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# Empowering Lay Community-based Health Workers- Improving Primary Health Care Service Delivery in Delta State: How? And What Works?

## About CPED Policy Brief

CPED Policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research project is conducted. Actionable recommendations for policy influence and results utilization are also presented.

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## Introduction

A key challenge facing the Delta State health system, as in other parts of Nigeria, especially at the grassroots level is the shortage of health workforce. There is thus an urgent need to support the health delivery system, especially in underserved rural communities with community-based health personnel in order to improve provision of the health services. Over the past decade, as evidence has continued to accrue on the effectiveness of interventions delivered by Community Health Workers (CHWs), enthusiasm has grown for a stronger investment in CHW programs as a strategy for accelerating progress to reach the Millennium Development Goals (MDGs) for primary health care. Consequently, there has been a renewed interest in CHW programmes in Nigeria sparked by a sense of urgency in achieving the MDGs, particularly MDGs 4 and 5 for reducing child and maternal mortality, and from a growing base of evidence on the potential contributions of CHW programmes to the health status of deprived rural populations. This revitalized interest also arose from a commitment to (or financial demand for) decentralization of health services and expansion of services to the poorest segments of the population, who were being left behind by economic progress of the better-off segments of the population.

However, while some countries in Africa have intensified strategies to increase CHW role in primary health care delivery by establishing

## BACKGROUND

This policy brief is based on the findings of an on-going research on *"Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region"*. The project is funded by Canada's *International Development Research Centre (IDRC)*, Ottawa and the *West African Health Organization (WAHO)*. The general objective of the research programme is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development, modification and implementation of policies on equitable access to health care with specific focus on the primary health care component.

The primary focus of this policy brief therefore is to outline some actions that should be taken to train and integrate lay community-based health workers into the primary health care system of Delta State so as to enhance the health workforce.

## METHODOLOGY

Data was collected from all Primary Health Centres in nine Local Government Areas in Delta State using facility audit questionnaires, interviews with health service providers, Community health workers and community stakeholders in the communities where these PHC facilities were surveyed.

Focus group discussions and key informant interviews were held with various stakeholders on their assessment of PHC services in their respective communities.

lower cadres of CHWs, little or no consistent strategies and programs have been introduced in Nigeria at the national and state levels. Rather, Nigeria continues to depend largely on her existing CHW structure comprising community health officers, community health-education workers, family health workers, lady health visitors and health extension package workers who are mainly employees of the public sector and based largely in the urban centres or at best the more accessible rural communities. Thus, the coverage of this category of CHWs is very limited as most people in rural areas do not benefit from their services effectively. While some state governments in Nigeria have recognized the activities of lay CHW such as Traditional Birth Attendants, Village Health Workers and other ad hoc CHWs in the implementation of specific programs, these have not been integrated or harmonized within the health systems at the national and sub-national levels. Thus despite their active involvements in the health system, CHWs frequently are invisible in policies, strategies, and budgets at the national and sub-national levels in the country. To date, Nigeria is still in search of a viable and integrated CHW system for underserved rural areas. This policy brief articulates actions that need to be taken to train and integrate lay community-based health workers into the primary health care system of Delta State so as to enhance the health workforce.

## Key Findings on the Nature and Use of Lay Community Health Workers (CHWs) in Primary Health Care Service Delivery in Delta State

The findings of the survey of the health workforce situation in primary health care facilities in Delta State show that little attention has been paid to the training, use and integration of lay community health workers into the existing health care system of the state.

The global health community recognized the urgency of harmonizing CHW in the health care delivery system of many countries and responded by drafting the *Joint Commitment to Harmonized Partners Action for Community Health Workers and Frontline Health Workers* (Harmonization Framework), presented at the Third Global Forum on Human Resources for Health in Recife, Brazil in 2013. The Harmonization Framework calls for collaboration among government leaders, donors, health workers, and civil society groups working in the area of human resources for health (HRH) to align with country objectives and harmonize actions supporting CHWs.

Despite this increasing emphasis and attention on CHWs, great variation in scope of practice exists with respect to CHWs in Delta State as in other parts of Nigeria. Roles, trainings, credentials, and services vary by community and different states and communities in Nigeria. In some communities, CHWs provide health education messages and gather data; in others, they provide higher level services, such as dispensing medications and assisting at births. An essential first step toward answering the Harmonization Framework's call in Nigeria is to adopt a common definition and a core set of agreed-upon CHW tasks and competencies for different cadres of CHWs in the country. Adopting a common CHW definition and common set of tasks and competencies will lay the groundwork for urgently needed improvements in counting, assessing, and supporting the CHW cadre.

