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HEALTH CARE SERVICE DELIVERY AT COMMUNITY LEVEL:

CONCEPT: Initiate community strategy approach.

INTRODUCTION

Communities comprise of individuals and families living within defined boundaries and share the same resources and problems. Community strategy is a strategy to enhance level 1 health care service at community level and link it to level 2 and 3 according to NHSSP.ii and KEPH.

Community is the foundation of the nation and demand equitable, affordable and effective health care service. This can be achieved through active involvement and participation of the community strengthening their role in health and health related development.

The disease burden in the community is overwhelming they are mostly poor sanitation related diseases, water contamination, malnutrition among children under five years. Pregnancy and child birth related complication, female genital mutilation, Poor hygiene practices, HIV/AIDS burden. Drug and substances abuses by youths.

PROJECT GOAL.

To access basic health care service and improve individual productivity by reducing, hunger, mother and child mortality rate in Sololo district,

SPECIFIC OBJECTIVES.

1. Acquire knowledge, attitude and practice through health education and promotion.
2. Reduce malnutrition level among children aged 0 – 12 years.
3. Improve access to safe water, basic hygiene and sanitation at household level and schools.
4. Reduce drug and substances abuses among the youths aged 13- 24 years.
5. Strengthen linkage between the community and health facilities.
6. Reduce pregnancy and child birth complication among women of child bearing age and reduce female genital mutilation among young girls
7. Reduce incidence of HIV/AIDS 2%.

TARGET GROUPS.

1. children aged 0-12 years
2. pregnant and breast feeding mothers
3. women of child bearing age
4. girls targeted for circumcision
5. youth aged 13 – 24 years
6. general population
7. ECD centres and primary schools

STAKEHOLDERS

1. Government line ministries, health, education, agriculture, youths, water etc.
2. Provincial administration
3. Local authorities and local leaders
4. Other development partners
5. Community members
6. Obbu women right advocacy group (OWRAG)

ACTIVITIES

1. Establishment of 2 community units in Obbu and Uran division
2. conduct training of 60 CHW,60 CHC for 3 phases each on community strategy
3. conduct training for 120 community leaders on Community Led Total Sanitation (CLTS) and community dialogue in Sololo district
4. Provision of de-wormers and Vit. A supplementation to ECD and primary school children
5. Establishment and equipping of 1 youth friendly centre in Sololo town.
6. provision of 1000 CHUJIO water filters for household levels for needy families
7. initiate IGA by establishing 4 green house project to grow vegetables for 2 youths and 2 women groups
8. Establish hand washing facilities and health clubs in 20 primary schools.
9. provision of water treatment chemicals like PUR for households
10. Provision of ITNs for pregnant and breast feeding mothers.
11. strengthen linkages and collaboration with community units and health facilities
12. Strengthen the capacity of the DHMT and facility management committees.
13. purchase of 60 bicycles for CHWs to facilitate mobility and reporting
14. Purchase and provision of computers, satellite mobile phones for 10 health facilities.
15. Capacity building for DHMT to monitor and supervise health facilities and community units.
16. Purchase 1 Acqua Lab for PHO Sololo for water sampling at community level.
17. Provision of 4 motorbikes- YAMAHA and 2 vehicles- land cruisers for effectively implementation and supervision of activities.
18. Develop staff capacity to acquire appropriate skills to implement the activities.
19. conduct behavior change communication on HIV/AIDS, PMTCT and VCT, PLWHIV and referral to CCC
20. Roof water harvest and storage 5 schools and 5 dispensaries

OUT PUT

1. 2 community units established
2. 60 CHWs trained
3. 60 CHC – community health committees
4. 120 local leaders trained on CLTS – Community led total sanitation
5. 5000 children benefit from Vit.A and De-wormers
6. 1 youth friendly centre established,
7. 200 youths trained on IGA and agnaist drug and substance abuse
8. 20 schools benefits from hand washing facilities
9. 20 school health clubs established
10. 2000 mothers benefit from ITNs

11. 60 bicycles purchased and distributed for CHWs
12. 1 DHMT trained on monitoring and supervision
13. 10 facility management committee trained
14. 1 aqua Lab purchased and issued to PHO Sololo
15. 1000 CHUJIO water filter purchased and distributed to needy families
16. 10 health facilities benefit from ICT equipments
17. 300 community members benefit from BCC training on HIV/AIDS
18. 300 youths, local leaders trained on FGM
19. 4 motorbikes YAMAHA. Purchased for project implementation
20. 2 vehicles – land cruisers purchased for project implementation.
21. 10 water storage plastic tanks provided and installed
22. project staffs capacity developed
23. CIPAD 5 years strategic plan developed
24. 10 CIPAD management board capacity developed

RESULTS

1. increased immunization completion rate among children under five years by 96%
2. reduced FGM by 30%
3. prevalence of HIV/AIDS reduced below 2%
4. latrine coverage increased by 50%
5. reduced water borne and sanitation related diseases by 60%
6. reduced child and maternal mortality rate by 70%
7. increased community participation and involvement in health related activities by 40%
8. increased exclusive breastfeeding among mothers by 80%
9. Access to clean drinking water at household level and institution by 30%.
10. CIPAD capacity developed by 75%
11. increase in hospital deliveries and skilled personnel conducting deliveries to 50%
12. reduction of drug and substance abuse among youths by 30%
13. improve food security at household level by 20%
14. Timely detailed and comprehensive report at all levels in the facilities by 90%

TIME FRAME

The project period should run for 5 years to achieve the desired goal.

GUFU GUYO
COORDINATOR