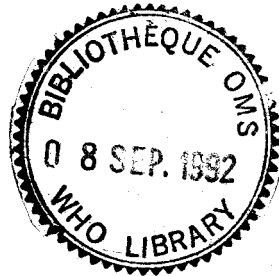


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The Community Health Worker

Working guide
Guidelines for training
Guidelines for adaptation



World Health Organization
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Contents

Preface	7
Introduction	9

Part 1 Working guide

Chapter 1 Knowing your community

Unit 1 Learning about the community	17
Unit 2 Epidemics	25

Chapter 2 Promoting a healthy environment in the community

Unit 3 Housing	29
Unit 4 Water supply	36
Unit 5 Food safety	46
Unit 6 Getting rid of waste	54
Unit 7 Disposal of excreta: latrines	59
Unit 8 Keeping schoolchildren healthy	65
Unit 9 Vectors of disease	70

Chapter 3 Keeping the family healthy

Unit 10 Personal and family hygiene	77
Unit 11 Tuberculosis	82
Unit 12 Chronic illness	88
Unit 13 Health care of old people	93
Unit 14 Disabled people	97

Chapter 4 Health care of women

Unit 15 Pregnancy	101
Unit 16 Labour and delivery	127
Unit 17 First few weeks after delivery	146
Unit 18 Planning a family	158
Unit 19 Health problems of women	167

Contents

Chapter 5 Health care of children

Unit 20	Child care and feeding	175
Unit 21	Protecting against infectious diseases: immunization	190
Unit 22	Preventing accidents involving children	196
Unit 23	Care of a sick child	201

Chapter 6 Treating sick people

Unit 24	Fever	207
Unit 25	Cough	211
Unit 26	Diarrhoea	217
Unit 27	Headaches	225
Unit 28	Belly pains	230
Unit 29	Pains in joints, back, and neck	234
Unit 30	Burns	242
Unit 31	Wounds	247
Unit 32	Bleeding and shock	256
Unit 33	Fractures	260
Unit 34	Bites	266
Unit 35	Poisoning	273
Unit 36	Skin diseases	277
Unit 37	Eye diseases and loss of sight	285
Unit 38	Intestinal worms	294
Unit 39	Weakness and tiredness	300
Unit 40	Keeping the mouth and teeth healthy	304
Unit 41	Lumps under the skin	310
Unit 42	Mental health and mental disorders	315
Unit 43	Venereal diseases	320
Unit 43a	AIDS	325
Unit 44	Blood in the urine	329
Unit 45	Epilepsy (fits)	332

Chapter 7 Getting the work done

Unit 46	Home visiting	337
Unit 47	Getting active support from people	344
Unit 48	Deciding what is urgent	351
Unit 49	Knowing your work clearly	356
Unit 50	Equipment and supplies	361
Unit 51	Keeping records	366
Unit 52	Preparing and writing reports	373

Annex 1	Medicines	383
Annex 2	Important techniques	389
	1 Taking the temperature	389
	2 How to give injections	392
	3 How to tie bandages on different parts of the body	396
	4 Counting the pulse	401
	5 How to give mouth-to-mouth resuscitation	401
	6 How to make a stretcher	403
	7 How to make and use a water filter	404
	8 How to disinfect drinking-water with bleaching powder	407
	9 Other techniques described in this book	408
Annex 3	Anatomical diagrams	411
Annex 4	Explanation of terms and index	419

Part 2 Guidelines for training community health workers

1	Creating conditions for learning	433
2	Evaluating the performance of students	440
3	Examples of learning modules	445

Part 3 Guidelines for adapting this book

1	Introduction	455
2	Reviewing the role of CHWs in the national primary health care programme	456
3	Appointment of a working group	456
4	The adaptation process	457
5	How to use this book	463
6	Translation	464
7	Printing	465

Preface

This guide was originally issued in 1974 as a WHO working document entitled "Training and utilization of village health workers". That document was extensively field-tested, and in 1977 it was published as an experimental edition entitled "The primary health worker". The book proved very successful and stocks were rapidly exhausted. In 1980, the experimental edition was further modified in the light of more information from the users, and a revised edition was issued in five languages: Arabic, English, French, Spanish, and Russian. Since then, adaptations and/or translations have been published in many countries.

