

Follow-up, Support, and Continued Learning

What and how health workers continue to learn after a training course has ended is just as important as the course itself. The support and advice they receive, and the people who provide it, can make a big difference in the health workers' success or failure once they return to their communities.

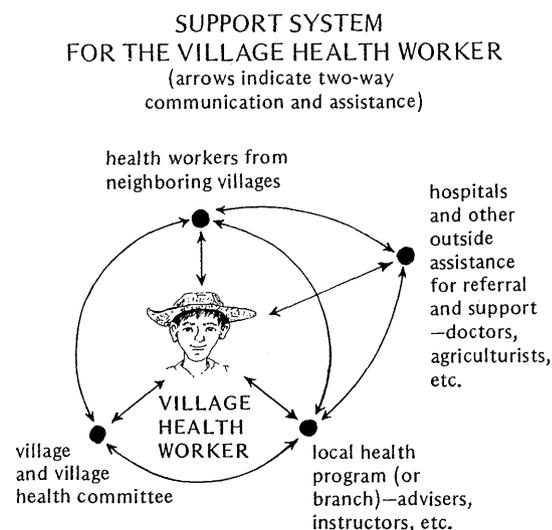
'SUPERVISION' OR SUPPORT?

The word *supervision* is often used to refer to the process of advising and giving support to health workers. But the word *supervisor* brings to mind an overseer or policeman—someone bigger and better than the persons being 'watched over'. Many health programs speak of *supportive supervision*, in which the supervisor's role is more to assist and give suggestions than to discipline and make sure orders are followed. Some community-based programs have dropped the terms 'supervision' and 'supervisor' altogether. They prefer friendlier, more equal sounding terms, such as 'follow-up' conducted by 'advisers' or 'fellow members of the health team'. In this book we usually speak of *support*, *back-up*, and *advisers*.

Clearly, the words used are not as important as the attitudes and relationships behind them. But without a doubt, effective support involves far more than just supervision.

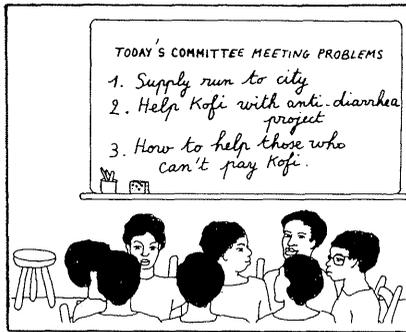
The ideal support system is made up of 4 different sources:

- 1. The health worker's village or community.** This is especially helpful if an honest, active health committee has been formed.
- 2. Other health workers** in nearby villages or communities. Those who have been working longer and have more experience can be especially helpful.
- 3. Instructors or advisers** from the local health program (or the local branch of a larger program).
- 4. Hospitals, clinics, and agencies** to which special problems can be referred. Health officers, agricultural experts, veterinarians, and others may be asked for help and advice when needed.

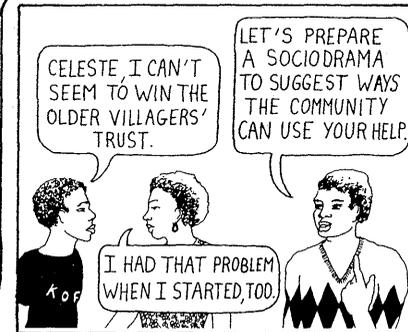


WHERE CAN A VILLAGE HEALTH WORKER LOOK FOR SUPPORT?

1. FROM MY COMMUNITY! EVEN IF EVERYTHING ELSE COLLAPSED, I COULD KEEP WORKING BECAUSE OF THE BACK-UP I GET FROM OUR HEALTH COMMITTEE.



2. FROM OTHER HEALTH WORKERS! CELESTE, JACQUES, AND I MEET EVERY MONTH. THEIR PROBLEMS SEEM JUST LIKE MINE.



I ALSO GET A LOT OF HELP FROM TRADITIONAL HEALERS, TEACHERS, PRIESTS, AND SOMETIMES LOCAL LEADERS.

WE ALSO LIKE TO REVIEW EACH OTHER'S PATIENT REPORTS, AND DISCUSS OUR DIFFICULTIES AND HOW WE TRY TO SOLVE THEM.

3. FROM MY LOCAL PROGRAM! MY ADVISER, SALLY, COMES REGULARLY. SHE REVIEWS MY RECORDS, AND BRINGS WRITTEN MATERIALS SO I CAN KEEP STUDYING ON MY OWN. WE'LL HAVE A 2-WEEK REFRESHER COURSE NEXT MONTH.

