The Village Health Worker Strategic Direction

Ministry of Health and Child Welfare, Zimbabwe

April, 2010

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
BVIPL	Blair Ventilated Improved Pit latrine
CBR	Community Based Rehabilitation
CBD	Community Based Distributor
DNO	District Nursing Officer
DOTS	Direct Observed Treatment Short course
DRR	Disaster Risk Reduction
DHT	District Health Team
ECSA	East, Central and Southern Africa
FP	Family Planning
HIV	Human Immuno Virus
IEC	Information Education and Communication
IMR	Infant Mortality Rate
MCH	Maternal and Child Health
MNH	Maternal & Neonatal Health
MOHCW	Ministry of Health and Child Welfare
MMR	Maternal Mortality Ratio
NGO	Non Governmental Organisation
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
ORS	Oral Rehydration Salts
RDC	Rural District Council
RHC	Rural Health Centre
RHC-NIC	Rural Health Centre Nurse in Charge
SSS	Salt and Sugar Solution
TB	Tuberculosis
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VCW	Village Community Worker
VHW	Village Health Worker
WHO	World Health Organisation
WHT	Ward Health Team

Foreword

The Village Health Worker Programme was reintroduced in the Ministry of Health and Child Welfare in 2000 following the Recommendations of the Health Review Commission of 1999 appointed by His Excellency, the President of the Republic of Zimbabwe.

The New Village Health Worker is an extraction of the Village Community Worker who was before 1984 trained by Ministry of Health as a Village Health Worker (VHW).

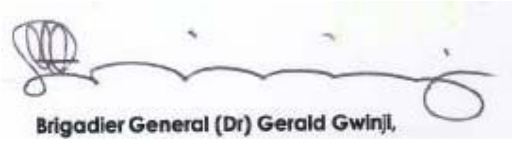
The purpose of this Strategic Direction is to provide guidance on how to plan, implement and monitor the Village Health Worker Programme in Zimbabwe. At the same time, the VHW Strategic Direction will provide guidelines on how the VHW programme in the country is conducted.

The Strategic Direction has been necessitated by the economic, political, social and epidemiological changes including the re-emergency of communicable diseases such as cholera and TB the emergence of HIV, Influenza A, (H1N1) among others and at increased morbidity and mortality from maternal and neonatal conditions and; the new settlements in hard to reach areas, that are being seen and experienced in Zimbabwe. It is hoped that the Strategic Direction will strengthen the efforts being undertaken to improve access to quality health services and to address the changes which have influenced the need to reconsider community health problems and issues. It is further believed as is mentioned in the Village Community Workers Training Manual 2000, that the confusion on the role of the VHWs as mobilisers and coordinators and not mini-technical extension workers as potrayed by several development agencies is another reason for revisiting the VHW Training Manual so that the VHWs are very clear on their roles in terms of where they start and end in service provision.

I sincerely hope that this Strategic Direction will help those in the VHW Programme in what to do and how to do it.

The Nursing Directorate in the MOHCW is the custodian and overall coordinator of the VHW programme from the National to the ward level. The VHW programme is, however, a national programme through which other directorates and programmes can mobilize the community and coordinate for specific activities.

Signed by:



Secretary for Health and Child Welfare

Acknowledgements

The following were responsible for the preparation and review of the VHW strategic document.

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The Village Health Worker Strategic Document, Ministry of Health and Child Welfare (MOHCW)

Background

The Village Health Worker programme in Zimbabwe dates back to the 1981. Zimbabwe was one of the first African countries to implement the wholesome Primary Health Care (PHC) approach which was adopted at the Alma Ata Conference of 1978. Primary Health Care is defined as:

> 'Essential care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the country and community can afford' WHO and UNICEF, 1978.

PHC was promoted because of its principles of appropriateness, affordability, accessibility, attainability and acceptability to individuals, the communities and the country. The PHC strategy addresses the following components:

1. Health promotion-education concerning prevailing health problems and methods of preventing them.
2. Nutrition and breast feeding (promotion of food supply and proper nutrition).
3. The supply of adequate sanitation and clean water.
4. Maternal and child health care including family planning.
5. Immunization against major infectious diseases.
6. Prevention and control of locally endemic diseases.
7. Appropriate treatment of communicable diseases and injuries.
8. Provision of essential drugs.

