Unit 1

Learning about the local context

Cover photo: A women's celebration in Malawi

Unit 1

Overview

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> *"Get to know local people. Listen to village elders, local leaders, staff who have been living and working there for a long time. Keep your eyes and ears open."*
>
> – Patrick Almazor, Clinical Director, Zanmi Lasante, PIH's sister organization in Haiti

INTRODUCTION

Working in a resource-poor setting presents both opportunities and challenges. Among the greatest challenges is designing and implementing health programs that are sufficiently comprehensive to address the root causes of disease and health inequalities. Large-scale social forces—poverty, racism, classism, gender inequality, political violence, and war—and sometimes the very policies designed to address them can determine who falls ill and who has access to care. This form of institutionalized social injustice is called structural violence, and its harmful effects embody a high risk of disease for the poor. Delivering true community-based care therefore requires more than just providing clinical services. Any such effort is an opportunity to begin to address the social determinants of disease at the local, national, and international level. Only then can programs be designed and implemented in a way that lessens the toll of structural violence.

You can begin learning about the area in which you intend to work by staying abreast of current events and studying its history, politics, economy, geography, health system, and demographics through books, newspapers, broadcast media, and the Internet. Learn how the government functions, and identify key strategies and policies that highlight its priorities. Engage with health officials at all levels, with staff at other healthcare organizations, and with international and local collaborators to get a picture of how things work and where and how you can contribute. Above all, listen to those affected by structural violence. What are their needs? What are their greatest assets and challenges? In what ways can you begin to help them improve their situation? By listening with humility, you are likely to uncover issues and concerns that will affect your priorities and help you plan and deliver effective services.

1. HEALTH PROFILE

Developing a health profile of the most prevalent diseases and health conditions in the country and in your catchment area is a vital first step for planning your services and programs. United Nations agencies such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP) publish national data and information for many countries about diseases. Other multinational partnerships, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Stop TB Partnership, and the Global Malaria Programme, gather information about specific diseases in several countries.

National public bodies for HIV/AIDS, malaria, and tuberculosis (TB) are other sources of official information. Your host government's Ministry of Health (MOH) may have separate divisions, departments, or task forces to deal with these specific diseases, as well as bodies to coordinate treatment and prevention programs across different levels of government. In addition, there may also be national entities that coordinate health services among external groups providing care and treatment for diseases such as HIV/AIDS; these organizations may be able to provide useful information.

Most countries have national protocols for diagnosis, treatment, and prevention of major diseases and for treating malnutrition. Other national sources of health information may also cover vitamin deficiencies, immunization rates for childhood diseases, and obstetric care for women.

With this information about the country's health conditions, you can begin to focus on those data that will be useful for the design of the services you plan to deliver.

PIH NOTE

When we design HIV/AIDS programs, the data we gather at the national level include:

- *National prevalence of HIV/AIDS*
- *Number of people living with HIV/AIDS (different age groups, male and female, rural/urban split)*
- *AIDS-related deaths*
- *Number of AIDS orphans*
- *Number of new infections annually*
- *Availability of voluntary counseling and testing (VCT)*
- *Percentage of pregnant women receiving treatment to reduce mother-to-child transmission*
- *Percentage of HIV-infected men and women receiving treatment*
- *Availability and cost of antiretroviral therapy (ART)*
- *Default rates for people on treatment in national HIV programs*

Having collected information about the national health profile, you can now look deeper into the health status of the people in the community you will be serving. Ministry of Health officials at the district level can provide information to help you plan and implement programs and services that directly respond to their health needs. Which diseases are most prevalent in particular geographic areas? Are there any high-risk groups, and if so, what are they?

What age groups are affected? Are there differences in disease rates for men and women? What other health facilities operate nearby? You may also want to see how this information compares with what you learned about health conditions at the national level.

Patient registers in the health centers and in the district hospital are good places to start looking for this information. Registers will probably tell you the most common diseases diagnosed and treated, the age groups treated, and the changes over time; however, be aware that the data may not cover all the centers in the catchment area and may not be completely reliable. Consult with the district health officials to find out what data the health facilities are required to collect, how the data are used, and who has access to them.

2. POPULATION GROUPS

It is useful to understand some of the population-level indicators of the country and region in which you will be working. United Nations agencies and other international and national bodies report official indicators that show population structures and trends, including:

- Population
- Annual population growth rate
- Total fertility rate (average number of children born to each woman over the course of her life)
- Life expectancy for men and for women
- Birth rate
- Death rate
- Infant mortality rate
- Under-5 mortality rate
- Prevalence of child malnutrition
- Maternal mortality rate

TIP: *Watch for major variations within a country, as significant differences often exist between rural and urban populations.*

2.1 *Children*

Look for factors that contribute to high mortality rates. Children living in resource-poor settings face socioeconomic deprivations of poverty, such as food insecurity, inadequate housing, and limited access to clean water and sanitation, all of which increase the risk for disease. Also note whether the country has any regulations regarding the number of children per family, which is important to know if you intend to provide reproductive health and family planning services.

2.2 *Women*

Poor health outcomes are often associated with low socioeconomic status and limited access to education. Women are particularly vulnerable to poverty and disease when their social status is markedly inferior to that of men. Some indicators and other relevant information that will shed light on the general status of women in the culture and society in which you will be working include:

Figure 1: Mothers bring their children to a vaccination clinic outside Lima, Peru
Photo: Socios En Salud

- Percentage of female enrollment in school
- Literacy rates for women and girls
- Percentage of female heads of household
- Maternal mortality rate
- Total fertility rate
- The extent and nature of the involvement of women in the workforce
- The presence of women in positions of national and local leadership
- Marital laws and religious or cultural doctrines that target behavior or dress specific to women
- The legal right of women to inherit land and other assets
- The existence or absence of family planning interventions

PIH NOTE

Zalewa is a trading center within Neno district, situated at the crossroads between Blantyre, Malawi's largest city to the north, and the Mozambique border to the south. It is a major trucking route for the region and home to the highest concentration of commercial sex workers in Malawi, many of whom are living with HIV/AIDS and unable to meet basic needs. The vulnerability of these women was the impetus for Abwenzi Pa Za Umoyo, or APZU (the PIH-supported site in Malawi), to start the Women's Empowerment Program. The program provided training at three sites along the trucking route, open to all commercial sex workers in the area, including an intensive, seven-day training session on business management. Based on the training, some of the participants developed a business plan for opening a restaurant cooperative in Zalewa, which involved renovating a building and outdoor dining area. The restaurant is now open for business.

