Rony

TRAINING WORKSHOP, ZIMBABWE

MINISTRY OF HEALTH

15 April 1982

Report On The Village Health Worker Evaluation Project

I. INTRODUCTION

1. The Village Health Workers
2. Methods of Achieving objectives.
3. Tutors of Trainers of VHW workshops.
4. Trainers of Village Health Workers Workshops.
5. Village Health Workers Training.

II. EVALUATION

1. Purposes and Objectives.
2. Selection of Evaluators.
3. Orientation of Evaluators.
4. Sampling Frame.

III. FINDINGS

The data was collected from three groups of people: the Trainers, the Village Health Workers and Community members. It is discussed here under six headings:

1. Usefulness of the trainers training programme and syllabus guidelines.
2. Equipment: textbooks, teaching aids and stationery.
3. The Trainees.
4. The Community.
5. Administrative organization and support.
6. VHW in the field.

IV RECOMMENDATIONS

MINISTRY OF HEALTH

14th April 1982

EVALUATION OF THE VILLAGE HEALTH WORKER PROGRAMME

INTRODUCTION

The Ministry of Health has committed itself to ensuring that essential basic health services are made accessible to the majority of the population in order to achieve the goal of "Health for all by the year 2000".

To extend basic health care coverage to the majority of the population requires that the nation's resources be utilized in the most cost effective and cost beneficial manner. This has entailed a review of the health service system which we inherited, adjusting and overhauling it where necessary to ensure a service appropriate to present day goals.

Many of our health problems in Zimbabwe are preventable and many of the causes of morbidity and mortality can be obviated through preventive and health promotive interventions such as proper sanitation, provision of portable water, mass immunizations against the 6 target diseases and massive health education. These are all interventions which are neither capital intensive nor professional expertise dependent. They can be undertaken by lower level cadres.

In mapping out the course for the extension of health services to our rural populations therefore, we have found it necessary to move towards the strategy which emphasizes the setting up of many smaller and evenly distributed low cost units countrywide i.e. the health centres. These health centres will be manned by Medical and Health Assistants who will work in conjuction with, as well as supervise the frontline grassroots workers- The Village Health Workers*

The Village Health Workers

The Village Health Worker is a man or woman who is selected by his/her community to promote health education and motivate the community members in the promotion of health education activities. Village Health Workers receive a 12 week training course offered by the Ministry of Health during which they learn about personal and home hygiene, advantages of proper sanitation, nutrition, preventive measures, first aid and management of minor and common ailments such as childhood gastroenteritis and common skin infections.

It is the Ministry's goal that eventually each community will have its own Village Health Worker.

* Parts of this introduction extracted from Dr. Makuto's paper, "The need to change from a capital intensive urban based Medical service to the Primary Health Care Service."

2/.....

The National objectives to the Village Health Worker Scheme are:-

1. To ensure that each community has a grassroot worker chosen by its members to promote health education in that community, thereby making basic health care accessible to all.

2. To give the community the opportunity to participate actively in the promotion of its own health.

3. To ensure that each community is in a position to mobilize local resources and technical assistance necessary for the provision of portable water supplies and proper sanitation.

In order to achieve these objectives the primary health care plan was developed and at the primary level it included:-

1. Increasing and expanding the rural health centres as these would provide the necessary back up support needed by the Village Health Workers.

2. Orienting health workers to Primary Health Care especially those working in rural and preventive services.

3. Orienting the communities to Primary Health Care, its objectives and proposed strategies for implementation.

4. Establishing the training programme of Village Health Workers nationally.

Methods of Achieving Objectives

Orientation of Health Personnel

Several workshops were held during the first half of the year at provincial level to orient staff to Primary Health Care concept and to the government strategies for its implementation.

Orientation of the Communities

One day workshops were held at provincial level at which the members of Local Government staff were invited. These included the District Council Chairmen, the other Councillors and the health committee chairmen. The objectives of these meetings were to disseminate information to these officials in relation to:-

1. The Government's plan to implement Primary Health Care.
2. The proposed role and function of Village Health Workers
3. The selection of Village Health Workers.
4. The role of Councillors and the community in Primary Health Care.

3/.....

Written guidelines were given out to the councillors on the responsibilities of the various categories mentioned above. (See appendix 1 and 2).

Tutors of Trainers of VHW Workshops

In May 1981 - 10 community health nurses, 2 from each province underwent a short workshop of one week- preparing them to function as Tutors of Trainers of Village Health Workers. The main focus of the course was on:-

1. Primary Health Care as a phylosophy of Health Services
2. Motivating others and methods of teaching.
3. Orientation to the Village Health Workers syllabus.

Trainers of Village Health Workers Workshop

In June-July 1981 the 12 weeks training of Trainers of Village Health Workers commenced in the five provincial training centres, 2 trainers were selected from each of the 55 districts. Ideally this was to consist of one Health Assistant and one Medical Assistant. Due to shortage of Health Assistants, some teaching teams consisted of 2 Medical Assistants and no Health Assistant.

