

TALLINDING CHILDREN HEALTH CENTER (TCHC)

RESEARCH TOPIC: Health service impact assessment within Tallinding community.

INTRODUCTION

The management and staff of Tallinding Children Health Center under the sole ownership of a German base organization (GambiaGesundheitshilfe. eV) foundation has tooth it upon themselves here in the Gambia to conduct a survey on the impact of the project (TCHC) within the Tallinding community and the Gambian people at large in marking of our one year of successful health service delivery to the poor Gambian children.

Tallinding children health center operates as a non-profit making and a charitable organization. The clinic operates on a daily bases with an out-patient consultations and closes by 4pm each day. Patients/ clients are registered, necessary screening done with a maximum consultation fee of D65.00 including all necessary medications. We are collaboratively proud to say that the clinic has successfully seen and treatednumber of patients for the past one year. The detail of that information can be followed in our annual year clinic report.

RESEARCH SETTING

The research work is conducted among patients attending Tallinding Children Health Center on alternate days for a period of six weeks. Research subjects who are young enough to answer our questionnaire, their parents or escort are being used.

RESEARCH TITLE

Health needs, and services assessment of Tallinding Community.

AIM

To find out how significant is the project of (TCHC) to the Tallinding community and its immediate beneficiaries.

OBJECTIVES

To find out how far, the people of Tallinding community appreciate this noble and timely intervention.

To assess the quality of services we provide to its people and immediate beneficiaries.

To determine from the people of the community and beneficiaries themselves, about some of the possible ways the clinic can successfully meet and deliver the immediate health needs of the community.

HYPOTHESIS

The coming of Tallinding Children Health Center (TCHC) with the support of GambiaGesundheits foundation has positively contributed to National Health Services delivery and effectively affects the health and social welfare of the people of the Tallinding community and its immediate beneficiaries.

STATEMENT OF PROBLEM

Community developing projects especially health related who are, partly or wholly funded by donor philanthropies usually hard sort comings during or along their course of operation either from a section of the community where it operates, the immediate management or donor philanthropies which leads to retard developmental process or a failure of project intervention.

PURPOSE OF THE STUDY

To capture a diverse view on the project of Tallinding Children Health Center that can be utilize to adjust, upgrade and forecast for an effective and sustainable health intervention.

