

## **Unit 5**

### **HEALTH PLANNING**

#### **What is planning**

Planning is putting together and analyzing information, coming up with ideas, using logic, imagination, and good sense to decide what should be done.

#### **What is health planning**

Health planning is the process of figuring out what the health problems are in a community, what the needs and resources are, what the most important goals are, and what administrative steps need to be taken to reach those goals. Some people say that health planning is the process of analyzing the system to define the problem, figuring out how big the problem is as a need, setting goals and objectives to meet the needs, figuring out what resources are available, looking at and choosing from different ways to help, taking the steps needed to put the plan into action, keeping an eye on the system to make sure the plan is being carried out correctly, and figuring out how well the plan worked.

#### **Things to keep in mind when planning healthcare**

What is the target client; population . Institution. Programme

What is the plan intending to address should be clearly defined?

What is the target geographical region or area? . Village, district, zone/region

At what level are you planning? Has to be clearly defined.

For what level of comprehensive service should be planned? The degree of comprehensiveness to be determined as that of the following: environmental determinants compressive h. Care . Diet sanitary preparation of food . Curative . Avoidance of harmful life style . Promotive sanitary housing condition . Environment . Rehabilitation. Health care . Freedom from stress and many others.

### **Features of planning**

- A good plan should have clear goals, objectives, and a vision. A good plan should give a clear picture of the tasks that need to be done and the people, money, time, space, and information that will be needed to do them.
- In the health system, planning happens at every level. Planning is a continuous process that goes in a circle or spiral. Planning methods can be used for a big program on a national scale, like the program to stop malaria. small one-at village level for example building a health center for the community
- Planning must be a group effort because it involves professionals from health and other fields, community and non-government organizations (NGOs), and government and party officials.

### **Different ways to plan**

- ***Strategic planning***

Strategic planning is the process of figuring out what the health sector needs to do to reach its goals in the future and how it will do the things it needs to do to get there. Managers at the top make strategic plans to help them reach their strategic goals. Strategic planning usually looks at the long term and what needs to be done in the next five to ten years. It talks about the "bigger

picture" and shows a "map" of where the health sector wants to be in the future. Through strategic planning, the health sector figures out its top priorities and the plans that are most likely to improve the health of the country as a whole.

### **Planning for operations**

Operational planning is the process of making plans for how to do your daily work. If you don't have a strategic plan, you don't know where you're going or why. But if you don't have an operational plan, your strategic plan is likely to stay a distant dream, and you won't get there anyway. The strategic plan can be put into action with the help of an operational plan. Operational plans are made by managers close to the frontline to outline the steps that need to be taken to reach operational goals. Operational plans are short-term plans that usually cover up to a year. Because of this, they are often called "annual operational plans." As you'll see in the next section, good plans for running a business should have eight steps. Any health program can be planned using the stages of planning. Among them are:

Stage 1: Situational assessment

Step 2: Identify problems and put them in order of importance

Goal-setting is the third step.

Stage 4: Develop a plan

Stage 5: Know what to do and how to do it.

Step 6: Find resources.

Step 7: Make plans for what to do and when to do it.

Monitoring at Stage 8

- ***Situational assessment***

The first step in operational planning is to look at the situation. At this point, you need to:

- Collect reliable information about what's causing health problems in the area, including from people who will benefit from any changes.
- Find out what the health situation is in the community and where the affected groups of people are located.
- Find out what is being done to meet the needs that have been identified and who is doing it.
- Find out how well needs have been met in the past, and think about how you and other people in the community could work together to meet needs now.

On the other hand, a **SWOT** analysis is often used.

SWOT analysis is a tool that can help you plan better by making it easier to look at different situations. SWOT stands for

S stands for "strengths," "weaknesses," "opportunities," and "threats."

The goal of the SWOT analysis is to find out what an organization or project's internal strengths and weaknesses are, as well as what its external opportunities and threats are.

- ***Problem identification***

A problem is when there is a difference between how something is and how it should be. To figure out what health problems are happening in a community, it is important to find out what causes them. People who will gain from the interventions should also be included in the information that is gathered.

