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REPORT ON THE VILLAGE HEALTH WORKER PROGRAM

MINISTRY OF PUBLIC HEALTH
KABUL, AFGHANISTAN

October 15, 1977

A NON-PROFIT INSTITUTION

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REPORT ON THE VILLAGE HEALTH WORKER PROGRAM

The first group of VHWs was trained in Sarobi four months ago. In that time several supervisory visits have been made and a planned "continuing education" course has been conducted. The VHW has been observed, questioned and tested in order to develop data which will permit us to evaluate the program and constantly improve it. This will be a continuing effort, but we are already able to draw some conclusions and make some recommendations.

CONCLUSIONS

1 - Supervision by a Village Committee as well as the Basic Health Center personnel is essential. Community involvement is indispensable to the long range success of the program and technical support is necessary to develop the confidence of the VHW in himself and the confidence of the community in the VHW.

2 - It is extremely difficult for a VHW to care for those beyond his own village unless he has some mobility.

3 - The position and prestige of the VHW must be supported and enhanced in every reasonable way.

4 - More attention must be paid to the type of person recruited as a VHW. For example, dais, dokhandars, and others should be target VHW candidates.

5 - Incentives should be provided to encourage interest and participation on the part of the Village Committee and the BHC supervisory personnel.

6 - The VHW has little motivation to emphasize preventive medicine and public health measures. Some "career" incentives should be developed.

RECOMMENDATIONS

1 - The VHW staff should develop a written agreement to be signed by the "Village Committee" and which clearly defines the responsibilities of the parties. These might be:

A - MOPH Responsibilities

a. To provide training to VHW candidates chosen by the "Village Committee".

b. To furnish a metal storage cabinet, chair, first-aid supplies and other necessary items to the VHW.

- c. To provide without charge an initial supply of pre-packaged drugs which the VHW will sell at a moderate price and which can be replaced by the VHW through purchase at the BHC.
- d. To provide the necessary materials such as cement, pipe and any technical assistance required to build a simple, clean water system for the village when the materials are available.
- e. To provide a bicycle for each VHW for home visits and travel to other villages served.

B - Village Committee Responsibilities

- a. To maintain, repair and pay for parts for all the equipment given to the VHW and the village and provide and supervise labor to construct a clean water supply.
- b. To supervise the VHW to insure his availability, honesty and sincerity in his job.
- c. To provide a room the VHW can use as a clinic and keep it clean at all times and warm in winter.
- d. To report to the BHC Supervisory Personnel about the activities of the VHW.
- e. To meet at least once a month to review the VHW program and discuss ways of supporting the VHW.
- f. To verify the VHW staff the supervisor's visits to the village.

2 - Per diems and honoraria should be paid to the BHC personnel who provide supervision and participate in training. The members of the Village Committee should receive recognition through certificates and letters of congratulations on signing the agreement and assuming responsibility for the VHW.

3 - At the time of the first continuing education course (3 to 4 months after the initial training), when the VHW commits himself to being a VHW, he will receive a bicycle if its use is practical.

4 - A clean water system is one of the fastest, generally most economical, and most effective ways to improve the general health of the community. Where a village has a VHW and the Village Committee agrees to accept responsibility to maintain it, a clean water system will be built with village labor and materials provided by the MOPH.

5 - When a recruitment team makes contact with a village committee to explain the program, it should make clear the preference for dais, dokhandars, or other traditional health deliverers as VHW candidates.

6 - As the VHW program develops, we should experiment with the use of outstanding VHWs as supervisors and perhaps develop "grades" of VHWs.

Some of the above recommendations have been discussed with potential donors such as USAID, UNICEF and WHO. All the requirements to implement them have been committed on the condition that the program be expanded on a national scale.

MRM:SS/pa
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APPENDIX I

REPORT ON THE FIRST "CONTINUING EDUCATION" COURSE FOR AFGHAN VHWS

(Sarobi, Sept. 24-26, 1977)
by Dr. S. Solter, advisor

I. INTRODUCTION

The first group of Afghan Village Health Workers (VHWs) was trained at Sarobi Basic Health Center (Kabul Province) from April 30 to May 19, 1977. Nine literate men and two illiterate women were selected by village leaders representing villages located 20-30 km. from Sarobi. The 3-week training course emphasized health education, preventive medicine, and home visiting. Some simple curative skills were also taught, and the VHWs were given eight drugs (for common diseases) to sell at very low prices. After they had been working for about one month, each VHW was visited by a supervisory team from Kabul, in order to find out their problems and to assist in any way possible.

In accordance with the VHW plan, a 3-day 'Continuing Education' course was conducted in Sarobi so that the VHWs, after 4 months work in their villages, would be able to get together to share experiences, review skills already learned, learn new skills, discuss their problems and how to solve them and to encourage a group commitment to the program.

The 3-day course was held in the Sarobi BHC (the same place where the initial training took place). The training was conducted by Dr. Miazad (Director of the VHW program for the MOPH), Mr. Azimi (Senior Sanitarian and Deputy Director), Mr. Bakhtar Gol (Sanitarian), and Dr. Mustaza (BHC physician). In addition, Dr. Ken Forman (UNICEF Communications Consultant) and Mr. Nawid (Afghan artist) conducted an experiment in which the VHWs assisted in the preparation of a 'flip-book' for use as a teaching aid in their villages. The discussions were held primarily in Pashto since all the VHWs were native Pashto speakers. The first morning's discussion was recorded on cassette tape and a verbatim translation is attached to this report as Appendix 2. The discussion was wide-ranging. Each VHW was encouraged to be as critical as possible so that the program could be improved.

