**INTRODUCTION TO COMMUNITY HEALTH**

By the end of this Lesson the student will be able to:

* Describe the concept of community health nursing
* Describe the principles of community health nursing
* Explain the role of a community health nurse in the provision of health care
* Describe the organisational structure of the Ministry of Health
* Explain the health sector reforms

**What is a Community?**

A community is a group of people (a large or small group) living in a certain geographical area and working together for a common goal. They share the same resources such as water, climatic and geographic conditions, health services, administration and leadership, as well as disadvantages such as shortages, risks and dangers.

The community is made up of individual persons and each of these individuals belongs to a family. **The functions of a community include:**

* Transmitting and sharing information, ideas and beliefs
* Educating its children about their culture (socialising) and welcoming newcomers into the group’s culture (acculturation)
* Producing and distributing services and goods
* Providing companionship and support to individual members and smaller groups
* Sharing and utilising space for living, schools, health facilities, fields, roads etc.
* Protecting individual and group rights and welfare

**Characteristics of a Healthy Community**

* Safe and healthy environment, relatively free from natural and man-made hazards
* Community members have high standards of personal hygiene
* Adequate supply of wholesome water
* Availability of adequate nutritious food
* Suitable housing
* Harmonious interpersonal relationships among members
* Availability and accessibility of health care facilities
* Availability and accessibility of suitable educational, social and recreational facilities
* Gainful occupational activities (availability of stable or reliable sources of income)
* Sound communication infrastructure
* Communal approach to and participation in tackling community problems

**Problems that Affect the Health of the Community**

* Unsanitary environment
* Overcrowding
* Poverty
* Unclean and inadequate water supply
* Lack of nutritious food
* Unsafe environment
* Epidemic and endemic disease
* Unstable family life
* Illiteracy and ignorance
* Poor leadership and lack of participation
* Adverse weather conditions
* Poor infrastructure
* Political instability

**COMMUNITY SUB-SYSTEMS**

A community has eight essential sub-systems, which interact and interrelate continuously.

**Socio-cultural System**

This system is made up of all the customs and beliefs, family and kinships, leadership and power structures in society. This sub-system exerts a powerful influence on the lifestyles of the community members, their priorities and their attitudes and values towards health and illness.

For example some cultural factors promote either acceptance or stigma towards a certain illness. High-risk behaviour may be a result of cultural traditions

**Economic System**

The government’s ability to provide health and other services to its citizens depends on the state of the economy. The poorer the economy of the country, the more disadvantaged its people will be. Low economic status is highly associated with malnutrition and communicable diseases

**Political System**

This sub-system is made up of the government and its development policies as well as political organisations.
If there is political support towards improving health care delivery, the government provides the mechanism and structure for the planning, implementation and evaluation of the health care delivery system. The constitution of Kenya contains a declaration for the elimination of poverty, ignorance and disease; hence the establishment of the Ministry of Health and several other ministries

**Education System**

Education is the main tool of changing behaviour and improving individual and community health.
Low educational status perpetuates under-development, harmful traditions and superstitions.

The educational system can be effectively used to pass health related information and messages that could significantly transform the perception of the communities on healthy living and prevention of illnesses

**Religious System**

The religious system may be a source of health promotion when its values and teachings positively influence lifestyles and healthy behaviour, for example, forbidding smoking, alcohol consumption, pre-marital and extra-marital sex.
On the other hand, religious teachings may promote ill health, for example, by forbidding the followers from seeking treatment in hospitals

**Environmental System**

Environmental sanitation is one of the leading promoters of individual and community health. Clean water supply, proper disposal of waste and adequate housing are key to community wellness. Environmental pollution is a cause of various illnesses.

**Communication and Transport System**

Communication includes all the means of contacting and exchanging information with one another such as roads, bridges, railroad, telephone, television, radio, computers, internet, fax, and postal services.

The communication system is important in spreading health messages. Transport aids in communication by moving people from place to place

**Health Care system**

The health care system exists to provide promotive, preventive, curative and rehabilitative services in hospitals, nursing homes, clinics, health centres, dispensaries, and through special health projects and programs.

The health care system is enhanced through linkages that bring together the government, non-governmental organisations, private institutions and individuals in providing continuous and comprehensive health services. These linkages strengthen the multi-sectoral approach of achieving health for all.

**COMMUNITY HEALTH**

**Community health is the science and art of promoting health and preventing diseases through organized community participation**

**Aims of Community Health**

Community health aims to achieve the following:

* Improved sanitation in the environment
* Prioritisation of the community’s needs
* Control of communicable diseases
* Health education to promote healthy behaviour and practices
* Early diagnosis and prevention of disease
* Disease surveillance
* Case/contact tracing and treatment
* Empowerment of all individuals to realise their rights and responsibilities for the attainment of good health for all

**The main goals of community health are to:**

* Identify community health problems and needs
* Plan ways of meeting community health needs
* Implement activities geared towards meeting the community health needs
* Evaluate the impact of community health services/activities

**Aims of Community Health**

A successful community health programme is one in which the community and health care providers collaborate to achieve the following benefits:

* Increased life expectancy (life span) of every individual
* Decreased mortality rates particularly of mothers and children
* Decreased morbidity rates from all causes
* An increase in the total well being (physical, mental and social) of every individual
* An increase in the quality of life for all people
* Overall social and economic development of the population
* Equitable distribution of resources

