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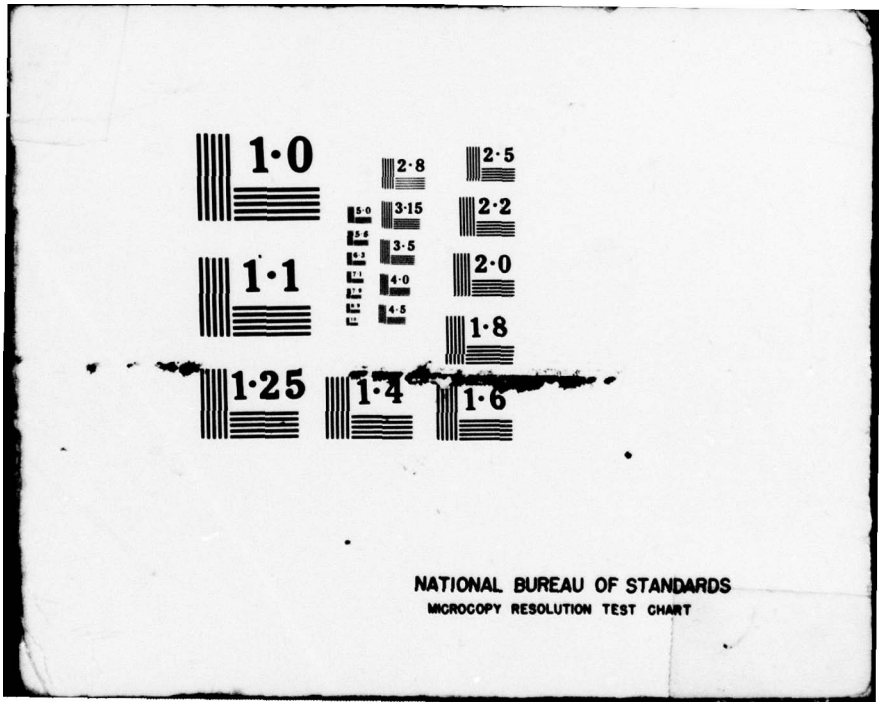
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PROJECT FOR REFORM OF MEDICAL ACTION IN RURAL DEVELOPMENT AREAS IN ZAIRE

(Official report prepared by the Medical Projects Bureau on the basis of information obtained from the Public Health Department.)

The new health policy, which is now being drafted by the Department of Public Health and the National Health and Welfare Council (CNSBE) is intended to involve the attending physician in the overall effort designed to improve the collective well-being.

Until now, the health effort has been concentrated too one-sidedly on treatment while the population suffers from endemic diseases which one could prevent in the first place. The system boils down to administering expensive therapeutic treatment to the benefit only of a minority of the population while 80% of the rural population do not go to the hospitals and dispensaries because of the distance involved, the absence of means of transportation, and just plain ignorance.

The "Health and Welfare Manifesto of the Zairian People," a general policy document put out by the "National Health and Welfare Council" of the Republic of Zaire, assigns priority to health care to be given on the level of communities with an urban and rural base.

Implementing this basic principle, a "National Health Plan Draft" has been drawn up; its essential purpose is to set up a rural and urban treatment system capable of meeting the health needs of the Zairian population.

The two mainstays of this system are the rural health zone (ZSR) and the urban health zone (ZSU). Their content has only been sketched in the National Health Plan Draft; it was therefore necessary quickly to define their organization and function and, in doing so, to propose standards which could be applied to all of the public and private health installations in Zaire.

For this purpose, the CNSBE established a first study group which it assigned the task of proposing a standardization of the organization and functions of community health in the rural development zones of Zaire.

Upon their adoption by the CNSBE, the standards thus established will constitute official guidance for the establishment of rural health zones and their operation.

The methods and procedures in force in the various medical establishments throughout Zaire will consequently be standardized.

This guidance will however be only of a provisional character for some time to come. On the one hand, the structures recommended here are still new, in numerous respects, so that they cannot yet be generalized throughout the country without prior experimentation. The latter will involve certain modifications. On the other hand, there are variations between the various parts of Zaire and they will have to be taken into account in preparing the final version of the document.

The new health organization is aimed at assigning priority to communities with an urban and rural base. For this purpose it provides, in a rural environment, first of all, a reorganization of treatment centers, establishing an efficient organization which goes from the hospital all the way down to the base community, with priority being given to the latter.

