DRAFT DISCUSSION PAPER

A Fragmant towards delivery of true Primary Health Care

Recently I visited a Primary Health Centre close to Delhi where doctors (medical students) were receiving 15 days experience in serving the rural population. Nurses too were under training along with some community health workers.

Observations

Some of the significant things seen and heard during this brief visit are as follows:

a) The 'village' is at the end of a fairly frequent Delhi Transport System bus route. (Fire : 60 paise) - and within good road connection to the city.

b) The centre is surrounded by a very high wall topped with broken glass and entered through substantial iron gates.

c) The building is of brick and concrete. One enters a large room with a small pharmacy in one corner and a simple laboratory facility in another. To the left in another fairly large space, an health education exhibition had been set up. To the right a smaller room contained a square of tables taking up most of the centre of the available space. At each side of this square sat a doctor, and someone keeping a register. In one corner there was a raised examination bed. On the walls were charts giving rather limited and relatively undifferentiating information regarding different villages.

d) An initial impression is of a large number of people milling about and besieging the pharmacy enclosure.

e) Patients (very largely women and children but quite a few men) crowd the door to where the doctors sit and press in upon those who are beckoned to receive attention.

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A major activity appears to be writing on pieces of paper and filling up the register, and this paper work is perhaps the most striking message that is communicated to the observer. However, patients were inspected in a rather more attentive way than I have been familiar with elsewhere, and one girl was examined on the bed(to her show of embarrassment - a simple curtain hangs precariously on a piece of string but this was not pulled.) My experience is that such examinations and the attention given on this occasion, are fairly rare in such centres.

f) Most of the complaints seemed to be of skin eruptions and small wounds. (Patients stood unwinding their own crude dressings and hopping about when legs and feet were involved.) Stomachs and chests were inspected.

g) Most patients clutched insanitary looking bottles they had brought with them - and clearly prescribing and medicines were very important features in the proceedings.

h) Neatly turned-out nurses (students) took groups of women and children round the health education exhibits. Much of the material had been locally made but seemed to be otherwise very conventional. Noticeable was the carefully made model of house, kitchen garden, well, pump, latrine, animal enclosure etc. which has little relationship to the type of housing and landholding we noted in the village later. The full range of birth control equipment was on display (a bit overwhelming).

i) A mobile unit arrived and many of the patients crowded into the dark and stuffy main room to see a film on nutrition. Fish as an item of diet - stressed also in the exhibit - is virtually unavailable in the nearby villages and there are apparently some religious taboos about it. Milk was always portrayed in bottles although milk bottles are not common even in the city (?)

j) The nearby village had quite substantial buildings with architectural designs and good arches quite common. A fairly elaborate piece of work was being carried out on street drainage (by the corporation). Houses had good doors and windows and quite a number of store/shops had substantial steel shutters.

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k) As visitors, we were soon the objects of curiosity by children and

youths - who were shooed away as we made the expected calls upon village dignitaries. Why we had called seemed to be explained to nobody.

l) In discussion it became apparent that there was no clear set of educational aims and goals for the medical students. The responsibility for formulating these certainly did not reside with the staff providing the experience and responsible for the centre. As far as our informants were concerned the students themselves came with no fixed set of commitments. There seemed to be a very general idea that "village work was a good thing" and that the fifteen days met this need in their training. Some complaint had been made that the students did not stay in the centre but left for Delhi each evening.

m) There was clearly tension and expression of conflict regarding responsibility for supervision of the students. This expressed itself in terms of implied (if not exercised) authority of doctors vis-a-vis nurses.

n) Confusion arose regarding authority between medical students and nurse. - a significant expression of this was that the centres' staff disagreed with the practice of prescribing for a weeks supply of medicine. They argued that village people did not maintain the appropriate regime and this was both wasteful in supplies and did not encourage frequent return of the patient for follow up.

o) The centre has a small bus for mobile clinic and home visiting but this was not being used for this purpose on the day of our visit.

p) A community health worker was being shown various physical conditions by the medical students - one such worker was the son of the local pradhan panch and lived very close indeed to the centre itself.