**Examples of Community Health Activities**

* Health education, counselling, and the training of other health workers
* Community health assessment and diagnosis
* Information, education and communication
* Environmental sanitation and supply of adequate clean water
* Food hygiene and household food security
* Personal hygiene
* Vector and pest control
* Control of communicable diseases
* Provision of prenatal services to pregnant women
* Provision of family planning services
* Provision of child health/welfare services for children under five years old
* Provision of school health services
* Home visiting and home-based nursing care
* Occupational/industrial health
* Care of the disabled, the elderly, the disadvantaged, the chronically ill
* Inter-sectoral collaboration

**PRINCIPLES OF COMMUNITY HEALTH**

**A basic belief, theory, or rule that has a major influence on the way in which something is done. - Macmillan English Dictionary for Advanced Learners (2002).**

**Principles of Community Health (Alma Ata Declaration - WHO 1978)**

* Availability of health care for all people and at a cost they can afford
* Promotive and preventive aspects of health care
* Integration of curative and preventive services
* Active participation of individuals and communities in the planning and provision of care
* Development of maximum potential for self-care
* Utilisation of all levels and types of community manpower
* Inter-sectoral approach

**Principles of Community Health (Hentsch - 1985)**

* Health care should be shaped around the life patterns of the population. It should meet the needs of the community.
* Primary health care should be an integral part of the national health system.
* Health care activities should be fully integrated with the activities of the other sectors involved in community development such as agriculture, education, public works, housing and communication.
* The local population should be actively involved in the formulation and implementation of health care activities, so that health care can be brought into line with local needs and priorities.
* The health care offered should place a maximum reliance on available community resources, especially those that have hither to remained untapped and should remain within the cost limitations relevant to each country.
* The majority of interventions should be undertaken at the most peripheral practice level of the health services and by the workers most suitably trained for performing these activities.

**Principles of Community Health Nursing**

* Community health nursing services should be available to all, according to their health needs regardless of sex, age, culture, religion, social or economic status, race, political affiliation, ethnicity or nationality.
* A community health nursing programme must have clearly defined objectives and purposes for its services.
* Community health nursing should not be a vertical programme. A community health nurse must work with other stakeholders in the development, implementation, monitoring and evaluation of the community health programme.
* Community health nursing should involve the community right through the planning implementation and evaluation of the programme.
* The community health service should build the capacity of the community to run their own health programme for the purpose of sustainability. These include training of the Communities Own Resource Persons (CORPs).
* Health education and counselling for the individual, family and community are integral parts of community health nursing.
* Community health nursing services should be based on the identified needs of the patient and there should be continuity of services to the patient.
* Community health nursing should work within the community’s culture and norms without compromising professionalism.
* Community health nursing is a service and there should therefore be no room to demand favours, gifts or bribes from clients.
* Community health nursing is dynamic and the nurses should therefore actively participate in continuing professional development so as to keep abreast with new developments.
* Community health nursing services should develop proper guidelines and maintain proper records and reports**e Roles**

**Roles and Functions of a Community Health Nurse**

* **and Functions of a Community Health Nurse**

|  |  |
| --- | --- |
| **Roles** | **Functions** |
| Manager | Organising and managing health care programs, being a team leader for nursing and supervising community health nursing activities. |
| Implementer | Implementing community health action/programs in collaboration with the other stakeholders in community health. Creating community awareness and interest in their health. Developing the community’s ability to assess their health status and resources. Sharing knowledge and skills with the community on how to improve their health and to prevent illness. |
| Advocator | Advise the health care providers, planners and other agencies on the needs/problems of the community. |
| Advisor | Sharing technical health information with individual families and communities. |
| Health educator | Teaching individuals and families how to prevent disease and improve their health. |
| Assessor/Identifier | Assessing the health status of the community. Identifying existing and potential health needs/problems and resources in the community. |
| Planner | Planning for health action with the other health team members andcommunity members. |
| Evaluator | Evaluating the performance and the outcome of community health activities. |
| Researcher | Carrying out surveys, studies and research to identify problems related to your work. |
| Trainer | Training other community health workers, both designated and voluntary community-based health workers. |

**DEFINITION OF PHC**

In 1978, the Alma Ata international conference on PHC defined primary health care as:

'Essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

In addition, it forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work'.

From the definition, you need to note the following key statements which identify PHC as essential health care. These are:

* PHC is universally accessible to individuals and families in the community.
* PHC is socially acceptable to all, meaning that the health care is appropriate and adequate in quality to satisfy the health needs of people, and is provided by methods acceptable to them within their social cultural norms.
* PHC is affordable, that is, whatever methods of payment used, the services should be at a price the community can afford.
* PHC promotes full participation of individual, families and communities.
* PHC is appropriate technology that is, the use of methods and technology which use locally available supplies and equipments.

