

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

Findings from key informant interviews in Anambra & Enugu
states

Health Policy Research Group, University of Nigeria

Background

- In Nigeria, informal healthcare providers (IHPs) account for a significant proportion of health service delivery in underserved urban areas
- 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

Opportunities

Regulation and supervision

Regulatory agencies
accredit and license
IHPs

Professional
associations of IHPs
such as NAPPMED

Integrated
Supportive
Supervision (by
SMOH and LGHA)

Service delivery & referrals

Case finding &
referral – TB, HIV

DOT; Community-
based IMCI; Rx of
uncomplicated
malaria

Distribution of
commodities – ITNs,
condoms

Capacity building & training

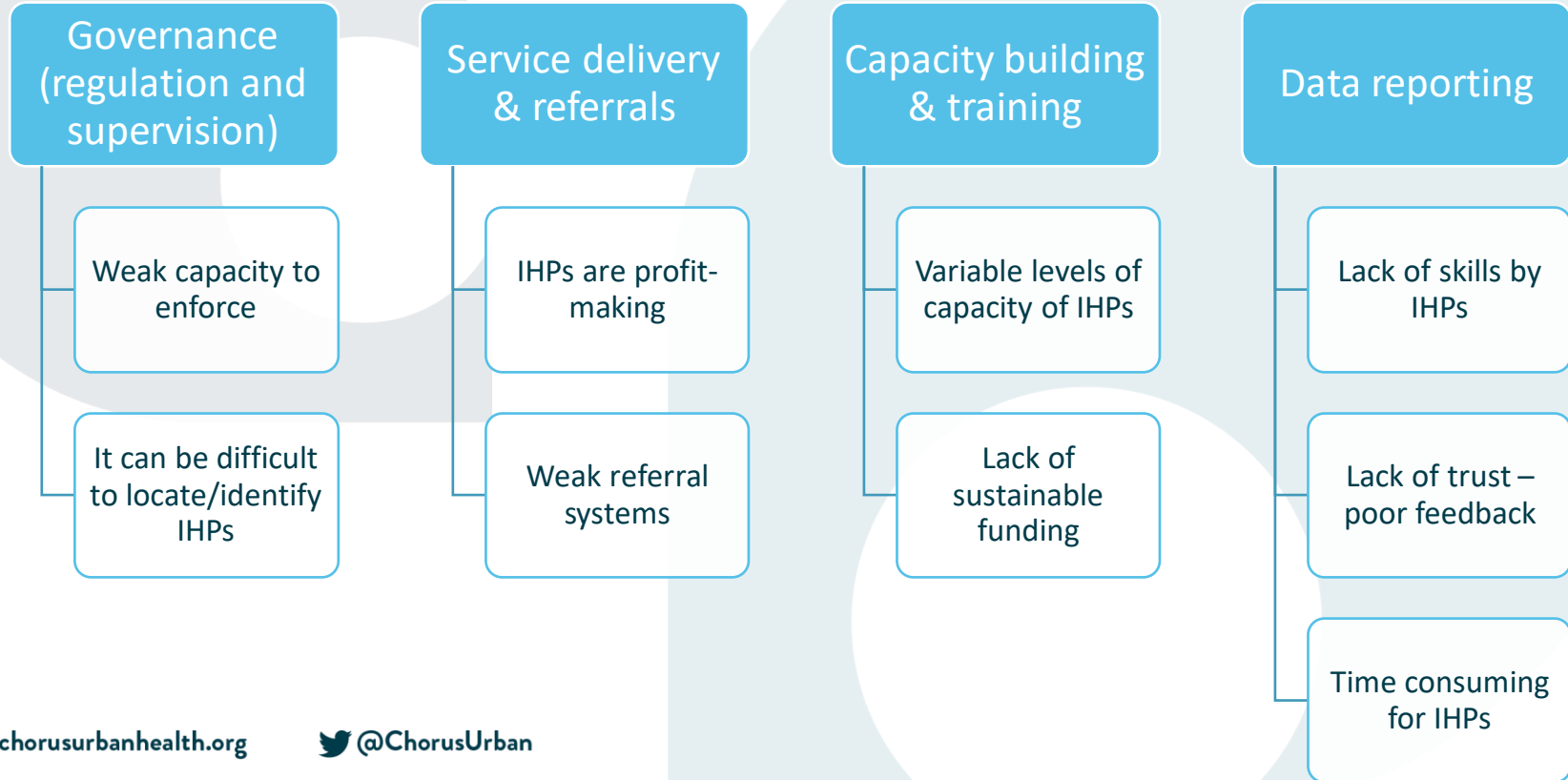
Existing curriculum
for training CHWs

Community Health
Influencers and
Promoters (CHIPS)
programme

Data reporting

DHIS2 makes
provisions for
Community-based
health information
system

Threats



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.