4. FROM THE NEAREST HOSPITAL! WHEN I SEND PATIENTS THERE, THEY ADVISE ME ABOUT HOW I DIAGNOSED AND TREATED THEM.



SOMETIMES THE PROGRAM SENDS DOCTORS OR OTHER SPECIALISTS, WHO HELP ME LEARN NEW SKILLS.*

SOME OF THE PRIVATE DOCTORS NOW LOWER THEIR CHARGES IF I SEND A NOTE SAYING A PERSON IS TOO POOR TO PAY.

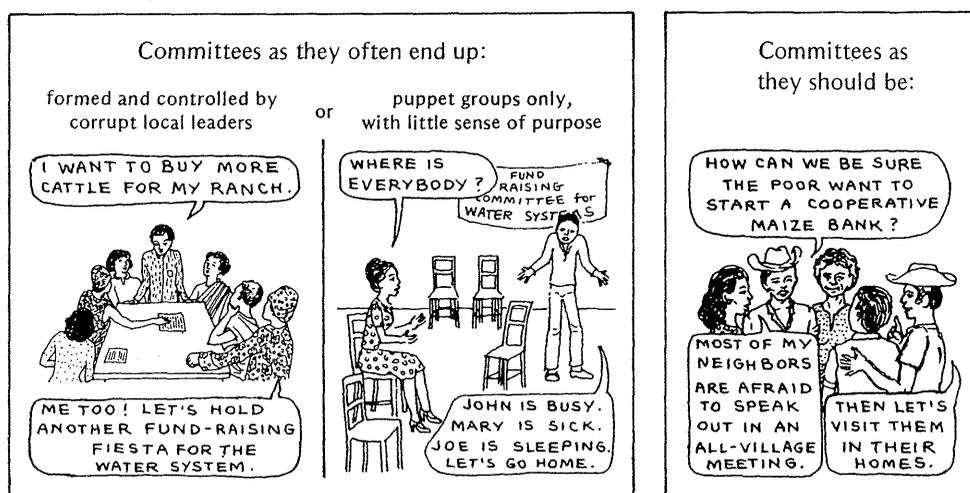
*Remember: Visiting doctors or specialists should stay in the background and help the village health worker, not the other way around. It must be clear that the village health worker is in charge and the doctor is an auxiliary.

COMMUNITY HEALTH COMMITTEES

Of the four groups that form the support system for the health worker, the most important is the community. Even if the outside health program is discontinued (as often happens), a health worker with strong community support can continue to work effectively.

A well-organized village health committee can be an enormous help in leading activities and encouraging people to take part. Unfortunately, many 'community health committees' do little. They start off full of enthusiasm, but because of problems with selection of members, leadership, or motivation, they gradually become inactive.

The selection of a responsible, hard-working committee can be a first step toward helping the poor gain fairer representation and more control over factors that affect their health and lives. **To be effective, health committees need members who will actively represent the poor.**



TWO STORIES FOR DISCUSSION:

1. Forming a health committee in Ngbokoto

In the village of Ngbokoto lived a health worker named Etienne. He had been instructed by his program leaders to form a community health committee to help organize activities. "Be sure to include the political leaders," he was told. "Then your committee will have the power and leadership it needs."

So Etienne went to the mayor, who welcomed the idea. "I'll do all the work," said the mayor. "Just leave it in my hands. I'll even choose the members." The mayor chose his brother-in-law, some rich friends, a big landholder, and a merchant who had a truck to help carry supplies.

The committee accomplished very little. At meetings, members proposed good ideas for health activities, but nothing ever seemed to get done. It was never made clear who was responsible for anything, so no one did much. There was no special schedule for meetings. Some meetings ended early because nothing had been planned or because so few persons attended.

Soon Etienne had other problems. Committee members expected free care and medicines for their families. Finally they took control of Etienne's village medicine supply, saying they would "help with the distribution." The committee ended up selling some of the drugs secretly for personal profit.

What do you suppose went wrong with this committee? What would your health workers do to form a better one? Before reading the next story, have the group make a list of ideas for choosing and running an effective health committee.

2. Forming a health committee in Bodila

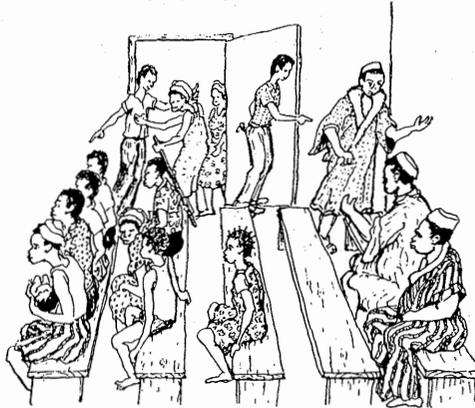
Marcel, a health worker who lived in the village of Bodila, heard about the problems Etienne was having. Still, he needed the support of a village committee. So he asked Etienne and several other health workers in the area for their ideas.