**CONCEPT OF PHC**

* Accessibility
* Affordability
* Availability
* Appropriate technology
* Acceptability

**The Seven Pillars of PHC**

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Definition** | **Comment** |
| **Health System** | Primary Health Care. | The first elements of a continuing health care process, sustained by integrated, functional and mutually support referral systems, leading to the progressive improvement of the comprehensive health care for all, and giving priority to those in most need. |
| **Priority** | Essential health problems. | Addresses main health care problems in the community providing promotive, preventive, curative and rehabilitative services. |
| **Science** | Practical, scientifically sound. | Based on application of the relevant results of social, biomedical and health services research. |
| **Culture** | Socially acceptable methods and technology. | Reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and communities. |
| **Equity** | Made universally accessible to individuals and families. | The attainment of health care for all people of the world by the year 2000 and beyond, of the level of health that would permit them to lead socially and economically productive lives. The existing gross inequality in the health status of the people particularly between developing countries, as well as within countries is politically, socially and economically unacceptable. |
| **Participatory** | Through their full participation. | The people have the right and duty to participate individually and collectively, in the planning and implementation of health care. |
| **Sustainability** | At a cost that the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. | To exercise political will to mobilise the country’s resources and to use available external resources rationally. |

PHC is a strategy of health care delivery which creates a partnership between the consumer of the health services and health care professionals. They both actively participate in the achievement of the common goal of improved health

Key players include the government, non-governmental organizations, Primary Health Care workers and community members, amongst others

**Fundamentals of PHC**

Fundamentals of PHC are basic rules or beliefs that are essential to the existence, development or success of Primary Health Care.

1. PHC reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and the communities, and is based on the application of the relevant results of social, biomedical and health services research and public health experience.

## PHC addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.

1. PHC includes, at least: education concerning prevailing health problems and the methods of preventing and controlling them; an adequate supply of safe water and basic sanitation; maternal and child care including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries and provision of essential drugs.
2. PHC involves, in addition to the health sector, other sectors such as agriculture, animal husbandry, food industry, education, housing, public works, communication and other sectors. It demands the coordinated efforts of all these sectors.
3. PHC requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of health services, making fullest use of local, national and other available resources. Through appropriate education the communities themselves are empowered to participate.
4. PHC should be sustained by integral, functional and mutually supportive referral systems leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.
5. At local and referral levels, PHC relies on health workers, including physicians, nurses, midwives, auxiliaries and community workers, as well as traditional practitioners who are suitably trained both socially and technically, to work as a health team and to respond to the expressed health needs of the community

**ELEMENTS OF PHC**

In the Alma Ata conference of 1978, eight essential elements of PHC were identified. However, individual countries were given the liberty to add any other elements they felt were relevant to their own country. Kenya has added other elements

The PHC elements listed at the Alma Ata Declaration were as follows:

1. Education concerning prevailing health problems and the methods of preventing and controlling them
2. Local disease control
3. Expanded programme of immunisation
4. Maternal and child health care and family planning
5. Essential drug supply
6. Nutrition and adequate food supply
7. Treatment and prevention of common diseases and injuries
8. Safe water supply and good sanitation

Use the acronym 'ELEMENTS' to help you remember these eight elements.

The Kenyan government has added additional PHC elements to the ones identified at the Alma Ata conference These are:

* Mental health
* Dental health
* Community based rehabilitation
* Malaria control
* STI and HIV/AIDS prevention and control

**Health Education**

* Health education is education that is intended to have a positive impact on health. It is a process of dialogue with community members to find out appropriate responses to health problems, as well as to empower them with the knowledge and insight they need, to understand how their behaviour affects their health.
* Health education today has extended its scope beyond disease prevention and control to health promotion. It gives individuals and communities the incentive to promote the conditions that maintain good health.
* You can see that health education is an integral part of all health services, all health personnel including yourself have an important role to play in organising appropriate health educational programmes at all levels in the community.

**Promotion of Food Supply and Proper Nutrition**

* Nutritional deficiency states are particularly noticeable among pregnant and lactating mothers, infants and children. This may be due to the prevailing cultural or economic factors in the community.
* As a community health nurse, it is your responsibility to take suitable measures to prevent and treat diarrhoea diseases, intestinal parasites and other diseases, which lead to nutritional deficiency states. It is also your responsibility to support health promotional measures such as child spacing, nutrition education, kitchen garden and food hygiene. In coordination with other sectors, you should also encourage community members to grow more foods, prevent post harvest spoilage through construction of simple food stores, and to keep poultry and dairy cattle.

**Water Supply and Basic Sanitation**

Safe water and sanitation is not available to a major section of our population, yet, it is essential for life. Many water borne diseases which are prevalent in the community can be prevented if ommunities gain access to safe water and adopt proper refuse and faecal disposal.

So under this element, effort is being made to bring together the different factors from related sectors to survey and identify sources of safe water and carry out proper analysis of the water. At the same time, community health workers should educate community members on how to protect wells and springs from contamination, how to construct latrines, compositing facilities and soakage pits.

**Maternal and Child Health and Family Planning**

Children make up one-half of the community and their mothers another fifth. On numbers alone, health care for mothers and children forms the greater part of community health. Mothers and children also run a great risk of injury and disease because their lives are concerned with beginnings and growth. MCH/FP services are therefore aimed at promoting the health of mothers and children, by reducing the maternal and child mortality rates, and enabling women of childbearing age to have the desired number of pregnancies and at the right interval. MCH/FP care has the following four main functions:

* Antenatal care / Prenatal care
* Perinatal care
* Postnatal care
* Family planning**4. PHC involves, in addition to the health sector, other sectors such as
agriculture, animal husbandry, food industry, education, housing, public works,
communication and other sectors. It demands the coordinated efforts of all
these sectors.
5. PHC requires and promotes maximum community and individual self-reliance
and participation in the planning, organisation, operation and control of health
services, making fullest use of local, national and other available resources.
Through appropriate education the communities themselves are empowered
to participate.**

6. PHC should be sustained by integral, functional and mutually supportive
referral systems leading to the progressive improvement of comprehensive
health care for all, and giving priority to those most in need.
7. At local and referral levels, PHC relies on health workers, including physicians,
nurses, midwives, auxiliaries and community workers, as well as traditional
practitioners who are suitably trained both socially and technically, to work as
a health team and to respond to the expressed health needs of the community.