However, Zimbabwe included other components such as, Oral health and Mental health in 1981. In 2009 non communicable diseases were added to give 11 elements.

In 1984, through the Prime Minister's Directive, the VHWs were transferred to the Ministry of Women's Affairs, Cooperatives and Community Development. The VHW were then renamed Village Community Workers (VCWs). The focus of work of VCWs was development and income generation activities. As a multi-purpose worker, the VCW was inundated with projects and programmes in all sectors of development and were as a result left with little or no time to carry out health promotion and health care activities.

Following the findings of the Review Commission into the Health Sector (1999), which recommended the re-introduction of the VHW within the Ministry of Health and Child Welfare (MOHCW), Cabinet resolved to reintroduce the VHW programme in the MOHCW. The VHW programme as modified was reintroduced in 2000 in the MOHCW under the Nursing Directorate.

The Ministry of Health and Child Welfare, recognizes the importance of revitalizing the VHW programme in line with the Ouagadougou Declaration on Primary Health Care and Health sector and Systems Strengthening, 2008, the East Central and Southern Africa – Health Community and Revitalization of PHC, and the Health Sector Strategic Plan (2009). The Ouagadougou Declaration states that, the strong interrelationship between health determinants such as gender, food security, nutrition, environment, education and economic development underscore the need to address these issues as they have a clear impact on the health of people, particularly those living in resource poor settings.

In the Ouagadougou Declaration on Primary Health Care and Health Systems strengthening (2008), the promotion of health awareness among people, building their capacity to change behaviour and adopt healthy lifestyles and take ownership of their health is seen as key ways of addressing determinants of health.

Narayan (1999), suggests that, people are more likely to endorse information received through their social networks to manage health risks. In addition, involving communities in making decisions about their health enables them to find local solutions to their problems. This is why it is important for the Village Health Worker to be selected by the community where she/he lives in order to better serve them and therefore contribute to making a difference in the lives of the community. This is why the Ministry of Health has decided to revitalise the VHW programme.

The VHW programme is at the centre of community health care services and has a potential role in helping Zimbabwe to meet the health and health related Millennium Development Goals (MDGs) 4, 5 and 6 which deal with the reduction of child mortality, improvement of maternal health and combating HIV/AIDS, Malaria and other communicable diseases and the reduction of non communicable diseases. The attainment of the Millennium Development Goals may be made possible by providing health services to individuals, families and communities through their participation and involvement, in the spirit of self - reliance, self determination and taking responsibility for their own health. The Village Health Worker Strategic Direction is embodied in the Primary Health Care approach that the country adopted as a way to deliver comprehensive health care services. As the MOHCW takes steps to revitalize the PHC Movement, efforts to invigorate the VHW Programme is central as the VHWs are seen as the cornerstone of PHC. Village Health Workers are being trained to spear head the dissemination of information related health literacy activities, and to offer basic pre facility and follow up care in the community.

Why focus on the VHW?

The Ministry of Health and Child Welfare National Strategic Plan (2009 – 2013) acknowledges that, communities are in a position to contribute meaningfully in the provision of health care, disease prevention, promotion of health and well-being. The training of Village Health Workers (VHWs) is aimed at ensuring that this community based cadre is equipped with the requisite knowledge, appropriate skills, attitudes and aspirations to effectively and efficiently carry out her/his work.

The VHW programme has recorded many successes and achievements in Zimbabwe since the inception of the programme. These successes includes:-

- The reduction of preventable and communicable diseases;
- Increased knowledge on health and the prevention of disease;
- Increased immunization coverage;
- Increased protected wells and construction of BVIPL; Water and Sanitation coverage
- A reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) through increased access to health care services;
- The support to other community based cadres such as CBDs, home based caregivers and Chloroquine holders;
- Increased ANC bookings and institutional deliveries;
- Increased participation of communities in health matters.
- The VHW programme contributed valuable information to the national health information system.

The improved training and education, support and supervision of VHWs played an important role in realising these successes.

The VHWs are reported to be better placed to make a difference in the prevention of diseases at village/community level. As respected members of their communities and selected by their communities, VHWs reside in the community and are thus accessible to communities. The VHWs coordinate all activities related to health at village level and are conduits into the formal clinic based care, they are best suited to provide information on health and the status of health of villages/communities and to report abnormal incidences in the community timely.

