

Notes towards a Community Project of Participation in Malaria Control

A village or group of villages should be selected taking into account the country's usual geographic/administrative boundaries.

The village structure of decision-making must determine the target group for suggesting the setting up of a "Village Health Task Group"

The Village Health Task Group should be thought of as an action-oriented working-committee and not an elected political status committee. Of course the committee might be (and probably should be) convened by an elected member of the village 'council' (elders/ panchayat etc.), and the work of the Task Group (information, reviews, plans of action etc.) be conveyed formally by the convenor to the village council as part of the legitimization process of what must become overall village planning and decision making.

Appointments to the Task Group should be of those people who already are engaged in some kind of informal health care activity and are public spirited enough to be willing to join and work for the village as a whole. (This will include respected indigenous healers and those that the village naturally turns to when in need.

Where there are any formal health post worker, or the like their role must be carefully considered. They must be cautioned and trained not to dominate the Task Group but offer when requested, information and suggestions for the groups deliberations - and perhaps help the convenor to make sure that it is clear to everyone who is to do what, when and with what resources and to whom and when they will report what.

In time the health workers activity itself should be subject to the Task Group are therefore his role must be carefully worked out and his role in health education should not be confused with the role of leadership.

The Task Group must adopt proper terms of reference (thought through and adopted to local conditions) and proper procedures of meeting, working and reporting. There must be clear links to the prevailing village level structure of administration and governments.

One of the important tasks for such a group would be in relation to Malaria Control & a Malaria Control Task Group should be proposed.

The functions and responsibilities of each Task Group must be spelled out in detail:

(The following are notes related to a tribal area in India)

- (a) Responsibility for thinking about, collecting information, and considering present conditions regarding fevers (self survey)
- (b) Given to understand what kinds of technologies are available. (In this case environmental improvements, pills, slides etc.)
- (c) Spelling out exactly what would need to be done in order to utilise the technology.
- (d) Working out how much time would need to be expended by each workers.
- (e) Identifying how many workers should be recruited to cover exactly which families or areas.
- (f) Working out who best could do the work for each group of families and planning to recruit accordingly.
- (g) Preparing for a village based meeting to explain to the community what is to be done (may be as an introduction to)
- (h) Making preparations for a village based course for the workers. - (The Task group should have been given some kind of help in order to do the self-survey, also in planning to send their workers to a nearby village or providing village facilities for a group of workers, etc.)
- (i) Training courses should be single 'modules' of "what to do about what" (see for example. W.H.O. working group Training and utilization of Village Health Workers Illustrations by Dr A. Tito de Moraes.) and should be attended by the Task Group so they will know what the worker is expected to do. - The course should be held in an "open place" so that villagers can see what is going on and being taught.

- (j) Task group must work out work schedules; decide on rewards for the worker; arrange to receive and distribute supplies to the workers; collect an account of any problems that arise; find out if their people are getting service and are satisfied;
- (k) Help to construct any promotional or teaching materials.
- (l) Report regularly to Panchayat Head or Secretary what the present situation is and prepare an annual plan of targets and work.
- (m) Meet with the workers and the health supervisor assigned to the tribe regularly.
- (n) As part of the "plan" - suggest new roekrs, or more training, or consider new programmes, etc...
- (o) Work out how they will implement any plan they make in conjunction with whatever resources might realistically become available from outside.
- (p) Be prepared to tell and show other villages what they are doing, how, and the advantages to be gained.

It will be noted that the emphasis throughout is on a community level effort to create working social institutions. This might sound high flown for villages we are familiar with but the point needs to be made that until there is effective village level structure and an ever-growing tradition of such there is unlikely to be any meaningful participation. Health Care (Malaria Control) might be the introductory model for getting such village level structure and be used for wider community development purposes. Attention to this village level mode of organisation for themselves and by themselves is the pre-requisite for planning and implementation of all programmes and must be emphasised and itself planned for.

It will be obvious that not merely health personnel are to be involved in such malaria control planning. Agriculture, Irrigation certainly are concerned but to give one example of how such a Task Group might involve other services - take the school. The school might be enlisted to devise an outside school "game" "Hunt the Mosquito breeding places".

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The youngsters knowing what to look for engage in the familiar type of childrens' "I-spy". The school in teaching map making can draw village or cluster of dwellings maps of where danger lurks - Natural History, Biology, could be illustrated by Mosquito life patterns - youngsters could engage in tackling from the maps in a systematic attack on the breeding places and keep maps up to date. Surveillance of fevers might also be something the school would interest itself along with the lessons of chart making record keeping etc.

(In fact it is the things like these that village schools should be all about.).

A number of projects and approaches should be attempted and a record kept of the process along with its problems and failures. Soon we could draw up detailed proposals on a wider basis.