources in the society in support of PHC towards self-reliance and sustainability of PHC interventions in a given community.

• To fully achieve this principle, the objective of PHC (CBHC) has been founded to be the most appropriate concepts to implement the concepts and principles of PHC through the identified pillars of PHC in order to achieve health for all as agreed upon in the 1978 alma Alta conference.

CBHC has been identified as the best strategy of implementing PHC to achieve health for all models to reduce injustice in health, to achieve equity in health with the emphasis of community participation and involvement in order to achieve health for all.

OBJECTIVES OF CBHC

• To build the capacity of each community to care for its own health that is being self-reliant and working together for their own development.

• Building people's capacities means improving their abilities (in terms of knowledge and skills) to perform their tasks. Capacity build in is taken as a process which is continuous.

• To reduce mobility and mortality in the community

ACTIVITIES OF CBHC

- Provision of information, Health education and training concerning prevailing health problems in communities and the methods of preventing and controlling them promotion of proper nutrition, o Maternal and child care;
- Immunization against the major infectious diseases;
- Prevention and control of locally endemic diseases such as diarrhoea diseases, acute respiratory infection an.d malaria;
- Reproductive health services, including family planning and the prevention and control of sexually transmitted infections with particular emphasis on HIV/AIDS
- Appropriate treatment for common diseases and injuries.
- Community mental health;
- Rehabilitation for people with disabilities and
- School health activities.

Advantages of CBHC

➢ Community becomes responsible to care for their own health problems.

➢ Empowers community to take systematic care of their health using available means at affordable costs.

➢ Helps the community members in planning, making decision, implementation and evaluation of health care approach in the community

➢ Gives the communities sense of ownership and belonging in the health care system.

➢ It cuts down costs of health care delivery

➢ It reduces on dependency the government and donors,

➢ Helps health workers to have knowledge base in family theory, principle of communication, group dynamic and cultural diversity in care of the patients at community level.

➢ CBHC forces distance by giving services nearest to the community members, hence become easily accessible.

➢ Creates awareness with - in the community on various health issues.

➢ Individual families and communities are actively involved in health activities

➢ Promotes holistic care that is physical, psychologically, spiritually and culturally.

➢ Bridges the gap between community and extension worker e.g. from other ministries e.g. Agriculture.

➢ It promotes unity

➢ Helps to get appropriate action

➢ Improves the quality of life
➢ Community development
➢ Early identification of the individual

➢ Mutual interaction

➢ Uplifts the standards of living

Disadvantages of CBHC
❖ Diagnosis is made on assumption in most cases no investigation.

❖ increase stigma

Sources of community based services

❖ TASO, UWESO, Hospice.

❖ community based workers

❖ Village health committee VHT

THE STRUCTURE OF CBHC

The structure for CBHC is based on the need for supporting rather than supervising / controlling the community in its own work in review of this structure the CBHC includes the following;

1. Working together
2. Trained community members e.g. Community health worker (CHWs), village health team (VHT), traditional birth attendants (TBAs), agricultural promoters etc.
3. Development of committees e.g. the village health committee (VHC), parish development committees (PDC).

REASONS FOR CBHC TO IMPLEMENT PHC

- The concept of CBHC is needed because CBHC is an essential part of PHC concerned with improving people health standards in the community with their full participation ad involvement.
- CBHC- means the extension of PHC deep in the community to enable them fully contribute and participate in health activities and also to
  Share the benefits including the marginalized groups of people like women, children and people with disabilities
- CBHC - aims at establishing a sustainable and self-propagating bottom up system i.e. controlled and managed by people themselves through setting village health committees to plan and manage health activities.
- CBHC - is a strategy to implement PHC through the community
- CBHC - creates awareness in doing this CBHC attempt to share ideas and increase understanding between the people themselves and motivated to follow their health life styles.
- CBHC -moves outwards to where people are. It's based in the community not the clinical hospital and it's decided according to the needs of the community rather than hearing from the doctors or health worker.

Similarities between PHC and CBHC

- ♣ Both consider improving people's health in the community
- ♣ In both there is community full participation
- ♣ They both aim at health for all in the community through preventive and curative methods
- ♣ They both target the community to enable it fully contribute and participate in health activities and share the benefits including marginalized groups of people in sharing powers and responsibilities
- ♣ Both aim at sharing en qualities in health

Differences between PHC and CBHC

PHC	CBHC
Use top to bottom approach i.e. Ministry of health to community Approach	Uses bottom to top approach i.e. The community to MOH
Supported by 4 pillars	Supported by the community and only links with health workers
Planned by technical health workers	Planned by corps
Planning, implementation, monitoring and evaluation are done	planning, implementation, monitoring and evaluation and evaluation are
by experts	done by the community
Expensive	Cheap

COMMUNITY ORGANISATION

Community organization refers to a formal arrangement of people in a given locality to address their problems, needs and concerns. Or

Is the process of organizing the community in such a way that they can identify Priotize their needs and objectives, develop confidence and will achieve them by finding resources through cooperative and collaborative attitude, practices and community participation.

ASSUMPTIONS OF COMMUNITY ORGANIZATION

Those who organize communities do so while making certain assumptions their outline is as follows;

1. Communities of people can develop the capacity to deal with their own problems.
2. People want to chance and can change.
3. People should participate in making adjustments or controlling the major change taking place in their communities.
4. Changes in the community living that as self-imposed or self-developed have a meaning and permanence that imposed change do not have.

5. Democracy requires co-operative participation and action in the affairs of the community and people must learn the skills and make this possible.

6. Frequency, communities of people need help in organizing to deal with their needs, just as many individuals require help in copying with their individual problem.

COMMUNITY ORGANIZING METHODS

Several different approaches have been used successfully and these include the following:

1. **LOCALITY DEVELOPMENT**

    This is based on the concept of broad self-help participation from the local community; it is heavily process oriented, stressing consensus in that building, group identity and a sense of the community.

2. **SOCIAL PLANNING**

    Its heavily task oriented, stressing rational empirical problem solving and involves various levels of participation from many people and outside planners.

3. **SOCIAL ACTIONS**

    Are both tasked and process oriented, has been useful in helping to organize disadvantaged segments of the population. It often involves trying to redistribute power or resources which enables institutional or community changes.

4. **REVOLUTIONAL TECHNIQUE**

    This method of community organization was used during the 1960's and it was aiming at giving authority at every level and it was as a result of such unrest in America.

THE PROCESS OF COMMUNITY ORGANIZATION

Recognizing the issue

Community organization starts when someone recognizes that the problem exists in the community and decides to do something about it and this person or persons are called initial organizers.

Though this person may be or may not be involved until the end of the process, he or she is the one who gets things started.

Gaining entry into the community

This is the second step in community organization process though may or may not need depending on whether the issue is in stage one was identified by someone from within the community or outside but if the issue is identified by someone outside the community, then this step remains essential for successful entry into the community. This is done through the gate keepers of the community i.e. the LC's, business and educational leaders, CORP's, political leaders of activists group etc.

Organizing the people

Obtain the support of community members to deal with problem in the next step in the process and it's good to begin by organizing those who are already interested. In seeing the problem solved executive participants.