Village Health Workers Training

In October-November 1981 the training of 344 Village Health Workers started in the 55 districts and most districts had 6 Village Health Workers with a few having 7-10 Village Health Worker trainees.

The programme was started enthusiastically especially by the Provincial Medical Officers of Health and their staff as well as District Councils and communities despite the problems which were encountered e.g.

- Lack of properly built accommodation for both trainers trainees (VHW)
- Insufficient amount of food for both trainers and trainees at the training centres as there was no existing mechanism within the Ministry of Health to give funds for meals to these agencies.
- Lack of transportation for education project by the trainers and the trainees.

After their 12 weeks training Village Health Workers were deployed in their respective villages. Each Village Health Worker was to be visited by the trainer and by the tutor.

4/.....

EVALUATION

Purposes and Objectives

At the time of evaluation the Village Health Workers had been on their own for a period of 8-10 weeks.

The objectives of the evaluation are:-

1. To determine whether the Village Health Workers function in the role that is envisaged for them i.e. Teaching the community about preventive and promotive aspects of health.
2. To identify the difficulties which may have been encountered during training related to the syllabus, the training centre or field experience so that such difficulties can be alleviated for subsequent groups.
3. To identify the administrative/organisational problems encountered at the training centres.
4. To assess the extent to which the various factors influence the ability of the Village Health Workers to achieve the set objectives - such factors include age, sex, literacy level, in order to define criteria for selection of the future Village Health Workers.
5. To determine the extent of community participation from beginning of programme to present i.e.
   - i. Community participation in the selection of the VHWs.
   - ii. Communities response to advice given by VHWs.
   - iii. Assistance given to VHW by Community in her own work.
   - iv. Support given by Councillors to VHWs.
6. To identify the logistic support which the Village Health Workers need and have received from health personnel.

It is to be pointed out here that evaluation has been considered essential at this rather early stage for the following reasons:-

1. The purposes and functions of these Village Health Workers differ from those of previous Village Health Workers who had been trained to work in the protected villages. For that purpose their whole orientation was curative and many of them worked from health centres.

The communities expectations based on their previous contact with Village Health Workers (V.H.W.) could make the present V.H.W.s focus heavily on curative oriented activities.

2. Secondly a group of some 350-400 Village Health Workers will be trained every 3 months and therefore it is most important that this first group which will set the pattern for subsequent groups be on the right path.

5/.....

Selection of Evaluators

In order to ensure objectivity, it was agreed that the majority of the evaluators should not include those persons who had been directly involved in the training of V.H.W.s or the Tutors of Trainers of V.H.W. s. It was considered important however that evaluators should be people who are familiar with the primary health care concept as these would not require a lengthy orientation on the approach and philosophy of Primary Health Care.

The evaluators therefore consisted of personnel from the various officers at Head Office as well as officers from the Provincial Medical Officers of Health in the 8 provinces (See Appendix 3).

Orientation of the Evaluators

All the evaluators attended a one day workshop during which the objectives of the proposed evaluation programme were reviewed, the steps in the selection, training and deployment of the V.H.W.s were discussed and the evaluation questions studied and modified where necessary (See Appendix 4).

Three groups were to be interviewed as part of the evaluation exercise. Representative samples were to be selected from:-

Village Health Workers

Community people

The Trainers of Village Health Workers.

Sampling Frame

Some 340 Village Health Workers have been trained in the 55 districts of the country. In order to have a representative sample it was agreed that V.H.W.s and community members from 2 districts randomly chosen in each of the 8 provinces be interviewed. The numbers were to be as follows:-

PROVINCE	DISTRICTS	NO. OF VHWs	NOS OF COMMUNITY PEOPLE
Mashonaland West	Hartley	6	12(2 from each area of VHW)
	Urungwe	6	"
Mashonaland East	Mudzi	6	"
	Wedza	6	"
Mashonaland Central	Mt. Darwin	6	"
	Shamva	6	"
Matabeleland North	Nkai	6	"
	Tjolotjo	6	"
Victoria	Gutu	6	"
	Chiredzi	6	"
Midlands	Gokwe	6	"
	Shabani	6	"

6/....

PROVINCE	DISTRICTS	NO. OF VHWs	NOS OF COMMUNITY PEOPLE
Manicaland	Buhera	6	12(2 from each area of VHW)
	Maranke	6	"
		96VHWs	192Community People

Two trainers from each of the 55 districts was mailed a questionnaire to complete.

12 evaluators paired in 6 teams visited 14 of 16 districts which had been selected for evaluation. The last 2 districts were not visited because of administrative and transportation problems.

