



# **Resources and strategies to facilitate and motivate linkages between informal service providers and formal health systems in Nigeria's urban slums: findings from a rapid review**

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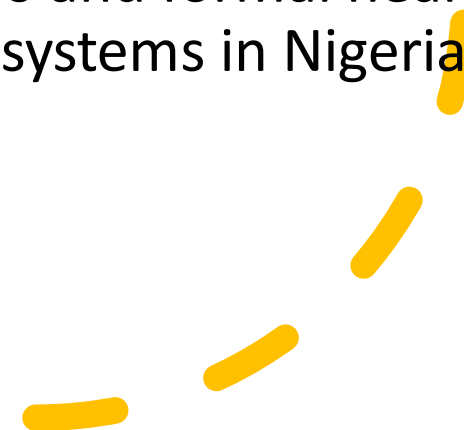
# Background

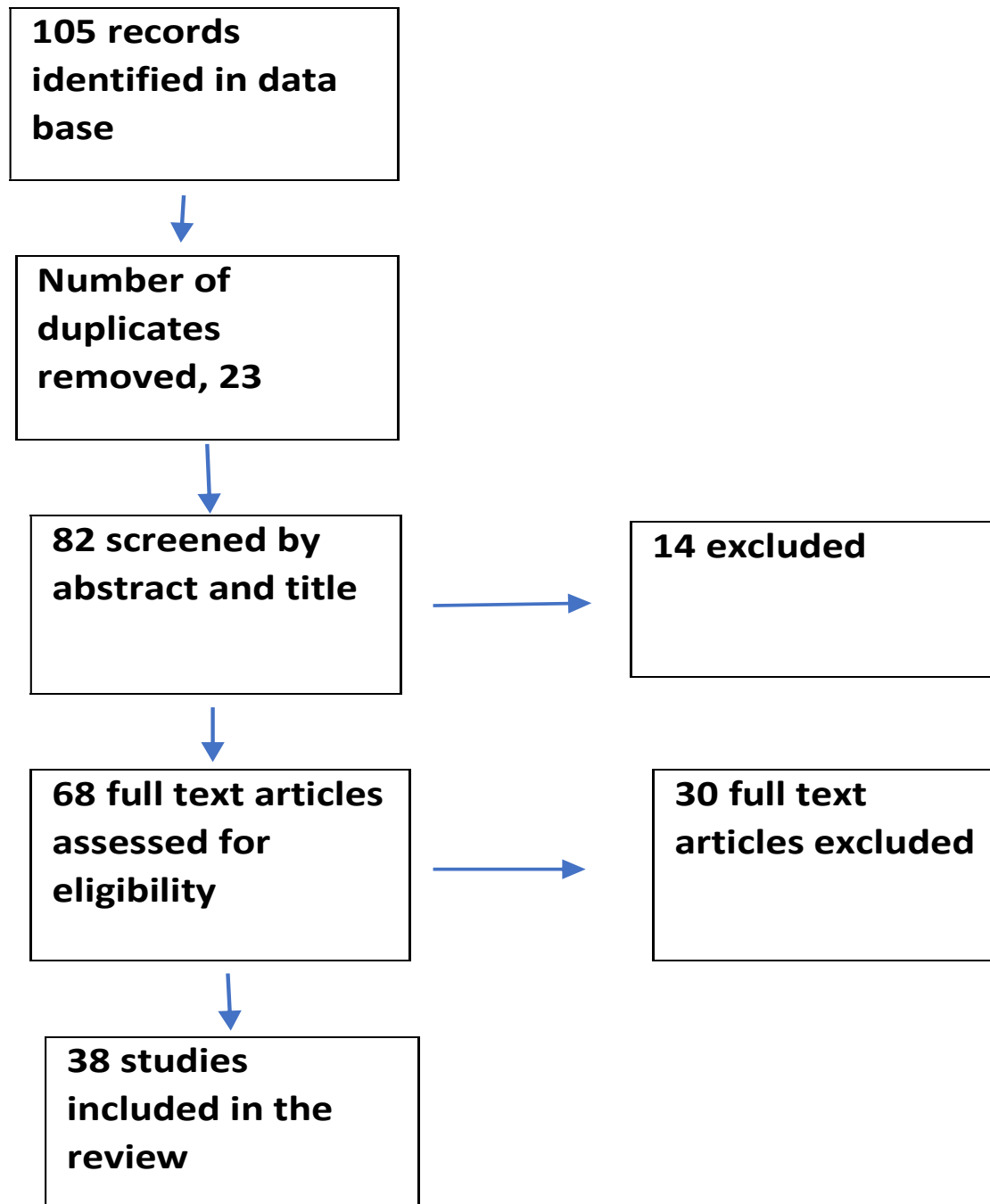
- Nigeria is a large low-and-middle income country with health indicators showing underperformance both in absolute terms and relative to other countries at similar levels of economic development.
- There is a paucity of formal healthcare providers in most urban slums, thereby helping to develop a market for informal healthcare providers that thrive in such areas.
- It has been established that the burden of various diseases is higher in urban slums than elsewhere, hence, the informal healthcare providers account for a significant proportion of health service delivery in Nigeria.
- With the poor coverage of health insurance and uneven distribution of healthcare facilities and services in urban slums there is an increasing reliance among the urban poor on the more accessible and affordable informal providers.
- Despite their interdependencies, non-formal healthcare providers are not properly integrated or even formally linked to the formal health system.
- In the absence of more consistent and structured linkages between non-formal and formal providers, the consequence of 'fragmentation' of health services and poor quality of care will be borne by service users.
- Hence, there is a critical need to strengthen and support more institutionalized linkages of the formal with informal health service providers to improve quality and continuity of care.