METHODOLOGY

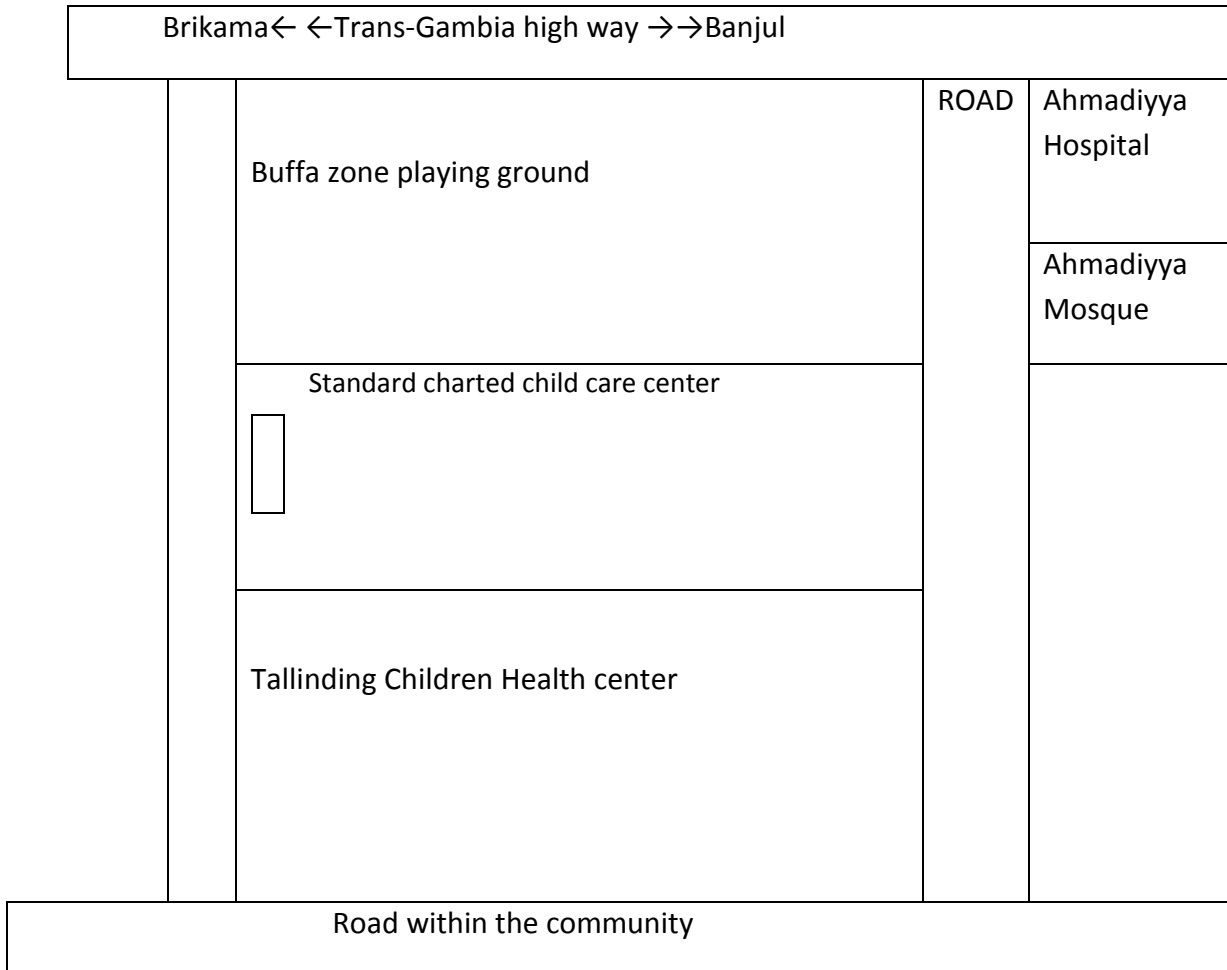
- **RESEARCH DESIGN:** Qualitative research design
- **SAMPLING TECHNIQUE:** A stratified random sampling technique was used.
- **SAMPLE SIZE:** Five hundred patients/ clients who attended the TCHC
- **DATA COLLECTION:** Data is collected by the used of questionnaires which were tested and pretested for accuracy and reliability to produce meaningful information. Questionnaires were read in the language that the study participant can effectively understand.
- **DATA ANALYSIS:** Data is analyzed manually with the aid of graphical presentation
- **TIME FRAME:** Six weeks (6 WKS)
- **ETHNICAL CONSIDERATION:** The rights of the study objects to voluntarily participate in the study, was all along observed during the course of the survey. They were guided along with questionnaire design to achieve the required information. Participants were

given a study serial number to enable balance and avoid bias in the information collection mechanism. participation was voluntary.

DEMOGRAPHIC DATA

Tallinding community has a total population of 34,246 inhabitants with a female population of 16, 546, under fives 4,936 and school going 12,764. To enable easy management and coordination of community base development projects, the area has been divided intodistrict wards accommodatingnumbers of inhabitants. The community has fitted a senior health institute “Ahmadiyya Muslim hospital” which majority of the dwellers’ of the Tallinding community were not being able to access due to its operational mechanism. The hospital is wholly a profit making health institution. Therefore, the people of Tallinding community were utilizing the considered close proximity health facilities Faji kunda and Jammeh foundation for peace Hospital(JFPH) own by government for there basic health services.

Bellow is a geographical map presentation of Tallinding Children Health Center (TCHC).



DATA ANALYSIS

The collected data is being analysed manually and the results of the collected information is being presented in a form of figures, percentages and in some instances charts. It is the physical presentation of the information of the study. There were two-hundred and twenty eight (**228**) participants’.

