COMMUNITY HEALTH NURSING

3RD YEAR CN

set by Dereje B

Introduction to community health nursing

- a community is a collection of people who interact with one another and whose common interest or characteristics gives them a sense of unity and belonging or
- It is a group of people in defined geographical area with common goal and objective and the potential for interacting with one another.

Introduction cont--

- The function of any community includes:-
  - its members' sense of belonging
  - shared identity, values, norms, communication, and supporting behaviors.
- community may share almost every thing or only there common interests and involvement in certain goals.

Introduction cont--

- A community is often defined by its geographic boundaries and thus called a geographic community.

  - Example, a city, town or neighborhood is a geographic community.

Introduction cont--

- Community can also be identified by a common interest or goal.
- A collection of people, although they are widely scattered geographically, can have an interest or goal that binds the members-together called common interest community.
- e.g. Disabled individual scattered through out a large city.

Introduction cont--

- The Three Features of a Community :-

-A community has three features, location, population and social system.

Location: every physical community carries out its daily existence in a specific geographical location.

- The health of the community is affected by this location.

Introduction cont---

Population: consists of specialized aggregates, but all of the diverse people who live with in the boundary of the community.

Social system: the various parts of communities' social system that interact and include the heath system, family system.

Definition of terminology

- Health:-defined as a state of physical, mental and social well being not merely the absence of disease or infirmity (WHO, 1948).
- differs greatly from that of the acute care settings.

Definition of terminology

- Physical health:- implies a mechanistic functioning of the body.
- Mental health :-means the ability to think clearly and coherently and has to do with your thinking and feeling and how you deal with your problem.

Definition of terminology

- Social health refers to the ability to:
  - Make and maintain relationship with others:
  - Interact well with people and the environment.
- Health designates the ability to adopt to changing environments to growing up and to aging, to healing when damaged, to suffering and to peaceful expectation of death.

Definition of terminologies

- Do you think that health is the absence of disease? Or not diseased?
- Health is also conceptualized as a source for every day living.
- It is a positive idea that emphasizes social and personal resources and physical in abilities.

Health and Wellness

- Each person has a personal perception of health.
- Some people describe their state of health as good even though they may actually have one or more diagnosed illness.
- B/c each person perceives health in relation to personal expectations and values.
- The concept of wellness and health allows for individual variability.

Health and cont--

- Health is a dynamic state in which the person is constantly adapting to changes in the internal and external environments.
- E.g. a person may see himself/herself as healthy while experiencing a respiratory infection.
- Wellness:- is a life – style aimed at achieving physical, emotional, intellectual, spiritual and environmental well being.
- It can be thought of a balance of the physical, emotional, psychological, social.

Models of Health

- A. Clinical Model (Dunn, 1961)
- interpreted health as the absence of signs and symptoms of disease or injury;
- thus the opposite of health is disease.
- this model may not take into consideration person's health beliefs or person life-styles.
- Hence, the absence of sign and symptoms cannot conclude one person as health.

Models of Health

- B. Host –Agent – Environment Model (Leavell, 1965)
- helps to identify the cause of an illness.
- In this model: -

Host: person (or group) who may be at risk for or susceptible to an illness.

Agent: is any factor (internal or external) that can lead to illness by its presence.

Environment: factors (physical, social, economic, emotional, spiritual) that may create the likelihood or the predisposition for the person to develop disease.