Assessing the community

Locality development social planning and social actions each of these community organizing strategies operate from the assumptions that the problem in the society can be addressed by the community development strategies made and then the assessment focuses on the need of the community.

Determining the priorities and setting goals

An analysis of the community assessment data should result in the identification of the problems to be addressed. Though resources to solve all the identified problems are not available, so prioritize from the identified problems and this prioritization should be consensus.

Arriving at a solution and selecting intervention strategies

There are alternative solutions for every community problems. The group should examine the alternative in terms of probable outcomes, acceptability of the community and the cost of resources to solve the problem. Though the solution involves selecting one or more strategies.

Implementation evaluation monitoring and looping back

The last steps in this generalized approach to organize the community include all the above implementation, evaluation, monitoring and looping back.

Implementing the intervention strategy and activities that we selected the previous step, evaluation

of the outcomes of the planned action, in maintaining the outcomes overtime and if necessary going back to the previous step in the process (looping back).

- To modify or restructure the work plan to organize the community.

NEEDS OF COMMUNITY ORGANISATION

- ✓ Brings order in the community
- ✓ Facilitates efficient delivery of services
- ✓ Promotes a sense of ownership and sustainability
- ✓ Instills a sense of a teamwork and sharing experience
- ✓ Brings about attitude and behavior change
- ✓ Provides opportunities for efficient and effective resources
- ✓ mobilization and utilization of resources is made easier
- ✓ equitable distribution of resources is also made easier

COMMUNITY HEALTH WORKERS (CHW) AND COMMUNITY OWN RESOURCE PERSON (CORPs)

A community owns resource person is a member of the community resident within the same community, selected by the community members and trained to help the community to improve their health and facilitate development. His /her specific tasks will not be confined to health care delivery alone but also other aspects of development like food production and income generating activities

QUALITIES OF ACOMMUNITY OWN RESOURCE PERSON (CORPs)

A community owns resource person should have the following qualities

- Should be local resident
- Trainable
- Good communicator and listener
- Should be available and willing to work as a volunteer
- Should be accepted in the community (mature, responsible, respected reliable, and trusted)
- Should be willing to offer voluntary service to the community.
- Should be able to read and write.

Responsibilities of A CORP

He/she has to carry out the following duties/responsibilities.

- ♣ Home visiting and advising on personnel hygiene and environmental sanitation.
- ♣ Advising and educating communities on matters related to food production and nutrition.
- ♣ Prevention of Diseases.
- ♣ Use of safe Water.
- ♣ Identify Health problems (concerns and prioritize together with community members.
- ♣ Keeping Records and use them for organizing, prioritizing, implementing, monitoring and evaluation of health services.
- ♣ Identify individuals and families at risk and refer them for further management.
- ♣ Separation of infectious products.
- ♣ Immunization.
- ♣ Testing machines before use.
- ♣ The following will be to guide on voting(selecting process)

QUALITIES OF A COMMUNITY HEALTH WORKER

- ♣ S/he should be a resident of the area accepted by the community
- ♣ Should be mature in age and mind
- ♣ Should be healthy physically and mentally
- ♣ Should be knowledgeable should be able to identify and understand the community. Their habits customs, culture, traditions.
- ♣ Should have a reasonable education standard preferably senior two.
- ♣ Good communication skills especially the local language.
- ♣ Should be cooperative and able to work with others.
- ♣ Should be trustworthy.
- ♣ Should be exemplary i.e. should be able to offer voluntary services to the community.
- ♣ Respectful.

DUTIES AND RESPONSIBILITIES OF A COMMUNITY HEALTH WORKER

- • Home visiting and advising on personal hygiene environmental protection
- • Advising and educating the community on matters related to

- Food production and nutrition

- prevention of diseases

- socially identifying and prioritize the needs of the community

• Record keeping and use information for planning

• Participation in planning, implementation, monitoring and evaluation of the PHC programs

• Seeking and identifying individuals and families at risk and referring them appropriately

• Working closely with other community resource persons e.g. TBAs traditional healers and others

• Being responsible in the community and its leadership

• Mobilizing the community for health programs

• Serving as a link between community and extension workers

• Treating of minor ailments (diseases)and distributing drugs

• Organizing simple and appropriate health education talks

• Identifying households health problems

• Monitoring the use community resources

• Distribute prescribed drugs if taught to do so

• Report activities and results monitoring the use community resources.

THE ROLE OF A MIDWIFE/NURSE IN PHC

1. To provide leadership and supervision to the community H.W, TBA's and other health workers in the community.

2. To cooperate in training in training of TBA's and traditional healers on care and safe method of a client e.g. care of pregnant mothers and how to recognize abnormalities, safe delivery and puerperal care.

3. Cooperate with CH workers, TBA's in educating the community on various Health problems and methods of prevention and controlling them such as good sanitation infant feeding making water safe home and personal hygiene, public hygiene, prevention of malaria etc.

4. She should cooperate with the community health workers traditional birth attendants and the community in identifying health problems and possible solution.

5. Participate in health activities in community, identifying and selecting potential health workers.

6. She should run the young child clinic to monitor the growth and development of young children.

7. She should run antenatal clinics giving care and assistance to pregnant mothers and ensuring good safe delivery and post-natal care.

8. Should educate and advise on family planning

9. The mid wife should make use of essential drugs in treatment of minor disorders and injuries.

10. She refers patients to hospital for further care and management

11. She participates and conducts research

COMMUNITY RESOURCE PERSONS

These include:

1. Retired service men
2. Resident elders
3. Herbalists
4. Traditional healers
5. Traditional birth attendants

There is need to augment services of these C.R persons mainly through training (be near them and teach the dangers and good habits)

Traditional Healers

- Provision of traditional or indigenous medicine and complementary alternative medicine (CAM)
- Referring clients to the health facility
- Participating in IEC: HIV/AIDS, STI, TB, Malaria, Family planning and other Reproductive health issues
- Encourage mothers to go to the health facility for ANC, delivery and postnatal care
- Promote risk free practices and behaviors

Peer Educators

- Distributing condoms
- Educating and counseling youth on life skills, STI/HIV/ AIDS

- Promoting risk free practices and behavior

TRADITIONAL BIRTH ATTENDANTS (T.B.A.s)

These are traditional midwives as they look after pregnant mothers

Some of these are at the same time traditional healers

They are committed and should be actually respected in their communities

There should be recognition and acceptance that they can be able to work together with other health worker

On addition to the work of all other community health workers, they can do the following

- Providing counseling to expectant mothers.
- Provide education to mothers on the values and use of the locally available foods
- Keep appropriate records related to maternal health
- Advise mothers on family planning
- Provide education to mothers on the importance of breast feeding and tell them the recommended time for weaning

TCMP (TRADITIONAL COMPLEMENTARY MEDICAL PRACTIONER)

These are actually traditional health workers recognized by the community as private practioners.

