

PRIMARY HEALTH CARE SUPPORT COMMUNICATION

A Report Of A UNICEF Sponsored  
Workshop Held In Sana'a, Yemen  
March 1983

Summaries of :

- Opening speech by the Director General Health, YAR.
- Statement by the UNICEF Representative, YAR.
- " " " " CYDA " "

INTRODUCTION/PREFACE

- (1) Executive summary by the Editor.
- (2) PHC in Yemen AR
- (3) PHC Support Communication

PART I WORKSHOP REPORT

- (1) Objectives and reference materials.
- (2) Methodology :
  - (1) Theoretical presentation
  - (2) Fieldwork
  - (3) Group and plenary discussions
- (3) Lessons learnt from the workshop
- (4)
- (5)
- (6) Major Conclusions and Recommendations *- improve current progr.*  
*- new activities*
- (7) Follow-up plans
  - sponsors
  - participants

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- (i) Advocacy/Policy Support Communications
- (ii) Community Education and Participation
- (iii) Cross-sectoral Orientation and Training
- (iv) Primary Health Care Worker as a member of the Development agents team.

(v) Mass Media Support

(vi) Management and organizational issues

PART III      WORKSHOP EVALUATION

PART IV      LIST OF PARTICIPANTS

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PART VI      WORKSHOP PAPERS

(i)      Summaries of selected papers

(ii)     Group field reports

(iii)    Discussion Groups' Reports

G. 1/1

NATIONAL PLANS IN SUPPORT OF PHC

(WHO, WHY, HOW)

This is the subject our group discussed to try and come up with proposals that could be adopted by the government in support of PHC.

The major point to be tackled first was to develop the reasons that led the YAR, represented by the Ministry of Health, to adopt a PHC approach.

- 1- The government will ensure coverage of all Yemenis with essential health services (preventive and curative)
  - 2- The statistics show that 60 to 70% of the health problems in Yemen Arab Republic could be solved through "preventives".
  - 3- The statistics show that 87% of the population of the Yemen Arab Republic live in settlements of less than 1,000 inhabitants,
  - 4- From the above, it is obvious that the traditional health services delivery system (hospitals, health centres, doctors, etc.) is a very expensive one and does not, in any case, respond to the health needs of the country.
- A. 1. To clarify, at the level of all health personnel, the concept and functions of PHC.
2. It is usually agreed that Basic Health Services are the same as Primary Health Care and should take under its umbrella the various activities of MOH, EPI, health education, etc....

However, in the Ministry of Health, administratively, there is a duality of functions : there is a directorate of Basic Health Services and PHC is one of its functions, on-the same level as MOH, EPI, .....

It is therefore essential to come up with a new administrative set-up that would reflect the PHC concept and functions.

3. It is therefore essential to hold meetings within the Ministry of Health to discuss PHC, the concept, the functions and its relationship with the other activities.

- Organizing field trips to the PHC project areas for key personnel of the Ministry.
- make one of the bulletin issued by the directorate of PHC to disseminate information about the programme to all personnel working in the health and health-related fields.

B. 1. To clarify the concept, functions and inter-relationship of PHC with all other Ministries

- Service-delivery Ministries
- Central Planning Organization
- Ministry of Information and Culture
- Ministry of Religious Affairs and Guidance
- Ministry of Education
- Ministry of Social Affairs
- CYDA, etc...

2. At Central Level

Setting-up of a committee ( whose chairmanship and membership is to be divided later) grouping representatives of these various agencies with the aim of unifying the PHC concept and co-ordinating inputs that could serve best the aim of the PHC programme.

3. At Governorate Level

- setting-up a council, grouping the following :
  - the governor president
  - the directorate general of Health Affairs secretary-general
  - the director of PHC at governorate level rapporteur
  - the representatives of the various service-delivery ministries to governorate level members
  - representatives of the Ministry of Information and Culture
  - " " " " " Religious Affairs and Guidance.
  - representative of the Ministry of Education
  - " " Social Affairs.
  - representative of CYDA. ../..

