

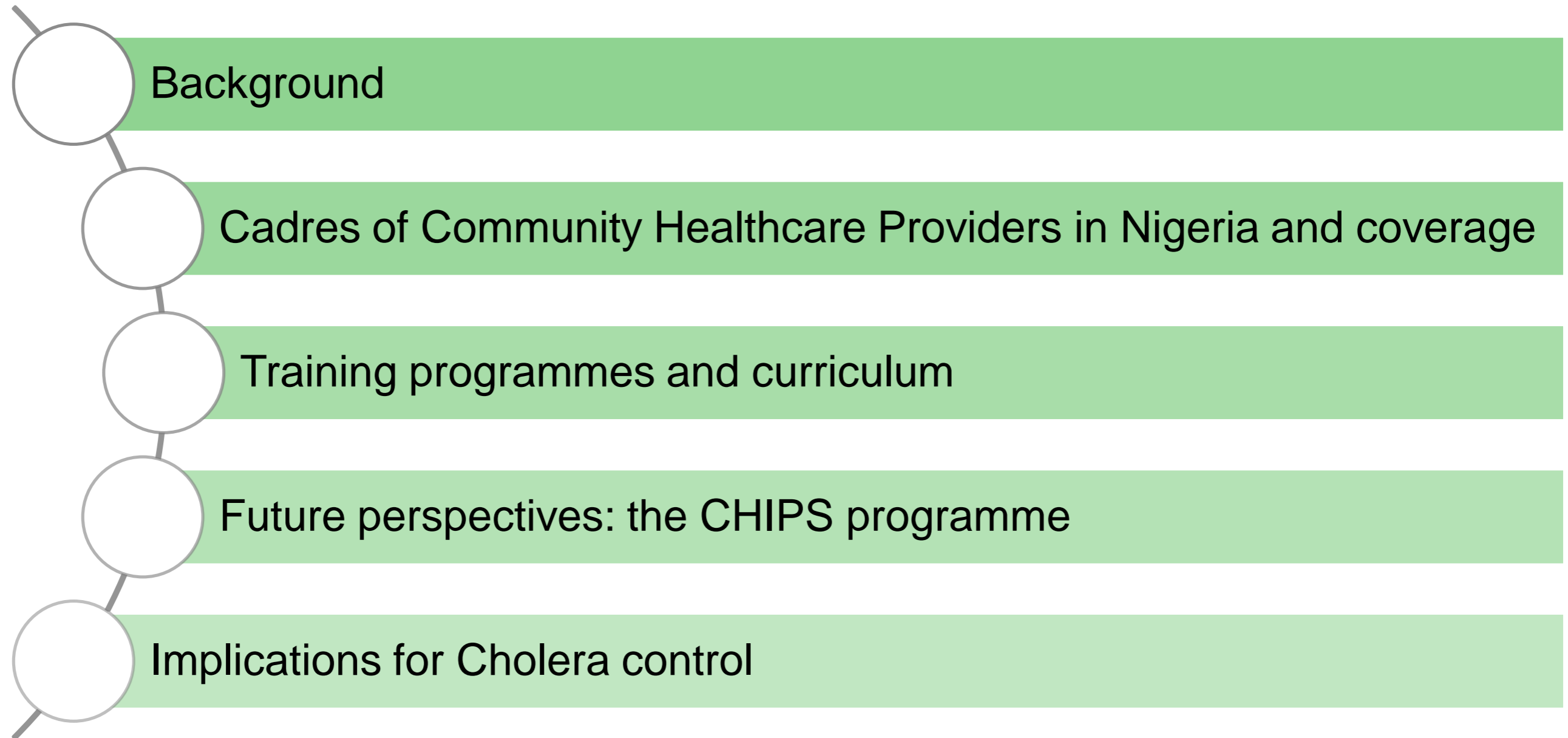


Community Health Worker Programme in Nigeria

Tochi Okwor
GTFCC Case Management Technical Working Group Meeting

5th November, 2018
Charles Merieux Conference Room, Les Pensieres

Outline



Background

- The Ward Health System (WHS) represents the current national strategic thrust for the delivery of PHC services
- Utilises the electoral ward as the basic operational unit for PHC service delivery in Nigeria
- Ward Minimum Health Care Package (WMHCP) are the PHC services that must be provided at the ward level



