CHAPTER 1

INTRODUCTION

1.1 Historical background of Community Medicine Auxiliary Training

The community medicine auxiliary (CMA) training program is classified to be under certificate program. It has been started under the Institute of Medicine to fulfill the needed health manpower to give health services as curative, preventive and promotive through health post. Duration of this training is one year after school leaving certificate (SLC). To enroll in this, the candidate must take english, mathematics and science as the compulsory course in SLC. The candidate can get the job as Auxiliary Health Worker (AHW) after graduation. Presently this type of training is being run in Surkhet, Palpa and Dhankuta campuses.

It is an interesting to mention about the CMA training program in Nepal. The Auxiliary Health Worker (AHW) program had started since 1963 by joining two program. Civil Medical School and Health Assistant together. At the beginning the training was started in Maharajgang under the Ministry of Health. The AHW training was given two years for those candidate who has not succeed in the School Living Certificate board examination in the fiscal year 1962/1963.

The AHW training program was also provided to those multi purpose health workers such as compounders, dressers, and health worker of Malaria Eradication program those who had been working for many years of experienced. Duration of training period was provided three months for compounder and four month for dresser and three month for health worker of Malaria Eradication program.

Now it seems that there were great disparity of AHW training program. So the Ministry of health has started a new type of AHW training program to remove this situation. The candidate must pass eight grade education prior to enroll in new AHW program. The duration of training period was two year. Within this two year, 16 month of training was given for theoretical and practical. The rest of 8 month is for english and introduction to Nepali language. At the beginning, it was started in the Maharajgang campus then it was shifted to Lagimpat. The practical side of training was conducted under the supervision of health personnel of mission hospital of Tansen, Palpa.

After 1976 this type of AHW training program was also stopped. After SLC the General Medicine Auxiliary (G.M.A.) program was started in Birgang and Tansen campus. According to the new concept of health service, the AHW should have to work under the health assistant and they should be more oriented towards preventive work than curative work. So G.M.A. training program was renamed community medicine

auxiliary (CMA). The entrance requirement was raised to holders of class 10 school leaving certificates and the length of training was reduced from two year to one. There has been to arrange to study General Medicine Certificate in IOM after the completion of in-service of 3 year in Ministry of Health. The compulsory service of 3 years, it means that 2 year service for getting CMA training and one year for getting scholarship.

The Institute of medicine, under The Tribhuban university is runing through educational program namely post graduate, graduate, certificate, and under certificate. The CMA is an under certifice level program.

At present three CMA campuses are being run under IOM in different development region e.g.Dhankuta, Palpa and Surkhet. According to new agreement the Ministry of Health has also running this type of non credit training program in different places.

1.2 HISTORICAL BACKGROUND OF AHW

The AHW program was started in 1963 by joining two training program, civil medical school and health assistant school at Dhoka Tole in Kathmandu under the Ministry of Health. The superintendent of AHW school was Dr. Damodar Prashad Upadhya. In the first batch 21 AHW were graduated and posted in different rural health posts. Up to 1972 the school was able to produce 341 AHW. There were 170 promoted AHW from different program such as Dresser, Compounder and Malaria health worker.

The main purpose of AHW production was to provide health service in areas of preventive, promotive and curative through rural health post. According to the data of 1991, there were already 2,021 AHW totally. Then the government has decided to settle sub health post in each village development committee (V.D.C) consisting one AHW. All together there were 3995 (V.D.C) in Nepal So it seemed that 3,995 AHW were needed only for the health posts except the hospitals.

1.3 BACKGROUND OF PRIMARY HEALTH CARE IN NEPAL

The primary health care and community health is the synonym word. In general, health means a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity.(Park.j.E. 1977) But it is fundamental human right and that the attainment of the highest possible level of health is the most important world wide social goal. The primary health care approach has been considered as a key to attaining this social goal. The provision of primary health care is "a practical approach to making essential health care universally accessible to individual and families in the community in an acceptable and affordable way and with their full participation"(WHO tech report 1985). The primary health care approach has been applied in both developed and developing countries. The primary health care concept described as follows:-

"Education concerning prevailing health problems and the methods of preventing and controlling them; promotion of supply and proper nutritional and adequate supply of safe water and basic sanitation; maternal and child health, including family planing; immunization against the major infectious disease and injuries; and provision of essential drugs (Roemer .M.I & Montaya- Auguilar C. 1988).

