

Medical Outreach Manual



Healthcare Christian Fellowship International
www.hcglobal.org

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Purpose

This manual has been prepared to assist national fellowships who want to conduct responsible medical outreaches among those who are medically underserved, whether in their own countries or in other parts of the world. This is a practical way of demonstrating the love of God in the health field.

Context:

The two acceptable reasons for an HCF medical outreach:

1. Disaster relief situations
2. Integration with Integral Community Health programs, especially in the phase of entering into communities.

Important:

1. Medical Outreaches need to build strong connections with Integral Community Health (ICH) Projects as well as with the government healthcare services in the communities where the outreaches are held. If such connections do not yet exist, the Medical Outreach teams should involve the ICH ministry in deciding what could be done for synergy between the medical outreaches and the integral community health projects. Contact the ICH ministry at ich@hcfglobal.org
2. The organizers of medical outreaches should read “**When Helping Hurts**” by Steve Corbett before they organize the outreaches.

Definition

Medical Outreaches are activities where short-term integral healthcare services are provided to local communities by members of HCF. It can be organized by the national HCF alone or preferably in partnership with other Christian organizations and/or churches who share their vision and values.

Strategic Aim

The global HCF family aims to organize at least 1,000 medical outreaches between 2011 and 2020. At present more than 100 outreaches are already being held every year worldwide by national Fellowships.

Best Practice Elements of Medical Outreaches:¹

1. Preparation: Teams ready themselves for a trip through orientations, assessments of the current context (ICH projects, government services), proper training (incl. Saline and ICH vision seminars¹) and the attainment of adequate and appropriate supplies (preferably in the country where the outreach will take place).
2. Partnership: Teams prioritize a relationship with a local entity and agree to cooperate while working toward a defined goal for a significant period of time. The relationships with the local partners should be:
 - a. Collaborative (no party dominates, all parties share vision and values, working together as equals);
 - b. Impact focused (producing long-term positive results for the communities);
 - c. Enabling (giving access to ideas and training resources);
 - d. Mutually transforming (all parties learning from one another and being transformed as a result);
 - e. Synergistic (combined effect larger than individual efforts). This would usually require an annual repetition of the medical outreach in the same community until the agreed-upon goals

¹ The ICH vision seminar needs to include the session about When Helping Hurts. Saline is a one day seminar for healthcare workers how to integrate spirituality into their workplace in a responsible way.

have been achieved. We usually recommend a minimum of three years' consecutive outreach combined with ICH training processes.

3. Education: Teams foster an environment of learning for local practitioners and community members through training events and lectures for local staff and community members. The ICH ministry has excellent materials available on many relevant topics, written according to WHO standards.
4. Evaluation: Teams recognize the need for reflection and feedback from partners, patients and team members in order to improve the success of their intervention.
5. Sustainability: Teams work toward having a lasting impact on the population they interact with while positively influencing health outcomes. The best way to do this is to seek synergy with an Integral Community Health program in the relevant community.

Things to consider before implementing any medical outreach activities.

1. Begin by praying for an opportunity to conduct medical outreach. Identify a local community that has unmet medical needs. This may come to our awareness through interaction with key community leaders or specific request from the local community.
2. If possible, a preliminary assessment of the health needs of the identified community should be done earlier by the local contact in order to plan for adequate supplies of medicine and manpower required for a medical outreach. Dates can also be proposed with the local leaders for the medical outreach, ideally 3-6 months ahead in order for HCF members to be mobilized, trained and get the necessary leave to go.
3. Budget: A preliminary budget should be estimated. The cost of logistics, travel, food, accommodation, debriefing, medicines and equipment required. Stationary for medical records and numbering system to be prepared. Fund raising can be initiated once the budget is estimated.
4. Official permission: Obtain local authority permission, if necessary through the local community leaders and the healthcare authorities.
5. Churches: Get cooperation from local church leaders where possible. They will be useful for any follow up effort as well as helping to provide counsellors and translators of the local language if needed.
6. Recruiting participants: Invite members of HCF to participate through your normal communication channels with the basic information of when the proposed medical outreach is to take place, to whom they are helping out and how much it cost per person. Have information on who is the key contact person for this specific medical outreach.
7. Prayer: Begin regular prayers via your HCF prayer network for the specific medical outreach via your newsletter or emails. Pray for fruitfulness in meeting all the needs of the patients, strength for the participants, provisions for the outreach as well as protection physically and spiritually.
8. Fundraising: For the participants who volunteer to participate in the medical outreach, they must begin to pray, raise funds and make the necessary booking for travel and accommodation early.
9. Training of team members: The team members should receive a basic training that includes at least a Saline Taster and part of the ICH Vision seminar (Minimum content: Structure of ICH program, Difference between Relief and Development, World View tree and When Helping Hurts lessons). Shortly before they go, it would be good if they could meet for face to face briefing and prayers. Within the new team, appoint specific roles to individuals where possible. This include team leader, treasurer, intercessor, devotion leader with a 2 by 2 buddy system of looking out for each other. Questions on vaccination, clothing, money and insurance to be covered especially if going to a foreign land. Team members are encourage to keep fit and bring their own medical diagnostic equipment e.g. BP sets, torch, gloves and stethoscopes.
10. Arrange to travel to the base camp or town. On the day before the medical outreach event, meet the local leaders for any last minute instructions. Every team member must stay in touch with each other via mobile phones or group WhatsApp. Find local accommodation that is reasonably clean, comfortable where possible and cheap. Book the local logistics for transport, using a local contact.

