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**WORKING TOGETHER FOR PROGRESS - AN AGENDA FOR HEALTH
WORKERS**

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INTRODUCTION

Primary Health Care (PHC) has been with us now for more than two decades, since the Alma - Ata conference in 1978. The conference also called on member nations to adopt a new approach to health systems development which is based on PHC.

Like most other countries of the world, Nigeria has done a lot towards the goal of achieving health for all its citizen by the year 2000 and beyond through PHC. Implementation of PHC in Nigeria actually commenced in the 1970s in form of the the Basic Health Services Scheme (BHSS). It was however in 1987 that the PHC program was officially launched in the country.

This was followed by the launching of a National Policy on health in 1989 in which PHC was adopted as the key to the attainment of the goal of health for all Nigerians. Implementation of this policy has involved the injection of vast amounts of resources in the form of training of health personnel, buildings, money, equipment transport, drugs etc.

No matter how much resources is expended on PHC or any program for that matter, the fact still remains that you need people to produce any meaningful results from the resources. Equipment cannot function on their own, a drug cannot administer itself and vehicles can not run themselves. Health workers can therefore be said to be the most important input in ensuring the successful implementation of the PHC program.

The ability of health workers to successfully implement the national health policy based on PHC however depends on an appropriate health manpower development policy.

NATIONAL HEALTH MANPOWER DEVELOPMENT

The Nigeria national health policy based on the concept of Health For All recognizes the need for health workers to be equipped with the appropriate education and skills necessary for the implementation of PHC. It states that " the ministry of health in collaboration with other ministries especially education and other educational bodies shall take steps at the highest government level to introduce the policy of educating and training health manpower to perform functions relevant to the goal of Health For All Nigerians.

Efforts were also to be made to secure a more equitable distribution of health personnel throughout the country by adopting appropriate personnel policies which will take into account terms of appointment, salary structure and incentives to induce health personnel to serve in rural and under served areas in any part of the country. It also notes that the training program should promote the team approach in the delivery of health care.

THE HEALTH TEAM

There are various cadres of workers involved in health care delivery. They can be found at any of the three levels of health care in Nigeria i/e 1^o, 2^o and 3^o levels which correspond to the three tiers of government - Federal, State and Local Government. Health workers at the tertiary and secondary levels are trained to

provide services at the teaching/specialist hospitals and general hospitals respectively. At the 1^o level are PHC workers. The tertiary and secondary levels of care are expected to provide support for PHC through the acceptance of referrals of complications beyond the capacity of the primary health care facilities.

In line with the focus of this conference, this discussion will however be restricted to workers at the PHC level. At this level are to be found the following cadres of health workers.

Physicians, Public health nurses and midwives, environmental health officers, pharmacy technicians and assistants, Laboratory technicians, Record clerks and Community health workers which includes Community Health Officers, Senior and Junior Community health Extension workers as well as Village Health Workers. Also included among the workers are clerks, cleaners, security men and drivers.

Training for the various cadres of health workers at the primary health care level will range from university medical schools for doctors, school of health technology for the community health workers and schools of nursing and midwifery for nurses and midwives.

Whatever the cadre or level at which any health worker is operating, they all have one primary objective and that is to improve the health of the members of the community to which they have been posted. For this objective to be achieved however, health workers must work together as a team.

A team is a small group of people working harmoniously together to achieve an objective. Appropriate tasks are to be assigned to different cadres of workers based on their qualification and skills while the workers should support each other towards achieving the set objective. This implies that the role of each member of the team is as important as that of any other. A driver whose job is not appreciated can ground the field vehicle on a flimsy excuse thereby ruin the work of the team for that particular day.

A classical example of team work is the foot ball team. Although it is possible for one player to dribble all the opponents and score a goal, good team work in achieving the objective of winning a match efficiently requires that all the team members play different roles and support each other by passing the ball until a goal is scored.

No less is expected from the Primary health team. Its success in achieving the objective of health for all Nigerians through PHC depends on the implementation of the following agenda:-

1. EFFECTIVE LEADERSHIP

The success of the health team to a very large extent depends on the leadership. In PHC settings where doctors are available, they have traditionally been selected to lead the health team. The question however still remains as to what extent their training prepares them to play this role. The knowledge and skills required by the doctor for leadership role in PHC is usually provided by the academic departments of community medicine in our medical schools.

Although most of the medical schools have reoriented their programs to

fulfil this function, one area that has continued to be deficient is training in management. Sometimes this is as a result of the fact that the lecturers themselves have received very poor training in modern concepts in management. In other cases the time allotted for community medicine in the medical curriculum is so short that not much can be achieved in terms of management training.

This problem can be addressed by organizing practical management training for lecturers and reflecting same in the medical curriculum. In the alternative, students can take elective courses in the department of management of the same university. In addition, the undergraduates need to be adequately exposed to community based training using the same facilities as that for the other cadres of community health workers. This will improve their knowledge of the concept of the team approach to health care delivery.