Fig1: AGE AND SEX DISTRIBUTION OF RESPONDANCES IN PERCENTAGES

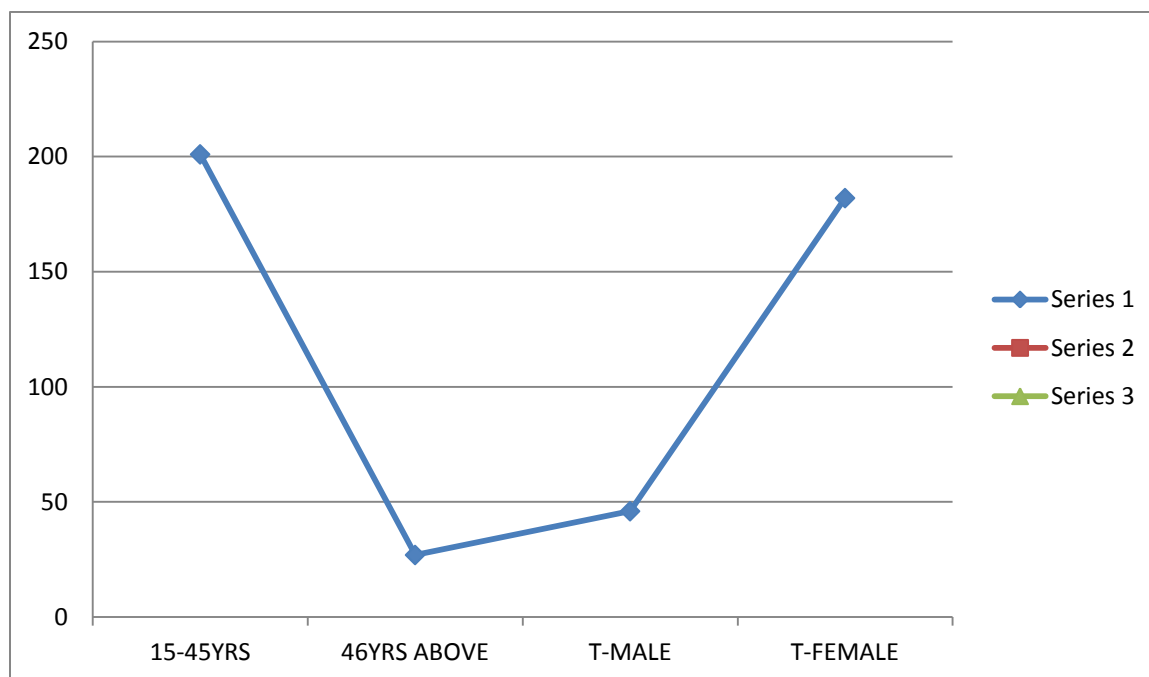


Fig2: COMMUNITY DISTRIBUTION OF RESPONDANCE

NAME OF COMMUNITY	NUMBER OF RESPONDANCE	PERCENTAGES
Tallinding	108	47.4%
Fajikunda	54	24%
Latrikunda	28	12.3%
Bundung	5	2%
Lamin	3	1.3%
Others:	30	13%

Fig3: NUMBER OF CLIANTS VISIT AND SATISFACTION RATING AT THE HEALTH FACILITY

NUMBER OF CLIANTS VISIT TO TCHC	NUMBER OF TIMES	PERCENTAGE
First time clinic visitors	74	32.4%
Second time clinic visitors	64	28%
Three times clinic visitors	36	16%
Four times clinic visitors	19	8.3%
Above four	35	15.3%

NUMBER OF RESPONDANCE SATISFIED WITH THE VISIT AND WHY?

CLIENTS EXPRESSION	FIGURE	PERCENTAGE
Good Nurse Patient relationship	45	20%
Effective treatment	53	23%
Good Services	76	33%
Available drugs	96	42%
Clean Environment	12	5%
RESPONDANCE NOT SATISFIED WITH THE VISIT AND WHY?		
# Slow consultation time.....	19.....	8%
#High consultation fee.....	7.....	3%

Fig 4: DISTRIBUTION OF RESPONDANTS BASE ON HOW THEY GOT TO KNOW ABOUT TALLINDING CHILDREN HEALTH CENTER (TCHC)

CHANNEL OF INFORMATION	NUMBER OF RESPONDANCE	PERCENTAGE
From Friends	25	11%
From Neighbours	41	18%
From a Family member who lives within Tallinding community	136	60%
From a staff of TCHC	5	2%
From the clinic Sign Board	21	9%

Fig 5: DISTRIBUTION OF RESPONDANCE BASE ON CLIENTS MOTIVATION TO SEEK MEDICAL SERVICE AT TCHC

OPTIONAL EXPRESSION	NO: OF RESPONDENTS	PERCENTAGE
Our proximity as health care service providers within Tallinding Community	5	2%
The availability of Drugs	38	17%
Our quality, accessible, affordable services that differentiate us from other health institution	35	
All of the above	150	66%