11. **Medicine:** Allocate the appropriate amount of medications for each day. It is usually best to purchase all medications in the country where the medical outreach is to be held. This prevents all kinds of problems with import etc. If medicine is not readily available in the target country, make sure that you have official permission to import the medicine, including documentations for temporary medical practice license for foreign healthcare workers or importation of medicines to be brought on if it is in a different country.

Things to consider at the start of medical outreach.

1. Meet and pray in the morning as a group. Have final instructions before departing to the site where the medical outreach is being conducted.
2. On arrival at a site where there are no government healthcare services, set up the medical camp in such a way to ensure a simple flow for the patients. Use whatever furniture that is available to set up stations. Start with a registration station with numbering system followed by simple triage of the patients. The triage may include children vs adults or medical vs dental needs. Each consultation station must be manned by a healthcare worker with a local translator. There must be a small covered area for private physical examination. After consultation, the patients are given a prescription to obtain medication at the pharmacy station. Thereafter, there is also a station offering counselling and prayers by members of the local churches. Medical outreach members might be able to join in this, but often they are too busy with the medical needs.
3. On arrival at a site where government services are available, work closely with the local doctor, clinic and pharmacy. It will be better for that doctor to write the prescriptions and then for the patients to go to the government clinic/pharmacy.
4. When patients are waiting to be seen, they can be occupied by having a film show on health matters as well as presentation of the gospel in their local language e.g. Jesus film. Children can be brought together to play games or have story telling.
5. At the end of the day, have a simple debriefing to review the day's activities and find ways to improve for the next day. Dispose medical waste appropriately. Replenish medical supplies for the next day. At the end of each day, conduct prayers and thanksgiving to God as a group.
6. Take photos/ videos for documentation of the medical outreach that took place. Make sure that you have permission to do from the people involved.

Things to consider after the end of the medical outreach.

1. Have an overall debriefing on what went well and what could be improved. This includes the local community and healthcare leaders' feedback. A financial account of the expenses must be recorded.
2. Pray for each other. Stay alert.
3. Have a report of the medical outreach to be shared to the national HCF leadership as well as to the Global Medical Outreach promotor, Dr David Wong at outreach@hcfglobal.org
4. Plan for the next medical outreach. The idea is to build up a strong relationship with the people in the local community and to introduce them to Integral Community Health projects if they are not yet involved in this. Keep on returning annually to the same community until they have been equipped to take care of their own primary healthcare needs in conjunction with the healthcare system in their country.

Addendum: Medical and Dental equipment check list below, especially in rural areas without access to electricity.

#	Supporting Materials	R	N	R
1	Generator eg NOVOMAK 8000	✓		
2	Container for fuel reserves	✓		
3	Generator case & connective devices	✓		
4	Mobile amplifier and cord 2	✓		
5	Mobile screen for projector	✓		
6	DVD/VCD of Jesus Film local language	✓		
7	LCD Projector	✓		
8	DVD/VCD player	✓		
9	Disposable cup (2000 cups)	✓		
1	Plastic bags for medicines	✓		
1	Loud speaker (2)	✓		
1	Batteries for loud speakers	✓		
1	FM Radio Frequency (ICOM)			
1	Batteries for ICOM, Radio			
1	Tissue paper	✓		
1	Mission booklet (Song book)	✓		
1	Name badges	✓		
1	Prescription Book	✓		
1	Marker, 2 boxes	✓		
2	Nylon strings	✓		
2	Guitar	✓		
2	Gas stove, (two)	✓		
2	Autoclave, 1	✓		
2	Dental Chair, five	✓		
2	Mobile chair/s for dentist	✓		
2	Case and dental equipment	✓		
2	Alcohol	✓		
2	Latex glove	✓		
2	Scott Tape big, 5 roles	✓		
3	Balloons for children	✓		
3	Pure drinking water	✓		
3	Soft drink	✓		
3	Biscuits and candies	✓		
3	Oxygen Tank	✓		
3	Centrifuge for amalgam mixer with	✓		
3	Face Mask	✓		
3	Emergency Kits (2)			
	Evangelistic Materials as needed			
3	4 spiritual laws booklet	✓		
3	Booklet Who is Jesus?	✓		
4	Local language Bible old translation	✓		
4	Local language Bible new translation	✓		
4	Bible English-Local language Student	✓		
4	Souvenir boxes	✓		
	Medicines			
4	Boxes of new medicine. 1 box per day	✓		

ⁱ Adapted from <http://medicaloutreach.americares.org/wp-content/uploads/Americares-MedOutreachPracticesSurvey-Final.pdf>