The present book is a completely revised and enlarged version of the 1980 publication. Apart from improvements and additions to the technical content, the reader will find in this edition clearer illustrations, larger print, and improved layout and presentation of the text and drawings. These changes were deemed necessary in view of the experience gained from the use of the previous version and the demand for better learning materials for community health workers.

It is emphasized, however, that this book is designed for adaptation to local conditions. To help national health authorities in preparing local editions of the learning material given in the working guide (Part 1), the final part of this book contains guidelines for adaptation.

As all learning material has to be regularly updated to suit changing health needs at the local level, WHO welcomes comments on this book from all users. It is hoped that such comments and suggestions will lead to further refinement of the learning material.

Bear in mind that:

This book is intended not only as a learning and reference tool for the community health worker but also as a guide for his or her teacher(s), for those in charge of primary health care programmes, and, more generally, for anyone providing primary health care at family or community levels.

*The problems, the text and the drawings should be **adapted** to the conditions of each country and each community in which the community health workers serve. Guidelines for this purpose are given in Part 3 at the end of this book.*

Introduction

Countries had been developing their own health services and training their health manpower long before the creation of the World Health Organization (WHO). However, only in a few countries have health services attained wide population coverage. In many, the services benefit mainly urban populations, and the professional health workers who have been trained in the cities tend to stay in the cities and are often not prepared to move to the rural areas to meet the rural people's basic health care needs. In many instances, large hospitals absorb most of a country's health budget, leaving very little for essential primary health care.

The Member States of WHO have gradually come to realize that the provision of sophisticated hospitals and of highly trained staff is not the most efficient way of improving health. Many are now making a big effort to bring more rationality and equity to the development of health services. Consequently, they are placing emphasis on *health* rather than *disease*, and on *health care* rather than *medical care*. In addition, they are giving public health the same attention as individual care.

The notion of basic health services was advocated in the 1960s, and at first it appeared promising. However, reliance on pilot or small-scale projects not adapted to local conditions; and lack of community participation and consequently of local support and resources, resulted in disappointments and failures. Then it became known that the health of the Chinese people had improved spectacularly as a result of what we now call the primary health care approach. One of its guiding principles was the utilization of community health workers (CHWs) to: (a) extend health services to the places where the people live and work; (b) support communities in identifying their own health needs; and (c) help people to solve their own health problems. This new idea that communities should assume substantial responsibility for their own health brought a new dimension to the management of health care services and opened up for the Member States of WHO an opportunity to redraft and expand their health services. At the Alma-Ata Conference, organized jointly by WHO and UNICEF in 1978, 137 States unanimously accepted the primary health care

Introduction

approach as the most effective way of achieving health for all by the year 2000.

Part 1 of this publication is a working guide intended for use by community health workers in developing countries as a learning text and as a guide in their work. It outlines the structure and content of the CHW's training on the basis of the most common aspects of their work. The following criteria have been applied in the selection of training topics:

- demand from the public;
- frequency of the disease or condition;
- danger to the community;
- danger to the individual;
- technical feasibility of action for a CHW;
- economic consequences of the disease or condition.

Part 2 is addressed to the teachers, tutors, and supervisors of CHWs. Part 3 discusses the adaptation of the book to local conditions, which can be undertaken only in the country where it is to be used.

This publication is not specific to any one country and must be *adapted* to local needs, structures, and potentialities.

The community health worker (CHW) profile

What is a CHW?

CHWs are men and women chosen by the community, and trained to deal with the health problems of individuals and the community, and to work in close relationship with the health services.

They should have had a level of primary education that enables them to read, write and do simple mathematical calculations.

Conditions of work

CHWs are responsible both to local community authorities and to supervisors appointed by the health services. They are expected to follow their supervisor's guidance in a health team relationship.

CHWs, who may be employed full-time or part-time in health work, are paid in money or in kind by the local community or by the health services.

Generally, the local community provides a house or room and basic equipment, to be used only for health work.

What do community health workers do?

As already noted, this publication is not specific to any one country, and consequently does not provide a job description for CHWs; this will vary from one place to another. However, as examples, the table on page 12 lists the major tasks that CHWs are expected to perform in 11 countries (see also Unit 49, “Knowing your work clearly”).

Their duties will cover both health care and community development, but what they do should be restricted to what they have learned in training. They must recognize their limitations and work within those limitations. They cannot be expected to solve all the problems they meet, but they should be able to deal with those that are the most common and urgent.