Respondents' impression about the presence of Tallinding Children Health Centre within the Tallinding Community and in the Gambia health delivery system at large

Fig 6:

Expression	No: of Respondents	Percentage
<ul style="list-style-type: none"> - Helpful - Highly appreciated towards national development - Very good project 	228	100%

Fig 6.1

NEED ASSESMENT ON ADDED SERVICES AT TALLINDING CHILDREN HEALTH (TCHC)

SERVICE	NO: OF RESPONDENTS	PERCENTAGE
Reproductive Child Health and New Born(RCH) and Expanded Programme on Immunisation(EPI)	133	58%
Labour Ward and Deliveries	95	42%
Admissions and 24HR service	127	56%
Minor surgical operations	18	8%
Dental Service	13	6%
More drugs and Medicaments including anti-malaria's	34	15%
Ultra Sounds(USS)	17	7%
Ambulance Service	7	3%
Expand and Increase	9	4%

Clinic size		
Medical Officer(MO)	1	0.4%
Waiting Shade	2	1%

Fig 6.2

VIEW OF RESPONDENTS TOWARDS COMMUNITY PARTICIPATION IN THE MAINTENANCE AND SUSTAINABILITY OF THE PROJECT

VIEW OF RESPONDENTS	NO: OF RESPONDENTS	PERCENTAGE
Utilisation of the Health facility services and relating positive information about TCHC to the community	139	60%
Mutual understanding between Tallinding Community and the Staff of TCHC	20	9%
Facilitate Government support where need be	3	1%
Participate in cleaning service and human power when the arise	31	14%
Work hand in hand with the clinic philanthropies	31	14%
Facilitate donation	4	2%

Fig 7

DISCUSSION OF FINDINGS

In this chapter, the analysed data is being discussed in a broader and detailed perspective. Specific areas are well explained as they have their individual impact and significance in the study.

The study target group was patients and clients attending Tallinding Children Health for the period specified.

7.1 AGE AND SEX DISTRIBUTION OF RESPONDANTS

The study was successful to cover a total number of two-hundred and twenty-eight **(228)** respondents some of whom were patients and the others patients escorts. **88% (n=201)** of the respondents were between the ages of **15-45yrs** and the rest were above **46yrs**. On the other hand, **80% (n-182)** of the respondents were females indicating a good percentage of our total patient turn-out. The variation in the sex percentage could be associated to the name of the health facility.

7.2 COMMUNITY DISTRIBUTION OF RESPONDANTS

Tallinding Children Health Centre (TCHC) is build within the Tallinding community but because of one or two reasons, the facility was successful to win the confidence of a good number of people to seek health care service from the centre. In this study, **47.4% (n-108)** of the respondents were from Tallinding community and **24% (n-54)** from Fajikunda a close suburb of Tallinding community and on minute percentage as indicated above on the data analysis on various communities.

7.3 NUMBER OF CLIENTS VISIT TO TALLINDING CHILDREN HEALTH CENTRE (TCHC)

In this section, we were trying to capture clients' confidence on our services as may be determined in the number of clinic visits to the health facility and their honest personal impression about each visit they made to the health centre.

According to the analysed data, **32.4% (n=74)** of the respondents were first time visitors to the health facility, **28% (n=64)** were second time clinic visitors and **16% (n=36)** were third time clinic visitors respectively indicating that the facility has begun and is in process of maintaining a flexible operational model.

We have no doubt that if we are able to sustain this operational model, the health facility shall continue to have a sustainable patient turn-out for the benefit of all in terms of sustainability and turn-over.

On the other hand, we were able to rate the clients' satisfaction in their various visits they made to Tallinding Children Health centre based on their individual expression. **42% (n=96)** were satisfied with their visit to TCHC because of the availability of drugs. This is a critical point as the cost of drugs has a big impact in the clinic finance. Without the subvention of the philanthropically organisation and on their individual group contribution in their subsequent visit to the health facility, the health centre would have not been able to fulfil this commitment. **33% (n=76)** were satisfied because of good clinical service, **23% (n=53)** were satisfied because of the effective clinical treatment and **5% (n=12)**, **20% (n=45)** were satisfied because of the clean environment and good nurse patient relationship respectively. To balance the equation, we were able to track the respondents who were not satisfied with their visit. **8% (n=19)** and **3% (n=7)** were not satisfied with their visit because of slow consultation time and high consultation fee respectively. So the ratio of satisfied to the unsatisfied respondents were **25:3**.

