

SUMMARY

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It was natural to offer the major part of health services to rural population in order to compensate them for what they had missed in the past, where the rural population form 55% of estimated population in Egypt in 1983 (Ministry of Health 1984).

The aim of this study was assessment of the health activities counducted in rural health services in the year 1981 to 1985 to show the trend of work in that period. This would be achieved by job description and functional analysis of the activities of the rural health units and centers. In order to carry out this study four rural health units and centers out of 113 rural health units and centers in Qaluobia Governorate were chosen. Two districts were selected, Kafr Shokr and Benha districts and from Kafr Shokr district, El-Shukr Rural health unit and Assneit rural health center were chosen. Also from Benha district, Gamgara rural health unit and sheblinga rural health center were selected.

In order to carry out the present work a detailed observational sheet was designed to give information about different variables that may influence the activities delivered by the rural health unit or center.

According to the results of the study and the discussion of these results we can conclude the following:

- I- Regarding factors affecting the performance of work:
- 1- Inadequate facilities, equipment and drugs are the most prominent obstacles that impede the proper delivery of the services in the studied areas.
 - 2- Lack of means of transportation, no transports between Ezzbas and health services, so home visits had to be done on foot.
 - 3- Lack of training of doctors and nurses and midwives in the rural health units and center in applying the intrauterine devices.
 - 4- Inadequate incentives and reward is an important constraint to the rural health delivery system that prevent the health team of units and centers from performance of work for high level.
 - 5- Lack of clear understanding of the value of the records by the health team members as well as loss of confidence of its value.
 - 6- Absence of pharmacist all over the studied areas overload the work on the physician.
 - 7- Absence of specialists in rural health center affects inpatient activities leading to closure of internal section in the centers.

II- Regarding the delivered health activitis through the available records:

- 1- Poor distribution of manpower as the number of nurses all over the studied areas were overload.
- 2- Overload of population served by a physician and by the unit or center.
- 3- Most records were incomplete e.g. vaccination records., dental clinic records, school health care records. The problem of under registration was the main misleading factor in our assessment.
- 4- Decrease of crude death rate all over studied areas except in El-Skukr unit is an index of the community high health level.
- 5- Low infant mortality rate all over the studied areas is attributed to succefull programme of Oral Rehydration Therapy or to the problem of under registration of neonatals.
- 6- Inadequacy of family planning program. is evident by increase in Birth rates.
- 7- Lack of training of health member on application of intrauterin devices.
- 8- Inadequacy of Maternal Health care program:
 - a- Low percentages of pregnant females registered for maternal health care.
 - b- Most of the deliveries in the rural areas were not performed by the health team members.

- 9- Marked under utilization and closure of the in-patient sections of the rural health centers.
- 10- Absence of case finding program for detection and treatment. It was found that the program in all studied areas was restricted to referral of some patients from out patient for urine and stool analysis.
- 11- Inadequate health education.
- 12- Decrease of percentages of Anchylostomiasis all over the studied areas. This was an index of improvement of human behaviour.