**Immunisation**

Kenya has for some time now implemented immunisation activities through the Kenya Expanded Programme on Immunisation (KEPI).

Immunisation is a very effective means of primary prevention against certain endemic and epidemic diseases. Kenya has a long history of immunisation programmes.

Health workers have been trained on how to motivate and encourage mothers to bring their children for immunisation, as well as how to identify suspected cases of immunisable diseases such as, measles, poliomyelitis and neonatal tetanus, using standardised case definition (disease surveillance

**Local Disease Control**

There are many endemic diseases in this country, some of which are confined to particular areas. Can you remember what an endemic disease is?

**Treatment and Prevention of Common Diseases and Injuries**

Curative care is important in its own right as it provides a powerful mechanism for teaching preventive and promotive care.

**Supply of Essential Drugs**

Essential drugs are basic drugs used to treat minor ailments or conditions at the dispensary and health centre levels.

Kenya has been a pioneer in the establishment of an effective drug kits system which regularly delivers drugs to health units.

Community pharmacies have also been established in remote rural areas to improve access to drugs in the community.

As a community health nurse you have a major responsibility in ensuring that patients have access to essential drugs and know how to manage their drug regimens for optimal effect

**PRINCIPLES OF PHC**

**Equitable Distribution**

Equity is the fair and reasonable distribution of available resources to all individuals and families so that they can meet their fundamental and basic needs. Services should be physically, socially and financially accessible to everyone. People with similar needs should have equal access to similar health services.
To ensure equal access, the distribution of resources and coverage of Primary Health Care services should be greatest in those areas with the greatest need. This principle should be taken into account when deciding on the location of new health facilities, outreach services points, or during introduction of new health programmes, especially those that require payment for services.

**Manpower Development**

Primary Health Care aims at mobilising the human potential of the entire community by making use of available resources. This principle facilitates the identification and deployment of the necessary health personnel as well as the training and development of new categories of health workers to serve the community. Comprehensive PHC requires health workers to identify solutions that involve the community, as follows:

1. It is not enough to provide oral rehydration solution and medical treatment to a sick child with diarrhoea. Maintaining the health of the child also requires providing family education on child care and environmental hygiene, as well as improving access to food.
2. In addition to counselling on breast feeding, growth monitoring, nutrition rehabilitation, and child care, a nutrition program should promote weaning foods that are available locally.
3. PHC services for healthy people (prenatal care, immunisation, health education) should be established as soon as possible through community based health interventions

**Community Participation**

Community participation is the process by which individuals, families and communities assume responsibility in promoting their own health and welfare. The PHC strategy underlines the importance of full community participation, especially in health decision making. Community members and health providers need to work together in partnership to seek solutions to the complex health problems facing communities today. In addition to the health sector, families and communities need to get actively involved in taking care of their own health. Communities should participate in the following:

Creating and preserving a healthy environment

* Maintaining preventive and promotive health activities
* Sharing information about their needs and wants with higher authorities
* Implementing health care priorities and managing clinics and hospitals

**Appropriate technology**

Appropriate technology is the kind of technology that is scientifically or technically sound and adaptable to local needs, and which the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It includes issues of costs and affordability of services, type of equipment and their pattern of distribution throughout the community. An increasing complexity in health care methods should be observed upward in the PHC pyramid (see graphic). Care givers should be trained to deliver services using the most appropriate and cost effective methods and equipment for their level of care.

**Multi-Sectoral or Intersectoral Approach**

PHC requires a coordinated effort with other health related sectors whose activities impact on health. For example, agriculture, water and sanitation, transportation, education, etc. This is necessary to achieve social and economic development of a population.
The health sector should lead this effort.

The commitment of all sectors may increase if the purpose for joint action and the role of each sector is made clear to all concerned. Lessons drawn from past experience clearly indicate that the health sector cannot achieve much in isolation. It must work in close collaboration with other sectors in the community in order to succeed in promoting the community’s health and self-reliance.

**Summary**

This is what you need to remember about the principles of PHC.

* Every individual has a right to a high quality of life.
* The community must be allowed to take charge of the resources available from both within and outside their environment. This empowers them to be more responsible and accountable for their quality of life.
* There should be equitable distribution of resources among the community members so that they can meet their fundamental and basic needs

Health Promotion and Prevention - PHC requires a comprehensive approach that is based on the following interventions:

* Promotive - addresses basic causes of ill health at the level of society. Preventive - reduces the incidence of disease by addressing the immediate and underlying causes at the individual level
* Curative - reduces the prevalence of disease by stopping the progression of disease among the sick
* Rehabilitative - reduces the long term effects or complications of a health problem

Comprehensive PHC combines facility based health services (curative and rehabilitative) with multi-sectoral public health interventions (promotive and preventive).