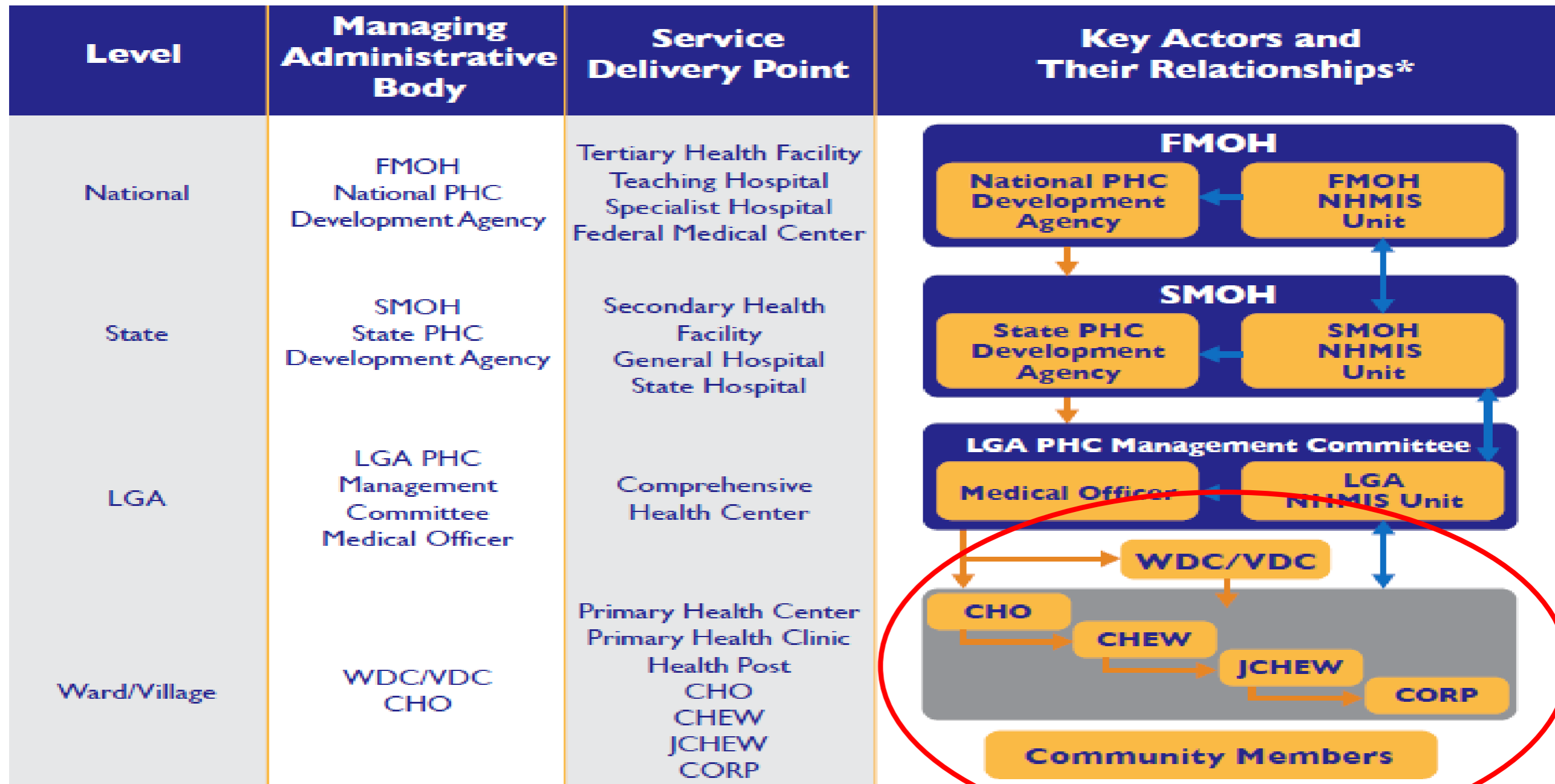
Cadres of Community Health Providers in Nigeria

- Community health officer (**CHO**)(30% time in the community and 70% in the clinic)
- Community health extension worker (**CHEW**) (50% time on Community based functions and 50% in the Clinic)
- Junior community health extension worker (**JCHEW**) (90 percent time in communities and 10 percent at the health facility).