Some of them are specialized in managing specific conditions which need to equip them in specific skills such as record keeping, PHC concepts and sanitation

VHTS (VILLAGE HEALTH TEAM)

VHTs are equivalent of a health Centre 1(HC1) at a local council 1. The team is an implementing body responsible for the health of the community members in their respective LC1, under their jurisdiction and answerable to the LC1 executive

ROLES

- Home visiting /home care
- Information collection and use
- Holding awareness community meeting
- Organizing health messages to be presented during community meetings
- Identifying households with health problems
- Identifying possible solutions to the problems
- Mobilizing the community for health programs
- Participation in planning, implementation, monitoring and evaluation of the PHC activities

- Monitoring the use community resources

- Organizing simple and appropriate health education talks

- The government should also offer training to practice so that they are well equipped at all phases of the process. More importantly, the government should provide support to NGO's which can lead to consistency and integration with each other.

The government provides support to numerous organizations who are actively involved in community empowerment.

COMMUNITY SURVEY

Definition of community survey: This simply means identification of the preliminary information about a specific community needed for carrying out the study.

Aims:
• To do situational analysis

Here the facts or the profile of the community is obtained this includes:

• Population size

• Location

• Climate condition

• Ethnicity

• Economic status Economic status

• Education

• Standard of living

• Occupation

• Religion.

Questions to be addressed in community survey

1. What are major problems in the community?

2. How well is the existing health facility dealing with those problems

3. What are the strength and weakness of health workers in carrying out their jobs?

4. What do health workers see as their problems and needs?

5.   What do the community members see as their problems and needs?

Importance of community diagnosis and community survey

- ❖ Identification of the community's needs and problems.
- ❖ Provision of data as a prerequisite for planning, implementation and evaluation of successful community based health and development programmers'.
- ❖ Helps in development and decides strategies for community involvement.
- ❖ Gives the community an opportunity to learn about its self-i.e.
- ❖ Community becomes Conscious of its existing problems and finds out solution.
- ❖ Helps to match project organization and services to community needs.
- ❖ Helps to understand about social, cultural and environmental characteristics of the community.
- ❖ To create opportunities for Intersectoral collaboration and medical involvement

How to conduct a community survey

When planning a survey, consider the following;

- Time
- What information will be collected?
- Community health problems
- Competencies of the health workers J S JN
- Community attitude towards health workers
- Health resources in the community
- Environmental sanitation as in H2O, housing, nutrition, hygiene
- Where will the data be collected?
- How will the data be analyzed?
- How will the data be used?

Process of community survey Planning

- Decide clearly why you need a survey
- Consult people with relevant experiences
- Visit the area that obtain to information about the infections of the people, culture etc
- Decide what questions or observations to be made & standardize the questions.
- Design
- Present.

- Choose appropriate sample.
- Locate for resources.

Organizing

- Obtain cooperation of the local people and ask them to help diving survey.
- Organize staff.
- Arrange for lab facilities as required
- Work onto plan for each survey.
- Work onto plan for each survey.
- Prepare all the required resources.

Implementation

- Supervise all the staff to make sure they have they have the necessary equipment, gears, etc.
- Supervise senior members of the local people helping with the survey itself.
- Check the satisfactory service is given.

Evaluation and feedback

- Analyze the data
- Discuss the results with medical staff and members of the community.
- Write a brief report and include recommendation and what to be done.
- Send a copy to the M.O in charge Report your recommendation to relevant authorities.

COMMUNITY ENTRY

It is a process of entering into the community with a problem solving strategy following normal steps

It is a process used by a health worker to go to a community to identify the problems, plan, implement and evaluate with the community members using the normal trends.

STEPS

1. **Vision / problem statement.** The vision of the project may come from a health worker, from the parliament, the local councils or an individual in the community.

2. **Exploration –data collection**. Here we use the '3Ls'i.e. look listen learn, if possible carry out a survey. From here you share your views and decisions with your friends and other cadres who have worked in the community.

3. **Compile your data**. write a report on your findings and share with your supervisors, the friends in order to get their support in terms of aims i.e. 4Ms (Money, Materials, man power and movement)

4. **Protocol observation** -LC1, LC2, LC3). Here find out the leaders and decision makers in the community and try to find out dormant, active or arrogant people in the community. As a healthy worker, these people should be influenced by influential people e.g. through the church leaders or you go through other leadership system.

5. **Enter the community.** After entering into the community, build and create good relation and explain the purpose of the program. Start a dialogue with them and explore the potential and readiness of the activity

6. **Waiting stage**. Here you wait for the people's ideas, adaptations, rejections, appointments for the meeting etc.

7. **Joint need assessment**. Once the community is ready, needs assessment should be done with the community members. The community members must be involved right away from the problem needs assessment and prioritization so that the can mobilize their resources for any action.

8. **Feedback**. You share your findings with your friends, donors and other well-wishers

9. **Joint planning meeting.** This should be done with the community and during the meeting the following should be discussed
   a. Time frame should be set
   b. Set objectives
   c. Look for resources (resource identification)

10. **Train front liners** –community resource persons, traditional healers. These will help in the mobilization of the resources and the community at large

11. **Implementation.** This would be done with the focus of the priority areas and the community must be fully involved and should fully participate

12. **Monitor and evaluate**. Here you monitor the activities and evaluate achievements of the set objectives

13. **Re-planning.** Re assess and re plan depending on the evaluation findings

FACTORS TO CONSIDER WHEN ENTERING THE COMMUNITY

1. The community structure –it ranges from individual persons family LCs up to the ministry and opinion leader
2. Proper timing. The stable time should in the afternoon
3. Appropriate target group
4. Move at the community pace
5. Good approach

Requirements used for entering the community

1. Work plan
2. Questioner
3. Checklist

Importance of community entry

➢ To carry out a Preliminary study about that community
➢ For identification of potential partners to work with
➢ Meeting the influential member of the community for proper planning.

Data review about the community's health status and problems

COMMUNITY ASSESSMENT

- Is a process of identifying, recognizing the most important and common diseases health problems or needs in an area of attachment as to be given a high priority by health ministry and health workers.
- Assessment: Is the systematic way of collecting, validating, Axing and documenting (recording) data
- Parameters: These are things that are assessed for doing community assessment.

Community parameters: These are variables that people who do live in the community always assess for including:-

- Demographic data:- Age, sex, culture, status, Religion
- Statistical data
  - Population: children < 5 years
  - Infant mortality rate

- Maternal mortality rate
- Economy
- Source of income
- Industries
- Disease pattern
- Common diseases
- Level of immunization

Education

- Schools e.g. 3, 2, 1 degree and universities.
- Distance from community
- Expenditure
- Health/ Services

Nutrition

- Source of food
- Type of food

Sanitation

- Source of H2O
- Land
- Pit latrines

Community

- Roads
- Type of transport used

Process of community assessment

- Knowledge about the community
- Share the idea with others
- Visit the community leaders
- Take you around the community
- Stay with them for some few days
- Collect data from the people around the community
- Come back and share ideals with colleagues.

Make a DX by relating the problem and prioritize them

COMMUNITY DIAGNOSIS

❖ Community diagnosis is the means of identifying in consultation with the community the diseases or health problems that are important and those which should be given priority in the activities of health workers.

❖ Before any development initiative, communities and implementers are supposed to have understanding of the situation of a given community. It is there4 important for members to know their current situation in order to take action depending on the priorities that can be achieved through community situation analysis.

