

LID 824 TZLA90

INTERNATIONAL REFERENCE CENTRE
FOR COMMUNITY WATER SUPPLY AND
SANITATION (IRC)

T A N Z A N I A
H E S A W A

HEALTH DEPARTMENT

THE VILLAGE HEALTH WORKERS' PROGRAMME

AN OVERVIEW AND RECOMMENDATIONS

BY

DR. E.S. MWASHA.
AMREF HEALTH ADVISOR FOR HESAWA.



824-TZLA90-10578

T A N Z A N I A
H E S A W A

HEALTH DEPARTMENT

THE VILLAGE HEALTH WORKERS' PROGRAMME

AN OVERVIEW AND RECOMMENDATIONS

BY

DR. E.S. MWASHA.
AMREF HEALTH ADVISOR FOR HESAWA.

LIBRARY, INTERNATIONAL REFERENCE
CENTRE FOR COMMUNITY WATER SUPPLY
AND SANITATION (WSS)
P.O. Box 90100, 2509 AD The Hague
Tel. (070) 814911 ext. 141/142
RN: ISN 10578
LO: 824 TZLA90

HESAWA VILLAGE HEALTH WORKERS' PROGRAMME IN THE LAKE ZONE.

1.00. INTRODUCTION

The concept of Village health Workers (VHWs) was initiated by the Ministry of Health in the 70s. Since then thousands of VHWs have been trained by government institutions, as well as, NGOs and other private organizations involved in Primary health care (PHC) activities in Tanzania.

Over the years, the ministry of Health has developed guidelines and various training tools for VHWs and a lot of experience has been gained in the whole process of selecting, training, supervising and motivating these key community workers.

The role of HESAWA is to facilitate regional and district PHC teams in the Lake zone to implement an effective VHWs' programme within the existing national guide lines.

The main purpose of this short paper is to highlight some important issues related to the VHWs' programme in the Lake zone and to make appropriate recommendations for improvement.

2.00. COMMUNITY PARTICIPATION.

Although the concept behind the VHWs' programme is an excellent one, it is important to realize that it did not originate from the villagers. It was an idea that came from the Ministry down to the villagers through regions and districts. In order to have full commitment by the villagers this concept must be discussed with them until they see it as a felt need. In other words, the villagers must be made to clearly see what they are missing by not having village health workers in their midst. Once the villagers have developed a positive attitude toward VHWs, the subsequent steps of selecting, training, supervising and motivating VHWs will become relatively easier.

In order to be able to effectively change the attitude of an adult person, one must be familiar with the KAP (knowledge-Attitude-Practice) concept. An adult person will not change his usual day to day practices unless his attitude towards those practices has been changed. Further more, a change of attitude will take place only after appropriate knowledge has been effectively conveyed to the person in question. Under normal circumstances, it is not possible for a person to jump from knowledge to practice without going through a change of attitude.

Yet, Community development Workers and adult educators often make this gross mistake of rushing villagers from the knowledge stage to the action stage without giving them enough time to have their attitudes changed. Knowledge changes attitude and effective transfer of knowledge to adults can be done through adult teaching methods like the problem based learning (PBL) and the LePSA techniques which are basically learner centered, problem posing, self discovery and action oriented.

Therefore, it is not cost effective for a promotion officer or a Health Educator to go into a village to give a lecture however good s/he may be at lecturing. As stated in the School health and sanitation package compiled by the Health Advisor, adults learn much better when they are trying to solve a real, down to earth problem affecting them. For example, villagers will take trouble to learn and play an active role in the VHWS' programme only when they are confronted with a felt need or a problem that they believe could be solved partially or totally by the presence of VHWS in their village. True community participation and bottom-up planning cannot take place until the K-A-P process has carefully been implemented at the village level. Implementation of this process may take a long time and will need a lot of patience from community development Workers. Experience has shown this to be the only way to build capacity and develop a sustainable community based programme. Short-cuts have repeatedly failed.

Specific Recommendations.

Based on the views expressed in this section I would like to make the following specific recommendations for HESAWA.

- 2.10. All Workers involved in health education and promotion activities must use approved adult teaching methods. Such workers must meet regularly to review their methods and exchange notes in order to develop uniformity as far as teaching methods are concerned.
- 2.20. Effective teaching aids for adults should be sought and utilized by all health educators and promoters. These should include, among other things, Cinemas, traditional Songs, Ngomas, Stories etc.
- 2.30. The School health and Sanitation programme should be used as an entry into every village. If the procedure outlined in the School Health and Sanitation package is followed, the villagers will eventually develop a plan of action to solve the problem of ill-health among their children at school.