Poor women may not have access to reproductive health information and services. In Haiti, for example, women are less likely to seek obstetrical and gynecological care and testing for sexually transmitted diseases when they are healthy, because they give priority to meeting the daily challenges of living in poverty. Because a reduction in maternal mortality requires strong programs at the community, health center, and hospital level,

maternal mortality is one indicator of how well a given health-care system is functioning. Some important questions to answer are:

- What percentage of pregnant women receive prenatal care?
- What percentage of women give birth at home?
- What percentage of deliveries include a skilled birth attendant?
- Is HIV/AIDS testing and treatment integrated into women's health programs?

2.3 *Families*

An understanding of typical family structures in your service area will help you plan and organize the delivery of care. Consider the following questions:

- What is the make-up and number of people in a typical household?
- What is the relationship between the immediate and extended family? Are there particularly important relationships to be aware of? For example, in some parts of Malawi, a child's eldest maternal uncle is considered equally responsible with the child's father for the child's upbringing.
- Which family members have decision-making power when it comes to issues of health, employment, finances, and education?
- What economic activities are most common for families?
- What is the typical household income in your catchment area? Is this income sufficient to provide food and clothing for the average household?

2.4 *Migrants and displaced populations*

The presence of a significant displaced population within the country or the community where you will be working can have a substantial impact on your programs and services. Try to find out the following:

- Do people migrate within the country, such as from rural to urban areas or do they come from across international borders?
- How often do people cross international borders? When they do cross borders, are the reasons related to violence, economic factors, or something else?
- When people migrate within the country, what distances are generally covered, and what is the form of transportation?
- Does economic migration separate families for extended periods of time (months, years)?
- What health issues are faced by migrating or displaced individuals?
- What healthcare services are available for displaced populations?

TIP: *If there is a large displaced population in the country or local community, contact the office of the United Nations High Commissioner for Refugees to learn more about this group and its needs.*

2.5 *Population of the catchment area*

Consult with the local government office (for example, at the district or department level) to find out about the population groups in your catchment area. Especially important is information about population density, age distribution, how many women and children live in the area, whether there are many female or child heads-of-household, and what groups may be at particular risk for illness.

2.6 *Class and other social divisions*

Being aware of the socio-historical context of the country, which may have led to violent political, economic, or social divisions in the population, is critical. So, too, is understanding which population groups have historically been oppressed and which groups have enjoyed positions of privilege or economic advantage. Particularly in settings of scarcity, class divisions can become very intense, and they are often manifested in racial, educational, and urban-rural tensions. These divisions can affect the politics and the flow of capital within a country.

3. COMMUNITY LEADERS

Local leaders can be crucial allies in mobilizing the community. Engaging with them will not only help you understand the community but will also give you the best chance of finding relevant solutions to help meet people's needs. Local residents can help you identify both formal and informal leaders. Talk with people in the market, visit the nearby school, or, if your programs are already operational, talk with the local staff. They may tell you about village elders, elected officials, mayors, religious leaders, traditional healers, local traders, schoolteachers, and other people in respected positions. Leaders in the following local organizations are also important contacts:

- Associations for people living with HIV/AIDS (PLWHA)
- Churches and other religious institutions
- Agricultural cooperatives
- Small businesses
- Women's organizations
- Sports clubs and music, drama, and other community-based organizations

PIH NOTE

When PIH started to work in the mountains in Lesotho, we wanted to get to know the community and find out what its people needed from us. We did this through home visiting, going to community gatherings, and sharing meals with families. Visiting with our patients and their families, we learned about those who were held in high regard. We met frequently with the village chiefs, who were important decision makers. They, in turn, introduced us to other leaders in the community. We talked often with traditional healers, who became more open with us once they learned about our work. By listening to many different local voices, we began to gain the trust of the wider community.

Find out from local leaders what the biggest challenges are: Do most people have sufficient food, or is widespread hunger, seasonal food insecurity, or malnutrition a problem? Do they have easy access to water? How widespread is school attendance? What are the local housing conditions? Solicit the input of community members on how you can help support them before you ask them for their support of your programs. This approach acknowledges that you are the newcomer, not the expert, and are there to learn from them. (For more information about working with community leaders, see *Unit 10: Working with partners.*)

Figure 2: A community gathering with staff from a PIH-supported site in Rwanda

Remember to spread your net widely, talking with a variety of local leaders and ensuring that you and your program are not perceived as too closely affiliated with one particular group in the community, especially in areas with competing interest groups. Be clear about your plans and the resources available, and be careful not to raise false expectations. Above all, deliver on your promises and try as much as possible to deliver them within a given time period.

PIH NOTE

When we first arrived at the district hospital in Burera district in Rwanda, we asked the local officials what their biggest problems were. They told us they urgently needed an ambulance. We replied that we would provide one for them in two months, and they were somewhat skeptical of our ability to keep our word. We worked hard to get the ambulance and we did have it operational within the two-month period. Supporting our words with actions was a key factor in building trust with the community.

4. CULTURE

Living and working in a different culture is a complex undertaking that can be particularly challenging in remote rural settings. Approaching the community with humility and respect can help to overcome difficulties that may arise because of cultural differences. You may encounter some cultural practices and beliefs that are new, confusing, or make you feel uncomfortable. For example, in one country where PIH works it is customary for women to kneel before those in senior positions upon entering a room. Such a practice may be difficult for a Westerner to understand and accept. However, it is important to consider carefully the possible ramifications of disregarding or challenging a practice that has been engrained in a particular culture for a long time. Finding out more about these practices and beliefs through listening to and working with local people can help you better understand their origins, meaning, and importance. Having more information can help you adopt ways of dealing with a given practice without showing disrespect.