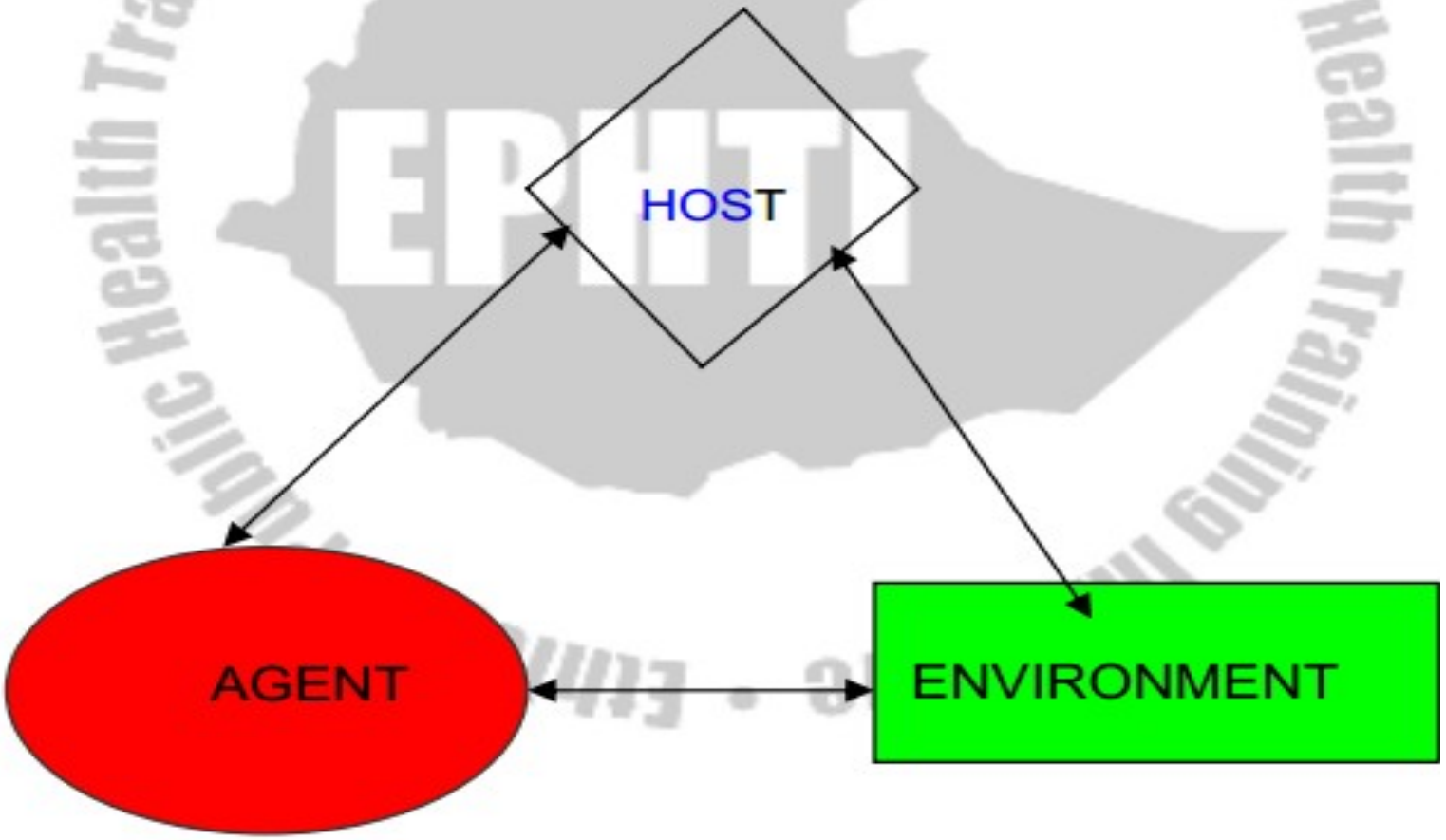


Fig1. Host – agent – environment model.

H-A-E model cont--

- In this model health and illness depends on the interaction of these three factors.
- C. Health Belief Model (HBM) (Rosenstock, 1974, as Modified by Stone 1991).
- relationship between a person's belief and actions.
- Factors that influence persons belief's: -

  -Personal expectation in relation to health and illness

  -Earlier experience with illness or health

  -Age and development state

Health belief model

- Health beliefs are person’s ideas, convictions and attitudes about health and illness.
- They may be based on factual information, misinformation, commonsense or myths, or reality or false expectations.

Health belief model cont--

- Addresses relationship between persons belief and behavior
- Provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies.
- Based on individual perception,modfying factors and action to be taken.

D. High – Level Wellness Model (Dunn, 1961)

- health recognized as an ongoing process toward the person's highest potential functioning.
- the experience of the person alive with the glow of good health, alive to the tips of their fingers with energy to burn, tingling with vitality.

E. Holistic Health Model

- Holism is a different approach to health is that acknowledges and respects the interaction of a person's mind, body and spirit within the environment.