For example, if there is a flood in your village, it could cause a large number of people to get diarrhea. The people there might not know that this could make the river water they drink unsafe. But as a health care worker, you know what could happen in this situation. So, you're able to see that this could be a problem.

- ***Prioritization***

As a health care worker, you will need to set priorities and make strategic decisions in order to put your health plan into action. Putting things in order of importance is an important skill you need. You decide what is most important to do first when you set priorities.

- ***Deciding on goals***

To plan well, you need to know exactly what you and your work group want to accomplish. You'll have to look at what needs to be done and decide what's most important. Among objectives are the steps that need to be taken to reach agreed-upon goals, like those in the strategic plans made by the health service as a whole. But you need to set your goals based on what's going on in your community and what it can do. There are certain things that goals must have: they must be important, possible, and observable or measurable.

An objective is important if it fits with general health policy or is related to a problem that needs to be solved. A goal is possible if it can be reached, if the resources are there, and if any problems can be fixed. A goal is measurable if the result or outcome can be put into numbers. For example, it is possible to measure the goal of reducing infant mortality by 66%. (These are SMART goals)

- ***Taking a look at your goals***

You need to measure the results of your goals on a regular basis so that you can change the way you work if you need to. The health sector strategic plan sets the vision and overall goal, but it doesn't do that for your community-level strategy. If it doesn't seem to work, you can and should change it.

Using SMART goals to evaluate how well you did;

Your SMART goal is to get 40% more couples in your community to use condoms in the next year. To reach this goal, you have decided to teach 15 peer educators how to use condoms consistently and correctly. You reached all of your training goals, and after a year of watching and evaluating the results, you found that 55% more couples were using condoms.

SMART objectives can identify a problem.

Your SMART goal is to get 25% more women in your village who are of childbearing age to use birth control pills within a year. You chose the plan of sending outreach workers from house to house to give out the pills. At the end of the year, when you tracked and evaluated the results, you found that most of the women in the community did not use the pills they were given.

- ***Identify and sequence activities.***

At this point, you already know what you want to do and need to make a list of all the tasks and put them in the right order based on their importance and when they need to be done. You should figure out if there are any dependencies, i.e., which tasks can't start until others are done, because this is what will determine the overall order. Find out if there are any things that could be done at the same time.

- ***Find the available resources.***

At this point, you need to think about what resources you will need to finish your health project activities. Once you know exactly what needs to be done and in what order, it should be easier to figure out what resources you'll need. Some of the resources you'll need to carry out an action plan are people, places to stay, power, equipment, and materials. When figuring out how many resources you have, it is also important to think about time, skills, and information. Most of the time, this means money. In your budget, you will list all of the money you need to carry out your action plan.

- ***Monitoring***

Monitoring is a way to make sure that everything is still going the way you want it to. In the context of the action plan, monitoring looks at things like:

- Are the goals being met in the timeframes?
- Are resources being used in the best way possible?
- Have you made the most of the resources you have?

## **Unit 6**

### **HEALTH SYSTEMS AND ASSESSMENT**

Healthcare assessment is a careful look at a part of healthcare to see if it meets its goals. This is done through a series of strict steps. Some parts of healthcare that can be evaluated are:

- Effectiveness is how well healthcare is working based on how well people are getting better.
- Efficiency compares the cost of healthcare to the benefits or outputs that are gained.
- Acceptability is how well people are treated in healthcare from a social, psychological, and moral point of view.
- "Equity" means that everyone or every group gets the same amount of health care.

Assessment can be done either in the future or in the past. Evaluating from the future has the benefit of making sure that data collection is well-planned and, as a result, is specific to the question asked (as opposed to sifting through old data to find proxy indicators). It is also more likely to be finished. From the start of a service or project, prospective assessment processes can be built in. Most of the time, this is done by making sure that systems are in place to help the review process.

Formative assessment is when a healthcare assessment is done during a healthcare intervention so that the results can be used to improve the program. Summative assessment is when a healthcare assessment is done at the end of a program (this is known as summative assessment).