The course had the following specific objectives:

- (1) To provide the VHWs the opportunity to discuss with each other their difficulties, attempted solutions to those difficulties, and the results of their attempted solutions.
- (2) To review certain critical skills learned during the initial training course (for example, techniques of home visiting, how to use the plastic arm band for identifying high-risk children, and the use of the thermometer for screening purposes in prescribing penicillin).

- (3) To involve the VHWs in the creation of health education teaching aids, particularly picture books which tell a story with a health message.
- (4) To acquaint the VHW staff with the VHW's problems, as perceived by the VHWs themselves, in order to improve the organization and planning of the project.
- (5) To test each VHW in order to determine the level of retention of essential knowledge and skills after 4 months of work in the field. This involves the same instrument that was used for the pre-test and post-test during the training course.

The VHW program involves one such course every 3 months for each group of VHWs. It is hoped that as the BHC sanitarians and BHC physicians become more involved in the program they will gradually be able to take over responsibility for organizing and conducting the "Continuing Education" courses (with the assistance of the VHW staff based in Kabul or the Regional Center).

II ANALYSIS OF THE VHW PROGRAM

The 3-day VHW course provided an excellent opportunity to evaluate the program and to critically examine new strategies for improving the project's effectiveness and efficiency. This analysis will examine the following areas:

- A. The VHW's attitudes towards the program, their morale and motivation.
 - B. The structure and function of the "Village Committees" and the nature of village support for the VHWs.
 - C. The work performance of the VHWs, particularly comparing curative with preventive work.
 - D. The role of the BHC in VHW supply, supervision and continuing education.
- A. At the time of the conclusion of their initial 3-week course (May 19, 1977), the VHWs, without exception, demonstrated an extremely high level of motivation. Although they knew they would receive no salary, they were obviously excited about their prospects of "serving the people" and also possibly about making a good income from selling drugs. When a supervisory visit was made to each VHW (3 weeks after training), morale was still very high, although some were disappointed about the lack of enthusiasm of their fellow villagers in changing, overnight, health habits which had been practiced in the village for centuries.

When the "Continuing Education" course began (4 months after training) the decline in morale and enthusiasm was evident. Several of the VHWs had been frustrated in their efforts to buy additional drugs at the BHC. Although drugs were available there, the store-keeper (tawildar) at the BHC was not able to

sell them because no system had been established for depositing the money for ultimate reimbursement to UNICEF. About 10 days before the course, such a system had been set up and 3 of the VHWs had been able to buy drugs.

Another major source of frustration was the fact that villagers were buying drugs at a much slower rate than the VHWs anticipated. Since this was their primary hope for extra income, several were discouraged about their financial situation and repeatedly asked if the MOPH could provide some sort of salary. When asked why drug sales were sluggish, the VHWs gave three different responses:

1. Because the drugs were so cheap, compared to bazaar or pharmacy prices, many villagers assumed they couldn't be any good. Also, many villagers would only pay for injections and the VHWs only had tablets or ointments.
2. Other villagers were so poor that even these extremely inexpensive medicines were beyond their means.
3. Some VHWs felt that the villagers were waiting to be convinced that the drugs were effective. For example, Aya Khan and Mukhtar Gol were cleaned out of piperazine after a young girl (about 2 years old) was treated with the drug and shed several hundred dead ascaris. Within a few days, they had sold all their piperazine. With other VHWs, however, such a dramatic example of a "demonstration effect" had not yet occurred.

It seemed clear that the VHWs needed a great deal of reassurance and support in order to feel positive about their jobs (especially when one remembers that the average VHW's income was only about 150-200 Afghanis per month). Probably a monthly supervisory visit from the BHC sanitarian would be sufficient for this purpose.

A number of the VHWs also complained about the difficulty of making home visits without a means of transportation other than on foot. Also, referral of sick patients to the BHC was difficult to achieve because of poor roads and great distances. If each VHW could have a bicycle, it would be much easier for them to make home visits and see sick patients at home.

The most serious motivational problem involved health education and preventive care. Since villagers are much more eager for drugs and curative care than they are for health education, it is difficult to sustain a VHW's interest in the latter, especially when progress is very slow and positive reinforcement rare. The key here will be in educating the Village Committee to understand the importance of health education. A clean water system, for which the VHW gets credit, could be a major factor in enhancing his prestige and giving credibility to the effectiveness of Public Health measures.

- B. During the course, some information was gathered on the effectiveness of the various Village Committees. So far, the Village Committees have been very informal and unstructured. They have not called special meetings to discuss their VHW. Rather, when they gather together to discuss village affairs, they may also talk about the VHW. In almost every case, the VHW has had to use a room from his own house for his clinic instead of being given a room, for that purpose, by the Village Committee. Many of the VHWs stated that they felt their first responsibility was "to God" and never mentioned responsibility to their Village Committee.

