Sanitation in Developing Countries

Proceedings of a workshop on sanitation held in Lobatse, Botswana, 12-14 August 1980
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Proceedings of a workshop on training held in Lobatse, Botswana, 14–20 August 1980

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Training of Primary Health Care Workers: A Personal Account

Fred K. Bangula

Primary health care is a practical approach to making essential health care services accessible to individuals and families in their community in an acceptable and affordable way. This is accomplished with the full participation of the community, a process in which individuals and families can assume the responsibility for their own health and welfare and for that of the community.

The primary health care approach has evolved over many years, partly in the light of experience, both positive and negative, that has been gained from knowledge of basic health services in a number of countries. It means much more than the mere extension of basic health services, however, primary health care has a social and developmental dimension that if properly applied will influence the way in which the entire health care system functions.

Primary Health Care in Malawi

Malawi is carrying out primary health care services through established and existing health programs such as tuberculosis control; leprosy control; an expanded program on immunization; and most important of all, the maternal and child health program. Through the maternal and child health program, static, as well as mobile, prenatal and under 5 years of age clinics have grown and have been established throughout the country. In Malawi, the number one priority is rural development, i.e., to deliver to villagers the basic services that they need. Hence, the main objective of the Malawi primary health care concept is to make basic health services available to everyone.

Before proceeding further, I would like to elaborate on my practical experience in the field of primary health care. After working in my district for nearly 3 years, I was instructed by the Ministry of Health to begin a primary health care program. This program, in which sanitation was to be an integral part, was to be based on an integrated basic service approach and include other government ministries. Previous experience in other related health programs has indicated that primary health care depends largely upon community participation. Furthermore, when sufficient time is taken to clearly explain activities in detail from the outset, village communities respond and assume their responsibilities and participate fully.

The first task, therefore, was to establish a dialogue with the community leaders to discuss health and sanitation. In this regard, the district development committee was approached and with these community leaders forming the committee, health and other disciplines, such as agriculture, community development, and education, and traditional leaders were integrated. This committee reviews and decides upon all development activities that need to be carried out within the district. It was during
our dialogue that a better understanding of the communities' views, the reasons for their views, the level of their aspirations, and the pattern of their organization and communication was acquired.

Three program areas were selected in my district and the planning started in May 1979. Under the supervision of the district development committee, three area health committees and 28 village health committees were formed. The health committee members were elected by their own community and were given the responsibility of working with the district health staff in leading, guiding, and helping in all aspects of health improvement. To promote community participation, every endeavour was made to obtain the cooperation of the community leaders so that public opinion could be led in a positive direction.

The next phase of the plan was to carry out a sanitation survey. The survey would provide the necessary information about the current level of village sanitation and would be a basis for future planning for training primary health care workers. In 6 weeks, three selected areas were covered on a house to house and village to village basis. The sanitation survey revealed that although community participation in self-help projects for communal use, such as schools, churches, clinics, and roads, was excellent, household development measures, particularly pit latrines, were not up to the same standard. The building of pit latrines using locally available materials is a very economical and efficient way to dispose of excreta and prevent the spreading of communicable diseases. This makes them very important for sanitation purposes. Previous efforts to encourage the use of pit latrines, however, have been inadequate. Pit latrines were often built following official direction without explanation. People were not made to understand the value of the latrines nor their role in preventing transmissible diseases. In other words, the reluctance to build pit latrines was not due solely to technical reasons, but was due to a lack of proper health education to influence the change of cultural traditions toward adopting pit latrines. Official direction to build pit latrines without health education as a guide did not work. Similarly, the lack of health education in many countries has contributed to the fact that: (1) some children are malnourished even though nutritious food is found growing in their area; and (2) some communities are suffering from easily preventable diseases. The need for community health education led to the development of the third phase of the primary health care program. At this stage, activities centred around health education.

**Development of Training for Health Committees in Dowa**

There are four main levels upon which the training program is focused: the village, rural health post, health centre, and the district hospital. Of these four levels, the village is the most important. It is at the village level that the village health committee functions, representing the point of contact between the health staff and the local community. The four main responsibilities of the village health committees are: (1) to identify community health needs or problems; (2) to interpret health programs; (3) to support and assist in carrying out the community health education program; and (4) to initiate and support the carrying out of self-help projects or programs.

The training of the village health committees was very informal and was aimed at preparing them to stimulate individual efforts toward observing sanitary precautions.

The primary health worker works very closely with the village health committee and gets support both from other health workers and from the committee itself. Therefore, in order to make village health committee members conversant with the work of the primary health worker, they are given orientation training in all aspects of health and sanitation, which the primary health workers also cover in their training. In addition, training reemphasized their responsibility to keep the local population informed of disease prevalence and to report
health problems promptly to the nearest health centre. Like many countries, however, Malawi needs to expand health education by concentrating on the primary health care workers training program. It is through the primary health care worker that the gap, wherever it exists, between the trained and qualified health staff and the people in the rural areas can be narrowed.