7.4 DISTRIBUTION OF RESPONDENTS BASE ON HOW THEY GOT TO KNOW ABOUT THE EXISTANT OF TCHC.

The performance of an institution can also be determined by the feedback of its clients/ patient on the services it provides to the people of its community. Thus we can draw from the data collected that the people of Tallinding community

were very satisfied with the presence and existence of the health facility and of course the services are flexible enough to meet their health demand at that level to the cost they can easily afford. On this note, **60% (n=136)** of the respondents visited TCHC for health care services were informed by their families who lives within the Tallinding Community. **18% (n=41)** were informed by their neighbours, **11% (n=25)** by their friends, **9% (n=21)** from the clinic sign board and **2% (n=5)** were informed by staff of TCHC.

7.5 DISTRIBUTION OF RESPONDENTS BASE ON THE CLIENT'S MOTIVATION TO SEEK MEDICAL CARE AT TCHC

Motivation is key in human resource management. In this context, motivation is base on client's satisfaction and confidence in the service delivery. In this chapter, we were able to track individual client response on how and why they were motivated to our clinic service. The clinic is small with limited health care services but what do we possessed so unique motivating people as far as Banjul, Brusubi, Babylon and as far as Brikama for our clinic service.

However, **66% (n=150)** were motivated because of their proximity to the health facility, the availability of drugs and medicaments, and the quality, assessable and affordable services. **17% (n=38)** were motivated because of the availability of drugs only and **2% (n=5)** were motivated because of their proximity to the health facility only.

On the other hand, respondents were very impressed with the significance and presence of the health facility within their community and in the Gambia health delivery system at large indicating that the project is: *helpful, very good and highly appreciated* to the Gambian people and to the people of Tallinding community to be precise. **100% (228)** of the respondents applauded to these facts.

7.6 NEED ASSESMENT ON ADDED SERVICES AT TALLINDING CHILDREN HEALTH CENTRE (TCHC)

The health facility (TCHC) in its one year of operation has limited service to deliver. The clinic operates on an out-patient consultation involving screening, investigation and treatment. The immediate managing board of the health centre has made series of consultations and in the process of legal documentation with the Ministry of Health through the Regional Health Management team for the introduction of various added health care services to the facility leading to expansion in service delivery. This is yet to be realized due to many factors that are not covered in this document.

However, the need for added services assessment has being categorized in an individual client response. **58% (n=133)** expressed concern and request for the introduction of the Reproductive Child Health and New born service alongside the expanded programme in immunization (EPI). **42% (n=95)** made emphasis on the need to conduct deliveries at the centre that can also safe them time and resource to travel far for this service. **56% (n=127)** wants the clinic to operate 24Hrs services enabling it to admit and treat in detailed. **8% (n= 18)** talk on the need to conduct minor surgical operation at the centre. **6% (n=13)** called for dental service, **15% (n=34)** claimed that the clinic should have more drugs at all time especially anti-malarial. **7% (n=17)** called for a regular ultra sound (USS) service. **3% (n=7)** commend on the need of an ambulance service, **4% (n=9)** lament on possible expansion of the clinic premises meaning that the community should provide more land for this need, **0.4% (n=1)** were concerned about the absence of a medical officer and **1% (n=2)** spoke on the need to prepare a waiting shade for the patients as we expect a large patient turn-out.

7.7 THE VIEW OF RESPONDENTS ON THE COMMUNITY PERTICIPATION TOWARDS MAINTENANCE AND SUSTAINABILITY OF THE PROJECT

The importance of community participation in their own development cannot be over emphasized. Therefore, the study has captured specific clients view on this

subject. **60% (n=139)** expressed concerned for the continue utilization of the clinic services and relating positive information about the health centre as their own. **9% (n=20)** advocates for mutual understanding between the Tallinding Community and the immediate managing board of the facility. **1% (n=3)** advocates for community participation where need be in government support and collaboration. **14% (n=31)** has expressed concerned on the need for the community participation in cleansing services and man power when the need arise, **14% (n=31)** has also emphasize on the need for strong partnership between the donor philanthropies organization and the people of Tallinding community. **2% (n=4)** talk on the community contribution in facilitating donations in all forms.

