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REVIEW ARTICLE

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Shortages, Faced the Health Care Workers in the Health Area System, Shendi locality-River Nile State, Sudan

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ABSTRACT

A descriptive cross-sectional study was carried out in Shendi locality-River Nile State, Sudan between September 2007 – April 2010.

Two hundred and nine (209) of the health care workers in the primary health care (PHC) facilities in the locality were interviewed to determine the shortages that faced the health care workers in the health area system. All the health workers included in this study, except those who are work in Shendi teaching hospital, Elmak Nimir university hospital, and the military hospital were excluded. Structured questionnaire was used for this purpose to collect the data.

The study showed (5.3%) of the health workers are medical house officers, (21.5%) are medical assistants.

About fifty-five (55.1%) of the health workers said that the manpower supply was not enough in the locality, with no continuous training (53.1%), and this is the most problem which faced the health workers from the many problems were be work barriers . Only (46.9%) of them have training course, and (31.6%) of the problems, were linked to absence of efficient continuous training.

Health system has to establish continuous training programs to improves the performance of the health workers in the area on scientific way according to the community needs, so that to promote the community health.

Keywords: Nile State, Primary Health Care and Community Health.

INTRODUCTION

The aim of health system is health development and to achieve health for all, (WHO, (1980). Decentralization in health system is needed to give more power to the local health system and to cover people by the health services, (Mohammed Ali Yehya, (2003).

Health systems in the world are different from country to country according to its culture, economic and social factors. All countries run after to improve their health system, (WHO, (1972).

Health in the developing world presented a gloomy picture of health, (John Everett Park, (2007), (Poston and Badawi 2003). Sudan has many problems which were faced the health systems. To overcome the above obstacles, come sound of the primary health care (PHC) system adoption. In addition a new strategy came, to covered people by the health services of (PHC).

The health did not manage to achieve its goals of improving accessibility to services, community participation, and integration of vertical programmes and sustainable improvement of health, (Ministry of health (MOH), 1987a). The main causes of this failure were the lack of financial resources and low political priority for health, (WHO, (1980).

There is lack of services in some areas and unnecessary duplication in other. A very high proportion of the population in many developing countries, and especially in rural areas does not have ready access to health services. There are marked differences in health status between people in different countries as well as between different groups in the same country; the cost of health care is rising without much improvement in their quality. In short, there has been a growing dissatisfaction with the existing health services and a clear demand for better health care (Barker, (1982).

It is recognized that the physician of today is over worked professionally. It is also recognized that auxiliaries, given suitable training, can perform many of the functions of the physician. An auxiliary worker has been defined as one (Who has than full professional qualifications in a particular field and is supervised by a professional worker). The WHO no longer use the term (paramedical) for the various health professions allied with medicine, (WHO, (1984).

Sudan participated in WHO general assembly in 1973, and committed the strategy of PHC program in 1976, (Ali et al., 2000). Sudan health ministry suggests starting the application of the district health system in Harare in august 1987, (Ali et al., 2000), to achieve the decentralization in the health system.

A district health system (DHS) is based on primary health care. It serves a well-defined population living within a clearly delineated administrative and geographical area. It includes all relevant health care agencies in an area (government, private, professional or traditional) which co-operate to create a district system and work together within it. Expected benefits of a well-functioning district health system include:

Better performance through an efficient and motivated workforce Because health centers are often the first contact the community has with the formal health system and most of the district level health workers are based there, health centers should be equipped to function as the focal point for comprehensive PHC. Resources should be readily available at this level to maintain adequate and stable levels of staffing and supplies, (WHO, (1972).

In addition, we can define the health area as a geographical area, limited by the local administration and serve the local population and include all the levels of the local health from the public, private or voluntary sector. Health area serves 100.000 – 500.000 person, (Ali et al., 2000), (Last, 1983).

Shendi locality is one of the localities of the River Nile state, which was implemented the PHC strategy and adopted the health area system. No study done science that. Therefore, this study done to determine the shortages that faced the health care workers in the health area system.

Objective

To determine the shortages that faced the health workers of health area system.

MATERIAL AND METHODS

Type & duration of the study: Descriptive cross-sectional study was carried out in Shendi locality-River Nile State, Sudan between September 2007 – April 2010, to determine the shortages that faced the health workers of health area system.