Because this approach is more effective in sustaining the overall wellbeing of a population, it should be supported by the community

**ORGANIZATION OF HEALTH SERVICES IN KENYA**

**Headquarters Level**

At headquarter level, the Ministry of Health (MOH) is responsible for setting policy, coordinating activities of government and non-governmental organisations, managing the implementation of policy changes regarding government services, such as user charges, monitoring and evaluating the impact of policy changes

**County Level**

At the county level, the roles of the county Medical Officer of Health (PMOH) and members of the County Health Management Team (PHMT), are to act as a strong intermediary between the central ministry and districts, and to oversee the implementation of health policy (maintenance of standards of quality, performance, coordination, regulation and control of all health services in the public and private sectors in their areas of jurisdiction).

The role of the CMOH and PHMT with regard to the cost sharing programme, is to issue Authority to Incur Expenditure (AIEs), guide, monitor and supervise the District Medical Officers of Health (DMOHs) and facility managers in the province, in the management of cost sharing activities.

CMOs are ex-officio members of the District Health Management Boards (DHMBs) in their counties. They receive copies of all minutes of DHMB meetings and all long term plans for the district approved by the board. The boards should inform them of any suspected irregularities in the running of district health services

**District Level**

At the district level, the DHMBs oversee all health sector activities, their functions are not limited to the management of cost sharing funds. The government established DHMBs with representatives of consumers and other interested groups, to ensure prudent use of such funds.

Following the health sector reforms the above system changed. Kenya constitution now has counties and not provinces. The new reforms include:

**KENYA ESSENTIAL PACKAGE FOR HEALTH (KEPH)**

* **What is KEPH?**

This is an essential care made universally accessible to all Kenyans (to all 6 life cohorts provided in the six levels of care.)

* **Rationale for KEPH**

To increase accessibility and utilization of quality health services to the community in order to achieve mid/long term targets.

**Organization OF KEPH**

* The Kenya health system is organized at six inter-linked levels: ( 6 levels of care)
	+ National Level = Tertiary Hospitals
	+ County level =Secondary hospitals
	+ District level =Primary Hospitals
	+ Sub-district level=Health centres, maternities
	+ Dispensary level=Dispensaries ,clinics

  **INTERFACE**

Community level= Community,village,HH

**DEPARTMENTALIZATION OF KEPH at MOPHS and MOMS Hqs**

KEPH is delivered through departmentalization of health care delivery i.e

1. Preventive care services

2. Promotive care services

3. Curative care services

4. Rehabilitative care services

 **Preventive and promotive services**

They departments are head by Directors of Divisions Preventive and promotive divisions Include:

* Division of Reproductive health
* Division of vaccines and immunizations
* Division of Malaria Control
* NASCOP

**Curative and Rehabilitative services**

Divisions/departments under curative and rehabilitative include:

* Radiographic services
* Health Care financing
* Division of nursing
* Division of dental health
* Governmnent Chemist
* Division mental health
* Division of non communicable diseases
* Occupational health services
* Physiotherapy services
* Division of clinical services
* National Blood transfusion services
* Orthopedic Technical Services
* Division of Biomedical Engineering and maintenance services
* Division of pharmacy

**KEPH’s Six Life Cohorts**

KEPH is delivered to the citizens through the following cohorts:

1. Pregnancy, delivery and new born –first 2 weeks of life
2. Childhood (2 weeks to 5 years)
3. Late childhood ( 6-12 years)
4. Youth and adolescents (13-24)
5. Adults ( 25-59 yrs)
6. Elderly ( > 60 yrs)

**Functions of the Ministry of Health**

* Planning (for the delivery of health care services)
* Maintaining effective health information systems
* Manpower training, recruitment and development
* Promotive and preventive services
* Curative services
* Health care financing
* Registration and licensing of health facilities
* Health care policy development
* Health care quality assurance

The Ministry of Health operates at four main levels, which are based on our country's administrative setup. The four levels are:

* National (Central)
* County /county
* District
* Community (Peripheral)

**National (Central Level)**

* The national (central) level is the headquarters where political, professional and administrative matters are coordinated and policy decisions made. It is headed by a minister, assistant minister and a permanent secretary, in that order of seniority. These leaders are politically appointed and need not be health professionals.
* Next in this hierarchy comes the technical leader of health services, that is, the Director of Medical Services (DMS). The Director of Medical Services supervises all matters pertaining to preventive, promotive and curative health services. They are assisted by Deputy Directors, who are responsible for the various divisions which deal with the different responsibilities, such as mental health, communicable diseases and health planning, among others.

**Organisation of Health Services**

**County Level**

The Ministry of Health is represented at the county level by the County Medical Officer, who is a senior medical officer in charge of organisation and administration of health services within the province.

The County Medical Officer is answerable to the Director of Medical Services at the Ministry of Health headquarters. At the county level, they are assisted by other health officers responsible for various county health care departments, for example, county matron. At the county level, there is usually a county hospital

**District Level**

The district is the basic organisational unit of the government health services. It is a key level in the health sector administrative setup because the government decentralised almost all of its activities and made the district the focus for rural development. The government delivers health care to the district population through:

* A district or sub-district hospital
* Health centres
* Dispensaries
* Mobile (outreach) units

The district health service is headed by a District Medical Officer of Health (DMOH) also refered to as Medical Officer of Health (MOH). The administrative headquarters of the district health services are usually at the district or sub-district hospital, where the DMOH is in most cases also the medical superintendent of the hospital.

