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SCHOOL OF HEALTH SCIENCES

COURSE CODE: PHS 322

COURSE TITLE: COMMUNITY MOBILIZATION AND PARTICIPATION

PHS 322: COMMUNITY MOBILIZATION AND PARTICIPATION

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Study Units

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MODULE 1

COMMUNITY MOBILIZATION

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MODULE 1: **COMMUNITY MOBILIZATION**
UNIT 1: **CONCEPT OF COMMUNITY MOBILIZATION**

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1.0   Introduction

Government resources are insufficient to meet the entire health needs of all the people. But even where Government has all the resources available, the appreciation of the people and their willingness to use these resources must be aroused for the fullest exploitation of and benefit from deployed resources. Community mobilization is directed at stimulating people to be aware of what they

can do by and for themselves to improve their health and solve some of their health problems. In any case, we should take a look at the objectives as indicated below:-

2.0   Objectives

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

- Define a Community
- Describe the organizational structure of a community
- Describe the leadership composition of a community
- Define community mobilization

3.0   Main Contents

3.1   Definition of a Community

World Health Organization (1978) stated that a community consists of people living together in some form of social organization and cohesion. Its members share in varying degree political, economic, social and cultural characteristics, as well as interests and aspirations including health. Communities vary widely in size and socio-economic profile, ranging from clusters of isolated homesteads to more organized villages, towns and cities.

Olise (2007) defined a community as a group of people living in a defined area and sharing some common interest examples are towns and villages.

A community can be homogenous that is consisting of people sharing the same culture e.g villages or heterogeneous that is consisting of people sharing different culture e.g urban cities.

You can see the different ways a Community is defined. Each of these definitions expresses the idea of living together in an area.

In simple terms a community may be said to be a group of people living within specified area and sharing things in common.

3.2 **Description of the organizational structure of a community**

Organizational structure of a community refers to how a community is made up as well as who is at what position otherwise known as the leadership structure. The structure is as follows:

1. Village Head (Paramount Ruler)
2. Village Council (Chiefs)
3. President/Chairman (Community Development Committee)
4. Influential leaders
5. Members of the Community (the people)

This structure enables Community mobilizers to know where to start from in the communities in their mobilization processes

3.3. Description of the leadership composition of a Community

There are different groups of leaders in the community. They include:

1. **Formal leaders:** These are the first class of individuals otherwise known as ceremonial leaders in the Community who are elected, appointed or chosen to rule the Community e.g traditional rulers namely Chiefs, Ezes, Obas, Emirs, Districts heads and village heads. They are entitled to remuneration from government.

2. **Informal Leaders:** These leaders are unofficially installed but nominated and recognized by members of the Community to lead them in their day to

day activities e.g women leaders, market women leaders, youth leaders, men leaders etc.

3.   **Opinion Leaders:** These are persons authorized and recognized by constituted authorities to give opinions on various matters concerning the Community. They are appointed to hold offices especially in public bodies and organizations e.g chairmen of councils, councilors, pastors, Imams etc.

The above constitute the leadership composition of a community. They represent a cross-section of the Community in matters of decision making.

3.4   Definition of Community Mobilization

FMOH (2004) defined Community Mobilization as a means of encouraging, influencing and arousing interest of people to make them actively involved in finding solutions to some of their own problems.

Community Mobilization is getting people involved and committed to achieving a goal.

Onuzuluike (2004) defined Community mobilization as process of assisting people to become more aware of their Community, take an in-depth look at that Community, identify the felt needs as well as the real needs, have belief or faith that something can be done to relieve these needs and that most of the resources to achieve these are within the competence of the Community, possess a desire and a willingness to use such resources to ensure the continued existence and improvement of their Community.

Gbefwi; (2004) stated that Community Mobilization involves creating awareness on health conditions and allowing for a common solution in the Community. It is

an ideal method for developing decision-making skills, communication, cooperation and self reliance

Community Mobilization simply implies putting a community in a state of readiness for action. It requires time, patience and understanding on the part of the health workers in order to achieve success. This is not a one time activity, but rather, a continuous exercise, which should constitute an integral aspect of efforts, aimed at initiating health action by the people themselves. You will observe that in the different definitions of Community Mobilization the focus has been on creating awareness for the Community to take decision in solving some of their health problems.

4.0   **Conclusion**

In this unit you have learned that a community is a group of people living in an area and that the organizational structure of the Community starts from the Traditional rulers downwards. You also know the leadership composition of the Community. This unit also defined Community Mobilization as a process of creating awareness on the Community on health issues.

5.0   Summary

This unit has focused on the definition of a community, its organizational structure and leadership composition. It also emphasized on definition of Community Mobilization as a process of creating awareness. Unit two will discuss the rationale for Community Mobilization.

6.0   Tutor Marked Assignments

1a.   Define the term Community
b.   Describe the organizational structure of a Community

c.   List the types of leaders in the Community

2.   Define the term Community Mobilization

7.0   References/further studies

Kyari U.M.U (2002), Introduction to Primary Health Care for Beginners in Community Health Nigerian Experience, Zaria, Sankore Educational Publishers.

Gbefwi: N. B (2004), Health Education and Communication Strategies: A practical Approach for Community Based Health practitioners and Rural Health Workers, Lagos. West African Publisher

Federal Ministry of Health (2004), Operational Training Manual and Guidelines for the Development of Primary Health Care System in Nigeria, Abuja.

Olise P (2007), Primary Health Care for Sustainable Development, Abuja, Ozege Publications

Onuzulike N.M. (2004), Health Care Delivery Systems, Owerri Achugo Publishers.

Further Readings

WHO/UNICEF (1978) Primary Health Care Report of the International Conference on Primary Health Care Alma Ata USSR, 6-12 September 1978.

UNIT 2: RATIONALE FOR COMMUNITY MOBILIZATION

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1.0   Introduction

Rationale for Community mobilization simply means the fundamental reasons or ideas behind Community Mobilization. Since Community Mobilization is an important activity in health care delivery it must have some rationale behind it.

2.0   Objectives

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

Discuss the rationale for Community Mobilization.

3.0   Main Contents

3.1   Discussion on the rationale for Community Mobilization

The discussion on the rationale for Community Mobilization are as follows:

1.   The rationale is that when people are actively mobilized and committed in taking part in matters concerning them and their health right from the planning stage, they will take part in the implementation and evaluation processes.

2.   It has been proved that when health projects are initiated from outside, nobody is interested in taking good care of such facilities but when the people are involved in such projects greater care is taken by the Community.

3.   It is known that Mobilization activity depends on sensitization through adequate flow of information. Therefore, instead of any Health Agency to present the Community with ready made solutions on all the health problems, the Community is encouraged to take a look at its own problems and find solutions to some of them using its own resources and local organization. However, outside assistance may be provided through advice, materials and finance.

4.   It is observed that Rural or Community Development/Health programmes that do not recognize the initiatives and the ingenuity of the people are unlikely to achieve its stated objectives. Thus, Community Mobilization is therefore expedient for the stated objectives of any Health programmes in the Community to be achieved.

5.   One of the rationale for Community Mobilization is that it establishes cordial relationship and understanding between the health workers and the Community in areas of traditional beliefs and cultural values.

6.   Community Mobilization enables the Community to develop link with different organizations. This inter-sectoral collaboration assists the Community in times of need.

7.   The rationale for Community Mobilization also include the idea of teaching the Community how to solve some of their health development programmes within themselves and not always waiting for Government to do everything for them.

From the above stated facts you can understand the rationale or the idea behind Community Mobilization in health care delivery as it is pre-requisite for Community involvement and commitment towards health programmes in the Community.

4.0   Conclusion

In this unit you have learned what the rationale for Community Mobilization are in the promotion of Community Health.

5.0   Summary

This unit focused on the rationale for Community Mobilization and that when people are involved in health programmes there is commitment, objectives are achieved, facilities are protected and the people become self-reliant in initiation and problem solving. Unit three will describe the steps in Community Mobilization.

6.0   Tutor Marked Assignments

1.   State at least three rationale for Community Mobilization.

7.0   References/further readings

FMOH (1996), Curriculum for Community Health Officers, Lagos.

Peter O. (2006), Principles and Practice of Primary Health Care, Onitsha, Noble Publishers

Further Readings

Akinsola H. A (1993), A – Z of Community Health and Social Medicine in Medical and Nursing Practice with special reference to Nigeria, Ibadan, 3AM communications.

UNIT 3:   STEPS IN COMMUNITY MOBILIZATION

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1.0   **Introduction**

You must have at this juncture understood the concept of community mobilization. Consequently, in order to mobilize a community there are steps that should be taken to gain entry into a community. It should be noted that no one can develop a model of community mobilization steps that would have rigid application in all parts of a country as large and diverse as Nigeria. However the following steps represent a minimum that could be adapted for communities irrespective of whatever setting one finds oneself. However, before we progress we will consider the unit objectives as indicated below:

2.0   OBJECTIVES

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

- Describe the steps involved in Community Mobilization.