Study area: Shendi locality is one of the localities of the River Nile State. It is 173 km north of Khartoum, the capital of Sudan. The total area of the locality is about 14596 Km², (Mills et al., 1990), (48.7%) of them are male and (51.3%) are female.

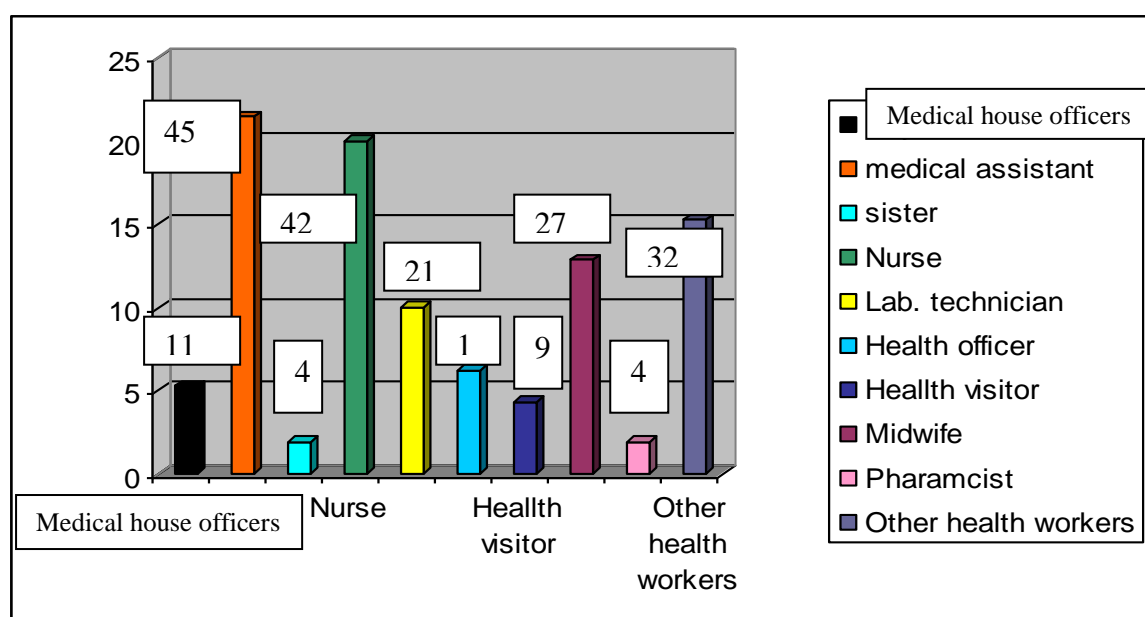
Study population: The health care workers in Health area system facilities, (Shendi locality).

Sample size & sampling: The sample size of 209 health workers in the facilities of PHC in the locality was included in the study, (except those who work in Shendi teaching hospital, Elmak Nimir university hospital, and the military hospital were excluded), and this represented the total coverage of the health workers.

Data collection: Data was collected by the following means, structured questionnaire to be filled with, Health workers of the health facilities. The interviewing was done by the researcher him self or his trained assistants.

Data analysis: The collected data from the questionnaire was analyzed by entering it into computer and analyzed using the statistical package for social sciences programs (spss), and then results were presented in tables and figures.

RESULTS



N=209

Figure 1. Shows the types of the health workers in Shendi locality.

(5.3%) of the health workers are medical house officers, (21.5%) are medical assistants, (1.9%) are sisters, (20%) are nurses, (10%) are lab. technicians, (6.2%) are health officers, (4.3%) are health visitors, (12.9%) are midwives, (1.9%) are pharmacists, and (15.3%) are other health workers, as in the above figure.

Table 1. Shows the distribution of the health workers according to the administrative units.

N=209

Administrative units	Frequency	Percentage
Shendi	54	25.8
Rural of Shendi	67	32.1
Kposhia	45	21.5
Hajer-Elasal	43	20.6
Total	209	100

Table 2. Shows the types of the health facility & the number of health workers in the health facility.