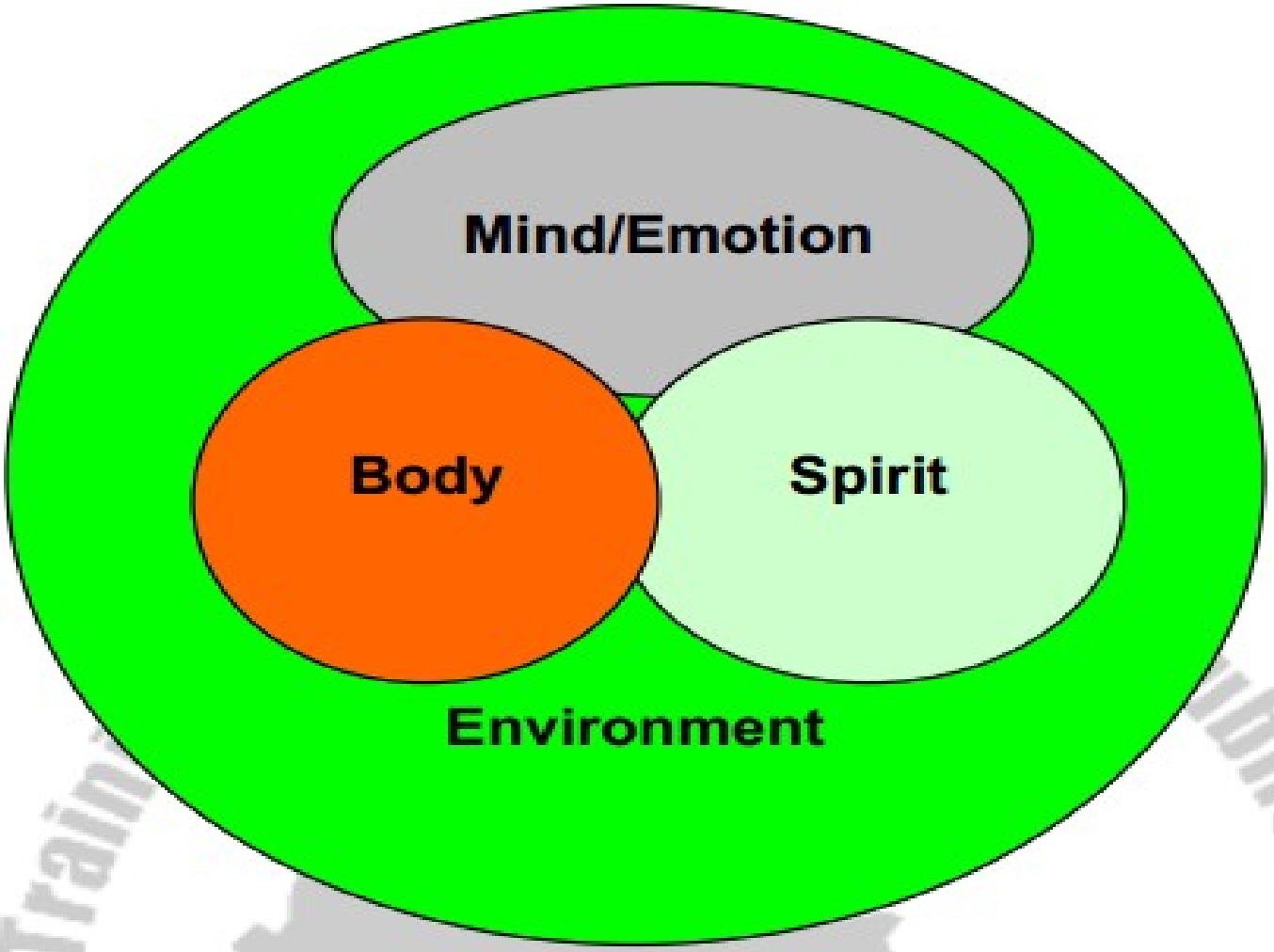


Fig. 3 Schematic representation of holism.

Health and illness

- Rather than focusing on curing illnesses, community based nursing care focuses on promoting health and preventing illness.
- In the community, care focuses on maximizing individual potential for self-care regardless of any injury or illness.
- The client assumes responsibility for health care decisions and care provision.
- Where health is the essence of care, the client's ability to function becomes the primary concern.

Cont--

- Preventive services include :-

  -counseling,

  -screening,

  - immunization, or chemo prophylactic interventions for individuals in clinical settings.

- Prevention is conceptualized on three levels:

- Primary prevention level
- Secondary prevention level
- Tertiary prevention level

Community health Practice

- Community health practice incorporates six basic elements:
  - promotion of health
- It includes all efforts that seek to move people closer to optimal well-being or higher level of wellness.
- It is the combination of educational and environmental supports for action and condition of living conducive to health.

Community health practice cont--

- Prevention of health problems
- Treatment of disorders
- It focuses on the illness end of continuum and is the remedial aspects of community health practice.
- This is practiced by:-

Community health practice cont--

a. Direct service to people with health problems;

-E.g. home visit for elderly peoples, chronic illness, etc

b. Indirect service; e.g. assisting people with health problem to obtain treatment and referral.

c. Development of program to correct unhealthy condition; e.g. alcoholism, drug abuse, etc.

CHN goals cont--

- Rehabilitation
- It involves efforts which seek to reduce disabilities, as much as possible, and restore functions; e.g. stroke rehabilitation.
- Evaluation
- It is the process by which the practice is analyzed, judged, and improved according to established goals and standards.
- It helps to solve problems and provides direction for future health care planning.

CHN goals cont--

- research
- It is a systematic investigation which helps to discover facts affecting community health and community health practices, solve problems, and explore improved methods of health services.

Community health Nursing

- Defined as the synthesis of **nursing and public health** practice applied to promoting and protecting the health of population.
- specialized field of nursing that focuses on the health needs of communities, aggregates, and in particular vulnerable populations.
- is continuous and comprehensive directed towards all groups of community members.

Characteristics of Community health Nursing

- It is a specialty field of nursing
- It is practice combines public health with nursing
- it is population focused.
- it emphasizes on wellness and other than disease or illness
- it involves inter-disciplinary collaboration
- it promotes client’s responsibility and self-care.

Community settings nursing care

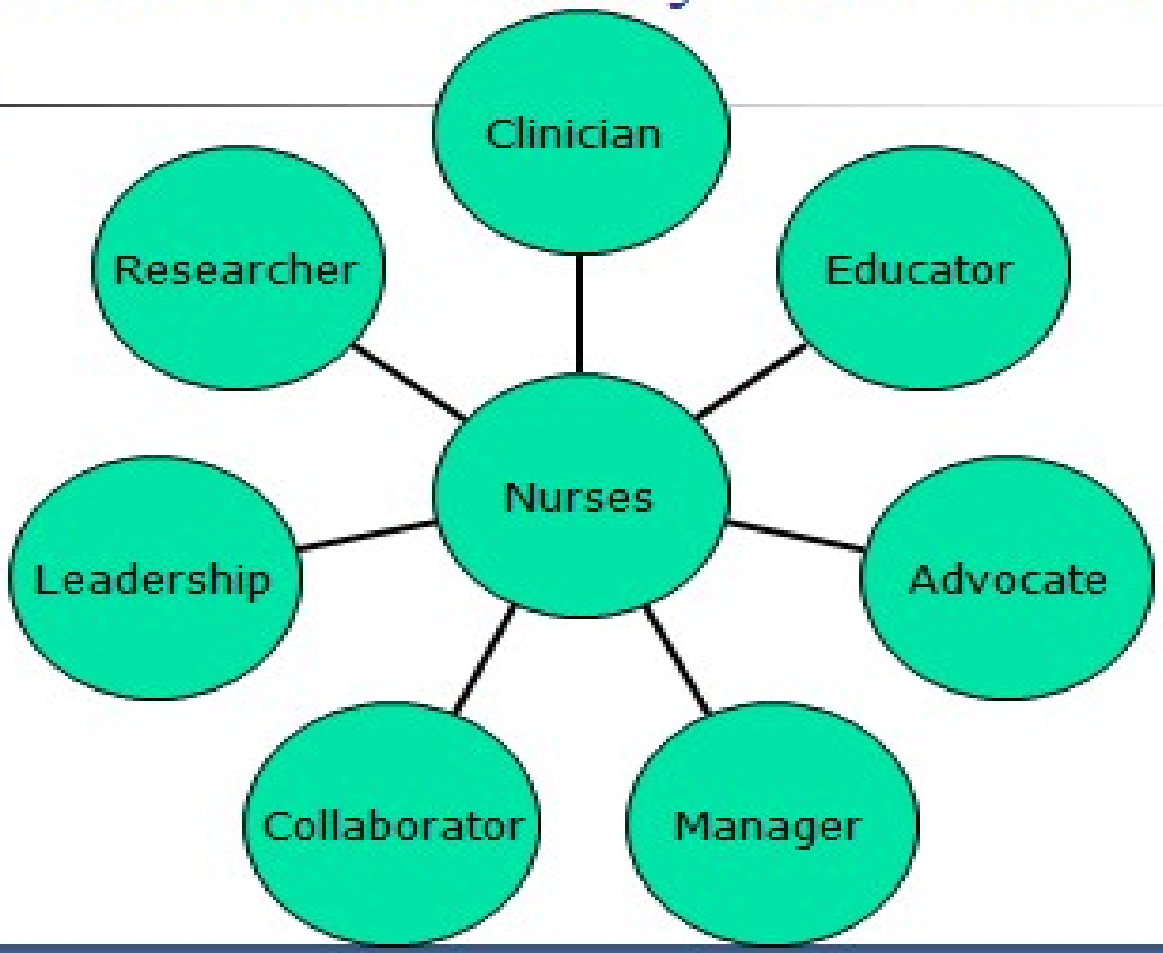
- takes place in a wide variety of settings which includes promoting health, preventing illness, maintaining health, restoration, coordination.
- In the community settings, care focuses on maximizing individual potential for self-care regardless of any injury or illness.