## **Unit 7**

### **THE PRIORITY PROGRAM OF HEALTH IN CAMEROON:**

#### **Malaria**

Malaria is a serious disease that can sometimes kill. It is caused by a parasite that is often found in a type of mosquito that feeds on people. Malaria makes people very sick, with high fevers, chills, and symptoms that are similar to the flu. *Plasmodium falciparum*, *P. vivax*, *P. ovale*, and *P. malariae* are the four types of malaria parasites that can infect people. Also, *P. knowlesi*, a type of malaria that naturally affects macaques in Southeast Asia, can spread from animals to humans and infect people ("zoonotic" malaria). Malaria caused by *P. falciparum* is most likely to cause severe infections that, if not treated quickly, can be fatal. Malaria is dangerous and can kill, but most people can avoid getting sick or dying from it.

Malaria is found in about 2,000 people in the United States every year. Most cases of malaria in the United States come from people who have been to places where malaria is common, like sub-Saharan Africa and South Asia, and brought it back with them.

The World Health Organization did a project that there will be 241 million clinical cases of malaria around the world in 2020, and 627,000 people will die from it, most of them African children. Malaria hurts many countries' economies because it makes so many people sick and kills so many. Malaria happens in many poor countries, so it keeps a cycle of sickness and poverty going.

#### **How does malaria spread**

People usually get malaria when a female Anopheles mosquito that has the disease bites them. Malaria can only be spread by Anopheles mosquitoes, which must have already been infected by taking a blood meal from a sick person. When a mosquito bites a person with malaria, it takes in a small amount of blood that has tiny malaria parasites in it. When the mosquito bites again in about a week, it mixes these parasites with its saliva and injects them into the person it bites.

Since the malaria parasite lives in the red blood cells of a person with malaria, the disease can also be spread through blood transfusions, organ transplants, or the sharing of blood-tainted needles or syringes. Malaria can also be passed from a pregnant woman to her unborn child before or during delivery ("congenital" malaria).

### **Malaria's signs and symptoms**

Malaria causes fever and illnesses that feel like the flu, like shaking chills, headaches, muscle aches, and feeling tired. You might also feel sick, throw up, or have diarrhea. Due to the loss of red blood cells, malaria can cause anemia and jaundice, a yellowing of the skin and eyes. If the infection isn't treated right away, it can get worse and cause kidney failure, seizures, mental confusion, coma, or even death.

### **Program to Fight Malaria in Cameroon**

Cameroon has a lot of malaria, so the ministry of public health and other groups started the "Stop Malaria" campaign to try to stop the spread of the disease. Women and children are the most affected by the disease, and the fight against it is centered on them.

Malaria is a disease that is caused by parasites and spreads when infected female anopheles mosquitoes bite people, especially at night. It is a disease that can kill you, but it can be stopped and treated. Chantal Biya, who is the first lady of Cameroon, supports the national campaign to

"Stop Malaria." African Synergies, the Ministry of Communication, the United States' Ministry of Women's Empowerment and the Family, the World Health Organization, Impact Santé Afrique, Breakthrough Action, and Youth Action are also partnering in the campaign.

Malaria is the most common disease that lives in the wild in Cameroon. *Plasmodium falciparum* is the most common type of malaria parasite, and *Anopheles gambiae* is the main insect that spreads it. Cameroon's government has made fighting malaria a top priority. This is shown in the country's health sector strategy and in the national malaria strategic plan, which includes the high burden, high impact stratification exercise. The current national strategic plan (NSP) for controlling malaria in Cameroon runs from 2019 to 2023 and is the fifth version of a national strategy.

Overall, Cameroon is one of the 15 countries with the highest malaria burden. It has 2.9% of all malaria cases and deaths worldwide and 2.4% of all malaria deaths in 2020. This makes it the third country in Central Africa with the most malaria cases (12.6% of cases in 2020). 30% of all visits to the doctor were because someone thought they had malaria, and 21% of those visits led to a lab-confirmed diagnosis of malaria. According to national statistics from 2015, 19% of deaths in health care facilities were caused by malaria, and 48% of all hospital admissions were because of the possibility of severe malaria.

