

“THE VILLAGE HEALTH CADRE”: NEED OF THE DAY

Following the international conference at Alma Ata (USSR)⁸, a new approach to health care known as Primary Health Care (PHC) has come into existence. The 1st principle of PHC is equitable distribution of health services to all, rich or poor, urban or rural.¹ But under the present status of social injustice the services are mainly concentrated in the major towns, where three quarters of the health budget is spent, resulting in inequality of care to the people in rural areas where three quarters of people live.

A recent survey of 4241 villages carried out by the Federal Bureau of Statistics shows that 2027 sampled villages have no hospitals, 605 have no dispensaries, 1178 have no RHCs, 1498 have no private physicians' clinics and 782 have no midwife or dais within a radius of ten miles.² The health consciousness amongst the rural masses is almost negligible. There is no urge or public demand on their part for the essential requirement of a healthful living. This dismal picture shows the vast improvement necessary in the rural sector.² The city bred and trained doctors not only have proved uneconomic in terms of cost effectiveness, they flatly refuse to serve in rural areas. Experience has showed, producing more doctors results in abundance of poorly trained doctors who stay in the cities. In the same way compulsory social service by medical graduates has been unsuccessful, and the mobile clinics result in dependency and undermining of self care.³ Only the PHC concept aims and can redress this imbalance by bringing these services as near to people's home as possible. Based on this concept of PHC, unless the common people at the field level i.e. “the village health cadre” (multi-purpose male and female Community Health Workers) are trained and motivated to solve their health problems no substantial change will occur in the existing deteriorated health situation.⁴ This has been tried successfully in different developing countries. These workers are selected by the local community and trained locally in the delivery of PHC to the community they belong; in ways that are acceptable to the community without any cultural or communication barrier. These workers are expected to serve in their communities, establish a link between the community & health service, act as change agents and perform simple low cost activities.^{5,6} They have limited formal education in health varying from a few weeks (as in Kenya, Lesetho & Mardan-Pakistan) to six months (e.g. Jamaica) and about a year (e.g. Sudan). Their selection is done by their communities or their committees (India, GTZ Mardan-Pakistan) following certain criteria given by the government (Burma, Swaziland, Tanzania) or the project (GTZ Mardan Pakistan).^{5,6,7,8} This approach signifies a new dynamism in health care and has been described as health by the people, placing people's health in people's hands.⁹ This is being successfully implemented in the rural areas of Swabi-Mardan by the provincial health department with the technical support of German Agency for Technical cooperation (GTZ) and the UNICEF and Austrian Relief Committee as collaborating partners.⁶

Although, politics and the medical establishment shall stand in the way to a large extent, the day must come when CHWs are looked as the key member of the health team, and doctor as the auxiliary. The doctor, as a specialist in advanced

curative technology, would be on call as needed by the CHW for referrals and advice. He would attend those 2-3% of illnesses that lie beyond the capacity of informed people and their health worker, and he might even, under supportive supervision, help in the training of the primary health worker in that narrow area of health care called medicine.³

It is difficult to provide health care that is effective and suited to the needs of rural populations. It is understandable that in view of the impossibility of assigning a physician to every rural community, the device has been resorted to of training people as community health workers. This is certainly a good solution and addresses the real health needs of the population. There is much to be done in this area. It is the need of the day.

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