Remember that cultural norms often vary considerably from one country to another, and even within a single country, particularly if the country is home to diverse population groups. Beliefs and practices are not static, and so it is important to keep abreast of how changing politics, economic climate, religion, and other social factors influence the way people think and act. Once you arrive in your host country, pay attention to how people in the community view the following:[1]

- Concepts of ownership
- Concepts of fairness
- Attitudes and behavior toward elderly persons
- Attitudes towards foreigners
- Attitudes towards women
- Deference to authority or to institutions
- Attitudes about privacy, personal space, and communal living
- Child-rearing practices and the role of the family
- Beliefs about hospitality
- Role of foods and meals
- Greetings, facial expressions, and hand gestures
- Perception of time

Confusion can arise when we use concepts that are not rooted in the local culture. For example, a standard questionnaire for evaluating emotional and behavioral problems in children and adolescents in war-affected settings includes the item "lighting fires." In developed countries, such behavior may indicate a child with aggression or conduct problems. However, this behavior can mean something very different in refugee camps where lighting fires is a daily task for many young people who help prepare meals. Even if the item had been more clearly expressed as "lighting fires for destructive reasons," in many African countries this behavior would rarely be seen.[2]

Figure 3: In Lesotho, a village health worker works with a local healer to offer care to a patient
Photo: Ilvy Njiokiktjien

Be cautious, therefore, when making judgments about people's ideas and behavior, particularly when you are living in a culture that is different from your own. You may encounter situations where people maintain what seem, in the first instance, to be conflicting or incompatible beliefs. Particularly with regard to the causes and treatment of illness, they may often rely on both traditional remedies

[1] Peace Corps Information Collection and Exchange. (1997). *Culture matters: The Peace Corps cross-cultural workbook.* Washington, D.C.: Peace Corps. Retrieved online at: *http://www.peacecorps.gov/wws/publications/culture/.*

[2] Betancourt, T.S. (in press). Using mixed methods to plan and evaluate mental health programs for war-affected children in sub-Saharan Africa. In Kleinman, A.& Akyeampong, E.(eds.). *African Psychiatry.* Bloomington, IN: Indiana University Press.

and modern medicine. By listening and observing you can begin to understand local mores and get a better sense of how community members may integrate different belief systems as well as interact with each other.

PIH NOTE

At Zanmi Lasante, our sister organization in Haiti, Paul Farmer wanted to measure how important cultural beliefs were in determining whether people adhered to treatment regimens, and whether their beliefs about the causes of illness would affect overall health outcomes. He planned a research study to find out whether tuberculosis patients believed TB came from sorcery or microbes. Patients were assigned to one of two groups: the first received free drugs and no visits from community health workers and the second group received free drugs plus visits from community health workers and small monthly stipends for food, transport, and child care. Prior to the intervention, all but a few of the patients interviewed said that they thought sorcery was the cause of TB. The research found that the availability of food and social support accounted for the higher cure rate, but that a person's beliefs about sorcery did not seem to make a difference: patients took the drugs all the same. At the end of the intervention, Paul re-interviewed one elderly woman who had originally said that she did not believe TB came from sorcery. In her second interview, she told Paul that she did believe TB came from sorcery. Paul then asked her why, given this belief, she took her anti-TB drugs. Surprised that Paul did not recognize the value of keeping both views in mind at the same time, she replied that she believed in both, and then asked him, "Are you incapable of complexity?"[3]

4.1 *Religion*

Building a strong relationship with local people means taking into account their religious beliefs, especially where multiple religious groups compete for positions of leadership or authority. Learning about religious rituals (marriages, funerals) can lend insight into how people interact. Consider, too, whether religious beliefs have influenced laws and policies on social questions that may affect your programs, such as those concerning family planning.

4.2 *Language*

A country may have more than one official language, and as many staff members as possible should be able to speak and read at least one of those languages. However, it is just as important to learn to speak the local language. While prior language training is not always possible, local staff may be able to help when you are on site. Start by learning basic greetings and common phrases to help you break the ice at meetings with officials and with people from the community. Being able to communicate in the local language is an invaluable way to build trust and to demonstrate your commitment and respect.

[3] Kidder, T. (2003). *Mountains beyond mountains.* New York: Random House, p. 35.

PIH NOTE

While planning a community event in Malawi, a PIH clinician asked people to arrive at 10:00 a.m. on the day of the event, because they would have only a short time to organize things before the event began. He repeated how important it was for people to come at that time. Finally, a community member asked, "You keep saying 10 a.m., but who here has a watch?" One person raised his hand. "And who here has a cell phone with a clock?" A few more raised their hands. Ninety percent of the people in the room didn't have any way to tell the exact time. The same person then gave the clinician the single word in the local language that meant people needed to arrive "in the morning after breakfast, but before it gets too hot." Once he said that, the whole group understood. Now that he knew the local parlance, the clinician would be better at organizing morning meetings.

Interpreters also play a valuable role by introducing and linking you and your staff to the community and the local culture. By virtue of their roles, they become your guides to the community and its politics, religion, and mores. They can also give you insight into how people perceive health and disease. For example, patients in Lesotho say they are suffering "in the stomach" when referring to any internal pain. Once the interpreter explained this to the clinical staff at the site in Lesotho, staff knew to follow up and find out exactly where the pain was located. Intepreters must also be aware of the sensitivities regarding patient confidentiality, and its importance should be emphasized when they are hired. After they have been working for a few months, check whether patients and staff trust their competence and integrity.

TIP: *Intepreters may require on-the-job training and exposure to clinical programs before they begin work so that they can accurately interpret conversations related to medical care.*

4.3 *Media*

When possible, reading local newspapers, listening to the radio, and watching local television will help you learn what issues are considered important and how they are treated within the community. Being aware of what messages are communicated, including the language and tone used to convey them, is particularly critical during periods of political and economic change. Sometimes, however, media messages never reach populations in remote areas. (See *Section 10.3, Information technology and communications,* for information on Internet and cellular phone coverage and access.)