On every occasion when a VHW staff person has visited a VHW village, the Village Committee members have been extremely enthusiastic and supportive of the VHW program. However, after the visitors have left, there tends to be a reversion to indifference. The Village Committees are still not convinced that the program will really be maintained by the government. Because this project is a completely new experience for them, the Village Committees seem to be adopting a "wait-and-see" attitude. Frequent visits (either by the BHC sanitarians or regional and/or central VHW staff) are essential if the Village Committee is to develop the kind of permanent commitment and sense of responsibility to the program that is vital to the long-run success of this, or any village-based, project.

At the end of the 3-day "Continuing Education" course, there developed a consensus among the VHWs that their Village Committees were important and that they would work much more closely with them in the future. Whether this will happen or not remains to be seen.

- C. The actual work performance of the VHWs, based on our supervisory visits and the 3-day course, is difficult to evaluate. All the 10 VHWs who attended the course were given the same test used as a "pre-test" and "post-test" during their initial training. The average (mean) score was 87 out of a possible 100. At the time of initial training, the mean pre-test score was 38.5. The mean post-test score was 84.6. The VHWs actually improved their post-test score 4 months after training. This indicates an ability to retain the information and skills which were considered most important by the trainers. The actual scores are shown below.

Table 1

COMPARISON OF VHW TEST SCORES
Before Training, After Training, and After
4 months in the Village
(100 Points Possible)

<u>VHW</u>	<u>Sex</u>	<u>Pre-test Score</u>	<u>Post-test Score</u>	<u>After 4 Months</u>	<u>Change since Post-test</u>
1. Aya Khan	M	45	87	93	+6
2. Mohammed Nassir	M	44	89	90	+1
3. Mohammed Zahir	M	31	84	89	+5
4. Mukhtar Gol	M	51	89	88	-1
5. Mullah Bismillah	M	44	83	86	+3
6. Mohammed Sadeq	M	47	90	86	-4
7. Khomara	F	41	82	84	+2
8. Mullah Mushke Alam	M	34	84	83	-1
9. Alamuddin	M	35	71	83	+12
10. Taj Mohammed	M	31	88	30	-8
11. Nejiba *	F	25	83	--	--

* not present at 3-day course

In terms of their actual work performance in the village, the following generalizations can be made:

- 1) The VHWs have been spending an average of 4-6 hours per day working as VHWs in addition to their usual work (such as farming).
- 2) The VHWs have been very active making home visits (averaging about 10/week), but stress personal hygiene and environmental sanitation much more than infant feeding practices or family planning. This is probably because male VHWs feel more comfortable talking to men about issues men are more interested in (e.g. building latrines or wells) rather than talking to women (which is difficult in itself to achieve) about MCH matters. Most VHWs have either no contraceptive acceptors or, at most, one. However, they seem to be more successful in changing habits of villagers regarding sources of drinking water (shifting from jui to spring) and hygiene habits (burying feces and cleaning their homes and compounds).
- 3) The VHWs have, on the average, been seeing about 60 patients per month (which is less than we predicted at the outset of the program). All have provided first-aid (for burns and cuts mostly) on occasion and all have supplemented their income by giving injections. One of the VHWs (a mullah) was himself giving IV injections (which is prohibited by the program). He said that he had given them before being trained and now that he had a "certificate" he felt justified in continuing the practice. He was told that if he gave any more IV

injections he would be immediately dismissed as a VHW from the program. It is of interest to note that at the time of the supervisory visit to his village he and his fellow villagers as well as the Village Committee denied that he had given any IV injections. This points out the problem of villager reluctance to make any negative comment about a fellow villager.

- 4) The majority of VHW patients have been adults. This is unfortunate since simple curative care in a village can make the difference between life and death mostly in children (especially in diarrhea, dehydration and pneumonia). However, the tendency appears to be that an increasing percentage of patients are children under 5 years of age. Although the VHWs try to provide some health education with every patient or home visit, they find that, though everyone agrees with their messages, there have been few dramatic changes in health habits so far. During the 3-day course, the VHWs were repeatedly told that such changes take time - after all, most of these habits have remained unchanged for many centuries and villagers (at least some of them) have survived. We advised patience, patience and more patience.

- D. There is no question that the BHC plays a crucial role in training, supplying, supervising and providing continuing education for VHWs. The big question remains - how can the BHC, under ordinary circumstances, be motivated to provide the kind of energy and leadership necessary. Once again, there is no easy answer. It is obvious that the personality of the particular doctor or sanitarian assigned to a BHC will largely determine its effectiveness in supporting the program. Also, as the number of BHCs with attached VHWs expands, it will become more and more necessary for the BHC itself to take the initiative in training, supervision and continuing education, since the VHW staff in Kabul or the Regional Centers will be unable to do these things entirely by themselves.

III RECOMMENDATIONS

As a result of the first VHW "Continuing Education" course held in Sarobi, the following recommendations can be made:

- A. When VHWs are recruited in future programs, a "contract" should be negotiated with each Village Committee. In essence, the contract should include the following:
 - 1) Responsibilities of the MOPH include:
 - a. To train those VHWs chosen by the Village Committee in a 3-week course at the nearest BHC.
 - b. To provide certain supplies (including a metal storage cabinet, chair, first aid supplies, etc.) to each VHW.
 - c. To provide (free) an initial supply of pre-packaged drugs and to have available at the local BHC additional drugs that can be purchased by the VHW.