3.0   Main Contents

3.1   Description of the steps involved in Community Mobilization

In order to mobilize a community the following steps are necessary.

1) Know the community

2) Make initial contact with the community leaders

3) Communicate intentions to the leaders

4) Acquaint self with the cultural and social protocols of the community

5) Arrange meetings with the community leaders and community representatives.

6) Develop an agenda for the meeting with the other health workers

7) Attend the meeting

8) Explain purpose of the meeting in an acceptable language

9) Request them to convey the message to other community members and bring feedback to subsequent meetings.

10) Encourage questions and participation from the audience to clarify all issues before meeting disperses, including actions to be taken before the next meeting;

11) Decide with participants the time, date and venue of next meeting.

12) Have as many meetings as necessary until a consensus is arrived at.

4.0   Conclusion

In this unit you have learned the steps to be taken before entering a community to mobilize the people towards health actions. At this point you should be able to enumerate the steps.

5.0   Summary

This unit has brought to bear the steps necessary for community mobilization which include knowing the community, establishing contacts with leaders and

holding meetings to arrive at consensus on how to tackle health issues in the community. Unit four will deal with community participation

6.0 Tutor Marked Assignment

1. List the steps involved in community mobilization

7.0 References / Further Readings

FMOH (1996) Curriculum for Community Health Officers, Lagos.

Further Readings

FMOH (2004) Operational training manual and Guidelines for the Development of Primary Health Care System in Nigeria, Abuja.

UNIT 4:   COMMUNITY PARTICIPATION

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1.0   Introduction

One of the fundamental Principles of Primary Health Care is the participation of the community at all stages of development. For communities to be intelligently involved, they need to have easy access to the right kind of information concerning their health situation and how they themselves can help to improve some of them. However, let us have a view of what you should learn in this unit, as indicated in the unit objectives below.

2.0   Objectives

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

- Explain the concept of Community Participation.
- Define the term Community Participation.

3.0   Main Contents

3.1 Explanation of the Concept of Community Participation

Community participation differs from community mobilization but could be interwoven with community involvement.

A WHO study (WHO, 1991) suggested that participation can be interpreted in three ways:

➤ participation as contribution,

➤ as organization and

➤ as empowerment.

When a community participates in programs by contributing labour, cash or materials, this is contributive participation. Participation as organization means creation of appropriate structure which facilitates participation. Empowering participation occurs when people develop the capability to solve their problems without waiting for help from outside. However, in order not to make this concept cumbersome, community participation may be used interchangeably with community involvement. Furthermore, the definition of community participation will make the concept more explicit.

3.2 Definition of Community Participation

WHO (1978) defined community participation as "the process by which individuals and families assume responsibility for their own health and welfare and for those of the and develop the capacity to contribute to their and community's development" By knowing (understanding) their circumstances better, they are then motivated to solve their common problems because they will therefore become agents (participants) of their own development. The role of the Health Agencies therefore is to explain relevant health issues, advice and provide necessary information and technology to find solutions to the problems.

You will realize that this definition is quite explicit because it has a lot of components that make community participation expedient and a necessary tool for health development in the community.

4.0   Conclusion

In this unit, the concept and definition of Community Participation has been highlighted. You should at this point be able to understand the relationship between community involvement and participation (considering that they are interwoven). The concept differs from community mobilization in some direction. Also you should be able by now to define comfortably, the term community participation.

5.0   Summary

This unit has emphasized on community participation as an organized means of empowering the community with increasing control over project activities such that it develops the collective capacity for their implementation and management for better health care for the people. It is advisable that every community must participate in any form towards adequate health care delivery in the community. Community Participation in encouraging the people to solve some of their health problems.

6.0   Tutor Marked Assignments
1. Explain the concept of Community Participation.
2. Define the term Community Participation according to WHO.

7.0   References / Further Readings

Obionu C. N. (1996), Primary Health Care for Developing Countries, Enugu, Exodus Productions

WHO (1978) Primary Health Care Report of the International Conference on Primary Health Care Alma-Ata USSR, 6 -12 September, 1978 Switzerland

Further Readings

Egwu I. N. (2000) Primary Health Care System in Nigeria; Theory, Practice and Perspectives, Lagos, Elmore   Publishers

Onuzulike N. M. (2004), Health Care Delivery System, Owerri, Achugo Publishers.

UNIT 5:   RATIONALE FOR COMMUNITY PARTICIPATION

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1.0   Introduction

Since you have acquired an overview of the concept of community participation, let us at this juncture take a look at the rationale for community participation in health care delivery. Rationale for community participation in health care delivery simply means the basic reasons or ideas behind community participation. The need for community participation cannot be overemphasized. Before we continue the discussion, it will be necessary to have a view of what you should learn in this unit as indicated in the unit objective below.

2.0   Objective

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

- Discuss the rationale for community participation.

3.0   Main Contents

3.1   Discussion on the Rationale for Community Participation.

The discussions on the rationale for community participation are as follows;

1. Community participation ensures the participation of local people in identifying their needs.

2. The rationale include the possibilities of the community setting their priorities, planning and implementing health programmes in the community.

3. Community participation helps to make the community at large aware of their health needs and problems as well devising means to solve some of their problems.

4. Members of the community meet with health care providers to decide jointly on remedial actions and cooperate with health officials in carrying out health programmes and campaigns.

5. Community participation encourages inter-sectoral collaboration because the community as the receptance for the end product of all essential elements and principles of primary health. Therefore, community participation foster multi-sectoral collaboration.

6. Community participation ensures costs sharing Health care programmes are viewed as accessible and affordable programmes. Consequently, funding should be shared by the government and community members as this promotes successful implementation of the health care programmes.

   You can adduce from the facts above that community participation is important in the achievement of health services coverage and objectives.

4.0   Conclusion

In this unit, you have learned the rationale for community participation in the dispensation of health care delivery. At this point you should be able to enumerate the rationale for community participation.

5.0   Summary

This unit has emphasized on the rationale for community participation in health care delivery. Community participation in health care delivery identifies needs, set priorities and ensures planning and implementation of health care programmes. Unit 6 will dwell on formation and organization of Development Committees.

6.0   Tutor Marked Assignment

List three rationale for community participation.

7.0   References / Further Readings

Ibet-Iragumina M. W. (2010) Fundamentals of Primary Health Care, (Revised Edition) Port Harcourt, Minson Publishers.

Onuzulike N. M. (2004), Health Care Delivery Systems, Owerri, Achugo Publishers

FURTHER READINGS

Peter O. (2006) Principles and Practice of Primary Health Care, Onitsha, Noble Publishers

UNIT 6:   FORMATION AND ORGANIZATION OF DEVELOPMENT COMMITTEES

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1.0   Introduction

Development committees are important because prior to the establishment of primary health care in Nigeria, decisions and actions relating to health were unilaterally taken by Government Agencies on behalf of the communities. Primary Health care (PHC) emphasizes the importance of full and active involvement of all communities to ensure the success of PHC in accordance with the Alma-Ata Declaration of 1978. Hence, the communities are empowered to manage in a coordinated manner, the health programmes of their people at all times. In order to strengthen and sustain the management process, the communities are empowered

to participate and effect this management process; the bottom up concept of planning from the village to the federal level must be applied. It is important to establish and sustain functional and effective development committees at all levels to achieve health for all. This strategy emphasizes on health by the people.

2.0   Objectives

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

Describe various Development Committees under the following headings;

➢ Title of the committees

➢ Composition of the committees and

➢ Roles / responsibilities / Terms of Reference

3.0.   Main Contents

3.1   Description of the various Development Committees

It is important to establish and sustain functional and effective development committees at all levels to achieve health for all. The Development Committees at the various levels must choose members who reside in the community, understand and speak the local language, know and share the community's culture, attitudes and beliefs, are respected and willing to contribute selflessly to community programmes.

TITLE OF COMMITTEE
Village Development Committee (Community Development Committee)

(A)   Composition

A respectable person elected by the committee members as chairman

An elected literate member of the village/community shall serve as secretary.

Representative of religious groups

Representative of women's group/associations

Representative of occupational/professional groups

Representative of NGOs

Representative of VHWs/TBAs

Representative of the disabled

Representative of Youths

Representative of Traditional Healers

Representative of patent medicine stores owners

A trusted member of the committee will serve as Treasurer

(B)   Role And Responsibilities of the VDC/CDC

The committee shall:

- Identify health and health related needs in the village/community
- Plan for the health and welfare of the community
- Identify available resources (human and material) within the community and allocate as appropriate to PHC programme.
- Supervise and implementation of PHC work plan
- Monitor and evaluate the progress and impact of the implementation of health activities
- Mobilize and stimulate active community involvement in the implementation of developed health plans.