5. GEOGRAPHY

Find out more about the country's location, its regional divides and borders, the types and locations of bodies of water, the extent of cultivable land, and the presence or absence of mountains, plateaus, lowlands, and swamps. The site's location, topography,

and climate will affect how you plan and manage your services, how you transport supplies and equipment to the site, and how patients can gain access to your facilities. If accessibility to a remote site is problematic, you will have to make choices early on about travel and transportation for patients, staff, and supplies, taking into account your budget, time delays, and safety risks. (For more information on accessibility and transportation, see *Unit 3: Building site infrastructure*.)

Figure 4: A health promoter from Socios En Salud visits a patient in an urban settlement in Lurigancho District, Peru
Photo: Socios En Salud

PIH NOTE

Working in an urban setting meant that our sister organization in Peru, Socios En Salud (Spanish for "Partners in Health"), had to take into account many city-specific issues in planning their work in Lima. Not only did they have to think about all of the health effects of living in a densely populated place with high levels of air pollution, but they also had to address the fact that many of the patients had come from rural areas, leaving their extended families behind. Poor, with few skills useful in an urban environment, they had difficulty finding work and had little access to education or health care. Without a strong family support system, these patients were often more vulnerable to illness than those with families nearby.

Weather, too, can influence the management of health facilities. Mountain villages are made even more remote by sudden snows that fall year-round and summer thunderstorms that flood rivers and streams. Subtropical climates bring rainy seasons, which can render dirt roads impassable and reduce access to health facilities. Infrastructure and equipment can be affected by climate as well, with delays to construction schedules and damage to materials from heat, moisture, dust, ice, water, and rust. Weather can also have a big impact on the prevalence of disease; rainy seasons, for example, can increase the number of malaria-carrying mosquitoes, a major cause of adult and child deaths.[4]

Figure 5: A shepherd guards his flock in the mountains of Lesotho
Photo: Ilvy Njiokiktjien

[4] United Nations Children's Fund. (2008). *Malaria.* Retrieved online at *http://www.unicef.org/health/index_malaria.html.*

PIH NOTE

In 2008, four fierce tropical storms hit Haiti in less than a month, destroying buildings, crops, homes, and belongings in low-lying areas throughout Hinche, Mirebalais, Petite Rivière de l'Artibonite, and Saint-Marc—areas that Zanmi Lasante serves. The team on the ground helped care for those who had lost nearly everything—including about 1,000 patients and some Zanmi Lasante staff. At the same time, our staff at the home office in Boston worked quickly to find and ship the most desperately needed supplies. The Haiti team also began organizing mobile clinics to provide medical care and treat malnourished children. They delivered public health interventions to prevent the spread of disease in the densely packed shelters, including vaccinations for communicable diseases such as measles. Because of the strong local network of social workers and community health workers living in the midst of the crisis, we were able to obtain critical information about what was needed and then we delivered supplies and care where they could do the most good.

6. GOVERNMENT

By implementing and expanding successful models for treating disease through the public sector, nongovernmental organizations (NGOs) can assist a government in offering universal and sustained healthcare access to its people. However, before you can foster successful partnerships with government bodies, you need a sound understanding of how the national and local governments function. From a review of national documents and reports, you should be able to determine how the government is structured and whether decision making is highly centralized or decentralized. Here are some other questions to answer:

- What is the administrative structure? Is the country organized into designated regions? Districts? Departments? Municipalities?
- How is the national government organized? Which national departments or ministries will be important for your work?
- Which officials and bodies make decisions? Which individuals in which units have decision-making authority? What is the chain of command?
- How are the national and local governments funded? How does health care spending compare to other social service expenditures, and how do social service expenditures compare with other government expenditures? How well funded are government activities? Does the government have a history of unfair practices and/or corruption?
- Are there elections for public office? How often are they held? Do most people vote? Who organizes and oversees elections?
- What national laws exist for ownership of land and other property?
- Are there laws for operating an NGO? (For more details about registering as an NGO, see *Unit 2: Understanding legal matters.)*
- To what extent are national and local laws enforced? Does national law ever conflict with local law, and vice versa?
- What is the posture of government, at all levels, toward external governments and how does it react to outside pressure?

TIP: *Find out the protocols and procedures for arranging meetings and contacting people at different levels of the government.*

The success of your collaboration with the government will depend partly on the extent of its commitment to providing high-quality health care and to reducing poverty. You can read a government's intentions by examining its broad commitments—plans and strategies that link healthcare strategies with those for education, infrastructure, and housing. Is there special attention given to under-resourced rural areas? A government's commitment may also be reflected in how it translates its intentions into practical actions: To what extent has it created and maintained an environment of technical competence? If it is unable to carry out its strategies on its own, is it open to external support and partnerships? (See *Unit 10: Working with partners* for more on working with the public sector.)

7. HEALTHCARE SYSTEM

Healthcare systems are complex and rarely simple to navigate as a newcomer; however, it is essential that you gain a basic understanding of the healthcare landscape in which you will be providing services. By learning more about how the healthcare system is structured, staffed and financed, and the government's key policies and strategies, you can begin to see where and how your organization can contribute and begin to fill in gaps. Understanding how the healthcare system functions can help you target inquiries about your collaboration and direct you to key decision makers at the national and local levels.

7.1 *Organizational structure*

Find out what levels of service delivery exist and how they relate to each other. The following structure is common in many public health sectors:

- **Community**
  The community generally refers to community health workers, (CHWs) who are the mainstay of community-based care. CHWs come from the communities they serve, and are incentivized to provide support to patients who are seen at health facilities. CHWs serve to amplify the voice of the community. They help to make facility-level health workers and the community one team. In the graphic below, CHWs are in the circle with the widest circumference because they are integral to providing care at all levels. They are an extension of—rather than a replacement for—a well-functioning health system.

