

Evidence assessment: Summary of a systematic review

Who is this summary for?

This summary is for clinicians, policy makers, district health managers, non-governmental associations and community based associations.

Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis

Key findings

Lay health workers (LHWs) provide care for a range of issues, including maternal and child health. The LHW programme strength is based on the close relationship between LHWs and recipients, the development of services that recipients perceive as relevant; regular and visible support from the health system and the community; and appropriate training, supervision and incentives.

Background

Lay health workers (LHWs) perform diverse functions related to health care delivery. LHWs are usually provided with job related training, they have no formal professional or paraprofessional tertiary education, and can be involved in either paid or voluntary care. For LHW programmes to be effective, we need a better understanding of the factors that influence their success and sustainability.

Question

What factors can affect the implementation of LHW programmes for maternal and child health?

LHW programme in Cameroon:

In about the half of the cases, the activity of lay health workers (LHW) in Cameroon escapes to two fundamentals referents, the head of the health service district and the community served. Reform on the deployment of LHW has been implemented in a context of structural and functional changes in the health system induced by the implementation of decentralization.

Summary of systematic review		
	What the review authors searched for	What the review authors found
Studies	Ethnographic research, case studies, process evaluations and mixed methods designs.	Fifty-three studies of LHW programmes, described in 56 papers, were included in the synthesis, 51 of which were published after 2000
Participants	Stakeholders' experiences' and attitudes' about lay health worker programmes in any country were included.	Lay health workers, patients and their families, policy makers, programme managers, other health workers, or any others involved in or affected by the programmes.
Interventions	The authors of this review considered programmes that were delivered in a primary or community health care setting; that intend to improve maternal or child health; and that had used any type of lay health worker, including community health workers, village health workers, birth attendants, peer counsellors, nutrition workers and home visitors.	Health care services; promotion counselling and support; promotion and distribution; diagnosis and treatment; packages of promotional; preventive and curative tasks, lay health worker selection training, supervision and incentives.
Controls	Any controls	No studies reported a control
Outcomes	This synthesis is an interpretive explanation rather than predictive and was developed to complement the review of lay health worker programme effectiveness. It is focused on the barriers to the implementation of health systems changes and includes the following factors: (a) knowledge and skills; attitudes regarding programme acceptability, appropriateness and credibility ; and motivation to change or adopt new behaviours among recipients of care , providers of care , and other stakeholders; (b) health system constraints and (c) social and political constraints. Indeed, The recipients appreciate LWH rather than health professionals, because of their proximity and their kindness. They seem to be familiar and more accessible to the population they served. Besides, the LHW seems to respond to the community health need and solved the issue of health professional busy workload. Furthermore there is some misunderstanding between health professionals and LHW. Some studies also present the LHW' monetary or non monetary motivations; and altruism or social engagement incentives.	
Date of the most recent search: December 2011.		
Limitations: This is a qualitative evidence synthesis, none of the study findings were assessed to be of high certainty, because of weaknesses in study quality.		
Review citation: Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A. Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No. : CD010414. DOI: 10. 1002/ 14651858. CD0 10 41 4. pu b2 .		

Summary of qualitative findings table

Outcomes	Quality of the evidence	Comments
Programmes acceptability, appropriateness and feasibility	Moderate certainty	The risk of bias was not performed for the included studies as this is not an appropriate method for qualitative research. The certainty of the review findings was appraised by the CerQual approach.
LHW motivations and incentives	Low certainty	
LHW training, supervision and working conditions	Moderate certainty	
Patient flow progresses	Moderate certainty	
Service integration	Low certainty	
Social and cultural conditions	Low certainty	

Applicability

Seventeen of the LHW programmes were conducted in low income countries (Bangladesh, Ethiopia, Gambia, Kenya, Malawi, Nepal, Uganda, Vietnam, Zambia, Zimbabwe); Nineteen in middle income countries (Brazil, Ghana, Guatemala, Honduras, India, Iran, Mexico, Nicaragua, Pakistan, Papua New Guinea, South Africa, Thailand); and seventeen in high income countries (Australia, Canada, USA, UK). These programmes may be applicable in Cameroon in accordance with the implementation of the ongoing reforms.

Conclusions

The relationship between lay health workers and their recipients is primordial for the implementation of such programmes; so as the development of services that recipients perceive as useful; regular and visible support from other health workers and from community leaders; and sufficient training, supervision and incentives.

Acknowledgements:

This evidence assessment is supported by the Effective Health Care Research Consortium which is funded by UKaid from the Department for International Development.

Prepared by

Christine Danielle Evina, Lawrence Mbuagbaw

Centre for the Development of Best Practices in Health, Yaoundé, Cameroon.

June 2013