2. PROPER ORGANIZATION OF HEALTH TEAM ACTIVITIES

Proper organization of the health team's activities helps to minimize conflict, confusion, low morale and therefore ensure that objectives are achieved. Work need to be assigned to members of the team based on their skills in such a way that there are no gaps or overlaps and which clearly defines authority relationships and channels of communication. This is achieved mainly through job descriptions and organizational charts.

Job descriptions clearly states what objectives are to met by the health worker, tasks that need to be accomplished within a given time and relationships with immediate superior and subordinates.

A visit to our PHC facilities will show that most health workers take their job description for granted. It is not written down and have rarely been fully discussed with anybody. The result is that most of our PHC facilities operate as hospital outpatient clinics without adopting the PHC approach. Out reach programs, community mobilization and home visits are rarely undertaken.

3. MOTIVATION OF HEALTH WORKERS

Motivation is an internal drive within individuals to want to accomplish laid down tasks. It explains for instance why of two workers with the same level of skills, one may come to work early, accomplish all the assigned tasks and even take up extra while another comes to work very late, leaves early or plays truancy and even when at work accomplishes very little. Workers could be better motivated through a number of measures:

a. Improved Working Conditions: This includes adequate and timely remuneration, provision of adequate living and office quarters, adequate equipment, water and electricity especially for those in rural areas. Majority of Nigerians reside in rural areas which in turn means that most health workers will have to be deployed to these area if access to health care is be ensured for majority of the population. Although the national policy on health recognizes the need for better motivation of health workers in rural areas, we are all aware that

there is very little incentive for health workers to take up appointment in rural communities.

b. Adequate Rewards. Promotion is evidence of recognition of the work being carried out by the health worker. In addition it means better pay. Some health workers particularly at the PHC level have stagnated on one post for many years. They feel forgotten especially those in remote rural communities and there is no better way of killing their morale. Salary must also be paid on time to be of any use to the workers.

c. Training: This improves both the skill and self esteem of the workers. the training can be formal outside the work place or can take place informally on the job during supervisory visits. One problem with in-service training of health workers is that as soon as they complete the training which is expected to improve their performance on a particular job, they want to be promoted out of that job.

4. INTERSECTORAL COLLABORATION

The PHC approach means that PHC workers must promote relations with other sectors of the economy whose activities affect health. These include education, transport, housing, agriculture. Teachers, agricultural extension workers, traditional and religious leaders could therefore be invited to meetings of the health team where issues affecting them are being discussed eg Family planning which could involve religious leaders and teachers.

5. SUPERVISION OF HEALTH PERSONNEL

The work of health personnel should be supervised regularly. Supervision ensures that health workers meet set objectives within a scheduled time. It helps to identify reasons for failure as well as enable the supervisor to provide support and encouragement for the health worker through the provision of solutions for identified problems. Supervision ensures that resources needed to accomplish specific tasks are available and efficiently utilized. Supervision is made less cumbersome if every member of the health team has clearly defined job descriptions. Checklists can then be prepared from these job descriptions for use during supervisory visits.

Effective supervision has been hampered by lack of logistic support such as vehicles, money, bad roads but also sometimes lack of an awareness of the need for such visits. Sometimes when such visits are undertaken, the aim is defeated because the supervisor does not have a clear vision of what is to be accomplished.

6. COMMUNITY PARTICIPATION

The health team should promote community participation in health programs by mobilizing the community. This will improve the acceptance and utilization of services if the community members realize that they actively took part in the

design and implementation of the program rather than being imposed on them from outside. Community participation will range from taking part in decisions on priority health programs in the community to providing manpower or resources to execute specific programs. Eg the community can nominate village health workers for training, provide housing for PHC workers or provide manpower for health surveys.

For the health workers to be able to mobilize the members of a community, there are certain basic requirements. They should know some basic features of the community such as its political and social structure, population structure as well as some aspects of their culture. In a recent study of the performance of NYSC doctors as leaders of the PHC team it was discovered that most of them did not know the traditional, religious or political leaders and villages that make up the areas they were serving. They also had no idea of the catchment population of the health center.

7. EVALUATION

Evaluation of the health program is an important function that needs to be carried out by health workers. It will enable them to assess to what extent objectives have been achieved. This in turn means that the objectives of any health program need to be properly defined from the onset. It is the responsibility of the team leader to initiate such evaluation. Most evaluations are based on data and records collected by the health workers. Unfortunately, such records are either non-existent or poorly collected and kept. This has to some extent emanated from the fact that most data and records are rarely utilized for any useful purpose after collection. There is therefore little or no incentive for health workers to continue to collect accurate routine information. In addition to the routine records, health workers should also send regular reports of their activities to their supervisors to assist in the evaluation of programs. Compliance with such reports can be improved on by the use of reporting forms outlining basic information required.

CONCLUSION

I have tried to cover some of the agenda for health workers at the PHC level. Health workers in Nigeria have to a large extent been trained and reoriented towards achieving the objective of health for all Nigerians through PHC. They however still need to be provided with effective leadership, improved working conditions and facilities.

Health workers at the three levels of care still remain isolated from one another. We need a strong District Health Team which will coordinate and integrate the activities of all health workers and activities in each local government level including those of general and specialist hospitals in LGA where they exist. This requires political will and commitment.

Thank you for listening.