A fourth cadre, known as community resource persons (CORPs), also operates in Nigeria.

- Traditional birth attendants
- Village health workers
- Often supported by nongovernmental organizations (NGOs).

Leadership and Governance



*NGOs provide resources and support at all levels and employ CORPs at the ward level.

Supervision →
Flow of community-level data →

Training and curriculum for Community Health workers

	CHO	CHEW	JCHEW	CORPS
Training	<p>Train at Community Health Schools attached to Teaching Hospitals</p> <p>Duration of training is two (2) academic years</p> <p>Advanced Diploma</p>	<p>Train at a School of Health Technology in each state</p> <p>Duration of training is 3 calendar years</p> <p>Diploma</p>	<p>Train at a School of Health Technology in each state</p>	<p>Trained by NGOs</p> <p>Timing and duration varies.</p>
Curriculum				
	<p>National Standing Orders for Community Health Officers</p>	<p>National Standing Orders for Community Health Extension Workers</p>	<p>National Standing Orders for Junior Community Health Extension Workers.</p>	<p>The training curriculum used is determined by the supporting NGO</p> <p>No nationally approved curriculum is available.</p>

Community Health Influencer and Promoter Program (CHIPS)

- Designed to improve on the VHW concept established by the NPHCDA and endorsed by the Federal Government of Nigeria
- Structured to stimulate and support households in communities to seek and obtain primary health care services through various delivery platforms, namely, the facility, outreaches, and home services



Goals and Objectives of CHIPs

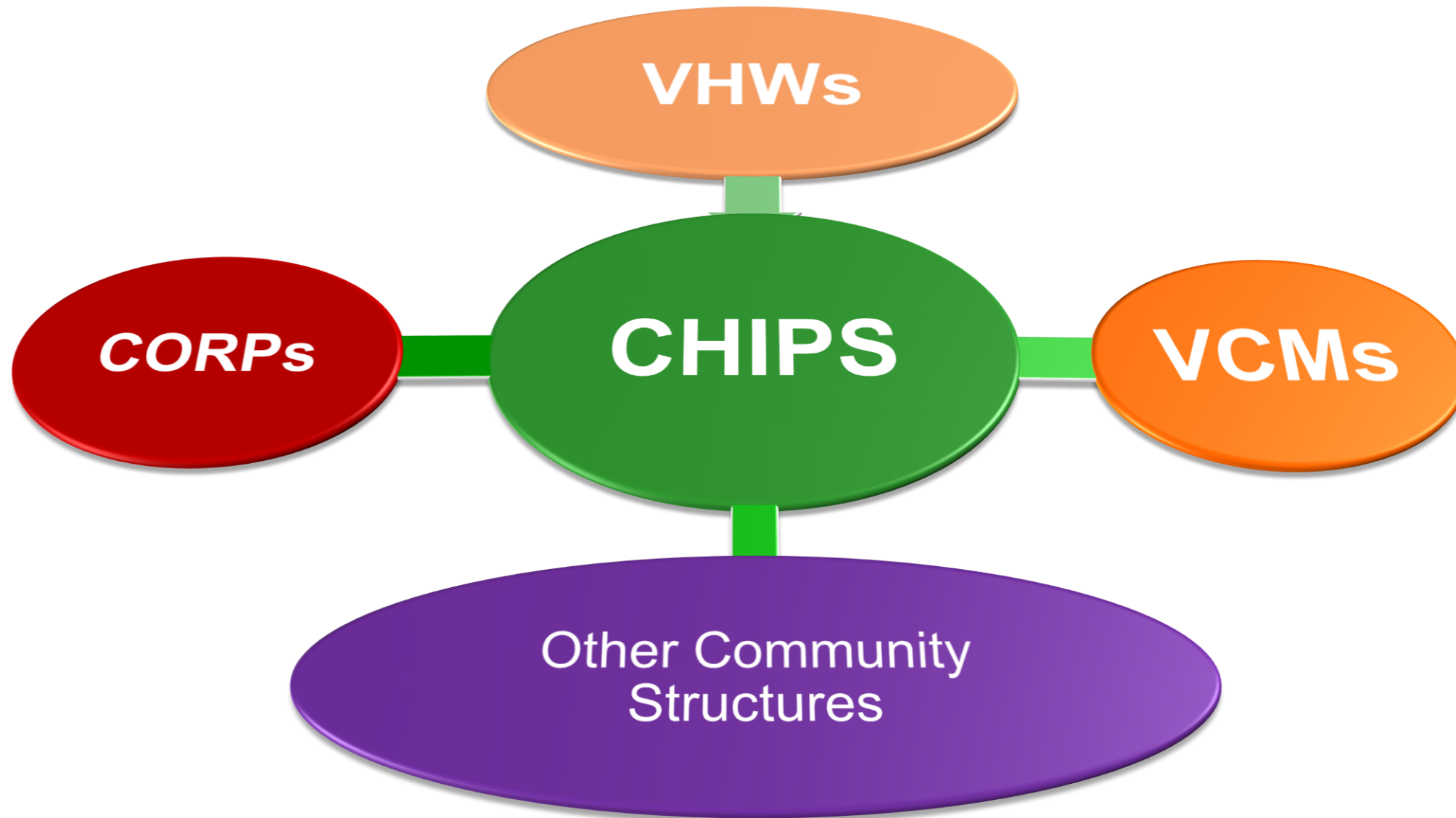
1. **To expand access to basic primary care services**