They agreed that the committee should represent and be selected by the poorer families in town. "But how?" asked Marcel. "If we hold an all-village meeting, the mayor, the big landholders, and the merchants will dominate it like always. The poor won't dare open their mouths."

"Maybe we could change that!" said Etienne. And together they made a plan.

A village meeting was to be held. But before it took place, Marcel and the other health workers talked with some of the leaders among the poor. They also talked with the village priest, who agreed to go with them to visit the mayor. They asked the mayor's advice about how to involve everyone who attended the village meeting, especially the poor.

The mayor said he would ask the powerful people in the village to keep silent during the meeting, and he agreed to keep silent himself. This would give the people who usually stayed in the background a chance to sit up front and take the lead. Since women did not customarily attend village meetings, the health workers visited women in their homes and made a special effort to invite them.



The health workers showed the persons who usually dominated to the back of the room, and asked the poor to sit up front.

The community meeting was a great success. Persons who were normally silent began to speak up. The people elected committee members who would represent the poor. They also made guidelines for their committee. It would meet twice a month, always on a Thursday at sunset at Marcel's house. Any person who missed 3 meetings in a row would be replaced. The members would take turns being responsible for planning and leading the meetings. A monthly financial report would be reviewed by the school teacher and the priest, and read to the group. Meetings would not be closed until necessary decisions had been made.



At their first meeting, the committee began a program to dig a safe garbage pit outside of town and clean up the village. Sylvie, a committee member, was responsible for this project, and at the second meeting she gave a progress report. Other committee members were impressed by what they had accomplished. But they were also made aware of the problems they still faced in convincing their neighbors to continue to use the new garbage pit and keep the village clean.

The meetings were always interesting, often with Marcel leading flannel-board and filmstrip presentations. Problems and possible solutions were explored with role plays. Attendance was good. The committee remained active and strongly supportive of Marcel's health work.

Why did Marcel's committee succeed? Are there some things you forgot in the list you made before reading this story? Does your list include ideas that Marcel and his friends did not think of?

Marcel was fortunate. He and his fellow health workers succeeded in overcoming obstacles that might have prevented a fair selection process. The people at the village meeting were able to elect a committee that would fairly represent the poor.

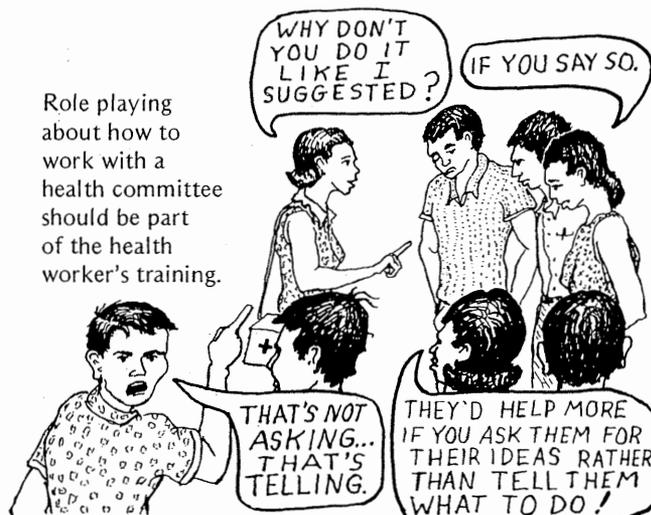
In many communities, however, the persons with power will not be willing to remain silent during meetings. And even if they are, the poor may be afraid to speak in public. In places where truly democratic selection was not likely to work, other ways of forming a committee have been tried. Here are two examples.

In Pueblo Viejo, Mexico, the health committee is made up of the village health worker's good friends, relatives, and *compadres* (those who are godparents of each other's children). These people have a genuine personal concern in seeing that the health worker keeps doing a good job. (However, several problems have resulted. One is that the health worker's friends and relatives expect free medicines and services, which means there is never enough money to replace supplies.)

In Nigeria, one program has divided the tasks usually done by a health committee among other village organizations. The local women's league is in charge of health activities that affect mothers and children. The older children are responsible for organizing sanitation projects. The religious societies help with supplies, planning, and supervision.

It is not enough simply to hope that a health committee will function effectively. Both the health worker and the program leaders need to give the committee encouragement, advice, and organizational help. But it is important that they **provide support without taking charge!** This requires skill, understanding, and patience.

Role playing about how to work with a health committee should be part of the health worker's training.



SUGGESTIONS FOR AN EFFECTIVE HEALTH COMMITTEE

- Select an active, just committee in a way that is acceptable to the community, yet with strong representation from the poor.
- Meet regularly.
- Talk to each member personally before each meeting to be sure they come.
- Include some kind of fun or excitement in the meetings (perhaps filmstrips or role plays related to an activity the committee is planning).
- Plan activities with specific objectives. Plan enough details so that everyone knows what he or she is expected to do, and when. Post a written plan of action listing the responsibilities, people, and dates the group has agreed upon.
- Have someone check to see that each person completes what is planned or gets the help he needs.
- Plan enough activities to keep everyone interested and active—but not so many that the committee will not have time to carry them out.
- Replace inactive members quickly.