- d. To provide (free) cement and/or pipe and technical assistance for construction of a simple village water supply system.
 - e. To provide a bicycle for each VHW to use for home visiting.
- 2) Responsibilities of the Village Committee include:
- a. To maintain all supplies and equipment (including bicycle, cabinet, cement and piping, etc.) with necessary parts and maintenance.
 - b. To effectively supervise the VHW and to make certain the VHW is honest in the selling of drugs.
 - c. To provide a clinic room for each VHW which is kept clean and which is kept warm in winter.
 - d. To provide information to the BHC about the activities of the VHW.
 - e. To meet once per month to discuss ways of supporting the VHW.
- B. The female VHWs recruited from villages should be dais whenever possible. By training a dai to be a VHW (and to have a male VHW in the same village) the health needs of the village can be effectively met. The dai would basically handle MCH (Maternal and Child Health) in the village while the male VHW would take care of environmental sanitation, personal hygiene, first aid, and drug treatment. For drug needs of mothers and babies (such as iron and vitamins) there should be close cooperation between the male and female VHWs.
- C. All VHWs should be provided bicycles (which none presently have) in order to facilitate their home visits and trips to the BHC. This would help answer one of the most frequently heard complaints among the VHWs - their lack of transportation.
- D. An incentive, in the form of per diem, should be provided to the BHC sanitarian so that he will maintain an active involvement in the project. Per diems should be given to the BHC sanitarian when he actually stays overnight in a VHW village and evidence is provided by the Village Committee of the sanitarian's presence. An incentive should also be provided to the BHC doctor. This can be in the form of teaching honoraria if the doctor takes an active teaching role during the initial VHW training and during continuing education courses.
- E. Support can be provided to the Village Committee in the form of certificates or letters of commendation for those Village Committee members who demonstrate a high level of involvement in and support of the project. Similar letters and rewards can be granted to outstanding VHWs and BHC sanitarians.

- F. The VHW program should be authorized to experiment with incentives to VHWs for good work in the area of health education and preventive medicine. For example, if a child 1-4 years old can increase his arm circumference (from red to green) on the arm band, the VHW could be rewarded. This would encourage more active effort in nutrition education for households with malnourished children. Similarly, rewards can be given for improved water systems, clean latrines built and maintained, etc.
- G. Looking ahead to the future, it should be kept in mind that VHWs who do a good job (without salary) should be considered for some sort of "Promotion" (either as VHW supervisor, assistant VHW trainer, or further training in agriculture to become a salaried multi-purpose village worker).

APPENDIX IA

REPORT OF A 3-DAY FOLLOW-UP COURSE
FOR VILLAGE HEALTH WORKERS IN SAROBI

by Dr. M. R. Miazad

1. Beginning of the course - Mizan 2nd (Sept. 24, 1977)
End of the course - Mizan 4th (Sept. 27, 1977)
2. Objective of the course - To upgrade the health knowledge of the VHWs for the delivery of better primary health services at the village level.
3. The contents of the course -
 - a. To find out the problems of VHWs in the field.
 - b. To repeat materials (topics) which have been already taught - to a certain extent.
 - c. To teach them more about health education and how to utilize pamphlets, posters, etc.
 - d. To emphasize the importance of village committee.
 - e. The importance of supervision at different levels.
 - f. To encourage the VHWs.

1. TO FIND OUT THE PROBLEMS OF THE VHWS IN THE FIELD:

In order to find out the problems of the VHWs we have already tape recorded all of their complaints. Answers have been given to their individual questions and practical solutions have been suggested to some of their problems. Their serious complaints, which will be solved step-by-step in the future, are.

- A. From the beginning of the program up until now, we have kept telling not only the VHWs, but also the village committees that the VHWs will not be receiving any salary from the government. These VHWs should be helped by the village committees and by the people. The VHWs still complain about their low income and ask for a minimum salary. Again we told them that the government will not provide any salaries to the VHWs. The people, as well as the village committees, are responsible for handling this problem. Though payment of salaries to the VHWs is impossible, practical steps should be taken to relatively increase their income.
- B. Transportation: Almost all the VHWs complained of having no transportation for sending patients to the health center. To solve this problem in the near future appears impossible. A number of VHWs complained about having no transportation at the village level. Some of these VHWs asked if bicycles could be provided either for free or on long-range installments. The ministry is seriously studying this issue.
- C. Lack of information about the patients who are sent to the

health center. We promised the VHWs to provide a form so that whenever patients are sent to the health center they would take this referral form with them. The health center will accept the patient based on that form and the results of the treatment and other instructions will be written down on the form and returned to the particular VHW.

- D. Improper supervision provided by the Sarobi health center was another issue discussed at the meeting. The VHWs were assured of the assignment of another sanitarian who will be able to solve their problems.
- E. All the VHWs believed that the cooperation of the village committee and the people for the time being is very limited. Finding practical ways to ensure the cooperation of people through the village committee in different levels is a must. Though the Department of Primary Health Care Development is seriously considering this point and has already followed basic steps, we hope that the Ministry authorities will pay special attention to this matter in the future.
- F. Almost all the VHWs have placed a high priority on safe drinking water and have asked for technical as well as financial aid. By keeping in mind the problems of the MOPH, no promises have been made to this matter, but the VHWs were told that their requests would be considered and their complaints would be presented to the ministry authorities.
- G. When the drugs were sent at the beginning of the program, because of administrative problems, the distribution was slow. A number of VHWs who came to the health center were somewhat upset because there weren't any drugs at the health center. No doubt that logistics is one of the biggest problems in running a program. In this case we want the Ministry authorities to pay special attention in this matter. Also, it is important to be reminded that we still haven't received the amount of drugs which were ordered from UNICEF long ago. If drugs are not in hand, obviously there will be inconveniences in the program. We hope the Ministry authorities will consider this issue.