Thank you

Community-Led Responsive and Effective Urban Health Systems

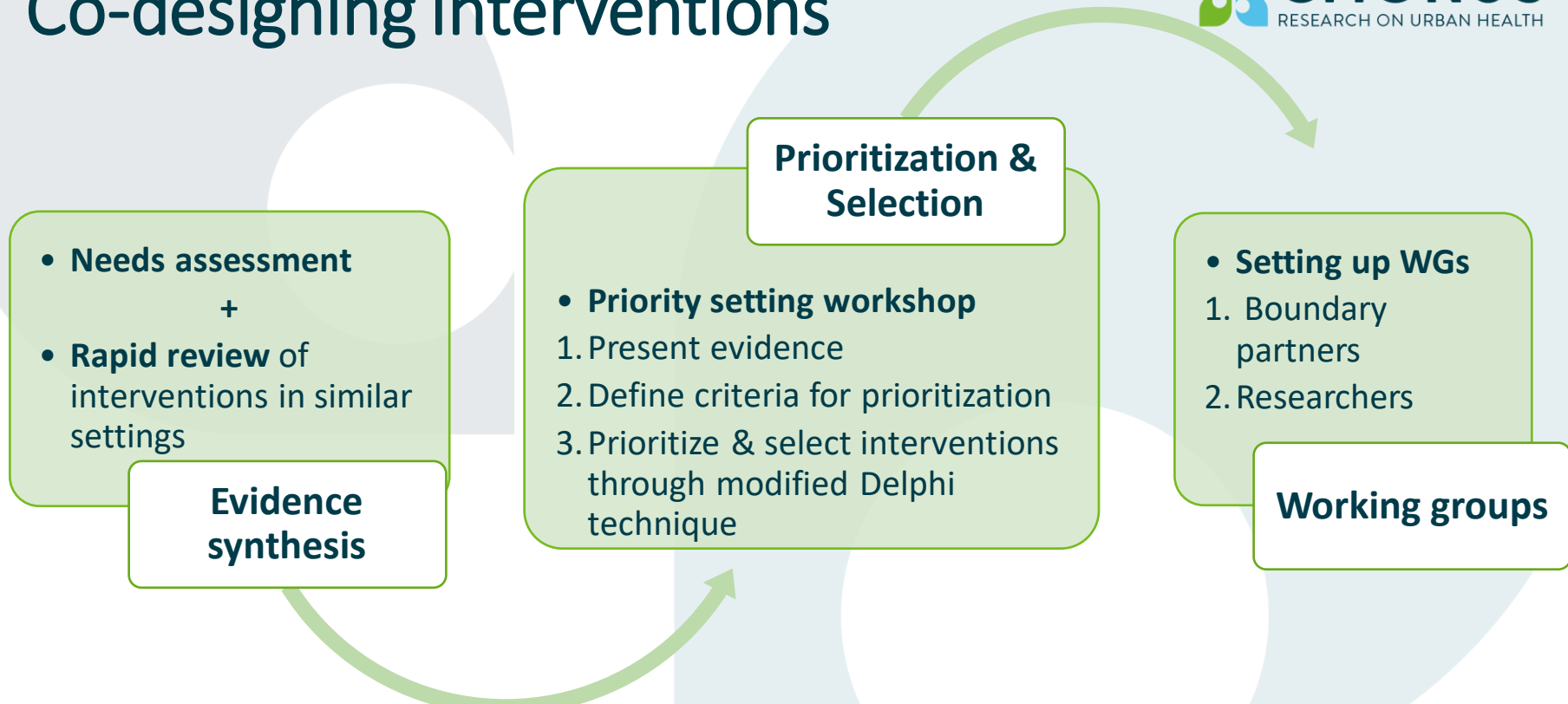


CHORUS is funded by UK aid from the British people, however, the views expressed do not necessarily reflect the UK government's official policies.

OUR PARTNERS:



Co-designing interventions



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

**Operationalization
of strategies**

- Expert review – practitioners & content experts
- Piloting

**Validation of
interventions**

- Intervention review workshop
- Expert review
- Finalization of interventions

**Refinement of
interventions**