❖ A health worker making a diagnosis with a patient examines the patient carefully and asks the questions to find out what disease the patient has. A community health worker approaches the community in a similar way, interviews as many people as possible to make a clear community diagnosis.

❖ Community diagnosis answers the questions of which disease or health problem should be dealt with first in the activities of a health worker and how well the health facility is dealing with these problems.

❖ A community diagnosis made with active participation of the members of the community indicates which of the local diseases or health problems are important and which should be given the first priority by health workers. From knowledge of local causes of sickness, morbidity and death (mortality) the following questions can be answered

- What are the ten commonest diseases seen in our patients department?
- What is the distribution of common diseases in the area?
- What is the local distribution of uncommon but important diseases?
- What disease has been epidemic in the area in the past?
- What disease is the community most concerned about?
- Which is the most important local health problem?

❖ One of the difficulties experienced by health professionals is that communities may be more concerned about water or access to market or some other local problems than they are compared medical problems. Hence health workers must look at all aspects of community development and inter-sectoral approach so that real needs are tackled. Active community participation and support is always much stronger when development programs are seen to meet the real felt needs

❖ Health workers may have to show them willingness and interest in what the community wants before concentrating on the main health problem. Providing technical information as background for community decision takes time. Rushing into a health program before there's real understanding and commitment is unlikely to be of a success.

❖ When dealing on health programs, priority should be given to those diseases and health problems for which something effective and practical can be done by the local community health center or district health staff

WAYS OF CARRYING OUT COMMUNITY DIAGNOSIS

- **Observations**

This is when you go to a place, it can be a health unit or community to see how things are done or how things are happening, observe and listen to what people say. Observation should be done using a checklist

- **Interviewing**

Interview is talking to people and asking the questions on a particular issues e.g. on use of a pit latrine, the use of a health unit on immunization. You use questioners to interview people. At times you can talk to people informally and still get some information

- **Attend village gatherings and talk to local leaders**
- **Review of existing records**
- **Surveillance.** This is keeping close watch over something.

IMPORTANCE OF COMMUNITY DIAGNOSIS

- ✓ It helps to identify health problems in the community and health needs.
- ✓ To determine how well a health facility is dealing with the health problem
- ✓ To identify areas which need support supervision?
- ✓ Determine the utilization of the health service provided by the health unit
- ✓ It is a pre-requisite of learning implementing and evaluation of successful community based health problems
- ✓ It fosters community participation
- ✓ It helps to enable the community to prioritize their problems before implementing
- ✓ It is an opportunity for outsiders like health workers to learn about the community.
- ✓ It helps to increase community's level of awareness about the prevailing factors that Affect their health and general development

STEPS FOR COMMUNITY DIAGNOSIS

 Before carrying out community diagnosis, meet and talk with community leaders to get their own opinions about the community.

The following are steps followed when conducting community diagnosis

1. Identify the need for community diagnosis

   Identification of needs as perceived by the community is a useful process of assessing the priority of values of the people.

2. Identify information to be collected eg information on population like: age, sex, tribe etc.
   - Birth in previous month or years
   - Deaths in the first year, or month etc
   - Immunization coverage
   - Sanitation condition and nutritional status

   This information may be collected from household, health unit, local authority, women's clubs, and youth groups.

3. Identify the source of data

   The best information can be got from the community, the unit and the health workers.

4. Identify methods of collecting data, the following methods can be used:

   (a) **Observation:** This is by observing events, procedures, and listening to whatever they are telling you or how things are being done. It's cheap and it can be done using a checklist.

   Disadvantages of observation
   - It's time wastage
   - Respondancy may not give up to date information

   (b) **Interview:** This is asking questions verbally on a particular issue eg pit latrines, drying racks and immunization use of health units and then receiving answers with a systemic laid down procedure. A questionnaire is used to interview to people at times you can talk to people and still get some information.

   (c) **Group discussion**: This is gathering information from a targeted group of people by exchanging ideas and views on concerned issues

with the use of a guide (tool) it is cheap and it promotes interpersonal relationship.

(5) Key information and interview: These are people in the community e.g. local leaders (LC's) they are interviewed on health related matters because they have enough information concerning the community.

(6) Record view (vital statistics): This is by use of previous information which was written and kept

> Advantages of record review
> - It's easy to be obtained since it was stored.
>
> Disadvantages of record review
> - Mis-recording can fail you, some information may not be complete

(7) Develop tools, instruments for collecting data: The types of data collection tools include check lists, questionnaires village record books; parish registers guides like focus group on key information guide.

(8) Carry out community diagnosis: Prepare together all the necessary requirements needed to be used in exercises e.g. materials, manpower, pens and paper, and a location of different places.

(9) Data Analysis and interpretation: Analysis refers to arranging and grouping data according to variables of interest. This will include the following steps,

> - Sort out the checklist from questionnaires
> - Sort out questionnaires with the same required data and put them together this will also apply to the check list
> - Discuss on how you may want to draw up some rough forms in which to enter data or use a blank questionnaire or check on each type.
> - Tabulate the results from each set of questionnaire or check list, total up the results of all the observation.

- Decide on how to present information, you could put information in tables, graphs and pie- charts.

(10)   Write a report: The report should be presented in a simple way and as specific as possible in terms of what, who, how many, how much etc.
- Information should be able to stimulate discussion and decisions
- Present by giving positive and negative proposals and this should be emphasized in order to create a change.

(11)   Give a feedback: It's always important to give a feedback this helps the community to know their weakness where they are doing well and areas to be improved.

COMMUNITY MOBILIZATION AND SENSITIZATION

Community mobilization is the process of bringing people together for a desired purpose as individuals or a group to plan, organize, participate and evaluate their activities for self-reliance and sustainability

Sensitization is a way of informing people or creating awareness of what is happening and what is required of them.

IMPORTANCE OF EFFECTIVE COMMUNITY MOBILIZATION AND SENSITIZATION

- ✓ It facilitates work to be done
- ✓ It brings people together from different parts of the community
- ✓ Community members learn from each other
- ✓ People realize the need for collective efforts
- ✓ It saves time and money

METHODS

Method	Advantage	Disadvantage
Drumming	✓ People understand the message culturally ✓ Quit affordable information travels very fast ✓ It is non-discriminative	✓ Sound may not be enough ✓ The deaf are left out ✓ One needs to be skilled when using it to differentiate the messages
Posters	✓ If well placed, message travels	✓ Can easily be removed by the

	very fast	malicious people
	✓ If left in position, keeps reminding people	✓ If it bears only the writings, it favours only the literate
		✓ The blind ones are left out
Announcement	✓ People are sensitized	✓ There may be language barrier
	✓ Message travels fast	✓ It is very expensive
		✓ Message may be distorted
Letter writing	✓ Attracts responsibility and respect	✓ Letters may not reach
	✓ Gives the exact message	✓ Quite expensive
	✓ Information can be shared (durable)	✓ There is tendency to forget
		✓ It is useless to the illiterates
Home visiting	✓ It gives first-hand information.	✓ It is very tiresome
	✓ It is affordable	✓ It is time consuming
	✓ One is sure the message is delivered	✓ Some people may hide
		✓ Some people may be uncooperative
Mass media	✓ Message travels very far	✓ Very expensive
	✓ Message reaches quickly	✓ People may not be available
	✓ People respond quickly	✓ Some people may not have access to media
		✓ There may be language barrier
		✓ There Is no secrecy
phone call	✓ Message travels very far	✓ There may be problem of the network
	✓ Message reaches quickly	✓ There may be problems with the charging of the phone
	✓ People respond quickly	✓ It is expensive
		✓ People cannot afford to buy airtime

STEPS FOR EFFECTIVE COMMUNITY MOBILISATION

1. Identify the local leaders in the community e.g. sub county chiefs, religious leaders as they can influence mobilization.