As soon as they start to implement their plan of action, the need for someone within the village to coordinate their activities, give technical advise and evaluate performance will be felt, and at this stage the villagers can be facilitated to select appropriate candidates for training as village health Workers. If the villagers happen to have selected and trained their VHWS already, this opportunity should be used to emphasize the role and importance of the VHWS in disease prevention and health promotion activities in their village. The end result would be to raise the status of the existing VHWS and to define their role in helping the villagers to implement their plan of action.

2.40 Prior to selecting VHWS for training, the village committee should be trained on the following:

- Qualities of a good VHW.
- Role of VHWS in the village (mainly preventive)
- Role of the village committee in selecting, supervising and motivating their VHWS.

NB. Training of Committees is extremely important and should be done in all villages even if they have selected and trained VHWS already.

3.00. INTERSECTORAL COLLABORATION:

The VHWS' programme cannot be dealt with in isolation. In order to develop and sustain a high degree of Community participation, it is important that the various sectors work hand in hand from the time of entering a community to the end. The promotion teams should consist of appropriately trained Workers from various sectors and they should be familiar with adult teaching methods. Intersectoral collaboration is important not only for promotion activities but for every activity at every levels of implementation. Collaboration between International development agencies working in the Lake Zone is equally important.

Specific Recommendations.

3.10. Train a core team of trainers (TOTs) who will train one or more promotion teams in each district. This training should emphasize adult teaching methods, as well as, supervision techniques to ensure Uniform implementation of the district & sub-district trainers' Curriculum which should be compiled by regional TOTs in collaboration with the Zonal office.

- 3.20. The district promotion teams who are to be trained should consist of, at least, one person from Maendeleo, Afya, Maji, UWT and CCM.
- 3.30. The district promotion teams should, in turn, train rural extension workers like VHWS, veterinary, agriculture workers etc, at the ward and village levels to be promoters who will carry out promotion work as part of their daily activities in their respective villages. With regular back up from the district teams, promotion activities will be carried out in a continuous rather than sporadic manner.
- 3.40. Every effort should be made by regional and district authorities to coordinate the activities of International development agencies Working in various regions.

4.00. ISSUES RELATED TO SELECTION, TRAINING, DISTRIBUTION AND MANAGEMENT OF VILLAGE HEALTH WORKERS:

One of the major problems facing the VHWS' programme in Tanzania is the attrition or drop out rate. The high rate of drop out has been attributed to various factors including poor selection, inappropriate training, unsuitable distribution leading to unrealistic work load for the VHW and poor management in general.

4.10 SELECTION.

Although the Ministry of health has developed clear guidelines for selecting suitable candidates for training, villagers are not well informed about the rationale behind these criteria for selection. As a result, unsuitable people are trained.

Specific Recommendation

4.11. The promotion teams should take enough time to explain the rationale behind the Ministry's guidelines when they are training village committees prior to selecting possible candidates for training as VHWs.

4.12. Villagers should be encouraged to select Traditional birth attendants and popular Traditional herbalists for training as VHWs.

4.20. TRAINING.

Although the Ministry of health has developed general guidelines for training VHWs, there are no detailed and systematized lesson plans that can be used by trainers. Details of training methodology are also lacking. Furthermore, training sites, duration of training and frequency of training are inadequately worked out. Although the Ministry has issued some general guidelines for the regions, each region must exercise some degree of flexibility in applying these guidelines in order to suit local situations. For example, in some areas most rural women cannot afford to be out of their homes for several days in order to attend a course at a distant health centre or hospital. As a result, the training site and duration of the course can cause serious biases in the selection process because villagers will tend to select those women who can afford to stay out of the village although they may not necessarily be the most suitable candidates for this kind of work.

Training should be aimed at changing certain attitudes in each individual VHW. The most important attitude that must be changed is curative vs prevention. The VHW must come out of the course completely convinced that her/his main task in the village is to prevent diseases and promote health without using medicines.

Village committees must also be facilitated in order to develop this attitude of mind. The first aid kit given to VHWS has caused more harm than good because this box of medicines makes them feel like small village doctors. As a result they sit at their homes waiting for patients to come to them instead of going home visiting to teach villagers about various ways of preventing diseases. If VHWS are to be given a first aid kit, at all, it should be strictly for that purpose and not for treating minor ailments that should be taken care of by the dispensaries. A first aid kit is meant for medical emergencies that need immediate attention to sustain life while the patient is being taken to a dispensary, a Health Centre or Hospital. The kit should, therefore, consist of equipment like tonicates, bandages, splints, cotton wool, anti septic, soap and few other equipment that can be useful in emergency situations. Analgesics like aspirin may be included if they are available.

Specific Recommendations.