Malaria is still a major threat to public health in the country, and the risk of transmission is present everywhere. Even though a lot of progress has been made in recent years, the disease is still common. Every year, between 3.3 and 3.7 million suspected cases are reported in healthcare facilities. Malaria parasite transmission is very different from place to place. Parasite transmission is high and constant in forest, coastal, and humid savanna areas, but it is low and only happens seasonally in Sahelian and dry savanna areas.

The U.S. President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development (USAID) and carried out with the help of the U.S. Centers for Disease Control and Prevention (CDC) helps Cameroon get rid of malaria by providing cost-effective, life-saving treatments and key technical and operational support. Since 2017, Cameroon has been a proud partner, helping to cut child mortality rates by 35%. PMI supports investments in the following intervention areas and has done a number of interventions in these areas:

- ***Vector control***

Supports longitudinal entomological monitoring (surveillance of the same sites over time) in 15 pre-selected sites in seven regions. This includes monitoring mosquito insecticide resistance to help decide what kind of insecticide to put on bed nets. In 2020, they bought and helped distribute 380,000 bed nets in two areas.

- ***Case management***

Makes and gives out quick tests and medicines for preventing and treating malaria, and trains health workers in hospitals and in the community (CHWs). Supports community case management by training and supervising providers at public and non-profit facilities.

- ***Malaria in pregnancy***

Malaria drugs and bed nets are given to pregnant women, and service providers are trained and supervised on how to treat malaria in pregnant women. Provides products to community health workers that help them teach pregnant women about getting antenatal care early and often when they visit their homes.

- ***Seasonal malaria chemoprevention (SMC)***

Malaria drugs have been given to all children in the north and far north between the ages of 3 and 59 months during the high transmission season for the past three years. Independent monitoring surveys figure out how well the coverage is working. Support for SMCC includes both the cost of getting drugs and all other costs of putting the plan into action.

- ***Monitoring and judging through surveillance (SM&E)***

A process and tools were set up to standardize and improve the collection, validation, and quality assurance of data, as well as to encourage the use of data and the reporting of malaria data in the national health management information system.

- ***Changes in social behavior (SBC)***

supports the implementation of activities that teach people in the community how to use bed nets and take care of them properly, help health workers follow guidelines for case management, and teach community health workers and people in the community how to get to antenatal care early and regularly.

## **Program to Combat Tuberculosis.**

- **What is TB, or tuberculosis?**

Tuberculosis (TB) is a bacterial infection that is spread when a person coughs or sneezes and tiny droplets are breathed in.

It mostly affects the lungs, but it can also affect the tummy, glands, bones, and nervous system, among other parts of the body. TB can be dangerous, but it can be cured if the right antibiotics are used to treat it.

## - **How TB starts**

Mycobacterium tuberculosis is the bacterium that causes tuberculosis (TB). The bacteria usually attack the lungs, but TB bacteria can attack any part of the body, including the kidney, spine, and brain. Not everyone who gets the bacteria that causes TB gets sick. So, there are two conditions that are related to TB: latent TB infection (LTBI) and TB disease. TB disease can kill if it is not treated properly.

## **Kinds of TB**

### - ***Latent Tuberculosis***

You can have TB bacteria in your body without getting sick. This is what is known as a latent TB infection. Most of the time, when someone breathes in TB bacteria and gets sick, their body can fight the bacteria and stop them from growing. People with Latent TB;

- don't have symptoms of TB
- I have no symptoms.
- Do not feel bad.
- can't give other people TB bacteria.
- most of the time have a positive TB skin test or TB blood test.
- If they don't get treatment for latent TB infection, they may get TB disease.

Latent TB infection is common, but many people who have it never get TB disease. In these people, the TB bacteria stays dormant for life and never makes them sick. But the bacteria become active, multiply, and cause TB disease in some people, especially those with a weak immune system.