The interviewing teams were not able to interview all the 6 Village Health Workers in each district visited because in some cases the VHWs were not home and in other areas there were long distances to travel between VHWs' homes. A total of 66 VHWs and 121 community members were interviewed. Seventy four (74) trainers returned completed questionnaires in time for the compiling of the report.

FINDINGS

1. Usefulness Of The Training Programme And Syllabus Guidelines

1.1 Training of Trainers

Most trainers, 72%, rated their training programme as "very useful", 18% as "useful". All trainers were very clear and precise on the functions of the VHW in health education for disease prevention and referral of serious cases to clinics and health centres. The trainers are therefore very satisfied with the training they received.

1.2 The Syllabus

By contrast only 45% of the trainers rated the syllabus guidelines as v"very useful" whilst 43% said it was "useful".

1.2.1 One problem pointed out by some trainers regarding the syllabus was that it did not include some diseases that are prevalent in the area where the VHWs are going to work. Some trainers also said the duration of the course was not long enough to cover everything in the syllabus, especially the practicals. Fifteen percent of the trainers said they were not able to cover the syllabus.

1.3 The Practicals

Although 83% of the respondents said they carried out the practic[illegible], 50% of these only consisted of observation of wells and toilets under construction. Ninety-seven percent of the trainers said they had faced various problems trying to carry out the practicals.

1.3.1 The following are the problems that were faced in carrying out the practicals (whenever respondents give reasons or state problems these are not mutually exclusive and they each give more than one).

Lack of transport	74%
Lack of materials and a suitable environment	52%
Lack of community interest	12%
Inadequate support from other health workers and district councillors	8%

1.3.2 The transport problem will hopefully not be as acute with other intakes as the bicycles intended for the centres are now being distributed. However, the other problems still need looking into as the practicals are an important part of the training.

2. Equipment: textbooks, teaching aids and stationery

2.1 Textbooks

All trainees had the text, "Where There Is No Doctor" and at least one other text like "Primary Health Care" or "Tropical Hygiene".

2/....

2.2 Teaching Aids

Fifty-eight percent of the respondents said they used posters and flip charts. Slides and films were used by 18%, and 12% said they made their own aids whilst another 12% did not use any aids at all. Eight-percent said they had used skeletons and patients supplied by the doctors at the hospitals where the centres are located. In their general comments 10% of the trainers pointed out the need for more teaching aids.

2.3 Stationery

The problems faced regarding stationery are dealt with later.

2.4 Comment

It is encouraging to note that 88% of the trainers used teaching aids of some sort. It is important to find out the kind of posters, flipcharts etc being used and the extent of their use.

Most of the trainers who said they used films, slides and skeletons reported that these had been supplied by the doctors at their hospitals. Such support and backing from upper level health personnel in the field is vital for the general success of the VHW project.

3. The Trainees

3.1 Selection

Criteria for selection of the Village Health Workers emphasize acceptance by the community and commitment to it.

3.1.1 Ninety-seven of the VHWs said they had been selected by their communities. However, only 73% of the community members interviewed said their VHW had been selected by the community (others believed the selection was by the councillor or community nurse) and only 35% of the community members interviewed had actually participated in the selection. A small number of trainers trainers said that there is a need to ensure that the people, and not councillors, select the trainees and that the trainers should somehow be involved in the selection.

3.1.2 According to the guidelines put out by the ministry, it is important the community be involved in the selection process. Although 97% of the VHWs say they were selected by community members only 35% of the community members reported actually participating in the selection. Thus the high percentage of VHWs saying they were selected by the community members may reflect the fact that they know they are supposed to be selected by community members, more than anything else.

3/.....

3.1.3 Asked what problems those who learned least had "lack of education" was given by 62% of the trainers, "old age" by 24% "lack of uniformity in age and educational levels" by 21%. Failure to understand English by 12%. Other problems given were lack of training background, poor health, pregnant/feeding mothers, and lack of seriousness.

3.1.4 Fifty-two percent of the trainers said there was a need to change the selection procedures whilst 37% saw no such need.

3.2 Education

On education the guidelines stipulate:
"Knowledge of basic reading, writing, as well as keeping of simple records is essential. Knowledge of English should not be taken as a criteria. We should see literacy as being related to any vernacular language, while bearing in mind that English is a foreign language, not spoken conversantly by a large section of our community notably those in rural areas."

3.2.1 This survey found that the average educational level of the VHWs interviewed was grade 7. Only 11% of those interviewed said they were below this level.

3.2.2 However, asked what problems those who learned least had, 62% of the trainers gave "lack of education" as a problem. Failure to understand English was cited by 12% of the trainers.

Asked what problems the VHWs might face once in the field a small number (8%) thought they would face a problem of confidence as in time they have to deal with more and more people of higher educational qualifications than theirs. Some trainers, 6%, reported that most of the materials were beyond the comprehension of some trainees and wonderedfi such trainees should still be regarded as "trained VHWs" after the 12 week course.