2. **To address barriers to uptake** (demand) of PHC services by strategic deployment of community health influencer and promoters Agents

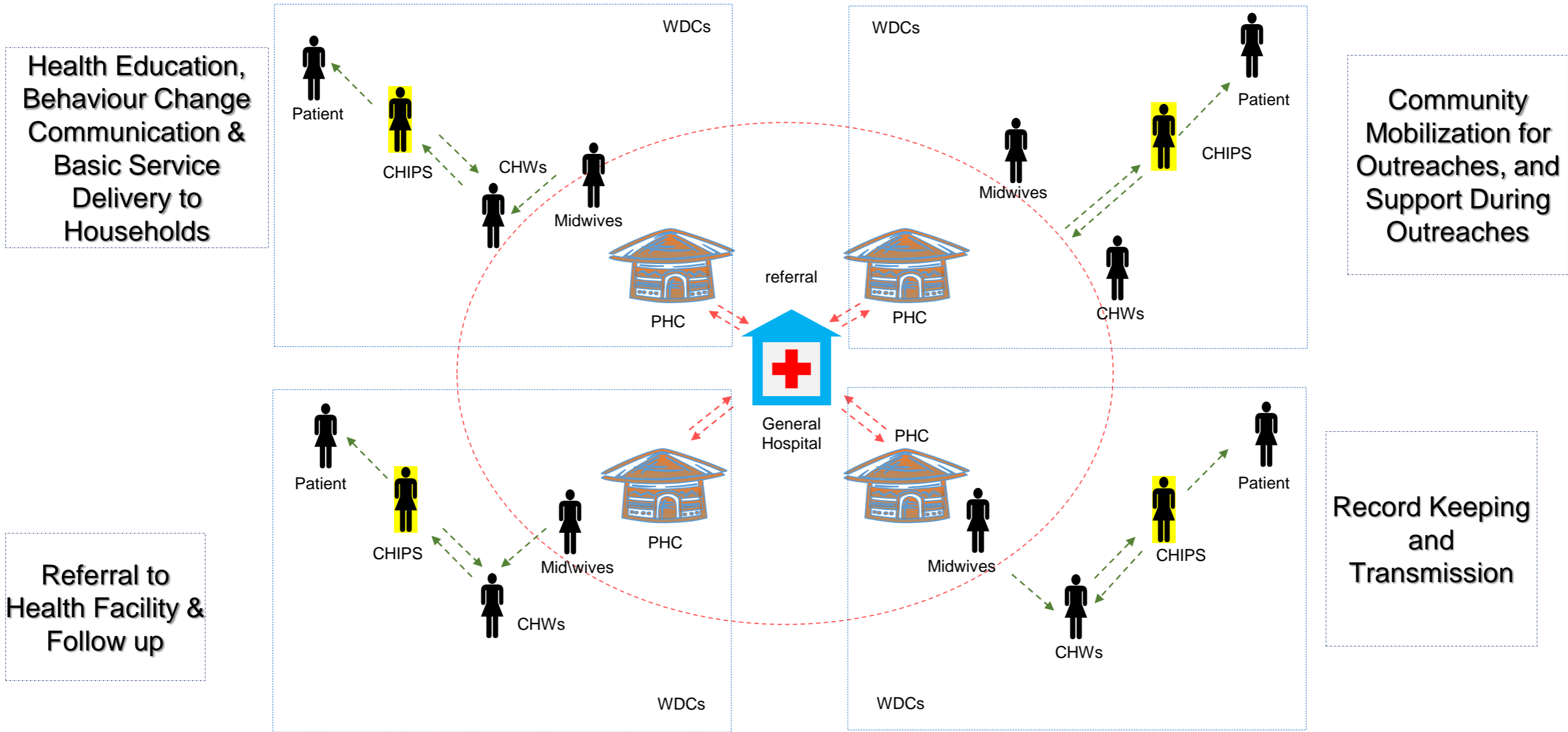
3. **To ensure supply of integrated PHC interventions**, especially among the rural population are scaled up

