

FIRST QUARTER REPORT – RURAL OUTREACH PROGRAMME

Report dates: 14 February to 28 March 2007

Review Team: Dr. Max Manape, Coordinator Rural Outreach Programme

Programs Reviewed: 1. Weekly Day visits to Rural Health Facilities
2. Weekly Urban clinics visits

1. EXECUTIVE SUMMARY

This report was undertaken to assess how far the rural outreach programs were progressed in terms of fulfilling the Annual Activity Plan of 2007. It was reviewed to determine our strengths and weaknesses and to improve to provide better outreach program for the rest of this year.

With the submission of the AAP, the Provincial Health Office had made a Memorandum of Agreement (MOA) with the Goroka General Hospital to fund the program through the HSIP Funding. The agreement has been signed for the period of two (2) years from 2007-2008 and review depending on performances. It was agreed to release K17, 000 quarterly over this two-year period.

This report was also reviewed to highlight statistics and the progress of the four (4) programmes outlined in the AAP. Out of the four, two programs (weekly visits to health facilities and urban clinic visits) were carried out in the first quarter and the other two are still under way. This report is not intended to give the status of the expenditures. The hospital accountant will present the detailed Financial Report later.

The weekly outreach visits were made to Henganofi and Daulo Districts for the first quarter. The health facilities that visited were; Kesevaka, Komperi, Fore, Asaro, Watabung, Tafeto and Kwonggi. The team comprised of dental, physiotherapy, pathology, and pharmacy were combined with the rural outreach team for the weekly visits on Wednesdays while urban clinics were visited on Thursdays by the outreach team only. The urban clinics visited were; Lopi, North and Bihute while request from Goroka Secondary High School were made to include them.

2. INTRODUCTION

The Rural Outreach Program of Goroka General Hospital was finalized in 2006 and was ready to perform its function fully in 2007. From 2005 to 2006, the outreach program was a combined effort by different units of the hospital and that time there was a change in management and the new management was very keen to get the program of the ground.

The unit was created under the 2006 restructure to duly function as a unit that bridges the gap between the hospital and the rural health services. Having in place rural outreach program as integral part of Goroka General Hospital programs, it has much to desire about. It specifically, fulfilled its major functions of a hospital as stipulated in the National Health Plan of 2001- 2010.

The annual activity plan (AAP) of the program was drafted and endorsed by the management and was ready to be carried out in 2007. The AAP was submitted for funding and it was encouraging when Provincial Health Office has agreed to fund the activities through HSIP funding.

For the first quarter of this year (2007), outreach visits were made to health facilities in Henganofi and Daulo Districts. The outreach team of both medical and nursing staff was accompanied by dental, physiotherapy, pathology, biomedical and pharmacy sections of the hospital.

The duties of the team ranged from normal clinical and public health duties to counseling and referring of patients to Goroka Base Hospital. They conducted ward rounds and teaching of health staff at rural health facilities.

3. STATISTICS

Table one. Number of health facilities visited in two districts

Number of Health facilities visited: 7			
District	Health Facilities	Dates	Comments
Henganofi	Kesavaka	14/02/07	Situational analysis
	Komperi	21/02/07	Visit schedule not reached them & pts were not gathered for review.
	Fore	28/02/07	103 pts reviewed, many were turned away due to time factor, as it was getting late.
Daulo	Asaro	7/03/07	84 patients seen
	Watabung	14/03/07	33 patients were reviewed
	Tafeto	21/03/07	161 patients
	Kwonggi	28/03/07	134 patients reviewed

Table two. Number of staff engaged in the outreach visit

Number of staff engaged:	31
Category of health workers	Number
Doctors	6
HEO	1
Physiotherapists	5
Dental Officer	3
Nursing Officers	5
Pathology	6
Pharmacy	3
Visitors	2

Table three: Total number of visits by each category of health workers

Total number of doctors' visits	42
Total number of HEO's visit:	7
Total number of physiotherapist' visits	35
Total number of dental officers visit:	21
Total number of nurse officers' visits:	35
Total number of pathology staff visit:	42
Total number of pharmacy staff visit:	21
Total number of visitor's visit:	2

Table four: Clinical duties performed at each visits

Total number of outpatients seen:	515
Total number of inpatients seen:	12
Total number of health education given	8
Total number of referrals	4
Total number of ward rounds	3
Total number of teaching rounds	3

Table five: Types of patient seen and treated

Types	Number
Total number of Paediatric patients seen and treated:	56
Total number of Obst & Gynae patients seen and treated:	146
Total number of Medical patients seen and treated:	121
Total number of Surgical patients seen and treated:	73
Total number of Physiotherapy patients seen and treated:	84
Total number of Dental patients seen and treated:	47
Total number of pathology tests performed	-
Total number of other cases seen and treated	-
Total:	527

Majority of the cases seen and treated were Obstetric & Gynecological and Medical cases however, reasonable number of paediatric, physiotherapy and surgical cases were also reviewed.

4. OTHER ACTIVITIES

In the first quarter we carried out many awareness campaign on outreach programs at district level and also carried out situational analysis of the health facilities.

We were invited to an aid-post opening ceremony in one of the villages in Kainantu district. This was the aidpost that the village people constructed using their own labour and bush materials. We visited this aidpost during the construction phase in 2006.

Photos: Rural outreach team with two visiting Australian medical students visiting the aidpost under construction in Fomu village, Kainantu District in 2006.



Two Australian female medical students sitting among the village people and at the background is the bush material aidpost under construction. After some months the aidpost was completed and opening ceremony was instituted on 12th March 2007

The outreach team was invited along with the Provincial Health Office staff to witness the opening. The provincial health office made the commitment to furnish the aidpost with furniture and drugs and consumables. The Salvation Army Church took the responsibility to provide the Community Health Worker (CHW) to mind the aidpost.



This is the completed aidpost



Photos: Aidpost Opening Ceremony.



Health team: Salvation Army health staff, Kainantu district health officer, provincial health office staff and the rural outreach staff in front of the newly opened aidpost.

5. CONCLUSION:

In the first quarter we are making good progress and achieving our goals. We are on our targets in executing our programs. We have in placed weekly day visits to health facilities and urban clinic visits. However, we are yet to establish medical officers rotation and campout programs.

Despite short period of time, visits were made to various health facilities and quite a reasonable number of patients were seen and treated. Those patients that warrant treatment at Goroka General Hospital were referred and followed up at the hospital with the exemptions of the hospital fees. The fees were exempted as an incentive for rural population to utilize the rural health facilities instead of bypassing the system.

Apart from normal clinical consultations and treatments, health educations and teachings were delivered to rural population and health staff respectively.

The urban clinic visits on Thursdays were most times affected by outreach vehicle deviated for other purpose and as a result we were unable to follow up the cases well.