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Sanitation in Developing Countries

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



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Health Education Delivery System in Environmental Health Programs in Malawi

Winson G. Bomba¹

The health education approaches and strategies used in sanitation programs in Malawi will be discussed in another paper (see p. 101). This paper, therefore, will only focus on the delivery system of environmental health education in Malawi. Five levels of sanitation education responsibilities will be described: village, area, district, regional, and national.

Rural sanitation is principally the responsibility of the Ministry of Health. Extension workers from other ministries, e.g., the Ministry of Community Development, Ministry of Local Government, Ministry of Agriculture, Ministry of Natural Resources, and the Ministry of Education, play a significant role in sanitation education in collaboration with the Ministry of Health.

The population is reached through a network of about 500 prenatal and 900 child clinics, health centres, hospitals, and village health committees. The formation, composition, and functions of the village health committees in Malawi are discussed in another paper and, therefore, will not be discussed here. The most significant fact about the village health committees is that they are largely composed of the villagers themselves and village headmen are the chairmen. Health workers and other extension workers merely act as facilitators and/or resource persons.

¹Health Education Coordinator, Ministry of Health, Lilongwe, Malawi.

Village Level

The surveillance assistant is responsible for environmental health at the village level. This person is a member of the community who is trained in environmental and personal hygiene. The main function of the position is to teach people all aspects of environmental health.

The surveillance assistant is assisted at this level by the maternal and child health assistant (Ministry of Health); homecraft worker (Ministry of Local Government); agricultural field assistant (Ministry of Agriculture); and primary schoolteachers (Ministry of Education). In the very near future, the Ministry of Health will introduce another category of village health worker: a primary health worker (PHW).

All of these village-level extension workers do their work in close collaboration with the village health committees. In areas where the village health committees have not yet been formed, health matters are handled by village action committees, which are village-based committees composed largely of members of the community. The main purpose of the village action committees is to promote the people's participation in self-help projects.

Area Level

A health assistant is responsible for the environmental health of an area. The functions of this position, among others, are to teach the people about environmental

health matters, including the use of latrines, and to supervise the surveillance assistants. An area contains several villages, hence, many village health committees would be under the authority of one health assistant.

The health assistant is assisted by other extension workers such as medical assistants, enrolled nurses and midwives (Ministry of Health), and community development assistants (Ministry of Community Development).

These extension workers are also members of area action committees, whose chairmen are traditional chiefs. Again, the composition of the area action committee is largely made up of members of the community: leaders, chiefs, and other elected people from within the community. Matters that cannot be handled by the village health committees are referred to the area action committee.

The health personnel at this level operate from a health subcentre. According to the 15 year development health plan, each health subcentre is to serve 10 000 people. Health subcentres are staffed by medical assistants, health assistants, and enrolled nurses and midwives.

District Level

Environmental health at the district level is the responsibility of a district health inspector. This person supervises the health assistants and surveillance assistants in their district. In addition, they initiate health education campaigns and seminars and training courses for field staff and members of health committees. The district health inspector is assisted by other extension workers such as public health nurses, clinical officers (Ministry of Health); district community development officers (Ministry of Community Development); and agricultural extension officers (Ministry of Agriculture).

Every district in the country has a district development committee (DDC). The district commissioner is the chairman. Members of the DDC include all heads of departments at the district level (including health

inspectors), members of parliament of the district, district political officials, traditional chiefs, and the chairman and clerk of the district council. The DDC deals with all development matters in the district, including sanitation issues, e.g., water supplies and programs/projects dealing with the use of latrines. Issues that cannot be resolved by area action committees are referred to the DDC. If the district development committee cannot handle the matter, it is referred to the Development Division of the Office of the President and Cabinet and/or the secretary for health in the case of health matters.

In addition to the DDC, each district council has a public health committee, among other committees, which is largely composed of ward councillors from within the district. District health inspectors are members and technical advisors to such committees. Through the district council and public health committees, district health inspectors are able to exert their influence upon and involve district council machinery in various environmental health programs throughout the district.

The health inspectors and other health extension workers at the district level operate from district hospitals or primary health centres. The staff at a primary health centre includes a clinical officer, health inspector, registered nurse/midwife, public health nurse, senior medical assistant, and health assistant. According to the 15 year development health plan, a primary health centre (rural hospital) is designed to cater to 50 000 people.

Regional Level

A regional health inspector is responsible for the environmental health of a region. A region incorporates from 5–10 districts. Health inspectors in a region are answerable to the regional health inspector who operates from a regional health office other than a hospital. Among other things, the regional health inspector controls funds for sanitation programs in their region and maintains a building team composed of builders, carpenters, plumbers, painters, and labour-

ers that are deployed within the region to carry out any necessary construction work, including the construction of latrines, slabs, and structures.

National Level

The regional health inspectors report to the health superintendent at the Ministry of Health headquarters. The health superintendent then becomes responsible for environmental health at the national level.

At Ministry of Health headquarters, there is also a Health Extension Unit whose main function is to support all preventive health programs through the use of teaching materials and professional advice on health education methodology. In addition, the unit is responsible for public health education through mass media, e.g., radio, cinema, and posters. The health education activities conducted by the field extension workers are supplemented by 12 health broadcasts weekly (Monday to Saturday).

The Role of Other Agencies

The Mission Medical Services, known as the Private Hospital Association of Malawi (PHAM), play a role in sanitation education. The primary concern of the PHAM is curative service; however, their preventive

role is coordinated with that of the government, particularly with regard to health education of patients and mothers at prenatal and child clinics. In this regard, teaching materials produced by the Health Extension Unit of the Ministry of Health are distributed to the PHAM health units free of charge.

Sanitation in urban areas is the responsibility of the Ministry of Local Government through city and municipal councils. The Ministry of Works and Supplies is involved in the sewerage engineering aspects. City and municipal councils employ their own health inspectors and health assistants who ensure that health bylaws are complied with.

Conclusions

The improvement of sanitation is the concern of many agencies within Malawi, both government and private. Consequently, the approach to the use of latrines is interdisciplinary.

The Ministry of Health is responsible for rural sanitation and is greatly assisted by other ministries. The involvement of local communities in environmental health programs is achieved through committees at village, area, and district levels. This system enlists maximum participation of the people and has proved very useful.