2. Sensitize the local leaders

3. Use the leaders in their capacities to help in mobilization

4. Sensitize the community members

5. Organize and train resource persons in the community

6. Identify and prioritize health problems with the community

7. Plan together with the community on how to solve identified problems

OPPORTUNITIES FOR COMMUNITY MOBILIZATION AND SENSITIZATION.

- ✓ Church gatherings
- ✓ Club meeting
- ✓ Social gathering
- ✓ Funeral services
- ✓ Political and religious biases

FACTORS THAT PROMOTE COMMUNITY MOBILIZATION.

- ➢ Good leader ship
- ➢ Motivation
- ➢ Interest
- ➢ Functional community organization (structure existing)
- ➢ Appropriate communication i.e. understandable language
- ➢ Good transport system i.e. good roads
- ➢ Stable security

FACTORS THAT HINDER COMMUNITY MOBLIZATION

- ▪ Un-Functional community organization
- ▪ Past bad expenses
- ▪ Corruption by leaders
- ▪ Rumors
- ▪ Poor approach
- ▪ Poor communication
- ▪ Ethnic/religious conflicts
- ▪ Diversity of interest (competition for attention)

- Poor planning (competition of community activities)

PROBLEMS MET IN COMMUNITY MOBILIZATION AND THEIR SOLUTIONS

Problem	Solution
Leaders not being supportive to the programs	Awareness raising/sensitization and training
People do not keep time for the meeting	Plan with them the suitable time
Community members are divided	Find more about leadership, raise more awareness and train leaders
Religious and political differences	Sensitize and educate the community leaders
Transport too far and difficult to locate	Write letters or use different medias
Lack of trust(credibility)	Keep up to date with the promises
High expectation	Adequate sensation

COMMUNITY PARTICIPATION

Community participation refers to the process by which members are empowered to take part in planning, decision making, identification and prioritizing of problems, implementation, monitoring and evaluation of activities that concern them.

Principles of community participation

- Community participation is a bottom – up approach of involving communities in decision making about issues that affect them.
- It's a democratic process that ensures that everyone is involved / consulted.
- The community participation creates an enabling environment for communities to develop, advance and empowers them to develop ownership of programmes.
- Shifts the power dynamics from the traditional experts to communities themselves and ensures that communities are involved through the whole process of;-
  - ♣ Needs assessment
  - ♣ Priority setting
  - ♣ Planning
  - ♣ Implementation
  - ♣ Monitoring of and evalua

TYPES OF PARTICIPATION

- **Manipulative participation**: Participation is pretense, people's representations are on official boards but have no real power.

- **Passive Participation**: People participate in so far as being told what is going to happen or what has already happened. A unilateral announcement may be made by an outside agency and people response is taken into account.

- **Participation by consultations**: People are consulted; external agencies define both problems and information gathering processes. Such a process doesn't concede a share in decision making and professionals are under no obligation to consider people's review in designing interventions.

- **Participation by material incentives**: People participate by providing resources e.g. their time, or labour in return for food, cash or other material incentives.

- **Functional participation**; People participate by informing groups to meet – predetermined objectives related to the project. Such involvement tends to occur after major decisions have been made.

- **Interactive Participation**: People participate in joint Axis of problems that leads to action plan and the information of new local groups or the strengthening of existing ones. These groups take control over local decision and so people have a stake in being involved.

- **Self-Mobilization**: People participate by taking initiative independent of external institutions to change systems / situation of the programs.

IMPORTANCE OF COMMUNITY PARTICIPATION

- People have the right and duty to be involved in making decision about activities that are meant to benefit them.

- People are more likely to use the service facilities which themselves have helped to develop

- It helps to ensure that there is a sense of responsibility and ownership for any activity in the community

- There is increased sense of sustainability and initiative of activities

- Most resources (labour force, materials, money and even the time spared) become available for planned activities since resource mobilization becomes easier as people value their contribution

- Planning and implementation becomes easier since each member understands right from the start what they are doing and why to do so.
- Community participation also helps to build confidence and a greater sense of unity among the people especially when they see success out of their contribution.
- It leads to the community improvement and capacities building as people have the opportunity to exercise the skills they poses that they have acquired.

WAYS IN WHICH COMMUNITY MEMBERS PARTICIPATE IN DEVELOPMENT ACTIVITIES OR PROJECT

- ✓ They use services provided.
- ✓ They provide resources (labour, materials, money and spared time.) for pre-planned activities
- ✓ They can monitor and evaluate programs of the planned activities
- ✓ They can participate in making decision and plans

FACTORS WHICH PROMOTE COMMUNITY PARTICIPATION

1. **Good leadership**

   This makes people trust their leaders and their resources will be in good use and accounted for.

2. **Good planning.**

   If the people participate in identifying what needs to be done and how it should be done and by whom, they are more likely to participate more actively in the activities proposed.

2. **Clear understanding of the project goal and objectives and different roles**

   There is need to have clear understanding of what needs to be done, the reason for doing it, the expected challenges, benefits, and the commitment required by each of them

3. **Adequate knowledge, attitude and skills of the community**

   People should perform particular task needs to have necessary knowledge and skills to do so. Some people keep away from certain tasks because they are not sure of how and what to do. It is important that everyone involved should have a positive attitude towards work.

INDICATORS FOR EFFECTIVE COMMUNITY PARTICIPATION.

- The following are the possible indicators of community participation that the trainers can use for monitoring.

- People working together as a group e.g. youth groups and other groups
- More women participating in all the community activities.
- Increased community contribution (in terms of labour, materials, money and time spent) in development activities projects
- Records of activities and accomplishments e.g. minutes of the meeting, activity progress reports etc.
- Increased demands for services
- Response to community mobilization
- Different roles among the community leaders.
- Soliciting for external support (both technical and material.

EFFECTS OF GOOD COMMUNITY PARTICIPATION

- ✓ Community assumes responsibilities for all their programs and activities.
- ✓ Sense of ownership
- ✓ Self-reliance
- ✓ Acquisition of skills and abilities to sustain the primary health care process
- ✓ Efficiency and effectiveness in P.H.C
- ✓ Equitable distribution of resource among others

FACTORS THAT HINDER COMMUNITY PARTICIPATION

- ➢ Poor leadership
- ➢ Lack of transparency
- ➢ Political difference
- ➢ Poor planning
- ➢ Abrupt change of set schedule
- ➢ Failure to involve community members
- ➢ Higher expectations
- ➢ Conflicts among beneficiaries and service providers
- ➢ Poor motivation.
- ➢ Conflicts with cultures and traditions
- ➢ Disrespect towards community members
- ➢ Natural calamities e.g. earthquake, floods, drought

Ways in which community members participate in development activities / project

- They use the service provided
- They provide resources (labour, materials, money, and spare their time) for pre-planned activities.
- They can monitor and evaluate programs of planned activities.
- They can participate in making decisions with plans

LEVELS OF COMMUNITY PARTICIPATION

These are four levels.

