



NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: CHS507

COURSE TITLE: Outreach Mobile Health Services

UNIT 1: THE NIGERIAN HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Definition of Health
 - 3.2 Definition of Health Services
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 - 3.3.1 Historical background of health services in Nigeria
 - 3.3.2 Levels of health care delivery system
 - 3.3.3 Roles of health care delivery system
- 4.0 Conclusion
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1.0 Introduction

This course is concerned with outreach and mobile health services but it would be difficult to discuss the above without first discussing the wards – health, health services, the Nigerian health system and community health practice.

In this unit we shall focus on the Nigerian health system to give us the required background knowledge for discussions on outreach and mobile health services. And in considering the Nigerian Health System we shall take a snap shot of the concept of Health, Health Services, the historical background of Nigerian Health Services, the levels of health care delivery system and finally the roles of health care delivery system.

2.0 Objectives

At the end of studying this unit the learner should be able to:-

- Define Health
- Define Health Services
- Narrate the history of health services in Nigeria
- State the various levels of health care delivery

- State the responsibilities of the various tiers of government.

3.0 Main Content

3.1 Definition of Health

According to World Health Organisation (WHO) Health is the state of complete physical, mental and socially well being not merely the absence of disease or infirmity.

Oxford English Mini Dictionary defined Health as the state of being well and free from illness, mental or physical condition, poor health.

From the two definitions you can clearly see that when we talk about Health, we are referring to two key words; well being and free from illness both physical and mental condition that can determine ones health situation.

3.2 Health Services

According to M. Kabir (2004) these are services that are undertaken by health care professionals or by others under their control, for the purpose of promoting, maintaining or restoring health. In addition to personal health care, a health service includes measures for the health protection, health promotion and disease prevention.

He went a stop further to explain the health services management and the process of mobilizing and deploying resources for the efficient provision of effective health services from the community. Which involving continuous decision making plus problem solving and the sequential process of planning, implementation and evaluation.

3.2.1 Nigerian Health Services

Having discussing a little with Health and Health services, the next issue we need to consider in this unit is on the Nigerian health services.

According to R. Kuti, O strengthening PHC at LGA (1990) the health services of Nigeria have evolved through a series of historical development including a succession of policies and plan which had been introduced by period administration. The health services are judge to be unsatisfactory and inadequate in meeting the needs and demand of the public and reflected of the low state of health of the population.

While the public health services in Nigeria was originated from the British Army Medical Services which previously served all the colonial and protectorate of West African via the West African from tier force. With the integration of the army with the colonial government, treatment was extended to the Local civil servants and their relatives and eventually to the local population living close to government stations.

Thus the colonial medical services developed to provide free medical treatment to the army and the colonial service officers. Medical treatment was made to the Local population only as an incidental services. At the same time various religious belief of private agencies established hospital, dispensary and maternity centres in different part of the country.

3.2.2 Level/Tiers of Health Care Delivery System

There are three tiers/levels of health care services in Nigeria, the primary Health services, secondary health care and tertiary health care.

3.2.3 Roles of tiers/level of Health Care Delivery System

3.2.2 Primary Health Service

Which is closest to the people and constitutes the responsibility of Local Government.

The Secondary Health Service

Which is for those problems that can not be solved and the PHC level and are delivered to General or District Hospital under supervision of the State Ministry of Health.

The Tertiary Health Services

This deals with the most difficult cases refused from primary and secondary health care systems to teaching and specialist hospital and is supervised by the Federal Ministry of Health.

4.0 Conclusion

In this Unit you have learned about Health Service. You have also learnt about the historical background of Nigerian Health services. Equally you have learnt about the level, or tiers of health care delivery system with their respective roles/responsibilities of the various government health facilities.

It is believed you should now be able to define a Health/Health services and described the historical background of Nigerian health Services and the nature of health care services delivered at various levels of health care services as well as their roles and responsibilities.

5.0 Summary

This Unit focused on the definition of Health and Health Services as well as history of health service in Nigeria, the various tiers/levels of health care delivery system of the role and responsibilities of various tiers of government health care service delivery.

6.0 Tutor Marked Assignment

1. Define the ward health in your own wards?
- 2a. Identify the various levels of health care services in Nigeria?
- b. State some of the role and responsibilities of primary health care level and health care delivery service?

7.0 Reference/Further Reading.

Monekosso GL (1994) District Health Management by Bah Mapping and Printing Maseru, Lesotho.

Naoimi Buba Gbefwi (2004) Health Education and Communication Strategies by West African Book Publishers

Oxford English Minidictionary by Luzinda Coventry with martin Nixon Fifth Edition, Oxford University Press (1999).

UNIT 2: BASIC HEALTH SERVICE SCHEME

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Definition of BHSS
 - 3.2 Objectives of BHSS
 - 3.2.1 Comprehensive Health Centre
 - 3.2.2 Primary Health Centre
 - 3.2.3 Health Clinic
 - 3.2.4 Mobile Health clinic
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 Reference/other resources

1.0 Introduction

In this unit we shall be considering the concept of Basic health Service Scheme (BHSS). The aims and objectives of BHSS and the Health Facilities that were involved to make a health unit.

2.0 Objective

At the end of studying this unit the learner shall be able to:

- Define BHSS
- Mention the categories of Health facilities involved under BHSS
- List the number of population to covered by each category of Health Facility mentioned above.

3.0 Main Content

3.1 Definition of BHSS

Before we go on the objective of BHSS let us first explain what is Basic Health Service Scheme (BHSS)?

(BHSS According Ransome, Kuti O. strengthening PHC (1990) Basic Health Services Scheme is part of the third National Development Plan assigned by the British Ministry of Health

(1975-80) with the aims of increase the proportion of the population receiving health care from 25 to 60 per cent, so that to current the hindrance in the location and distribution of health institutions and between preventive and curative medicine, thereby provide the infrastructure for all preventive health programmed such as control of communicable diseases, family have environmental health, nutrition and others, and established a health care system best adopted to the Local conditions and to the level of health technology.

3.2 Objectives OF BHSS

The objective of Basic health Service Scheme includes:-

- To increase the coverage of medical services
- To ensure community mobilization and participation in providing health services.
- The use of simple and relevant medical technology appropriate to each community
- To make priority for preventive health measures

3.2.1 A Comprehensive Health Centre

These would serve as the headquarters of the services attached to four health centres. It would also serve as the referring centre to Health countries that were attached for and is to serve for a population of 20,000. Under the control of Local Governments of each state.

3.2.2 A Primary Health Centre

Those would serve for 20,000 population (the Intermediate health facility) would also serve as referred centre fro the four health clinics.

3.2.3 A Health Clinic

These were the clinics mostly peripheral health facilities, each serving a population 2,000.

3.2.4 A Mobile Health Clinic

These clinics are spreading out from primary health centres to move to the community where there is no health facilities or having difficulties to reach a health facility. There are about 5 mobile health clinics to each health units.

And each health units consist of one comprehensive health centre four primary health centres, 20 health clinics and five mobile health clinics.