2. REPETITION OF SUBJECTS TO A CERTAIN EXTENT

One of the main objectives of this course was to repeat topics which were taught during initial training. In order to reach this objective, a test was given at the beginning to find the weak points of the participants. If we glance to the results of the three tests, we will notice that the outcome of the last test is higher than the exams which were given earlier. This means that the VHWs haven't forgotten whatever they have learned earlier. And, on the other hand, they gained a lot of information, not only from reading books, but from their supervisors, also. Anyway, during this 3 day course, we discussed many matters with them and answered many of their questions. Almost all the VHWs asked for a more effective drug to cure diarrhea. We promised to study this

issue and then will inform them of the outcome. Also, we discussed this issue and decided to provide another drug in addition to oralyte.

VHWs - Results of the Three Tests

Name	Pre-Test Result	Post-Test Result	3-Day Course Result
1. M. Saddeq	47	90	86
2. Mukhtar Gul	51	89	88
3. M. Naseer	44	89	90
4. Taj Mohd.	31	88	80
5. Yahya Khan	45	87	93
6. M. Zaher	31	84	89
7. Mullah Besmillah	44	83	86
8. Mullah Mushkalem	34	84	83
9. Najiba	25	83	absent
10. Khumara	41	82	84
11. Alamuddin	35	71	83
TOTAL	428	930	862
AVERAGE:	38.45	84.44	86.20

3. TEACHING MORE ABOUT HEALTH EDUCATION AND UTILIZATION OF PAMPHLETS, POSTERS, ETC.

Since the implementation of preventive programs is very difficult at the village level, it is better to give priority to health education. The representative of UNICEF, by keeping in mind the problems of VHWs, developed picture flip-books in the field regarding drinking water. More of these flip-books will be provided for VHWs and we hope more such flip-books and posters can be provided later. Also, the possibility to provide cassettes and even radio was discussed with the representative of UNICEF. If those things are needed badly, then they will be provided. During this 3-day course serious attention was paid to health education, nutrition education and home visits.

4. CONSIDERING MORE ABOUT THE VILLAGE COMMITTEE

In spite of our efforts, the village health committee hasn't been officially established, but the village elders have been formed as a village health committee and have accomplished an excellent job regarding selection and introduction of VHMs. Also, they have promised all kinds of cooperation for the development of this program. On the contrary, the VHMs are not happy and they complain that they do not receive proper cooperation from the village committee and village people. The VHMs were promised that the MOPH will try to organize an active village committee and will explain in

detail the role and importance of the committee to its members. Also, the VHWs were told to be in close contact with the village committee. Up to a certain extent, and as far as our authority permits, we tried our best to organize an active village committee, but our attempts in this matter haven't been very successful. We should continue our attempts so that we will have success in the long run. If it is necessary, after the implementation of a training program in Girishk, we will create a separate plan regarding the organization of an active and better village health committee. This plan should be approved by the advisory committee and Ministry authorities and then be implemented.

5. THE IMPORTANCE OF A SUPERVISORY SYSTEM AT DIFFERENT LEVELS

The role and importance of a supervisory system at different levels, especially in the village level, was explained to the VHWs. They were promised that from now on, the sanitarian of the health center will be responsible as a supervisor. This problem will be over as soon as the sanitarian is appointed. And, as soon as the sanitarian receives his motorcycle, he will start his work.

6: To encourage the VHWs was one of the objectives of the course. They were encouraged to a certain extent materially and emotionally.

The participation of the health center personnel, especially the doctor is greatly appreciated. We hope the center can do an even better job in this matter in the future.

APPENDIX II

TRANSCRIPT OF DISCUSSION WITH VILLAGE HEALTH WORKERS
TAKEN DURING CONTINUING EDUCATION SESSION

(Sarobi September 24, 1977)

1. When Dr. Miazad asked Mohammed Nassir, the VHW, regarding his difficulties, he answered, "I told people that I am assigned by the government as a VHW in order to help you. I am not expecting any kind of salary from you and I will be working for free."

2. When Dr. Miazad asked Mullah Besmillah, the VHW, about his problems his reply was:

"The means of transportation are not very good in this country. People cannot bring their patients to me. They expect me to go and see patients at their homes. The distance and the number of patients are two big problems. I cannot go to their homes because of the distance and sometimes more than one patient comes to me. It might happen that they may complain. Regarding latrines I told people to build safe and clean latrines. Some accepted the idea and built safe and clean latrines. Regarding digging wells people tried their best, but up to 20 metres deep they were not able to find water. Let me tell you that we don't have any complaints against the government. If we receive any instructions from the government, we try our best to accomplish them. If we are not able to accomplish some of those instructions then we will refer everything to God. My last comment is that I am not able to travel long distances to see patients."