- ***TB Sickness***

If the immune system can't stop TB bacteria from growing, they start to spread. TB disease is what happens when TB bacteria are active and multiply in your body. The people who have TB are sick. They could also give the bacteria to people they hang out with every day.

Latent TB infection is common, but many people who have it never get TB disease. Some people get TB disease quickly (within a few weeks) after getting infected before their immune system has a chance to fight off the TB bacteria. Some people may get sick years later if something else makes their immune systems weak.

### **The method of spreading**

If you spent time with someone who had TB disease, you may have been exposed to TB bacteria. When a person with active TB of the lungs or throat coughs, sneezes, talks, or sings, the TB bacteria get into the air. TB can't come from;

- Clothes
- Drinking glass
- Eating utensils
- Handshake
- Toilet
- Different surfaces
- **Signs of an infection**

These are the most common signs of TB:

- coughing for at least three weeks.

- extreme tiredness
- fever
- Wet nights
- loss of hunger.
- Lose weight

TB symptoms aren't always clear. They often look like signs of other diseases, like the flu. Symptoms can also be different in different parts of the body. For instance, someone with TB in their lungs may have a cough, while someone with TB in their kidneys may have a backache.

Please see a doctor if you keep having symptoms that you can't explain, especially if you have three or more of the ones above. Tell them you worry about tuberculosis.

- **Ways to make a diagnosis**

There are different ways to find out if someone has tuberculosis, depending on the type of TB that is thought to be present and the resources that can be used for testing.

- ***Test culture***

When TB is thought to be present, a sample of body fluid or tissue is taken from the person. If you think you might have pulmonary TB, you can put sputum (phlegm) in a jar. If TB is thought to be in another part of the body, a biopsy may be done.

In a lab, any bacteria that was in the sample can be grown in a culture. Culture tests are very accurate and can help find the right treatment for the type of TB found because they can tell the difference between TB that is resistant to drugs and TB that is sensitive to drugs.



- ***X-ray of chest***

An X-ray of the chest can show damage to the lungs, which is a sign of pulmonary TB. If damage is seen, more tests are needed to show that TB is to blame.

- ***Sputum smears under a microscope***

If a patient has a cough that makes sputum, a sample may be looked at under a microscope. Visible TB germs mean that TB is active in the lungs and throat. This is called sputum smear positive TB. This kind of TB is also called pulmonary TB. It is the only kind of TB that can be spread to other people.

Even if you can't see TB bacteria, this doesn't mean that there isn't TB. There may just not be enough bacteria to see. To figure this out, we need a culture test.

- ***GeneXpert***

Sputum samples can be used by the GeneXpert system to find TB bacteria. It can also check to see if any of the TB bacteria present are resistant to rifampicin (RIF), which is a drug used to treat TB. The system is easy to use and gives results in 90 minutes. It works with cartridges. In 2010, WHO said that the product could be used in countries where TB is common.

The test is more accurate than a sputum smear, but not as accurate as a culture. It doesn't work as well for children, people with low CD4 counts (mostly people with HIV), or people with extrapulmonary disease (because they have fewer bacteria in their sputum).

- ***TB Skin Test***

The immune system's response to TB bacteria is measured by a tuberculin skin test (TST) or a Mantoux test. Under the skin, a tiny amount of tuberculin extract is put in. When the immune

system has been exposed to TB, the skin gets red and raised. But a positive result does not mean that the infection is still active. There needs to be more testing. People who have had latent TB or the BCG shot in the past will also have a reaction.

- ***Blood test***

A TB blood test is a good way to tell if you have TB. One trip to a clinic is all it takes to get results. A positive result, on the other hand, does not show whether an infection is dormant or active. We need to do more tests to figure this out. At the moment, there are two ways to test blood: QuantiFERON and T-SPOT.TB.

## **Preventative Measures**

TB is no different from other health problems in that it is always better to avoid it than to treat it. At this time, there is no way to completely stop the spread of TB, but there are a number of things that can be done to slow it down.

- ***Getting the BCG shot***

BCG (Bacille Calmette-Guérin) is a live vaccine against tuberculosis. The vaccine is made from a weakened form of the bacillus *Mycobacterium bovis*, which causes bovine tuberculosis.