Some suggestions for consideration

a) Clarity, Specificity and Agreement by all partners to the training, is required in drawing up the educational goals and aims of the training period. (Social and Clinical!)

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b) Fully understood lines of supervisory authority and who is responsible for what must be worked out.

c) Students must be fully briefed and properly introduced to their responsibilities.

d) Health Education and Preventive Activity must not be separated from, and must be the major 'ambience' created by the total 'presentation' and activity of the centre.

For example: could something along the following lines be worked out ?

i) All patients are received and expected to be the 'audience' for an overt demonstration of 'group medicine'.

ii) Patients are selected from the 'audience' and the medical student who will be assigned for periods in turn will examine the patient explaining to the 'audience' in very simple and appropriate language (gradually worked out and improved upon by the centre's staff), what is being done and what the symptoms and signs are. A simple explanation of the problem will be given to the audience. This will be followed by appropirate information regarding how such conditions come about and what are the actions to be undertaken to prevent or minimise such conditions. What treatment and management of the condition must be undertaken will then also be explained. The 'audience' will be asked if there are others among them who have come with similar complaints and the doctor will briefly examine and confirm (or separate) for more careful examination), the patients who think that the demonstrated case is their problem also.

As small groups are formed this way - the health message and instruction can be reinforced by another member of staff (nurse/health worker) treatment can be communally provided and regimes and management gone over in detail with demonstration where appropriate. Questions invited and answered. Not all patients need be dealt with is this way, although this should be the major "visible"style of practice which the students should be properly prepared for. Discussion of the students' performance and presentation could take place after the completion of each session. Supervisors who became familiar with the common difficulties and problems of this style of working as groups came and went, would soon be able to establish a 'standard' for the students to be taught to meet.

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b) The role of the community worker must be very clear. Differentiation must be made between those workers who operate geographically close to a centre and those more remote for they will have different ranges of responsibility and training should be differentiated accordingly. Those nearby might be assigned regular duties at the centre for some portion of their working time. With a proper referral system it should be the community worker who provides medicines beyond the initial dosages and who is alerted to follow-up and management that which he is taught and it is appropriate for him to handle, and also seeing that patients return to the centre as required.

The basic data that appears on the charts on the wall of the 'consulting room' should be displayed (and rightfully belong) in the village at a prominent information site. This information can be kept up to date as a responsibility of the community health worker for his village. It is he who should keep village records of immunization and he who knows who has had, who has not had, and who is due for the immunization schedules etc.

The information and its meaning should be discussed with him by the centre's staff regularly and he must arrange for the information to be discussed with a village health committee on a regular basis, and to assist in organising appropriate and timely regular activities and special 'campaigns'.

c) The community worker could get assistance for all kinds of information collection from the local school-teacher and the school children. (Indeed given the immediate curiosity of the youths as we enter the village, instead of showing them away, one might try telling them simply why one has come and enlisting their help in surveying their village). This might be done in the nature of a series of well prepared games. What is in mind here are "I spy ... drinking water hazards" etc. etc. which could then be mapped and step by step improvement activities planned.

Actual eating patterns of each village need to be documented and specific nutritional improvements promoted according to the known deficiencies of of that village and the known-to-be-available resources. The same is true for wells, pumps, latrines etc. First find out. (the village finds out, not the centre) what are the specific conditions and what are specific improvements which can be made. Who, when, what with, how much etc. must be properly spelled out for each village and fully involve village people in finding out, understanding, and suggesting how.

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Proposal

As an experiment would it be possible to get the Medical School Authorities/The Centre/The Nurses/The Community Health Workers to try out some of these approaches to see if they can really work and have real merit?

No extra resources are being sought, the proposal is to use what already exists but in a different way.

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