- Determine exemptions for drug payment and deferment; but provide funds for the exemptions/deferments.
- Determine the pricing of drugs to allow for financing of other PHC activities.
- Supervise all account books, (monies at hand should be deposited in a bank within 24 hours or 72 hours at weekends).
- Supervise and monitor quantity of drug supply
- Select appropriate persons within the community to be trained as Village Health Workers (VHWs/TBA) for PHC, AIDS/STD and other programmes.
- Supervise the activities of Village Health Workers and Traditional Birth Attendants; including review of monthly record of work;
- Remunerate in cash or kind, the Village Health Workers for his /her work in the community;
- Agree with the Village Health Worker the number of hours he/she should work per day;
- Establish a village health post, where there is none already;
- Ensure that VHW/TBA Kits are stocked to top-up level for drugs.
- Liaise with other officials living in the village to provide health care and other development activities;
- Provide necessary support to VHW for the provision of health care services;
- Forward local community health plan to ward level.

(C) Operational Guidelines

In following the above terms of reference, the committee shall:
- Meet once every month;
- Record minutes of meetings;

- Minutes of meetings shall be signed by the Chairman and Secretary after adoption at subsequent meetings
- Comply with the quorum set for starting meetings;
- The Treasurer should record and keep all monies;
- The Treasurer should record all expenditures;
- Where there is a Bank Account, signatories will be the Committee Chairman and Treasurer, and if necessary the Secretary;
- Send minutes of meetings to Ward Development Committee

TITLE OF COMMITTEE

WARD DEVELOPMENT COMMITTEE (WDC)

A.   Composition of the Committee

Composition of the WDC is as follows:

The head shall be elected by members.

Wards head or Autonomous Clan head (Chairman), but where no such person exists, the most respectable village head or any other person so elected may serve as Committee Chairman. In such a case, the appointment of Chairman should be left entirely in the hands of Committee members;

The WDC consist of representative from each VDC in the village.

The chairman shall be elected by members.

The secretary of the committee be elected by the members.

The Wards Community Development Officer, if available

The committee can where necessary co-opt members of health related sector such as Secondary School Principals and Primary School Headmasters, Agric-Extension Workers PHCN/Water Works Staff, NGOs. At least 20% of membership will be women and they should be given effective post. Head of Health facilities in the area.

B.   **Roles and Responsibilities**

The Ward Committee will:

- Identify health and social needs and plan for them.

- Supervise the implementation of developed work plans. Page 6.

- Identify local human and material resources to meet these needs.

- Forward for health/community development plans (village, facility and Wards levels) to LGA.

- Mobilize and stimulate active involvement of prominent and other local people in the planning, implementation and evaluation of projects.

- Take active role in the supervision and monitoring of the Wards Drug Revolving Fund/B.I.

- Raise funds for community programmes when necessary at village, facilities and Wards levels.

- Provide feedback to the rest of the community on how funds raised are disbursed.

- Liaise with government and other voluntary agencies in finding solutions to health, social and other related problems in the Wards.

- Supervise the activities of the VHWs/TBAs, CHEWS;

- Monitor activities at both the health facilities and village levels;

- Oversee the functioning of the Health facilities in the Wards;

- Provide necessary support to VHWs/TBAs;

- Ensure that a Bank account is opened with a reliable bank. The signatories will be as given by the NPHCDA guidelines on the Ward Health Systems document.

- Monitoring equipment and inventory of monthly intervals.

- Ensure the proper functioning of the Health Facility using a maintenance plan.

C.   Operational Guidelines

The Committee shall:

Meet monthly;

Record minutes of meetings;

Recommend that minutes of meetings be signed by the Chairman and Secretary after approval at the next meeting;

Monitor drug revolving at the Ward/Facility level;

Ensure that NHMIS forms are correctly filled and submitted on time;

Give feedback of data collected at LGA PHC Management Development Committee meetings;

Comply with the quorum of members set for starting the meeting;

Authorize the Treasurer to record and keep all monies;

Authorize the Treasurer to spend money only after approval by Committee;

Instruct the Treasurer to record all expenditure;

Chose where applicable, the ward referral centre to serve as the meeting venue and Secretariat of the Ward Development Committee;

Advise, where there is a Bank Account, signatories to be the Committee Chairman and Treasurer and if necessary, the Secretary;

Send minutes of meetings to Local Government Area Committee.

TITLE OF COMMITTEE

THE LGA PRIMARY HEALTH CARE MANAGEMENT COMMITTEE

Each LGA should have a LGA PHC Management Committee;

The objective of this committee is to provide an overall direction for Primary Health Care in the LGA.

A.   THE COMPOSITION OF THE LGA PHC MANAGEMENT COMMITTEE

- The Chairman of the LGA (Chairman)

- Supervisory Councilor for Health (member)

- The LGA Secretary;

- LGA PHC Coordinator (Secretary);

- A representative of CHO Training Institutions.

- Principal of School of Health Technology.

- Representative of health-related occupational groups/associations;

- The Chief (or most senior) Community Health Officer in the LGA;

- The Community Development Officer for the LGA;

- The Medical Officer i/c of the secondary health facility

- Chairman of Ward Development Committee

- Ward heads

- Representatives of International Organizations having PHC Programmes in the LGA;

- Heads of other health-related departments in the LGA (Education, Agriculture, Works, etc);

- Representatives of NGOs;

- Representatives of Women/Youth Groups;

- Representatives of Religious Groups;

B.   Terms of Reference

The Terms of Reference of the LGA PHC Management Development Committee shall be to:

- Provide overall direction for PHC including endemic, communicable diseases (HIV/IDS/STD, TBL, Malaria, Onchocerciasis, etc)

- Plan and manage PHC Services in the LGA

- Health Manpower Development for the LGA

- Provide the Operational Guideline for the LGA

TITLE OF COMMITTEE

LOCAL GOVERNMENT AREA PHC TECHNICAL COMMITTEE

There should be a PHC Technical Committee at the LGA level

A. COMPOSITION

- LGA PHC Coordinator – Chairman
- All Assistant PHC Coordinators
- Program Managers in the LGA.

B. Roles and Responsibilities

i) Plan and budget for implementation of activities of PHC department and present same to the LGA PHC Management Development Committee;

ii) Identify training needs for Health Workers and make proposals to the LGA PHC Management Development Committee;

iii) Design minimum acceptable performance standard for monitoring LGA PHC Services and develop monitoring indicators.

iv) Monitor activities of health workers;

v) Design supervisory checklist for LGA PHC services;

vi) Identify health related needs of communities within the Local Government Area;

vii) Plan for mobilization of local and external resources to enhance PHC activities;

viii) Provide feedback to committees at all levels;

ix) Monitor drug revolving fund for the health services at the LGA level;

x) Discuss PHCMIS report and take appropriate action;

xi) Give feedback of data collected at LGA PHC Management Committee meeting/facility staff/community.

xii) Review progress of PHC in the LGA and evaluate their indicators.

C. Operational Guidelines

In carrying out the above functions, the committee shall:

i) meet monthly;

ii) Record minutes of meetings;

iii) Adopt minutes of meetings and ensure that the Chairman and Secretary sign them;

iv) Comply with the quorum set for starting meetings.

TITLE OF COMMITTEE

THE STATE PHC IMPLEMENTATION COMMITTEE
A. Composition

- Commissioner for Health – Chairman

- Permanent Secretary Health

- Director of Primary Health Care – Secretary

- Representatives of Health-related Ministries

- Representatives of Women's Associations

- Representatives of Extra-Ministerial Department

- Representatives of International Agen

- Local Government Areas Chairmen

- Representatives of Religious Groups

- Representative of the Directorate of Local Government

- Chairman of LGA Service Commission

- Any other member as may be deemed appropriate.

- Director of LGA Affairs.

A. TERMS OF REFERENCE

The Committee shall:

- Review PHC implementation plans as developed by the LGAs in the State;

- Provide necessary materials, technical, financial, and other support to LGAs in the implementation of the plans;

- Commission periodic assessment surveys of the progress made in PHC implementation and its impact on the quality of lives of the people;

- Receive reports of PHC activities in the LGAs through the State PHC Coordinator and give feedback to LGAs.

- Liaise with other State Ministries and Federal officials operating in the State for the enhancement of PHC services;

- Collaborate with NGOs and other International Agencies through the Federal Ministry of Health and NPHCDA for necessary support and assistance; and

- Monitor and evaluate LGA activities at all levels in conjunction with the NPHCDA.

4.0 Conclusion

In this unit, the various development committees including their titles, composition and responsibilities have been discussed. Consequently, you should be able to know the various committee and their parameters or characteristics.