On the level of the base community, volunteer "health agents" and "female PMI agents"--coming from the population and trained in practical training courses--will above all be in charge of preventive medicine activities and administering first aid in case of accidents or illness.

The "community welfare center" (CEBEC), located on the locality [town] level, will supervise the action of male and female health promotion agents, will watch over the health of mothers and children--who constitute a priority group--and will treat current afflictions of adults.

The most complicated cases will be sent on to the "health center" located on the rural health subzone level.

On the level of the "rural health zone," finally, we will have the general hospital, equipped to administer all necessary assistance, as well as a control office, planning and coordinating the action throughout the zone (which, to the extent possible, will coincide with the administrative zone).

In the new guidelines, therapeutic medicine will not be neglected but will be integrated into the preventive effort, in the nature of normal recourse when prevention proves to be insufficient. The emphasis is placed here on prevention and on the restoration of the health in the everyday environment, the desirable births, and the collective equipment of the base community.

The medical and paramedical personnel training methods and the medical treatment service rate schedules will be revised from the viewpoint of community medicine.

Below we have a summary table of structures provided on the various levels and after that we furnish details on the action to be taken on the base community level.

[PMI--Mother-and-Child Care]

I. Summary Table of Community Health Organizations in Rural Development Zones in Zaire

Level	Rural Health Zone (ZSR)	Rural Health Subzone (SZSR)	Town	Community
	(To the extent possible coincides with administrative zone			
	50,000-250,000 inhabitants 180-240 villages [illegible] CEBEC	30,000-40,000 inhabitants 60-80 villages 6-8 CEBEC	5,000 inhabitants Average of 10 villages	500 inhabitants Part of town
Health services	General Hospital	Health Center (CS)	Community Welfare Center (CEBEC)	Health Promotion Agents
	(Operates as CEBEC for surrounding villages)	(Operates as CEBEC for surrounding villages)		
Clientele	Patients referred from three health centers plus those from villages near hospital	Patients referred to 6-8 CEBEC + those from surrounding villages	Patients from villages in town area	
Reference		Hospital of ZSR	CS of SZSR hospital of ZSR	CEBEC
Supervision		Through ZSR	Through chief of SZSR	Through nurse at CEBEC

I. Summary Table of Community Health Organizations in Rural Development Zones in Zaire [continued]

Level	Rural Health Zone (ZSR)	Rural Health Subzone	Town	Community
Functions	Central Office of ZSR of General Hospital	A. Community medicine	A. Community medicine	
	1. Internal medicine, general surgery, maternity, pediatrics, simple dental care	1. Pediatrics Cases too complicated for CEBEC	1. Pediatrics -Checking on growth of preschool children -Health and nutrition education for parents	See below
	2. Diagnostic services: -Simple x-rays -laboratory		-Prevention -Treatment of childhood diseases	
	3. Basic outpatient services for surrounding population (see CEBEC)		-Home care for certain cases	

Rural Health Zone	Rural Health Subzone	Town
4. Evacuation to higher level for cases requiring specialized diagnosis or treatment	2. Care for mothers Maternity for complicated pregnancies requiring cupping glass and symphisiotomy	2. Care for mothers -Modify behavior of women in the area of nutrition and pregnancies
Of central bureau		
1. Health and nutrition education at hospital		-Reduce health problems facing pregnant woman and child
2. Planning health actions, community development drives		-Identify groups of pregnant women with high delivery risk and send them to reference centers
3. Coordination of fight against endemic diseases, vaccination programs		-Study and improve home pregnancy and delivery conditions -Supervise work of female PMI agents
4. Reception, evaluation, and processing of statistical data	3. Adults Complicated cases requiring more complex diagnosis and treatment, minor surgical operations	3. Adults -Treatment of current ailments according to clear and standardized therapeutic scheme
5. Administration of subordinate units		
6. Preparation and surveillance of regular and special budget implementation	4. Chronic diseases Diagnosis especially for doubtful cases referred through CEBEC	-Reference to higher level more complicated ailments