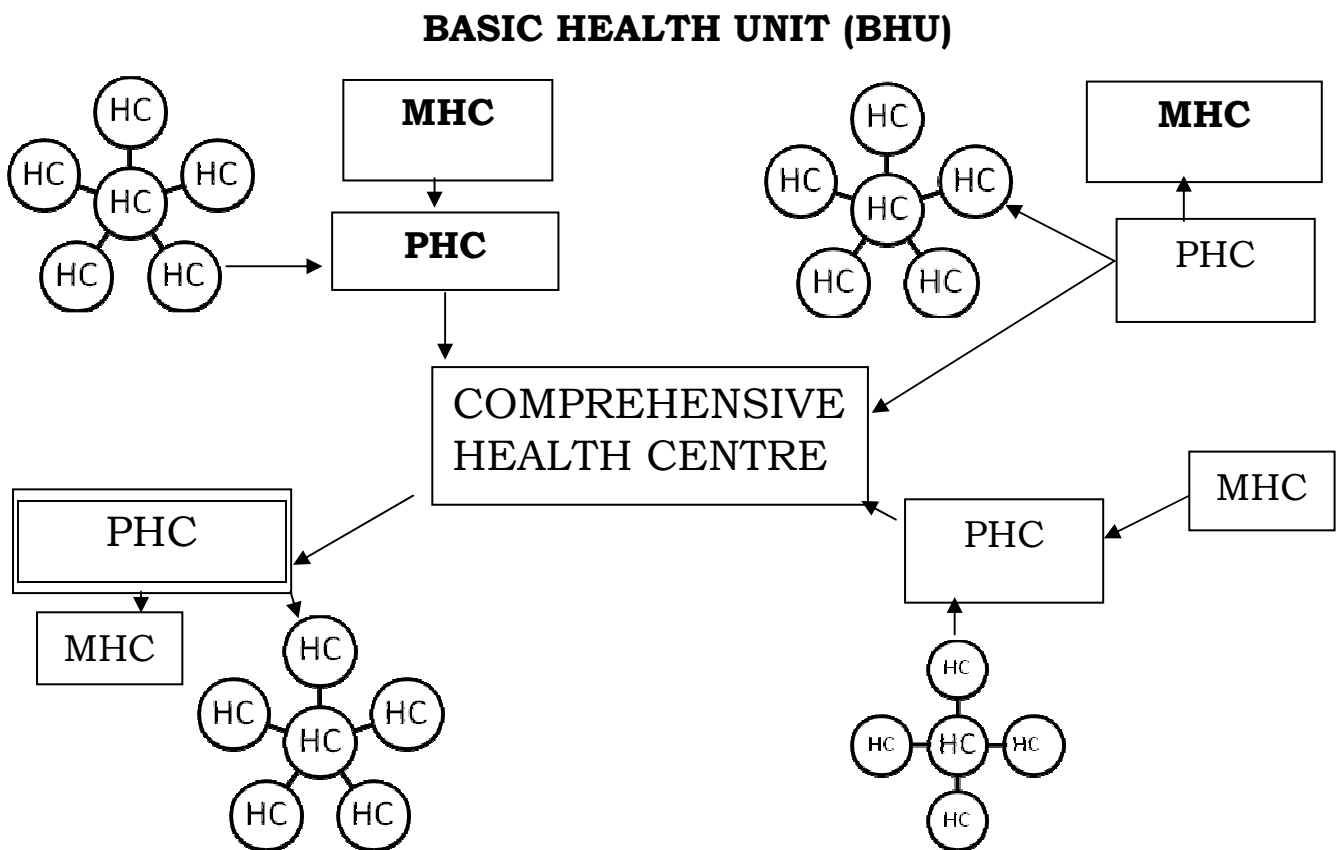


Fig. 2.1 Showing a Basic Health Unit

4.0 Conclusion

At this unit you have learnt about the BHSS. You have also learnt about the objectives of BHSS. Basic Health Unit comprehensive health centre, primary health centre, health clinic and mobile clinic.

Equally you have learned about the position of mobile health clinic in a single basic health unit.

It is hoped that you should now be able to explain BHSS, and its objectives with categories of health centres distributed to each unit.

5.0 Summary

This Unit focused on the BHSS. It also maintains some of the objectives of BHSS and describes the categories of health centres distributed to each unit. Comprehensive health care, primary health centre, health clinics and mobile health clinics.

6.0 Tutor Marked Assignment

1. Explain the meaning of BHSS on your own understanding?
2. Mention the objectives of BHSS?
3. Describe the classification of Health facilities on a Basic Health Unit (BHU)?
4. Enumerate the number of population to be served by comprehensive health centre and primary health centre in a given Basic Health Unit?

7.0 Reference/Other Resources

- Alakija, Wole (2000) Essentials of Community Health PHC and Health Management by Medisuccess Publication, Benin City.
- Ransome Kuti Olukoye, (1980) Strengthening PHC at Local Government Level by Academy Press Ltd Lagos
- Kyari Umar (2002) Introduction to PHC, by Sonkore Educational Publishers Ltd, Samaru Zaria

UNIT 3: THE OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Definition of outreach and mobile health services
 - 3.2 Components of outreach and mobile health service
 - 3.3 Scope of service of outreach and mobile health service
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and other Resources

1.0 Introduction

Having discussed the Nigerian Health System and Basic Health Service Scheme in the two previous units which was intended to give the learner some background about the Nigerian Health System and Basic Health Service Scheme to enable them have a better understanding of issues related to outreach and mobile Health service. This Unit will now focus on the definition of mobile outreach Health services its rationale, component and the scope of outreach mobile health service.

2.0 Objectives

At the end of studying this unit the learner should be able to:-

- Define outreach and mobile health service
- Describe the component of outreach and mobile health service
- State the scope of outreach and mobile health services

3.0 Main Content

Fig. 3.1 Showing the Mobile Health Clinic Logo

3.1. Definitions of Outreach and Mobile Health Services

Kyari (2002) define outreach health Services as the discharge of PHC Services outside static health facility to a define community.

Outreach health service are normal clinic services that is being operated in the static health centre, but planned is such a way that it can be taken to community of that are in-accessible to health services.

Important Parameters to be noticed in Kyaris definition includes

- Static health facility
- Define community
- Natural health clinic services
- In-accessible to health services

According to Monekossi (1994) defined mobile services as a health care provided to distance population by using vehicles.

Outreach health services is the provision of health care services for population living far away from health facility.

Note That

- Distance population
- Using vehicles
- For population living far away from health facilities are mentioned in the definition.

Do you notice the similarity between the first and social definitions.

In simple terms: An outreach and mobile services is a health service unit/package that depend, solely on transportation from place to place and on regular basis for the accessibility to the target community populations. Such service, units is designed to address specific health need of the population who can not otherwise be reached by such a services Jinadu (2004).

Therefore an outreach and mobile health service are health care services that are carried out in community which are

geographically in accessible or cut off from the provision of health care services by any of the health centre.

3.2. Mode of Outreach and mobile Health Services

Your understanding on outreach and mobile services may help you to identify the basic facility for outreach and mobile health services which includes:

- Caravan type (dinomobile van)
- Facilities on the van for refrigerator
- Examination couch
- Facilities for minor operation
- The needed drugs and vaccines

The outreach and mobile health services are made up of these components, that these therefore under-scores the importance of studying each of these components from a general overview.

3.3 Scope of Services During the Outreach and mobile Health Services

The outreach and mobile health service are carried out at the same time, in the same roof based on the health need of the patient problem. The scopes amongst other includes:- The General out-patient services, anti-natal care, child welfare clinic, health education, immunization, minor surgery and referral services.

4.0 Conclusion

In this unit you have learned what an outreach and mobile health service are, and that in defining the word outreach sample terms such as static health facility, distance community and community that are in-accessible to health care service which deserve to have the outreach and mobile services. You have also identifying means of transport to use, you have also realized the services to be carried out during the outreach and mobile health services.

You should at this point be able to define what outreach and mobile health service are in your own words, also you should be able by now to mention the five basic facilities set to establish an outreach and mobile services in target population.

5.0 Summary

This unit focused on the definition of outreach and mobile services, by identifying a static health facility, define community and community that are in accessible to health care facility. The basic facilities to carryout in outreach and mobile health services could be clinic mobile van, examination couch, facilities for minor operation and needed drugs and vaccines.

6.0 Tutor Market Assignment

1. Using your own words to define outreach and mobile health services?
2. Identify the three categories of community that can be served with outreach and mobile service?
3. What are the five basic facilities for outreach and mobile health services?

7. References and Other Resources

Alakija, Wole (2000) Essential of Community Health PHC and Health Management, by Medisuccess publication, Benin City.

Jinadu Mohammed (2004) Outreach and Mobile Services Paper presented at Ibadan National Association of Community Health Practitioners of Nigeria.

Monekossoe GL (1994) District Health Management by World Health Organization (WHIO), Bahr Mapping and Printing Maseru Lesotho.

UNIT 4: RATIONAL FOR OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Historical Background of outreach and mobile health service
 - 3.2 Rationale of outreach and mobile health services
 - 3.3 Roles of establishing outreach and mobile health services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 Reference and other Resources

1.0 Introduction

This Unit would stage the main objective of outreach and mobile health services. You could also learn the roles of outreach services. This unit equally help you to identify the rational for establishing the outreach and mobile health services.

2.0 Objectives

At the end of this unit, you should be able to know

- Know the historical background of outreach
- Know the rationale for establishing the outreach and mobile service
- Identify the role of outreach and mobile health service

3.0 Main Content

3.1 Historical Background of Outreach and Mobile Health Service

According to Alakije Wole (2000)

The Mobile health Service during Colonial era

At the beginning of the last century, Nigeria was in a state of pestilence, characterized by several epidemics of infections

disease such as yaws and small-pox and famine, morbidity and mortality. From infections and communicable disease were very high among the population. Only few Nigerian lived to old age. Confronted with epidemics of high infections and communicable disease amongst the population, the colonial government developed some strategies for delivery of modest health care to the population. These includes, the training and utilization of assignment physicians and some cadres of health workers to provide some general medical/dispensing and maternity services, the use of mobile health clinics for special health campaign for the control of certain diseases eg yaws plagues and small pox. In fact mobile health clinic was used for the eradication campaigns against small-pox, one of the most deadly infection disease ever know to mankind but in 1973 when the National Youth Service Corps (NYSC) programme was started the outreach service was introduce by government as a method of taking health to the grass-root level, since that can be provided to the people the NYSC doctors here often been in charge of the team for outreach and mobile clinic. These outreach and mobile clinic were to be based at the comprehensive or primary health centres that is when the basic health services scheme was established to form the Basic Health Unit.