The VHWs are trained in communicable and non communicable diseases. The curriculum requires regular review to ensure an enhanced and proactive response to the epidemics and diseases now seen in Zimbabwe or those that are threatening to affect the country. The VHW is being trained to provide community interventions related to epidemic outbreaks, pandemic influenza A (H1N1), Cholera and measles among others. The VHW Strategic Direction will guide implementers and partners in PHC and in the VHW programme for coordination coherence, funding, programme standards, implementation and in monitoring and evaluation.

The VHW is best strategically positioned in the community and is aware of the local socio - cultural issues, myths and misconceptions and can make a difference in the lives of the communities he/she serves. The VHW will be capacitated to increase awareness on the common conditions and epidemics in the locality. She/he will have skills to empower men, women and children to protect their health and the potential to influence the ability of communities to recognize the signs and symptoms, presentation and complications of a given conditions and epidemic and to motivate communities to adopt healthy living styles and seek care early. The VHW can help to remind men, women and children of conditions and other health issues; and, how to identify and prevent them in the schools, workplaces and community.

The Ministry of Health and Child Welfare therefore recognizes the importance of revitalizing the VHW programme in the country.

Introduction

In the revitalisation of the PHC, the VHW has been identified as the centre of the decentralisation processes hence the need to develop this Strategy Direction. The focus of the VHW frontier was exacerbated by many factors including the cholera outbreak of 2008 – 2009, the high Maternal Mortality Ratio, high Neonatal Mortality, high burden of disease arising from AIDS and Non Communicable Diseases.

Community participation is critical in the success of the VHW Programme. Participation is hinged on the recognition that planned social changes in health can be achieved by focusing on the community as a locus of attention (Zakus and Lysack,1998).

The training of VHWs is thus, an important factor in ensuring that this cadre functions in a manner that meets the communities' health needs through their participation. Innovative teaching strategies are an integral part of this training programme which takes into account the principles of adult learning and teaching. The facilitation of learning by the trainer of VHW takes cognisance of the fact that the learner will continually need to be motivated to seek additional knowledge as new information becomes available. Every VHW will be trained using the National VHW Training Manual, the Addenda and on
(1) HIV and AIDS, TB,
(2) Maternal and Neonatal Care,
(3) Community and Home Based Care,
(4) Malaria, linked with Disaster Risk Reduction (DRR) a part of the community-based DRR activities in their respective communities.

In Zimbabwe as is the case everywhere, the major risks of cholera and other diarrhoeal diseases are associated with limited access to adequate safe water, inadequate sanitation, unhygienic practices and limited development to prevent, control and manage cholera and other conditions such as, malaria and non communicable diseases, hence, the training of Village Health Workers in the control of communicable diseases and other health conditions is paramount. High case fatality rates in the community may be seen as an indicator of suboptimal community mobilisation and limited access to Primary Health Care at that level hence the need to revitalize the Village Health Worker who in the past played a vital role in disease prevention.

The role of the Village Health Worker is therefore to, educate individuals and communities on health related issues, health promotion and disease prevention thus increasing health literacy. More specific roles include treatment of minor childhood illnesses and adult ailments at community level, provision of education on breast feeding, nutrition and immunisation, non communicable diseases, communicable diseases, water and sanitation, support outreaches activities including conduct home visits. The VHW routinely collects and keeps record of information about the health of individuals in the village and acts as an early warning system, notifying the formal health services of any suspicious diseases or conditions in the community.

The Purpose of the strategic Direction

The purpose of this document is, to provide stakeholders and service providers with the strategic direction for the planning, implementation, monitoring and evaluation of the Village Health Worker Programme. The strategic document is therefore meant to provide a framework for the implementation of the VHW programme in Zimbabwe using the three ones approach of (one coordination point, one training and implementation strategy and one monitoring and evaluation framework).

Broad Goal of the VHW programme

To improve the quality of life in communities through the strengthening of the capacity of communities to prevent and respond to public health problems effectively and efficiently.

Specific Objectives of the VHW programme

1. To equip communities with knowledge and skills to take responsibility for their own health.
2. To increase the capacity of communities to prevent and control diseases within communities.
3. To enable communities to manage and take actions on health activities within communities.
4. To empower communities to value their own health and to take actions that promote positive behaviour change for adopting healthy life styles.

