

Lay or community health worker programmes: implementation considerations

Photo by U.S. President's Malaria Initiative



During pandemics, the need for healthcare workers increases as more people get sick and need care. At the same time, healthcare workers may fall ill themselves or be placed in quarantine; and there is also a need to continue to deliver routine services. Governments across the world are trying different solutions to address this problem. One possible solution is to increase the use of lay health workers.

A lay health worker is a lay person who has received some training to deliver healthcare services but is not a health professional. They have different names in different settings, including community health workers and promotora. Rather than being seen as lesser trained health workers, lay health workers represent a different type of health worker. They often live in the same community in which they work, and often have a close relationship with recipients. However, implementing lay health worker programmes also has a number of challenges.

Questions for implementers when implementing lay health worker programmes

Living and working in the same community

- When selecting lay health workers, have you considered how they will be perceived by members of the community in which they will work, for instance in terms of their sociocultural background? For instance, could their social status or cultural background deter some members of the community from accessing care”?
- Do lay health workers have ways of managing relationships with

Who is this summary for?

Implementation agencies, ministries of health, programme managers, and other stakeholders who are planning, implementing, or managing lay health worker programmes.

About the review

A Cochrane Review of qualitative research explored how lay health workers, mothers, programme managers, and other health workers experienced lay health worker programmes for mother and child health (Glenton 2013). The review analysed 53 studies from around the world.

How up-to-date was this review?

The review authors searched for studies that had been published up to December 2012.

recipients and creating boundaries between work and personal lives when working and living in the same community?

- Are there routines and standards in place to ensure that lay health workers do not share recipients' personal information with others in the community? And are community members aware of these standards?
- Lay health workers working and living in the same community may be especially vulnerable to blame in instances of incidental death, disease, or other problems during care. Have you considered how to offer help in these circumstances, for instance by providing visible support from the health system, or regular supervision and counselling?
- Have you considered whether collaboration with community leaders could increase the credibility and acceptance of lay health workers? Remember that the success of this involvement is only likely to be useful where community leaders have authority and respect.

Work activities

- Are lay health workers providing tasks that they see as relevant to the challenges they meet during their working day and in their interactions with community members?
- Have you provided lay health workers with sufficient means of transportation, where necessary?
- Have you put systems in place to ensure lay health workers' personal safety, for instance during travel or when visiting homes or neighbourhoods?
- Do cultural or social norms exist (e.g. gender, caste) that could prevent some lay health workers from moving within their community to fulfil their responsibilities?

Working with other healthcare providers

- Have you considered how to ensure good working relationships between lay health workers and other healthcare providers? For instance, are other healthcare providers encouraged to be respectful and responsive?
- Has the use of lay health workers added to the workload of other healthcare providers, for instance because of additional tasks such as evaluation and supervision? Or do they perceive lay health workers as lessening their workloads, and bringing complementary skills, knowledge and experience?

Referral systems

- Where lay health workers are trained to refer patients with complications, are there sufficient health professionals to care for these patients? And are these health professionals willing and able to cooperate with lay health workers when they receive these referrals?
- When referrals are necessary, do lay health workers have access to functioning phones to make this referral, means of transport for the patient, and funds to pay for this transport?

The questions presented in this summary are from a Cochrane Review. The review authors have searched for, assessed and summarised relevant qualitative studies using a systematic and pre-defined approach. They have then used the review findings to develop a set of questions for implementers.

Payment, incentives, and out-of-pocket expenses

- Is there a shared understanding between lay health workers, programme managers and policy makers regarding how the available incentive system reflects different tasks, different levels of responsibility or changes in skills due to further training?
- Have you provided lay health workers with the necessary ‘work tools’; such as uniforms, bicycles, mobile phones or ID badges? And have you ensured that they are reimbursed for any out-of-pocket expenses?
- Are there systems in place whereby lay health workers can voice their individual or collective concerns or complaints about incentives or other issues?

Training and supervision

- Are you offering lay health workers sufficient training and supervision in the tasks they are asked to perform? This includes training in communication and health promotion. These tasks are often central to the lay health worker role, but are often neglected during training.
- Have you ensured proper systems of supervision? Do supervisors have enough skills, sufficient time and means of transportation to carry out field visits?
- Do supervisors have a good understanding of lay health workers’ working conditions and personal circumstances? And do they provide emotional and technical as well as clinical support?
- Do lay health workers have the opportunity to share their experiences with other lay health workers?

In another summary, we present implementation considerations when moving tasks from any type of health worker to another.

Summary title: *Shifting tasks from one type of health worker to another: implementation considerations.*

[Find the summary here](#)

Reference

This review is among a series of systematic reviews informing the WHO guidelines on WHO recommendations: Optimizing health worker roles for maternal and newborn health through task shifting (<https://optimizemnh.org/>). Other, related WHO guidelines can also be found here: <https://www.who.int/hrh/resources/health-policy-system-support-hw-programmes/en/>

The information for this summary is taken from the following Cochrane Review: 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.CD010414.pub2](https://doi.org/10.1002/14651858.CD010414.pub2).

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