3.2 Rational of Outreach and Mobile Health Services

The aims of the scheme was to increase the proportion of the population accessing health care from 25% to 60% so as to correct the unbalance in the location of distribution of health institutions between preventive and corrective medicine. This provide the infrastructure for all prevention of health institution, thus, preventive and curative disease, family planning, environmental health and other national health system are best adopted to the local commodities and to level of health technology.

This basic plan for the implementation of the scheme was built in each Local Government Area, one comprehensive Health Centre (CHC) four primary Health centres (PHC), 20 Health Clinics and five mobile health clinics spreading out from the

primary health centre. This was called basic health unit (BHU) designed for population of 150, 000.

3.2.1 The Rational for outreach and mobile health services

The fundamental reason for introducing the outreach and mobile health services includes the following:-

- Is to extend PHC services to committees at grass root level that are geographically in-accessible to e.g/ (Road nature)
- To follows up patient that are under treatment
- To provide PHC services to community that need special health attention e.g, epidemic, refugees e.t.c.

3.3 The Roles of Outreach and Mobile Health Services

The roles of outreach and mobile health services includes:-

- to influence the provision of Health services
- To provide immediate and effective health care
- To reduce the trend cost of the referral
- To assist in the control of infection disease through National Programme on Immunization (NPI)
- Ensure total coverage of the entire population with health care
- To bring health care closer to the people
- For prompts utilization of modern health care services thereby simplifying health planning.

4.0 Conclusion

The idea of outreach and mobile health services is not new, it has been used successfully in the past to deal with epidemics of small-pox, yours and plague, it has also been used to provide medical services to inhabitants. The need fro the mobile and outreach services in PHC programme start from the in ability of government to provide the much needed PHC services especially to the remote and rural population

In this unit you learn about the historical background of outreach services, the rationale for establishing outreach services and the roles in providing the mobile and outreach health services.

5.0 Summary

This unit focused on the historical background with the main objective of outreach service which include the rationale in providing the outreach services and the roles for establishing the mobilized outreach health services.

6.0 Tutor Marked Assignment

1. Describe the historical background of outreach and mobile services. Since the period of the colonial government?
2. State the objectives of outreach and mobile health services?
3. Identify the roles of establishing outreach and mobile health services?
4. What are the rationale of conducting the outreach and mobile health services?

7.0 Reference/Other Resources

Alakija, W (2000) Essential of community Health PHC and Health Managementm Medisuccess publication, Benin.

Oxford English Minidictionary by Lucinda Coventry with Martin Nixon Fifth Edition, Oxford University Press (1999)

Okon Mrs Dorathy: University of Calabar, CHo org programme (1995), Cross River State.

UNIT 5: TYPES OF SERVICES RENDERED DURING OUTREACH AND MOBILE HEALTH SERVICES



Fig. 3.1 Health Providers performing mobile care in remote area of United States of America (USA)

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Types of services to be rendered during outreach and mobile health service
 - 3.2 Health providers to perform the outreach and mobile health services
 - 3.3 Place that outreach and mobile health services can be conducted
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 Reference and other Resources

1.0 Introduction

This unit will now focus on the types of services to be rendered during the outreach and mobile health services, by the health professional to provide the services accordingly.

2.0 Objectives

At the end of studying this unit the learner should be able to:-

- Know the types of services to render.
- State the activities involved during the outreach and mobile health service.
- Identify the nature and the health needs of the area to conduct the outreach service.

3.0 Main Content

3.1 The types of service to perform during the outreach and mobile health services includes: Both preventive and curative are rendered bearing in mind such limitation of time, material, drugs, personnel and culture of the community to be serve with the services.

3.2 The Activities involve during the outreach and mobile services under the preventive services.

Health evaluation, recordkeeping, familyplanning, immunization referral services, home visit, for (follow-up cases). And the corrective services it includes treatment of diseases, minor surgery, like circumcision, worm stitches, dressing of wound, delivery etc.

3.2.1 Place that outreach and mobile health service can be conducted.

This involving the nature of the community which includes their cultural background, on the types of the medicine they are

use to it like –traditional medicine, otherdox, the western medical services and religious healers, Babalawo etc.

4.0 Conclusion

In this unit you have learned about the types of services both preventives and curative, the activities to perform during the service health education, referral services, family planning, minor surgery, circumcisions.

You should at this point be able to describe the services of outreach services on your own understanding, you should also explain the culture background and nature of their way, of handling the sick person either traditional medicine or religious healer: Babalawo and so on.

5.0 Summary

This unit focused on the types of service to rendered during the outreach and mobile health service, both preventive and curative that are rendered at the same time and it includes;- Health Education, referral system, family planning, minor surgery, wound stitches, immunization, Anti-natal services with record keeping e.g Attendance new and old patient, Ages, Sex and disease portion in the community.

6.0 Tutor Marked Assignment

1. Using your own word to explain the two types services performed during an outreach services?
2. List two in each case the nature of service performed during an outreach and mobile services?
3. Describe the nature and cultural background of a community to conduct outreach and mobile health services?

7.0 Reference and other Resources

Alakija, Wole (2000) Essential of Community Health and Primary Health Care Management, by – Madisuccess Publisher Benin City.

Okon, Dorathy (1995) Lecture note CHO Training Programme, University of Calabar Cross-river State.

UNIT 6: HEALTH EDUCATION SERVICES IN OUTREACH AND MOBILE SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Definition of Health Education
 - 3.2 Aims and objectives of Health education
 - 3.2.1 Method of Health education
 - 3.2.2 Topic of health Education
 - 3.2.3 Proceeding of Health Education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and other Resources

1.0 Introduction

As you have learned about the various types of services and activities to performed during the outreach and mobile health services, this unit would discuss on health education services during the outreach and mobile health services.

2.0 Objectives

At the end of studying this unit the learner should be able to:-

1. Define health education
2. explain the aims and objective of health education
3. Understand the methods of health education
4. Know the topic of health Education
5. Describe the proceeding of Health education

3.0 Main Content

3.1. Definition of Health Education

According to Baba Naomi Gbefwi (2004) Defined health Education as a process or series of learning experience through

which an individual is informed or develop, skills and self-awareness for intellectual health action or behaviour.

According to World Health Organisation (WHO) defines Health Education as the act of giving simple accurate and scientific fact in a way they are to be understood, believed accepted and practiced.

These definitions have attempted to make clear the concept of health education, while WHO places emphasis on giving of simple accurate and scientific fact, in such a way as to be understood believe and practical.

All are collectively have brought out some key point, work noting as salient point that information should be simple, accurate and scientific necessary to persuading the individual, family, group the community, by using carefully planned method so that the information should be motivated for health actions.

3.2 Aims and Objective of Health Education

The main aims of health education is to change people's behaviour to help people adopt positive health attitude toward community living.

While the objectives are the healthtalk must be brief end to the points, it should identify the expected behaviour by name e.g. describe, identify name mention, list, use e.g. ask mother to demonstrate salt sugar solution in order to be able to evaluate. It should be learner oriented and provide means of evaluating the performance.

3.2.1 Method of Health Education

The method and media of communication to the learners should be according to their levels of education, experience and age. That is different method for literates, semi literate and illiterate. Also, the younger they are the simpler the lesson. Difficult topics only increase confusion, therefore the health practitioner should identify the language of communication of the learned. Some of the method of Health Education includes:- Lecture, Demonstration, Drama, role Play, Dissension, Symposium, field trips, exhibition and project or interviews.

3.2.2 The Topic of Health education

It is not good teaching that automatically mean good learning. Because the health provider may give a well-prepared lesson follow by the roles of effective health education but the learners may not learn as expected. May be that the topic is complex for the learners. Therefore to choose the right topic for the target group, select the correct methods and media should be emphasise, allow the learners to ask questions for clarification and evaluate the learners to ensure that the topic has been understood.

3.2.3: The Procedure of Health Education

In planning and presentation of a session for health education during outreach and mobile health service includes;-

- Select topic
- Know the target group
- Prepare a time
- Method of presentation
- Organising of presentation
- Objectives
- Contents
- Evaluation

3.3.1 Topic

The topic must be relevant to the group or individual, it must be beneficially.