HOW MUCH SUPPORT FROM THE PROGRAM IS NEEDED?



Some programs provide too little support and assistance for their health workers. Others provide too much regulation and supervised control. And many programs manage to make both mistakes at once.

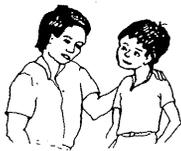


It is important that health workers be trusted and encouraged to take initiative. They must feel free to help people find their own ways of solving their own problems.

At the same time, it is important that health workers have . . .

- reliable advice when they need it,
- a reliable source of medicines and essential supplies, and
- a reliable place where they can refer persons who have illnesses or injuries they are unable to treat.

How often a health worker will need visits from his adviser will depend, in part, on how much support the community gives him. But mostly it will depend on the type of training he has had.



Training that helps develop self-reliance, problem-solving skills, initiative, and the ability to use books effectively will prepare health workers to work more or less independently.



Training programs that emphasize obedience, memorizing facts, and filling out forms create health workers who need a lot of supervision.

Usually, however, the frequency with which support persons visit health workers depends less on need than on the limitations of time and distance. Especially where health workers live in villages reached only by footpath and muleback, visits tend to be very infrequent. Some advisers manage to visit their health workers only once or twice a year. In these cases, support from village health committees and neighboring health workers is particularly important.



WHO MAKE THE BEST ADVISERS OR SUPERVISORS?

Instructors from the training course are often the best persons to provide health workers with follow-up and support from their program. If instructors and students develop a friendly and trusting relationship during training, this is likely to continue after the course is over.



One way around this problem is to have advisers who have neither the advanced medical knowledge nor the prestige of doctors. In several programs in Guatemala, the more experienced village health workers provide support for the others. In Honduras, young school teachers have been specially prepared to serve as advisers. Their teaching skills, together with special training in sanitation, public health, and community organization, allow them to work effectively with the village health workers in organizing community activities. Yet their relative lack of medical knowledge—and the fact that they are teachers, not doctors—lessens the temptation to provide medical care. They are less likely to take charge and reduce the health worker to the role of a servant.

On the other hand, problems often arise when the supervisors are doctors or nurses. They may tend to 'take over' during their visits to village health posts. Even if a doctor tries to remain in the background, the very fact that he is a doctor causes people to seek his advice rather than that of the local health worker. So the doctor finds himself in a 'double bind': If he attends those who beg him for medical care, he weakens the position of the health worker. If he refuses (however politely), he sets an example of someone who denies assistance he could easily give. It takes an unusually sensitive person to handle this situation well.



A more experienced health worker meets with newer health workers from neighboring villages.

WHAT SORT OF RECORD KEEPING IS NEEDED?

Records can be helpful in several ways. Health workers can use them to evaluate their own work and to get suggestions from their advisers. A training program can use health workers' records to plan appropriate follow-up training. Also, most health authorities require certain records if they are to provide free vaccines, family planning methods, or medicines for tuberculosis, malaria, or leprosy.

Forms for keeping records

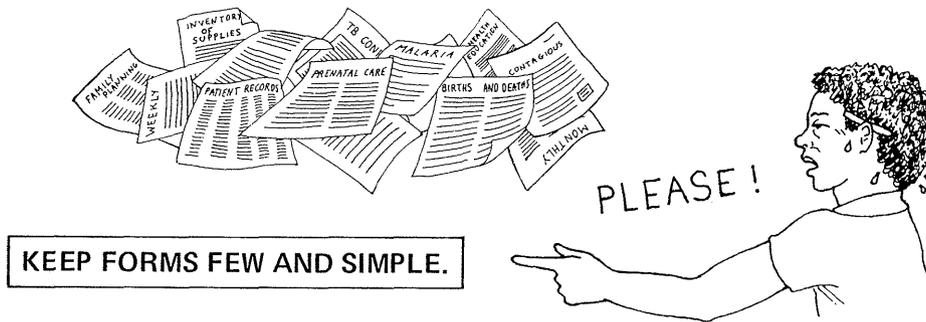
Some programs use mimeographed forms for keeping patient records and for making daily, weekly, or monthly reports on health activities and health-related events (births, deaths, and epidemics). **A few simple forms may be useful.** But many programs require health workers to fill out a ridiculous number of forms. Remember, for health workers with little formal education, filling out a lot of forms can be even more painful than it is for those of us who have had more schooling.

When considering what forms to use in your program, it helps to ask yourselves:

- For whom is the information being collected?
- How will the records be used?
- Could the health workers' time be better spent?
- Will the health workers see any value to filling out the form, and be concerned with accuracy?
- Is the form short and easy to use?