N=56

Type of h. facility	Number of health workers in the health facility			Total
	Less than 3	3-6	More than 6	
Basic h. Unit & dispensary	11	2	-	13
Health center	20	9	7	36
Rural hospital	-	-	7	7
Total	31	11	14	56

Table 3. Shows the supply by the manpower to health facilities, according to the health workers.

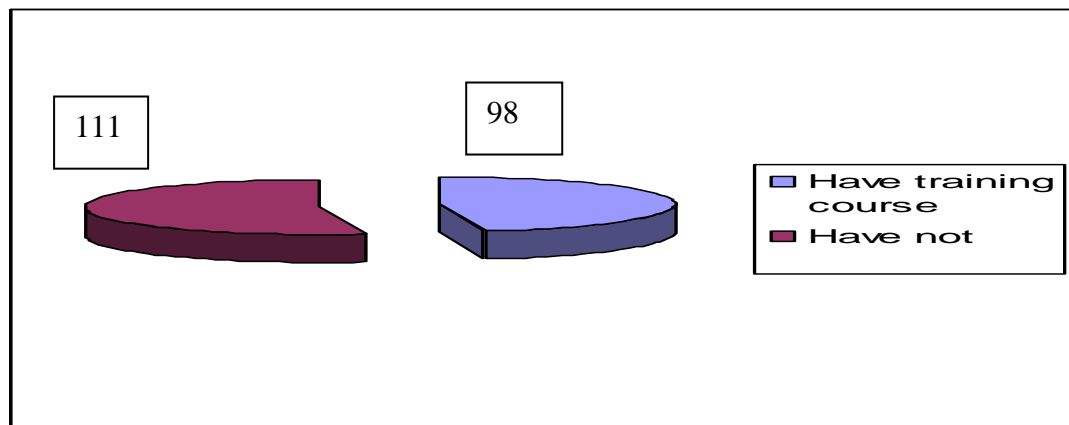
N=209

Variables	Frequency	Percentage
Enough	41	19.6
Not enough	115	55.1
Sometimes	53	25.4
Total	209	100

Table 4. Shows the availability of continuous training for the health workers.

N=30

Variables	Frequency	Percentage
Available	17	56.7
Not available	13	43.3
Total	30	100



N=209

Figure 2. Shows the number of health workers who have training course during their period of work.

The above figure shows the training course for the health workers during their years of work, (46.9%) of them have training course, and (53.1%) have not.

Table 5. Shows the number of training course for the health workers.

N=209

Number of course	Frequency	Percentage
Once	121	57.9
Twice	22	10.5
Three times	20	9.6
More than three times	40	19.1
Missing	6	2.9
Total	209	100

Table 6. Shows the sort of problems, which faced the health workers.

N=209

Problems	Frequency	Percentage
No active h. Leaders	37	17.7
Missing of understanding by health leaders	19	9
No management skills	20	9.6
No continuous training	66	31.6
No enough supply by money	21	10.1
No enough supply by equipment	13	6.2
No continuous training & no enough supply by money	15	7.1
No management skills & missing of understanding by health leaders	11	5.3
Others	7	3.4
Total	209	100

DISCUSSION

The study reveal that (21.5%) of the health workers in health facilities are medical assistants, figure (1). This result agrees with, (10), "Many training centres started to train health workers (medical assistants, health supporters, midwives and health visitors) in Sudan".

Although (46.9%) of them have continuous training course for one time, figure (2), this result disagrees with, (25), "the objective of the health ministry institutions is training and rehabilitation the health workers".

CONCLUSION

A descriptive cross-sectional community & facility - based study was carried out in Shendi locality-River Nile State, Sudan between September 2007 – April, 2010, to determine the shortages, that faced the health workers in health area system. Finally, the conclusions of this study are the following:

- (5.3%) of the health workers are medical house officers, (21.5%) are medical assistants.
- (55.1%) of the health workers, they said that the manpower supply was not enough in the locality.
- (31.6%) of the most common problems, which faced the health workers, are no continuous training, because (46.9%) of them have training course, and (53.1%) have not.

RECOMMENDATIONS

Local directors of health programs, should be updated to become current and skillful, and improve their performance in the health fields, they have to train the health workers by establishing continuous training courses on a scientific way to promote the community health. That could be achieved with coordination with the federal, state health ministry and Shendi University.

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