To fulfill the above mentioned, It was found that the multi purpose health workers who understand the health needs of the rural communities was able to serve the primary health care. The ALMA-ATA report stressed that the health care

workers had to be trained and retrained so that they can play a progressively more important role in providing primary health care (Watson,E.J.1976).

1.4 GEOGRAPHICAL BACKGROUND OF NEPAL

Nepal is a land- locked and developing country. Topographically, the country can be divided into three well defined physio- geographical belts running parallel to each other from east to west. Twenty three percent of the total area is terai with 45.0 % of the total population. Forty two percent of the land area are the hills with 47.0 % of total population. The hills area is not equally developed in comparison to terai area. The climate of Nepal is determined by its topography and monsoons. The terai is subtropical, and the hill region is temperate, the inner Himalayan has an alpine type of climate, short summer and long winter. The temperature ranging from 0 degree to the maximum of 20 degree centigrade. The terai has 3 well marked seasons i.e summer from March to June, rainy season from July to october and winter from November to February. Rope way from Hetauda to Kathmandu is an important means of transportation. Air ways transportation has been most arranged in the districts. People are still used to walking for 4 or 5 days to reach their destination in the mountain area.

1.5 RELEVANT JOB DESCRIPTION OF CMA

Health post is an institution for providing comprehensive (i.e preventive, promotive and curative) health care services to the people living in a defined geographical area.

Each health post was expected to serve between 5 thousands to 25 thousand people depending on its location. [Health information bulletin, 1991] CMA work under the responsibility of the health assistant, health inspector, senior auxiliary health worker. The junior auxiliary health worker, village health worker, community health leader and traditional birth attendance are subordinates to him. Job performance of CMA is evaluated through health post in-charge. Mostly the CMA's job are preventive, promotive and curative.

The CMA is responsible towards the health post in-charge for his technical and administrative work. He is able to:

1. give integrated health services in health post and community.
2. give health services from health post in the absence of the health post in-charge, and in other time to give health services from field side.
3. be ready to provide emergency health care in presence of the health post.
4. co-ordinate to conduct tuberculosis and leprosy

clinic in the health post.

5. arrange necessary health services during the time of accident and natural disaster.
6. provide health service with conscious and scientifically
7. sterilize the instruments and manage in keeping poisonous medicine in a safe place.
8. take smear blood slide of suspected febrile cases and provide preventive medicine.
9. take smear sputum from the suspected patient and send to the district laboratory.
10. give immunization in the absence of auxiliary nurse midwife.
11. control the spreading cholera and typhoid
12. give the list of drop out cases of tuberculoses and leprosy to junior auxiliary health worker.
13. conduct school health program within the area of health post.
14. direct and supervise the junior AHW as follows:
    - surveillance of small pox
    - diagnosis for suspected small pox cases
    - take care of diarrhea and other diseases
15. co-ordinate and co- operate with local leaders, social workers, and government staffs for good wishes in the success of health service program.
16. formation of health post committee and help to make more effective.

17. conduct health education program on environmental sanitation, and family planing.
18. conduct in-service training of health post staff.
19. develop professional and increase CMA.
20. manage to get necessary equipments, record it, and put it in a proper way, and do day to day work in health post
21. collect the report and record documents and send to the district Public health office.
22. direct junior AHW to fill up village health register.
23. assist in managing the division of ward within the health post area.
24. inform ANM about antenatal, natal and post natal cases.
25. establish passive case detection post in the village development committee and make them work effectively.
26. conduct health education program within the area of the health post.