3.3.2 Method of Presentation

This is a method by which the content will be put through to the audience it may be in the form of lecture discussion, demonstration, seminars etc.

Combination of more than one method may be used, teaching aids should be used e.g. black board, posters, play charts, firms show, planet etc.

3.3.3 Organising and Presentation

A room should be prepared all visual aids should be assembled. Sitting arrangement should be in form of semi-circle or normal class room arrangement depending on the size of the group present in the session.

3.3.4 Contents and Evaluation

The content should contain the materials that will achieve the objective.

The evaluation will ensure whether the learners have understood what was thought through question and answers short test, paper group demonstrate black board, and seminars.

3.3.5 Facilities of Good Communication

The ability to communicate to patient considerably from person to person. However practicing the communication skills over time improves communication. The facilitation were are as follows:-

- Simplicity of language
- Good inter-personal relationship
- Good presentation of self
- Avoid use of commending words
- Avoid being bossy
- Clarity of message
- Encourage active listening by removing barriers such as Noise, heat, interruption and try to make use of usual aids.

4.0 Conclusion

In this unit you have learned the definition of Health Education, aims and objectives, methods of health education and the procedures of giving health education during the outreach and mobile health services.

You should at this point be able to detached the Health education session in your own understanding, you should also be

able to describe on the topic, method, organisational presentation, the content and evaluation process during the outreach and mobile health services.

5.0 Summary

This unit focused on the health education service during the outreach and mobile health services. You have learned about the definition of health education, aims and objective, method of use for health education, which includes choosing of topic and procedures of giving the health education and the evaluation process during the session.

6.0 Tutor Marked Assignment

1. Define health education using your own understanding?
2. explain the aims and objectives of health education during the outreach and mobile health service?
3. List the methods use during the health education session in outreach and mobile health services?
4. Mention there topic that you can give Health Education on them during the outreach and mobile Health Service?
5. Describe the procedure of Health education session during the outreach and mobile Health Services?

7.0 Reference and Other Resources

Naomi Baba Obafemi (2004) Health Education Communication Strategies West African Book Publishers Ltd.

Okon, Dorathy (1995) CHO Tries programme University of Calabar, Cross River State.

UNIT. 7: ANTI-NATAL CARE SERVICES DURING THE OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Definition of Anti-natal care
 - 3.2 Aims and Objective of Anti-Natal care
 - 3.3 Activities Taking during Anti-Natal care
 - 3.4 Abnormalities Associated with Pregnancy
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 Reference and other Resources

1.0 Introduction

In this unit we shall focus on the Anti-Natal Care (ANC) during the outreach and mobile services with aims and objectives of Anti-Natal care Service during the outreach services.

This Unit will also describe the history taking with examination of pregnant women during outreach services, which includes Health Talk and Abnormalities associated with pregnant women.

2.0 Objectives

At the end of studying this unit the learner should be able to:-

- Define Anti-natal care (ANC)
- State the aims and objective of Anti-natal care
- Explain the activities during the Anti-natal care ANC
- Describe the physical examination of pregnant women during Anti-natal care (ANC)
- Explain Health talk during Anti-natal Care (ANC)
- State the Abnormalities associated with pregnant women.

3.0 Main Content

3.1 Definition of Anti-natal Care (ANC)

According to Hannatu (1984) maternal and child Health Service for Health workers defined Anti-natal Care that “is the

advice, supervision and attention a pregnant women receives before delivery”.

According to Training curriculum on MLSS for CHEWS (2006) define Anti-natal Care as the “advice, supervision and attention given to a pregnant woman’.

This means that pregnant woman needs most of all the assurance that she will be physically safe and psychologically secure under the care of a competent team who are interested in her welfare, willing to alleviate discomfort and eager to relieve pain.

3.2 Aims and Objectives of Anti-Natal care in Outreach Services includes the following.

- To promote and maintain good physical and mental health during pregnancy
- Ensure a mature live, healthy infant
- Prepare the women for labour, lactation and the subsequent care of her child
- Detect early and treat appropriately any risk condition that could endanger the life in unimpaired health of mother or baby.



Mother and child after availing services in accredited nursing home through voucher system

Fig. 7.3 Showing Mother and her child after availing services.

3.3 The activities during Anti-Natal Care Service during outreach and mobile services.

- Health talk
- History taking
- Physical examination, which include from hand to toe
- Observation of the vital signs e.g BP
- Urine testing, Hb estimation and weighing
- Laboratory investigation for blood, grouping, genotype etc
- HIV pre-test and pos-test counselling
- Immunization i.e Tetanus toxoid
- Admission of routing drugs
- Appointment for the next visit
- Treatment of minor ailments
- Nutrition

3.4 Abnormalities Associated with pregnancy.

This is categorised into minor disorder and major disorders.

The minor disorders it includes

- Morning sickness
- Heart burn
- Back ache
- Veriscope veins
- Pruritus vulva

The major disorders formal with pregnant woman it includes:-

- Hypremessi graviderium
- Pre-eclampsia and eclampsia
- Abortion
- Anterpertum haemorrhage
- Anaemia in pregnancy
- Malaria in pregnancy

TETANUS TOXOID ADMINISTRATION GUIDELINES FOR WOMEN OF CHILD BEARING AGE

Age	Recommendation	Comment
First contact	TT ₁ : at first contact with woman of child bearing or as early as possible.	0 – protection
Second Contact	TT ₂ : at least 4 weeks after TT ₁ .	6 months protection
Third Contact	TT ₃ : at least 6 months after TT ₂ .	5 years protection
Fourth Contact	TT ₄ : at least 1 year after TT ₃ .	10 years protection
Fifth contact	TT ₅ : at least 1 year after TT ₄ .	For life
Dose size	0.5ml	
Number of Doses	5	
Injection Site	Muscle of left upper arm	Never immunize in the buttock

Table 9.3 Showing the guidelines of Tetanus toxoid administration to women

4.0 Conclusion

In this unit you have learnt about the Anti-natal care services during the outreach and mobile health services. You have also learnt about aims and objectives of Anti-natal care services during the outreach and activities of anti-natal care. Such as health talk, physical examination from hand to toe, observing the vital signs, urine testing, laboratory investigation e.g for blood immunization i.e Tetanus, with administering of routine drugs, given appointment for next visit and treatment of minor ailment. You have learnt about abnormalities associated with pregnancy during the outreach and mobile health service.

5.0 Summary

This unit focused on Ante-natal care (ANC) during the outreach serious. It also considered some activities during ante-natal care, history taking, physical examination, laboratory

investigation, issuing of routine drugs, you have learnt about given appointment for next visit to pregnant woman with the abnormalities associated with pregnancy which includes the minor disorders e.g. morning sickness and major disorders example hypremesis graniderium during the outreach services.

6.0 Tutor Marked Assignment

1. Define Anti-Natal Care (ANC) in your own words?
2. State the aims and objectives of Anti-Natal Care during the outreach services?
3. Mention the activities of Anti-natal care (ANC) during the outreach and mobile services?
4. Describe any 2 services you mentioned above?
5. What is the name of immunization given to pregnant woman during Anti-natal Care?
6. Identify the abnormalities usually associated with pregnant woman?

7.0 References and Other Resources

Garba Hannatu (1984) Handbook Material and Child Health Services for Health Workers by Federal Ministry of Health, Lagos.

Monekosso GL (1994) Distinct Health Management by Bahr mapping and printing Maberu, Lesotho.

Training Curriculum on MLSS for Chews (2006) by paths and WHO.

UNIT 8: GENERAL-OUT PATIENT CARE SERVICES DURING OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Definition of General Out-patient Care
 - 3.2 Types of services conducted in General outpatient care during outreach services
 - 3.3 Materials and equipment may be needed for general patient care services in mobile and outreach service.
 - 3.4 Procedure for conducting by OP care during outreach and mobile health service.
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and other Resources

1.0 Introduction

In this unit we shall focus on major clinical services preferred during General out-patient care in outreach and mobile health services.

This unit shall also discuss about the types of clinical services which includes: material and equipment that may be needed for the services and the procedure of carrying out the services.

2.0 Objectives

At the end of studying this unit the learner should be able to :-

- Define General out patient care
- Mention the types of services perform
- List the material and equipment that may be needed for general out patient care
- Describe the procedures of conducting GOPC

3.0 Main Content

3.1 Definition of General Out-patient Care Services

According to Oxford English Mini Dictionary (1999)

General – Meaning involving all or most parts, aims or people not detailed or specific.

Out-patient – A person visiting a hospital for treatment but not staying over night.

Care – Protection and provision of necessities supervision or services attention and thought, caution to avoid damage or loss.

