# Community Health Workers: A brief policy overview

## 1.1 Policy initiatives

The Bhore Committee report (1946) which formed the blueprint of post independence-health care service development, had suggested the formation of village health committees and voluntary health workers who needed suitable training (19). In 1975, the Srivastava report, 30 years later suggested the utilization of part time, semi professional workers from the community who could be trained in the management of common ailments and in basic preventive and promotive services (20). The fourth Chapter of the report entitled "Health Services and Personnel in the Community" is an excellent concept paper on the significance of community based semi professional health workers (See Appendix 5a).

A few years later the ICSSR/ICMR Health for All study group (1981) reiterated once again the need for Community Health volunteers with 'special skills', ready availability, who see health work not as a 'job' but as a social function (21).

Finally, the National Health Policy (1982) included a policy statement on 'Health volunteers selected by communities and enjoying their confidence and to whom certain skills, knowledge and use of technology could be transferred' (22).

## 1.2 CHW - The Indian Experience (GOI)

In 1977, the Janata Government launched the Community Health Worker (CHW) scheme, which focussed on CHWs selected by the community, having 6th standard education, and trained informally in the PHCs for 3 months (4). They were paid a stipend during training and an honoraria of Rs. 50/- per month after the training, when they began work. Further details and a comparison with JSR scheme is provided elsewhere in the report. (See Page 12).

The CHW scheme was a massive operation and was subject to some mid course reviews (23) which identified problems including the lack of adequate preparation; the lack of pilot or feasibility studies; the reduced support of the community; the inability of the community to takeover the scheme; the non-payment of honoraria and the non replenishment of kit boxes; the lack of professional enthusiasm with the challenge of the scheme at all levels; the predominant selection of males as CHW and their subsequent cooption by the system and finally the problem of the whole scheme becoming a subjudice matter due to litigation by CHWs about enhancement of their honorarium, thus becoming non functional!

## 1.3 CHW - the Indian NGO experience

Prior to 1977 and also after it, many Community Health projects in the voluntary / non-governmental sector in the country experimented with community based health workers. Some examples are the CHWs of Jamkhed; the village health workers of the Indo Dutch Project; the lay first aiders of VHS-Adyar; the link workers on the tea gardens in South India; the Family care volunteers and Health Aides of RUHSA; the MCH workers of CINI-Calcutta; the Swasthya Mithras of Banaras Hindu University-Varanasi; the Sanyojaks of Banwasi Seva Ashram, Uttar Pradesh; CHW course of St. John's Medical College - Bangalore; the Rehbar-e-sehat scheme of Kashmir government; the CHVs of Sewa Rural and the Community Health Guides of many other projects. (24).

An overview of these CHWs in the voluntary sector show that they were predominantly women; were mostly voluntary or link workers with minimum support; most of them were mature married volunteers; care had been taken by the project to prevent the cooption by village leaders and there was representation of all segments; the participation of the community in identifying the CHWs and their supervision was a goal itself; the training programmes had innovative components and methods (28) and projects had well trained and highly mobile field and supervisory staff; and many projects had women on action/advisory committees or local womens groups supportive of the process. (24).

### 1.4 CHW - The Global experience

At a Global level also, since the late sixties and early seventies, the experiments of training community health workers of various types took place all over the world. Significant initiatives were taken in Mexico, Guatemala, Jamaica, Venezuela, Brazil, Ghana, Nigeria, Sudan, Ethiopia; Kenya; Tanzania, Iran, Afghanistan, China, Bangladesh, Thailand, Malaysia, Indonesia, Philippines and Papua New Guinea. The terminologies were vastly different but the basic framework was similar. These included community / village health workers; the community health aides; barefoot doctors; community health agents; rural health promoters; national health guides; family health educators; aid posts or orderlies; secouristes; hygienist; health auxiliary and health post volunteers. A review of these experiments showed a remarkable diversity in framework and approaches. (25).

Nearly all the countries where these experiments took place were from the developing countries (South). The projects ranged from pilot and local projects to regional and national initiatives. The trainees selected ranged from illiterates, to upto 10 years of schooling.

The duration of training ranged from 5 days to 10 weeks to 6 months and even upto three years for different cadres. The location of training varied from subcentres and local health centres to county and rural hospitals and in some instances there were training centres and national project headquarters. Training methods included lectures, discussions, demonstrations, role playing, field visits, practicals, learning by doing and story telling and dialogue. Finally the evaluation methods ranged from written tests, practicals, oral tests, quiz, field performance reviews, role playing and trainer observations. (25).

### Reference:

Central Bureau of Health Intelligence, 1985 - Compendium of Recommendations of various committees on Health and Development (1943-75) 20.

Srivastava Report, 1974, GOI - Health Services and Medical Education - A programme for immediate Action. 21.

ICSSR/ICMR, 1981 - Health For All - an Alternative strategy. 22.

Ministry of Health & Family Welfare, GOI, (1982) - National Health Policy. 23.

National Institute of Health & Family Welfare (1983) - An Evaluation of Community Health Workers Scheme - A collaborative study, Technical Report No.4. 24.

Pachauri, Saroj (Ed), 1994 - Reaching India's Poor : Non governmental approaches to Community Health, SAGE, 1994. 25.

World Federation of Public Health Associations (1983) - Training Community Health Workers : information for action (issue paper).