4. **To integrate the broader private sector into public health priorities** (across the health value chain) by leveraging private sector capabilities (innovation), influence (advocacy) and resources (financing) **to expand access to basic primary care services**

Harmonisation of existing Community Health Agents



Conceptual Framework For The Integrated Service Delivery Model Provided In The Community By The CHIPS Agents



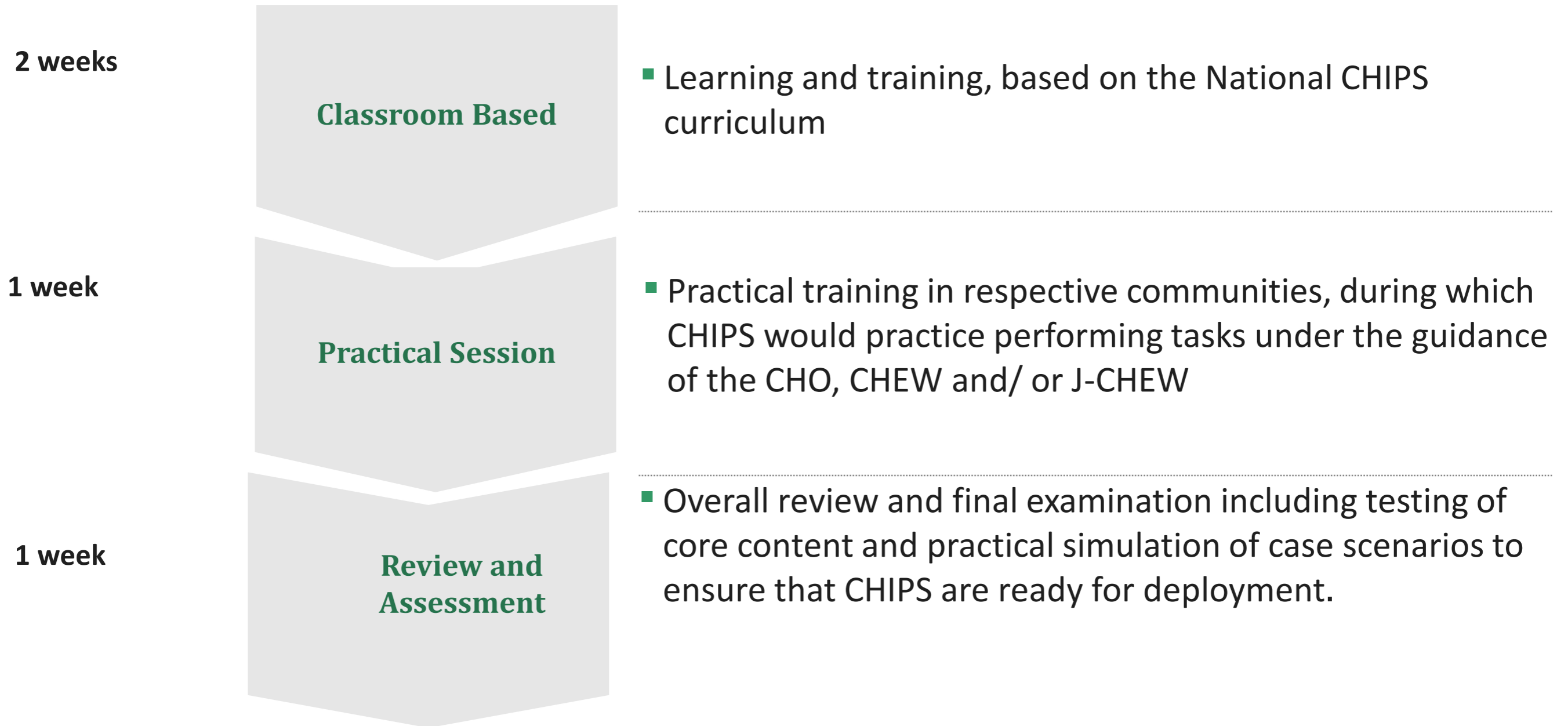
Courtesy: Dr. Olubunmi Olakunde, Department of Disease Control and Immunization, Ondo State Primary Health Care Board