# Aim & Objectives

1. To identify resources and strategies that have been used to facilitate and motivate linkages between informal service providers and formal health systems in Nigeria's urban slums.
2. To provide evidence that will enable effective collaborations and relationship/linkages between informal service providers and formal health systems with regards to provision of better health services.
3. To proffer recommendations on ways to facilitate and motivate linkages between informal service providers and formal health systems to strengthen and improve health systems in Nigeria.





# Methods of data collection



## Government websites, documents and data (6)

## Media tracking (9)

## Review of peer reviewed journal papers (23)

### Data sources

#### Websites:

FMOH; NPHCDA; NHIS; National Population Commission; WHO AFRO.

Used FACTIVA to track news from Africa Press Release (APO Africa Newsroom)  
Nigeria Health Watch  
Devex, PwC Nigeria

Local and international journals  
English language  
February 2020 - onwards

#### Documents

- National Population Commission: Population and Housing Census of the Federal Republic of Nigeria. In. Abuja, Nigeria:

#### Newspapers (online)

Vanguard  
Punch  
Guardian  
The Nation  
Tribune  
Etc

#### Blogposts

Coverage – Sub-Saharan Africa, Nigeria, Urban slums

#### Keywords –

- Collaborations; linkages; Resources; strategies; health service providers; urban slums; Nigeria

### Tools

Data extraction template & SOP

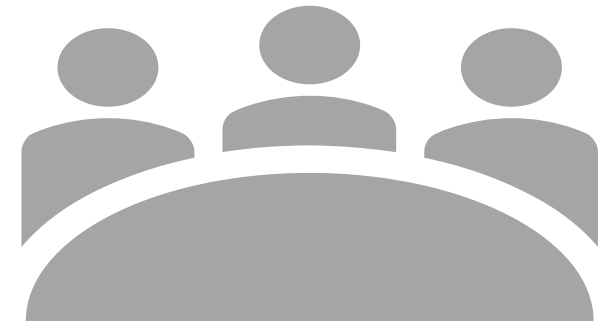
Data extraction template & SOP

Data extraction template & SOP

# Methods of data analysis



Thematic and Narrative  
synthesis



WHO health systems building  
block framework

# The identified strategies

**Governance:** Creation of organizations for each informal group and formal registration with a regulatory body through legal means.

Development of regulation, policies and regulatory procedures for each informal group.

Conduct of meetings and supportive supervision visits by the formal to the informal providers.

Design of training and seminar curriculum for the informal providers.

**Health financing:** Use of financial and non-financial incentives to link both groups e.g. intervention schemes, reimbursements of expenses and monetary incentives.

**Service delivery:** Conduct of training of the informal health workers by the formal groups through their regulatory agencies, government or NGOs. Supportive supervision and referral of cases from informal to formal health centres.

Involvement of the informal providers in health reform projects through market-based and quality circle approaches.

**Medicines and technology:** Use of digital community to improve the informal service delivery particularly mobile phones to coordinate the activities of the informal providers.

**Human resources for health:** Through volunteer mechanisms as part of the community health workforce. Task-shifting and task-sharing (TSTS) policy for provision of essential health services. By understanding the demand and supply sides motivation of non-formal providers, instituting quality assurance procedures and creating an enabling environment for the informal health workers.

**Health information systems:** Involvement of both groups with health data collection, case identification and referral of disease cases