- the main role of the council would be :
  1. to co-ordinate the activities of the above mentioned agencies to serve the goals of the PHC programme.
  2. to be the link between the policies developed at central level and their application in the field.
  3. to carry the suggestions of the rural development councils ( to be set up) to the higher authorities.

3. At village level

- setting-up of the " rural development council", grouping all concerned by the various aspects of development in the village: the elders, the co-operative representative, the school teacher the religious leader, the PHC worker, the TBA, etc..:
- the aim of this council would be to :
  1. work for improvement of the living standard in the village.
  2. the council would interview with the inhabitants on one side and the higher level, represented by the Governorate council and the central committee on the other.
  3. to feed information to the higher levels about successful experiences carried out at village level with regard to development ( and in this case PHC).

Note :

One couldn't stress enough the role of health education plays ( in spite of the meagre resources allocated to its directorate) with regard to the dissemination of the PHC concept, and for the co-ordination of activity between the various agencies. It is therefore imperative to develop the activity of the Health Education directorate and extend to it all the support it requires to fulfill this major role.

DISTRIBUTION OF PARTICIPANTS IN GROUPS  
FOR THE FIELD TRIPS

GROUP NO. 1 (HODEIDAH)

- 1- Dr Abas Zabara
- 2- Mr Revi Tuluhungwa
- 3- Dr Abdul Halim Hashem
- 4- Mr Mohammad Abdullar Al-Maswari
- 5- Ms Balqis Al-Dhabi
- 6- Mr Ali Swari
- 7- Mr Ahmed Zayed

GROUP NO. 2 (TAIZ)

- 1- Dr Yassin Ginawi
- 2- Ms Halla Kittani
- 3- Mr Said Abdallah Abdul Rub
- 4- Mr Kaid Ahmed Seif Al-Sharjabi
- 5- Dr Gatay Gular
- 6- Mr Hohammad Al-Moqri
- 7- Mr Ismail Al-Halily

GROUP NO. 3 (IBB)

- 1- Mr George Kassis
- 2- Mr Saad Houry
- 3- Mr Tahir Qassim
- 4- Mr Shafiq Al-Sallah
- 5- Mr ~~Qassim~~ Salah
- 6- Mr Abdul Wahab Al-Kahlani

GROUP NO. 4 (AMRAN)

- 1- Dr Abdul Wahab Makki
- 2- Ms Cathrine Neckley
- 3- Mr Yunis Hijazi
- 4- Mr Mohammad Rassam
- 5- Mr Faroq El-Sakaf
- 6- Ms Huda Hallab
- 7- Mr Abdallah Al-Harazi

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Report of Group One on its Field Visit to Hodeidah

The team visited the PHC Unit at Al-Qaride in Bajil where we met with the PHCW some citizens, teachers and community leaders. We discussed with them progress of work at the PHC unit, and its role in improving the health level at the village. We found out that the PHC worker was able to coordinate between preventive, curative and health education activities. The work of the unit is excellent has all that the PHC worker needs ; the unit is clean and orderly in a way no one expected.

Next morning the team visited the Tihama PHC Project Office, was able to review its plans then the team moved to the Tahrir Health Centre where PHC workers are undergoing training, where we reviewed how PHC workers and LBAs are prepared to assume their responsibilities. Next the team moved to Zabid health centre, met those responsible, and accompanied by the trainers/supervisors visited the PHC Unit in Al-Turaibah. The unit lacks the preventive and health education side. We recommend better supervision. Next we found the PHC worker doing a good job on preventive and health education sides.

- There is good cooperation between the PHC worker and village chief who is willing to undertake the salary of the PHC worker if he receives a written request from the Ministry.

The Unit was clean and orderly. The work of the PHC worker one can be very proud of.

