

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

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

BACKGROUND

Nigeria's Cross River state has made progress with its healthcare indices with the infant mortality rate (IMR) currently at 78 per 1,000 births, under-five mortality rate at 124 per 1,000 births, and maternal mortality rate (MMR) at 2,000 per 100,000.¹ More efforts are needed, however, for universal health coverage in the state as well as achieving its health-related sustainable development goals (SDGs). Only 41.3 percent of deliveries each year are by a skilled birth attendant, only slightly higher than Nigeria's national average of 38.1 percent.

KEY POLICY AND PROGRAM ACTIONS

There is a shortage of qualified and skilled health professionals providing cost-effective MNCH services. FLHWs have the potential to learn new skills as part of 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), trains FLHWs on specific skills so health care workers are better utilized, to improve MNCH outcomes in local communities. As a result of the TSS policy in Cross River state:

- Village health workers (VHWs) identify and refer pregnant women in their communities to antenatal clinics and provide oral medications only.
- Community health workers (CHWs) perform initial case management and ensure quick referrals to secondary facilities for specialized care.
- Nurses and midwives deliver MNCH interventions that are accessible and affordable to all.
- Medical officers only can repair cervical lacerations, manage pre-eclampsia and eclampsia, and continue management of newborn complications.



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Cross River’s IMR and MMR are just a few of the state’s unacceptable MNCH indices. The state suffers from a shortage of skilled birth attendants, attrition of trained health personnel, and health worker concentrations in urban locations.² Other factors include a high population growth that surpasses annual increases in health personnel, compounded by employment embargos, in addition to poor working conditions that lead to health worker migrations.

There are, on average, 10.3 doctors and 11.9 nurses or midwives for every 100,000 individuals in Cross River. Facilities in urban local government areas (LGAs), which generally have more staff, are more likely to employ doctors, nurses, and midwives, while rural facilities are more likely to be staffed by community health workers, who comprise 34 percent of health staff in the state. (For more information, see Table 1.)

Some schools of nursing and midwifery in Cross River have not been accredited, or recently lost their accreditation, which has affected the number of nurses and midwives trained in the state.

WHY TASK SHIFTING AND SHARING?

The intention of “task sharing” or “task shifting” is to train cadres who lack competencies for specific tasks to deliver them and thereby increase health care access (WHO 2012). A major challenge for most health care organizations and health systems is determining

the right mix of health workforce for service delivery (WHO 2012). Health care is labor intensive and managers should identify a mix of staff that can safely deliver services using available resources.

In 2014, Nigeria’s 57th National Council on Health (NCH) approved a TSS policy for essential health care services, as a strategy for improving access and efficiency within Nigeria’s health system. FLHWs are being trained to assume roles and perform functions traditionally reserved for mid- or high level cadres of providers, to optimize both the number and capacities of available providers. Cross River has now implemented its TSS policy.

POLICY OPTIONS

Optimizing the skills of available FLHWs, and improving cost-effective MNCH services, should be a priority of the government. To sustain FLHWs’ effectiveness, they must receive training, mentoring, and supportive supervision to ensure quality health care services.

Our Cross River stakeholder analysis revealed varied views on TSS in the state. Those in favor of task shifting see it as a potential solution to the state’s dual problems of lack of skilled personnel and high demand for services. Those opposed to task shifting see it as a “quick fix,” an approach that could dilute quality of care, compromising the health system.

These policy options are recommended primarily for ensuring the optimal use of available, qualified health workers for cost-effective MNCH service delivery.

Policy Option 1: Optimize the role of village health workers

Non-professional health workers, including VHWs and traditional birth attendants (TBAs), can:

- Provide preventative care to pregnant women, but VHWs can only provide oral medications at the home.
- Identify danger signs in pregnancy and the neonatal period, provide newborn care, and promote breast-feeding.
- Identify and refer persons with difficulty breathing, malnutrition, dysentery, and persistent diarrhea, etc.
- Educate women and their families on self-care during and after pregnancy.

Table 1. Selected NDHS 2013 Indicators at Federal and for Cross River State	Nigeria (%)	Cross River (%)
Percentage of women ages 15 to 49 using any modern contraceptive	9.8	14.4
Percentage of women who had ANC with a skilled provider at last pregnancy	60.6	72.6
Percentage of women delivering with a skilled birth attendant	38.1	41.3
Percentage of children (12-23 mos) who received all basic immunization	25.4	52.5
Percentage of women with unmet FP need	16	31

Policy Option 2: Optimize the role of community health workers

CHWs can perform basic or routine ANC by registering patients with appropriate registers and issuing ANC cards. Other potential tasks for CHWs, as a result of TSS policy, include:

- Identifying signs of prenatal complications (anemia, pre-eclampsia, eclampsia, bleeding, malaria, jaundice and other medical complications) and ensuring timely referrals
- Initial case management, life-saving procedures, and timely referral
- Educating TBAs on their role as advocates, for encouraging pregnant women to deliver in health facilities
- Dispensing prescribed routine drugs and ensuring every pregnant women is provided long-acting, insecticide-treated nets.

Policy Option 3: Optimize the role of nurses and midwives

Nurses and midwives can support MNCH services, including identifying pregnancy complications, performing initial management and life-saving procedures, and ensuring timely referrals. Other potential tasks include:

- Measuring patients' vital signs
- Health education for pregnant women and their families on danger signs in pregnancy, childbirth, etc.
- Identifying postnatal complications and ensuring timely referrals
- Vacuum extraction delivery and manual vacuum aspiration

Policy Option 4: The role of medical officers

Only medical officers should perform specific services, including:

- Repair of cervical lacerations
- Repair of third- and fourth-degree perineal tears
- Continued management of newborn complications.

IMPLICATIONS

Implementation of TSS will:

- Improve delivery of services within all levels of the health care system, especially for vulnerable populations
- Increase access and use of quality health services provided by trained FLHWs.
- Address unmet demand for care as well as the shortage and uneven distribution of health professionals
- Require international and local support for task shifting to work effectively.

CONCLUSION

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

Recommendations

- Post-clinical training supportive supervision and clinical mentoring
- Additional on-the-job training for FLHWs, to ensure their skills retention
- Appropriate recognition, support, and remuneration for FLHWs
- Strengthened referral systems and quality assurance mechanisms
- Improved monitoring and evaluation for tracking performance standards.

REFERENCES

1. National Bureau of Statistics: Millennium Development Goals Performance Tracking Survey Report 2012
2. The baseline survey conducted in 2010 by Tulsi Chanrai Foundation partners in health for Cross River State

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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.