If the information being collected is of obvious importance to the health workers and their communities, then it is probably reasonable to use the form. Otherwise, seriously consider whether that form is really needed.

Be sure that during training the health workers practice filling out the forms they will later be using. But do not spend too much time on this. Remember . . .



Simple forms can be helpful for keeping *patient records*, or records of a sick person from one visit to the next. Examples of forms that can be used for patient records are shown in *Where There Is No Doctor*. In Chapter 21 of this book we give ideas for role plays and other ways of teaching about the use of these forms.

PATIENT REPORT, for sending for medical help *WTND*, p. 44
 RECORD OF PRENATAL CARE, for pregnant women *WTND*, p. 253
 CHILD HEALTH CHART, for children under 5 *WTND*, p. 298

Monthly report forms are useful for self-evaluation, and provide an ongoing record of activities in a community. They can be reviewed by both the village health committee and the adviser. The form should emphasize preventive and educational activities, to encourage the health worker to organize and carry out such activities each month. Compare the 2 sample forms on the following pages.

The first sample monthly report, shown below, is a short, problem-related form. It is designed to help health workers, the community, and the health program to work together more effectively. The second sample monthly report, on the next 2 pages, is a longer form intended to gather more information.

Which do you prefer? We would appreciate your ideas. Please send us examples of helpful forms used by your program. Write to the Hesperian Foundation, P.O. Box 1692, Palo Alto, CA 94302, U.S.A.

MONTHLY REPORT 1

Month: _____

Village: _____ Health worker: _____

How many sick people did you see this month? Men__ Women__ Children__

What health problems did you see most often this month? _____

What was the most serious problem you saw this month? _____

What were the causes? _____

What are you doing to help prevent these problems from happening again?

Include activities of health workers, health committee, parents' groups, and school children.

What was done in the following areas?

Latrines _____

Safe water supply _____

Village cleanliness _____

Vaccination _____

Nutrition _____

Other _____

Did someone from the program visit this month? _____

What did you do together? _____

How is your supply of medicines? _____

What help or information do you and the health committee need in order to do a better job? _____

MONTHLY REPORT 2 (front side)

Month: _____

Village: _____ Health worker: _____

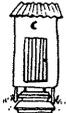
BIRTHS: 

Name	Weight	Number of brothers & sisters	Age of mother	Name of midwife	Did you attend?	Any problems?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Did you give a ROAD TO HEALTH CHART to the mother of each newborn baby? YES ___ NO ___

DEATHS:  

Name	Age	Cause of death
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVENTIVE MEDICINE:  

Public sanitation

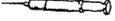
Number of latrines built this month _____ Homes with latrines _____ Homes without latrines _____

Other activities _____ Planned _____ In progress _____ Completed _____

_____ Planned _____ In progress _____ Completed _____

Health education and activities

	Times	What you did	Attendance
 With mothers and under-fives	_____	_____	_____
School-aged children	_____	_____	_____
Other	_____	_____	_____

Family planning and prenatal care     **Total**

Number of women who started this month _____ Pill _____ Injections _____ IUD _____ Other _____

Total number using birth control _____ Pill _____ Injections _____ IUD _____ Other _____

Number who stopped using birth control _____ Pill _____ Injections _____ IUD _____ Other _____

Number planning who got pregnant _____ Pill _____ Injections _____ IUD _____ Other _____

Total number of pregnant women _____ Number receiving prenatal care this month _____

Under-fives clinic

	AGE:	0-1	1-2	2-3	3-4	4-5
 Total number of children in the village		_____	_____	_____	_____	_____
Number who have Road to Health charts . .		_____	_____	_____	_____	_____
Number weighed this month		_____	_____	_____	_____	_____
Number who were healthy		_____	_____	_____	_____	_____
Number who were ill		_____	_____	_____	_____	_____
Number with signs of malnutrition: 	mild . .	_____	_____	_____	_____	_____
	moderate	_____	_____	_____	_____	_____
	severe .	_____	_____	_____	_____	_____

Did you meet with the health committee this month? _____ With what results? _____

MONTHLY REPORT 2 (back side)

		HEALTH PROBLEMS SEEN THIS MONTH										
		AGE:	0-1	2-5	6-15	16-40	41-65	over 65	new case	repeat visit	gave no medicine*	referred to hospital
	Colds and flu											
	Pneumonia											
	Other respiratory problem											
	Diarrhea and dysentery											
	Dehydration											
	Vomiting											
	Urinary problems											
	Roundworm											
	Other parasites											
	Gastritis or ulcer											
	Other belly problem											
	Malnutrition											
	Anemia											
	Skin problems											
	Accidents: wounds											
	fractures											
	Other											
	Measles											
	Mumps											
	Whooping cough											
	Malaria											
	Tuberculosis											
	Leprosy											
	Rabies											
	Other problems											
	Could not figure out											
TOTAL PROBLEMS SEEN												

*The heading "gave no medicine" is included to encourage health workers **not** to give medicine for every problem.