1.6 BACKGROUND AND RATIONAL FOR THE STUDY

Morbidity and mortality rates in Nepal (Nineteen per thousand.WHO Geneva 1977) were very high and associated with poor sanitation, infectious disease, and malnutrition. These problems occurred not only among rural population but also among the urban and semi -urban population

Nepal has adopted the World Health Organization commitment to achieve primary health care for all people in the country by the year 2000 A.D. The long term health plan of Nepal indicated to reduce high rate morbidity and mortality and to develop basic health care for the maximum number of people through the provision of preventive, promotive and basic medical services.

His Majesty's Government of Nepal"The Ministry of Health has planned a national health policy and strategy to provide minimum health to the people of Nepal by arranging curative, preventive and promoting health care to the rural people through the health post. The Community Medicine Auxiliary is the key health personnel for providing primary health care at the health post levels. A well trained health worker should be able to provide primary health care in the district and village of Nepal and thus contributes significantly towards fulfillment of national commitment towards health for all by the year 2000.

The primary health care is given through the health post in the rural area. The objective of the health post is to provide healt service and education for the people to be healthy. In order to fulfil this objective, preventive, promotive and curative health services are provided from health post.

Thus, an integrated health post provides the following basic health services:

a) Initial as well as definitive treatment of minor illness.
b) Special treatment for tuberculosis and leprosy.
c) Surveillance of malaria and communicable disease.
d) Immunization.
e) Maternal and child health and family planing.
f) Clinic for children.
h) Home delivery service.
i) Motivation for family planning.
j) Distribution of temporary contraceptive.
k) Follow up to family planning acceptors.
l) Delivery services in health post.
m) Education on nutrition, environmental sanitation.
n) Control of epidemic.
o) Supervision of village health worker.
p) Recording and reporting of village health worker
q) Laboratory service.
r) Referral.

1.7 Staff pattern of health post

Staffs	Ilaka H.P	Static H.P
1. Health assistant	1	1
2. Auxiliary health worker	1-2	1
3. Auxiliary nurse midwife	1-2	-
4. Baidhya	1	-
5. Assistant baidhya	1	-
6. Clerk	1	-
7. Village health worker	4-6	-
8. Maternal child health worker	-	1
9. peon	1	1
Total	11-15	4

Nepal is a developing country so the health posts are staffed only by auxiliary health workers. The health posts function as a part of vital network. The auxiliary health workers give services for treatment and prevention.

This study was intended to compare between the level of performance of the terai and hill CMA who worked in the health post. It was conducted to identify the factors associated with the performance in both groups .

The CMA campus has developed the educational objectives or job performance to suit the work at village level health posts. After graduation they were assigned to work in different areas. Some of them were appointed to work in remote area, where they cannot get new knowledge. If the CMA could not update their knowledge the knowledge and skill gradually decrease and his performance will drop to unacceptable level.

1.8 INTERNATIONAL VARIATION IN AHW TRAINING

It is known that the enjoyment of the highest attainable standard of health is one of the fundamental right of human beings but health services are not provided equally to all the countrymen. All health care services are not provided from competence health personnel. The rural people did not get health care throughout the history. The government was able to give only minimum health care throughout the country. There are three out of four people lead rural lives. The primary health care can be afford through the auxiliary health worker. Every developing countries decided to give primary health care through the auxiliary health personnel (Flahault.D. 1972).

Different names of Auxiliary Health Personnel in different country:-

a) Feldshers Sanitarian and Feldsher- Midwife (USSR)
b) Sanitary Inspector (Bangladesh)
c) Health Assistant (Bhutan)
d) Health Worker (India)
e) Community Health worker (Maldives)
f) Junior Health Worker (Thailand)
g) CMA (AHW) (Nepal)

In Thailand, training course of Junior Health Worker has been extended to one year and a half since 1966 (Ministry of Health, Thailand 1973) but it has been changed to two years at present. The initial one year was spent at the training center, the remained period was to devoted to field training in health center, rural communities as well as provincial or district health offices. In Nepal, the training of community medicine auxiliary has been reduced from two year to one year since 1976. The initial ten month was spent at training center, rest two month was spent as a residential health post activities and community activities.