Major Settings

- Settings for community health nursing can be grouped into six categories:

  (1) homes
  (2) ambulatory care settings
  (3) schools
  (4) occupational health settings
  (5) residential institutions, and
  (6) the community at large.

Roles of Community Health Nurses



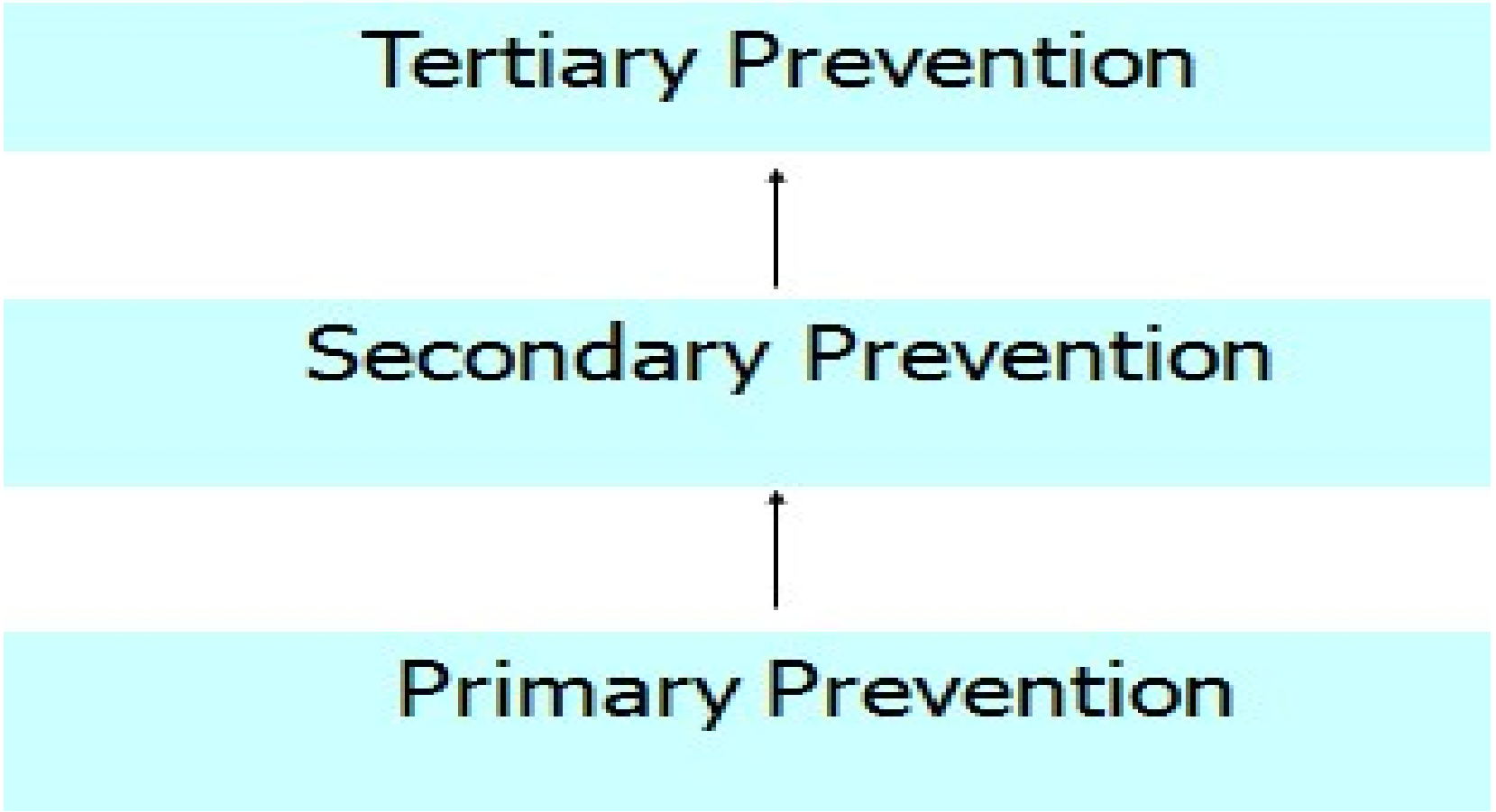
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Unit two

