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Community health workers for maternal and child health

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COMMUNITY HEALTH WORKERS FOR MATERNAL AND CHILD HEALTH

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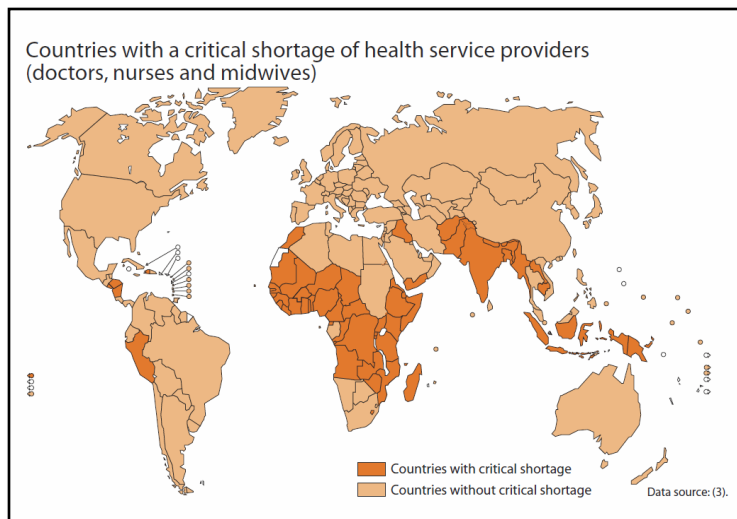
SHORTAGE OF HEALTH WORKERS

In much of the developing world, there is a shortage of trained health professionals; virtually all of sub-Saharan Africa stands below the critical threshold of 2.3 doctors, nurses, and midwives per thousand people (1). Doctors are especially unevenly distributed between urban and rural areas, with shortages being even more acute in rural communities (2).

Furthermore, the poorest of the poor and the least educated are also the least likely to utilize health services, even when they are available (3). Consequently, 200 million women worldwide who want access to safe and effective modern contraceptives do not have it. This leads to higher rates of unintended pregnancies, unsafe abortions, and pregnancy and childbirth complications (4). Maternal mortality ratios are at an average of 240 deaths per 100,000 births in developing countries (5).

WHAT IS THE SOLUTION?

Community Health Workers (CHWs) are being relied upon in countries around the world to address this issue of health worker shortage by improving the provision of basic health services and promoting health in peripheral or underserved communities. CHWs can considerably increase coverage where access to health facilities is difficult and service utilization is already low (6). They can play a vital role in increasing access to family planning and working within a community-based team to educate women on the importance of attending antenatal, delivery, and postnatal care with a skilled professional.



WHO ARE CHWS?

According to the World Health Organization, CHWs “should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers” (7). In practice, the line between community health workers and community-based professional health workers is often blurry; there is no universal agreement on the amount of training or nature of tasks associated with being a CHW.

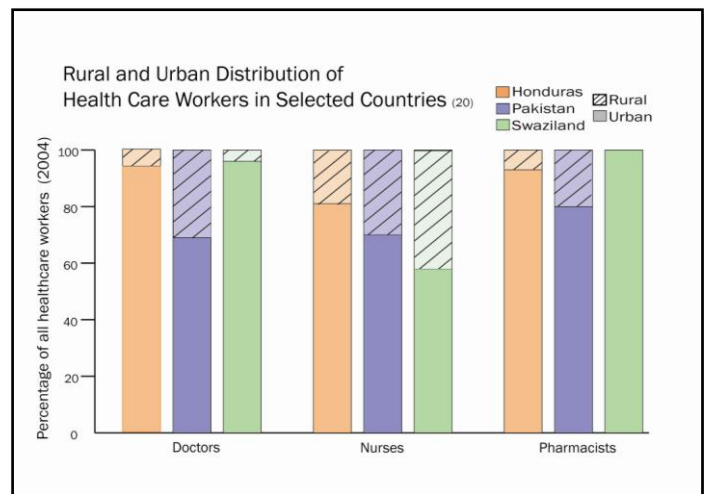
Accordingly, the practical definition of a CHW can be fairly nebulous, and CHWs in different countries play many roles and have varying levels of training and responsibility. However, one criterion is consistent: CHWs do not have professional clinical training (distinguishing them from skilled midwives, nurses, doctors, and medical officers) (7).

Who is an appropriate candidate to be a CHW (age, gender, level of training) depends on the complexity of the task, the community context, the patients served, and the available resources for payment. In most cases CHWs live in the communities in which they work, although sometimes they are facility-based, provide ambulatory care, and serve as liaisons between facilities and community members (7).

WHAT CAN CHWS DO?

CHWs perform a variety of tasks of varying complexity and requiring different levels of training. CHWs can:

- ❖ Administer medicines and treat simple ailments (7).
- ❖ Provide misoprostol to prevent postpartum hemorrhage (8) (9).



- ❖ Conduct patient follow-up with postpartum women and newborns (10) (22).
- ❖ Provide infant feeding and newborn care education (7) (10).
- ❖ Administer antibiotic injections for management of neonatal sepsis and pneumonia (21).
- ❖ Overcome barriers to care (transportation, stigma, time, information) (12).
- ❖ Liaise between medical professionals and the public (12).
- ❖ Provide general health education as well as family planning education and contraceptive provision such as pills and condoms (and injectables, where permitted) (7) (12) (13).
- ❖ Conduct disease surveillance and screening and mitigate environmental health issues (malaria, diarrheal disease); record deaths and births (7).

For many interventions, CHWs have been shown to be a cost effective and efficient cadre for bolstering the public health workforce, provided that they operate with appropriate support and training (6) (7) (8) (13).

CHALLENGES

Accountability: Conflicts over to whom CHWs are accountable and by whom they should be paid and professionally supported can result in disorganization and ambiguity over their role in the community (14). A lack of accountability also exacerbates the “ghost-worker” problem (when CHWs fail to man their posts) and can result in variable quality of CHW services (14) (16).

Tension: CHWs are seen by some as inferior to other health workers, and in some contexts their relationships with health professionals are strained by issues of payment and authority (7) (17). Additionally, conflict over pay may also arise as non-professional workers want to be comparably remunerated for tasks normally performed by physicians, nurses, and skilled midwives (15).

Resources: Low pay and the challenges of volunteerism escalate high attrition rates, and make it difficult in many settings to maintain a stable CHW workforce (7) (14) (18). Irregular supplies of drugs and supplies also undermine CHWs’ ability to provide services (16).

Support: Increasing numbers of community health workers or other “substitute health workers” can necessitate an increase in resources devoted to providing adequate supervision and support (15). When the support system for CHWs deteriorates, so too can their performance and ability to provide services (16).

Evaluation: The degree of change attributable to a specific health intervention is difficult to measure, especially when interventions are conducted in combination, within a framework of other community changes, or at large scale (19).



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CHWs IN DEVELOPING COUNTRIES

In developing-country settings with a shortage of professional health workers, CHWs have the unique capacity to overcome barriers between poor and rural populations and formal health care services.

By working as a complement to facility-based health professionals, CHWs can improve efficient use of resources. By connecting with their fellow community members in supportive, culturally-appropriate ways, CHWs can also minimize barriers to care resulting from health beliefs and health values. (6)

CHWs can be a vital component of increasing health care coverage. However, many challenges exist; standardization of training, sustainability of funding, and other obstacles must be addressed for the CHW model to achieve its full potential.

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