Therefore General out-patient care could be define as:-

A clinical services that is conducted in hospital or clinic set up with the aims of treatment to avoid damage or loss of life but not staying over night.

From the above definition you can see clearly that when we talk about General out-patient care, we are referring to clinical services carried out in hospital or clinic set-up, but not to stay over night.

It also means treatment to patient without staying over night, so as to avoid any damage or loss of life.

3.2 Types of Services Conducted in General Out Patient Care Delivery Outreach and Mobile Services

There are series of activities to perform during the General out-patient Care which includes:-

- Child welfare clinic
- Immunization services
- Health education and nutrition assessment
- Treatment of ailment using standing orders
- Emergency care foe accident victims
- Series of patient for referral
- Minor surgery
- Updating of M& E records books

3.3 Material and Equipment may be needed for General Out-patient care Services



Fig. 8.1: Showing some Equipments use for outreach and mobile services

General out-patient care service needs some clinical material and equipment which includes:-

- Standing orders
- Drugs and vaccine
- Clinical consumable items
- Sphygmomanometer with ophthalmoscope
- Aniscope
- Laboratory apparatus
- Strips for pregnancy test
- Hand gloves
- Examination couch
- Monitoring and evaluation records books etc

3.4 Procedure for Conducting General Out-patient care during the Outreach and Mobile Clinic

This steps involved to carried out the service which include:-

- The assembling of materials and equipment
- Registration of patient new and old
- Saving of patient based on their complain
- General Health Education to all patient but in brief
- Sharing of staff responsibilities accordingly
- Recording of activities that were performed and
- The team leader shall supervised all the activities accordingly.

4.0 Conclusion

In this unit you learned about general out-patient care. You have also learnt about the types of services perform during the outreach services. Equally you have learnt about the materials and equipments that may be needed and you have learnt about the procedure of conducting the general out-patient care during the outreach and mobile health services.

It is believed you should now be able to define a general out-patient care and describe its types of services. You should also be able to the material and equipment may be needed for outreach and describe the procedure of conducting the general out-patient care.

5.0 Summary

This unit focused on the definition of general out-patient care and types of services it also considered some materials and equipment needed for general out-patient care. The procedure of conducting the general out-patient care during the outreach and mobile health services.

6.0 Tutor Marked Assignment

1. Define general out-patient care?
2. What are the various types of services being perform during the general out-patient care in outreach and mobile health service?
3. List 10 equipments and materials needed fro General out-patient care during outreach and mobile health service?
4. Describe the procedure for conducting the general out-patient care during the outreach and mobile health services?

7.0 References and Other Resources

Federal Ministry of Health, (2005) Facilities Guide for Outpatient clinical practice, by PATHS and DFID.

Kyari Umar Yusuf (2002) by Sonkore educational Publishers Ltd. Samaru Road, Zaria.

Oxford English Mini Dictionary (1999) Fifth edition by Oxford University Press, New York.

UNIT 9: IMMUNIZATION SERVICES DURING OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Definition of immunization
 - 3.2 Background of immunization services in Nigeria
 - 3.2.1 Objectives of immunization
 - 3.2.2 Disease that can be preventable by immunization
 - 3.3 Vaccine for preventable disease
 - 3.4 Immunization schedule
 - 3.41 Guideline for tetanus toxoid administrative for women of child bearing age
 - 3.5 Cold-Chain System
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Other resources

1.0 Introduction

This is concerned with the immunization services during the outreach and general health service, for prevention of some disease that can be preventable by the use of vaccine.

In this unit we shall focus on disease and vaccines that can be use to prevent such disease to children and woman of child bearing age.

2.0 Objective

At the end of studying this unit the learner should be able to:-

- define immunization
- State the objective of immunization
- Mention the disease that can be preventable by immunization
- Mention the vaccines use for preventable disease

- Draw and label the immunization schedule for under 5 years children
- Tablet the guild lines for tetanus toxoid administrative for women of child bearing age.
- Describe the cold-chain system.

3.0 Main content

3.1 Definition of Immunization

According to Monekosso (1994) defend immunization services attacks of communicable disease in individuals by preventing them in a mild form usually by vaccination.

There are some important points to be noted from the above definition of immunization.

- Prevention
- Communicable diseases
- Vaccination

Form the above points it means that immunization is a way of prevention of communicable diseases that are dangerous to individuals through vaccination.

3.2 Background of Immunization Services in Nigeria

Immunization against communicable but preventable childhood disease such as Tuberculosis, diphtheria, pertussis, tetanus, measles and poliomyelitis has been conducted in Nigeria since the colonial era. But the immunization programme has been tragically under-utilized so that some of these diseases are still responsible for the high mortality and morbidity in children, especially those under five years of age.

During the fourth National Development Plan of Nigeria, emphasis has been laid on preventive medicine on the ground that vaccination is the cheapest and the most effective way of controlling these common communicable diseases. And the national plan of operation for EPI is designed mainly for children 0-24 months old and women of child bearing ages (15-45 year).also included in the plan of operation are the objectives.

3.2.1 Objective of Immunization Services

There are short-term objective and the long term objective of immunization services.

1. The short-term objective is to reduce morbidity and mortality resulting from these deadly diseases of children.
2. The long term objectives it so meet the requirement of the Alma-Ata declaration of 1978 which stipulated that by the year 1990 at least 80 percent of the susceptible population of children in the country should have been immunized.
 - The development of adequate manpower for the EPI now NPI programme
 - The establishment of an adequate surveillance systems for the target discuss
 - The development of monitoring and evaluation system for EPI now NPI.

3.2.2 The Disease that can be preventable thorough immunization

- Tuberculosis
- Dipheria
- Whooping cough (pertubis)
- Tetanus
- Measles and
- Poliomyelitis; other includes
- Minipitis, hepatitis B etc

3.2.3 The vaccines that can used to immunized against the above diseases are

- BCG – for Tuberculosis
- DPT – for diptheria and whooping cough
- Measles vaccine – for measles
- Tetanus vaccine – for Tetanus
- CSM Vaccine – for serebrospinal meningitis
- HPV vaccine - for Hepatitis B
- Polio vaccine - for Poliomyelitis

3.3.4 Immunization Schedule

Since 70 percents of Nigeria's population live in the rural areas vaccination activities were to be performed mainly by mobile teams to be provided by the LGAs in each State.

The plan called for five contact, the immunization schedule was adopted for the static the (health facilities) and outreach units is as follows.

3.4.1 Immunization Schedule (revised)

ROUTINE IMMUNIZATION SCHEDULE FOR CHILDREN LESS THAN 5 YEARS

Vaccine	No of Doses	Age	Minimum interval between doses	Route of administration	Doses	Vaccination site
BCG	1	At birth or as soon as possible at birth		Intradermal	0.05ml 0.1ml	Upper left arm
OPV	4	At birth, at, 6 10 and 14 weeks of age	4 weeks	Oral	2 drops	Mouth
DPT	3	At 6, 10 and 14 weeks	4 weeks	Intramuscular	0.5ml	Outer part of thigh
HPV	3	At 6, 10 and 14 weeks	4 weeks	Intramuscular	0.5ml	Outer part of thigh
Measles	1	At 9 months of age		Subcutaneous	0.5ml	Upper left arm
Yellow fever	1	At 9 months of age		Subcutaneous	0.5ml	Upper right arm
Vitamin A supplement	2	At 6 months and 12 months of age	6 months	Oral	2 drops	Mouth

Fig. 9.3 Showing immunization schedule for children under five years

3.5 The Cold-Chain System

This is explaining how the vaccine can be mentioned right from the source of manufacturing to the time it can be use.

According to Alakija Wole (2000) explain cold chain as it is a system for ensuring the potency of a vaccines from the time of

manufacturing to the time it is given to the child or a pregnant woman.