Roles and responsibilities of CHIPS AGENTS

CHIPS Agents

- Conduct Home visits
- Provide health education and create demand for health services
- Provide basic first aid treatment
- Refer to the PHC
- Data collection and reporting
- Community surveillance
- Mobilization for outreaches and special campaigns
- Follow up

CHIPS agents will be trained over an initial period of four (4) weeks and subsequently receive periodic refresher courses



MODULES FOR CHIPS AGENTS TRAINING CURRICULUM

Integrated service delivery	Effective Demand generation and Behavioural Change Communication	Water Sanitation and Hygiene
Maternal and Child Health	Reproductive and Sexual Health	Disease Specific Care
First Aid Management	Data and Commodities Management	Referral and Follow-up

Levels, Targets and Facilitators of Training Activities

Level	Target	Facilitators	Duration
<i>State Level Training of Trainers</i>	State Teams <ul style="list-style-type: none"> - SPHCDA (1) - State Facilitators (2) - LGA Facilitators (3) 	National Team <ul style="list-style-type: none"> - NPHCDA - Partners 	3 Days
<i>LGA/Ward Level Training of Cluster Facilitators</i>	Ward Team <ul style="list-style-type: none"> - OIC of PHC facility (1/Ward) - CHEW (1/Ward) - Ward Focal Person (1) 	State Team	3 days
<i>Ward Level Training of CHIPS (3 Clusters per LGA)</i>	<ul style="list-style-type: none"> - CHIPS Agents (10/Ward) - Representative of Traditional Rulers (1/Ward) - NURTW member 	Ward Team	20 days 1 day 1 day

Deployment of CHIPS agents

- Ward/Catchment Area/10 CHIPS agents recruited per ward
- Assigned based on several considerations including:
 - Highly populated communities
 - Spatial distribution of households
 - Hard-to-reach communities
 - Prevalence and incidence of health issues and diseases
 - Security Compromised regions

Implications for Cholera case management

- WASH (active community participation)
- Alert system and early detection
- Home based administration of ORS
- ORP
- Push for early access to healthcare
- The CHIPs can be strengthened to carry out some case management activities

Acknowledgments

- **National Community Health Influencers Programme Services (CHIPS) Programme Unit, NPHCDA**
- **Dr. Olubunmi Olakunde**, Department of Disease Control and Immunization, Ondo State Primary Health Care Board.
- **Dr. Ikechukwu Obi** Department Coordinator of the Community Health Officers Training Programme, University of Nigeria Teaching Hospital Ituku Ozalla, Enugu State

Thank you

Nigeria Centre for Disease Control

**A healthier and safer Nigeria
through the prevention and control
of diseases of public health
importance**

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