A common CHW definition and core tasks and competencies in Nigeria will better equip all actors to follow the Harmonization Framework's recommendations so as to: **(i)** Harmonize donor support, based on commitments by all partners to collaborate at the national and state/local levels; **(ii)** Build greater synergies among communities, districts, and states across CHW programs, guided by national and sub-national leadership, national and sub-national strategies, and nationally and sub-nationally agreed-upon systems for monitoring and evaluation; **(iii)** Develop a new cadre of CHWs which includes largely lay workers trained on community health delivery and the integration of the CHW into functional health system in Nigeria and **(iv)** Improve efforts to integrate CHWs into the broader health system, with a particular focus on effective linkages between community-based and facility-based health workers at the front lines of service delivery, so that individuals receive the health services they need.

Nationally and sub-nationally relevant data sets do not exist on CHWs in Nigeria. The lack of data on CHW numbers, attributes, and services means that the government at the national and sub-national levels and their partners cannot rationally integrate CHWs into the health system nor gauge the full impact of CHWs on health outcomes. Moreover, ministries of health face difficulties planning for an appropriate skills mix without a common understanding of expected tasks and competencies. In addition, lack of

data on CHWs prevents CHWs and their supporters from being able to effectively advocate in the policy arena. In short, the lack of CHW data significantly constrains decision-making within ministries of health, and makes it difficult for the policy makers to identify the best ways to overcome the severe shortages of health professionals that prevail in Nigeria. Better data on CHWs in Nigeria will: **(i)** Provide a consistent evidence base to analyze positive CHW impact in communities; **(ii)** Identify key gaps and challenges; and **(iii)** Suggest key workforce analytics indicators that will monitor, manage, and optimize CHW performance.

- Another major barrier to the scale up of CHWs programs in Delta State and other parts of Nigeria is the narrow categorization of CHWs as comprising skilled professionals who are quite limited and often do not work effectively in rural communities where this category of health staff are most needed. Key to their effectiveness in different parts of the world is the fact that most CHWs are drawn from the local communities in which they serve, enabling them to reach households that clinic-based workers may not be able to reach. CHWs are often the bridge between communities and the formal health system. This is still lacking in an integrated manner in the health care system of Nigeria. The need to systematically and professionally train lay community members to be part of the health work force has emerged not simply as a stop-gap measure, but as a core component of primary health care systems in low-resource settings.

- Delta State's CHW policies and programs across Nigeria have been characterized by lack of harmonization of the activities of key actors. Harmonization of partners supporting CHWs will advance effective integration of CHWs into the health system. The Delta State will be able to make data-driven decisions on their CHW programs to maximize the contributions that CHWs make toward improving the health and well-being of underserved rural communities.

## Policy Recommendations

For CHWs to be key part of the primary health care delivery in Delta State the following barriers to their use must be reduced or removed by policy makers and other providers:

- Barrier to the lack of a common definition of CHWs and its application in the health system;
- Data availability constraints on CHW on the operations of the CHWs;
- Barrier to the scale-up of successful interventions;
- Challenge of keeping trained health workers in rural communities;
- Harmonisation of actors and partners involved in CHWs; and
- Barrier of community participation in health care delivery.

The key actionable recommendations to incorporate CHWs into the primary health care system so as to ease the present workforce shortage are as follows:

(i) Recruitment and Training of lay CHWs for each target community;
(ii) Use lay CHWs to work with community groups to reduce under-five mortality from disease through hygiene promotion;
(iii) Use lay CHWS to promote community outreaches on ANC, PNC and immunization; and
(iv) Align the activities of the trained lay CHWs with those of the existing Primary Health Centres.

## Conclusion

There is potential in the role of CHWs in improving primary health care in Delta State. However, selection of these workers is a sensitive process that requires a tailored approach and community involvement in order to foster trust, support, and acceptability. It is essential that CHW training includes problem-solving skills and guidance on integrating technical knowledge with cultural sensitivities, so that service delivery is context-

specific. Strengthening links between facility-based health workers and CHWs as well as improving quality of facility care cannot be overlooked. In various contexts across the developing world, CHWs have demonstrated that they can effectively deliver maternal and child health and family planning information and distribute commodities that were once regarded as functions of formally-trained health workers. Many factors must be weighed when considering the devolution of tasks to CHWs and effective implementation of related programs. Through improved access to maternal and child health/family planning interventions, the scale-up of community-based interventions has the potential to reduce maternal, infant, and under-five mortality in different rural areas in Delta State.

## ABOUT CPED

The *Centre for Population and Environmental Development (CPED) is* an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the *Corporate Affairs Commission* in 1999.

The establishment of CPED was influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

**The vision** is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. **The overall mission** is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa

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