The BCG vaccine is the only one that is approved to protect against TB, and it has been used since 1921. It is one of the most popular vaccines in the world, but every year there are still about 9 million new cases of tuberculosis. This shows how ineffective the BCG is.

- ***A quick diagnosis***

To stop tuberculosis from spreading, it's best to find it early and treat it. A person with infectious tuberculosis can spread the disease to up to 10–15 other people per year. But once a person is

diagnosed with TB and starts treatment, most of them are no longer contagious after just two weeks.

- ***Finding the case***

To stop TB from spreading, it is important to find and treat people who have it so they don't pass it on to other people. This can be done by getting the word out about TB so that people who have signs of TB know to get help. Outreach workers and volunteers also look for people with TB symptoms in areas where the disease is common and send them to get tested. When someone has infectious TB, their close contacts are checked to see if they also have the disease. This is called "contact tracing."

- ***Managing your environment***

TB is spread through the air. When someone with infectious TB coughs or sneezes, they send TB bacteria into the air. Taking a few simple steps can lower the chance of getting sick: good ventilation because TB can stay in the air for hours if there isn't any.

- ***A strong defense system***

The best way to fight TB is to have a healthy immune system: 60% of adults with a healthy immune system can kill TB bacteria completely.

### **Cameroon Program to Combat Tuberculosis.**

Tuberculosis (TB) is one of the main causes of death around the world. The goal of Cameroon's national tuberculosis control program is to fight TB by following international rules (directly observed treatment short course [DOTS]). The UN's millennium development goals say that the

TB control program must reach global goals for detection (70%) and treatment success (85%). (MDGs). Cameroon has not reached the MDG goal of 85% success with DOTS.

Tuberculosis (TB) is still one of the most deadly diseases that can spread from person to person. According to the most recent WHO data on TB, which came out in May 2014, Cameroon was ranked 25th in the world, with 2.89%, or 6,267, of deaths caused by TB. The Cameroon national tuberculosis strategic plan for 2010-2014 says that people between the ages of 15 and 44 (the economically active group) are the most likely to get TB. According to WHO guidelines, people with TB must take three to four drugs every day for six months in order to get better. Due to the need to take so many pills, some patients may miss the times they need to take their drugs or the times they are supposed to pick up their drugs at treatment centers. This can cause treatment to stop, relapse, or, worst of all, drug resistance. In Cameroon, drug resistance is seen as a threat to public health and a big problem in the fight against tuberculosis (TB).

Cameroon's national TB program (NTP) has started a strategic plan that aims to increase the number of active and latent TB cases found in high-risk groups (especially children) and the number of people who get better after treatment. The NTCP was started in 1995, and its work on the ground began in 1996 in one region. Over time, it grew to cover the whole country by 2003. In 1996, there were 16 TDTCs. In 2009, the NTCP got 216 TDTCs up and running, and 87% of them were in hospitals. The objectives of the NTCP are to detect at least 70% of smear-positive pulmonary tuberculosis (SPPT) cases and to cure at least 85% of these patients. In Cameroon, tuberculosis is diagnosed and treated at health facilities (mainly hospitals) that are accredited by the NTCP. Although Cameroon is committed to ending TB, the diagnosis and management of pediatric TB remains a challenge. Only 54% of the estimated number of TB cases were found in 2016 (25,975 adults and children). Of those, 1,426 were kids under 14 years old. Only about 5%

of all TB cases were in children. This is much less than the 10% that would be expected in a country like Cameroon where TB is common. Cameroon wants to use the genexpert diagnostic platform and digital chest x-rays along with molecular diagnosis to find TB cases early and figure out which strains are resistant. The NTP has put money into getting the new dispersible first-line fixed-dose combinations (FDCs) used to treat children as soon as possible. But more help is needed to expand the use of genexpert to diagnose TB in children and to teach health workers how to get more people to use FDCs and TB preventive treatment. There is also a need to get more people to use these services and to make it easier for health workers to follow guidelines.