Rural Health Zone	Rural Health Subzone	Town
		4. Endemic and chronic diseases -Diagnosis of tuberculosis, sleeping sickness, leprosy, to be confirmed at CS
7. Supply of ZSR with medication, materials, and equipment	Checking on treatment at CEBEC Epidemiological surveillance	-Outpatient treatment and case follow-up
	5. First aid	-Secondary case identification -VAV and BOG vaccination
	As in CEBEC + transfusion, perfusion, treatment of shock cases, current traumatology	

		Rural Health Zone	Rural Health Subzone	Town
			B. Community Development -Programming, coordination, and supervision of DC in CEBEC -Training of PMI male and female agents	B. Community Development To provide for dynamic progress in the villages making up the town, the [illegible] have the following: 1. Development committee in each village 2. Male health agents, female PMI agents 3. CEBEC committee, springing from development committees, responsible for: -Management of CEBEC -Heath of population in town
7	Personnel	1. Ideally, [illegible] doctors working as a team	1. Two RNs -One, with degree in public health, to run the SZSR and to train male and female health agents	1. One nurse's aide for community care, in charge of CEBEC
		A. Chief physician at general hospital, internal medicine and current surgery	-The other one takes care of the CEBEC of the health center, provides for outpatient treatment, takes care of cases referred by CEBEC	2. Two or three nurse's aides for community care -Assisting at the CEBEC -Participating in community care -Participating in sanitation recovery -Liaison between CEBEC and village

Rural Health Zone	Rural Health Subzone	Town
Chief physician of ZSR, supervision of subordinate formations, of public health activities, and of DC	2. At least two nurse's aides	
c. Physician and director of training Teaching, refresher and advanced training courses; one of the three will be the chief physician of the ZSR, preferably the one who is responsible for public health and community development	3. Two nurse's aides and midwives, at least, trained in desirable delivery techniques for pregnancies, PMI consultation at CEBEC of CS, training of PMI female agents, birth consultation	3. One or two female PMI nurse's aides -Maternity care surveillance -Preschool consultations -Sanitary procedure instruction
2. Paramedical personnel on level of male nurse, assistant male nurse, and hospital attendant level		4. Debt collector -Receives amounts paid in by patients -Issues them a receipt

Rural Health Zone	Rural Health Subzone	Town
3. Administrative personnel -Chief physician ZSR (pm) -Administrator-manager, with personnel -Male head nurse of BCZSR with personnel	4. Two or three community care nurse's aides, one of which handles the CS laboratory, while the other or others take care of tasks in medicine and DC as in the CEBEC	5. Orderly -Takes care of property, building and grounds maintenance -Acts as night watchman -Transports correspondence
4. Subordinate personnel necessary for administration and operation	5. Two female PMI nurse's aides, assisting female nurse's aide-midwife	
Management council takes care of ZSR administration Consists of the following: -Doctors -Administrator-manager -Head of central office -Commissioner of zone or his representative. It will meet once a month and when summoned by the ZSR chief physician	6. Administrative secretary -Receives reports from CEBEC -Prepares reports of SZSR -Takes care of correspondence	

	Rural Health Zone	Rural Health Subzone	Town
Buildings:	Housing for personnel working on the central echelon of the ZSR will be considered a priority matter	Sufficient premises to accomodate at least 20 beds Delivery room	-Where establishment of dispensary is justified, it shall be built of local materials by the population
	At least six offices will be provided for the personnel of the BC and the ZSR and the services for the administrator-manager, either in the existing buildings or in buildings to be constructed	-Small treatment and surgery rooms -Room for laboratory -Room for outpatient consultation -Room for pharmacy -Storage facility -Office for male head nurse of SZSR and administrative secretary -Personnel housing -Rain water reservoir -Village for pregnant women -Housing for male and female health agents in training -Transient housing for chief physician, ZSR, and team	Construction, during second phase, of a building made of durable material will have to be handled in collaboration with the ZSR, according to a standard blueprint throughout Zaire Buildings must be equipped for preschool and prenatal consultation. They comprise the following: -A consultation room -A treatment room -A room with five beds for observation cases -A pharmacy

