Voluntary Organisations and Health Care

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Introduction

It is well-known that much of the morbidity and mortality which occurs amongst populations in developing countries is due to communicable diseases which could be prevented, wholly or in part, given adequate facilities and Public education. However, lack of money, manpower, and materials are common constraints which make it extremely difficult to achieve this aim. His Majesty's Government has developed a comprehensive system of providing health care to the people, which can be augmented by encouraging public participation to achieve healthy communities. The private voluntary organisations are often eager to become involved in public health activities, and by utilising their resources several advantages may be gained, for example-

1. the community becomes involved in improving its own healthiness, and its understanding and awareness of factors affecting this may be heightened.
2. more extensive coverage for a particular programme may be achieved that could be reached by a medical facility working alone.
3. the demand on trained manpower is reduced.
4. there is a good chance of achieving the goals set for the programme due to the high degree of motivation of the voluntary organisations.
5. a link is established with the voluntary organisation which may be used again in future campaign.

This paper describes a public health campaign which was carried out by co-operation between a private voluntary organisation and established community health programme.

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The Setting

Tansen is a town of some 8,000 people in Palpa District of Nepal. The Population of the Nagar Panchayat is about 14,000. The United Mission to Nepal has been involved in health care here for twenty six years, and there is an active community health programme. As part of this programme, immunisations (BCG, DPT and titanous toxoid) have been given in mother and child health clinics, but until 1981 polio immunisation had not been offered. In June, 1981, The United Mission to Nepal Hospital's community health department was approached by members of the Palpa Jaycees organisation, who expressed their interest in mounting a joint programme to provide polio immunisation to children in Tansen and the surrounding area. The Palpa Jaycees is a branch of the Nepal Jaycees organisation, a voluntary organisation consisting of members who are mainly involved in business, and whose creed states, among other things, "..... that service to humanity is the best work in life." The community health programme director expressed interest in their suggestion and recommended that, before organising such a programme, the advice and approval of the Extended Programme of Immunisation (EPI) Project in Kathmandu should be sought. The Jaycees members themselves wrote to the EPI office outlining their proposal, and received a reply encouraging them to carry out their plan, in co-operation with the hospital community health department.

Organisation of the Campaign

Having received approval from the EPI Project to begin a polio immunisation campaign, it was necessary to organise the details of how this would be carried out. It was recognised by the community health programme staff that the target population should be children over 3 months and under 5 years of age since studies have shown that by the age of 5 the majority of children have acquired natural immunity to polio. This suggestion was readily agreed to by the Palpa Jaycees, who requested that a seminar be held at which their members could be further educated in the important features of the disease and the methodology of conducting an immunisation campaign. This seminar was held in place of one of the regular Jaycees meetings and was well attended by their members. The community health programme doctor explained the epidemiology and natural history of the disease, and answered questions from the Jaycees members. Particularly emphasis was placed on the importance of completing the course of immunisations, and of adequate record keeping.

It was decided that the immunisations would be offered at the community health programme's mother and child health clinic in Tansen Bazar, on non-clinic days. Each immunisation

session would last three days, in order to provide maximum opportunity for mothers to attend with their children, and at the same time keep the expected number of attendances at a manageable level.

The Tansen Jaycees arranged for posters to be printed in order to publicise the campaign. These posters stated, among other things, the need to complete the course of immunisations in order to achieve full protection, and gave the times and place at which the children could be registered to receive vaccine and the times and place of vaccine administration. The posters were displayed at various points in the town and in the hospital and mother and child health clinics one month before the campaign was due to begin, and again two weeks before the second and third immunisation sessions.

Children eligible for immunisation were registered at Tansen Bal Mandir over a seven day period before the date of the first immunisation session. The Jaycees prepared a register in which the child's name, age, sex, address and parent's name were written. A note was made of whether the child had received polio vaccine previously. At the time of registration each child was given a card bearing his registration number, name, age, sex, address and parent's name, and the date on which he was to attend for immunisation. An attempt was made to keep the numbers attending on each of the three days approximately equal. During the registration period more than 500 children were registered.