The Cold Chain System

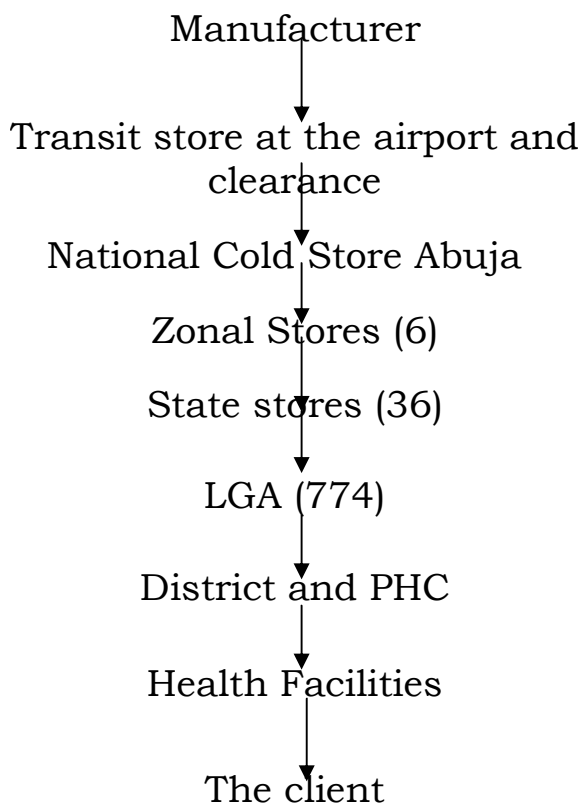


Fig. 9.3.4 Showing the Channels of Cold Chain System

3.4.1 Components of Cold-Chain

- The people, the store, the Vaccine-carriers
- The vaccine, the Ice parks, the Steam sterilizer
- The ice pack, the Thermometer, Syringe/Needle
- The cold box, the Charts
- The transport
- The refrigerator

3.4.2 The Maximum Duration of Storage suggested for Vaccines at various locations were as follows;-

- Regional centre (State) 6 months
- Local Government Area (cold room) 3 months
- Main PHC with refrigerator 1 month

- Main PHC using transport boxes up to 5 days

Note: The V.V.M - Means vaccine vial monitor

The surveillance – means the continuous collection and analysis of cases/death of the 6 munizable diseases from government health facilities and health officers with private hospitals.

4.0 Conclusion

In this unit you have learned about immunization services during the outreach and mobile health service. You have also learnt about the objectives of immunizations and the diseases that can be prevented by immunization with the vaccines that can also be use to prevent the disease. Equally you have learnt about immunization schedule with administrative of tetanus toxoid vaccine to women of child bearing age and the cold chain system.

It is believe you should now be able to define an immunization and the objectives of immunization. You should also be able to mention the diseases that can be preventable and their vaccines and you should be able to described the routine immunization schedule and the cold-chain system during the outreach and mobile health services.

5.0 Summary

This unit focused on the definition of immunization service. It also consider the objective of immunization with the disease that can be prevented with vaccines. The routine immunization schedule for children and women of child bearing age and the cold-chain system during the outreach and mobile health services.

6.0 Tutor Marked Assignment

1. Define immunization?
2. State the objectives of immunization?
3. mention the disease that can be preventable with vaccine?

4. Mention the vaccine that can be use to prevent the disease above?
5. Draw and lable the routine immunization schedule for children and guideline for tetanus toxoid administration for woman of children bearing age?
6. Describe the child-chain system?

7.0 References and Other Resources

Alakija, Wole (2000) Essentials of Community Health PHC and Health Management G. Medisuccess Publication, Benin City.

Okon, Dorathy (1995) CHO Training Programme, University of Calabar, Cross River State.

Ransome, Kuti Olukoye (1980) Strengthening PHC of Local Government Level Academy Press Ltd. Lagos.

UNIT 10: REFERRAL SYSTEM DURING OUTREACH AND MOBILE HOUSE SERVICES

2 – PATHS WAYS REFERRAL SYSTEM

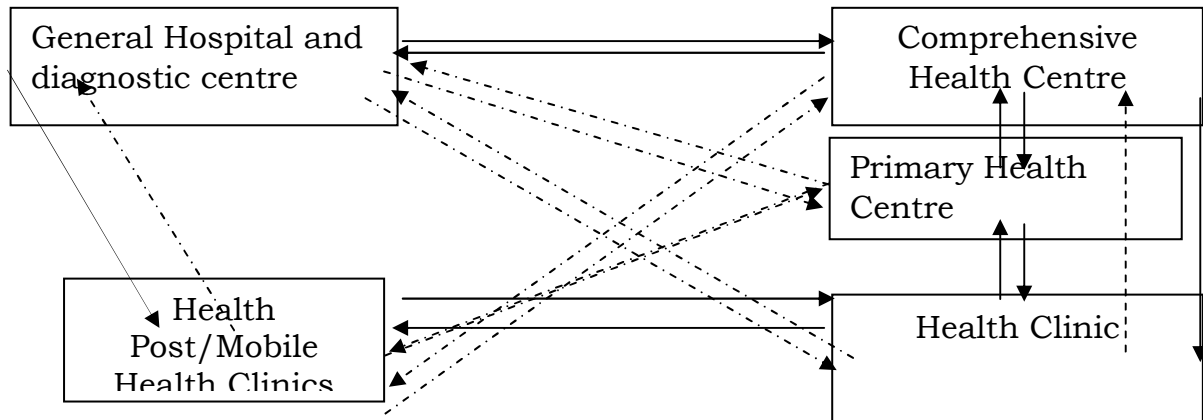


Fig. 10.1: Showing 2-ways referral Path System

Keys:

Normal _____

Emergency

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Definition of referral system
 - 3.2 Reasons of referral system by outreach mobile health services.
 - 3.2.1 Case to be referral during outreach mobile health services.
 - 3.2.2 Place for referral during outreach and mobile health service.
 - 3.2.3 Procedure of referral a process during outreach mobile health services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 Reforms and Other Research

1.0 Introduction

This unit is concerned with referral system during outreach and mobile health services. This unit shall focus on definition of referral system the types of referral system.

In this unit we shall focus on the resource for referral the present. You should also discuss the conditions/cases for referral system and the procedure for referral.

2.0 Objectives

At the end of studying this unit the learner shall be able to: -

- Define referral system list the types of referral system.
- List the types of referred system.
- Mention the reasons for referring a patient
- Identify the places for referring a patient
- List the condition/cases for referring a patient.
- Desirable the procedure for referring a patient.

3.0 Main Content

3.1 Definition of Referral System

According to Alakija Wole (2000) defined Referral system. As a process by which one health workers shares or transfers responsibilities, temporarily or permanently to another health professional according to lay down rules.

There are however different definition of referral system. According to Ransome Kuti define referral system as “a process by which a health worker transfers the responsibility of care temporarily or permanently to another health professional or social worker, or to the community”.

Therefore by looking at the above definition three key words has to be considered.

- 1- Transfer responsibility
- 2- Temporary
- 3- Permanent

However, the Kyari Umar (2002) defined referral as the transfer of patients; are from lower health facility to higher health facility for skill full management.

These means that referral system is a way of transferring a patient from one health facility to another for skilful management.

3.2 Reasons for Referring A Patients To Another Health Facility

Before a patient; will be transfer his/her responsibility another health facility there must be reason which includes;

- Patient request
- Lack of hospital equipment
- Lack of hospital equipment
- Lack of personal
- For special attention
- For continuity of health care
- When standing orders says so
- When in doubt.
- If patient does not respond to treatment within the specified time in standing order.
- For diagnostic purposes.

3.3 Component of Referral System

Referral system has certain things that must be made before your send a patient into another health facility which includes;

- Appropriate means of transport
- Completed referral form
- Patient's relatives
- Health worker.

3.4 Types of Cases That Can Be Refer

There are various types of condition in cases that can make health worker to transfer a patient to another health fertility and these case includes:

- Acute appendicitis
- Intestinal obstruction
- Strangulated hernia
- Accident of all type (major)
- Chronic disease e.g. (TB)
- Obstetric emergency e.g. (APH)
- Certain condition e.g. diabetes
- Condition not found in standing order.
- Severe burn.

3.5 Procedure for Referring A Patient

The procedure of referring a patient from one health facility to another is as follows: -

- Get the country involve when referring a patient how? By transportation
- Refer to the right hospital or agency.
- Get all the fact about the hospital you are referring e.g. facilities, staff etc.
- Introduce the patient to the hospital by providing adequate information.
- Introduce the hospital to the patient e.g. the procedure of hospital e.g. visiting time.
- Fill a 2 way referral form with the patient referred data.
 - Reasons for referral
 - History of past and present problem
 - Vital sign and adequate record.
 - Record of transfuse given.
 - Recording of all immunization if given.
 - Arrange transport and delegate a health worker to accompany patient when necessary.
 - Feed back either directly from the patient or through patient.

4.0 Conclusion

In this unit you have learned about referral system and reason for referral, you have also learn about the component for referral

and types of cases to be referred. Equally you have learnt about the procedure for referring a patient to another healthy facility during the outreach and mobile health service.

It is believed you should now be able to define referral system and describe reason for referral. You shall also be able to joining a decision on how to referral a patient to another health facility.

5.0 Summary

This unit focused on the definition of referral system and reasons for referral. The various cases or condition that needs referral and the procedure for referring on patient during the outreach and mobile health services.