5.0 Summary

Primary Health Care emphasizes on the importance of full involvement by all communities to ensure health by the people. In order to achieve this strategy it is

expedient to establish functioning and effective development committees at all levels from the Village, Ward, LGA and State.

This unit really focused on the titles, composition and responsibilities of the Village Development Committee (Community Development Committee) Ward Development Committee and others.

6.0   Tutor Marked Assignments

1   List three members of the Community Development Committee.

2.   Enumerate five responsibilities of the Community Development Committee.

3.   Enumerate two terms of Reference of the LGA Primary Health Care Management Committee.

4.   List five members of the State PHC Implementation Committee.

7.0   References / Further Readings

Community Health Practitioners Registration Board of Nigeria (2006), Curriculum for Higher Diploma in Community Health Abuja, Mitral Press.

FMOH (2004) Operational Training Manual and Guidelines for the Development of Primary Health Care System in Nigeria, Abuja.

Further Readings

Abosede O. A. (2003), Primary Health Care in Medical Education in Nigeria Lagos, University of Lagos, Press.

Ransome-Kuti, O, Sorungbe A, O. O, Oyegbite K. S & Bamisaiye .A (1993), Strengthening Primary Health Care of Local Government Level; The Nigerian Experience Lagos, Academy Press.

MODULE 2

COMMUNITY DIAGNOSIS

UNITS 1 – 5

MODULE 2:   **COMMUNITY DIAGNOSIS**

UNIT 1:   **CONCEPT OF COMMUNITY DIAGNOSIS**

TABLE OF CONTENTS

1.0   **Introduction**

In order to provide the necessary health services for a community, health care providers must be able to identify the prevailing health issues or problems and determine their priorities. Inspite of the fact that health care facility is available, it is advisable to continue to reassess the health situation in the community and plan services that are appropriate to the priority health problems of the community Health workers must possess the requisite skills for diagnosing the health problems of the community.

This unit will enable you to understand the concept of community diagnosis. Before we do this, let us have a view of what you should learn in this unit, as indicated in the unit objectives below:

2.0   **Objectives**

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

- Explain the meaning of Diagnosis
- Define community Diagnosis
- Discuss the types of health needs in the community.

3.0   Main Contents

3.1   Meaning of Diagnosis

Diagnosis simply means to determine the nature of something e.g. disease. It is a statement of the result of findings Family Medical Compassion defined diagnosis as the process whereby a particular disease or condition is identified after analysis and consideration of the relevant parameter ie. Symptoms, physical manifestation, results of laboratory tests etc.

Parker (1985) stated that the diagnosis of a disease in an individual patient is a fundamental idea in medicine. It is based on signs and symptoms and the making of inferences from them. When this is applied to a community it is known as community diagnosis.

3.2   Definition of Community Diagnosis

Kyari (2002) defined Community diagnosis as a process of finding out about the health needs of the community. The focus of community diagnosis is on the identification of the basic health needs of the community.

FMOH (2004) defined Community diagnosis as an organized process involving identified needs, resources, wants, constraints, problems, disease patterns, physical, social, cultural and demographic characteristics of the community. In community diagnosis, the entire community is regarded as a patient requiring community diagnosis and treatment.

3.3 Types of Health Needs of a Community

1. **Felt Needs:** These needs are those identified by the community itself which require solutions for example shortage of water supply, poor roads etc.

2. **Identified Needs:** These are health needs which members of the community are not aware of and are identified during the process of community diagnosis for example pattern of disease occurrence etc.

4.0 Conclusion

In this unit you have known about the meaning of diagnosis and that in the definition of community diagnosis the focus is on identification of health needs. You have also classified these health needs as felt and identified needs.

5.0 Summary

Community diagnosis is the process of working with the community members to find out about the needs of the community. These needs include those already identified by the community itself (felt needs) and others identified during the process (identified needs). It also includes finding out information about the structure, the people, associations resources and other characteristics of the community. Community diagnosis helps us to identify the important health problems and diseases in a community and how we can present them with suitable health programmes.

6.0 Tutor Marked Assignments

1. Explain the term diagnosis.
2. Define Community diagnosis.
3. Differentiate between felt needs and identified needs with one example in each case.

7.0   References / Further Reading

Abosede O. A (2003): Primary Health Care in Medical Education in Nigeria, Lagos, University of Lagos Press.

FMOH (2004) Curriculum for Community Health Officers Lagos, Nigeria.

Further Reading

Egwu I. N. (2000): Primary Health Care Theory, Practice & Perspective Lagos, Elmore Publishers.

C H S 322: COMMUNITY MOBILIZATION AND PARTICIPATION

UNIT 2:   RATIONALE FOR COMMUNITY DIAGNOSIS

TABLE OF CONTENTS

1.0   Introduction

The previous unit has exposed you to the concept of Community Diagnosis, therefore it will be necessary also for you to know the rationale for Community Diagnosis. Rationale are basic ideas behind an activity. Thus, for you to have an in-depth knowledge of the subject matter the rationale must be stated clearly for you to grasp.

2.0   Objective

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

➢   State the rationale for Community diagnosis.

3.0   Main Contents

3.1   Discussion on the rationale for Community diagnosis.

The rationale for community diagnosis are as follows:

1.   Community diagnosis provides realistic information specific to a community for which definite relevant plans are made in order to solve problems.

2.   It makes the Community to be self-reliant and enables the people to have their initiatives.

3.   Community diagnosis enables the people to identify their health needs and use resources in a culturally and acceptable manner to promote their health.

4.   It helps to identify constraints which can be addressed in the planning process of any health programme in the community.

In view of the above stated facts you can understand the rationale behind Community diagnosis.

4.0   Conclusion

In this unit you have learned the rationale for community diagnosis and it is expected that you can state clearly the rationale for Community diagnosis.

5.0   Summary

In order to achieve success in the delivery of adequate and effective health care and for health facility to be utilized information about the health status and infrastructure in the community must be understood. It is therefore important to discuss the rationale for community diagnosis which include the provision of realistic information relevant to solve health problems using identified resources, in a culturally and acceptable manner. Unit three will deal on the steps to be adopted in Community diagnosis.

6.0   Tutor Marked Assignments

1.   State at least two rationale for Community diagnosis

7.0   References/Further Readings

FMOH (1996) Curriculum for Community Health Officers, Lagos.

Kyari U. M (2002); Introduction to Primary Health Care for Beginners in Community Health, Zaria, Sankore Educational Publishers.

Further Readings

Nwafor R. O. (2008), Health Management, Enugu Beloved Computer Services

UNIT 3:   STEPS IN COMMUNITY DIAGNOSIS

TABLE OF CONTENTS

1.0   Introduction

In this unit, emphasis will be led on the necessary steps involved in diagnosing a community. In order to carrying out community diagnosis steps must be followed as a pre-requisite for community cooperation.

2.0   Objectives

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

➢   List the steps in Community diagnosis.

3.0   Main Contents

3.1   Listing the steps involved in carrying out community diagnosis.

In the process of community diagnosis the following steps are necessary:

➢   Make entry through the LGA into the community.

➢   Identify boundaries of the community.

- Make a sketch map of the community using established symbols e.g. rivers, schools, markets and other important landmarks or obtain a sketch map of the community from the Local Government Office.
- Make a list of resources available in the community e.g. industries, markets, churches, mosques, health care facilities and personnel, organizations e.g. transport unions, non-government organizations.
- Make a list of cultural practices and attitudes affecting health e.g. those that are useful, harmful and harmless.
- Describe social customs and important festivals of the community.
- Make a list of infrastructures in the community, e.g. electricity, water supply, means of transportation etc.
- Collate information from the community.
- Conduct interviews and survey of social groups in the community.
- Write report using Federal Ministry of Health format.
- Give feedback to the LGA/State/FMOH.

4.0   Conclusion

In this unit you have learned about the steps involved in carrying out community diagnosis. You should at this point be able to state the steps for community diagnosis.

5.0   Summary

This unit focused on the description of the steps involved in carrying out community diagnosis. The steps should be followed starting with making entry in the community and carrying other activities.

6.0   Tutor Marked Assignments

1. List the first three steps involved in community diagnosis.

7.0 References/Further Readings

Community Health Practitioners Registration Board of Nigeria (2006), Curriculum for Diploma in Community Health, Abuja, Miral Press.

National Primary Health Care Development Agency (2005), Briefing Manual on Primary Health Care Services for NYSC Health Professionals, Amawbia, Lumos Nig. Ltd.

Further Readings

FMOH (2004) Operational Training Manual and Guidelines for the Development of Primary Health Care System in Nigeria, Abuja.

UNIT 4:   METHODS FOR COMMUNITY DIAGNOSIS

TABLE OF CONTENTS

1.0   Introduction

This unit will focus on the various methods used in community diagnosis. However, before we go further let us have a view of what you should learn in this unit as indicated in the unit objectives below.

