Health Needs

Report of a Seminar held at Pokhara, Nepal, October 1977

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/IDRC publication/. Report on /health service/s and needs in /rural area/s of /Nepal/, including information on the Nepal Health Manpower (/medical personnel/) Development /Research Project/ — (1) examines /survey/, /methodology/ and /data collecting/ procedures; application of /research result/s and role of applied /social research/ in /health planning/.

(2) presents country papers from selected countries of /South Asia/ and /South East Asia/, examining /basic needs/, /personnel/training/, /maternal child health/, etc. (3) includes annotated /bibliography/, sample /questionnaire/s.

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Cover: An interviewer with the Nepal Health Manpower Development Research Project questions an elderly woman about her health in a small village in the Pokhara Valley of Nepal.

Credits: All photographs, including cover, by Marilyn Campbell.
Rural Health Needs
Report of a Seminar held at Pokhara, Nepal, 6-12 October 1977

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Afghanistan

Population 20 million
Infant mortality rate 182/1000
Crude birthrate 43/1000
Crude death rate 21/1000
Rate of population growth 2.2%
Per capita GNP $130

All figures from 1977 World Population Data Sheet of the Population Reference Bureau, Washington, D.C.

Health Manpower Development in Afghanistan

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To expand and develop the health services in Afghanistan, the Ministry of Public Health has given priority to using available resources to provide curative and preventive care to meet the health needs of the community. Therefore, the Ministry, within the framework of the first Seven Year Socioeconomic Development Plan, has formulated a national health program with emphasis on health manpower development. The main objectives of the plan are to further expand and improve the quality and the quantity of health services at various levels of delivery such as:

1. Expansion and improvement of a hospital network in the provinces and regions;
2. Expansion and development of basic health services through the establishment of new health centres and subcentres at district levels and the provision of primary health care in villages;
3. Implementation of vertical disease control programs for malaria and tuberculosis, and an expanded immunization program for the prevention of early childhood diseases; and
4. Continued provision of a safe water supply for the rural population.

A systematic plan was formulated incorporating the following considerations:

1. Community Health Needs: The conditions in Afghanistan that affect health and cause sickness and death are not much different from other countries at similar stages of development. However, what we realize more and more is that the most effective way to combat these health problems is not only through delivery of health services but in many cases by bringing about changes that affect the socioeconomic development of the community both in rural and urban areas.

2. Health Service Delivery: Health services should be able to take care of the most common and serious health problems. For this purpose, health
manpower must be able to carry out certain tasks and functions, which include stimulation of the community to participate in a group effort for better health, disease campaign programs, and the organization of health programs on a large scale, so that the service responds to health needs and health problems in the community.

(3) Training Needs: The training of health workers should be determined by service requirements (local health problems), which, in turn, are determined by community basic health needs. Although this represents quite a departure from the idea that “teacher knows best,” it also means that teachers have a greater responsibility than before to use modern educational theory and practice to facilitate learning in the training programs, so that health personnel will be able to perform their duties competently and intelligently in response to individual disease and community health needs.

(4) Health Manpower Development: In this process we try to keep the health care system as dynamic as possible to meet changing circumstances, and to carry out a vigilant control and flexibility to be able to adjust according to performance and emergent problems. Until recently, the educational planning for health personnel has taken place independent of the health services organization and the disadvantages of this procedure are now recognized.

In the formulation of this project, we are striving for more economic use of training resources and trying to coordinate more closely the formal and inservice training of health personnel while bringing the basis for training closer to the service basis, understanding fully that this is both in our own interest and at the same time in line with international thinking. Also, in this project emphasis is put on the appropriate maintenance of, the demand for, and the utilization of health personnel in the health delivery system. The problems of the process are: the imbalance between the quantitative demand for and supply of health manpower; and the imbalance between the needs of the health care system for a particular category of health personnel with a defined kind of knowledge, skill, and attitude and the behaviour of the health manpower.

So the objective is to link community health needs and service requirements of all categories of health personnel with the formal and inservice training programs.

Also, our aim is to overcome the difficulties, remove the imbalance, and prevent fragmentation in training programs. Therefore, integration is the only answer, which has the advantage of bringing under one roof and one direction all aspects of health manpower development (manpower planning, educational planning, improved teaching facilities, production of teaching aids), gearing the training programs to the delivery of health services, and enabling us to carry out periodical evaluation of the content and process of the training program for each category of health personnel.