Coordination and Stakeholders participation and the Implementation Strategy

At the national level, the Directorate of Nursing provides leadership through the provincial, district and ward/village level structures. The VHW programme is implemented in collaboration with other stakeholders including NGOs involved in PHC and the VHW programme. The same structure coordinates the training, implementation, monitoring and evaluation of the programme. The VHW is supervised by and reports to the health facility nurse-in-charge and is accountable to the communities they serve and the local authorities. Kraal heads, communities additionally VHW work closely with the headmen.

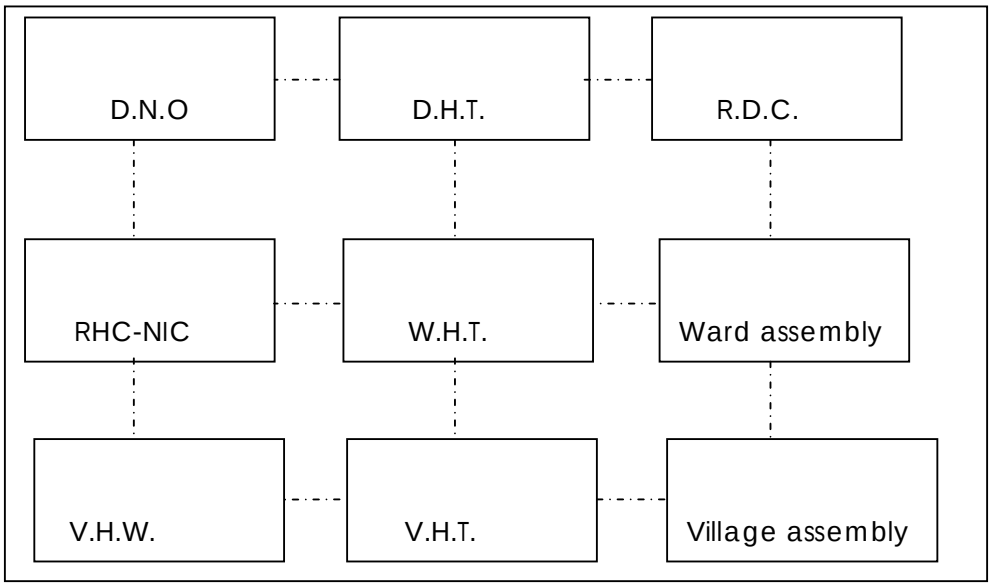
The success of the programme will depend on the involvement and participation of the stakeholders. To support this initiative, a National Task Force at National level was established to provide technical guidance and in developing the necessary tools to support the implementation and monitoring of the programme.

At district level – the Ministry of Health in collaboration with the VHW Programme Partners will play an active role in the implementation of the programme and supporting the Ministry of Health and Child Welfare in equipping and training the VHW.

Acronyms used in the reporting structure below

D.N.O	District Nursing Officer
D.H.T.	District Health Team
D.H.E	District Health Executive
R.D.C.	Rural District Council
R.H.C.	Rural Health Centre
V.H. T.	Village Health Team
V.H.W.	Village Health Worker
R.H.C.-N.I.C.	Rural Health Centre - Nurse in Charge
W.H.T.	Ward Health Team
VIDCO	Village Development Committee
WADCO	Ward Development Committee

Reporting structure of the VHW in the district



Source: Village Health Worker Manual MOHCW

Note:

- The VHW is the community's link with the formal health structure, supports community based disease surveillance and is a conduit for information to feed into the national health information system
- The Village Health Worker is supported at village level by community-based workers including CBDs, Traditional healers, volunteers in health care and TBA where they exist.
- The VHW provides leadership in health matters at village level.
- There should be effective horizontal and vertical communication at all levels.

The Village Health Worker programme is integrated with other ongoing health programmes in cognisance of the Primary Health Care approach which focuses on developmental programmes. The involvement and participation of communities, partners and stakeholders is critical in implementing the programme. Community participation and

involvement of traditional and faith-based groups is paramount and at the same time has the potential to improving the referral networks and support systems at community level.

In the communal lands the Village Health Worker ratio to population is 1 VHW for every 100 families where each family has an average of 6 people. Howeve,r the ratio in resettlement areas and farming, communities may vary due to lower population density and huge distances between homesteads.