2.0   Objectives

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

- Describe the methods used in Community diagnosis.

- Explain Observation

- Define Interview
- Explain Group discussion
- Discuss review of existing records

3.0   Main Contents

3.1   Description of the methods used in community diagnosis.

Every activity has methods of achieving its goals. There are different ways of gathering information for community diagnosis. These includes: Observation, Interviews, Group discussion and review of existing records.

1.   Explanation of Observation

It is very important to determine the disease that affect the community through observation and physical examination, because some diseases are not easily recognized in the community e.g. Anaemia, dental caries malnutrition, diabetes. In observation you observe their surroundings, living conditions, eating habits and life pattern to avoid wrong impression. In observation also you are to use your eyes to see and also hear some relevant information with your ears.

2.   Definition of Interview

This involves communicating with somebody e.g. household heads, mothers. These are people who play important role in the community in decision making on health matters or issues. You should create a good rapport with the person so that he/she will feel free to talk with you and give you the correct information about what you need. Interview may be face to face (verbally) or through questionnaire (filling a prepared form).

3.   Explanation of Group Discussion

In group discussion, unlike interview, is held with groups of people and not an individual. It is useful in getting information on health needs of the community that is what they feel as their most pressing problems.

4.   Discussion of Review of existing records

Useful information can be obtained by reviewing existing records particularly when trying to determine the population of a community, the health facilities and the health personnel as well as disease pattern in the area. This information can be obtained, from existing records. These records may be found in the:

➢   Local Government Area office or in the health statistics department;

➢   Reports on nutritional status surveys, basically, monitoring of health status in the communities to determine the incidence of malnutritional diseases and proper treatment. This survey report is important in community diagnosis;

➢   Maps: the map of the area is required for community diagnosis;

➢   Reports by private organizations: NGOs and others could produce useful reports on health status to assist in community diagnosis; and

➢   Research records of disease pattern: The incidence and pattern of diseases in the area can help community diagnosis. These can also be obtained from past records or research.

4.0   Conclusion

In this unit, you have known the various methods used in collecting information for community diagnosis. At this juncture, you should be able to describe the various methods.

5.0   Summary

This unit has focused on the description, explanation and discussion on the various methods used in community diagnosis which include observation, interview, group discussion and review of existing records.

6.0   Tutor Marked Assignments

1.   Discuss interview as a method in Community Diagnosis.
2.   Explain the term Group discussion

7.0   References/Further Readings

Akinsola H. A (1993) A – Z of Community Health and Social Medicine in Medical and Nursing Practice with special reference to Nigeria, Ibadan, 3AM communications.

Olise P. (2007), Primary Health Care for Sustainable Development, Abuja, Ozege Publications.

Further Readings

Egwu .I N. (2000) Primary Health Care Theory, Practice & Perspective Lagos, Elmore Publishers.

C H S 322: COMMUNITY MOBILIZATION AND PARTICIPATION

UNIT 5: INFORMATION SOUGHT DURING COMMUNITY DIAGNOSIS

TABLE OF CONTENTS

1.0   Introduction

When services are to begin in a community there is the tendency to have a careful assessment of existing situations and relevant pieces of information in the community that will enhance the planning of interventions or health actions. This unit will help you to understand the important information you will need for Community Diagnosis. In order to discuss this subject properly, it will be necessary to have a view of what you should learn in this unit, as indicated in the unit objectives stated below.

2.0   Objectives

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

➢ Discuss the geography of the area (map)

➢ Explain the Epidemiological information needed

➢ Discuss the Demographic information needed

➢ State the socio-economic conditions

➢ State the factors that affect health in the community.

3.0 Main Contents

3.1 Discussion on the Geography of the Area

The major aspects that relate to this idea are mainly based on the map of the area, which will also include major settlements, seasons, type of vegetation and location in relation to other communities.

In order to carry out community diagnosis in a Community or Local Government Area the use of maps is necessary. Oxford Advanced Learner's Dictionary 6th Edition defined Map as a drawing or plan of the earth's surface or part of it, showing countries, towns etc.

Ibet-Iraquinma (2006) defined Map as a flat representation of a place including villages, Towns, Local Government Area, State and Country on a paper in a diagrammatic form. Maps enables one to obtain information about the topography of the area which include physical features of a place for example terrain, mountains, rivers, streams, vegetation, seasons etc. It also ensures the identification of target areas, shows distances to various facilities and settlements as well as to locate population, and proximity of one settlement to another. The Local Government Area map including that of towns and villages could be obtained from the Chairman or the Local Government Council Area office. If such a map is not

available efforts should be made to initiate the drawing of such a map. Using the characteristics of a map.

3.2 Explanation of the Epidemiological Information needed for Community Diagnosis

Akinsola (1993) defines Epidemiology as the study of the pattern of distribution of disease in human populations and the factors which influence the distribution. The information required in this context will include types of diseases and infections prevalent in the community, their magnitude and distribution by sex, age, ethnicity, seasonal variations and other dynamics.

Below are some of the necessary Epidemiological factors to take cognizance of:

Disease: Nature and patterns of occurrence of illness in the community.

Occurrence: Sources of the disease and how it occurs in the community.

(i) **Frequency**: Concerned with the estimation of amount of disease or the condition of occurrence either during a given period of time or at a particular time.

(ii) **Distribution**: The pattern produced by the disease in terms of time it occurred per (a) person: - Male, Female (b) Place:- Temperate, Tropical

(iii) **Population**: Group of individuals, community with common characteristics.

(iv) **Dynamism**: Progress of the disease in the population in terms of changing pattern over a period of time.

(v) **Determinants**: Variables affecting the frequency and dynamism of the disease in a community e.g. age, sex and Nutritional factors.

(vi)   Population at Risk: Total number of community members in the population to have likelihood (Risk) of developing the diseases or health problems.

(vii) **Morbidity**:   Degree of damage or effect caused by the disease in the population of the community

(viii) **Mortality**:   Percentage of death caused by the disease in the population in a community.

3.3   Discussion on the Demographic information needed for Community Diagnosis

Demographic information required for community diagnosis will involve the distribution of the population by sex, age, ethnic and religious groups as this will determine how many people that will later require specific adequate and effective services. The basic information about the demographic profile of the committee are as follows:

Population Size: Total number of people in the community.

Population Growth: Rate of increase in population of the community.

Immigrant: Population of those person coming in to the community from other country (community).

Emigrants: Population of those persons moving outside the community.

Death Rate: Total number of death in a population of a community.

Birth Rate: Total number of birth in a population of a community.

Sex: Gender quality of the community populace male or female.

Age: Years of birth for individual community
                            member.

3.4   State of the Socio-Economic conditions of the Community

These areas include occupations, income level, housing types, and living conditions, educational level, source and nature of water supply and others. These aspects of the Socio-economic status of the community will be explored for community diagnosis to be carried out.

3.5   Discussion on the factors that affect health in the Community

There are certain factors in the Community that are detrimental to the health status of the members of the Community such as Environmental Sanitation, Personal Hygiene, attitudinal and behavioural factors, customs and beliefs.

Obionu (2001) defined Environmental Sanitation as the process of taming the environment so that it does not constitute hazard to man. When the environment is not kept dirty, it becomes hazardous to man and affect the health status of the community.

Ibet-Iragunima (2006) defined Personal Hygiene as all those personal factors which influence the health and well being of an individual. The factors include lack of cleanliness, exercise, diet, alcoholism, smoking and others influence the health of man. The way of life of the people (culture) and their inclination to certain things (beliefs) also affect them even their life styles. The areas of food, female circumcision and perceptions about the values of health as well as illness behaviour should be given priority attention.

4.0   Conclusion

In this unit, you have learned about the necessary information that will be sought during community diagnosis. It includes map of the area, epidemiology, demographic and factors affecting health. You should at this point be able to state the information to be sought during the process.

5.0   Summary

This unit has focused on the type of information to be sought during Community Diagnosis. They include information about population, birth, deaths, age, sex, geographical characteristics, disease patterns, environmental and cultural factors.

6.0   Tutor Marked Assignments

1.   List six demographic information needed during Community diagnosis.
2.   Enumerate three factors that affect the health status of the community.

7.0 References / Further Readings

Akinsola H. A (1993) A – Z of Community Health and Social Medicine in Medical and Nursing practice with special reference to Nigeria, Ibadan, 3AM Communications.

FMO H (1996) Curriculum for Community Health Officers, Lagos.

Hornby A. S (2000), Oxford Advanced Learner's Dictionary of Current English 6th Edition, Oxford University Press.

Ibet – Iraqunima, M. W (2006), Fundamental of Primary Health Care, Port Harcourt, Paulimatex Printers.

Obionu C. N (2001), Primary Health Care for Developing Countries Enugu, Delta Publications.