- **Participation in use of services provided:** This refers to active mobilization of communities to utilize the services provided e.g. community programs.
- **Participation in pre-planned program**: Here program content is developed outside the community and committees are invited to take part in implementation e.g. protection of H2O sources.
- **Community involvement based on local Assessment and Decision**: the level involves assisting committees to develop significant skills, enter into analysis, and identify the problems, priorities with develop appropriate plans of action e.g. AIDS prevention programs, community based health care program (CBHCP).
- **Community Empowerment**: At this level the community becomes aware enough to eventually assume full control of the development process.

NB: If usually takes time with needs adequate preparations of the personnel who are to facilitate the process.

COMMUNITY EMPOWERMENT

Refers to the process of enabling communities to increase control over their lives.

Community empowerment therefore is more than the involvement, participation or engagement of communities.

It necessarily addresses the socio, cultural, political and economic determinants that underpin

health and seeks to build partnerships with other sectors in finding solutions.

ADVANTAGES OF COMMUNITY EMPOWERMENT.

- It creates a sense of belonging.
- It helps to raise awareness and increase knowledge of people to encourage discussions and debates so that people gain insight on the controlling forces acting upon their lives and initiate their own decision making process.
- It helps in fulfilling ones potential.
- Community empowerment can initiate actions at individual level which can reach community or even national levels. E.g. a victim of an accident can gather a group of people for a good cause like sensitizing others on road safety measures.
- It helps community members to offer means of resolving societal problems.
- Empowered individuals are able to influence the direction and implementation of programs through their participation.

THE ROLE OF THE GOVERNMENT AND NGOS IN COMMUNITY EMPOWERMENT.

- To cater for the people and formulate laws to protect them and safeguard their rights.
- They encourage community activities that enable the community to develop its self. (be empowered)
- They should also help the community to initiate actions towards self-reliance, community empowerment and eradication of poverty.
- The government should be able to raise awareness through conferences, workshops and pass relevant information through public media.
- NGO's are increasingly involved in capacity development. They lean towards developing skills and tools to strengthen the society.
- The government should also offer training to practice so that they are well equipped at all phases of the process. More importantly, the government should provide support to NGO's which can lead to consistency and integration with each other.
- The government provides support to numerous organizations who are actively involved in community empowerment.

COMMUNITY EMPOWERMENT STRATAGIES.

These include:

- Community development
- Community engagement
- Community participation
- Capacity building.

NOTE: Community development and poverty alleviations project has been implemented by the government.

HOME VISITING

It's the process of providing the nursing care to patients at their door steps.

Or

It's defined as providing the services to family at their door steps to maintain the health and to reduce the mortality and morbidity in family.

PRINCIPLES OF HOME VISITING.

- When carrying out the visit, the community health nurse should follow certain basic principles which are as follows.
- The home visit should have a purpose and objectives.
- The home visit should be planned according to priority.
- The purpose of the home visit should be clean, regular and flexible according to the needs of the family.
- First of all, introduce yourself, your institution, your purpose of a home visit and collect facts about an individual, family environment.
- Establish a good interpersonal relationship between families and be polite, courage and friendly.
- Carefully listen to the family and understand the other persons view.
- Health education, nursing care should be scientific.
- Use safe technical skills and scientific nursing procedures.
- Involve whole family members as much as possible during nursing care.

♣ The nurse and family member must develop a positive interpersonal relationship in their work to achieve present goals.

♣ Evaluate your own work periodically.

♣ Make a note of important facts about the home visit in your diary.

♣ Thank family members for good response.

The purpose of home visiting

- For disease surveillance

- To check on regular basis the general health of each family

- Collect information about births and deaths that may have occurred

- To follow up patients for home care

- To provide health education to families and individuals

- To trace contacts of disease

- To assess for sanitary conditions

- To assess the nutritional status of people

- To mobilize people for PHC programs

Skills required for a home visit.

- Interviewing skills   - Understanding skills

- Counseling skills   - Listening skills

- Communication skills   - Observation skills

- Convincing skills

Qualities of a good visitor

- Knowledgeable

- Initiative

- Loving

- Non judgmental

- Respectful

- Trans-cultural

- Kind

Steps in carrying out a home visit

Actions that health personnel should carry out for a successful home visit from the beginning to the end are provided below.

Every community is different and so is every family especially if the health worker is new to an area.

Planning/ pre visit

- ❖ Determine which clients need to be seen according to the agreed criteria.

- ❖ Prioritize the scheduled visits based on clients health needs and in coordination with other health team members.

- ❖ Identification of the family:

- ❖ Identify the family you would like to visit, usually find the lucky families.

- ❖ Find out where the family lives, how far it is, means of transport to the area.

- ❖ Make a list of important things to do e.g. teaching, immunization etc.

- ❖ Review family folders, client, records, goals of care and reasons for the home visit.

- ❖ Validate the scheduled visit with clients and/or family members, and assess the specific needs of clients and non-formal caregivers (such as supplies).

- ❖ Conduct inventories of the home visit bag, equipment needed, and supplies and educational materials for clients.

- ❖ Review safety considerations, such as the timing of the visit and assessment of the environment.

- ❖ Set SMART objectives.

- ❖ Plan for logistic, books, pens, means of transport to and from the area.

- ❖ Ask the family for permission to visit them and get direction for finding their home.

- ❖ Plan the time for setting the date, when to go and visit the family.

Implementation

- ▪ Visit at convenient time – find out from the village elders, local councils, where the people live, get proper permission to visit the family
- ▪ Establish a rapport

- Introduce yourself by greeting and showing respect hence making the family comfortable.
- Ask the head of the family to ask questions which you can discuss.
- Ask them to talk about their problems and situations in their own way.
- Listen to what they say
- Help the simple problems e.g. showing them how to mix ORS etc
- Look around to notice the house and environment. Is there a pit latrine, and whether they use it? Is there a rubbish pit etc
- Talk to other family members
- Find out about the nutrition of the hose/ family.
- Keep a record of all discussions.
- Modify the plan of care based on clients' needs and situation.
- Review plans for the visit with the client
- Carry out health interventions. i.e. help the simple problems e.g. showing them how to mix ORS, feeding a sick child
- Deal with distractions which can be environmental and behavioral.
- Keep all information confidential.

Evaluation/ evaluate the home visit

- Using the objectives, reveal your home, visit activities and re-plan for another visit if required.
- Evaluate the effectiveness of the interventions based on established short-term (response during the visit) as well as long-term outcome criteria (effects of the intervention at subsequent visits).
- Evaluate the conduct of the visit: availability of appropriate supplies and preparation of health personnel for a visit.
- Using the objectives, review your home visit activities and re-plan for another visit if required.

Arrange a follow up visit.

- To assess progress of recovery, implementation of activities.
- Arrange when and how often to visit the home.

