

BRIDGING THE PRACTICE-GAP BETWEEN THE COMMUNITY-  
BASED AGENTS AND THE HEALTH CARE INSTITUTIONS IN  
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# INTRODUCTION

- The progress of any health care system depends on successfully linking services to communities through the community-based agents.
- The community-based agents will always remain closest to the individual and the family in our communities.

# Literature Review

- CBAs role underestimated in our health care delivery system.
- Opportunity–cost of clinic attendance responsible for underutilisation of health care services.
- 80% of mothers in Paediatric unit first consult THs
- Most women opt for home deliveries.
- Scenario has led to increased numbers of untrained TBAs
- Untrained TBAs conduct most deliveries in rural settings.

# Literature Review Contd.

- Increased nurse attrition rate in the country.
- Non-remuneration of Trained TBAs.
- Possible cases of occupationally –acquired HIV/AIDS
- Anecdotal reports of relatives acquiring HIV/AIDS while caring for relatives at home.

# Statement Of The Problem

- There is a high level of Maternal Mortality of up to 870/100,000 magnitude. Population (Reference Bureau,2002.)
- More than half of Zambian women deliver at home. 5.4% by TBAs, 41% by relatives
- 6.6% deliver themselves.

# General Objective

- To bridge the practice-gap between the community-based agents and the health care institutions.

# Specific objectives

- To train the CBAs in Infection Prevention measures
- To identify policy issues
- To initiate Referral systems between the CBAs and the formal health care system
- To develop an Infection Prevention Manual

# Methodology

- An interventional descriptive study.
- A check-list and observation method were tools used.
- The CBAs were selected using simple random technique.
- Twelve Research Assistant collected information for two months. From June 2000 –Aug.2001.

# Methodology Continued

- 5 Traditional healers
- 5 Traditional Birth Attendants
- 5 Community Health Workers
- 5 Home-based Care Givers

# Methodology Contd

- The CBAs were trained in Infection Prevention Measures.
- Reports were written on their findings

# Findings

- THs showed overwhelming enthusiasm towards our visits
- THs in Chawama compound underwent some IP Training.
- The practice of the trained THS were the same as the untrained ones.

# THs Findings Contd

- 40 (66%) out of 60 THs were operating in very dirty environments. Disease levels increase with mounting garbage heaps
- Examination cubicles were made out of dirty mealie-meal sacks.
- Standards of practice were totally unacceptable.
- THs give used razor blades back to clients for disposal for fear of being bewitched by their own THs.

# Findings of TBAs.

- Positives
- They use new razor blades to cut the cords.
- **Products of conception are thrown down pit-latrines.**

# Findings on TBAs Contd

- Negatives
- Delivery kits are empty.
- Use unsterile cord-ties for tying the umbilical cords.
- No records of deliveries are kept
- Trained TBAs have stopped work due to lack of remunerations.

# Findings on untrained TBAs

- All Negatives
- Practice of untrained TBAs are archaic, degrading and downright hazardous- they push their unwashed foot on the perineum to aid delivery
- Women are delivered on empty charcoal bags and dirty chitenges.
- Believe that the products of conception are unclean.
- Conduct deliveries with bare hands
- Ignorant on how to put on gloves
- Do not wash hands before delivery
- Depend on God to protect them from catching infections

# Findings on both trained and untrained TBAs

- No Policy to guide their practice
- Deliveries not notified
- They go unprepared to clients homes
- They are mostly called on in emergency situations
- They do not identify any 'At Risk Groups' among their clients.
- Do not encourage clients to go for Post natal clinic for post natal examinations.

# Findings on CHWs

- Work at Health centers under the supervision of health center staff
- Lack of remuneration
- Enforced Volunteerism

# Findings on HBCG

- These came into being as a response to mitigate the impact of HIV/AIDS on both the affected and the infected
- Inadequate material resources to carry out their work
- These are trained to carry out their work.

# Discussions on Issues identified

- Non-existence of IP measures noted in both trained and untrained CBAs
- Lack of monitoring by health center staff
- Lack of protective wear for all the CBAs
- Enforced Volunteerism
- Lack of remuneration and kits to facilitate their jobs
- Lack of monitoring of TBAs leading to high maternal and infant mortality rates

# Outcomes of the study

- Developed a pool of well motivated CBAs well-oriented in IP measures
- Instituted the supervision of CBAs by Health Center staff at study sites
- Established a Referral system at the study –sites which is still in use to date

# Outcomes of the study contd.

- During the monitoring phase, the enthusiasm of the CBAs was sky-high. They felt that continued supervision by the DHMT staff will sustain their improved practice.
- Publication of Manual in IP for communities and Health Care Institutions

# Recommendations from study

- Formation of grassroot associations to undertake the following responsibilities
- Remunerate the CHWs, HBCGs and the TBAs.
- Provision of kits for all TBAs
- Ensure all THs join THAPAZ.

# Recommendations contd.

- Encourage TBAs to notify Births of the babies and subsequently register their births
- Training of CBAs in IP measures
- To carry out an in-depth study on the training of TBAs and subsequent monitoring of their practice if we are to achieve our MDGs.

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