Figure 6: A village health worker in Malawi surveys women in the village to distribute bednets to each household to fight malaria

- **Health center/clinic**
  A health center provides outpatient services and occasionally uncomplicated surgical procedures. In addition to primary care, clinical services may include treatment for infectious diseases, malnutrition, chronic diseases, and mental health problems. Follow-up care takes place at the community level (often by community health workers). Medically unstable patients are generally referred to a more specialized facility, if one exists nearby.
- **District hospital**
  Health centers may feed into the district hospital, which provides surgical care, treatment for more complicated cases, more specialized laboratory testing, and sometimes logistical support for health centers with regard to storage and distribution of medicines and other supplies.
- **Tertiary/referral hospital**
  A tertiary hospital, also called a tertiary referral center or tertiary care center, is a resource for patients requiring specialized care. In resource-poor countries, these centers are usually major hospitals that offer a fuller complement of services, such as pediatrics, general medicine, surgery, and mental health. Patients will often be referred from smaller hospitals to a tertiary hospital for operations, consultations with specialists, and intensive care.

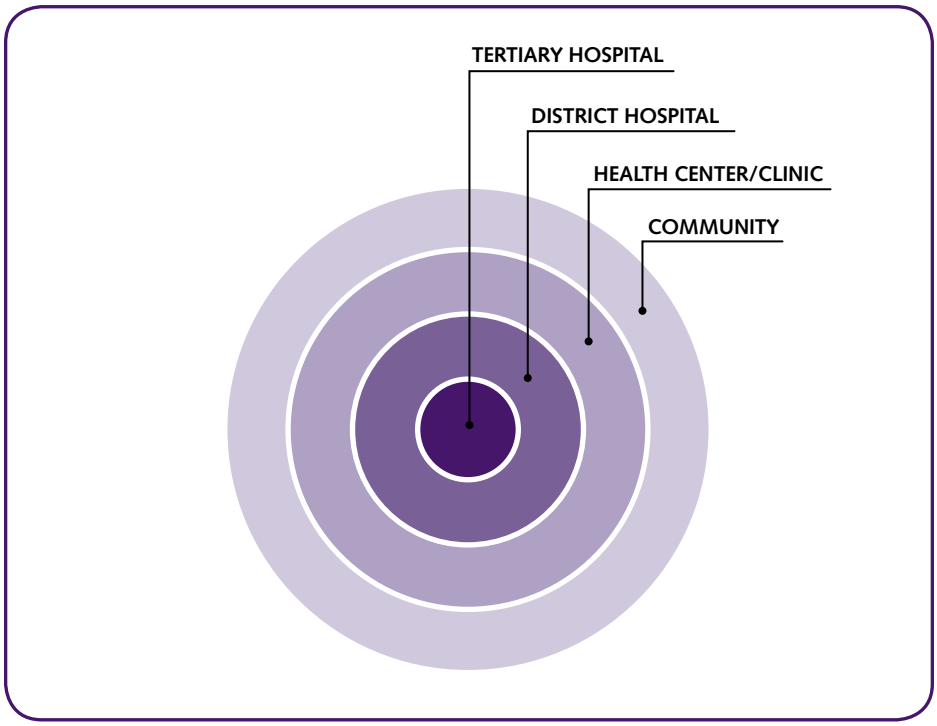

Figure 7: Levels of health service delivery

Consider the following characteristics of a national health system:

- Structure of the central administrative unit
- Number and location of administrative units at the district/department/local level
- Population covered in each administrative unit

- Scope of each administrative unit
- Number of health centers and hospitals in each district/department
- Referral protocols and locations for specialty and subspecialty services (such as surgery)
- Number and types of staff in health centers and hospitals
- Reporting lines
- Presence of a national reference laboratory and number/location of other laboratories
- Presence of a national procurement office and number/location of other procurement offices
- Cost of obtaining healthcare services and drugs in national facilities

Consulting with health officials will give you an understanding of government priorities, policies, and plans; will enable you to learn more about how the health system works; and will help you learn who is responsible for different tasks and duties at the central level. Collaborating with local health authorities will help you see how they address priorities and implement national health strategies. In your discussions, be prepared to explain your objectives and programs and to articulate how they will fit with existing government plans and strategies.

7.2 *National policies and strategies*

In addition to being mindful of national protocols for prevention and treatment of specific diseases, pay attention to regulations for facilities that support or provide specific services. You may find that some of your facilities will need special approval or designation from the government. Be aware that the government may have standards for infrastructural matters, such as design and construction of hospitals and health centers. Policies may also be in place for staffing levels and for training and certification to be able to provide certain kinds of care.

PIH NOTE

In the past, our perceptions of what we needed to do at a new site were sometimes uncritically borrowed from our experiences in other resource-poor countries. For example, when we were building staff housing at one site, we assumed that we would construct the same kind of structure that we had elsewhere. However, the standard turned out to be different—the government required houses for every family, not just dormitories as in other countries. Obtaining the country's guidelines and standards for health facilities ahead of time would have helped us sort out problems earlier in the building process. We could have pursued other issues with the Ministry of Health when we first began, such as understanding requirements for staffing at health centers and finding out more about how the country's ART program was put together. We learned that being well informed at the start can save significant time and effort.

In meetings with health officials at all levels, you may be alerted to other organizations that are providing services in your area or nearby. These entities can take the form of large or

small groups, national or international NGOs, or faith-based organizations. Visit as many of these groups as you can when setting up your services and find out whether their programs differ from or complement yours; you may be able to share services or facilities, and thus avoid duplication. (For more information about different types of partners and how you can work together, see *Unit 10: Working with partners*.)

7.3 *Human resources for health*

One of the most pressing problems in providing health care in resource-poor settings is the lack of trained personnel, including physicians, nurses, and other clinical staff. Although sub-Saharan Africa shoulders 25 percent of the global burden of disease, it is home to only 3 percent of the world's healthcare workers. Thirty-six countries face critical shortages, having fewer than 2.3 doctors, nurses, and midwives per 1,000 people.[5] In Malawi, for example, there were 7,264 nurses for 13 to 14 million people in 2004.[6] The pool of skilled healthcare providers that does exist is unevenly distributed and heavily concentrated in urban areas, with many working in the private sector rather than in public health care. As a result, the majority of people living in rural, often remote areas in resource-poor settings have minimal access to treatment and care; the health facilities that do exist are often understaffed.