6.0 Tutor Marked Assignment

- 1- Define referral system in your own words?
- 2- Mention the reasoning for referring a patient?
- 3- List the component for referring a patient?
- 4- Identify the cases that need to be referred?
- 5- Describe the procedure for referral a patient?

7.0 References and other Resources

Alakija Wole (2000) Essential Of Country Health PHC And Health Management, Medi Success Publication Benin City.

Kyari Umar (2002) Introduction To PHC, Sankore Educational Publishers Ltd. Samaru, Zaria.

Okon Dorathy (1985) CHO Training Preference University Of Labour, Cross-River State.

Ransome Kuti (1980) Strategy PHC At LGA Level, Academy Press Ltd. Lagos.

UNIT 11: DEFINITIONS OF SOME CONCEPT USE TO DISCUSS THE PROCEDURE OF OUTREACH AND MOBILE HEALTH SERVICE

- 1.0 Introduction
- 2.0 Objective
- 3.0 Main Content
 - 3.1 List of some concept use to explain the procedure of outreach of mobile nut seminar.
 - 3.2 Planning
 - 3.3 Implementation
 - 3.4 Evaluation
 - 4.4.1Efficiency
 - 4.4.2Effectiveness
 - 4.4.3Coverage
 - 4.4.4Impact
 - 4.4.5Limitation
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor marked assignment
- 7.0 Reference of other resources

1.0 Introduction

In this unit there is need for the learner to understand some of the concept that are used to describe the procedure if conducting the outreach mobile health service. In this unit we shall focus on the concept like, planning, implementation, evaluation impact of limitation and also efficiency effect effectiveness of coverage.

2.0 Objectives

At the end of studying this unit the leaner should be able to: -

- Define: Planning, Implementation, Evaluation, Impact and Limitation
- Explain: Efficiency, Effectiveness and Coverage.

3.0 Main Content

3.1 List of some concept use to describe the procedure of outreach of mobile health service.

The following – planning, implementation, evaluation, impact limitation others were efficiency, effectiveness and coverage.

3.2 Planning: This is collaborative action and effort that would be made to involve the authorities and other professionals in a given exercise. According to Monekosso (1994) defined planning “As a process that start with a situation analysis in order to assess the health needs”. The aim is to show where we are and before starting the process of making the plan.

3.3 The Implementation: This is a section of the plan indicated for each type of intervention the place where intervention would take place, the target agent(s) to undertake the intervention, the frequency with which the intervention could be undertaken and the location where the intervention would take place e.g MCH would take place in all facilities.

3.4 Impact on mobile health and outreach health service

Can be defined as the “overall effect of a preference on the health status and socio-economic development of a country”.

3.6 Limitation in mobile health services its means out of bounds – things that you should not go beyond. Example arriving late to the venue. The counting will start going back living the venue before the arrival of health providers.

4.0 Conclusion

In this unit you have learned about the definition or meaning of some concepts itself to describe the procedure of outreach and mobile health services. You have also learnt about the meaning of planning, implementation, evaluation. Equally, you have

learnt about the meaning of efficiency, effectiveness with coverage in outreach service.

It is believed you should now be able to define planning, implementation of evaluation. You should also be able to give an explanation on the word efficiency, effectiveness of coverage.

5.0 Summary:

This unit focused on the definition of planning, implementation, evaluation, coverage, and impact of outreach services and you should also learn on how to explain efficiency, effectiveness and limitation during the outreach of mobile harvest services.

According to Monekosso (1994) define implementation as “carrying out a planned activity or programme. Therefore implementation in outreach health services takes place at three interrelated locations. The district level, health centres and in organized communities.

3.4 Evaluation: This seeks to determine the concrete outcomes of health intervention of assessing activities, resources and results. It is based on the establishment of specific progress indicators and artisan.

3.5 According to Monnekoso (1996) define evaluation as “The measurement of performance, based on established criteria to ensure that the objective are being met.

3.6 Efficiency: This is the assessment of resources that has spent during the implementation process in term of money, time etc.

3.7 Effectiveness of a mobile service is to know whether a mobile service is readily the target population and out what cost in terms of money, time personnel involved.

3.8 Coverage: This is the indicator measuring the effective access to a particular service. The coverage is measured by the proportion of individuals benefiting from a service, in

relation to all those who should be served (for example, vaccination, portable water, monitoring of pregnancy).

Tutor marked assignment

- 1) Define the word planning on your own understanding?
- 2) Explain the word implementation and evaluation during outreach and mobile health services?
- 3) Define impact of outreach and mobile health service?
- 4) Explain the following: Efficiency, Effectiveness and Limitation

7.0 References and other resources

Alakija, Wole M.D (2000) Essential Of Counting Health PHC And Health Management Published by Medi Success Publishers Benin City.

Monekosso G.L (1994) District Health Management By World Health Organisation (WHO) Published By Balir Mapping And Printing Maseru Lesotho.

Oxford English Mini Dictionary (1999) Fifth Edition By Lucinda And Martin Printed By Oxford University Press New York.

UNIT 12: PROCEDURE FOR OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Procedure for outreach and mobile health services
 - 3.2 How to identify suitable main of transportation during outreach and mobile health service.
 - 3.2.1 Place to conduct outreach and mobile health services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor market assignment
- 7.0 References and other resources

1.0 Introduction

The process involved in conducting outreach and mobile health service and the major steps to take in establishing the outreach seminar will be spelt out in details.

2.0 Objectives

At the end of studying the tenure should be able to: -

- Know the steps to follow
- Provide the meaning of movement
- Know how to conduct accounting survey.

3.0 Main Content

- 3.1 Steps involve when conducting on outreach of mobile health survey in a given country includes:

Assessment of the Area:

- Pay a visit to the country
- Identify the country leader to seek opinion.
- Find out about their types of health care traditionally and orthodox.
- Know the population target of the country.

- Find out the resources available for planning health care.
- Find out the culture, economic and find government working.
- Developed workable objective in relation to organisation and evaluation of the performance in conjunction with the country.
- Identify type of series that are needed to set promoting for implementation.

3.2 Places where outreach and mobile health service can be conducted.

The meaning of choosing a central area for people to come for health care its based on the focal rapport building to the country, thereby they can arrange for bending, chairs, tables and the place that can be use to the country includes:-

- Town hall, primary school (class room)
- House, Clinics, Market
- Space under shade (ever)
- chief compound
- Mosque or church premises.
- Any other space recommended and provided for that by the community

3.3 Places where outreach and mobile services are needed

- Coommunity that are hard to reach with level services due to poor roads, sea, hills etc including space populated countries (hamlets).
- Schools; nursery, primary, secondary etc
- Camps – refuges, camp, dwellers camp
- Sport camp
- Check point air, ports, sea ports, borders.

4.0 Conclusion

In this unit you have learnt the procedure for establishing outreach and mobile health services the process or steps which include assessment of the area, by identifying the country leader and the placing that can be use for the services.

5.0 Summary

This unit focused on the procedure for establishing outreach and mobile health services by assessment of the ward places to use for the servicing.

6.0 Tutor Market Assignment

1. Outline the steps to follow when establishing outreach of mobile health service?
2. How can you identify the types of health service needed to that community?
3. Mention four ways they can be used to provide outreach and mobile harvest services?

7.0 Reference other resources

Kyari umar yusuf (2002) Introduction to PHC for beginners in community Health by Sankure Educational publishers Samaru Zaria.

Okon, Dorathy (1995) CHO Training University Of Calabar, Cross River State.

UNIT 13: PLANNING, IMPLEMENTATION AND EVALUATION OF OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Planning of outreach and mobile health service
 - 3.2 Implementation of outreach and mobile health services
 - 3.3 Evaluation of outreach and mobile health services
 - 3.3.1 Efficiency
 - 3.3.2 Effectiveness
 - 3.3.3 Coverage
 - 3.3.4 Impact of outreach and mobile health services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor market assignment
- 7.0 References and other resources

1.0 Introduction

In this unit you should learn about how you can plan, implement and evaluate and measure the impact of outreach and mobile health service in a five country.

2.0 Objectives

At the end of studying this unit the learner should be able to: -

- Define planning
- Know the steps for planning for outreach mobile health services
- Understand the implementation process of outreach mobile health services.
- Know the evaluation process of outreach and mobile health services.
- Measure the impact of outreach mobile health services

Main Content

Planning, implementation, evaluation and of outreach and mobile health services.

