

ENHANCING FRONTLINE HEALTH WORKERS' ABILITIES TO IMPROVE MNCH SERVICES IN BAUCHI STATE

Maternal, newborn and child health (MNCH) services can be more effective when the health workforce is well trained and supported, as part of a well-functioning health system. Frontline health workers (FLHWs), which include nurses, midwives, community health extension workers, and community health officers, are health care providers with greatest access to clients and patients and provide initial care to persons in need of health services.

BACKGROUND

Nigeria's Bauchi state has made concerted efforts to reduce its maternal mortality ratio (MMR), which stands at 1,500 deaths per 100,000 live births. Women's antenatal care (ANC) and delivery at a health facility, during their most recent pregnancy, are improving, now at 56%, and more children are receiving all basic immunizations (NDHS 2013).

Only 17% of the estimated 295,000 deliveries in Bauchi state each year, however, are in health facilities—which is less than half the national average, 36%—with 83% of women in Bauchi delivering at home without a skilled provider

KEY POLICY AND PROGRAM ACTIONS

There is a shortage in Nigeria of qualified and skilled health care professionals for delivering cost-effective MNCH services. FLHWs have the potential to learn new skills within a task shifting and sharing (TSS) policy.

The World Health Organization (2006) defines TSS as the rational redistribution of tasks among health workforce teams. The Human Resources for Health (HRH) project, supported by Global Affairs Canada (GAC), is training FLHWs on specific skills so that existing health workers are better utilized to improve communities' MNCH outcomes. As a result of TSS in Bauchi state:

- Village health workers can identify and refer pregnant women in communities to antenatal clinics— and provide oral medications only.
- Community health workers should perform first-line management and ensure rapid referrals to secondary facilities for specialized care.
- Nurses and midwives provide MNCH interventions that are accessible and affordable to all.
- Only medical officers repair cervical laceration, manage pre-eclampsia/ eclampsia, and continue management of newborn complications.





(Bauchi State Situation Analysis 2015).

The factors contributing to Bauchi’s poor MNCH indicators include a shortage of skilled birth attendants (SBAs), attrition of trained health personnel, and the concentration of available health workers in urban locations. A 2015 task analysis revealed that some areas in Bauchi, especially its rural areas, have the country’s lowest concentration of health workers.¹ Other critical factors of Bauchi’s MNCH status include a high population growth that is surpassing increases in health personnel, influxes of internally displaced persons, employment embargoes and poor working environments that lead to internal and external migration of health workers. Also, the newly established Bauchi State College of Nursing and Midwifery only recently received accreditation to commence training students.

WHY TASK SHIFTING AND SHARING?

A major challenge for most health care organizations and health systems is determining the right mix of health workforce for health care delivery (WHO 2012). Health care is labor-intensive and managers should strive to identify a mix of staff that can safely deliver a range of services using available resources.

The primary aim of task sharing or shifting is to train health worker cadres who lack specific competencies to provide greater service and thereby increase overall health care access (WHO 2012). In 2014, Nigeria’s 57th National Council on Health approved a TSS policy for essential health care services as a promising strategy for improving access and efficiency in Nigeria’s health system. Subsequently, FLHWs in Nigeria have been trained for new roles and functions traditionally reserved for mid- or high level cadres, to optimize available providers and their capacities. Bauchi state’s TSS policy has been adopted for implementation in the state’s health system.

POLICY OPTIONS

A priority of the government should be the optimizing of available FLHWs and improving the delivery of cost-effective MNCH services. The effectiveness of FLHWs must be sustained with trainings, mentoring, and supportive supervision, to ensure quality health services.

Bauchi state stakeholders have varied views of TSS, with those in favor seeing it as a potential solution to the state’s dual problem of lack of skilled personnel and high demand for services.² Those opposed, however, see TSS as a ‘quick fix’ that could dilute the quality of care and compromise the health system.

These recommended policy options for TSS were developed primarily to ensure optimal use of available, qualified health workers for cost-effective MNCH service delivery.

Policy Option 1: Optimize the role of VHWs—Village Health Workers

Cost-effective MNCH interventions that are suitable for non-professional health workers, including VHWs and traditional birth attendants (TBAs), include:

- Educating women and their families on pregnancy, childbirth, and postnatal care
- Identifying pregnancy and neonatal danger signs, with prompt referrals
- Providing oral contraceptives, condoms, cord care, and clean delivery kits
- Providing iron folate supplementation, balanced protein-energy supplements, and malnutrition prevention during pregnancy
- Providing vitamin A and zinc-ORS supplements for children, distributing insecticide-treated bed nets, and intermittent preventive treatment for malaria.

Policy Option 2: Optimize the role of CHWs— Community Health Workers

CHWs can perform basic or routine ANC, by registering patients using appropriate registers and issuing ANC cards, along with:

- Identifying signs of prenatal complications (anemia, pre-eclampsia, eclampsia, bleeding, malaria, jaundice and other medical complications)
- Initial management, life-saving procedures, and timely referrals
- Educating TBAs on their role as advocates, for encouraging pregnant women to deliver in health facilities.

Policy Option 3: Optimize the role of nurses and midwives

Nurses and midwives can support MNCH services by:

- Managing pregnancy complications (anaemia, pre-eclampsia/eclampsia, bleeding, malaria, others) through initial management and life-saving procedures, and ensuring timely referrals
- Identifying postnatal complications (puerperal, neonatal sepsis, anemia, mastitis) and ensuring timely referrals.

Policy Option 4: The role of medical officers

Only medical officers should perform certain services, such as:

- Forceps delivery and cesarean section, as well as provision of anesthesia during cesarean section
- Repair of cervical lacerations
- Repair of third and fourth degree perineal tears.

POLICY CONSIDERATIONS

Optimizing the roles of FLHWs through TSS is one solution for improving MNCH services and addressing health system challenges. Other opportunities include widespread support for improving MNCH care and addressing the unmet need for care and shortage uneven distribution of health professionals. Consequently, there is need for international and local support for TSS policy and its implementation.



CONCLUSION

Every government has the responsibility of prioritizing health and ensuring adequate and timely access to high quality health care. This can be achieved through appropriate MNCH interventions, as well as enhancing FLHWs' abilities to improve MNCH services through TSS.

Recommendations

- Institutionalize post-training supportive supervision and clinical mentoring.
- Provide additional on-the-job training of FLHWs to ensure retention of acquired skills.
- Provide FLHWs with appropriate recognition, support, and remuneration.
- Strengthen referral systems and quality assurance mechanisms.
- Improving monitoring and evaluation to track performance standards.

REFERENCES

1. *Report of Bauchi State Tasks Analysis 2015*
2. *Report of stakeholders' meeting on TSS - an advocacy and sensitization workshop, Population Council 2015*

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ABOUT THE HUMAN RESOURCES FOR HEALTH PROJECT

This document was developed by Population Council through the Human Resources for Health (HRH) project, “Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria”, funded by Global Affairs Canada (GAC). The five-year health systems strengthening project is implemented in Nigeria by the World Health Organization (WHO), Population Council and Global Health Workforce Alliance (GHWA). The project has two focal states, Cross River and Bauchi, but also works at the federal level through the Federal Ministry of Health and regulatory bodies, specifically the Nursing and Midwifery Council of Nigeria (NMCN) and the Community Health Practitioners’ Registration Board of Nigeria (CHPRBN), as well as pre-service training institutions.

The project aims to improve the quality and quantity of FLHWs in Bauchi and Cross River states, build capacity for HRH management at federal and state levels and contribute to reducing the burden of disease among women, newborn and children.