HEALTH CARE DELIVERY SYSTEM

- Health care delivery system” is often used to describe the way in which health care is furnished to the people.
- Classification of health care delivery system is by acuity of the client’s illnesses and level of specialization of the professionals.
- Prevention of disease can be three types as follow:-

Health Prevention



Primary Prevention for Health Promotion

- It is before the occurrence of the disease and also called preventive care service.
- Health Education, Adequate Nutrition
- Individual Development
- Adequate working environment and recreation, resting
- Pre-marriage counseling and education
- Genetic Counseling,Regular Physical Examination

Primary prevention cont--

- It is oriented towards the promotion and maintenance of health, the prevention of disease, the management of common episodic disease and the monitoring of stable or chronic conditions.
- Primary care ordinarily occurs, in ambulatory settings.

Primary prevention cont--

- Examples:
- Eating well balanced diet
- Regular exercise program
- Maintaining weight ,No smoking
- Moderation of alcohol ,Information on alcohol
- Nutritional counseling, Environmental control
- Safe water Supply ,Good food hygiene

Secondary Prevention

- Also called Curative: is aimed at restoring the client's health
- Identify cases in the community
- Screen and test
- Conduct special physical examination
- Treat and prevent the progress of illness
- Avoid the spreading of disease
- Reduce the disability time

Secondary Prevention

- It involves the provision of specialized medical services by physician or a hospital on a referral by the primary care provider.
- After patient develop disease or sign and symptoms.
- It is oriented towards clients with more severe acute illnesses or chronic illnesses that are exacerbated.

2nd ory prevention cont--

- most individuals who enter this level of care are referred by primary care worker, although some are self-referred.
- The physicians who provide secondary care are usually specialists and general practitioners.

Secondary prevention cont--

- Secondary prevention has two sub-levels

a. early detection (diagnosis) of disease

b. prompt treatment

e.g. hypertension screen and acute care.

-Secondary prevention increases awareness of:

-breast self – examination ,testicular self-examination

Secondary prevention cont--

- mammography ,pap smear ,BP screening
- Blood glucose screening
- Teaching breast self - examination
- Antibiotic treatment of streptococcal pharyngitis
- aimed at preventing rheumatic fever
- “Caution” of cancer

Tertiary Prevention

- Also called Rehabilitative: is aimed at lessening the pain and discomfort
- of illness and helping clients live with disease and disability.
- Treat and stop the disease progress and avoid complication and side effect
- Limit the chance for disability
- Provide rehabilitation for physical and psychological well-being, occupational therapy, availability of long-term care .

Tertiary prevention cont--

- It is a level of care that is specialized and highly technical in diagnosing and treating complicated or unusually health problems.
- It is the most complex level of care.
- The illness may be life-threatening, and the care ordinarily takes place in a major hospital affiliated by a medical school.
- Referred either from primary or secondary health care setting.

Tertiary prevention cont--

- Examples -Rehabilitation after stroke
- Smoking cessation program for clients with emphysema

Factors affecting the delivery of health care services

- Health care as a right
- Technological advances
- Rising Consumerisms
- Changing Health Services

Community Involvement in CHN

- Community involvement is the process by which individuals and families assume responsibility for the community and develop the capacity to contribute to their and the community's development.
- While the community must be willing to learn, the health system is responsible for explaining and advising and providing clear information about the favorable and adverse consequences of the interventions being proposed as well as their relative costs.

Cont--

- Important rules to follow in community involvement:
- Do not tell them, but inform them
- Do not force them, but persuade them
- Do not make them listeners, but decision makers Involve them in the :
- In the assessment of the situation
- Definition of the problems
- Setting of priorities
- Planning, implementation, monitoring and evaluation and management programs.

Cont--

- Benefits
  - Extended service (coverage)
  - Programmes are affordable and acceptable
  - Promote self – reliance and confidence
  - success has a multiplying effect
- Create sense of responsibility
- Consideration of real needs and demands
- Promote local community initiatives and technologies
- Reduce dependency on technical personnel

Cont--

- Factors influencing Community Involvement
- Social: community organization leader, status of women, education
- Cultural: Values, beliefs taboos etc.
- Political – ideology, policy etc

Emphasis on health promotion and prevention

- Health promotion:- includes all effort that seeks to move people closer to optimal Well- being or higher level of wellness.
- It is the combination of educational and environmental supports for action and condition of living conducive to health.

Cont--

- Health prevention:- is aimed at stopping the disease process before it starts or preventing further deterioration of a condition that already exist

Unit three

NURSING PROCESS IN THE COMMUNITY

Nursing process cont--

- is a systematic way of determining a client health status, isolating health concern and problems, developing the plans to remediate them, initiating actions to implement the plan, and finally evaluating the adequacy of the plan in promoting wellness and problem resolution.

- The nursing process commonly consists of five phases:

- Community assessment;
- Community diagnosis;
- Planning;
- Implementation and;
- Evaluation

Nursing process cont--

- t is employed to respond and address the health needs of the community when the community is the client.
- The community as a client refers to the broader concept of wide community as people for the nursing services in focus.

Community as a Client

- For community health nurses, working with communities has two important missions:
- The community directly influences the health of the individuals; families, groups, and populations who may be a part of it,
- Provision of the most important health services at the community level.