- 1- It is essential to have posters in the village to reinforce the work of the PHC worker.
- 2- On the education side particular attention should be paid to personal cleanliness, immunization and MCH



- 3- The view of citizens following TV health programmes is as follows :
  - Training should be 8-9 p.m.
  - Programme on specific day of the week in a language understandable to the people, and voided of technical terms.
- 4- Direct instructions should address women as they bear greater responsibility for children and home cleanliness (Posters and booklets)
- 5- Avoiding imported posters that reflect a different environment, and using those reflecting Yemeni situation and prepared by Health Education.
- 6- Best ways to reach the people are :
  - face to face is best
  - next A/V (TV/Video)
  - other means less effective
- 7- Local communities should be reached through the PHC workers.  
It is also recommended to have a village health council to solve problems collectively.
- 8- To solve health problems at the regional level, the health center should study them then call upon health education to find the best way to tackle them based on field study rather than office guesswork.
- 9- TV advertisements that contradict PHC activities should be banned.
- 10- It is advisable to have short filmed guides to support the PHC workers; these should be inserted into existing programmes such as "Your Safety"

- 11- It is recommended to produce a cine film on the role of PHC from selection of the workers till he starts work in the field. This film would benefit the PHC workers, those who are related to his work and those who are ignorant as to this approach.

Comments of the Trainer/Supervisors

- 1- The guide to the PHC worker should be clearer having the diagrams next to the related text, with the text as brief as possible.
- 2- It is recommended to have posters, booklets and films discussing topics such as EPI, Nutrition, clean water; these would assist the PHC worker in his health education work.
- 3- It is recommended to have refresher courses for PHC workers at field level; during such courses they would explain to their colleagues under training the problems they faced and how they overcame them, especially in the health education field.

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Report on Field Trip of Group Two (Taiz)

The field trip of group (2) started with a visit to the Yemeni Swedish Health Centre followed by a visit to the Director General of Health Affairs in Taiz. Next the group visited the village of Hadhran and met with the two PHC workers there. This was followed by a visit to the Jabal Habshi area where the PHC worker was also met.

The group would like to point out the followings :

- 1- Time was short
- 2- Due attention should have been paid to the geography of the visited region
- 3- Based on questioning the PHC workers the following comments were gathered:

A. With regard to the PHC Worker

- 1- The training of PHC workers with regard to communications skills is inadequate; they request additional knowledge through refresher training courses, booklets, and periodical posters to learn from.  
In addition they require health education materials in the form of pictures, films and slides. They are ready to explain these to the people. Posters which are few are inadequate for they contain print and the majority of the population neither read nor write.
- 2- Health Education activities are carried in coordination with LDAs, religious leaders, and teachers. However, cooperation with LDAs leaves something to be desired.
- 3- Transportation of the PHC worker is a problem. In the absence of motorcycle, their activity is concentrated upon the village where they are and adjacent villages.
- 4- With regard to cases referred to clinics and hospitals, these do not send the required feedback to the PHC worker to enable him to follow up. In addition some hospitals turn down cases referred to them by the PHC worker.

- 5- Three units visited were found closed as the PHC workers were following up on their salaries that are delayed.
- 6- With regard to radio and T.V. programmes , all confirmed that the programmes do reach the villages, however the workers think that most these programmes deal too much with curative medical complicated subjects from which the ordinary viewer does not benefit. Nevertheless, some of these programmes are useful and do facilitate the work of the PHC workers.
- 7- The PHC workers referred to a reasonable number of activities carried out by them, however, there was no recording of these activities.
- 8- Some PHC workers referred to the problem of so-called unauthorized health practitioners working without permits in the villages and who try to discredit the PHC worker and encourage injections and multiple medicines which people prefer given their limited knowledge.

B. With regard to problems and recommendations

- 1- It is recommended to ensure that the pay of the PHC workers reaches him regularly and that he is provided with a motorcycle to facilitate his transportation.
- 2- We approve the request to provide PHC workers with booklets and bulletins on a regular basis to help them in their health education role. We also approve their request for more posters for public use in the form of pictures provided they are trained as to how to use them.
- 3- Reference refresher courses, we recommend a seminar in each Governorate capital once a year in the domain of health education provided the health education staff and radio and TV staff participate in them.