DEALING WITH PROBLEMS

Health workers are as human as any of us. All make honest mistakes, and some make dishonest mistakes. Although we have emphasized the supportive role of advisers (or supervisors), they do need to make sure that health workers are working responsibly and effectively. (Health workers, for their part, need to make sure that the advisers also meet their responsibilities.)

Many common problems in health work can be solved or avoided if the health worker, his adviser, and the community plan and work together. When difficulties arise, it is important to get criticism, suggestions, and cooperation from all parts of the 'support system', including the villagers. Remember that the various parts of the support system may have conflicting interests.

COMMON DIFFICULTIES AND WAYS TO AVOID THEM:

1. Charging too much for medicines or services. In many programs, at least a few health workers will try to turn curative care into a profitable business by charging high prices.

Some health workers are rightfully angry about criticism on this subject from experts or professionals. At a conference in Guatemala, one health worker protested, "So we cheat 25 cents here or there on a few medicines. Remember, we are poor! What is 25 cents compared with the value of the cars, homes, educations, and paid travel enjoyed 'honestly' by those who criticize us?"

In this kind of situation, solutions must be suggested, chosen, and upheld by all parts of the support system, including the health workers themselves. One helpful step is to **nail an agreed-upon price list to the door of the health post.**



2. Failure of people to pay the health worker for medicines and services.

Sometimes people do not have money to pay for health care and medicines when they are sick. In fact, it is the poorest and the hungriest who get sick most often. A health worker will usually give these persons free medicine rather than see them suffer, especially if they are relatives or friends. A village clinic among the Paya Indians in Honduras had to close down because the health workers gave away all the medicines and had no money to replace them.

Getting people to pay is a common problem in programs that try to be self-sufficient. However, most persons can afford to pay something, or may be able to later. The health committee and the program can help determine which people are unable to pay, and perhaps make special arrangements for them. They can also remind those who can afford to pay, but have forgotten. Perhaps persons who are better off can be asked to pay higher rates. One program in Bangladesh uses a simple insurance plan; each family pays a small amount each month. In Ajoya, Mexico, the village health team raises vegetables, chickens, and bees to help cover their expenses. Persons who cannot pay for services are asked to send a family member to help with the work on these self-sufficiency projects.

3. Using too many medicines. Unfortunately, some programs tempt health workers to overuse medicines by permitting them to make a small profit on the medicines they sell. This is often the only money the health workers earn for their services. The temptation to overprescribe can be reduced by allowing health workers to charge a small fee for services. Medicines can then be sold at cost—with prices posted. For more discussion on the overuse of medicines, see Chapter 18.

4. Spending too much time on curative medicine. Many training programs seek a balance between prevention and treatment. But it often happens that community health workers spend much more of their time on curative services than on prevention.

Before protesting this too loudly, we should remember that to be accepted by the community, health workers must respond to people's felt needs. And most people feel a greater need for curative than preventive measures. Only through a gradual process of education and growing awareness will a community choose to place as much emphasis on prevention as on cure. The adviser should respect the community's wish for curative care. But at the same time he must be ready to encourage and support increasing emphasis on preventive activities, as people become aware of the need.

The temptation to put most of their energy into curative medicine will be stronger if health workers earn money only for their curative work. Ideally, of course, health should be more rewarding than sickness. Look for ways to have the health worker's pay reflect this. For example, in ancient Japan each family would pay the doctor every month as long as everyone was healthy. But when someone became ill, his family would stop paying until the doctor healed him. This kind of arrangement would encourage health workers to work hard on prevention.

The adviser can help the health worker and health committee to make specific plans for carrying out various preventive projects. Agreeing on goals and careful planning will help make things happen.

5. Feelings of frustration and need of support. Feelings of discouragement are sometimes overwhelming for community health workers. It is easy for one person to dream of what is needed to make a community healthier. But real changes are part of a slow process that involves all of us.

In addition, village health workers are usually closer to the people they work with than are most medical professionals. They tend to get more personally involved. When something goes wrong or persons get angry with them, they are less protected. So they need plenty of support from their friends and family, the health committee, and the program leaders.



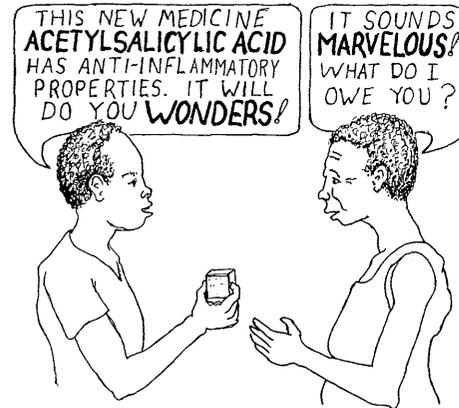
The community health worker is less protected than most doctors, and therefore needs more support.