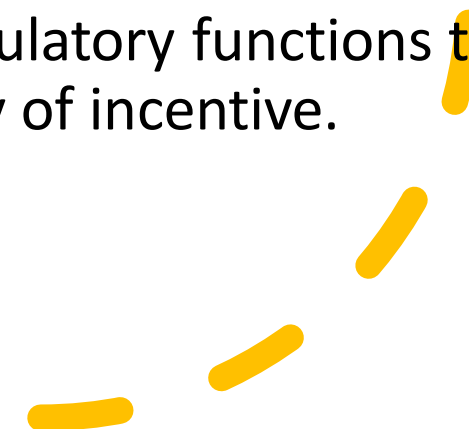
## Conclusion and recommendations

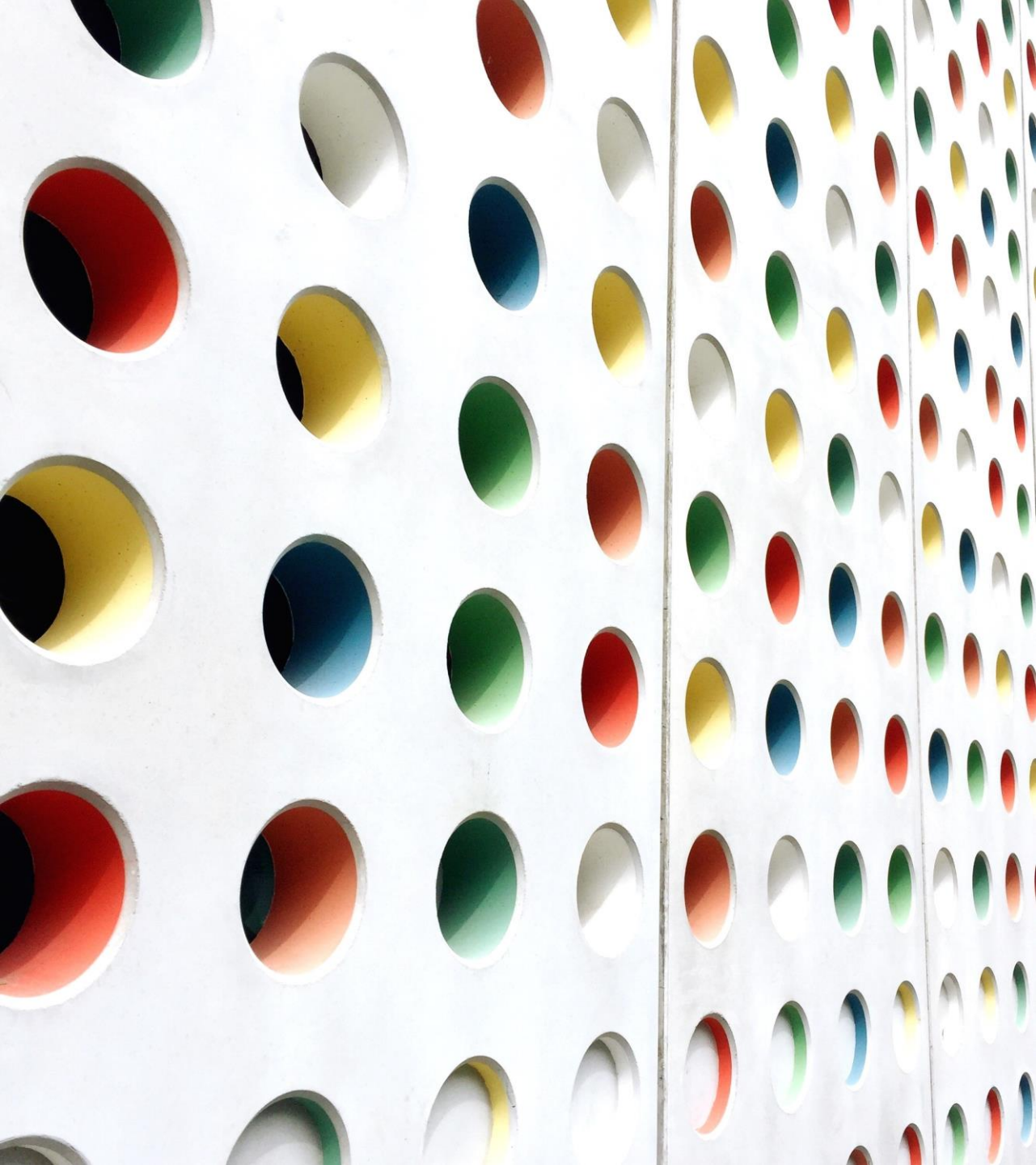
- Resources and strategies to facilitate and motivate linkages between informal service providers and formal health systems in Nigeria's urban slums has been identified.
- In addressing issues around coordination, human resources, health information and service delivery, it was suggested that health systems can benefit from stronger formal informal care linkages through functional partnership frameworks; improved referral systems; better health information systems; and the expansion of health training, mentoring and practice opportunities.
- Integration of the formal and informal systems could increase efficiency, reduce staff fatigue and absenteeism, increase awareness of available services and enhance the community mobilization and participation, which is a critical enabler in health systems response.
- These will help regulate, improve the quality and continuity of care provided by the informal health providers



# Recommendations

1. To involve the informal health sectors in health projects to mobilize the populace for them eg the health insurance scheme.
2. Identification and regularization of informal providers by law, as well as regulation of their conducts.
3. Training the informal providers to understand altruism and always apply such virtue in dealing with service users is important as this will encourage proper referrals.
4. Extending health insurance as an incentive to the informal providers.
5. Subsidizing drug supply and increasing regulatory functions to the informal groups by the formal as a way of incentive.





**THANK  
YOU**