Phases of Nursing Process in the Community

- Assessment:-
- first step of the nursing process, which means:-

  - to collect and evaluate data/information about a community's health status to discover existing or potential needs as a basis for planning.

Community Assessment

- process of searching for and validating relevant community based data.
- Community assessment includes;
  - Collecting pertinent community data
  - Analyzing and interpreting the collected data.
- **Community need assessment:-** is the process of determining the real or perceived needs of a defined community of people.

Community Assessment cont--

- Major Aspects of Community Assessment (Eight sub-system)
- Physical Environment
- Health and social system
- Economics
- safety and transportation
- Recreation
- Education
- Communication and politics and government.

Community Assessment Tool (Questionnaires)

- the point under each sub-heading may be modified to meet the need of individual practice.
- The questions are modified under the following sub-headings.

❑ Location perspectives :-

- Where is the community located?
- ƒWhat is the boundary?

Location perspectives cont--

- How have air, land, and water been affected by humans?
- What is the quality of housing?
- What plants and animals pose possible threats to health?
- ƒWhat are the major industries?
- What are the average temperature and precipitation?
- ƒWhat climatic features affect health and fitness (extreme temperatures)?

Population perspectives tools

- What is the population of the communities (urban, rural)?
- ƒWhat is the density of the population per square kilometer?
- ƒWhat is the age and composition of the community?
- ƒWhat is the marital status of the community?
- ƒWhat occupations are presented in the community? In what percent?

Population perspectives tools cont--

- How has the population size changed over the past two decades?
- ƒWhat are the health implications of the changes?
- ƒWhat are the ethnic compositions of the community?
- ƒWhat is the average income per family member?
- ƒAre there any specific population such as migrant workers that are highly mobile ?
- ƒIs the community organized to meet the health needs of the mobile group?

Social system perspectives

- Are there mechanisms for resolving conflicts?
- Does any part of the total system dominate the others?
- What community needs is not being met?
- What recreational facilities are available?
- What types of health services are available?
- What health services and resources are available?

Social system perspectives cont--

- Is there adequate communications among the major systems?
- Does the education system offer equal educational opportunities to all children in the community?
- What is the level of health promotion in the community?

Community core

- is essential, basic, and enduring.”
- The core of a community is its people- their history, characteristics, values and beliefs.
- The first stage of assessing a community, then, is to about its people.

Major components of community core

- History- history of that society
- Demography- age, sex, ethnicity, marital status
- Vital statistics- birth, death
- Values beliefs, and religious practice of the people

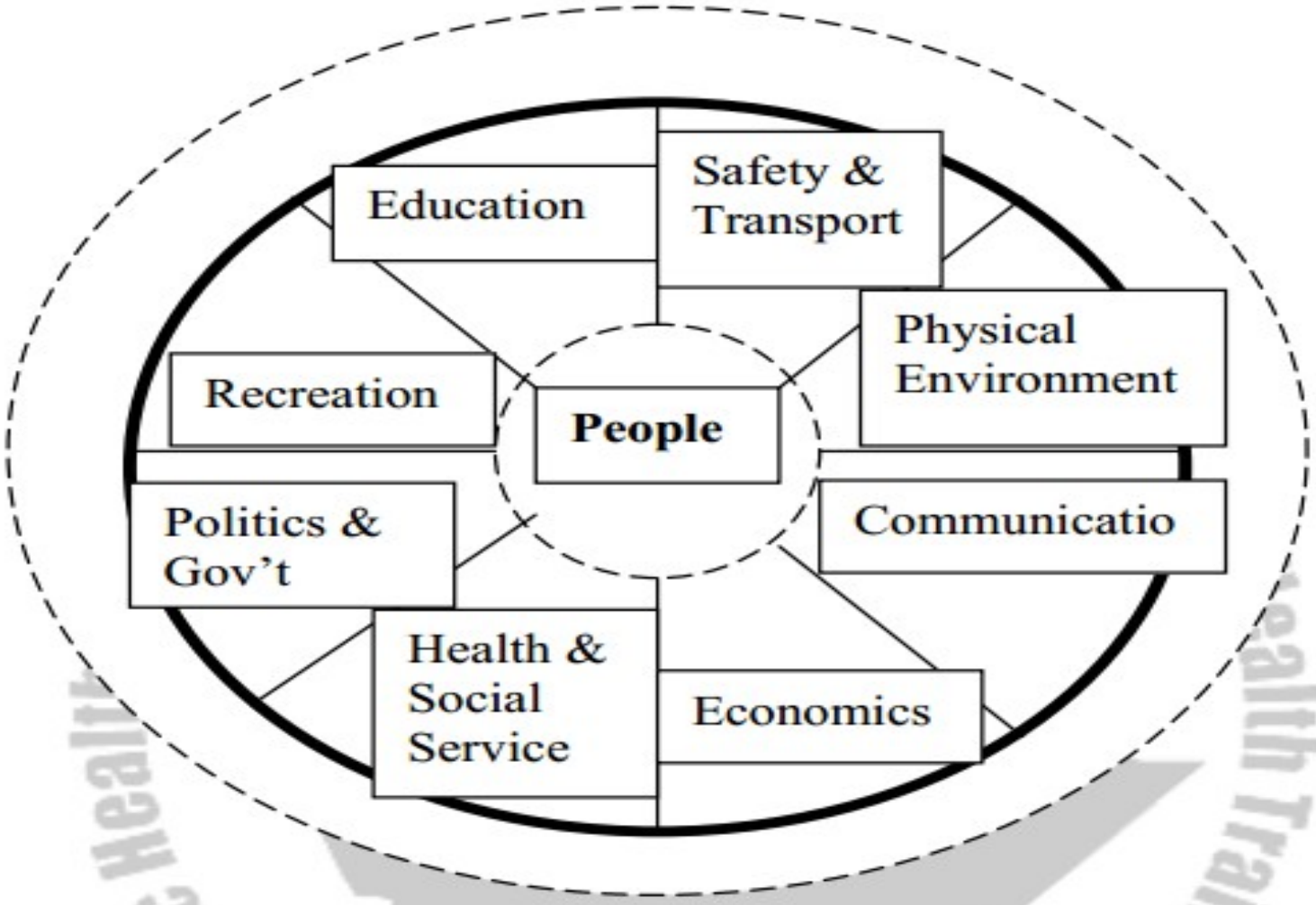


Fig. 6 Community assessment wheel, the assessment segment of the community –as- partner model (source, Anderson, 1996)