8.0 SUMMERY AND CONCLUSION

Community development projects either government or private can only succeed and prosper when responsibilities cooperate by both parties and stake-holders are been fulfill. On this note we deem it fitting to assess our cooperate responsibilities via the immediate beneficiaries of our services to enable us re-adjust to meet the organizational objectives. It is always easy to strengthen a raw stick than a dry one therefore; we consider it not too early to come up with this initiative.

The information collected can go a long way in facilitating development in the health centre for all stake-holders and can also forecast for further development. We were very particular and kin about reliability and accuracy of information and this prompted us to hire the services of a university student qualified public health officer on a BSc program to undertake this task for us at the facility. There were shortcomings off course but basically related to the enumeration requested by the research data collector. This has directly affected the out-come of our target population which was intended to be **500** respondents and now **228**.

9.0 RECOMMENDATION

Community development projects especially health are an integral part towards national development in the Gambia. There are many a times development of this nature fails due to many factors. This opted, the managing board of TCHC with this idea to assess the process, performance and existence of this project as a community initiative within Tallinding Community.

There is no one who can dispute the effort of the philanthropies. Their work is here for all to see and we have no doubt that the vision and the ambition they have for Tallinding Children Health centre and its staff, the sky is the limit.

We called for a close collaboration between GambiaGesundheitshilfe.eV and GesundheitsGambia a registered organization in the process of overseeing the management of Tallinding Children Health centre. We called it a brain child of the philanthropies organization. We are very determined with your trust and confidence to oversee and manage all your developmental programs in Tallinding Children health centre.

We are also very particular about motivation and training of staff of the facility especially senior staff. This will help to strengthen the human resource capacity and enhance job security, sustainability and professional management of the Health centre especially with a change of government policy in the criteria of health centre management as we are looking for more developments.

As we repeatedly mention in this project, there is no community development initiative that succeed without the effective participation of its people. We therefore called on the members of the Tallinding Community to hail to the MOU to fulfill some of its commitment. Together we can transform Tallinding children Health centre to Tallinding Children Hospital to be the first time ever in the history of health care services delivery in the Gambia.

Finally, we wish to take this opportunity to appeal to the Ministry of health through the Regional health management team in their continues monitoring of health facilities to sensor, prioritize and give the utmost support to this type of development projects. The Government of the Gambia since 1994 has been

embarking on series of health development projects. Therefore, an initiative out to complement government effort with a significant contribution like the happenings in Tallinding Children Health Centre should be given the best and soft hand to succeed for the benefit of our own people.

TALLINDING CHILDREN HEALTH CENTER (TCHC)

QUESTIONNAIR

DATE.....

PERSONAL DETAILS

Patient/client study number

Age

Sex.....

Address.....

RESEARCH QUESTIONS

1. Have you ever visited this clinic? **Yes/no** **first time**
 - a- If yes, how many times.....
 - b- Was it you or your child?..... specify.....
 - c- Where you satisfied with the visit? **Yes /no**
 - i. if no, why?.....
.....
.....

2. How do you heard of this clinic? **Friend, neighbor, family member who lives within Tallinding community or a staff of TCHC.(circle one)**

3. What motivated you to come here?
 - i. Our proximity as health care service providers
 - ii. The availability of drugs
 - iii. Our quality, accessible and affordable service that differentiate us from other health institutions
 - iv. Others specify.....
.....

4. What is your impression about the presences of TCHC within this community?
.....
.....
.....

5. Is there need for us to increase health care services? **Yes /no**

i. If yes, which area/s to be specific.....
.....

6. How do you think the people of this community can help in the maintenance and sustainability of this project to be specific?.....
.....
.....
.....

MR SABOU PLS COMMENT BELLOW

The document as you may have seen is a research planned to assess how well does the Tallinding Community and beneficiaries appreciate our service delivery since the inception of this health facility.

Here we want you to edit this document and your general comments towards this research.

we count on you for our success.

BASIRU AND SOWE