CHWs should always bear in mind that they are not working in isolation. Rather, they function within a health system and should be guided and supported by skilled supervisors. They should know where and when to seek guidance, and refer or seek help for patients who are seriously ill or whose treatment is beyond their competence. Many times in this guide, the CHW is instructed to obtain a supervisor’s advice or to send the patient to the health centre or hospital; this clearly indicates that CHWs cannot and should not try to do everything alone. It can never be emphasized enough that the quality of the services provided by CHWs depends on the skill and dedication of each individual CHW, the quality of their training, skilled and supportive supervision, a reliable communication network (postal and telephone services, transport etc.), and a reliable referral system linking the CHW to a health centre or a first-level hospital.

Duties of community health workers in different countries

TASK SUMMARY	BENIN	BOTSWANA	COLOMBIA	INDIA	JAMAICA	LIBERIA	PAPUA NEW GUINEA	PHILIP- PINES	SUDAN	THAILAND	YEMEN
1 First aid, treat accident and simple illness	/	/	/	/	/	/	/	/	/	/	/
2 Dispense drugs	/	/	/ (including injections)	/	/	/	/ (including injections)	/	/	/ (VHV only)	/
3 Pre- and post-natal advice, motivation	/	/	/	/	/	/	/	/	/	/	/
4 Deliver babies	/	X	/	X	X	X	X	X	X	X	X
5 Child-care advice, motivation	/	/	/	/	/	/	/	/	/	/	/
6 Nutrition motivation, demonstration	/	/	/	/	/	/	/	/	/	/	/
7 Nutrition action (W = weigh children, maintain chart; F = distribute food supplements)	F	W	W	X	W, F	X	W	W, F	F	W, F	X
8 Immunization motivation, assistance during clinic	/	/	/	/	/	/	/	/	/	/	/
9 Immunization—give injections	X	X	/	X	X	X	/	X	/	X	X
10 Family planning motivation	/	/	/	/	/	/	X	/	/	/	/
11 Family planning—distribute supplies	X	/	/	/	X	X	X	/	/	/	X
12 Environmental sanitation, personal hygiene, general health habits—motivation	/	/	/	/	/	/	/	/	/	/	/
13 Communicable disease screening, referral, prevention, motivation	/	/	/	/	X	/	/	/	/	/	/
14 Communicable disease follow-up, motivation of confirmed cases	/	/	/	/	X	sometimes	/	/	/	/	sometimes
15 Communicable disease action (D = provide drug resupply; M = take malaria slide)	X	D	D, M	M	X	X	D, M	TB sputum smear	D	X	D
16 Assist health centre clinic activities (i.e., not in village)	occasionally	/	occasionally	X	/	X	/	X	occasionally	X	X
17 Refer difficult cases to health centre or hospital	/	/	/	/	/	/	/	/	/	/	/
18 Perform school health activities regularly	X	/	X	X	X	X	X	X	/	X	/
19 Collect vital statistics	X	/	/	/	X	/	X	/	/	/	/
20 Maintain records, reports	/	/	/	/	/	/	/	/	/	/	/
21 Visit homes on a regular basis	/	/	/	/	/	/	/	/	/	/ (VHV only)	/
22 Perform tasks outside health sector (e.g., agriculture)	/	/	/	/	X	/	X	/	/	/	/
23 Participate in community meetings	/	/	/	/	/	/	/	/	/	/	/

KEY: / = task performed

X = task not performed

Source: Community health workers, unpublished WHO document, SHS/HMD/64.1, 1984.

CHWs should help local authorities and the public to take initiatives and should show an interest in any activity likely to improve the people's living conditions. They should always consider what can be done locally with the community's own resources, and at the least possible cost. They should always remember that health cannot be the responsibility of the health sector alone, and that important contributions to people's health are made by many other sectors, such as education, agriculture, public works, and communications.

What training will CHWs receive?

This will depend on their job description, the problems they have to solve, the level of development of the country or area, and their previous education.

For CHWs working in rural areas in a developing country, the initial training may be for as little as six to eight weeks, but it can be longer. The training must be practical and should preferably be given in the health service area where they live and will work. As far as possible, supervisors should play an important part in the training. Supervision should also include continuing, on-the-spot training as well as provision for refresher courses and training for new skills at the health centre or elsewhere. A plan for this further training should be worked out.