Documentation

- Document in the family folder and other record(s) according to standard procedures.
- Validate diagnoses and additional health needs based on visit.

- Record actions taken, response of client and outcomes of intervention (short-term and long term).
- Record both objective data (health worker-based) as well as subjective data (client-based).

Termination

- Termination begins with the first visit as the health worker prepares the client for the time limited nature of home visits
- Review goal attainment with the client/family, and make recommendations and referrals as appropriate for continued health care issues.
- Develop strategies for appropriate closure with clients who die, refuse visits, or are terminated as care is no longer required due to various reasons such as complete recovery or moving out from the area.

Activities in home visiting

Home visiting provides on the focal point to which to carry out a number of activities. These include;

- Immunization
- Contact tracing
- Provision of reproductive health services
- Patients follow up
- Health education of improved sanitation, safe water etc
- Provision of community based rehabilitation services.

Category of People who require Home Visit

It is not cost-effective to provide care at home for every client; therefore priority should be given to make health care more accessible to vulnerable, disadvantaged and high-risk groups. These include the following:

- ✓ Handicapped people
- ✓ Elderly people
- ✓ Those who are confined to their homes and are unable to seek care at health facilities, such as mothers who have delivered recently and newborns, and post cardiovascular accident cases
- ✓ Pregnant women, Post-partum mothers and children under 5 years of age who miss appointments

- ✓ Chronic patients whose condition is not under control and those who miss their appointments
- ✓ Clients requiring long-term, home-based care such as those with HIV/AIDS; and clients requiring follow-up care at home post-hospital/operation

Tools used in home visiting

- Questionnaire, it's a set of questions formulated for the head of the house hold to answer.
- Interview schedule, a set of questions formulated to help the interviewers to ask questions
- Focus group discussion, guides, set of questions or statements that facilitate a discussion
- Check list, a list of all the items for interest in a home.

Format of a tool for home visiting

Check list

General Information

Date

- ▪ Time
- ▪ Village
- ▪ County
- ▪ Head of the house hold
- ▪ Distance from the health unit.
- ▪ Number of occupants
- ▪ Type of house
- ▪ Level of education of head of house hold
- ▪ Names of under five

  - ✓ Name
  - ✓ Age
  - ✓ Immunization complete or not
  - ✓ Date of birth

Nutritional status:

- ▪ Which foods are common?
- ▪ How much does the family spend on food?
- ▪ What is the size of the land?
- ▪ What is the soil type?

- How much do you sell?
- Where?

Income and Occupation

- What kind of activities do family members do to earn a living
- Is the income regular or irregular?
- Who decides how money is spent?

Family Planning

- Type of family members
- H2O provision (Environmental Sanitation)
- H2O service, well, springs, tap, Bole holes etc.
- How much is used per day?
- How far is the H2O source?

Housing

- Type of house

- State of repair
- Roof good or bad.
- Ventilation good/bad/present/Absent
- Verandah good or bad
- Window available or not
- Floor cemented, dusty
- Presence of pad lock
- Presence of plate rack
- Presence of animal house
- Presence of pit Latrine and Bath shelters
- Compound clean, wide, drying line
- Other activities done during home visit
- Comments

Areas (points) to be assessed during Home visiting

- General cleanliness
- Solid waste disposal
- latrine
- personal hygiene

- vaccination of <1yr infants
- vaccination of women
- ANC
- Feeding of children <2 yrs.
- FP
- Presence of insects / rodentss in the house
- Presence of sick person in the house and action taken.

Community Health Nursing Bag

A specially prepared bag for carrying supplies to the field a clean and orderly way. **Purpose**

- Helps the nurse to give service effectively in homes.
- Reduces the danger of spreading infections.
- Provides the necessary items needed in the field
- Identifies the nurse in the field because a home visiting bag is a part of the uniform

Contents of the Bags

- General supplies
- Equipment
- Others

General supplies

- Soap and soap dish
- Plastic apron
- Plastic square to put the bag on
- Aluminum cup for water
- One or two small towels to dry the hand

Instrument

- Thermometer
- Fetoscope
- Scissors
- Artery forceps
- Tape measure
- Plaster

- Cotton

- Gauze

- Applicator

- Bandage

- Antiseptic solution

- Syringe and needle

- GV. Tetracycline eye ointment

- Kidney dish

- Vaseline

- Tongue depressor,

- Disposable gloves

- Cord tie

- Anti-pain

- Ergometrine tablets

- Ferrous sulphate

- Vitamin, A

- Test tube

- Baby scale

- Coatem

- Mebendazole

- BBL

- Pocket

- Small towel

- Soap and soap dish

- Newspaper for placement of the gag

- Match

Care of the bag

- Change inner lining as needed.

- Label bottles

- Refill supplies as needed

- Do not put bag on the beds

- Do not put your properties on the bag

- Do not put on the floor

Basic principles of using the bag

- Select safe area to place it
- Place on the plastic square
- Wash your hands before you do anything
- All wastes should be covered in newspaper and burned

Responsibilities of nurses concerning the bag

- Use the bag correctly
- Keep the bag clean and orderly
- Pay attention for broken equipment
- Report all broken equipment
- Do not miss equipment
- Go through nursing process and form family focused nursing

Components of an ideal home
- Kitchen
- House (Main house)
- Compound
- Source of H_2O
- Rubbish pit
- latrines

Main House
- Should be located in a suitable place near a reliable H_2O source, within easy transport, shops nearby and Medical facilities around.
- If should be a reasonable size according to the number of occupants.
- Should have enough windows and well ventilated according to its function. Should be with strong walls and well roofed.

Kitchen:
- It should not be far from the main house;
- Should be of a reasonable size with a store for food with rack as well as a raised fire place well placed to avoid home accidents with well ventilated.

Animal House:
- Animals did not share with human beings,
- The house should be enough for the available animals.

Pit latrine:
This should be situated at about 100m away from the main house, 30m from the H_2O source and should be 15m deep. It should well-constructed with a door, cover for the pit and well ventilated.

Bath Room:
- Should be part of the main house but separate and it's necessary to ensure privacy.
- It should have a good drainage system for the H_2O used to flow

Rubbish pit: Should be situated not too far nor too near the main house as if can attract flies.

Food stores:
- An ideal home should have a place for storage of food.
- It should be a cupboard or special room for granary.
- Cooked food should always be covered to keep away flies and other vectors.

Compound (CPD):
- It should be clean with grass cut short or well swept;
- These should be trees for shades, flowers and well-trimmed paths.

Land: An ideal home should have adequate land for agricultural expansion; etc.

Source of clean water: All living things must have water and this must be clean, for clean safe water.

SCHOOL HEALTH PROGRAM

This refers to programs aimed at improving the quality of life and promotion of the health seeking behavior of school children, their families and staff.

Objectives

- to prevent communicable and non-communicable diseases

- To detect diseases and deviation from normal at an early stage, so as to arrange for treatment and follow up.
- To promote health and develop students concern towards their own health.

- To help children to make best use of educational facilities

- To help children, their teachers and parents to be health conscious and develop right attitudes towards health and disease.

- To provide a safe learning environment for development of the child's physical, mental, social, emotional and moral well-being.