Mapping and inventory of existing VHW resources

In order to identify needs for the VHW programme and the training of VHWs, the Ministry of Health and Child Welfare will regularly carry out an inventory of trained and active VHWs in different areas using the VHW mapping document to be published by MOHCW/UNICEF in 2009. The inventory will at a later stage include other volunteers trained in health activities at the community level who should be coordinated within the VHW programme. Quality mapping of all Village Health Workers in a district assists in the planning of effective recruitment coverage. The DNO supported by the DHT should be at the forefront of the district level VHW activities to promote sustainability and good supportive environments.

Other needs of the programme such as training facilities, trainer of trainers, VHW kits, bicycles, uniforms are assessed and provided as the basis for revitalising the programme.

Selection of Village Health Workers

In the implementation of the programme, community members are expected to select/nominate VHWs who will serve in their areas. This is important because the VHW acts as a bridge between the formal health system and the community Communities must therefore trust the VHWs in order to work with them well, and to have confidence in the VHW especially in assured confidentiality.

Oakley (1989) describes the varied roles of participation as being;

- to sensitize people and there-by increase receptivity to a programme.
- to encourage local initiatives and use local knowledge and resources; and
- to increase community involvement in decision making and implementation, giving the community more control, thereby empowering the community to take charge of their own health. These are the tenets of the PHC approach.

The selection of Village Health Workers is done by village members and its leadership in their own village after sensitization and consensus building of the villagers. The following criteria are used to guide the selection:

1. Maturity age (25 years and above);
2. A mature married resident of the village (woman or man are preferred for stability in the village);
3. Able to read and write;
4. Good reputation in the village;
5. A good communicator and mobilizer;
6. A well respected person in the community;
7. Interested in health and development issues (a role model);
8. Willingness to work in the community and on voluntary basis;
9. Someone who is able to maintain confidentiality.

NB: i) Single females are less favoured as they will sooner leave the village upon marriage to the husband's home.

ii) VHWs are recruited to replace those who become inactive or are older and unable to continue with the VHW activities.

Information, Education and Communication (IEC) materials and training materials

Information, Education and Communication materials, training manuals and modules are required as reference materials for the trainers, VHWs and communities. Existing training and reference materials shall be updated periodically by the Ministry of Health and Child Welfare and the Technical Working Group to ensure their relevance. There is need to collaborate with PHC programme managers and partners to support the development and production of the materials.

The Training of Village Health Workers

The training of Village Health Workers is conducted at designated training centres in the districts (where they exist). Alternative venues such schools, clinics, vocational training centres within the district can be utilised. The Trainers of VHWs are selected by the office of the District Nursing Officer. The District Nursing Officer monitors the training at that level. The VHWs are trained for an initial period of 8 weeks (classroom), followed by a period of eight weeks in the field and another 4 weeks at the end of the attachment. The training is according to the MOHCW VHW syllabus. The VHWs will be trained to work in their villages, resettlement schemes, large and small scale farms, mines, and peri urban and urban high density areas.

The VHW Trainers are nurses with a minimum of 4 years experience if they are PCNs and 2 years experience if they are RGNs or SCNs. Guest trainers of VHW are invited with clear explanation on the philosophy of the programme and the level of the cadre and include DNOs, Community Health nurses, Dental Therapists, and Environmental Health Technicians, among others. The lectures are based on the VHW Training Manual and the addenda. One of the VHW trainers sits in the classroom being taken by a guest trainer. The lectures are recorded accordingly. The VHW Trainers take all tutorials for the learners. The trainers of VHWs are trained to train by MOHCW. However, the partners can supplement the training skills of the Village Health Workers in line with the programme aspirations in consultations with the DNO/PNO/DNS.

Conducting Refresher Courses for the VHWs

Refresher courses for VHWs are to be conducted twice a year, however other refresher courses for different areas are conducted as seen necessary. As these refresher courses are carried out, consideration is given to other emerging community health needs. The refresher training courses lasts 3-4 days.

Refresher Courses for VHW Trainers

Refresher courses for VHW Trainers are to be conducted twice a year, however, other refresher courses for different areas of nursing and training are provided as deemed necessary. As these refresher courses are carried out, consideration is given to other emerging community health needs and challenges. The refresher training courses lasts 4-5 days. The Trainers should also participate in any other workshop/refresher/in services courses taking place at District/Provincial/National level.