The district hospital provides limited specialised medical services and also logistic and technical support to the health centres and dispensaries in the periphery. It is a crucial link in the administrative support and referral chain of health services being provided to the population in
the communities

**The duties of the MOH include:**

* Administration of the district health services
* Hospital work and other clinical duties
* Training of staff in the district
* Planning and coordinating all health activities in the district
* Supervision of health care delivery in the district

**District Level**

The MOH does not work in isolation. They head a team of health professionals who form the District Health Management Team (DHMT).

The DHMT is charged with the responsibility of monitoring and supervising all health care services in the district. Most of the members of the DHMT are found at the district hospital. The other key members of the DHMT are found at the
district administrative headquarters

The members of the DHMT include:

* The District Medical Officer of Health (Chairman)
* The District Public Health Nurse
* The District Hospital Nursing officer incharge
* The District Public Health Officer
* The District Public Health Education Officer
* The District Health Administrative Officer
* The District Health Information Officer
* The District Pharmacist

The DHMT has other co-opted members who include:

* District HIV/AIDS/STD Coordinator
* District Physiotherapist
* District Clinical Officer
* District Nutritionist
* District Laboratory Technologist
* District Orthopaedician

Important functions of the DHMT include:

* Formulating relevant health objectives for the district in keeping with the county and national health policies.
* Identifying health problems and needs in the district.
* Training and deployment of staff to health facilities.
* Planning and coordinating health activities for optimal utilisation of district resources.
* Supervising all health care activities and services within the district.
* Collecting and analysing data on community health needs and assessing
health coverage.
* Monitoring and supporting the rural health staff and community health workers.
* Licensing health facilities/clinics

**The District Public Health Nurse**

The District Public Health Nurse (DPHN), also known as the District Community Health Nurse, is an important member of the DHMT and is responsible to the DMOH (is supervised by the DMOH).

The main duties and responsibilities of the DPHN are:

* Planning, organising and supervising all community health activities in the district.
* Deploying nursing staff to community/rural health facilities.
* Conducting staff update courses.
* Collecting health information and compiling reports about community health services.
* Planning and coordinating health campaigns.
* Procurement, storage and distribution of EPI vaccines.
* Implementing health development projects for the district development committee

**Community/Peripheral Level**

The last level in this hierarchy is the community/peripheral level. This is really at the community level where there are divisions, locations and sub-locations. Here health centres, dispensaries and in some places, community based health workers provide basic curative, promotive and preventive services. They may be augmented by the activities of special programmes, such as KEPI, or various mobile services. These health services together form the backbone of rural health service where about 80% of the population live.

*Not* everyone gets all their medical care from government facilities. People are also treated by other health institutions supported by private and religious organisations.

**INTERGRETED HEALTH SERVICES**

* 1. **SCHOOL HEALTH**

In Kenya, it is your responsibility as a community health nurse to design school health programmes. In order to organise a practical school health programme you need to involve the rest of the health team members, the school administration and the community.

The following are members of the school health team:

* Teachers
* Pupils and students
* Parents
* Community formal and informal leaders
* Community health nurse

To organise a good school health programme, you need to do the following:

* Assess the problems of school children
* Establish practical goals for the school population
* Carry out the needed activities
* Evaluate the process and results of the programs

The whole idea behind a school health programme, is to ensure that the needs of the school child are met

**NEEDS OF THE SCHOOL CHILD**

**A Stable Home**
The home should provide basic needs especially shelter and security.

**Proper Nutrition**
The child needs to grow well physically and mentally. It is therefore important for the child to take adequate nutrition at least three times a day. The diet should have extra proteins and vitamins to meet there nutritional needs.
This will help the child to cope with demands of school life. The meals may be provided at home, school, or may be packed.

**Freedom from Fatigue**The child needs to have enough rest at home from school activities.
The evening meal should be taken early so that the child will have enough sleep and rest.

**Clothing**This is normally provided as school uniform, which should be clean and tidy. The child needs to wear shoes to prevent injuries and hookworm infestation

**Good Sight, Hearing and Speech**Defects of sight, hearing and speech interfere with the learning process of a child. Early detection of all disabilities and referral to appropriate specialist is a very important activity of a school health programme.

**Freedom from Infection**All school children should be immunised against childhood diseases. Treatment of common conditions, for example colds, skin rashes, sore throat and cuts should also be given. The treatment could take place in the school clinic or in the local health care facility.
 **Pure and Safe Water**
This should be provided in the school and at home to prevent water related diseases. Adequate sanitation, proper excreta and refuse disposal is important at home and in school.

**Clean Buildings**
The home and school environment should be kept clean.

**OBJECTIVES OF SCHOOL HEALTH**

The health programmes aim at:

* Promoting and maintaining the health of the school children.
* Promoting positive health behaviour among staff
and students.
* Bringing up citizens who understand basic good
health habits.
* Ensuring general community health by using the child as a channel for health messages to the family.
* Improving the physical and social environment of the school.
* Providing the following aspects of prevention of disease; Primary prevention, for example eating diets rich in vitamins A and C, iron and protein; Secondary prevention, that is, early diagnosis and treatment; Tertiary prevention which includes rehabilitation.