6. Abuse of knowledge and power.

Throughout history, medicine has been a sacred and magic art. Its practitioners—whether folk healers or modern doctors—have often used their special skills to gain power and privilege. Instead of sharing their knowledge, they have kept it secret, leading others to think they are miracle workers. In doing this, the healers have made people as dependent as possible on their services.

Some community health workers are tempted to do this also. One way for an adviser to help prevent this problem is to set a good example. If he himself relates to others as an equal, shares freely what he knows, and admits his mistakes, the health workers will be likely to treat people in a similar way. It helps to discuss this problem openly during training.

TRICKS OF THE TRADE



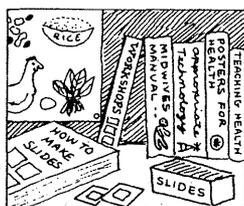
If ordinary aspirin is labeled '*acetylsalicylic acid*', people think they are getting something new and different. By keeping the truth a secret, the health worker gains power and glory—until people discover they have been tricked!

CONTINUING OPPORTUNITIES TO LEARN

Health workers should always be looking for ways to increase their knowledge and skills. Their health programs can do much to provide opportunities for continued learning:

- **Visits from advisers.** The main purpose of an adviser's visit should be educational. Some advisers make a point of giving health workers new information each time they see them. Also, advisers can help health workers look for answers to problems in community organization, health education, prevention, or diagnosis and treatment.
- **Meetings with neighboring health workers.** In a program in Guatemala, senior health workers lead monthly meetings for health workers from neighboring villages. The program organizers supply the group leaders with 'lesson plans' for suggested subjects to discuss at the meetings. They also send mimeographed sheets answering health workers' requests for information about specific projects or problems.





- **Books and other educational materials.** Easy-to-use reference books or pamphlets can be important tools for self-education. Health workers can use them to continue learning about health care, farming techniques, animal breeding, veterinary care, community organization, theater and puppet shows, teaching methods, and other subjects. Health programs often help health workers obtain these materials at low cost.

Many countries now have resource centers that distribute books and educational materials. Examples are TALC in England, ASECSA in Guatemala, and VHAI in India. (See p. **Back-3**.)

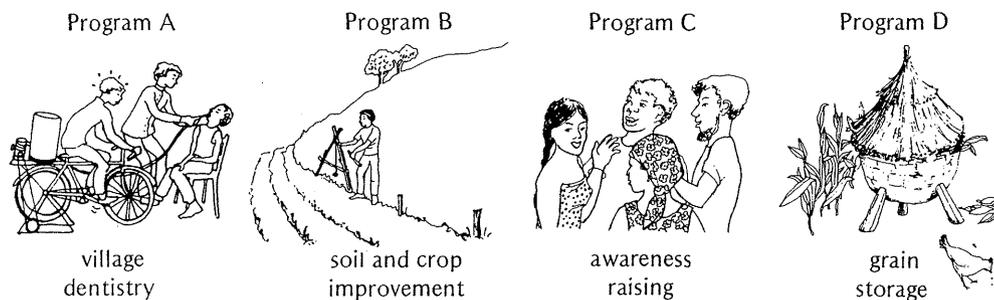
- **Local newsletters.** A number of health programs and community groups produce newsletters for village health workers. These are usually simply written and well illustrated. They include health information as well as new ideas and approaches that health workers in the area have tried. Good examples of such newsletters are *El Informador*, produced by the Regional Committee for Community Health Promotion in Central America, *AKAP Diary*, published by a network of community-based programs in the Philippines, and *Medico Friends Bulletin*, produced by VHAI in India. For more ideas on village news sheets and how to prepare them, see pages **16-12** to **16-17**.



a community-based newsletter
from the Philippines

- **Refresher courses and continued training.** These can be even more important than the initial training course. Some programs ask health workers to return for group learning sessions one day each week. (In one program, workers must attend weekly sessions in order to continue receiving medicines from the program.) Other programs conduct a 2 to 3 week refresher course, once or twice a year. The approach you decide to use will depend on the distance health workers must travel to the training center, whether they work full time or part time, the seasons for planting and harvesting, and other factors.
- **Apprenticeship opportunities.** The villager-run program in Ajoya, Mexico invites health workers to visit the training and referral center whenever they can. During these visits the health workers help the central team with consultations, care of the sick, training courses, work in the vegetable garden, and community activities. This is a more intimate way of learning than is possible during a large training course. It is especially helpful for persons who have difficulty with classroom learning. One program in Honduras requires a special follow-up apprenticeship for each student who did not learn well during the training course.