The roles and responsibilities of the Village Health Workers (VHW)

The VHW as a community based cadre, provides the entry point to the health system and is thus a lynch-pin of community health care. The VHW participates in disease prevention, the promotion of health, early identification of diseases, attending to minor ailments, collects information on people cared for on the Community and Home Based Care programme and referral of cases he/she cannot manage. The VHW coordinates all the other community based health workers and works with and among communities, groups,

families and individuals. The VHW also works with other community based extension workers, working in the community where she or he takes the lead role. The VHW reports to the Nurse-in-Charge of the Rural Health Centre which covers her village and ward.

The VHW as a community elected voluntary worker, is accountable to the community for his or her work output. It is therefore important for this cadre together with the clinic nurse to develop health programmes with the community and set agreed goals and evaluation strategies and criterion based on the identified needs. S/he is responsible for ensuring that the community leaders and other stakeholders and the community are kept informed of disease patterns, developments in health, unusual health events occurring in their community, services available for care and the issues of concern in the particular catchment area.

In her/his work, the VHW informs the community leaders and the community on the degree to which set goals are being attained and the overall performance of the health services being provided at agreed intervals. The VHW plays a major role in motivating communities for health care activities including the promotion of healthy life styles, self care and the promotion of self-reliance as she/he interacts and provides health care to individuals, families, aggregates/groups and communities. The role of the VHW includes the identification of the "at risk" clients for given conditions, early referrals of clients, keeping communities informed and advised on health innovations and interventions.

The VHW is expected to inform the Rural Health Clinic staff of health problems, concerns, issues and unusual health events occurring in the community. The VHW is responsible for capturing health statistics, recording them appropriately and reporting to the RHC staff timorously.

The VHW participates in community development activities in her village. The VHW participates in health committees in the community and rural health centre management committee. The VHW is the Secretariate of the Village Health Committee.

The VHW uses the information collected to help the communities to identify the health problems in their catchment area, to enable them to be actively involved in formulating appropriate interventions. The VHW initiates interventions as per her/his training. The VHW keeps simple family and individual health profiles for the clientele.

Planning one's work is thus an important activity for the VHW as it enables him/her to be systematic and organized to carry out and complete the assigned tasks.

The VHW is expected to participate in activities that include:-

- Identifying health problems and taking action accordingly or referring to the RHC.
- Collecting of community-based health information for local action (basic statistics for national health information system).
- Educating people on issues related to health, health promotion and disease prevention.
- Giving initial Salt Sugar Solution (SSS) or Oral Rehydration Salts during cholera outbreaks.
- Give health education, care and advise to the pregnant women.
- Giving prophylaxis for malaria and other conditions as trained.
- Providing Neonatal Care and Child health services including growth monitoring breastfeeding and nutrition.
- Following up of children exposed to HIV and their mothers in the community.
- Promotion of immunization based on the IMCI-strategies and participates in community IMCI activities.
- Promotion of comprehensive HIV interventions and VCT services.
- Supporting the rehabilitation of the mentally and physically disabled in the community.
- Supporting and supervision of TB patients that are on DOTS treatment strategy.
- Creation of awareness on diseases of public health importance, identify, report and refer accordingly.

- Care of patients with chronic conditions such as hypertension, diabetes, stroke, epilepsy and those on CHBC.
- Outreach programmes including assistance in weighing of babies and during school health services.
- Health promotion and education on safe water and sanitation.
- Health promotion on goal oriented ANC, PNC and FP.
- Treatment of minor ailments as instructed.
- Collaboration with other stakeholders in the community.
- Leading Community Based Health cadres.
- Promotion of oral and mental health.

Roles and responsibilities of the community members

- Sensitization and mobilisation of family members to support health actions.
- Support the Village Health Worker in her daily field activities.
- Promote Healthy life styles.

Role of leaders

Local councillors, qualified health workers, traditional and religious leaders, school teachers, women leaders and Community Based organisations, and Youth leaders have a special role in supporting the VHW.
The leaders should:-

- Work in close liaison with the VHWs.
- Mobilise communities for health actions.
- Mobilise resources to support VHW activities.
- Support the planning, implementation and monitoring of VHW activities.
- Support and advise the VHWs.