Further Readings

Nwafor R. O (2008), Health Management Enugu, Beloved Computer Services

MODULE 3

SITUATION ANALYSIS

UNITS 1 - 5

MODULE 3:   SITUATION ANALYSIS

UNIT 1:   CONCEPT OF SITUATION ANALYSIS

1.0   Introduction

In order to determine the ability of the health services to respond to the problems existing in the area a careful assessment of the health situation in the community is important. Information is collected from various sources in the Wards/Local Government Areas to be covered. Thus, situation analysis will determine the actual status of health in a given community. This unit will enable you to understand the concept and definitions of situation analysis. Before, we go further; it will be expedient to have a view of what you should learn in this unit based on the unit objectives below.

2.0   Objectives

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

❖ Explain the concept of Situation Analysis
❖ Define the term Situation Analysis

3.0 Main Contents

3.1 Explanation of the Concept of Situation Analysis

Situation Analysis consists of a comprehensive inventory of health facilities in the LGA, their distribution, the category of personnel and other existing infrastructure. No health program can be adequate and effective without the personnel in the system carrying inventory of what is on ground. Therefore, Situation Analysis is a pre-requisite for effective health services in the any area. The idea is to tackle the problems identified during community diagnosis.

3.2 Definitions of Situation Analysis

FMOH (1996) defined Situation Analysis as the process of finding out the actual status of health in a given community.

Ransome-Kuti, (1993) defined Situation Analysis as the process of determining the ability of the health services to respond to the problems identified through community diagnosis.

Ibet – Iragunima (2006) defined Situation Analysis as the ability to find out the health status of the community and the available personnel and infrastructure to meet their needs.

The above definitions have emphasized on the health status of the community in which case certain structure will be in existence or will be required for them to maintain good health status.

4.0 Conclusion

In this unit, you have learned about the concept and definitions of Situation Analysis as finding out the health status of a community. You should at this juncture be able to explain the concept and definition of Situation Analysis.

5.0   Summary

This unit has focused on the concept of Situation Analysis as a pre-requisite for any health intervention in the community. It has also defined Situation Analysis as the process of determining the health status of the community. Unit two will build on this in discussing the rationale for Situation Analysis.

6.0   Tutor Marked Assignments

1.   Discuss the concept of Situation Analysis.

2.   Define the term Situation Analysis

7.0   References/Further Readings

FMOH (1996); Curriculum for Community Health Officers, Lagos.

Ibet-Iragunima M.W (2006), Fundamentals of Primary Health Care,

Port Harcourt, Paulimate Printers

Ransome-Kuti O, Sarumgbe A.O.O, Oyegbite, K.S. & Bamisaiye A.

(1992) Strengthening Primary Health Care at Local Government Level. The Nigerian Experience, Lagos, Academy Press Ltd.

Further Readings

Olise .P (2007), Primary Health Care for Sustainable Development, Abuja Ozege Publications.

UNIT 2:   RATIONALE FOR SITUATION ANALYSIS

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1.0   Introduction

Rationale for Situation Analysis simply means the fundamental reasons or ideas behind the process of Situation Analysis. Since Situation Analysis is a necessary condition for adequate health intervention in the communities, it must have rationale. This unit will help you to understand as well as state the rationale for Situation Analysis. Before we progress, it is necessary to consider the unit objectives as indicated below:

2.0   Objective

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

➢   Enumerate the rationale for Situation Analysis.

3.0   Main Contents

3.1   Enumerating the Rationale for Situation Analysis

The rationale for Situation Analysis are as follows:

1. To determine the effectiveness of the health services and to respond to the problems found in the Community or Local Government Area.

2. To provide complete inventory of health facilities in the Local Government Area or Community.

3. To identify the distribution of health facilities in the Community.

4. To identify category and number of personnel in the facilities.

5. To provide information on the type and adequacy of services provided in all the facilities.

6. To provide information on the number of settlements in each Community or Local Government Area.

7. To identify the availability of certain basic infrastructure that affect health e.g. roads, electricity, telephones, portable water supply, schools etc.

8. To provide a complete overview of health services, their strength and weaknesses, health-related problems and infrastructure.

4.0 Conclusion

In this unit you have learned the rationale for Situation Analysis. You should at this point be able to enumerate the rationale for Situation Analysis.

5.0 Summary

This unit is based on the rationale for Situation Analysis and these include determining the effectiveness of the services in the area, distribution, availability as well complete overview of the problems and infrastructure. Unit three will dwell on the information sought in Situation Analysis.

6.0 Tutor Marked Assignment

1.   State three(3) rationale for Situation Analysis.

7.0   References/Further Readings

Kyari U.M.U (2002); Introduction to Primary Health Care for beginners in Community Health: Nigerian Experience, Zaria, Sankore Educational Publishers.

Further Readings

NDHCDA (2005), Brief Manual on Primary Health Care Services for NYSC Health Professionals, Abuja.

UNIT 3: INFORMATION SOUGHT FOR SITUATION ANALYSIS

TABLE OF CONTENTS

1.0 Introduction

Information is a necessary tool for planning any intervention or health actions. In order to conduct Situation Analysis specific information will be required for the success of the exercise. This unit will help you to understand the necessary information required for this important process.

Before we do this, let us have a view of what you are expected to know as indicated in the unit objective below:

2.0 Objectives

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

➢ State the information sought during Situation Analysis

3.0 Main Contents

3.1 Information sought for Situation Analysis

In the process of carrying out Situation Analysis, the following information is necessary:

1. Information on LGA and Community.

2. Population by District/Wards

3. Information on LGA Health Budget

4. Health facility by type

5. Health Personnel category, number and location.

6. School population and type.

7. Socio-economic status (income level, occupation)

8. Public Utilities and Services

9. LGA PHC activities

10. LGA Logistic support etc.

These information are need for Situation Analysis process to achieve its rationale

4.0 Conclusion

In this unit, you have learned the necessary information to be sought in the process of Situation Analysis. You should at this be able to state the information required for Situation Analysis.

5.0 Summary

This unit has focused on the information required for Situation Analysis. In determining the health needs of the Local Government Area or Community, adequate consideration must be given to the situations in the community. This is based on the collection of relevant information about health facilities, personnel and other infrastructure in the community.

6.0 Tutor Marked Assignments

1. Enumerate at least five(5) information sought for Situation Analysis

7.0   References/Further Readings

Abosede O. A (2003), Primary Health Care in Medical Education in Nigeria, Lagos, University of Lagos Press.

Olise .P (2007), Primary Health Care for Sustainable Development, Abuja, Ozege Publications.

Further Readings
WHO (1978), Report of the International Conference on Primary Health Care, Alma Ata USSR 6-12 September 1978.

NPHCDA (2004), Operational Training Manual and Guidelines for the Development of Primary Health Care System in Nigeria, Abuja.

UNIT 4:   STEPS IN CONDUCTING SITUATION ANALYSIS

TABLE OF CONTENTS

1.0   Introduction

In an attempt to conduct Situation Analysis certain steps are required for easy access to the Local Government Areas and Communities. This unit will enable you to the necessary steps for this exercise.

However, in order to do this, let us have a view of what you are expected to learn through the unit objective.

2.0   Objective

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

➢   Identify the steps in conducting Situation Analysis

3.0   Main Contents

3.1   Identification of the steps In conducting Situation Analysis

This process involves the following:

1.   Contacting the Local Government Area Office.

2.   Contacting the village development committee;

3.   Obtaining the instrument to be used from the Federal Ministry of Health;

4.   Training the Interviewers;

5.   Practice role-playing with the instruments;

6.   Arranging for snacks and transportation for the interviewers;

7.   Assign individuals and provide them with materials;

8.   Collating data from the field; and

9.   Writing report using FMOH format.

10.   Give feed back to the community and other health workers.

11.   Submit report to LGA/State/FMOH

4.0   Conclusion

In this unit you learned the steps involved in conducting Situation Analysis in the Local Government Area or Community. At this point, you should be able by now to identify the steps necessary in conducting Situation Analysis.

5.0   Summary

This unit has emphasized on the necessary steps in conducting Situation Analysis which includes contacts with LGAs, communities training individuals and assigning task to them as well as writing reports on the exercise for the improvement of the health status of the communities. Unit five will describe the instruments used for this exercise.

6.0   Tutor Marked Assignments

1.   List the steps involved in conducting Situation Analysis

7.0   References/Further Readings

FMOH (2004) Operational Training Manual and Guidelines for the Development of Primary Health Care system in Nigeria, Abuja.

Further Readings

NPHCDA (2005); Brief Manual on Primary Health Care services for NYSC Health Professionals, Abuja.

UNIT 5:   INSTRUMENTS USED IN SITUATION ANALYSIS

TABLE OF CONTENTS

1.0   Introduction

For Situation Analysis to be effectively conducted certain instruments have been established for this purpose by the Federal Ministry of Health. This unit will acquaint you with the instruments useful for this exercise.