- 4- As the trainer supervisors are fully aware of the needs of the PHC workers and the needs of the population with regard to health education materials, but lack the technical and financial resources to produce materials in the form of posters or booklets, we recommend stronger coordination between health education and the directorate of the PHC Project and field workers including the trainer/supervisors ; it would be a good idea to have health education offices at Governorate levels so as to have direct coordination with the workers in the field. We recommend a small committee responsible of the staff to take charge of these in Sana'a (at Ministry Level) and at the level of the governorates. This committee will be composed of health education, PHC, Radio and T.V., and that these committees be provided regularly with field feedback, and the committees provide the field with feedback as well. This is necessary as situations change and to cater for differing needs.
- 5- With regard to radio and T.V. programmes we recommend greater coordination at the level of planning implementation and programmes between health education, PHC, Radio and T.V. to produce films and educational materials with local colour that keep away from complicated curative aspects and discourage use of breastmilk substitutes and to have continuous evaluation and feedback to reflect the effect of these programmes and films and their effectiveness in helping the PHC worker to carry out his responsibilities.
- 6- We recommend PHC worker establish contacts with health education and radio when need arises to report diseases, health problems so they can be addressed quickly.
- 7- We recommend megaphones for PHC workers to help them in disseminating their guidance to the citizens.

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Report on a field trip to Ibb

## Outcome of the visit :

1. It was noted that PHC represented the ideal solution to solve health problems in the Yemeni villages.
2. The PHC workers were very enthusiastic in their new role and in spite of the short time spent in the villages after their training, they had already accomplished a lot.

It is clear that the PHC worker does not represent the whole health system and is only one link in a chain grouping the LBA, the trainers/supervisors, the LDA's, the health centers, hospitals, etc... From the above, it becomes clear that he is in great need of support and assistance such as :

- (a) The development of training programmes covering the subject of human relations ( communications) to enable him convey his messages to the various groups in community : women, children, elderly people, illiterate, etc....
- (b) During its follow-up visits, the supervisory team should, through its relationship with the community, stress and strengthen the preventive role the PHC worker is playing.
- (c) Support the PHC worker by providing him with the adequate educational material which would facilitate his tasks. This would be achieved by :
  1. Production of unequivocal, simple straightforward posters.

2. production of a variety of posters to be suitable for the various audiences : illiterate, students, women, men, etc....
3. production of attractive posters.
4. the posters should take into consideration the reality of Yemeni rural areas.
5. there is a need for a continuous production of new posters to avoid boredom.
6. study the possibility of producing simple audio-visual and audio-visual aids to support PHC (slides, films, tapes, drama, song..)
7. the training centers should play an active role in the pre-testing of educational materials before their production.
8. setting-up of educational material libraries in the various training centers.
9. co-operate and co-ordinate the activities of all other development agencies to disseminate the health messages to the target audience ( Ministry of Religious Affairs, Ministry of Education, CYDA, Women's Association, etc....).

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OMRAN GROUP

Places Visited :

- 1- Omran Health Centre - Training Unit
- 2- Primary Health Care Unit in Yanad
- 3- A village where there is no PHC Unit
- 4- PHC Unit at Shahel

Main Observations

Training UNIT :

- Young age of trainees ( eg. 12 + 13 years)
- Lack of audio-visual training material
- Available maps and anatomy drawings are too complicated
- Lack of understanding as to the communication role of PHCW both by trainers and trainees.
- Lack of adequate health education material both for training and for use by PHCW in his area
- Lack of reference books or manuals on specific preventive health subjects
- Need of trainers for refresher courses

PHCW :

