

MEDICO FRIEND CIRCLE

PO: GOPURI, DISTT. WARDHA (M.S.)

Ref.No.

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Dear Friend,

We are glad to note you are attending the Medico-Friend Circle Meet in Jamkhed from the 24th to 26th January'1980.

Attached kindly find a little information about the Front Line Workers and a few questions which come to our minds.

Kindly go through the paper and think over the questions and possible answers based on your experiences, we would perhaps find answers to some of these questions, when we see Jamkhed.

This little spadework would help to make discussions more lively and the sharing more useful.

(LUIS BARRETO)

Medico Friend Circle

FRONT LINE WORKERS

INTRODUCTION:

1. The Health status of hundreds of millions people in the world is far from satisfactory and in fact unacceptable. More than half the population does not have the benefit of adequate health care. There is wide gap between the developed and the developing countries in the level of health and in the resources they are devoting to the improvement of health. Moreover within individual countries whatever their levels of development, wide disparities exist between health facilities and health conditions of different groups of population.

2. The present medical manpower produced both in the developed and in the developing countries has been inadequate and more important still, incapable of delivering health care to the people who need it and in places where it is needed the most.

3. The World Health Assembly has in its 31st Meeting in 1976 decided that the main social target of governments and W.H.O in the coming decades should be "the attainment by all citizens of the world, by the year 2000 of a level of health that will permit them to lead a socially and economically productive life."

4. The Alma-Ata declaration stressed the need to ~~the~~ provide Primary Health Care. This was to be the key to attaining the target of health for all by the year- 2000.

5. The main people for delivery of primary health care would be the Front Line Workers. It is to be noted however that neither primary health care nor front line worker, are a new concept. At best one could say it is a new jargon. But new jargon is not a bad thing, for it evokes renewed interest. But it is bad, if it does not take into consideration our past experiences. It is based on the sharing of experiences of various countries on utilisation of front line workers in delivery of primary health care that this concept has come to be envisaged as one of the main pillars of the National Health Care Delivery System. One must also note that in India projects like Jamkhed in particular and others like Mandwa, R.A.H.A. etc. have been utilising front line workers even before the Alma-Ata Conference.

6. The Government of India launched the C.H.W.'s Scheme on Oct. 2, 1977 in an attempt to strengthen the health services at the grass roots and solve the two main problems our countries' health services has been facing namely:

- a) Outreach
- b) Active community participation.

7. Projects in various countries like Bangladesh, Burma, Thailand, Indonesia, Nepal, Ceylon and India and in some Latin America

countries have since long been trying to deliver primary health care through front line workers known as either village health workers, community health workers, village health communicators, village health volunteers, village health promoters etc. These workers are either part-time or full time, paid or unpaid, literate or illiterate or both, male or female or both etc.

8. In our country the former government launched the C.H.W.'s scheme on Oct. 2nd, 1977. This new rural health policy incidentally is supposed to reflect the ideological concept and rural bias in the field of health. By September, 1979, it was estimated that 180,000 C.H.W had been trained. The scheme had been extended to 981 PHCs. The scheme covers all states in India, except Kerala, T.N. & Jammu and Kashmir, Karnataka agreed to the implementation of the scheme only since April, 1979.

It is to be noted before we proceed ^{that in} 123 blocks (out of 892 blocks in the tribal areas) PHCs. have yet to be set up.

9. Front Line Workers in India:

The front line workers in different projects in India are:

- a) Village Health Workers in Jamkhed & Mandwa.
- b) The village health promoters in Raigarh (RAHA).
- c) The Anganwadi workers in the 100 Integrated Child Development Services Scheme in the various tribal, rural and urban blocks in different parts of the country.
- d) Link workers in the Tea and Coffee Plantation in the South.
- e) The Community Health workers in different parts of the country in our villages, etc.

10. What is the role of the front line workers in delivery of primary health care? Different projects have assigned different roles varying from mainly a role of an informant and an educator, as in the plantations, to treatment of minor ailments and collection of data and treatment of malaria, sanitation and health education as in the case of village health promoters, C.H.W's etc. In projects like Jamkhed the VHW's have besides delivery of primary health care, also been involved in total socio-economic development and in social change in the community.

a) What according to you should be the role of these front line workers, taking into consideration in particular the C.H.W.'s Scheme?

b) Should they involve in activities besides health?
and

11. Criteria ^{and} process of selection: In Jamkhed the community is informed about the type of worker required by the doctor, and the social workers and ANMs. and the community select the worker.

In the plantation, the selection is made by the supervisor and the manager of the tea garden in consultation with the medical officer and the community.

In the Integrated Child Development Service Scheme, the Block Development Officer and Child Development Project Officer are the main selecting authorities. In Raigarh Ambikapur Health Association the church authorities in collaboration with their social worker and community select the worker- The CHW's should ideally be selected by the Gram Sabha- but this seldom happens and it is largely the Panchayat workers and the Medical Officers and other political workers who eventually select their proteges.

- a) Which system according to you is better? Why?
- b) Do you have any suggestion as to how the workers could be selected?
- c) Considering C.H.W.'s scheme in particular -how could one ensure that the right people get selected?
- d) What should the sex/caste/economic class/education of the worker be?