- 4.21. The Zonal office should see to it that appropriate training methods are used by all TOTs involved in health education and promotion activities. This can be done through Workshops refresher courses and continuous supervision.
- 4.22. Lesson plans based on the Ministry's guidelines should be developed by regional TOTs in collaboration with the zonal office.
- 4.23. VHWS should be trained within a walking distance from their homes.

4.24. The total training time recommended by the Ministry of Health should be adhered to by all regions and by all NGOs involved in this work. However, training schedule for each day will depend on prevailing local situations.

4.25. Training must emphasize prevention and health promotion activities and if a first aid kit is provided after training, it should consist of a few essential equipment that the VHW can use in emergency situations to sustain life before the patient is taken to the village dispensary where appropriately trained staff can give curative services.

4.30 DISTRIBUTION.

The optimum number of VHWs needed for a given population has not been clearly established in Tanzania. The trend has been to train two VHWs per village, but this has not been a good criteria because villages do vary a great deal in size and population. The more people you have in a village, the more VHWs you will require to serve them. However, the total population of a village is not the only criteria because a village with a few people who are scarcely scattered all over may need extra VHWs since a VHW can only do home visiting within a limited area. Experience has shown that for a VHW to work effectively s/he will have to serve between 30 and 60 families within a radius of about 2-3 kms.

4.31 Specific Recommendations.

Each district should use the above criteria to determine the number of VHWs to be trained in any given village.

4.40. MANAGEMENT.

As mentioned earlier, the high drop out rate observed in the VHWS' programme is attributed, partially, to poor management of these workers. In the first place, many of these workers do not know their job descriptions and some of them do not even understand who their immediate supervisor is. At the same time the village committees who are supposed to supervise, encourage and motivate them have not been given any training on how to do this and they do not have a job description to specify their role in selection, supervision, and motivation of the VHWS.

Another factor that has a negative influence on management of VHWS is related to the expectations of the VHWS after training, as well as, those of the community. If the training curriculum for VHWS is very curative oriented and they are promised a box of medicines at the end of their training, it is obvious that the VHWS will pose as "village doctors", and the community will naturally expect curative services from them. As a result, a VHW who does not concentrate on curative services is regarded as useless and is given very little support by the villagers.

Specific Recommendation.

4.41. Regional and district Tots should prepare clear job descriptions for committees and VHWS. These job descriptions should be discussed thoroughly during the training phase.

4.50 THE ROLE OF VHWS IN MANAGING THE REVOLVING FUND FOR LATRINE SLABS:

The revolving fund provided by the programme to facilitate construction of house hold latrines should be maintained but its management should be improved by delegating more responsibility and authority to village committees.

Village governments should be instructed to appoint their VHWS to be directly responsible for purchasing raw materials for slab casting and selling. The village government should be allowed to retain some of the money obtained from sales of latrine slabs by VHWS and should be instructed to use a specific portion of the money to pay each VHW according to the number of slabs sold. The village government should be free to use their portion for various development activities in the village. Retention of money in the village should be strictly on the basis of slabs sold and not on the number of slabs casted. Hopefully, this arrangement will motivate both VHWS and village governments to persuade villagers to buy the slabs and utilize them for latrine construction. The present arrangements that allow VHWS to retain some money on the basis of slabs casted encourages them to cast as many slabs as possible whether they are sold or not. As a result, slabs have continued to pile up in the stores and VHWS have eventually failed to buy raw materials for making more slabs because all the money has been tied up in the slabs which have not been sold.

Furthermore, the revolving fund should be made available only to those villages which have indicated clearly that construction of house hold latrines is a felt need. Village committees should be encouraged to play an active role in persuading villagers to use latrines and they should prove that their villagers have expressed a felt need for latrine slabs before the revolving fund can be made available to them.

5.00. EVALUATION OF THE VHWS' PROGRAMME:

In order to evaluate this programme effectively it is important to define the indicators that will be used as early as possible.

So far, operational indicators like number of VHWS trained, number of refresher courses conducted etc, have been used to give an indication of what has been achieved. However, in the long run such indicators will not be very helpful because they do not tell us anything about the quality or the impact of the programme on health. Outcome indicators that measure capacity building, as well as, end results of the programme in terms of human welfare must be developed and used. The following is a list of a few examples of outcome indicators that could be used to evaluate the impact of the programme:

- = Infant mortality rate.
- = Vaccination coverage
- = Incidence of diarrhoeal and other diseases related to poor environmental sanitation.
- = Home use of oral rehydration therapy by mothers etc, etc.

Specific Recommendation:

- 5.10. Regional TOTs should compile and test an exhaustive list of outcome indicators in collaboration with the Zonal office in order to identify the most reliable indicators that could be used in this programme.