Twenty-eight percent of the trainers suggested that a minimum educational level of grade 7 or Form II be set and candidates demonstrate ability to read and write.

3.2.3 Although most of the VHWs report that they have at least Grade 7 qualifications; trainers seem to be having problems with some trainees' capacity to learn. Given the fact that some of the graduate VHWs will drop out anyway, it is important that as many as possible are indeed trained VHWs.

3.2.4 Comment

Striking a balance between "trainability" and acceptance by, and commitment to, the community poses a complex problem. It is important that VHW's be individuals who have strong roots in their communities and are selected by them.

4/.....

Thus where trainees selected by the communities seem rather old and "uneducated", the methods of training should be tailored to suit them, rather than insist on more educated candidates. There is therefore a need to orient the trainers in adult teaching methods, methods that would emphasize techniques in altering attitudes and social practices.

3.3 Age

No age limits have been set for the Village Health Worker.

3.3.1 The majority, 86%, of the VHWs interviewed are married and have a minimum age of 32 years, the youngest being 18 and the oldest being 50 years.

3.3.2 "Old age" was given as a problem by 24% of the trainers. These suggested that a maximum age limit should be set. They pointed out that some of the older trainees had problems of seeing, hearing and retaining what they had been taught.

4. The Community

It is important that community members participate in this project. Community participation will be ensured if:

(a) the community members have been given information about the expected activities.

(b) they understand their role.

(c) such activities meet their needs as they perceive them.

The District Councillors were initially given the responsibility to disseminate information about the VHW scheme to their communities.

4.1 Involvement

Although 97% of the VHWs said they had been selected by members of the community, only 35% of the community members said they had been involved in the selection.

4.1.2 Asked who they had first heard about the VHW project from, 31% of the community members said from the councillors, 22% said from the clinic staff and 14% said from friends and neighbours. Altogether 80% of the community members interviewed had heard about the VHW project.

4.1.3 Forty-five percent of the community members interviewed had either had contact with, or participated in an activity organized by the Village Health Worker.

5/.....

Forty-nine percent had not heard of anything taking place in their village that involved the village health worker. Only 30% of the VHWs reported receiving help with their own daily chores, from the community members.

4.1.4 The percentage of community members who actually participated in the selection is rather low, and so is the percentage who first heard about the project from the district councillors, the people charged with explaining the project. There is a need to get more community members involved in the selection, and the councillors explain the nature and importance of the VHW project.

The percentage of people who had not heard of anything taking place had been organised by the VHW is high. This could be due to the fact that the VHWs had only been in the field for 8 weeks. It is probably also contributable to the large area that has been assigned to each VHW.

4.2 Attitudes

4.2.1 The needs of the community as seen by the community members themselves were as follows:-

Need	Community Response
Safe water supply	29%
Clinics	29%
Transport and communication	9%
Medicines for VHW	7%
More VHWs	5%

4.2.2 The functions of the VHWs as seen by the VHWs and the community members were as follows:-

Function	VHWs Response	Community Response
To improve hygiene and general cleanliness	92%	76%
To improve sanitation and water supplies	68%	56%
Encourage clinic attendance	53%	12%
Treatment of ailments	14%	28%

4.2.3 Asked what problems the trainees would face in the field, the 47% of the trainers gave demand for medicines by the community members. Motivation and mobilization of the community waslisted by 18% of the trainers /problems that the VHWs would face.

/as

Whereas 72% of the trainers reported that the trainees were "very enthusiastic" about the practicals, only 36% reported the community as very enthusiastic.

4.2.4 The community sees safe water supplies as a major health need and 58% of the VHWs see improvement of sanitation and water supplies as a major function. Since clean water is so central to health and is everywhere being emphasized as a basic need for every society (U.N. WATSAN decade) and since the community members perceive it as an urgent need, the health education activities of the VHWs could revolve around a well planned and supplied water project for every community.

4.2.5 The above results point to some needs that are outside the VHW capacity to fulfill. Fifty-three percent of the VHW saw one of their functions as encouraging clinic attendance. Thus there has to be a clinic accessible to her community in order for her to feel that she is functioning effectively. Again 28% of the community members saw the treatment of ailments as a major function of the VHW. This is very understandable in the absence of clinics or health centres.

4.2.6 Although a large percentage of the community members 76%, did list improvement of hygiene and general cleanliness, other indicators are that for the VHW to sufficiently motivate and mobilize them, her activities will have to revolve around something more concrete, and perceived by the people as immediately satisfying some of their felt needs. It is only then that more community members will begin to see a need to spend their time helping the VHW with her own work, and later on, the need to pay her themselves.

4.3 Knowledge

4.3.1 Forty-eight percent of the community members were able to make a general association between disease and unclean environment and poor hygiene.