12. TRAINING: The mode of training differs from place to place.

In Jamkhed an initial training in the headquarters for a week is followed by in service training in the field in their respective villages and coupled with refresher session they work for a whole day, where working come to the headquarter every Friday stay and eat together (this gives them an opportunity to share their problems and occasionally find solution from each other experiences). This is followed by another day (Saturday) of review of the weeks' work, collection of data and checking of records (done by M.O. and A.N.M, Social worker), teaching of a new lesson and solving their problems or rather helping them to find solutions.

Link workers from different gardens come in batches to the headquarter in Coonoor or to their respective garden hospitals for weekly training mainly in data collection, sanitation and are also thought the methods of production and transmission of disease and treatment of the same by the Medical Advisor or the Medical Officers.

In R...H.A. -training is given by social workers and Nurse-Midwives in one of the villages for 15 days and followed up with refresher session for 15 days every 6 months.

The Anganwadi Workers are trained in different institutions selected for the purpose by the Project staff. They are trained by doctors, social workers etc. for 3 months. Some of them receive in service training.

The CHW's are trained by the M.O. and M.H.W. with occasional guest lectures at the P.H.C. and some field training.

Most of the projects utilise audio-visual aids, but much stress is laid in Jamkhed and plantations and R.A.H.A. and some of the PHCs. Jamkhed utilised locally relevant audio-visual aids.

The methods of training vary from mainly didactic lectures with not much stress on in service and field training to much stress on field training and purposeful, problem, solving meetings as in Jamkhed and Plantations.

- a) Who should actually give the training?
 - b) Are the doctors in our PHC capable of imparting training to CHW's.
 - c) Should these doctors receive a training themselves?
 - d) If so, where should they be trained? For how long?
 - e) What type of training should they be given?
 - f) Should the PHC-MO's train their MHW'S to teach the CHW?
 - g) Could Medical colleges involve themselves in training of the M.O. + M.H.W's.
 - h) What according to you would be the best way of training the C.H.W.'s.
 - i) Contents of training, skills imparted to VHW's and the level to which they should be trained. Should the training be uniform?
 - j) What educational methods and principles should be utilised in training the VHWs.
 - k) Main training emphasis on professional (health work) skills or on how to conscientise people about socio-economic problems and actions? or Both?
13. a) Should workers be part time/full time?
- b) Should they be honorary or paid?
- c) If paid, how much? ~~Cash~~/Kind?
- d) Who should contribute the money and through whom should the payment be done? One who do payment will effectively control V.H.W.

14. Reactions of community to CHWs. : In projects like Jamkhed, R.A.H.A., Mandwa and Plantation majority of people are happy to have some body to give them basic health care.

However there is large amount of dissatisfaction with the government in various parts of the country also in some of the projects. Some of the reason are:

- i) Not a dedicated worker
- ii) Not enough knowledge
- iii) Does not give injection
- iv) Not accepted by the community
- v) Helps only the rich and affluent.

What according to yo-u are the main reasons for this?

15. a) What should be the sex/age of the worker?
 b) Could religion/educational status/sex/age affect performance?
 c) Should socio-economic conditions be a criteria for selection?

16. Evaluation: What should be the methods of evaluation of performance of front line workers?

- a) Decrease in morbidity and mortality in the community/vulnerable groups.
- b) Immunisation status of the community
- c) Nutritional status of children?
- d) Socio-economic changes
- e) Changes in Knowledge Attitude Practices in the community.
- f) Acceptance by the community.
- g) On going evaluation/terminal evaluation(for projects)?
- h) Decrease B.R..improvement of M.C.H. services?
- i) Any other.
- j) Who should evaluate? How can the community participate in evaluation of CHW and in supervision and control of their workers.

17. REMUNERATION: Workers are most often part-time and are expected to devote 3-4 hours a day per month.

In the I.C.D.S.S. the workers are full-time drawing about Rs.100/- to Rs.150/- per month.

In most other projects workers are paid Rs.30/- to Rs.50/- per month. The Govt. CHW get Rs.200/- per month(full time during their initial training) and Rs.50/- per month later on after their initial training.

In R.A.H.A. and Plantations the workers are honorary. Evaluation of workers in most projects and PHCs, shows that the workers/higher honorarium.
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17. i) What population should each worker cover?
 ii) How many villages should he/she cover?

18. Supervision:

- a) Should the CHW be responsible to the village? Or the MHW's and PHC- M.O?
- b) Should village health committees be formed?
- c) Should Block Development Officer supervise?

19. a) Should CHW's scheme be part of the PHC- set up?
 b) Should it be independent?

- c) What should be the interphase between the District Health authorities and other development authorities and CHW's.?
- d) What should be the interphase between the C.H.W. and the community?

20. a) Should the ^{re} be refresher training for the workers? How frequently? For how long?
b) Should avenues for promotion and increment in wages be worked out for CHW's? If so how.?
21. a) How could medical colleges with the new schemes for take over of 3 PHCs. - take responsibility for the scheme?
b) Could they involve in the training of the workers and evaluation of the scheme?
22. Primary health care envisages the involvement of health department with various departments like agriculture, social welfare etc. in development of the community.
a) How could front line workers do this?
b) Are the doctors capable of functioning in unison with other development agencies.

These are only a few facts about front line workers and a few questions to stimulate discussions in view of what we have observed in Jamkhed which perhaps is one of the best projects today. We must attempt however to project how some of the things done here, could be implemented in other pockets and parts of India.

Primary Health Care it has been said, marks the changing point which a future historian would perhaps call the beginning of health revolution.

Let us all hope the future historian gets an opportunity to do this!

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