It is necessary to know the steps when planning for outreach and mobile services. Planning: According to Alakija (2000), defined planning is projection of courses of action. Kyan's (2002) define planning as; Forecasting future needs of PHC organisation. This involves the preliminary assessment of the area before the establishment of the service which includes: -

- To know the demography of the are and the health need of the people. Demography deals with population statistics like, birth, death, disease in a given geographical area.
- To know whether there are other existing facility for health services that are utilized if not why?
- To inspect the function site selected with a good rapport building to the community.

Implementation of outreach mobile health service.

This is the application of the planning of outreach services which involved the use of the identified resources, increasingly and successfully monitored like assessing the material founded, provision of staff, base on their skills appropriately.

Evaluation: Is the measurement of performance based on established criteria to ensure that the objectives are being met. But in outreach and mobile health service is to find out the value of what has bee achieved in terms of the efficiency effectiveness, evaluation courage and impact of the service rendered during the period of implementation process.

The efficiency includes:

- How much money was put into the services?

- How many patient are attended the services for a whole year?
- How many staff are involved in running the services?
- How much time has been spent or lost due to breakdown, petrol shortage if has occurred?

The effectiveness includes:

- Patient record new and old
- Health status of people
- Area covered
- Effect on the other services.

The coverage which means the indication measuring the effectiveness' to a particular service and in outreach services. These should be an increase in coverage which depends on utilization of the resources in terms of the activities organization of the resources rendered during the service e.g. utilization anti natal care (ANC) if the service is not accepted there will be no activity.

The impact is the over all effect of a program on the health status and socio-economic development of a country and its outreach series is to know whether the outreach service has any impact on the population which includes:-

- Morbidity and mortality patterns of the country of this end of the year will be.
- Whether the services are being more of a financial loss will need to be workout.
- The reforms services i.e. whether charged cases appropriate centre for referred.

4.0 Conclusion

In this unit you have learnt how you complain implement, evaluate and measured the impact of outreach and mobile services which include preliminary assignment of the are. You have also known the implementation process. You should at this

point be able to evaluate the series by rendered in terms of efficiency effectiveness, coverage and impact of each service rendered by the outreach services.

5.0 Summary

This unit has forwarded on how planning implementations and evaluation of outreach and mobile services should be carried out. And you can now assess the impact of the service rendered during the outreach services on target population.

6.0 Tutor Marked Assignment

- 1) Define planning?
- 2) Describe the steps involved when planning outreach and mobile services?
- 3) Explain the implementation process of outreach mobile health service?
- 4) How can you evaluate an outreach and mobile service?
- 5) How can you measure the impact of outreach and mobile health services on a target population?

7.0 References and other Resources

Alakija Wole (2000) Essential Of PHC And Health Management By Medisuccess Publication, Benin City.

Monekosso G.C (1994) District Health Management B.Z.V. WHO/Afro By Regional Office For Africa Bahr Mapping And Printing Majeru Lesotho

UNIT 14: RESOURCES REQUIRED FOR OUTREACH AND MOBILE HEALTH SERVICES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Personal needed for outreach and mobile health services.
 - 3.2 Material and equipment may be required in outreach and mobile health services.
 - 3.3 Vehicles that may required for outreach and mobile health services.
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor marked assignment
- 7.0 References and other resources.

1.0 Introduction

This unit will list the necessary resources to provide for establishing the outreach and mobile health services which includes; human materials, money and time and they should be adequately provided.

2.0 Objectives:

At the end of studying the learner should be able to: -

- Identifying resources needed for outreach service.
- Know the types materials needed for outreach services.
- Know the qualified number and types of personnel needed for outreach.
- Know the type of vehicle needed for outreach services.

3.0 Main Content

3.1 Resources that may be required for outreach and mobile services in clued the following:

According to Monokosso G.L (1994) defined resources as the available means manpower, time, money, to supply or achieve an objective or goal.

3.2 Human resource; or personnel needed for outreach and mobile health services include the following: -

- Doctor
- Community health officers
- Community health extension workers
- Junior community health extension workers.
- Members of village development committee (VDC)
- Driver
- Health attendant

3.3 Materials and Equipment that may be required during the outreach and mobile service will include the following:

Transport

A big van, Helicopter, Motor cycle, Bicycle, Sea craft, Boat, Land rover, Land cruiser, Donkey, Camel and Caravan type.

Equipment

Micro phone, Adult foetal stethoscope, Spigmomanometer, Chemical for uninalysis, Delivery kit, Family planning kit, Thermometer, and First aid box.

- Dressing materials and record books with studying orders.

Drugs

Analgesic, Anti pyretic, Vaccines, Anti helmint, Sedetative tranquilizers, Anti acid and Anti septic etc.

3.4 Funds (Money) that will be required to render the services. This should be provided i.e. by the donation or high cash through the village development committee (VTC) or government subvention by the authority.

Finally, the time this should be allocated in between the providers and the community leaders.

4.0 Conclusion

In this unit you have learned about the types of resources you may be needed to run off the outreach and mobile health service. You have also learnt about the personal needed for outreach services. You have also learnt on the types of materials and equipment needed together with the transport for outreach and mobile service.

Equally, you have learnt about the drugs with vaccines needed for outreach servicing. You have also learnt about the funds or money that will be required to render outreach and mobile services.

5.0 Summary

This unit focused on the types of resource that may required for establishing the outreach and mobile health services which includes – human and material and personal needed for the services. You have also learnt about the sources of funds or money may require for the outreach and mobile health services.

6.0 Tutor marked Assignment

- 1) Explain the word resources on your understanding?
- 2) List the manpower resources for establishing the outreach of mobile health services?
- 3) Mention the equipment that may be required when establishing outreach and mobile health services?
- 4) Identify the vehicle needed when establishing an outreach and mobile health services?

7.0 References and other Resources

Monekosso G.L (1994) District Health Management By WHO/AFRO Printed By Press book Press Limbe
Okon, Dorathy (1995) WHO Training Programme, University Of Calabar, Cross River State.

UNIT 15: FACTOR, CONSTRAINT AND LIMITATION IN OUTREACH AND MOBILE HEALTH SERVICING

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Factors that may influence outreach and mobile health services.
 - 3.2 Constraint to outreach and mobile health services
 - 3.3 Limitation to outreach and mobile health services.
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor marked assignment
- 7.0 References and other resources

1.0 Introduction

This will help you to have acquired the factors and constraint that may influence the services of outreach and mobile health services.

2.0 Objectives

At the end of studying this unit the learner should be able to: -

- Identify the factors that may influence the services of outreach and mobile service.
- Mention the constraint of outreach and mobile health services.
- Explain the limitation to outreach and mobile health services.

3.0 Main Content

3.1 The factors that may influence the outreach and mobile health service would either comes from the health providing or the counting to be service with and these factors will includes: -

- The political decision
- The poor record network to reach the area.

- Nomadic population based of their movement (seasonal)
- Space population
- Specific needs e.g. epidemic or disaster.
- Power distribution of static health factors to the communities.

3.2 The constraint of outreach and mobile health services may includes: -

- Staff – adequate staff strength
- Fuel – irregular supply of fuel
- Drugs– inadequacy of drug and vaccines
- Vehicle – lack of maintenance
- Political – instability
- Communication – poor concentration network
- Road – in accessible road.

3.3 The limitation when establishing the outreach and mobile health services it will includes the following:

- Time – wrong timing
- Materials – enough materials to avoid shortage
- Drugs – should be adequately provided
- Staff – have selection f staff should be considered
- Culture – Should not be against the entire and taboo.

4.0 Conclusion

In this unit you have learned about the factors, constraints and limitation to outreach and mobile health services, like political decision, poor road network. You have also realized the constraint that may influence the outreach and mobile services. Equally you learnt about limitation to outreach. This unit has also listed such limitation as timing, drugs, supply staff and culture of the community for outreach services.

5.0 Summary

This unit focused on the factors, constrain limitation to outreach and mobile health services which include – political unit, road met work and distribution of static health facilities. Also wrong timing, shortage of the counting most be considered, before establishing outreach and mobile services.

6.0 Tutor Marked Assignment

- 1) List the factors that may hinder outreach and mobile health services?
- 2) Mention the constraint to outreach and mobile health services?
- 3) Explain the limitation for outreach and mobile health services?

7.0 References and other Resources

Kyari Umar Yusuf, (2002) Introduction To PHC For Beginners In Community Health Published By Sankore Educational Publishers Ltd. Samaru, Zaria Kaduna State.

Monekosso G.L. (1994) District Health Management By WHO/AFRO By Bahr Mapping And Printing Maseru Lesotho

Okon Dorathy (1995) City Training Programme University Of Calabar, Cross – River State

Oxford English Mini Dictionary, Fifth Edition (1999) By Lucinda Country And Martin Mixon, Oxford University Pres, New York.