Before we progress, let us have a view of what you should learn in this unit, as indicated in the unit objectives below.

2.0   Objectives

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

- ❖ Describe the instruments used in Situation Analysis
- ❖ Explain Form H
- ❖ Discuss Form C
- ❖ Explain Form F

3.0 Main Contents

3.1 Description of the Instruments used in Situation Analysis

There are specific instruments designed for this exercise. They include Form H for household, Form C for children and Form F for married women under 50 years and women who have never been pregnant.

3.2 Explanation of Form H

Form H: This is called household questionnaire. These forms contain the list of all members of the household – their demographic characteristics and also documented illness episode for the past months.

3.3 Discussion on Form C

Form C: It is the children questionnaire. It focuses on children, their immunization status, their diarrhea episode and what was used for treatment or to cure them. Information from this form gives an in-depth understanding of the health problem in each Local Government Area and it also gives information on health knowledge and health-seeking behaviour. The questionnaire also provides a list of illnesses that are prevalent in the community or Local Government Area.

3.4 Explanation of Form F

Form F: This is the female questionnaire for female, married or unmarried under 50 years and women who have never been pregnant. This questionnaire probes into the number of children each woman in the household had, dead or alive. It also inquires into what material health services the woman had during her last pregnancy.

4.0   Conclusion

In this unit, you have learned what the instruments used in Situation Analysis are such as Forms H, C and F. the forms have also been described. You should at this juncture be able to discuss or explain any of the Forms.

5.0   Summary

This unit has focused on the description of the instruments used in Situation Analysis. The instruments include For 'H' to collect household information, Form 'C' to collect child information and Form 'F' to collect information on female married and under 50 years and women who have never been pregnant.

6.0   Tutor Marked Assignments

1.   Briefly explain the following:
    (a)   Form 'H'
    (b)   Form 'C'
    (c)   Form 'F'

7.0   References/Further Readings

CHPRBN (2006), Curriculum for Higher Diploma in Community Health Abuja, Miral Press.

Egwu I. N (2000), Primary Health Care system in Nigeria, Theory Practice & Perspective, Lagos Elmore Publishers.

Further Readings

Ransome-Kuti. O, Sorungbe A.O.O, Oyegbite K. S & Bamisaiye .A (1992) Strengthening Primary Health care at Local Government Level: The Nigerian Experience Lagos, Academy Press Ltd.

MODULE 4

ADVOCACY

UNITS 1- 5

MODULE 4:   **ADVOCACY**

UNIT 1:   **CONCEPT OF ADVOCACY**

TABLE OF CONTENTS

1.0   Introduction

This unit examines the concept and definitions of Advocacy. It basically involves soliciting support for any programme at the Local Government, State and Federal Levels. This unit will assist you to understand Advocacy and its components.

Before we go further, let us have a view of what you should learn in this unit, as indicated in the unit objectives below:

2.0   Objectives

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

➢   Explain the concept of Advocacy

➢   Define the term Advocacy

3.0   Main Contents

3.1   Concept of Advocacy

Much needs to be done to mount an effective communication strategy for advocacy as regards to any programme. At the policy level, there is very little awareness on the part of some policy makers about certain programmes especially as regards their rationale and benefits. Consequently, advocacy greetings and visits are necessary for the achievement of some major objectives of such programmes.

3.2   Definition of Advocacy

FMOH (2005) defined Advocacy as a process of sensitizing with subsequent follow up of policy makers and others to arouse their interest so as to get them committed to programmes especially PHC programmes.

Olise (2007) stated that Advocacy is also the process of creating awareness concerning any programme among policy makers and others in order to solicit their support and commitment.

You will discover that in these definitions emphasis is laid on sensitization, creating awareness and arousing interest of people so as to be involved in health programmes. It is not one day activity but a continuous process.

4.0 Conclusion

In this unit, you have learned what concept and definition of Advocacy meant. The idea of getting people committed to a programme and creating awareness among policy makers and others on health issues.

You should at this point be able to explain the idea behind Advocacy. Also you should be able by now to define Advocacy as a mean or process of sensitization of people.

5.0 Summary

This unit has focused on the concept of Advocacy and definition of Advocacy. It explain that there is need to interact with people as well create awareness and sensitize them towards health progress so as to achieve the objectives of Health Services.

Advocacy meetings are organized for Community leaders including Government functionaries, councilors, Local Government chairman, Traditional Rulers, Governors, Presidents, Legislators, Permanent Secretaries, Directors Commissioners of Health etc.

6.0 Tutor Marked Assignments

1. Explain the concept of Advocacy
2. Define Advocacy

7.0 References/Further Readings

FMOH (2005); Brief Manual or Primary Health Care Services for NYSC Health Professionals, Abuja.

Ibet-Iragunima, M.W. (2006), Fundamentals of Primary Health Care, Port Harcourt, Paulimatex Printers.

Further Readings

FMOH (2004) Operational Training Manual and Guidelines for the Development by Primary Health care system in Nigeria, Abuja.

UNIT 2:   RATIONALE FOR ADVOCACY

TABLE OF CONTENTS

1.0   Introduction

Rationale simply refers to fundamental reasons or ideas behind an activity. Since Advocacy is a very important strategy to achieve the objectives of any programmes especially health interventions the rationale should be explicit for people to understand. It should however be borne in mind that for us to discuss more on this unit you will take a look at the objectives indicated below.

2.0   Objectives

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

➢   Discuss the Rationale for Advocacy

3.0   Main Contents

3.1   Discussion on the rationale for Advocacy

Advocacy is necessary for acquainting policy makers of their role and responsibility in relation to identified health goals. This will usually include explanations why such roles are important. When policy makers understand their roles and underlying reasons, they will be better disposed to provide the support and the help required from them.

In view of the facts stated above one can adduce that Advocacy is necessary for the implementation of any health programme or any other programme.

4.0   Conclusion

In this unit, you have learned about the rationale for Advocacy as a sine quanon (necessary condition) for the execution of any programme. At this point you should be able to discuss or explain the rationale for Advocacy.

5.0   Summary

This unit emphasized on the rationale for Advocacy as a pre-requisite for programme implementation. Advocacy is arousing interest of people to support any programme. It aims to achieve programme objective and the rationale are concise. Unit 2 will describe the steps involved in Advocacy.

6.0   Tutor Marked Assignments

1.   Explain the rationale for Advocacy.

7.0   References / Further Readings

Olise .P (2007), Primary Health care for Sustainable Development Abuja, Ozege Publications.

Ransome – Kuti O, Sorungbe A.O.O, Oyegbite K.S & Bamisaiye A (1992), Strengthening Primary Health care at Local Government Level! The Nigerian Experience, Lagos Academy Press Ltd.

Further Readings

FMOH (2004), Operational Training Manual and Guidelines for the Development of Primary Health care system in Nigeria, Abuja.

UNIT 3:   STEPS IN ADVOCACY

1.0   Introduction

2.0   Objectives

3.0   Main Contents

3.1   List the steps in Advocacy

4.0   Conclusion

5.0   Summary

6.0   Tutor Marked Assignments

7.0   References / Further Readings

1.0   Introduction

Since you have understand the concept and definition of Advocacy. This unit will help you to list the steps involved in Advocacy. Before we do this, let us have a view of what the unit objectives is.

2.0   Objectives

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

➢   List the steps in Advocacy

3.0   Main Contents

3.1   Steps in Advocacy

In order to carry out a successful Advocacy, there is the need to follow concrete steps to have contacts with policy makers and other groups that are relevant in the implementation of programmes especially health programmes. In order to follow the steps we must note the focus groups both at the Local Government, State and Federal Levels.

A.   Focus groups of Advocacy at the L G A level

1.   The Chairman

2.   The Secretary

3.   The Supervisory Councilor for Health

4.   The LGA PHC Co-ordinator (MOH)

5.   The LGA PHC Committee

6.   Traditional Rulers etc.

Steps in Advocacy at the Local Government level

1.   Make initial visit to LGA/Policy Makers.

2.   Discuss with the LGA functionaries, the following:

    (a)   Objective of the Programme;

    (b)   The responsibility of the LGA, NGOs, communities and individuals;

    (c)   Explain the National Health Policy as its relates to PHC Programme.

    (d)   The need for proper implementation of the programme; and

    (e)   Formation of management committees at various levels.

B.   Focus Groups for Advocacy at the State level

1.   The State Governor

2.   House of Assembly Members

3.   Commissioner for Health and others.

Steps in Advocacy at State Level

1.   Make initial visit to the Governor and other policy makers and discuss intentions and objectives of the programme as well as for them to launch the programme.

C.   Focus Groups for Advocacy at the Federal Level
   1.   The President
   2.   Members of the National Assembly
   3.   Chief Executives of Federal Government Agencies and Parastatals.