The Jaycees organisation was responsible for publicising the programme, making the register and registration cards, and registering the children, all of which was done most efficiently. Vaccine was ordered through the H.S.S.P. of U.M.N. and supplied by the EPI Project using the United Mission to Nepal's own courier service.

On the days when immunisation were offered, the Jaycees provided several members to assist in the organisation and smooth running of the clinic. One Jaycees member checked the register against each registration card presented, and wrote on the card the date when the next immunisation was due. The community health programme provided two trained staff, one of whom examined each child for illness which would contraindicate immunisation (such as acute diarrhoea), and the other of whom administered the vaccine. Children who were found to be ill were offered the opportunity to be immunised at the hospital mother and child health clinic after they had recovered.

Results

The following table shows the number of children who were immunised in various age groups.

Age	Dose Number			Total
	1	2	3	
Less than 1 year	157	135	130	422
1 year	71	59	54	184
2 years	81	73	65	219
3-5 years	188	165	138	491
Total	497	432	987	1316

Discussion

The Palpa Jaycees organisation was responding to a felt-need in the community by approaching the hospital community health department to start the campaign, since requests for polio immunisation had previously been made by individuals from time to time. As a result of the momentum generated by the campaign, polio immunisation continues to be available in the hospital mother and child health clinic, so that it can be said that the Jaycees initiative has resulted in the establishment of a service which did not exist previously. It is doubtful that such a mass-campaign would have been organised without the help of the Jaycees since they were able to do much of the administrative and organisational work and allow the community health office to continue its already busy work schedule. However, in retrospect, some problems have been identified. The first session was held on Asar 31 and Srawan 1 and 2, that is, during the monsoon period. Consequently a number of children were found to be suffering from diarrhoea and could not be immunised on the day that they presented. It would probably be better to hold campaigns of this sort during the dry months when the incidence of diarrhoea is less. The production of publicity materials and registration cards of course involved the Jaycees in some expense, and in order to offset this they asked for donations from the parents of children who were immunised. This is certainly reasonable in order to defray expenses, but it is important to emphasise that it must be done in a non-threatening way so that it is not construed that the service depends on a donation being given. The figures in the table show a drop-off in the number of children attending each of the three clinics, and this illustrated the problem of follow-up. At the end of each session an attempt was made by the Jaycees members using the details in

the register to trace children who had not attended and to encourage their parents to take them to the hospital mother and child clinic to receive the due dose. In this way, a 77% overall completion rate was achieved, certainly a creditable result.

Thanks to the links established during this campaign, plans are presently proceeding to hold a joint-effort tuberculosis education campaign in Tansen Bazaar, as a result of which it is hoped that public knowledge and awareness of his disease will be increased and new cases diagnosed and treated.

In Conclusion

The polio immunisation campaign described above, carried out in co-operation between the voluntary agency and established health programme, was successful both in terms of organisation and outcome. This illustrates the value of such collaboration and it is to be hoped that this example will be repeated in other types of health campaigns throughout the kingdom.

PROMPT	POSITIVE	PREDICTABLE
in infections caused by FIVE MAJOR PATHOGENS		
STAPHYLOCOCCUS, STREPTOCOCCUS, PNEUMOCOCCUS, HAEMOPHILUS		
INFLUENZAE, MYCOPLASMA, PNEUMONIAE (EATON AGENT)		

ERYTHROLATE
(Erythromycin Estolate)
The First-Choice Antibiotic

PRESENTATION:

ERYTHROLATE TABLETS (250 mg. of Erythromycin activity)

PACKING: Strip of 10 Tablets

ERYTHROLATE GRANULES FOR ORAL SUSPENSION: Each 5 ml. after reconstitution contains 100 mg. of Erythromycin activity in a very palatable base.

PACKING: Bottle of 60 ml.

ERYTHROLATE I. M. INJECTION ERYTHROMYCIN PROPIONATE

PACKING: 2 ml. ampoules containing 50 mg./ml. Erythromycin activity.

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