The right skills for health systems development

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An in-service training programme has been developed for staff who operate health and family planning systems in Burkina Faso, in order to improve the services and strengthen the systems in difficult working conditions.

Health and family planning workers at the provincial and district levels in Africa usually encounter very difficult conditions. Personnel in rural health centres, for example, may find that basic supplies are unavailable, staffing is inappropriate, and referral centres are too distant. Weak infrastructure is often insufficiently taken into account in training and staff development programmes. Planners drawing up targets, regulations and procedures often make false assumptions about the circumstances in which tasks are to be performed. As a result, the workers concerned are liable to lose interest, give up their professional aspirations and refuse responsibilities. Weak structural development of services also leads to their underutilization by the intended beneficiaries.

An example of the problems that arise are indicated below.

- Measurable and accountable tasks, such as the completion of growth charts, may be performed meticulously, but so much time may thus be taken up that the real purpose – the early identification of children at risk and the counselling of their mothers – is overlooked.
- The head of a health centre, although a state-registered nurse, may not have been trained in the prescribing of oral contraceptives. Consequently, women may have to travel very long distances in order to see a doctor or an authorized midwife.
- Difficulties may arise for pregnant women attending for antenatal check-ups, since there may be no clear view as to what action should be taken and there may be no referral centre within an acceptable distance.
- Where there are too few trained birth attendants, women in outlying areas may be assisted by untrained persons who are unlikely to seek help from health centres if something goes wrong, fearing reproach and perhaps punishment for unauthorized practice.

Clearly, staff often have to work under conditions for which they are not prepared. They tend to react with resignation in an inflexible way that does not respond to actual needs, and in consequence the efficiency of services is adversely affected. Recommendations for tackling these difficulties, based on studies and pilot projects, have been useful to a limited extent, but the resulting achievements have seldom been significantly sustainable or transfe-
rable. There is a growing recognition that both recommendations from outside and implementation from above leave much to be desired.

**Development from within**

A training programme, developed in Burkina Faso with input from West African professionals and technical support from the German Technical Cooperation Agency (GTZ), aims to qualify health and family planning personnel to contribute to systems development from within. It is intended particularly for staff who are in direct contact with the population and who have managerial responsibility for other personnel and access to higher levels of decision-making.

The programme consists of the following:

- a six-week foundation course in Ouagadougou;
- independent action research at the participants’ workplaces, lasting 10 weeks;
- a two-week seminar in Ouagadougou, involving discussion and evaluation of results and experiences.

This programme has been organized on one occasion so far, when 17 people from six West African countries participated.

The programme develops the ability to recognize and solve problems that occur in everyday circumstances, using the approaches outlined below.

- Skills and knowledge are brought up to date in the areas of:
  - maternal and child health and family planning;
  - management of health and family planning services;
  - communication with beneficiaries.
- Discussions are held on needs, priorities and problems, and on the norms and values underlying their perception.
- The participants are familiarized with techniques of action research which can be employed in the daily work routine.

**Action research**

In the present context, “action research” refers to research conducted by trained staff of the health and family planning services in order to make their own work more effective and appropriate, and to improve the system by reporting to the higher levels on their procedures and initiatives. The methods derive from the perception of the everyday working situation. Lengthy questionnaires, computers and high costs are avoided. Problem-solving and the ability to proceed systematically are strengthened. The methodology is based on observation, performance statistics, discussion and interview, and reporting.

Both quantitative and qualitative research methods are used. Particular attention is given to certain basic principles of scientific procedure, such as the formulation of research objectives, the definition of information needs, and the choice of categories for structuring and condensing information.

Of the 17 participants in the first course, 15 produced a complete action research study meeting the criteria laid down. The instructors considered that the level of active participation

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in the foundation course and the seminar was far above average, while the participants judged the relevance of the course to their work as being high to very high. Homework was done conscientiously and working groups voluntarily continued their activities after normal hours to a significant degree.
The studies dealt with attitudes and behaviour in the population concerning family planning, antenatal care, child nutrition and other matters, with communication between staff members and the population, and with the organization of health and family planning services.

The training course for key district and provincial staff has introduced the concept of dynamic adaptation to needs. The experiences and results obtained indicated that the ability to recognize problems and develop solutions can be learnt.

The budget for each action research study was approximately US$ 150, for which the results were in no way inferior to those of conventional studies in the region which cost 20–100 times as much.

Difficulties and weaknesses that emerged during the studies were identified and discussed during the seminar. The course materials have been extended so that it will be possible to deal with these matters in the future. Recommendations for change within the immediate and extended work environment of the participants have been implemented.

The health and family planning services in most African countries have to contend with severe limitations in resources and infrastructure which are often difficult to represent in planning models. This leads to loss of motivation when staff find they cannot readily apply their training, because it has equipped them to work in circumstances that are at variance with those actually encountered. They often act inappropriately and mechanically in such conditions, and feel alienated from the realities around them. Studies and pilot projects designed to bring about optimal use of available means often fail to have a sustainable impact on services and systems. Furthermore, staff are seldom equipped to identify problems and find solutions. The knowledge they possess about the needs of populations to which they belong and about ways of improving the systems within which they work is rarely used.

The training course described above for key district and provincial staff has introduced the concept of dynamic adaptation to needs. The experiences and results so far obtained indicate that the ability to define problems and solutions can be learnt. The essential elements of capacity-building for health systems development from within included the updating of technical knowledge and skills, the raising of awareness of values and norms underlying the perception of needs and priorities, and a simple, specially developed approach to action research. ■

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