**SCHOOL HEALTH ACTIVITIES**

The following activities are undertaken to achieve the objectives of the school health programme:

* Carrying out observation, screening, physical examination and epidemiological investigations.
* Rendering emergency services and care of a
continuing illness.
* Counselling or arranging for counselling of pupils, teachers and other persons in the school population.
* Involving parents, pupils and teachers in planning and conducting health care activities.
* Contributing to the development of a curriculum in health related matters, through clubs such as, biology, mathematics, scout association, Red Cross, social clubs and home science.
* Consultation with teachers and other personnel.
* Referral for specialised/continued care.

**PLANNING SCHOOL HEALTH PROGRAM**

The first step in organising a school health programme is to assess the health problems. One way of doing this is by conducting a survey.

**Assessing Health Needs /Source of information**

**The Clinic Records**

Clinic records from the health care facility near the school. This will provide information about the health problems that are commonly seen among school children who attend the centre

**Reports**Previous reports on school health services at the health centre and at the district level. These reports are given monthly and quarterly

**Health Team Workers**

You can hold discussions with the health care teams in your catchment area, to find out health problems of school children and their possible solutions.

**Teachers, Students and Parents**

Discussions with teachers, students and parents will yield useful information about their problems, and will also give you a chance to explain the importance of school health services.

**Personal Observations and Experiences**

You can gather a lot of information merely by observing and listening to people, as you make contact and interact with them.

**Formal and Informal Leaders**Village leaders usually have a repertoire about the most disturbing health care problems, and can assist you to plan school health services

Once you gather the information regarding the health needs of school children in your catchment area, you then need to discuss your findings, and plan your programme with stakeholders from the Ministry of Health.

These include the:

* District medical officers of health
* District public health nurse
* Transport officers
* District health administrative officer
* District health education officer
* District public health officer
* District medical records officer

Implementing a school health programme requires quite a lot of resources. You will require funds for equipment, drugs, supplies, fuel and staff. You will also need cooperation from your team members. It is therefore very important for you to carefully identify each member of the team, and discuss with them their roles during the school health services.

During the planning phase you also need to consider the following supporting activities.

Effective partnerships between teachers and health workers, and between the education and health sectors. The success of school health programmes demands an effective partnership between ministries of education and health, and teachers and health workers.

The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding the school based programmes. These sectors need to identify responsibilities and present a coordinated action, to improve health and learning outcomes from children.

**Pupil Awareness and Participation**

Children must be important participants in all aspects of school health programmes, and not simply the beneficiaries.

Children should participate in health policy development and implementation efforts, to create a safer and more sanitary environment.

Health promotion aimed at their parents, other children, community members is taught during school health services. Children in turn disseminate. This is an effective way to help young people and the community acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles, and to support health and education for all

**Implementing School Health Services**

You should start by preparing a work plan together with members of your health facility team. Make sure you allow enough time, depending on the number of schools to be covered and their health needs.

You should also organise the resources you will need to perform the tasks at hand, so that you and your team can be punctual on the day of the service. Since some of the resources at your disposal will be teachers, pupils and community leaders, remember to promote teamwork during implementation.

**ACTIVITIES DURING SCHOOL HEALTH**

**Physical Examination**The objective of carrying out a physical examination is to recognize the signs of common ailments, treat the minor ones and refer those which require specialized attention. This examination should be done systematically from head to toe for every child. A cumulative record of a child’s history, medical examination and immunizations should be kept for each child.

**Referral Services**

This service is given to children who have ailments needing care outside the school. They are referred to the nearest health facility or hospital, depending on the nature of illness and if it requires to be seen by a specialist. **Inspection of the School Environment**

Since the children spend a lot of the time in school, it is important to ensure that their environment is safe and clean.
**Location of the School**Surroundings should be clean, free from noise pollution, away from industrial and other waste or swampy area

**Sanitation**

The school should have a good water supply, clean and enough latrines, and solid waste disposal systems. There should be separate toilets for female and male students. The environment should be clean and well maintained.
 **Playground**
It should be dry with no potholes or stones to prevent accidents.

**Classroom**

This should be clean, well ventilated with adequate lighting. It should not be overcrowded and the students should be able to hear the teacher and see the black board from where they sit.

**Furniture**

The seats should be simple and not attached to each other so that the pupils can move them. The children’s feet should be able to touch the floor when they are seated.

**Promotion of Proper Nutrition**

This consists of the importance of eating a balanced diet
and good feeding habits, if there is a feeding programme
observe the following:

* Methods of cooking and storage of food
* Personal hygiene of food handlers and children
* Cleanliness of the utensils
* Cleanliness of the kitchen
* Screening of the food handlers **Sharing Health Messages**
You should identify and plan to share the appropriate health messages with the school population. The health messages shared should include, prevention of common health problems, such as, sexually transmitted infections, HIV/AIDS, skin conditions amongst others.

