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Role of Integrating Community Health Workers in Achieving Healthcare for all

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ABSTRACT:

The low-income countries like India are suffering from a shortage of qualified healthcare professionals. The situation in the rural areas is even graver. In this present scenario of huge demand and lack of professionals, the role of community health workers is extremely important. The community workers are affected by a number of factors be it related to their personal needs or to the health system. This present paper highlights the problem of integrating a new community worker into an already existing system. The author emphasize that a number of factors should be considered before integrating a community worker and mere implementation of policy guidelines would never solve the problem of the rural and underprivileged sections of the society.

KEYWORDS: Community health worker, Low-income country, Integration.

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INTRODUCTION:

As per the WHO, the health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹. However, there are a lot of problems, in order to attain this state of health for people of the low-income countries. One of the biggest challenges in the low-income countries is the dismal state of social determinants of health leading to increasing health inequity and mortality. In countries like India, where the population is expanding at a very fast rate, it is really important to control the preventable deaths. The various government schemes are launched and are intended at the vulnerable population, but even today the lack of knowledge in healthcare providers and caregivers is hampering the progress. Global health experts have emphasized on the need for expanded and improved community health programming in order to reach these underprivileged sections. But the shortage of qualified healthcare providers in India, particularly in rural areas, means that the contributions of community health workers (CHW) are very important and must be encouraged for these efforts, so that the preventable deaths can be controlled by proper guidance by the CHW.

DISCUSSION:

Healthcare workers in the low-income countries are deprived of the information that is the basis of effective healthcare²⁻⁴. Poor basic and practical healthcare knowledge among healthcare providers (including health workers and citizens) leads to poor health outcomes⁵. And this situation is even graver in rural settings. Every day, thousands of children, women and men die needlessly for want of simple, low-cost interventions. These interventions are often already locally available⁶. A major contributing factor is that the mother, family caregiver or health worker does not have access to the information and knowledge they need, when it is absolutely required, to make appropriate decisions and to save lives.⁶

Universal access to information for health professionals and caregivers is a building block for meeting the Millennium Development Goals and achieving health for all⁷. The CHW's play an important part in the success of the health programs; they are the bridge between the community and the health system⁸. India has a long and rich history of small and large CHW programs, the first CHW program was launched in 1977 and was launched again in 2005⁹. These large national CHW schemes were established to provide one CHW for every 1000 population in order, 'to provide adequate health care to rural people and to educate them in matters of preventive and promotive health care'^{10,11}. Later, a number of CHW's in the names of Accredited Social Health Activist (ASHA) or Auxiliary Nurse Midwife (ANM) or Anganwadi workers (AWW) was introduced at various times to meet the basic

health needs of the underprivileged sections of the society. The ASHA's are village-level health workers and are an integral part of the NRHM since 2005. One ASHA is responsible for a single village (population of about 1000)¹². ANM's have been a part of the health bureaucracy since the 1950s and serves four or five villages (a population of 5000)¹². The AWW's, on the other hand, are recruited from the village (one AWW per one village, constituting of a population of about 1000) through the Integrated Child Development Service (ICDS) program that the Government of India introduced in the mid-1970s¹². Each of these CHW's has different professional training and skills, performance incentives, professional trajectories and accountability mechanisms¹². However, all these CHW's work as a bridge between members of their own communities and the public health system¹³.

It is evident that CHW's make diverse contributions toward strengthening health programs. However, it is not easy to both vertically and horizontally integrate a new entry level, healthcare provider in the community. There are a number of factors that affects the process of integration, these may be related either to the basic needs of the CHW or are associated with socio-cultural issues, availability of drugs, monetary support and individual behavior of workers¹⁴. The challenges could also be associated with the introduction of a new person into an altogether new community wherein, already some CHW's are working for a longer duration.

The role of integration of CHW's is very important. India is a very populous country and is facing shortage of qualified healthcare professionals working at the grass root levels. Thus, it is extremely important to have CHW's who are although not equally qualified but can guide the underserved population for the proper treatment. Efforts should be put in to encourage people to become healthcare providers/community health workers who were already a part of the community. Rowe and Calnan, 2006 mentioned the importance of building trust between health provider and patient in the community, thus highlighting the importance of minimizing the factor of distrust¹⁵. This has the added benefit of a wide impact on local people's view on social mobility and perceived potential.

In addition, the CHW's that work with health facilities either at the primary or secondary levels can be integrated into communities slowly. Gradually efforts should be put into building this relationship over time to strengthen ties with the community. The role of the Panchayat is very important in the smooth integration of a new CHW. Zulu JM et al. 2015 mentioned about building relationships among CHW's and community¹⁴. As a new CHW from outside the community can sometimes create community imbalance and resentment¹⁴.

The author believe that CHW's should be encouraged from the community and they should not be 'parachuted-in' from outside. However, there are certain issues with this, mostly related to brain drain, financial issues, etc. which force the introduction of a new CHW from some different region to be inducted into the community. CHW's work in a complex interpersonal, inter-professional, and inter-organizational environment, in addition to a challenging external geographic and ethnographic environment. The author also insists that the CHW'S can only function effectively, if their own basic professional needs are met. These needs may be summarized as a spectrum of skills, equipment, information, structural support, medicines incentives and communication facilities⁵. Besides, the information needs of CHW's in low-income countries are varied and are affected by a number of factors - professional, institutional, cultural and infrastructural. Meeting these needs requires a clearer and better understanding of the complex interrelationships between these factors¹⁶. Unless, the CHW's are self-sufficient, there is very little scope for achieving Millennium Development Goal's and healthcare for all.

There are certain other issues as well which needs to be addressed, as in areas where already some pre-existing CHW is working extra efforts has to be made to develop trust with the new CHW's because, if the pre-existing CHW don't fully trust the new community workers, they will not receive the support that is essential to work effectively and efficiently in the community. The development of this relationship is intricate and essential.

CONCLUSIONS:

The mere structuring and implementation of policy guidelines for integrating CHW's in the health system may not automatically guarantee successful integration at the local or district level, at least at the start of the process¹⁴. This is a gradual process and there is need for fully integrating such innovations into the district health governance system, if they are to be effective¹⁴.

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