- **Teaching assistants.** Some programs invite some of their more experienced village health workers to serve as teaching assistants in the training courses for new health workers. This helps the assistants to improve their teaching skills and gain a better understanding of the subjects they teach. *There is no better way to learn something than to teach it.*
- **Meetings between different programs.** In several parts of the world, regional associations of community-based health programs hold meetings for all member groups every year or so. These are especially worthwhile when most of the participants are village-level workers and the number of outside experts and program directors is kept very small. At the meetings, health workers can share experiences and learn new approaches to meeting their communities' needs. By talking with others, they come to appreciate the strengths and weaknesses of their own work. Above all, they do not feel so alone in their struggles for change in their own villages.
- **Opportunities to learn from other programs.** Different programs are strong in different kinds of health-related activities. For example:



Suppose a program near to yours has developed special skill in dental care or midwives' training. And your own program has particular ability in food production, or land rights organizing. It may be possible for health workers from different programs to visit and learn from each other. Perhaps programs with special skills can give short courses, inviting health workers from other programs. This sort of educational exchange has already begun among programs in Mexico and Central America.

INSTRUCTORS ALSO NEED SUPPORT AND LEARNING OPPORTUNITIES:

Village health workers are not the only ones who need a support system and a chance to learn new ideas. We all would grow stale if we did not meet new people, start new projects, and constantly try out new ways to work.

Most of the suggestions we have given for helping health workers to continue learning also will work for instructors. In addition, some groups sponsor short courses on teaching methods and materials for training health workers.

Perhaps the most effective way for outside instructors to renew their interest and dedication to training village health workers is to spend more time with people in a village. Living with villagers, sharing their daily needs and problems, fun and frustrations, helps reawaken the spirit to work with people toward a healthier village—and world.

VILLAGE HEALTH WORKERS WHO FORM THEIR OWN SUPPORT SYSTEM

In most large health programs, the direction of control is from the city or government center to the communities. But in a people-centered approach, the direction of control is ideally just the reverse: control and decision making are based mainly in the community.

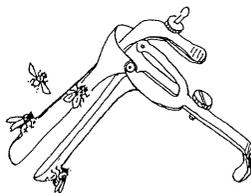
In many programs today, communities select their own health workers and health committees. But seldom do community health workers have the opportunity to select their own support systems for follow-up training and referral.

In Ajoya, Mexico, however, the village health team has succeeded in building its own support system. The village workers invite outside professionals, and have worked out an effective referral system on their own terms. These are the team's guidelines for visiting professionals:

1. Outside professionals come only by invitation, and only for short visits. This way it remains clear that the health team is self-run and not dependent on the continued presence of outsiders.
2. Visiting professionals must speak the local language and are asked not to dress in white.
3. Doctors are asked to teach, not to practice their skills. They serve as the auxiliaries to the primary health workers.
4. Outside instructors and advisers come to learn as well as to teach. They are expected to relate to the health workers as friends and equals.
5. To strengthen the sense of equality, visiting professionals and advisers are expected to help with the daily agricultural work, and to clean up after themselves.

The health team is very careful in deciding which professionals and advisers to invite to their village. They recognize the tendency of doctors, especially, to think of themselves as superior to others, and to set themselves up as authorities, even in areas of health care they know little about.

The village workers have found that getting visiting doctors to clean up after themselves is especially difficult. But they gently insist on it. One time a visiting doctor demonstrated how to do a pelvic exam of a woman, but afterward neglected to wash the instrument, a *speculum*. The



health workers kept reminding the doctor to clean it, but he kept putting it off. One night when he went to bed, the doctor felt a lump under his pillow cover. It was the unwashed speculum! Fortunately, the doctor was good natured and took the lesson well. From then on he was careful to clean up after himself.



The team of health workers has also managed, over the years, to build an effective referral system in the nearest city, about 4 hours away by bus. The health workers used to have difficulty getting adequate treatment for persons they referred to the city. Private hospitals were too expensive and public hospitals often provided such poor, disrespectful care that no one wanted to go to them.

In time, however, the village team found a few doctors who agreed to provide surgery and care for the poor at low cost. A small private hospital also began to cooperate by lowering its charges, and by asking women's groups in the city to help cover expenses for very poor families. Today, when the health workers refer a person to one of 'their' doctors in the city, they send along a note explaining the family's economic situation. If the family is very poor, the doctor charges little or nothing. If the family is rich, the doctor collects his usual fee.

Some of the doctors have gained so much confidence and respect for the village workers that they sometimes invite them into the surgery room or teach them emergency procedures that can help save lives in a remote village.

The most remarkable aspect of this referral system is that it was developed by the Project Piaxtla health team—from the bottom up. This example gives an idea of how community-based health workers can begin to work with—and help to educate and change—the established medical system.