PIH NOTE

Local medical personnel tend to flock to the facility with the best resources, which is often the district hospital. The "centripetal force" of the district hospital is a result of our natural desire to enjoy the benefits of better facilities and equipment, a network of trained professionals, and the conveniences associated with living in a more populated area. This is a problem because although nearly half of the world's people live in rural areas, more than 75 percent of doctors and over 60 percent of nurses work in urban areas, leaving many rural inhabitants of poor countries without access to medical care.[5] PIH tries to counter the centripetal force of the district hospital by supporting health centers to increase rural patients' access to care. Investing in infrastructure; providing staff with tools of the trade, such as essential medicines, supplies, and equipment; training staff and offering a fair wage; and creating support networks through partnerships attracts and helps retain health center personnel.

In your meetings with ministry of health officials, you will learn about staffing policies for different health facilities in your catchment area and whether plans exist to fill existing gaps in staffing. In planning for staffing and training, consider how you can harmonize your staffing with the government's policies and standards and how you can help overcome staff shortages. To increase the number of health providers, PIH implements three strategies (described in more detail elsewhere in the Guide):

- Task shifting—delegating appropriate tasks to less specialized health workers (see *Unit 5: Strengthening human resources*)

[5] World Health Organization. (2008). *Do most countries have enough workers?* Retrieved online at: *http://www.who.int/features/qa/37/en/index.html*

[6] Gorman, C. & Hohmuth-Lemonick, E. (2009). At work with Malawi's nurses. *American Journal of Nursing, 109*(6):26–30.

- Employing community health workers—moving services closer to the communities where they are needed (see *Unit 7: Improving outcomes with community health workers*)
- Running training programs for clinical and nonclinical staff (see *Unit 6: Improving programs through training*)

Figure 8: Organizing medicines in the Rwinkwavu District Hospital pharmacy, Rwanda
Photo: Laurie Wen

7.4 *Financing for health*

The health problems facing many resource-poor countries are exacerbated by the low level of funding available to support their healthcare systems. To help cover the costs of providing health services, many countries have instituted fees, either paid directly to the health facility by those seeking care or paid as annual subscriptions to insurance-like plans run by the government. Countries have set up administrative structures at the local and national level to collect fees and feed them back into healthcare facilities. While these financing arrangements are common in middle- and high-income countries, in resource-poor countries they do little to improve the condition of the public health sector. They rarely bring in sufficient financial resources from the population to cover the operating costs of the healthcare system or necessary expansion. More important, financing health care through fee-paying systems can completely shut out the poor from receiving care, especially in settings where the burden of poverty and disease are the greatest. For those who do receive care, their lives can be disrupted until they finish paying their bills.[7]

If user fees exist in the country where you will be working, you will need to learn how the system works and how it affects the local community:

- What is the fee structure?
- What services are covered under the fees?
- Are hospital stays covered?
- Are drugs and other supplies covered?
- What happens when patients are unable to pay?
- How are the fees collected, and how often?
- Are dependents covered?
- What percentage of the fees are allocated to health centers? To hospitals?

[7] Castro, A. (2008). In and out: User fees and other unfortunate events during hospital admission and discharge. *Cadernos Saude Publica, 24*(5):117–48.

Although you may not support charging fees for health services in resource-poor settings, it is important to be mindful of the government's policies and to work within these boundaries. However, in discussions with health officials at the local and national level, you can see what measures you can take to reduce financial barriers that prevent patients from receiving care. You may be able to restructure the fees or eliminate them altogether for specific populations (such as pregnant women and people who cannot afford to pay the fees).

In resource-poor countries, external aid often plays a major role in financing a country's health services, and it can come from a variety of sources, including multilateral and bilateral institutions and private foundations. (See *Unit 9: Creating a development strategy* for more information on how these funders work.) Most often, governments receive funding directly from these organizations and use it to implement activities, but in some cases, they receive funding and then pass it to other groups, which implement programs or provide supplies. The Haitian government, for example, receives drugs from the Global Fund to Fight AIDS, Tuberculosis and Malaria and then distributes them to Zanmi Lasante, our sister organization, to treat patients at its sites.

When a government's healthcare budget is heavily dependent on external aid, its healthcare policies and strategies can be greatly affected by the policies and practices of the donors or funding groups. The funding can be restricted by the donor's own priorities or limited to certain types of activities or specific ways of delivering care. For example, some funders limit their aid to disease-specific programs, rather than funding broader primary healthcare services, and some bilateral aid agencies limit their funding to a specific group of recipient countries. There can also be specific budget allocations to regulate how the money is spent, often as a requirement from the government of the donor country.

Because external funding of a country's health services can have such great influence, it is important to understand who provides the funding, what it is used for, and how it is given. Finding answers to the following questions can also help you see its effects on your own programs and services:

- What percentage of the national health budget consists of external aid?
- Who are the major donors in the country, and how does their funding work?
- Is the funding earmarked to cover specific diseases, specific services, or specifically designated facilities?
- Does funding provide drugs and supplies? Does it address operational costs, including staff?
- What are the usual funding time periods?
- Does funding go directly to the government or through other implementing partners, including nongovernmental organizations?

Many of the international and national funding agencies have offices or representatives in countries that receive their funding. If a bilateral agency does not have its own office, you may be able to contact them through their country's mission. Meeting directly with these in-country representatives will allow you to learn more about their funding priorities and how they have affected the health programs and services in the country. These organizations can be your potential partners, so direct contact with them can be very useful. (For more information on how you can work with different external funders, see *Unit 9: Creating a development strategy* and *Unit 10: Working with partners.*)

8. HISTORY AND POLITICS

It is critical that you become informed about the history and politics of your host country. Having at least a rudimentary understanding of how structural violence may have affected the health of the population, in particular, can aid in designing and implementing programs that better address the root causes of disease. For example in many countries, slavery and colonialism fomented social structures and conflicts that have had lasting impacts on nearly every aspect of society, including geography, economy, politics, language, and health. Getting to know community members and how they see themselves in relation to those in power and to the rest of the world can increase your appreciation of their circumstances.

Given that the approach presented in this Guide is one of partnering with the state to fulfill the right to health care, understanding the relationship that the poorest communities have with the state is critical. National governments may be unreceptive to the needs of the poorest, while local governments may be more accountable. These assessments can help to identify the most appropriate and receptive partners in the public sector.