4.3.2 The major health problems as seen by the VHWs and the community members are as follows:-

Diseases	VHW Response	Community Response
Sore eyes	68%	57%
Diarrhoea/Vomiting	43%	33%
Malaria	37%	39%
Cough	27%	32%
Scabies	27%	26%
Bilharzia	15%	9%
Anthrax	6%	4%

7/.....

4.3.3 The percentage of the community members who were able to make the general association between disease and poor hygiene is too low, indicating the great need for health education..

It is satisfying that the community members and the VHWs listed the same diseases when asked to give the major health problems in the communities.

It is noteworthy, however, that the diseases they listed differ slightly from the leading causes of morbidity and mortality as indicated by the Ministry of Health annual reports.

5. Administration and Organisation

5.1 Rating

Asked to rate the administrative support they had on a given scale, the rating "very good" was ticked by 24% of the trainers, "good" by 38%, "fair" by 20% and "poor" by 16%. A few said it was very poor.

Asked what changes they would like to see in the running of the project "more support and better communication" was given by 30% of the trainers. Thirty-two percent gave "timely delivery of allowances and stationery".

5.2 Problems

5.2.1 Sixty-six percent of the trainers said poor food allowances and their late arrivals affected the morale of the trainers. Twenty one percent of the VHWs themselves said lack of food and accommodation facilities had been a major problem.

5.2.2 Whilst 25% of the trainers saw accommodation as a problem, as many as 30% of the VHWs themselves also listed it as a major problem.

5.2.3 Thirty-three percent of the trainers saw the absence of promotion prospects and the switch from an earlier promised allowance for the VHWs to a lower one as negatively affecting the morale of the VHWs. Some trainers termed the proposed allowances "as exploitation of man by man."

5.2.4 The unavailability of stationery or its late arrival was cited as a major problem by both trainers and trainees. In some cases trainers reported lacking basic equipment like chalkboards, chalk and dusters.

5.2.5 The absence of a uniform, a certificate, or "even an examination to pass," as "proof" that they had successfully undertaken a course was given as a problem affecting the morale of the VHWs by 14% of the trainers.

8/.....

5.2.6 Besides the problem of accommodation which might be due to the newness of the project and the fact that most training centres were incomplete at the time of the survey, the rest point to a great need for better organisation. Late delivery of stationery and food allowances should be avoided at all costs. The trainees should not have been promised higher allowances than what was going to be the case, and the nature of their work should have been explained earlier so as to avoid dissappointment over lack of promotion and the small allowances given.

5.3. Communication

Thirty percent of the trainers felt that there was a need for more support and better communication. These felt that their problems were not attended to, that some people who were supposed to know better neither took the project seriously nor supported them.

5.3.1 Some quotes from one of the trainers make the point:

(i) "More support is needed from district councils concerning transport and efficient administration e.g. paying VHW in time, collecting allowances from PMOH office in time".

(ii) "If heads of hospitals could be informed of the importance of this programme so that they cannot harass the trainers and take them to be a different department and very inferior."

(iii) "The Nurses-in-charge of rural health centres should be properly made aware of the philosophy and rational of the project."

(iv) "People working in hospitals should be re-oriented on the Government policyon VHW. They think these people are too inferior to mix with them."

5.3.2 The success of PHC is very much dependent on the acceptance and support by all health staff from the bottom right up to the doctors and surgeons. The above therefore needs immediate and close attention.

5.3.3 There is some confusion about the trainers allowances. Trainers wondered why some were getting the allowance and others were not. A number of trainers felt so strongly about lack of support and communication that they suggest somebody should be placed at the PMOH to liase between that office and the trainers in the field. One wrote, "One trainer should be stationed in the PMOH office to link with other trainers in the districts. He or she can help sister-in-charge of primary health care."

9/.....

6. Village Health Worker In The Field

6.1 Activities

6.1.1 Asked to give what they consider highlights of their work so far, the VHWs gave the following:-

63% - Digging rubbish pits
42% - Constructing pot racks
23% - Constructing toilets
17% - Home and Environmental Health
9.5% - Increased clinic attendance.

6.1.2 Eighty-nine percent of the VHWs interviewed indicated that they had been able to maintain records of their activities while 9% had not kept any records.

6.1.3 Asked who they contacted when they had problems 50% of the VHWs said the Health Assistant, 36% said the Councillors and 10% went to the trainers.

6.2 Problems

6.2.1 When the VHWs were asked what problems they had undertaking their work, 32% said the area they had to cover was too big, 17% said lack of medicines and 14% indicated that poor response from the community had been a major problem.

6.2.2 When the trainers were asked what problems the VHWs would face once in the field, 47% said demands for medicine, 28% said organizing their work without close supervision, 23% said the areas they had to cover were too large, and 17% said they would have problems motivating the community.

6.3 Comments

6.3.1 The highlights of their work given by the VHWs indicate the importance of concrete projects from which the community members see immediate benefit.

