

# Opportunities and threats to linking informal healthcare providers into the formal urban health system in Nigeria

Findings from stakeholder consultations in Anambra & Enugu states

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#### Background



- In Nigeria, informal healthcare providers (IHPs) account for a significant proportion of health service delivery in underserved urban areas
- Low coverage of health insurance and uneven distribution of formal health services increase the reliance of the urban poor on the more accessible and affordable IHPs, whose services are of questionable quality
- Despite the interdependencies of IHPs and formal health facilities in providing health services in urban areas, IHPs are not properly integrated or formally linked into the urban health system
  - Health service data from IHPs are not captured in the national health information system
  - Referrals are informal and unspecific in nature
- Although the National Health Policy and Strategic Plan recognize the contributions of IHPs, there are no clear mechanisms to link them into the National health system.
- In the absence of more consistent and structured linkages between informal and formal providers, the consequence of fragmented and poor quality of care will be borne by service users



#### Methods



Data was collected through key informant interviews and analysed using thematic approach

Stakeholder category		No. of participants
•	State policy and decision makers	10
•	State programme managers (Malaria or RMNCAH or HIV/TB or NCDs)	2
•	Local government health authority	5
•	Health professional regulatory bodies	8
•	Informal health service providers & professional associations	10
•	Formal health service providers & professional associations	8
	Total	43



Governance (regulation and supervision)

Service delivery & referrals

Capacity building & training

Data reporting

DHIS2 makes

provisions for

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Regulatory agencies accredit and license **IHPs** 

Case finding & referral - TB, HIV Existing curriculum for training CHWs

Community-based health information system

**Professional** associations register **IHPs** 

DOT; Communitybased IMCI; Rx of uncomplicated malaria

SMOH and LGHA www.choru perform ISS of PHCs @ChorusU

Distribution of commodities - ITNs, condoms

**Community Health** Influencers and Promoters (CHIPS) programme

#### **Threats**

Governance (regulation and supervision)

Weak capacity to enforce

It can be difficult to locate/identify IHPs Service delivery & referrals

IHPs are profitmaking

Weak referral systems

Capacity building & training

Variable levels of capacity of IHPs

Lack of sustainable funding



Data reporting

Lack of skills by IHPs

Lack of trust – poor feedback

Time consuming for IHPs

#### Conclusions



Opportunities exist to strengthen and institutionalize linkages between the formal health system and informal healthcare providers

Many studies recognize the importance of training and capacity building of IHPs. However, this does not guarantee improvement in quality of services by IHPs.

Hence, attempts to legitimize the practice of IHP should incorporate a combination of strategies that will ensure compliance to standard operating procedures including reinforcements through participatory problem solving, referral systems, and supportive supervision.

#### Co-designing interventions



- Needs assessment
  - +
- Rapid review of interventions in similar settings

**Evidence synthesis** 

### Prioritization & Selection

- Priority setting workshop
- Present evidence
- Define criteria for prioritization
- Prioritize & select interventions through modified NGT

- Setting up WGs
- Boundary partners
- Researchers

**Working groups** 



- Capacity building workshop (of WGs in operationalization of interventions)
- Creativity workshop using Proctor et al's framework (2012)

Operationalization of strategies

#### Validation of interventions

- Expert review –
  practitioners & content
  experts
- Piloting

- Intervention review workshop
- Expert review
- Finalization of interventions

Refinement of interventions





## Community-Led Responsive and Effective Urban Health Systems





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