3. When Dr. Miazad asked Alamuddin, the VHW, about his problems, he said:

"My area is a vast area. If there are patients around, I cannot go to them because my own work will be left behind. Regarding latrines, it is difficult to bring about improvements."

4. When Dr. Miazad asked Mullah Mushkalem regarding his difficulties, his reply was:

"I have full control over 50 to 60 families who are living close to me. Whatever medicines which are with me I give them to the people. Other kinds of drugs, capsules, and injections, which are not given to me and I don't have them I don't give to people. I as a VHW I have promised to help and give these medicines to the people. Since these drugs have been donated by international institutions, I try my best to be fair and honest while distributing these drugs. If someone has any complaints, he should stand and tell."

We should try our best to help our people. By providing services for the people God will be happy. If we do not do a good job, everyone will dislike us. Regarding latrines, some have already built safe latrines and

some have accepted the idea and promised they would build safe latrines. Regarding taking drugs, most of the people who take drugs are satisfied with using them but some people believe that the drug for diarrhoea is not effective. Basically some people want the drug to be 100% effective and the results of the drugs should be seen right away. Regarding latrines and digging wells people promise they would do those two things. Let me tell you one thing that I cannot go to people's houses if someone is sick. If they come to me, I love to help and treat them. I don't have any other complaints."

5 - When Dr. Miazad asked Mohammed Zahir, the VHW, about his problems, he replied:

"After I finished my training, I went back to my village. People were asking me what I learned, what I saw, and why I went. I told them that we have to avoid using dirty latrines and drinking dirty water. Regarding latrines they accepted my ideas but regarding water their reactions were negative because people are still getting their drinking water from karezes. Not only people but also the animals drink running water. I explained the possibility of boiling water. It is not possible because there are between 10-20 persons living in a house. Providing boiled water for a large group of people is impossible. The reaction of the people to the drug plastic bags was very good. They were happy to see the name, price, and instructions written on the back of the drug bags. If people give me some money for my services, fine, otherwise, I don't want to make or force them to pay me. I keep telling people that the drugs have been provided by the government. The people have the right to use this medicine. Improving the water situation is impossible. Regarding latrines we will take care later."

6 - When Dr. Miazad asked Taj Mohammed, the VHW, about his difficulties, he answered:

"When our training program was over, we went back to our villages. People were informed. Some knowledgeable people brought their patients. People who did not understand were told the usefulness of our training program. I told them that they should use cheap drugs. If someone among them gets sick, they have to spend at least Afs 200 to go to Sarobi and get necessary drugs. Round trip costs are around Afs. 60, food will cost 20 40 Afs., and drugs will cost you around Afs. 100.

The government has been very kind to us. 11 of us were trained as VHWs and we were given some kind of drugs to be used by patients. My complaint is that whenever patients are referred to the health center then I don't know what happens to the patients. I don't know whether patients received any drugs, injections, etc. Also, I don't know what instructions were given by the health center to me. My second complaint is lack of transportation. When people

who are living far from my house get sick they expect me to go there. I cannot do this because of the distance and also it might happen that by the time I am out of my house some other patients might come to my house."

- 7 "In my village I go and visit people and give drugs to patients. Also, I give instructions to people how to keep themselves clean and healthy. Regarding latrines, I have already talked to people. Some who had space built safe latrines and some who didn't have space promised that they would build safe latrines as soon as they find space. But let me tell you that our people are poor economically. I don't have anything else to say," said Bibi Khumara, the female VHW.

- 8 - Mukhtar Gul, the VHW said:

"I have many problems. There is drought this year. Most of the people in the country are having problems with not having enough water. The wells are dry and the karezes, the place where we get water, are far from us. The second problem is distance. There are some places which we cannot go because it is too far away. For the same reason people cannot come to us either. Since I cannot go to those places and they cannot come to us, this is why sometimes people complain."

- 9 - When Dr. Miazad asked Yahya Khan, the VHW, about his difficulties, his answer was:

"When I talked to my village people about health, they accepted and applied whatever I told them. The people were very receptive. Regarding building latrines, people still use the old style in building latrines. Because of the distance I cannot go to villages at least once in two weeks. I encourage people to drink water from the wells and karezes and not from any other places. I explain to the people why some water is good to drink and why some water is not good to drink. Drugs that I had are all gone. People needed some of the drugs especially drugs for burns, several times. I asked the basic health center many times to send me some of the drugs. Unfortunately, I couldn't get some of those drugs. This is why I had to go to Sarobi many times for the same purpose. During these trips going back and forth to Sarobi I spent almost Afs. 500-600."

- 10 - Then Dr. Miazad asked Mohammed Saddeq, the VHW, if he had any problems. M. Saddeq replied:

"I think you all know our problems. I confirm whatever Haji Mullah Mushkalem said. We don't receive any kind of salary from the government. Our service is free. My only concern is if we should be helped all the time. For example, we asked for pipes for water but so far nothing happened. If health personnel such as sanitarians could often get in touch with us we will always inform them

about our problems. Transportation is a major problem. We cannot go to the health center all the time to discuss our problems. Therefore, it would be nice if health personnel could come, get in touch with us, and discuss our problems. I don't have any other complaints. I appreciate your help concerning the availability of the drugs for people."

11 - Mohammed Nasir asked Dr. Miazad if he could be given a tape recorder so he could record the program and then let the people listen to it, since the people are very poor.