6.3.2 The Health Assistant is obviously the person seen to be most helpful by the VHW's. Elsewhere the trainers report that it is only the Health Assistants who are really helpful and supportive of the VHW project.

6.3.3 It is noteworthy that the problems listed by the trainers are the same as those given by the VHWs themselves. These must therefore be real felt problems that need immediate attention.

OM/bm

II RECOMMENDATIONS

The following recommendations are made on the basis of information collected in the survey.

1. Training of Trainers

(a) The trainers are involved in the training of a special group of people which has peculiar problems. The trainers notes and comments indicate that they have not fully appreciated this fact. (See Item 3.2.4). Orientation courses covering the specialised areas of principles of adult education and use of supplementary teaching aids should be organised for them.

1 A. The Syllabus

(a) Given the fact that the trainers are dealing with trainees of low educational levels the text books should be used only as reference texts, and the ministry should develop more detailed schemes of to cover each topic. Such schemes could take into account the slight variation in the major diseases from region to region.

(b) To alleviate the transport problem for practicals (Item 1.3.1) the ministry should enter into a formalised understanding with District Councils (through Local Government) to provide transport. The V H Ws should also be provided with the bicycles at the end of the theory and beginning of the practical part of the course, rather than at the end.

(c) Trainers should be made aware of what materials are available for practicals, and where they can be obtained from, at the beginning of the course.

2. Equipment: Textbooks, Teaching Aids, And Stationery

(a) The Ministry start work on the adaptation of the text "Where There Is No Doctor" allowing it to reflect the Zimbabwe health situation and the variations in the different regions of the country.

(b) Production of posters and flip-charts for use in the training of the VHWs should be commenced with minimum delay.

(c) Where there is an electricity supply procure and encourage use of slides and films.

(d) Measures be taken to ensure a constant supply of pens, markers and manila paper for making teaching aids.

11/.....

3. The Trainees

(a) Those successfully completing the course be issued with VHW badges. (Item 5.2.5).

(b) The conditions under which the VHW will work should be explained, and the rationale for such conditions given, before they go to the training centres.

4. The Community

(a) Community leaders should be made more aware of the need to, and be given specific guidelines for, stressing the importance of the community helping the VHW.

(b) Steps be taken to further enlighten the community on the voluntary/community based aspect of the VHW's work to facilitate her acceptance as a community member giving service rather than a fully employed civil servant.

5. Administrative Organization And Support

(a) The Ministry should consider appointing a nurse to be in charge of VHW Training at provincial level solely responsible for the administration and monitoring of the program (Items 5.3.1/2/3). Such a person would report directly to Headquarters.

(b) Seminars/Workshops should be organised at provincial and district levels involving health personnel at all levels to discuss PHC, the place of VHW in its implementation and what their role is (Item 5.3.1).

(c) The question of the status of trainers be made clear to all of them immediately. In future efforts should be made to pay these timely. (Item 5.3.3).

6. Village Health Worker In The Field

(a) A more efficient, assessable method for support and supervision of VHWs in the field should be worked out immediately.

(b) The area to be covered by a VHW be limited to allow her to make an impact. The positive impact she makes in a restricted area should motivate other communities to select capable canditates of their own and to give them maximum support. (Item 6.2.2).

(c) In each given region there should be at least one concrete, well supplied project around which the VHWs activities can revolve. (Item 4.2.6).

APPENDIX 1

"Concept of Village Health Worker selection, training, function and accountability.

OBJECTIVES OF THE TALK

1. List of the criteria for selecting Village Health Workers.

2. Describe the training envisaged for Village Health Workers.

3. Explain the functions of a Village Health Worker.

4. Explain to whom the Village Health Worker is accountable.

1. LIST THE CRITERIA FOR SELECTING VILLAGE HEALTH WORKERS

1.1 Need for stability.
The prospective candidate must be a permanent resident in the community. Preferably we need a person who has lived in the community for a time. Not one who is six months in the village then the other, let's say after harvest, six months in town. We do know that this does happen, / a wife /with whose husband works in town.

1.2 Need for a candidate who is of the same cultural/ socio-economic/tribal background as the community one is serving.

This is necessary to effect acceptance; to entrench one's identity with the community one is serving. Respect the customs and beliefs of the community one intends to serve. Discourage through gentle persuasion not coercion, those customs which are harmful.

1.3 Must be a lively and good community motivator. Primarily the role of the Village Health Worker is promoting health and preventing of diseases.

1.4 Must be a person respected, and accepted by the community. One whom the community trusts, and one who can inspire confidence in the community.

1.5 Must be able to identify with the masses of the community and not/as an alien whose intentions /be seen may be suspect.

1.6 Knowledge of basic reading, writing, as well as keeping of simple records is essential. Knowledge of English should not be taken as a criteria. We should see literacy as being related to any Vernacular language, while bearing in mind that English is a foreign language, not spoken conversantly by a large section of our community, notably those in the rural areas.