Although elections can be important markers of government accountability, they can also cause disruption, tension, and violence. Take note of these political contests in your planning; be aware that political changes can mean a loss or gain of support for important policies that can affect your programs. Strikes can also cause security problems, and you will want to avoid closure of your facility.

TIP: *Develop a security plan for the site, including an evacuation policy for staff.*

Regional groupings can also play a role in a country's political economy. Does the country in which your organization operates have important economic, trade, or political relations with its neighbors? Have the countries in the region engaged in political or military conflicts in the recent past? Has the country accommodated refugees from a neighboring conflict? If the site is near a border, these are important issues to explore thoroughly.

When you begin your work, try to remain apolitical and avoid aligning yourself and your programs with any specific group or person. Although delivering services is by nature a political act—in that you are engaged in change, in meeting people's needs, in providing work, and in improving lives—your interventions will be trusted by the community and sustainable in the long run only if you are perceived as apolitical.

9. ECONOMY

The following indicators are useful markers of a country's economic condition:

- Poverty rate and percent of the population living below the poverty line
- Gross domestic product
- Gross domestic product per capita
- Trade balances
- National debt

- Rate of inflation
- Minimum wage (if it exists)
- Unemployment rate (in the formal economy)
- Currency stability (a lack of which can severely affect your budget plans)
- Extent of subsistence farming

In your research, look out for those social forces—racism, gender inequality, political violence, war—that interact with poverty to help determine who falls ill and who has access to health care.

9.1 *Resources and employment*

Subsistence agriculture is often the main employment for most people in resource-poor countries, while unemployment and underemployment in the formal sector are very high. The low level of local employment opportunities is one of the reasons PIH hires community health workers and other staff from the nearby communities. These jobs provide an economic boost in areas where there are few job prospects. In addition, local employees are knowledgeable about political and social norms and help to strengthen the relationship between the healthcare facility and community members.

To understand how agriculture functions in the country's economy, you will have to examine who can own and inherit land, who has access to fertilizers and tools, how pricing is established for agricultural produce, and how available arable land is to the average person. Find out about how markets function and what the country's main crops are.

Figure 9: People walking on farmland in Malawi

TIP: *When planning a nutrition program and providing food at the site, use locally grown crops and foodstuffs that are more easily available and less costly than food that must be shipped from a distance.*

Industry and financial services are often concentrated in urban areas, but manufacturing and commercial activities do exist in rural areas and can be useful for supplying sites and for helping establish small enterprises that support these communities.

9.2 *Trade*

A country that exports agricultural produce can be vulnerable to drought, external tariffs, and declining international demand. High transportation and fuel costs also reduce the economic benefits of trade in many resource-poor countries; these indirect costs can lead to sudden

shortages of goods. If the country imports food, higher prices and declining supplies of basic foodstuffs can have severe and unexpected consequences for the overall availability of food.

Unfair trade practices can also degrade a country's agricultural economy. For example, as recently as the mid-1980s, Haiti was self-sufficient in production of rice (the staple food), but trade agreements that opened Haiti's markets to imported rice, mainly from the United States, have progressively weakened the position of small-scale Haitian farmers. In 1995, Haiti was forced to reduce its tariffs on rice grown in the U.S. to far below the Caribbean average. At the same time, corporate rice producers in the U.S. continued to benefit from farm subsidies. As a result, these producers could afford to export rice at prices below the real cost of production, making it almost impossible for small farmers in Haiti to compete without some form of protection. From 1994 to 1995, the amount of rice Haiti imported from the United States more than doubled. Although the influx of cheap U.S. rice helped to lower food prices in the short term, it ultimately decimated Haiti's agricultural sector.

TIP: *Familiarize yourself with your host country's customs requirements and procedures, because you may be importing equipment and supplies.*

10. INFRASTRUCTURE

Official statistics and indicators help to give an overall picture of the country's health. They can also reveal other concerns that affect health, such as access to clean drinking water and adequate sanitation facilities, ease of transportation, and access to electricity and information technology. Some of these issues follow in brief; they are treated in more detail later in the Guide. (See *Unit 3: Building site infrastructure*.)

10.1 *Transportation*

There are few public transportation systems in resource-poor settings, particularly in rural areas. When planning your site, it is critical to find out how people travel to health facilities: Do they come on foot or use animals? Do they use minibuses, trucks, or motorcycles? What transportation is used for emergencies? Knowing about the challenges patients face to get to the site can help you plan improvements to access. You will also need to know what options exist for making home visits and transporting patients to other facilities from the site and for the delivery of supplies and equipment.

Figure 10: Patients use donkeys and horses to transport food from a PIH-supported nutrition program in Lesotho

Assess the road network and road conditions, especially in inclement weather. Investigate the costs of and transportation options for getting from the capital or from the nearest major city to the site and from the site to the communities being served.

Many countries do not have domestic mail systems in rural areas, and you will need to plan for transportation and delivery if you intend to receive international shipments of supplies. Look into the location of shipping facilities and whether there is a reliable, accessible courier service.

10.2 *Water and sanitation*

Limited access to clean water and inadequate sanitation facilities are routine in the poorest communities and are markers of high risk for diarrheal and other diseases. Understanding the way local people obtain water, including the transportation costs and the time involved, will help you better understand how problems accessing water affect their daily routine. Some questions you can explore are:

Figure 11: The local community benefits from the piped water source that serves Zanmi Lasante in Haiti

- Is water a plentiful resource in all parts of the country?
- What percentage of the country's population has access to safe drinking water?
- How is water obtained? Who in the household is responsible for collecting it?
- What water access points exist in communities? Do people have to pay for water?
- What types of sanitation facilities are available in health facilities? In homes?

10.3 *Information technology and communications*

The most reliable and least expensive telecommunications infrastructure is usually found in urban areas. While telephone coverage is often low in rural areas, cellular phone coverage is starting to increase in remote areas of many countries. Find out how extensive land-line and cellular network coverage is and who the major providers are.

