District Health Care

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District Health Care

Challenges for Planning, Organisation and Evaluation in Developing Countries

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Preface

In 1961 when I was involved with other colleagues at the Ministry of Health in Tanzania in planning the mother and child health services, we knew very little about management and planning. There was also not much help available from the existing medical literature at the time. All we had was the objective of making basic health care available to the vulnerable groups who together made up two-thirds of Tanzania's population. More than 90 per cent of the country's population was rural, living in widely dispersed homesteads or scattered family groups. There were no models of health care planning which we could follow. Besides there was the growing doubt that many of the modern approaches and concepts in health care had evolved out of the experiences of the Western industrial societies which are predominantly urban and have access to far greater resources than any developing country can ever muster. How relevant would the Western systems of health care be for Tanzania's health problems? Independent Tanzania with a highly committed leadership required basic health care to reach out to all its people, however remotely situated and whatever their social status. A start was made in which all available health resources came to be mobilised with a growing reliance on medical auxiliaries and paramedical personnel. Inevitably many mistakes were made, but they also provided the much-needed learning experience.

For many years it had been my wish to describe the lessons learned from my Tanzanian experience. I knew I lacked the breadth of experience necessary for such a task even though my travels with the WHO/UNICEF-sponsored course, for senior teachers of child health, gave me the opportunity to study the health services of several countries. When Hermione Lovel joined the Tropical Child Health Unit, the idea of this book began to develop further. She had completed a study for Ghana entitled 'Future steps towards a Primary Health Care Strategy for Ghana' and a major part of this book is based on her experience of Ghana's health care problems.

During the period when Hermione Lovel was conducting her enquiry into Ghana's health systems, Dr Amonoo-Lartson was the Chairman of the Primary Health Care sub-committee of the Health Manpower Committee. His special area of interest is management in health. During the period 1977-81 when he was deputy director of Medical Services in Ghana he carried responsibility for the management of the hospital services, including the co-

ordination of church-related hospitals with the national health system. He had also been involved in the evaluation of several development projects in Ghana and knew that for Primary Care to succeed, close relationships and support with hospital services were essential. It is not a question of 'either/or', but that both types of health care working together in harmony is essential. Such harmonious relationships require good management.

When John Ranken joined the Tropical Child Health Unit he brought with him not only expertise in management but also the experience of teaching the subject to members of the health and nursing professions. We knew that the four of us could pool our experiences to compile a text for colleagues working in remote areas of the developing world with no access to literature or professional managerial advice.

The book is less than half the size of the material originally compiled by us. There are several topics which need lengthier discussion and several other topics which had to be left out. Considerations of cost have imposed restrictions on the size of the book. However, the cost of the paperback version of the present edition has been kept low because of a generous printing subsidy from CAFOD (The Catholic Fund for Overseas Development) to whom the authors are indebted. In the meantime we would depend on our readers for suggestions and advice concerning future changes.

G. J. EBRAHIM