- To increase the basic knowledge and skills of children and those concerned with their welfare.

Components of school health (Key elements)

They are basically in three categories as follows:

a) Health services

➢ Health screening

➢ School child nutrition and feeding practices

➢ Sanitation o Life skill education

➢ Medical and dental services for schools

➢ School psychosocial environment

➢ Sexual and reproductive health

➢ Treatment of minor ailments

➢ Surveillance of immunization status

➢ Case finding for early detection of health problems

➢ Case management

➢ Counseling

➢ Care of pupil/students with special health needs

➢ Health promotion

➢ Minimum routine examination e.g. of common eye problem and intestinal parasitosis and their treatment.

➢ Simple first aid facilities

➢ Accident control like falls, traffic accident, snake bites etc.

b) Environmental control and protection

- Construction of toilets

- Water supply

- Proper waste disposal

- Cleanliness of the compound

- Proper use of the toilets

c) Health education
- Teaching about first aid
- Personal hygiene
- Sex education
- Life skills

- Nutrition

- Sanitation

Importance of school health services

- It helps to strengthen health education which causes awareness and behavioral change among various stake holders e.g. School children, staff, PTA, and school management thereby providing a safe learning and working environment for students and staff.
- Children and staff learn critical life -saving skills.
- Medical and dental services will be provided to ensure early detection and treatment of common illnesses.
- The institutional status of schools will improve hence the health and wellbeing of the children.
- Safe water will be provided there by reducing diseases related to unsafe water use.
- Sanitation in schools will be improved.
- Provides counseling services and adolescent health services in school.

What can be done to support School health service programs?

Involving different groups of people including;

- ➢ **Parents**: these once involved will ensure that health practices being promoted in schools are also promoted at home e.g. use of pit latrines, personal hygiene.

- ➢ **Teachers**: these will provide information through education and supervision of children.

- ➢ **Board of governors**; these set rules, mobilize resources and supervise school health activities.

- ➢ **Students/ pupils**; participate in school health activities.

- ➢ **Religious leaders**: Provide spiritual care in schools.

ROLE OF COMMUNITY NURSE IN SCHOOL HEALTH PROGRAM

- > The school nurse is the school health consultant

- > Demonstration of techniques for teacher health inspection

- > Conduct health program

- > Assist in school medical examination and follow up

- > Help in setting up facilities and demonstrate first aid procedures.

- > Assist in screening physical, mental, and other special examination of children in school.

QUESTION

Describe the barriers to effective implementation of school health programs.

SCHOOL ASSESSMENT TOOL

1. **Identity**

1. School name: ....

2. Address:

3. Students' age group:

4. Religious identification:...

5. Characteristics of neighborhood and larger community:

6.

7.

8.

9. School association and transaction with the community:

10. ....

11. School social support network:

12.

13. **Physical setting**

14. Extent of development:

15. Conduciveness of the environment for learning:

16.

17. *Distance from the main road:*

18. *Physical attractiveness:*

19. *State of compound:*

20. *Security and students safety:*

21. *Adequacy of spacious environment for play and leisure:*

22. **3. Buildings**

State of buildings: .

Number of buildings:

Number of classes: .

Lighting: ....

State of ventilation: ..

Type of roofing:

Number of dormitories:

23. *State of the floor:*

24. **Kitchen:**

A) *floor:.......................................*

B) *Aeration:...............................*

C) *Organization:*

D) *Source of energy used: ....*

E) *Presence of hand washing facility:*

25. **Solid waste disposal**

Number of latrines: ....

Number of toilets: ....

Separate for male and female or not:

Cleanliness: ....

Presence of hand washing facility:

Separate toilets for staff:...................................

Aeration: ....

Distance from the classes and dormitories:

26. **Dormitories**

Floor:

Organization:

Aeration:.........................

Number of occupants:

27. **Sanitation:**

Source of water: ....
   Vector control:

   Hand washing facilities:

   Presence of dustbins:

   Compound safety:

   Waste disposal:

   Incinerator system:

28.   Concerns

29.   Recommendations

REHABILITATION SERVICES FOR THE VULNERABLE GROUPS

REHABILITATION: Is an essential of health coverage that helps an individual to be as independent as possible in everyday activities and carry out meaningful life roles.
OR
It is a set of interventions designed to optimize functioning and reduce disability among individuals with chronic illnesses

EXAMPLES OF REHABILITATION SERVICES
- Exercises to improve speech , language and communication

- Modifying an older person's home to reduce risk for falls

- Positioning technique to assist with skin healing ,reduce swelling and regain movement

- Psychological support for people with depression

- Training sign language for individuals with hearing impairment

- Training use of white cane for a person with visual impairment

- Making, fitting and educating individuals to use prosthesis after leg amputation

    BENEFITS OF REHABILITATION

    •   It reduces the impact of health conditions and chronic illnesses

    •   Minimizes disabling effects of chronic illnesses Promotes independence
        Individuals are able to gain employment

- Minimizes need for care giver support

- It is an investment with cost benefits for both the individual and the society

- Ensures healthy lives and promotes well being for all ages

- Prevents complications associated with chronic illnesses e.g. stroke, fracture, bedsores, spinal cord injury among others.

BARRIERS TO REHABILITATION

- Lack of priotization

- Lack of funding

- Lack of resources

- Limited research

- Lack of trained professionals

  to carry out rehabilitation

- Ineffective referral pathway

- Lack of available

  rehabilitation services

MISCONCEPTIONS ABOUT REHABILITATION

It is a luxury It's optional

It's met for people with long term physical impairments

PREPARATION FOR DISEASE OUT BREAKS

- Disease out breaks may happen as;

- **Epidemic:** This is a wide spread occurrence of an infectious disease in a community at a particular time e.g. Cholera, Ebola, Marburg

- **Endemic**: This refers to a continuously present disease in a given area e.g. Malaria, typhoid, TB

- **Hyper endemic**: Means an illness is constant in a certain area but people are getting sick at a high rate

- **Pandemic:** disease outbreak that spreads across countries or continents e.g. Covid 19

- **Sporadic:** Occurrence of a disease at irregular intervals only in few places

HOW TO PREPARE FOR A DISEASE OUT BREAK

- Compile and maintain a list of community contacts

- Be ready to communicate during an emergency

- Get key phone numbers in advance

- Determine who will monitor information and health alerts

- Train staff to manage cases

- Sensitize the community

- Secure quarantine areas

- Isolate victims and contacts

SURVEILLANCE
Surveillance is an ongoing collection, analysis and interpretation of data about people's health.

TYPES OF DISEASE SURVEILLANCE

1. Passive

2. Active

USES OF DISEASE SURVEILLANCE

- Monitoring and determining the magnitude of disease trends

- To identify key risk groups, populations, risk factors and etiological factors

- It helps to make timely detection of epidemics, out breaks and incidents Enable prediction of future trends

- Inform or evaluate health improvement programmes

- Helps to plan vaccination campaigns

- Helps to estimate how many people become sick or die

DISEASE SURVEILLANCE DATA SOURCES

- Health care professionals

- Hospital activity data

- Mortality data

- Disease registers

- Internet

- Telephone

- Direct access via secure network