**Promotion of Personal Hygiene**

This is done by advising the children to do the following:

* Taking a daily bath
* Brushing teeth after meals
* Washing of hands before eating and after visiting the toilet
* Keeping the hair and nails short and clean
* Wearing clean clothes

**Record Keeping**

It is important to record every health activity that you undertake. This applies to school health service activities. These records are used for evaluation.
The records should reflect:

* The number of schools covered.
* The number of pupils treated and types of ailments
* The number of pupils referred
* Activities carried out
* Health messages shared
* Information on the environmental health
* Effectiveness of the school health services

**EVALUATING SCHOOL HEALTH SERVICES**

When you started planning your school health services, you formulated objectives. It is important to find out whether you have achieved them. This is where you start when evaluating your school health services. You should also ask yourselves the following questions:

* Did you follow the work plan?
* Were the services geared towards meeting the priority health needs?
* Did you carry out all the necessary activities during the school health services?
* How effective were the services you provided?

**Gathering Information.**
This is done using the same sources that you used earlier during planning.

**Analysing Information**
Compare the work actually done with what you had indicated in your work plan.

For example,

* How many schools were included in your plan and how many actually received the services?
* What is causing the difference between planned activities and the actual work done?

**Identify Areas Needing Improvements**
you can gather this information from your analysis once you identify the type or nature of improvement needed, you will then need to decide your course of action. It might be that you will need to change the roles and activities of the team.

**Take Corrective Action**

Make a list of things that should be done and then go ahead and do them.

**2). HOME VISITING**

Assessment is the first step in the process approach to family health care, but when do you carry out this assessment?
You could assess family members when they visit your health facility. However, in order to get a comprehensive picture of a family’s health, you need to visit them at home. Home visits are an important part of your work as a community health nurse as they allow you to see families and their needs in their own homes.

Home visiting is one of the essential community health services that you should provide. It has two main purposes:

* It allows you to follow up individual families at home to find out why some health problems persist in the community despite efforts to prevent or control them, for example malnutrition, communicable diseases, or repeated failure to attend clinics, especially if the family is at risk
* It keeps you aware of what is going on in your catchment area

In order for you to conduct home visiting successfully, you need to have the following skills:

* Good technical skills and knowledge of preventive and therapeutic measures
* Good communication skills and teaching ability
* Good leadership skills and rational thinking to make sound judgments
* Good counselling skills and an understanding of human relations

During home visits you act on your own, making decisions on the spot and carrying them out.
You need to be prepared. When planning and implementing home visits, you should be guided by some basic principles in order to make a success of it.

**Principles of Home Visiting**

Home visits should be:

* Planned and of benefit to the patient
* Purposeful, clear and meet the patient‘s needs
* Regular and flexible according to the needs of the patient
* Educative to the patient. Home visits provide an excellent opportunity for health education
* Used to demonstrate principles of health
* Convenient and acceptable to the patient
* Respectful of the patient‘s right to refuse care
* Recorded in the appropriate case file

If you follow these basic principles when planning your home visits, you will find your home visits fun and productive.

**The Process of Home Visiting**

The process of home visiting is carried out in five phases.

**Entry or Initiation Phase**

The community health nurse shares information with the patient on the reason and purposes for home visits. This interaction may occur in a hospital ward or at a clinic

**Pre-visit Activities**

Before the actual home visit, you have to look for information regarding the patient and the family. You also need to gather information regarding the location of the house, distance from your health facility and the physical address. During pre-visit activities, you should investigate the community resources, assemble supplies and prepare for the first contact with the patient at their doorstep.

**Activities During Home Visiting**

This is the working phase during which you put into action your planned health activities. During this phase you must establish trust and rapport with the patient and the family so that there can be a positive interpersonal relationship
(a professional nurse-patient relationship). This relationship will enhance the achievement of the mutually determined health-oriented goals.

**Termination Phase of Visit**

This occurs when the health oriented goals have been met. Termination of home visits can occur due to any of the following reasons:

* The patients’ health has been restored and the patient can function without the nurse
* The patient has changed their residence
* The community health nurse has transferred the patients’ care to another nurse or agency

**Post-visit Activities**

Post-visit activities include recording and reporting important events of the home visits, and sharing the reports with the appropriate authorities and individuals about the patient family.

**Advantages of Home Visiting**

* Home visiting gives a more accurate assessment of the family structure and behaviour in their natural environment.
* Home visits provide an opportunity to observe the physical environment of the home and identify barriers to, and resources for achieving family health.
* At home, the nurse works with the patient first hand to implement health action using realistic resources.
* By meeting the family on its home ground the nurse will be enhancing the family’s sense of control and active participation in meeting its health needs.
* It provides an excellent opportunity to implement planned health care.
* It provides an opportunity to learn about the home and family situation.
* It provides an opportunity to render health care services to the family members in their own surroundings.
* It creates a good understanding between the nurse and the patient and builds a good image of nurses.
* It provides an opportunity to clarify the doubts and misconceptions raised by family members.
* It provides an opportunity to observe and appreciate family practices and progress of care given by the nurse and others.

**Disadvantages of Home Visiting**

The disadvantages of home visiting include the following:

* Home visits consume a lot the nurse's time and energy as well as transport fuel (petrol or diesel) or bus fare.
* Unforeseen events may occur during home visits, which will interfere with planned activities.
* The patient’s family may not accept the nurse due to various factors such as cultural or religious differences, personal characteristics of the nurse and the patient or to some extent, socio-economic status of the nurse and the patient.
* Confusion of the nurse’s role in a community where there may be a lack of knowledge and understanding of the role of the community health nurse

**FURTHER READING**

Read on

* Prevention of home accidents
* Role of Children’s department
* Probation department
* District development committees