Supervision, Support, Monitoring and Evaluation

The Village Health Worker works under the authority of the District in conjunction with the local authority/Council. She/he is supervised by the Nurse in Charge of the RHC and supported by the ward health team at community level. The other health care workers at the clinic level support the Village Health Worker on technical issues in health issues. The VHW is expected to collect data and to write reports and to submit the reports to the Nurse-in-Charge of the RHC/clinic. The VHW keeps a register of all her activities.

The Village Health Worker attends monthly meetings at the local Rural Health Centre (RHC).

The RHC Nurse in Charge must be equipped with knowledge and skills to effectively support the VHWs at village/ward level.

The Village Health Worker Allowance

The Ministry of Health and Child Welfare gives an allowance to the VHWs in recognition of the vital role played by VHW in providing health education and promotion to individuals, families and communities.

The allowance is reviewed annually. For year April 2010 to December 2010, the allowance will be US$14 per month paid quarterly. This allowance is supported by Global Fund R (8). It is hoped that as funds become more available in the fiscus, the allowance will be reviewed.

Partner Support

The role of partner participation cannot be over-emphasised. For the partners to engage in the programme, contact with Ministry of Health and Child Welfare, the Provincial

Medical Director and District Medical Officer is critical for purposes of being informed of gaps in coverage and direction on the modus operindi of the VHW Programme.

Partners are encouraged to be in a specific district, covering the district fully or to contribute through "basket funding) through Ministry of Health and Child Welfare or such organisation as WHO/UNICEF/UNDP. It is also important that a Memorandum of Understanding/Agreement is in place. The training of VHWs is by the MOHCW trained VHW Trainers and partners can support VHW Trainers training.

The areas that can be supported include printing of the VHW Handbook, the VHW Training Manual and addenda, provision of bicycles, VHW bags, uniforms, supplies of medical/surgical sundries for the VHW kits, the renovations of VHW Training Schools, construction of VHW Schools where they do not exist, supporting the training gaps (initial training 5 weeks' period is currently not resourced/unsupported for the new VHW, field attachment supervision and the 6 week consolidation period).

There is need for additional support in integrating the various training materials into a single VHW Training Manual, to evaluate the VHW programme in 2011 and update the Strategic Direction in 2012.

Call for Suggestions

This first Strategic Direction for the VHW Programme aims to guide and inform the VHW Programme, its stakeholders and partners.

Written suggestions on the future strategic direction are welcome and should be directed to the Office of the Director Nursing Services, Attention: Cynthia Mery-le-Bone Zandile CHASOKELA, Ministry of Health and Child Welfare, P O Box CY 1122 Causeway, Harare.

This will help us in the review and update of the document planned for 2012 after the programme has been reviewed in 2011.

We thank you in advance for your interest in the betterment of the VHW Programme.

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Appendix 1: Topics covered in the VHW Training Manual

1. Primary Health Care
2. Roles and responsibilities of the Village Health Worker in the community
3. Reporting structure of the VHW
4. Community as a client
5. Non and Communicable diseases
6. Communication, Advocacy, Social Mobilisation and Community mobilisation
7. Environmental Health, Water Supplies and Sanitation, Cholera and, Malaria
8. Personal Hygiene, Hand washing, Zoonotic conditions
9. Integrated Management of Childhood Diseases (IMCI)
10. Nutrition and Infant Feeding
11. HIV/AIDS/TB, PMTCT, VCT and Counselling Issues
12. Community Based Care
13. Treatment of Minor Ailments
14. First Aid and Wound Care
15. Mental health including stress, burnout, child abuse and hazardous substance
16. Community Bases Rehabilitation
17. Emergency Preparedness and Response
18. Collaboration and Coordination
19. Contents of the Village Health Worker kit
20. Health Promotion and Education
21. Teaching methods
22. Communication network and technology systems and transport
23. Monitoring and Evaluation and Data management
24. Dental health promotion and hygiene

The topics mentioned above are not exhaustive but can form the basis for the VHW training programme. Full details of the contents of the topics are described in the National VHW manual.