Community Analysis and Nursing diagnosis

- Analysis is the study and examination of data.
- to determine community health needs and strength as well as to identify patterns of health responses and trends in health care use.

Community analysis cont--

- The phases of analysis include:
  - Data categorization (demographic, geographic, socio-economic, health resource and services… etc)
  - Data summarization (rates, charts graphs… etc.)
  - Comparing data (with similar data, identification of data gaps, incongruence…etc)
  - Draw inferences (draw logical conclusions from the evidence) that lead to community diagnosis.

Community nursing diagnosis

- defines the health strength, health problems or health risks of the community.
- forms the basis for community based intervention.
- It is the identification stage(need identification)

Community Diagnosis cont--

- A nursing diagnosis has three parts
- Description of the problem (specific target or groups)
- Identification of factors/etiology related to (r/t) the problem
- The sign and symptoms (the manifestations) that characteristics of the problem.
- In short:- PES(problem +etiology +sign and symptoms)

Community Diagnosis cont--

- Examples;
- Inadequate ANC r/t inadequate health information or service accessibility as evidenced by 70% of female delivering at hospital with no antenatal care.
- Poor nutritional status of under five children in the Community r/t knowledge deficit regarding weaning diet as evidenced by growth monitoring chart.
- High infant mortality r/t inadequate ANC, maternal nutrition, and unhygienic delivery practice as evidenced by IMR 75 /1000 live births.

Planning cont--

- Activities in planning:-

1)Setting priorities :-

- Determining the order in which the goal should be addressed.
- The goal can be immediate, intermediate or long range goal.
- It is impossible to solve problem of the community at the same time.

Planning

- It is a logical, decision making process.
- Designing of an orderly, detailed programs of action to accomplish specific goals an objectives base d on assessment of the community and the nursing diagnosis formulated.

Planning cont--

2)Establishing goal and objectives

- Thing to be achieved.
- Goals are broader than objectives.
- Objectives are SMART i.e

-S-specific

-M-measurable

-A-achieviable

-R-reliable and T- time bounded.

Planning cont--

- Example – BY the end of 2015 health for all.(broad term hence Goal)
- We can form objectives from goals. From the above example.
- According to FMHO by the end of 2015 reduce Maternal mortality rate by 75%. (SMART)
- ✓ S-maternal
- ✓ M-75%
- ✓ A and R-resource based
- ✓ T-by the end of 2015.

Planning cont--

- Planed actions
- are specific activities or methods of accomplishing the objectives or expected outcomes.
- Outcome measurements
- Is judging of the effectiveness of goal attainment. How and when was each objective met, why not?
- Recording the plan

Implementation

- is putting the plan into actions and actually carrying out the activities delineated in the plan.
- key areas of nursing intervention in the community are:
- link the community members with the available resources
- pulls together information and resources to assist community in addressing its health concern and problems
- marinating its strength through facilitation, education, organization, consultation and direct care.

Evaluation

- continuous process of comparing the community's response with the outcome as defined by the plan of care.
- To see whether we achieve our goals or not.
- Evaluation requires a stated purpose, specific standards and criteria by which to judge and judgment skills.

HOME VISITING

- is that components of a continuum of a comprehensive health care.
- Home health service refers to all the services and products provided to clients in their home, to maintain, restore, or promote their physical, mental, & emotional health.

HOME VISITING cont--

- Purposes of home health services
- To prevent institutionalization (primary goal)
- To maximize clients level of independence
- To maximize the effects of existing disabilities through non-institutional services.

Factor influencing the growing of home health services

- Increasing elderly population
- Growing of HIV/AIDS populations
- Advanced technology: technology allows all the

services at home level.

- raising the cost of health care
- Demands for consumer satisfaction.

HOME VISITING cont--

- Advantage:-

- The health workers, can observe, assess, & act up on obvious and latent health problems
- High risk families can be identified & visited as a priority
- All family members can be seen & assessed by one person at one visit
- More accurate assessment is done

HOME VISITING cont--

- Limitations

1. time consuming
2. limited equipment can only be carried to home
3. appointment might be not kept
4. destruction in the home makes construction difficult
5. certain homes may be geographical not reachable

Objectives of Home Visiting

- To create close relation ship with communities and families
- To discover the condition in which the family lives & to identify how these conditions affect their health.
- To promote family health by providing family members with health education adapted to their levels of growth and development

Kinds of Home Care

1)Home for the aged.

-This is a kind of home health care provided for the elder greater than 65 years of age.

2) Basic home. It is a home for those individuals who need assistance in activity of daily living (ADL).

3) Skilled home. It is a home for those individuals with serious health problems who need 24 hours nursing care or supervision.

Principles of home visiting

- Family members should be included in all phases
- the health workers (teams) make these interventions that the clients agrees with.
- Mutual health team – client goal and intervention
- The health team must not wait to be motivated.
- Collaboration of all is mandatory.