- Lack of transportation means His services are restricted to the village he is living in.
- Need for health education films, slides, adequate posters ...
- Personality of PHCW, his devotion, his own understanding of his role as change agent is extremely important
- Generally lack of understanding of PHCW as to his preventive role and his communication role
- Unable to reach women
- Hard competition with witchcraft



- Role of T.V. and other mass media is important in promoting the status of PHCW
- Mobile teams for supervision, vaccination and health education could further support the efforts of PHCW
- Need for agricultural education to support nutrition

#### LDAs

- Found in the only first village
- When existing, play a big supportive role to the PHCW
- Expressed need for health education material especially films and video cassettes

#### Villagers

- Almost every house has T.V. set
- Illiteracy is the biggest handicap to understand television or radio messages
- Available health education posters are inadequate
- Most people think PHCW is a curer
- Big differences between communities that have strong LDA and others who do not
- Women deliver themselves
- Malnutrition is prevalent
- Diarrhoea and respiratory diseases are very common
- Women work outside homes with the men
- No TBAs
- Generally people are willing to learn and change
- Most gathering of men or women are for Qat chew
- Children take care of their younger siblings while women are at work
- Best time for group talk, T.V. and radio programmes are in afternoons and early evenings

SUGGESTIONS

Target Groups	Channels	Objectives
1- Inter-sectoral committee Health, Information, Agricultur, CYDA, Education , Social Affairs, Planning	<ul style="list-style-type: none"> <li>- Periodic meetings</li> <li>- seminars</li> <li>- booklets</li> <li>- A/V Materials</li> <li>- Field trips</li> </ul>	<ul style="list-style-type: none"> <li>- Understanding by all concerned of all stages of PHC project</li> <li>- To ensure cooperation of all sectoral agents in the field</li> </ul>
2- CYDA at all levels	<ul style="list-style-type: none"> <li>- Interpersonal communication</li> <li>- Mass media</li> <li>- Printed materials                          leaflets, posters ...</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure their understanding of role of PHCW and its implications in community development</li> <li>- Criteria for selection of PHCW</li> <li>- Role of LDAs in supporting PHCW</li> </ul>
3- Trainers and Trainees	<ul style="list-style-type: none"> <li>- More training material suitable for the educational level of trainees</li> <li>- A/V training material</li> <li>- More practical and field training</li> <li>- More supervision and continuous training through mobile teams</li> <li>- More involvement of Mass Media</li> <li>- Exchange of field visits among various PHC Units and centres</li> <li>- Periodic meetings with various PHCW and their trainers/supervisors</li> <li>- Transportation means</li> <li>- Continuous meetings among all development agents in the village : Agr. ext. worker, PHCW, teacher                          Imam</li> </ul>	<ul style="list-style-type: none"> <li>- To improve and support communications with local leaders and various segments of community</li> <li>- To emphasize role of PHCW as change agent in community</li> <li>- Support role and status of PHCW</li> <li>- Exchange of experiences successes and failures</li> <li>- To equip PHCW to communicate with all segments of community</li> </ul>

Target Groups	Channels	Objectives
4- Communities	<ul style="list-style-type: none"><li>- Identification and training of TBAs</li><li>- Social gatherings of villagers</li><li>- Schools, Mosks, Weddings, condolences</li><li>- Literacy classes</li><li>- Agr. Education</li><li>- Radio and television</li></ul>	<ul style="list-style-type: none"><li>- To reach women</li><li>- Health message should be in an attractive form (drama, songs) to raise awareness as their health needs and possible solutions</li></ul>

N.B. : All Health Education materials ( Films, cassettes, radio programmes, posters ...) should be tested on the target group before final production.



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Notes

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The following parts of the workshop report were scanned:

Agenda of the meeting, and results of group discussions and field trips:

National plans in support of PHC (Who, Why, How) Results of a group discussion, and recommendations;

Report of Group One on its field visit to Hodeidah;

Report on Field Trip of Group Two (Taiz);

Report on a field trip to lbb (group 3); and

Report of the Omran group (group 4).

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