The district hospital will be an overall management and supervisory body of primary health care services. The government medical officer of the district will act as the head and be assisted by the district health inspector. The staff at the health centre, in addition to their normal curative, preventive, and promotive services, will supervise and support the primary health care worker in the field. The primary health care worker is the final link in the chain and will work hand in hand guiding and supporting the village health committee and the villagers themselves.

The Training of Primary Health Care Workers

In considering a training program, two questions immediately come to mind: (1) Whom should you train? (2) How should you train them? In attempting to answer these questions, it was decided that the training program should aim at training members of the village community. In this way, the knowledge and skills they acquire during the training sessions will be used to promote and maintain the health of members of their own community, as well as to give relief during emergencies and for minor ailments.

The training of primary health care workers will not be uniform; much will depend upon the particular form of primary health care to be delivered. The primary health care workers, the skills these workers will require, and, therefore, their training will vary throughout the country and throughout the world. For our program, both the primary health care workers and the village health committees will be trained in a manner that will enable them to adequately respond to the tasks that will be asked of them. Regardless of their level of skill, however, it is important that they understand the real needs of the community and that they gain the confidence of that community. This implies that the primary health care worker should reside in the community in which they are to serve and preferably be chosen by that same community.

A primary health care worker, who is elected by the health committee and lives within the community, should be given short and simple training. For cases where some primary health care workers may not like to remain away from their village for too long a time, particularly if they are attending a residential course, it is suggested that the training for a residential course not be more than 1 week and not more than 3 weeks for a nonresidential course. In essence, although an instructional program for a primary health care worker should answer the village health problems, it may not, at the beginning, be structured to respond to all of the identified village health problems. The training can gradually be extended over the years to cover additional tasks as required. This, of course, is built on a foundation of knowledge and skill that the primary health care worker has previously gained.

Designing a Curriculum for Primary Health Care Workers

In designing a curriculum for a training program in areas or in countries where such a program does not already exist, it is of vital importance that a preliminary investigation within the area be carried out, as was done in Dowa. The investigation should determine: (1) the health needs of the community; (2) the target of health care; (3) the available human and material resources; and (4) the local traditions and occupations.

All of these factors and many more will influence the instructional situation of the primary health care worker and help him/her to prepare for the kinds of activity that will respond to the expressed needs of the community. For example, from a health survey the following could have been identified as village health problems: (1)
poor environmental sanitation; (2) poor family health care; (3) lack of community participation; and (4) the presence of communicable diseases.

From these identified village health problems, one could draw up job responsibilities for the primary health care worker as follows: (1) improve the environmental sanitation of the village; (2) improve the family health care services; (3) mobilize the community to take action to improve and maintain their own health; and (4) control communicable diseases.

Under each of these job responsibilities one can draw up several tasks that need to be carried out by the primary health care worker, the sum of which may be beyond his/her capabilities. It follows, therefore, that a planner of an instructional program should structure the program to be both meaningful and relevant. It is very important that a curriculum not be overloaded and should impart only simple, practical, and precise knowledge so that the skills can immediately be put to use. Therefore, an instructor will have to be selective in choosing what to teach the primary health care students. For example, in Malawi the national syllabus for the training of primary health care workers has recently been completed. The syllabus endeavours to respond to nearly all village health problems, both simply and concisely, by dealing with the following eight topics: (1) care of children under 5 years of age; (2) promotion of proper nutrition; (3) prenatal, maternity, and postnatal care; (4) control of common diseases; (5) sanitation; (6) first aid; (7) basic oral health care; and (8) rural development.

The Training Environment

The success of a training program depends to a large extent upon its organization. Instructors should try to live a rural life with the primary health care trainees because cordial relations between the instructor and the trainee are essential. Instructors should be easily understood and friendly, with qualities that enable them to inquire about the needs of their students, including the trainees reactions to the course, to the meals, and to other matters. In addition to the coursework, there should be free time for recreation in the evenings for the residential courses.

Instructional Program Evaluation

Program evaluation is one of the most important parts of a training program. It can be broadly categorized into classroom and on-the-job field evaluations. In the classroom, trainees are asked to answer questions or to carry out demonstrations at the end of each teaching session to give instructors an opportunity to evaluate the knowledge and skills gained during the training. In the field, instructors or supervisors make visits to the village in which the primary health care worker is stationed. Such follow-ups will reveal what the graduate primary health care worker is doing, what she/he is not doing, or what they are not doing well. Consequent to the follow-up, additional training or refresher courses can be planned accordingly. Program evaluation is also of vital importance to the instructors themselves, as it affords them the opportunity to make adjustments to existing and future instructional programs.

Conclusions

To ensure that the expectations of the primary health care worker are fulfilled, the traditional hospital orientated curative outlook must embrace this comprehensive approach. Supervisors must keep in close communication to meet the needs of the primary health care worker or community interest and participation may dwindle and reduce the program's effectiveness. The training, and subsequently the work of the primary health care worker, rests upon proper coordination and support from all levels; be it from the Ministry of Health or from any other discipline with whom the common goal of human development is shared.