Areas (points) to be assessed during Home visiting

1.General cleanliness , FP

2. Solid waste disposal ,Presence of sick people

3. latrine ,insects or rodents

4. personal hygiene

5. vaccination of <1yr infants

6. vaccination of women

7. ANC

8. Feeding of children <2 yrs

Community Health Nursing Bag

- specially prepared bag for carrying supplies to the field a clean and orderly way.

❑ Purpose

- Helps the nurse to give service effectively in homes
- Reduces the danger of spreading infections
- Provides the necessary items needed in the field
- Identifies the nurse in the field because a home visiting bag is a part of the uniform

Contents of the Bags

A. General supplies

B. Equipment

C. Others

A General supplies

- Soap and soap dish
- Plastic apron ,Plastic square to put the bag on
- Aluminum cup for water
- One or two small towels to dry the hand

Instrument

- Thermometer
- Fetoscope
- Scissors
- Artery forceps
- Tape measure
- Plaster

Instrument cont--

- Cotton
- Gauze
- Applicator
- Bandage
- Antiseptic solution
- Syringe and needle
- GV. Tetracycline eye ointment
- Kidney dish

Instrument cont--

- Vaseline
- Tongue depressor,
- Disposable gloves
- Cord tie
- Anti pain
- Ergometrine tablets
- Ferrous sulphate
- Vitamin, A

Instrument cont--

- Small towel
- Soap and soap dish
- Plastic square
- News paper for placement of the gag
- Match

Care of the bag

- Change inner lining as needed.
- Label bottles
- Refill supplies as needed
- Do not put bag on the beds
- Do not put your properties on the bag
- Do not put on the floor

Basic principles of using the bag

- Select safe area to place it
- Place on the plastic square
- Wash your hands before you do anything
- All wastes should be covered in newspaper and

burned

Basic principles of using the bag cont--

- Responsibilities of nurses
- Use the bag correctly
- Keep the bag clean and orderly
- Pay attention for broken equipment
- Report all broken equipment
- Do not miss equipment
- Go through nursing process and form family
- focused nursing

SCHOOL HEALTH SERVICE (SHS)

- A school health program refers to all activities that contribute to the initiation, maintenance and improvement of the health school children and personnel.
- includes health learning, health practice during school hours and health services.
- The school health program is a continuation of the infant and pre-school health program.

Goal of SHS

- To support the educational process by helping to keep children healthy, by teaching students & teachers preventive health measures.

Objectives of SHS

- Promote health and develop concern of there own heath.
- Detect disease and deviation from normal heath at

an early stage and arrange for promote, treatment

and follow up.

- Prevent communicable disease and non -

communicable disease.

Objective SHS cont--

- Provide a healthy and safe environment in all-round for development of child physical, mental, social, emotional and moral well-being.
- Help children to make the best use of educational

facilities

- Help children, their parents and teachers to be health conscious and develop right attitude towards health and illness.

Major components of SHS

- Health service ,Health screening
- Treatment of minor ailments
- Surveillance of immunization status
- Case finding for early detection of health problems
- Case managements ,Counseling
- Care of pupils with special health needs
- Health promotion
- Minimum routine examination.

Cont--

- Simple first Aid facilities

Accident control – like –fall injury

-burn injury

-cut injury

-traffic accident

-drowning

-snake bite

cont--

- environmental protection and control Includes;

•Construction of toilets and waste disposal

•Use of toilet

•Water supply

•Proper waste disposal

•Cleanliness of the compound

Cont--

- Health education: Include
- ƒTeaching about first aids
- ƒTeaching about personal hygiene
- ƒTeaching about environmental
- sanitation
- ƒSex education
- ƒNutrition education

Cont--

- Common health problems among school children
- ƒAccident and injuries
- ƒCommunicable diseases
- ƒBehavioral problems

PRISON HEALTH SERVICES (PHS)

- Prison is a place where individuals are kept in custody for a certain period of time for any wrong deeds they commit knowingly on unknowingly having political, social and economic nature.

Cont---

- Main Purpose of Prison Health Service (PHS)
- To solve the immediate health problems of the prisoner both physical and mental.
- Prisoners do have a right to get health service
- To prevent transmission of diseases
- To teach prisoners the basics of health and change

their behavior.

Common Health Problems in the Prison

- Psychological health problem
- Problem of food poisoning (dysentery)
- Febrile illness like relapsing fever, typhoid, typhus
- Intestinal parasites
- Chronic diseased like TB
- Skin infections

Cont--

- Malnutrition
- Gastroenteritis
- Urinary tract infection
- Arthralgia, rheumatism
- Homosexuality
- Sexually transmissible diseases (STD’s)

Cont--

- Sources of Diseases
- Prisoners who join the prison with diseases
- The prison itself
- Factors responsible for the origin and spread of diseases in prisons
- Poor housing
- Inadequate ventilation ,Overcrowding
- Malnutrition ,Poor personal hygiene

Cont--

- Poor personal hygiene
- Poor environmental hygiene
- Idleness
- Poor waste disposal
- Prolonged stay in prison
- Lack of knowledge .

Responsibilities of the PHN during PHS

1. Work with prison administrators and the prisoners
2. Organize prisoners and form health committee in the prison
3. Identify health and health related problems of the prisoners using a developed checklist.
4. Make a plan and encourage them to solve the identified problem.

Cont--

5. Identify the resources of the prison.
6. Work with other health professionals
7. Work to solve the identified problems
    - Screening of the prisoners
    - Treating the sick
    - Health education
    - Delousing of the prisoners.

END of the course!