Steps in Advocacy at the Federal Level

1.   Make initial visit to the President, Ministers and members of the National Assembly as well as other important in the system. Solicit for the launching of the programmes as well as expatiating on the objectives of the programmes and its relationship to the national Policy.

4.0   Conclusion

This unit has exposed you to the focus groups at the different levels for advocacy and the specific steps at each level. At this point, you should be able to list the steps in Advocacy.

5.0   Summary

This unit has focused mainly on the steps to be adopted in ensuring that initiators of programmes solicit for support from policy makes in order for the programmes to be vibrant and successful. It involves making initial contacts or visits to policy makers and discussing the objectives of the programmes in order to get them involved.

6.0   Tutor Marked Assignments
   1.   List the steps in Advocacy at the Local Government level.

2.   Enumerate the focus group for Advocacy at the Federal Level.

7.0   References / Further Readings

NPHCDA (2005), Briefing Manual on Primary Health Care Services for NYSC Health Professionals Abuja.

CHPRBN (2006), Curriculum for Higher Diploma in Community Health, Abuja, Miral Press.

Further Readings

Abosede O. A (2003), Primary Health Care in Medical Education in Nigeria, Lagos, University of Lagos Press.

UNIT 4: PROCESSES AND METHODS FOR THE DESIGN OF ADVOCACY MESSAGES

TABLE OF CONTENTS

1.0 **Introductio**n

The processes of designing Advocacy messages involves a series of things that are done in order to achieve results of Advocacy. Since, Advocacy is a means of seeking support to ideas, the methods to be used should be in the mainstream of activities. It will be necessary for individuals groups or organizations to formulate concrete action plans to enable Advocacy yield results. This unit will help you understand the processes and methods for the design of Advocacy messages. Before we do this, let us have a view of what you should learn in this unit, as stated in the unit objectives

2.0 Objectives

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

- Identify the processes and methods for the design of advocacy messages
- Discuss the methods for the design of Advocacy messages

3.0   Main Contents

3.1   Identification of the processes and methods for the design Advocacy messages

The most likely processes and methods to be used by individuals, groups or organizations to design Advocacy messages are key as follows:

1.   Invitation of key policy makers to take part in selected activities
2.   Strategic alliances among like – minded initiatives
3.   Joint/collaborative activities
4.   Media (TV, print, Electronic, Radio)
5.   Field Visits
6.   Brainstorming
7.   Lecture
8.   Symposium
9.   Lobbying

3.2   Discussions on the processes and methods for the design of Advocacy messages.

Methods for the design of advocacy message are synonymous with methods used in Health Education. These methods are strategies and/or processes through which information is presented to the target during Advocacy.

1.   **Invitation of key Policy–makers to take part in selected activities**: Advocacy part in selected activities: Advocacy messages should occupy the mainstream of the activities. Many organizations do this by inviting key

policy makers to take part in selective activities such as training events and workshops, and often inviting them to open and or close the events. Basically there is the need to prepare and use a combination of specific tools and approaches.

2. **Strategic alliances among like-minded initiatives**: In line with the over all advocacy strategy and for results to be achieved, strategic alliances among like-minded initiatives should be encouraged. This alliance which involves people of like-minds could form a growing alliance especially when it involves members of the target group. This will create a greater impact too.

3. **Joint/collaborative activities**: Joint activities with members of the target audience could enhance Advocacy through a working process. In collaborative activities, ideas of the advocates gradually become cleaver to all involved, ensuring a deeper knowledge of the programme by the target audience. To convince senior officials in government, NGOs, and other relevant organizations of approaches behind any programme, there need to participate in interesting programme activities

4. Media (TV, print, electronic, radio) The use of various media, experiences and other programmes can be shared with members of the target audience. When the main target audience consists of actors in policymaking the media will probably be printed material and electronic media to enable policy makers understand the ideas behind the intended programme.

5. **Field visits**: This involves the target group being taken out to visit some programmes/events that need to be carried out concerning the intended programmes. This is ideal for developing policy makers attitudes and decision making on the intended programme.

6. **Brainstorming**: This is a critical examination of ideas, problems, situations and appraisal of issues between the campaigners/advocates and the target audience or policy makers

7. **Lecture**: This involves a straight forward discussion, a pre-planned structured scheme delivered as a topic in a session. Here, the Advocates talk to the target audience about the intended programme including its objectives

8. **Symposium**: This involves presentation of papers on relevant fasts about the intended programme to the target audience in a venue. The idea   is to express the full aspects of the intended, programme for the public to buy the idea and support its implementation.

9. **Lobbying**: This is a process of convincing individuals or members of the public on the need to support the intended programme. Lobbying and advocating with external institutions, organizations and people provide a weightier support base to convince or influence positively towards the intended programmme that needs implementation.

4.0   Conclusion

In this unit, you have learned the processes and methods for the design of Advocacy messages. You have realized that the messages can be passed to target audience through some methods like alliances, collaborative activities, field visits and lobbying.

Advocacy methods can only succeed only where there is commitment on the campaigners or those who are to use it. The people must believe in the issue that is

the subject of their campaigns, even when they lose, let the loss be a reference point for hard work and not a setback. Conclusively, no matter the amount of preparation before deciding to use any of these methods, remember that the unexpected might happen but always have hope and believe in your potential success.

You should at this point be able to identify processes and methods for the design of advocacy messages. Also, you should be able to discuss the various methods for the design of Advocacy messages.

5.0   Summary

This unit has focused on the processes and methods for the design of Advocacy messages by groups or organizations to enable policy makers support and ensure the implementation of the programme. The processes and methods include invitation to policy makers, collaborative activities, field visits, brainstorming, symposium lobbying and others

6.0   Tutor marked Assignments

1.   Identify at least five methods for the design of Advocacy messages
2.   Discuss the following Advocacy methods
    (a)   Brainstorming
    (b)   Field visit
    (c)   Lobbying

7.0   References/Further Readings

Abosede O. A (2003) Primary, Health Care in Medical Education in Nigeria Lagos, University of Lagos Press

CHPRBN (2006) Curriculum for Higher Diploma in Community Health, Abuja, Miral press

Keck, M. E & K. Sikkink (1998) Activists beyond borders: Advocacy net works in International Politics, Baltimore, MD; Cornel University Press.

Further readings

Jernugan D. H & P. Wright (1996) Media Advocacy: Lessons from Community experiences Journal of Public Health policy Vol 17. N0 3: 306-330.

UNIT 5: USE OF ADVOCACY MATERIALS

TABLE OF CONTENTS

1.0   Introduction

2.0   Objectives

3.0   Main contents

3.1   Identification of Advocacy Materials

3.2   Use of Advocacy Materials

4.0   Conclusion

5.0   Summary

6.0   Tutor Marked Assignments

7.0   References/Further Readings

1.0   Introduction

In order for effective Advocacy to take place some materials including information, communication and audio – visual aids are necessary. These materials are essential because, in order for an individual to accept or adopt a new behaviour he must pass through some stages which the materials must address. This unit will help us to understand the uses of the materials for advocacy which was partly discussed in unit four.

However, before we go further, let us take a look at what you should learn in this unit as indicated in the unit objectives below:

2.0   Objectives

At the end of this unit, you should be able to:
- Identify advocacy materials
- State the uses of Advocacy materials

3.0   Main contents

3.1   Identification Advocacy materials

Advocacy materials and processes include information, communication, education, audio-visuals, flip charts, reference books and journals. These materials help to enhance advocacy messages inorder to achieve the objectives of the intended programmes and satisfy the desires of the advocates.

3.2   Uses of Advocacy Materials

Exposure to advocacy materials is necessary for conviction and acceptance of the intended programme by the target audience.

Advocacy materials are useful for:

1.   Creating awareness
2.   Motivating people and promote desired changes in behaviour of the target audience
3.   Advocacy materials educate and inform people
4.   They explain the need for change
5.   Advocacy materials carry information that is easily understood, remembered and retained for future use.

4.0 Conclusion

In this unit, you learned about advocacy materials and their usage. The materials include audio-visuals and their uses and understanding of the initiated programme. You should a this point be able to identify the materials. Also you should be able by now to state the uses of the advocacy materials.

5.0 Summary

This unit emphasized on the identification of Advocacy materials and their uses. The Advocacy materials include information, education, communication, audio-visuals, reference books, journals and others. The uses of Advocacy materials are creating awareness, motivation, explanation of ideas and changes as well as education.

6.0 Tutor Marked Assignments

1.   Identify three Advocacy materials
2.   Enumerate three uses of Advocacy materials

7.0 References/Further Readings

Abosede O. A (2003), Primary Health Care in Medical Education in Nigeria, Lagos, University of Lagos press.

Further Reading

Douglas Oronto Lecture Note Nigeria: Using a variety of Advocacy tools in the Niger Delta Port Harcourt.