	Rural Health Zone	Rural Health Subzone	Town
			-One laboratory -*One reception and registration* room -One storehouse for the storage of stocks of peanuts, corn, soybeans, and bicycles -Housing for male nurse and aides
Means of Transportation	-At least two, four-wheeled automotive vehicles, including one available to the ZSR chief physician plus an inventory of spare parts	-One motorcycle -One bicycle-ambulance (to be put together according to the model invented in North Vietnam) -At least three bicycles sold by the ZSR to the personnel at a price below cost; allowance paid monthly to cover utilization and maintenance costs	-Three bicycles sold by ZSR personnel at price below cost; allowance paid monthly to cover utilization and maintenance costs
Finances	-Government pays salaries of medical personnel in public and [illegible] *units.* -Government gives overall allocation for payment of auxiliary personnel hired by ZSR	SZSR personnel takes care of simple accounting of CEBEC revenues and expenditures; -Revenues of CEBEC are turned over to the CS each month	CEBEC male nurse records receipts from -Regular consultations -Prenatal consultation -Preschool consultations

Rural Health Zone	Rural Health Subzone	Town
-In-house financing system for purchase of medications, material, operating costs, based on standard rate schedule for all medications (treatment of endemic diseases and vaccinations are free) as well as preventive care -The ZSR accountant is the custodian of the ZSR accounts, verified monthly by the administrator-manager and submitted to the management council	-Chief of SZSR monthly turns revenues over --after verification-- to ZSR accountant, after deducting minor authorized expenditures, in order to cover the amount of requisitions	-Sanitation promotion programs in cash payment record, checked each week with auxiliary male nurse -Revenues turned over monthly to the ZSR via CS; a portion may be turned over to the CEBEC committee to finance local development projects -Maintenance of buildings and construction of new buildings, taken over by [illegible] with active participation of population.

	Rural Health Zone	Rural Health Subzone	Town
Reports	BC annually prepares summary report for all ZSR activities, approved by management council, forwarded to the CNSBE through the subregional physician and the regional physician-inspector	SZSR monthly receives reports from CEBEC SZSR quarterly sends the following to the BC of the ZSR: -Reports from CEBEC -Demographic reports -In-house report	CEBEC male nurse, on the occasion of his periodic visits, receives reports from CD, report forwarded monthly to SZSR, keeps available, for supervisors, a record book in which he enters his daily activities, problems, and difficulties
Supplies	Administrator-manager forwards semiannual or quarterly orders to the DCMP, according to requirements and available funds	SZSR chief forwards quarterly requisition to BD of ZSR except in urgent cases	CEBEC male nurse forwards monthly requisition to CS [Health Center]; receives medications from SZSR [rural health subzone], gets equipment directly from ZSR, monthly furnishes medications to male and female health promotion agents
Administrative supervision	-Administrative personnel monthly supervises accounts of each SZSR -Subregion finance service quarterly checks on ZSR accounts	SZSR chief monthly checks on CEBEC administration and finances	

	Rural Health Zone	Rural Health Subzone	Town
Medical Supervision	Administrative personnel monthly visits each SZSR and, quarterly, each CEBEC, accompanied by the chief of the SZSR. The doctors will regularly organize refresher and advanced training courses for the paramedical personnel of the ZSR.	The SZSR chief monthly checks on the medical activities and the development of each CEBEC and, every 3 months, he will check out each village. The male RN responsible for the health center will supervise the auxiliary personnel of the health center. The SZSR chief will semiannually organize a meeting of auxiliary male nurses of the CEBEC	The CEBEC male nurse will monthly check on the activities of auxiliary personnel, subordinate administrative personnel, and male and female health promotion agents. The nurse's aide of the CEBEC will monthly check on the male and female health promotion agents in the villages.

II. Base Community

1. Sanitary Instruction

a. The base community has no sanitary "functions" or "personnel", as do the higher echelons. It is not an administrative unit from the health viewpoint but rather a social group which has selected some of its members to become male health promotion agents and female PMI agents, within the community, and to assume responsibility for health promotion in the village.

b. To make sure that their action will not be isolated but will constantly be a part of community development, it is necessary that both of them belong to the village community development committee.

c. All members of the development committee (except for the secretary-accountant, possibly) must be native to the village and must live there. The work of the committee members is strictly voluntary. However, one may allow a situation where the male health promotion agent and the female PMI health promotion agent are reimbursed for the time they devote to service to the population. This reimbursement--which must not look like a salary--will be taken from the funds of the development committee based on a schedule worked out by it.