12 - Dr. Miazad asked Mullah Besmillah, the VHW, if he had any complaints. He said:

"I don't have any complaints. My only concern is if a list could be made and based on the list the drug price should be checked in each area. If someone is dishonest by charging a lot, the person should be punished. I don't have any other complaints."

13 - Alamuddin, the VHW, said:

"I want to say one thing and that is if we could receive money as a salary."

14 - Mullah Mushkalem - Do you have any complaints?

"As I said before we need the cooperation of both you and the government. Whatever we were told by you we did those things. For example, concerning latrines and other places where diseases are found. The patients come to us and then we give drugs. Sometimes we send them to the health center."

Then Dr. Miazad asked - Don't you have any complaints about us? Then the VHW said,

"Since diarrhoea is very common in our country, we don't have injections to treat diarrhoea."

15.- Mohammed Zahir, the VHW, told Dr. Miazad,

"When you came I was out and busy building a room. I am trying to build a room so that I am able to see patients. The concern is if I am busy working I will not be able to see patients. As an example, four patients came yesterday and I was busy working. Then I went and gave medicine to the patients. In cases like that I should be helped."

Dr. Miazad interrupted him and said,

"Helping or paying is not my responsibility. I am sorry I cannot do anything in this matter. This is the responsibility of the Village Committee to help you."

16 - Taj Mohammad was trying to say something. Dr. Miazad told him to go ahead. Then he said "I have only one complaint. Either give me salary or transportation."

17 - Yahya Khan said, "The bus fare is very high. Either give me salary or transportation."

18 - Dr. Miazad asked Patang, "What do you want to say?" He said, "If you don't compensate our bus fare and do not want to give us salary, then it is better to get us bicycles."

19 - Dr. Miazad asked Bibi Khumara if she had anything she wanted to say. She said, "I don't have any complaints. All the complaints were told by others."

20 - "Do you have any complaints?" Dr. Miazad asked Mukhtar Gul. Then Mukhtar Gul answered, "I don't have any complaints except if you could help us with provision of water."

21 - Mullah Mushkalem said, "I have already sold some of the drugs. I have conveyed some useful information to people."

22 - Dialogue between Besmillah Khan & another VHW.

"Hello, how are you? How are things going on? How do you feel? I haven't seen you for a long time. Whenever I see friends, I ask about you. Some of the time I send you letters, too. We don't see each other even once a month. We are having lots of problems. How are the drugs given by the government? They are the best drugs. The results are very effective. No one has complained yet. No one is sent to the health center. Indeed the drugs which are given to us by the government are working pretty well. We have been trained and we have been told how to use the drugs. I want to mention one important thing and that is the people who come all the time and ask for drugs. If we keep giving drugs to everybody and all the time, we might be accused of doing something wrong. If we avoid giving drugs, they will get upset and they might complain."

Mr. Nassir interrupted and said, "I don't see any problems regarding these drugs. They are as effective as injections. And the people are very happy."

Mr. Bismillah said, "It would have been very good if we were given injections. People are interested in having injections, but the point is that we are unable to give injections."

Dr. Miazad then said, "If you have any ideas, let's talk."

Mullah Besmillah said, "If someone wants to sell one packet of medicine for 50 Afs he can, but the point is that since the price of the drugs is written on the label, the illiterate person can go either to the mullah or to the school children to tell him the price. In this case, the person has a right to complain. There are some rich and poor people who expect us to give those drugs for free. If we don't give, they complain. If we give, then we have to pay from our own pockets. Then in that case, no one will complain."

Mohammad Saddeq said, "Remember the day that the President of Preventive Medicine told us that we should not be dishonest. We have to keep our promises. And we should help our people."

Mullah Besmillah said, "Let me tell you that no one will be able to get any profit out of these drugs. The government has been kind enough to write the price of the drugs on the label. If we cheat people and they realize it, then we will lose our prestige and dignity."

Mullah Mushkalem said, "The price of the drugs is written clearly on the label and you can charge 2 Afs each person for a packet."

Mullah Besmillah said, "As an example, the packet costs 4 Afs and the government does not give us any commission."

23 - Dialogue between Mullah Mushkalem and Mohammad Zaher. Mohammad Zaher told Mullah Mushkalem, "I went to Sarobi for a few days. How are you? How are things going with you? We find some first aid cases here. We don't have first aid medicine to clean the wounds and then put on gauze dressing."

Mohammad Zaher said, "Try to put tincture of mercurochrome. It burns, but it is good. Our country is a mountainous country. Over most of its area. Either people fight each other or some are falling from trees. We don't have medicine for injuries. There is a kind of medicine whose color is red. Basically this kind of medicine is for burns, not for injuries. When we go to our villages, people who are intelligent and knowledgeable follow and apply instructions given to them. Those who do not understand and are stubborn will be hesitant to follow and apply such instructions. But this takes time. This second type of people will gradually accept all useful things. Some of the drugs such as tetracycline (for eyes), penicillin (for fever) and sulfa (for headache, dizziness and other body pains) are considered very useful. One of the issues which is not acceptable in our country is using condoms for not having too many children."

Mohammad Zaher said, "The problem in this particular issue is that people do not understand. When they are with us they accept everything, but when they go home they do not want to apply them. Using a condom is not the only way to prevent having children. Taking pills is another way. We should repeatedly tell and make the people understand the usefulness of the issue."