APPENDIX 2

ROLE OF COUNCILLORS

1. Inform and educate community about selection of Village Health Workers and what community should expect from VHWs.

2. Encourage community participation and support of the activities of VHWs.

3. Funds to pay VHWs will be given to the councillors.

4. Help to monitor activities of Health Committee and Village Health Workers.

When you go back you need to organise meetings in your wards - educate the people. (Trainers help). Councillors do not choose VHW but organise to facilitate selection.

ROLE OF HEALTH COMMITTEE

1. There must be one on each village level. Together with VHW they meet and determine what the health needs of the community are and how the VHW can help them.

2. They also must be supportive and attend meetings when called by VHW.

3. Review progress related to health and the activities of the VHW.

4. Information provided by Health Committee and VHW will be used for in-service when VHW returns for in-service after the first three months of practice.

COMMUNITY

1. Select the Village Health Worker.

2. Be active in carrying out projects or activities initiated by VHWs.

3. Appreciate that even though she works part time, she may work for many hours in some occasions and should therefore assist him or her with her work such as harvesting, mowing, ploughing etc.

THE COUNCILLORS are the people who have to make the community accept this programme as their programme. They have to teach the people what P.H.C. means, why the Government has chosen it and also encourage the community to be self reliant. In order to foster this understanding.

The funds which the Ministry of Health is making available to pay the VHWs will be given to the councils, who will in turn pay the VHW, and if the VHW has to be away for some time out of her/his community, he should make the council aware of this.

The Health Committee is responsible for the support of the VHW. Together they should call the village meetings

2/....

to discuss health matters with the community. They will review with the VHW, health problems and the health activities which should be priority. It will be on either basis of these discussions and suggestions of the health committee that when the VHW returns for in-service, and continuing education we will have more specific information on what should be added this will be based on what the village worker tells us are the needs of his/her community.

THE COMMUNITY

The community selects, the whole community should support the VHW in as many ways as is possible, for instance even though we say the VHW works part time, we know that in practice there may be days or seasons when she puts in long hours in giving assistance for example in the summer when there is a lot of diarrhoea etc. The community should therefore assist her with activities like ploughing her fields, harvesting, hoeing etc.

The community should further be active in the projects of self sufficiency and self reliance activities which the VHWs will be promoting for example if the community is asked to participate in digging a well or digging pit latrines etc.

And of course the community should be interested in all activities of health, come to meetings when they are called to discuss health matters because it is only if the community is interested that the VHWs scheme will be successful.

Furthermore the Government is hopeful that after one - two years the communities will begin to take some of the responsibility to pay all or part of the salary of the VHWs because about eleven thousand to twelve thousand VHWs are needed to cover the whole country and at that point it will be difficult for the Government to pay them all.

/vm
15 April 1982

APPENDIX 3

EVALUATORS

PROVINCE	DISTRICTS	EVALUATORS
MANICALAND	BOHERA	MRS MAFETHE
	MARANKE	MRS MATAMBANADZO
MATABELELAND NORTH	NKAI	DR GWEBU
	TJOLOTJO	SR McINGOLWANE
MATABELELAND SOUTH	GWANDA	MISS CHASOKELA
	BULALIMA	MISS PHILO
VICTORIA	CHIREDZI	MISS JAJI
	GUTU	MISS MASANGANISE
MIDLANDS	SHABANI	MISS MUDONHI
	GOKWE	MR NYANDORO
MASHONALAND CENTRAL	MOUNT DARWIN	MRS MASIMBA
	SHAMVA	MISS NCUBE
MASHONALAND WEST	HARTLEY	MRS BHILA
	HURUNGWE	MISS NCUBE

APPENDIX 4

ONE DAY WORKSHOP FOR INTERVIEWS IN THE VHW PROJECT EVALUATION

1. Introduction
2. Objectives
3. Participants
4. Schedule of events and tasks
5. Results
6. Conclusions

1. INTRODUCTION

After the first batch of trained VHWs had been working in the field for 8 weeks, and a number of problems housing been noted during their training, it was decided to conduct an evaluation of the project. The purpose of the evaluation was to identify and strengthen any weak points in the project in order to allow its smooth running, and, consequently, effective implementation of the Primary Health Care programme in Zimbabwe.

In order to carry out as valid and as reliable an assessment of the project as possible, it was decided to hold a day's workshop on evaluation for the people who were to go and conduct the field interviews.

The workshop was organised and ran by Dr O Mazombwe of UNICEF and Dr R Ndhlovu of the Ministry of Health.

2. OBJECTIVES OF THE WORKSHOP

The workshop had five main objectives:-

(a) To ascertain that all interviewers had an equivalent underatanding of the basic concepts involved.

(b) To ensure that the frame of reference within which they pose the questions and probe for more information is as uniform as possible.

(c) To familiarize the interviewers with the fundamentals of survey evaluation in general and to impart the basic skills and techniques of the structured interview in particular.