Appendix 2: Contents of the VHW kit

1. Paracetamol tablets (20 tabs and 50mls syrup) (R) PRN
2. Mist magnesium Triscilicate tablets (20 tablets) (R) PRN
3. Antimalarials
4. Methylated spirit 50mls (R)
5. Beta-dine solution 100mls (R)
6. Crepe bandages 2.5cm, 5cm, 8cm (R) x 3 of each
7. Gauze bandages 2.5cm, 5cm, 8cm (R) 3 of each
8. Triangular bandages x 3 (R)
9. Pair of scissors (1)
10. Latex gloves (10 pairs) (R) Initially then prn
11. Condom (R) Both male and female x 20
12. Salter weighing scale (infant size (1)
13. Weighing bag 1
14. MUAC Tape (1)
15. Tape measure 1
16. Uniform x 2 annually (Men – Brown Trousers)
17. Sunhat x 1
18. Badge (1)
19. Plastic apron durable and washable (1)
20. Raincoat initially (1)
21. ORS sachets (20) (R)
22. Teaspoon and table spoon x 2 of each
23. Aqua tabs (20 strips) (R)
24. Green soap x 1 bar (R)
25. SSS x 750mls, ORS x 1 litre
26. Pen (red and blue and pencil) (R)
27. Register book with referral slips for health conditions (R)
28. Bicycles with a carrier plus repair kit. Local Authority exempted licensing
29. Torch (Rewinding type) x 1
30. Torch batteries x 4 (R)
31. Timer
32. Medicine cups x 5
33. Thermometers x 2 digital (R) Annually
34. Ambubag (Neonatal size) x 1
35. Cord clamps or ligatures x 1 reel (Autoclaved at Rural Health Centre) (R)
36. Hard cover book x 1
37. Ruler x 1
38. Tetracycline eye ointment x 10 tubes
39. Canvas or waterproof bag (kit bag) x 1
40. Linen savers x 10 (R)
41. Wrapper x 2 metres x1
42. Tommy (tennis shoes)

Key
R= Replenishable
PRN = when necessary

Appendix 3: Districts that are partner supported (April 2010)

1. Mutasa (UNICEF)
2. Makoni (Goal via UNICEF)
3. Seke (UNICEF)
4. Rushinga (UNICEF)
5. Chegutu (UNICEF)
6. Gweru (UNICEF)
7. Chirumanzi (Zvitambo/UNICEF)
8. Bubi (UNICEF)
9. Umzingwane (UNICEF)
10. Masvingo (UNICEF)
11. Shurugwi (Zvitambo/UNICEF)
12. Chiredzi (Merlin/WHO)
13. Makonde (UNDP)
14. Mudzi (WHO)
15. Mt Darwin (WHO)
16. Kadoma (UNDP)
17. Beitbridge (Cerf WVI)
18. Chipinge (Cerf WVI)
19. Binga (Save the Children)
20. Nyami Nyami (Save the Children)
21. Bindura (save the Children)
22. Filabusi/Insiza
23. UMP
24. Chikomba

NB: 1) There are 60 Rural Districts (see Appendix 4 – List of Rural Districts
2) A three week training (refresher/half initial course) is supported in all districts by the Global Fund R (8) in 1st – 3rd Quarters 2010 for 120 per district.

Appendix 4: List of Rural Districts

MASHONALAND WEST

Zvimba
Kariba
Hurungwe
Makonde
Chegutu
Kadoma

MASHONALAND CENTRAL

Mazowe/Concession
Guruve
Mbire
Mt Darwin
Rushinga
Bindura
Shamva
Centenary

MASHONALAND EAST

Goromonzi
Seke
Hwedza
Marondera
UMP
Murehwa
Mudzi
Mutoko
Chikomba

MANICALAND

Makoni
Nyanga
Mutasa
Mutare
Chimanimani
Chipinge
Buhera

MASVINGO

Masvingo
Bikita
Ndanga
Chiredzi
Mwenezi
Chivi

MIDLANDS

Gokwe South
Gokwe North
Kwekwe
Gweru
Shurugwi

Mberengwa
Zvishavane
Chirumhanzu

MATEBELELAND NORTH

Nkayi
Bubi/Inyati
Umguza
Tsholotsho
Lupane
Hwange
Binga

MATEBELELAND SOUTH

Bulilima
Mangwe
Matobo/ Kezi
Umzingwane
Gwanda
Insiza/Filabusi
Beit Bridge