2. Criteria in Selecting Health Promotion Agents

a. The female PMI health promotion agent:

Be an influential woman in the area of "women and birth";

Have one or more children;

Have a capacity for becoming a health promotion agent (personality traits, background);

Permanently reside in the village;

Be proposed by all of the women in the village and be selected by the chief male nurse of the SZSR after approval by the titular male nurse of the CEBEC;

Must have successfully passed the training course to be given at the health center of the SZSR.

It is not absolutely necessary for her to know how to read and write.

b. The male health promotion agent must:

Have the ability to become a health promotion agent;

Be capable of effectively communicating in his environment, without being authoritarian;

Be a native of the village;

Permanently reside in the village and have no apparent reasons for leaving it within a short period of time;

Know how to calculate, read, and write in the vernacular language;

Be married and, preferably, have one or more children;

Be proposed by the entire population (along with other applicants) and be chosen by the chief male nurse of the SZSR;

Have successfully passed the training course to be given at the health center of the SZSR.

3. Training of Male and Female Health Promotion Agents

The total duration of the training course--which is to be given at the health center of the SZSR--will be between one and two months. As a matter of fact, the important thing here is to go through several training courses with a duration varying between 2 and 7 days, with an interruption of several days in between, to take into account the volunteer character of the health promotion effort as well as other tasks which the trainees will have to take care of in their villages. A short refresher session, for already trained health promotion agents will be held once a year, at the health center.

4. Tasks of Male and Female Health Promotion Agents

a. The female PMI health promotion agent has the following task:

Health and nutrition education;

Intensive nutrition education for mothers who have undernourished children;

Prenatal and preschool consultations;

Take care of chemical preventive measures aimed at malaria and certain long-lasting treatments for children of preschool age and pregnant women;

Assists during normal deliveries and convince the women as to the risk of dystocia, so that the will deliver at a place indicated during the last prenatal office visit;

Care for newborn;

Promotion of sanitation and hygiene measures.

b. The male health promotion agent is charged with supporting the female PMI health promotion agent in her health and nutrition education activities. Therapeutic medicine tasks can be assigned to him only gradually. The sudden introduction of "barefoot medicine" presents too many dangers in an environment already heavily inclined toward therapeutic medicine; this involves quite a few abuses, such as the general practice of injections of medications or other substances by amateurs who very often are venal and always irresponsible. It would however be very useful if the health promotion agent were progressively to be able to accomplish the following therapeutic tasks:

Emergency first-aid in case of accident;

Some simple medical steps, to take care of some current illnesses that are not serious, while strictly following instruction from the supervisor.

Take care of chronic patients referred by the CEBEC or treat them directly, according to instructions received from CEBEC;

Contribute to the rapid detection of serious contagious diseases;

Contribute to the emergency evacuation of persons stricken with a serious and acute illness.

5. Administration

a. Supervision over male and female health promotion agents is carried out by the auxiliary male nurse of the CEBEC who visits each village at least once a month.

b. Their supplies are provided once a month through the CEBEC.

c. The financial receipts come from the care administered by the health promotion agent and this care is payable on the basis of a rate schedule established by the ZSR. For example:

5 K. for the treatment of a child of preschool age;

10 K. for the treatment of a child of school age;

15 K. for the treatment of an adult (one time or over several days);

50 K. for a home delivery, assisted by the female PMI agent.

These revenues are kept by the secretary-accountant of the development committee. The expenses are decided upon by the development committee and are earmarked for activities such as the purchase of cement to improve a spring or to build common latrines, etc. A certain amount is turned over to the CEBEC in order to replace the medications in the first-aid chest.

d. The reports from the village development committees are received by the male nurse of the CEBEC on the occasion of his periodic visits. The male health promotion agent must have a record book in which he enters the following:

The family makeup of each household in the village;

Births and deaths, the age of the deceased and the probable cause of death;

And a second notebook in which he enters all chronic and endemic diseases which have come to his knowledge as well as all of his other therapeutic activities. If the female PMI health promotion agent is illiterate or if she has difficulty in writing, the male public health agent will help her record here activities.

6. Equipment

The male health promotion agent does not have a dispensary. He provides minor care in his own premises, at home. Likewise, the female health promotion agent does not have a maternity facility.

She handles the deliveries at the home of pregnant women or wherever the custom so dictates.

The male health promotion agent must have a small first-aid chest whose content will vary according to local conditions. The chief physician of the ZSR will decide on that point.