24 - Dr. Miazad said, "Let us see what Taj Mohammad did during the last four months." Taj Mohammad said, "When I went to my village I gathered people and told them whatever I learned from the training course. I also told them that personal hygiene and personal cleanliness is part of our religious beliefs. I told people about safe water. They became very happy and then they told me about their problems."

Mohammad Zaher said that eggs, soup, vegetables, water and rice should be made tender and then be given to children. People laughed and said that they don't give any kind of food to children unless the children are 2 years old. I told them that by the time the children are six months

old their mother's milk is decreasing. In this case food should be given to children. As an example, an egg should be divided into four parts. For the first week each day the baby is given one part, for the second week 2 parts and then gradually be increased up to one egg a day. When a child is six months old, he or she needs to eat other kinds of food.

'There was a patient in my village. He had an injury. I went to visit him. He was doing well. Then I went back home. It was around 12 o'clock at night that someone knocked at the door. I opened the door and saw someone who asked me to go to his house and give an injection to that patient. I told him that I did not give injections but had penicillin tablets which are as effective as penicillin injections. Then I told him to take these penicillin tablets and by tomorrow if I found any penicillin injections I will inject them into your patient. The next day the patient died and then we noticed he had an injury on his head. He was 40 years old. There was a child who was sick and then got measles. He was very weak. I gave him some penicillin tablets. He was well for a few days. Then died.'

Azimi said, 'Please give good food to your children. Your children will be strengthened and the body will resist disease.'

I told people to boil the water first. Then cool it. Then put it in a glass. Then put the medicine into the glass and stir it with a spoon. Then take the medicine. It happened that the next day several people came to me. One person said that the medicine was not very effective. I asked him 'How did you take the medicine?' He said, 'I put the medicine into my mouth and then drank a glass of water.' I asked the same question to another person. His reply was that he boiled the water, cooled it, put the medicine into the water and then swallowed the whole thing. Obviously this last person was very satisfied with the effectiveness of the drug.

Mr. Azimi, the training team sanitarian, made a comment and said, 'This is a fact. For the last few days, several people (VHWs) came to me with mixed feelings. One said his patient died. The next person came. He was thankful and said that his patient was treated very well. One said that he was given good medicine. Another one said that he wasn't given good medicine. I went with one of them. He mixed the drug and gave it to the patient based on proper instructions. The next day I asked him about his patient and he was very happy and said that his patient was doing fine. This person also made a comment regarding the dirtiness of the place where he lives, his clothes, his animals, etc. Then Mr. Azimi told him to go ahead and try to change these things.

Mohammad Zaher said, 'No general change but some small changes.' Mr. Azimi said, 'Please try to explain about some of the changes you brought about.' Then Mohammad Saddeq asked Mohammad Zaher, 'What changes?' The answer was, 'Regarding cleanliness, I separated animals from the people who were living together under one roof'. Azimi said, 'In how many houses did this work?' Mohammad Zaher said, 'I have changed about 50-60 houses in my village and the people are very happy. Gradually people will be more interested.'

Then Azimi asked Alamuddin, the VHW, what he did during the last 3 to 4

months and what practical work he did. Alamuddin said, "When I went to my village I saw people drinking jui water. I told them that they should not drink that water because it was not clean. People accepted this and now they are drinking water from the springs. Also, I told people that they should have their children wash at least 2 times a week, change their clothes and keep their clothes clean. While washing the body, warm up the water, use soap, put cotton in your ears and do not let water get in your eyes. I was asked if I applied this myself. My reaction was yes. Furthermore, I encouraged people to eat eggs, milk, yoghurt, and soup. I was again asked by Azimi whether my instructions were accepted by the people. My answer was yes. I was asked if any child was dead. I said no.

Azimi asked Mukhtar Gul, the VHM, regarding his practical work. He said:

"I went to my village. All the wells were open. I told people to cover the wells. They did. Cleaning animal manure which was not done before was started to be done. I explained to them about the usefulness of food. I showed them practical methods. They appreciated this and they were happy."

He was asked if someone died in his village. He said that a baby who was born lame and had an injury died though he was taken to Kabul for treatment.

Azimi then asked Bibi Khumara regarding her training and then her practical role in her village. She said, "

"I told my villagers about children, their cleanliness, and their training. Regarding foods - about the importance of yoghurt, eggs, and milk, how to prepare food and how to keep the food clean. I told these things and showed practical things to the people. I did this for at least 5 - 10 families. They all have been very thankful."

Then Mohammad Saddeq (Patang) said the presence of sanitarians is very important. They can be a good source of help to VHMs and a good guide to the people. Another important thing is that we people have competition and jealousy among ourselves. We don't want the MOPH to get a bad reputation. It is better for me to explain this issue in detail. I can sell a bag of drugs which costs 5 Afs. for 50 Afs. In order to have control over such a thing we should be in contact. Mullah Mushkalem made a comment and said that sanitarians as well as village committees are proper contact persons. Patang also made a similar comment and expected the cooperation of the Village Committees. This cooperation should be in building and painting a room to see patients.

Dr. Miazad asked, "How many times a month do you want these people to be in contact with you?" The answer was 4 times a month (once a week).

Dr. Miazad said, "It is impossible - Once a month is possible". And he agreed that this contact should take place once a month.