2/.....

(d) To give interviewers a detailed understanding of the goals and objectives of this evaluation, and the usefulness of the exercise in the context of the whole PHC effort.

(e) To familiarize evaluators with the items of the instruments through discussion.

3. PARTICIPANTS

25 people working in the Ministry of Health at the headquarters in Salisbury and from each of the eight provinces participated in the workshop. (See Appendix 1).

4. SCHEDULE OF EVENTS

(A) R Ndhlovu opened the workshop and asked every participant to introduce himself/herself, were they were from and what they did.

(B) O Mazombwe briefly introduced and discussed (i) the survey method (ii) the sample survey (iii) various uses of the sample survey, including evaluation of social programs. Defined and discussed evaluation.

(C) R Ndhlovu outlined the PHC concept and its centrality to the Ministry's efforts. She discussed the significance and importance of the VHW program in the PHC context.

(D) Ms Mutasa described the VHW training project's objectives, the intended role of the VHWs and the methods of their selection training.

(E) Ms Chikerema discussed the project's implementation to date and some of the problems that had arisen.

(F) O Mazombwe explained the purpose and objectives of the evaluation. Also explained the method to be used (which consisted of one questionnaire for the trainers, an interview form for the VHWs and another interview form for the community members, see Appendices II, III, IV).

(G) O Mazombwe gave a brief lecture, followed by a discussion on the survey interview, noting issues and problems associated with (i) constructing the individual items (ii) structuring the interview form (iii) administering the interview in the rural Zimbabwe context.

3/.....

(H) Role - playing of interview situations by participants.

(I) There was an item by item discussion of the three instruments which was intended to familiarize interviewers with the items, establish a uniform frame of reference, and give interviewers an idea of the use to which the information will be put.

(J) Participants broke into three working groups to complete five tasks.

(i) List six (two from each group) problems they saw regarding "accuracy" in the planned exercise. That is problems which, given their experience in rural Zimbabwe, they thought we had to take measures to counter in order to make a fairly accurate assessment.

(ii) Decide whether the objectives were adequate and justified.

(iii) Given the social disposition of the rural masses in Zimbabwe, to decide whether the interviewers could approach the respondents with interview forms in hand and note the respondents' answers as they were given or fill in the forms later on from memory, in order not to "frighten" the respondent.

(iv) Discuss the three questionnaires and suggest any additions or cancellation of items.

(v) Translate four items into Shona or Ndebele and decide whether the q questionnaire should be translated in Salisbury or should be translated in the field by the interviewers themselves.

5. RESULTS

(i) The working groups came up with five problem areas (See Appendix V).

(ii) Objectives were broadened to include measurement of how far the community was prepared to support VHW.

(iii) The participants agreed that if the interviewers approached the respondents politely and discreetly enough then "pen and paper" would not frighten them at all. It was proposed that no interviewers could work together with one carrying on "a smooth and natural" conversation, whilst the other one recorded the information given.

4/.....

(iv) Participants proposed that some items be dropped and others be added. The terminology in a couple of items was also altered.

(v) From their experience in trying to translate the four items all participants agreed that this was not an easy task. It was agreed that the instruments should be translated in Salisbury to ensure uniformity.

6. CONCLUSION

The workshop achieved its main objectives. This was mostly evident from the kind of problems which they foresaw arising and the various ways in which they proposed to counter these problems. Most participants volunteered that they had learned a great deal from the day's activities and felt better prepared for the task ahead.

CF-RAI-USAA-PD-GEN-2008-000041

Expanded Number **CF-RAI-USAA-PD-GEN-2008-000041**

External ID

Title

PSC. Zimbabwe. Report on the Village Health Worker Evaluation Project. UNICEF, Harare, Zimbabwe

Date Created / From Date	*Date Registered*	*Date Closed / To Date*
4/14/1982 at 8:50 AM	**1/30/2008 at 8:50 AM**	

Primary Contact

Home Location **CF-RAF-USAA-DB01-2008-00034 (In Container)**

FI2: Status Certain? **No**

Itm Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2008-00034 (Upasana Young)' since 1/30/2008 at**

FI3: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records
Container **CF/RA/BX/PD/CM/1985/T016: PSC. Material relating to United Arab E**

Date Published	*Fd3: Doc Type - Format*	*Da1:Date First Published*	*Priority*

Record Type **A01 PD-GEN ITEM**

Notes

26 pp
One-day evaluation workshop to assess usefulness of village health workers. Data was collected from trainers, village health workers and community members, who were to consider usefulness of trainers' training programme, teachnig aids, trainees, community, administrative support, VHWs working in the field. At the policy level, there was a need to change from a capital intensive urban based medical service to a primary health care service at village level.

Print Name of Person Submit Image	*Signature of Person Submit*	*Number of images without cover*
Saroja Douglas	Saroja Douglas	26