Internet connectivity is increasingly important for all aspects of a program's operations, even in remote locations. For example, PIH uses electronic communications for managing patients, for financial and administrative management, and for staff development, so we prioritize investing in satellite communications that enable Internet connectivity at sites. Investigate what capabilities exist to allow you to communicate globally as well as locally. Are there land-line, cellular, or satellite systems available to provide an Internet connection? If you opt for a satellite system, you may be required to obtain a license from the government, and fees will vary by country. Local government officials should be able to direct you to the appropriate licensing authority.

PIH NOTE

When patients living in the mountainous areas of Lesotho need hospital care, the only way we can get them to Maseru, the capital city where the hospital is located, is to use the services of our partner, Mission Aviation Fellowship. Its pilots fly the patients to Maseru in a small, single-engine plane. To arrange the flight, we need to let the pilots know when to come to pick up the patient(s). On one occasion, we were waiting for a sick patient to arrive and we had to shout to a man who was standing across the valley from the clinic, "Where's the patient?" He relayed this question to a group of about eight people below him in the valley. They called back up to him and he shouted to us, "He'll be here in about four hours." The plane arrived as requested and took the patient to the hospital. It was another success for our unique mountain clinic telephone line.

10.4 *Electricity*

Public utilities, including providers of electricity, are often sparse or absent in areas with limited resources. If an electricity grid supplies power, find out who runs it, who can access it, and how much the electricity costs. If the site is connected to the grid, you may experience frequent outages, which will affect your provision of services. Consider back-up options, including generators and solar power at the site.

11. EDUCATIONAL INSTITUTIONS

Educational gains for women have long been known to correlate with better health status for their children. However, the imposition of school fees, along with the additional cost of books, uniforms, and school meals, can put education out of reach for the poorest children, particularly girls. In addition, school attendance is often interrupted because children need to work to help support their families. Enrollment figures and school attendance trends in the area can give you more information about the effects of poverty on local families.

Access to primary and secondary education also depends on proximity to a public school and availability of qualified teachers, so seek out the schools located in your area and find out what resources are available. Meeting with the local school staff can help you learn more about how you can support them and the community. (See *Unit 11: Addressing the social determinants of health through a program on social and economic rights [POSER]* for details on how PIH supports local schools and schoolchildren.)

Figure 12: A class of young children in Haiti

Higher education institutions—colleges, universities, and technical institutes—are often located in capital cities, making access difficult for people living in rural areas. Does the county have medical schools, nursing schools, or other facilities that offer advanced clinical training? People from resource-poor settings who wish to train as healthcare providers often cannot do so in their own countries, and so they must leave to find such opportunities elsewhere. Once trained, they may not return, ultimately contributing to the shortage of trained personnel in their home countries. (For more information on the health worker shortage, see *Section 7.3, Human resources for health* in this unit, as well as *Unit 5: Strengthening human resources* and *Unit 6: Improving programs through training*.)

CONCLUSION

Your ability to provide sustained, effective healthcare delivery will depend to a great extent on your ability to understand the context in which you operate—not only the daily interactions and immediate challenges but also the larger forces of history, politics, and economics that inform local conditions and standards of living. Gender norms, race relations, and religious beliefs are constantly evolving social constructs that influence a person's access to health services and his or her perceptions of health care. Once at the site, you will have opportunities to understand better how many of these factors have affected the specific communities you will be serving. As you will not be able to affect long-term changes in the delivery of health care on your own, collaborating with public health officials at all levels is critical, and will enable you to see where and how you can contribute. Respectful engagement with community members is the best way to learn what they need, and how you can help. Through listening to them, you can begin to foster reciprocal understanding, respect, and trust between your program and the community and respond most effectively to their needs.

Resources

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Health Profile

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http://www.unicef.org/sowc08/
This section of the report discusses Partners In Health's rights-based, community-based approach to promoting health that leads to a clear vision regarding the health of children.

Joint United Nations Programme on HIV/AIDS
http://www.unaids.org/en/
This website provides access to country specific data and publications, information about cosponsors and partners, and a knowledge center of data and resources.

Stop TB Partnership
http://www.stoptb.org/

The Stop TB Partnership was established in 2001 to build on the World Health Organization's Stop TB Initiative. This website provides access to information and resources, as well as funding opportunities.

World Health Organization. **Global Malaria Programme.**
http://www.who.int/malaria/about_us/en/index.html
The Global Malaria Programme's activities are focused on providing sound, evidence-based, and locally appropriate strategies to various epidemiological and operational challenges. This website provides access to information about malaria, the Programme, and links to external resources.

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United Nations. **UN Data.**
http://data.un.org/
This site includes a compilation of databases from UN agencies on a range of topics including agriculture, environment, energy, labor, demography, and Millennium Development Goals.

United Nations Children's Fund. **Information by Country and Programme.**
http://www.unicef.org/infobycountry/index.html
This site provides data on the state of children and their rights in 190 countries, searchable by region or country name. It also includes access to the 2009 special edition of "The state of the world's children."

World Health Organization. **Data and Statistics.**
http://www.who.int/research/en/
This site provides access to data and analyses for monitoring the global health situation, regional statistics, global health atlas, and chronic disease statistics.

World Health Organization. **The World Health Report.**
http://www.who.int/whr/en/index.html
This report, published annually, combines an expert assessment of global health, including statistics relating to all countries, with a focus on a specific subject. The main purpose of the report is to provide countries, donor agencies, international organizations and others with the information they need to help them make decisions.

Learning about the Community

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The Human Development Research Paper Series is a medium for sharing recent research commissioned to inform the global Human Development Report, published annually, to further research in the field of human development. This report discusses evidence that changes in human development from 1970 to 2005 are correlated with natural resource abundance.

Education

International Federation of Medical Student's Association
http://www.ifmsa.org/
This website is run by medical students to collaborate on projects in public health, generate ideas for enhancing medical education, human rights and reproductive health, and provide general support and exchange of information.

United Nations Educational, Scientific and Cultural Organization
http://www.unesco.org/
The Education for All program of UNESCO provides resources to improve education for children and adults, especially in developing countries. This website provides access to reports on 180 countries presented in the language of the country of origin, as well as other reports, publications, and statistics.