

CBSD (with output 6)

Community-based service delivery (CBSD) pilot sites were initiated in 2010 in the 4 target states (Jigawa, Katsina, Yobe and Zamfara). As of October 2011, 32 persons were trained and 18 sites are implementing CBSD services.

Because of the strong cultural barriers to hospital delivery and poor health seeking behaviour of women in the programme states, the programme opted for a community based service delivery approach. A community health worker (CHW) is stationed in a community to engage closely with the population, especially pregnant women and mothers, to promote healthy MNCH behaviours which included antenatal care, birth preparedness planning, postnatal services including family planning, control of childhood illnesses, referral among others.

Implementation of CBSD in the MNCH states is supported through supervision by facility in-charge, LGA focal point persons and regular coaching visits by tutors from the School of Health Technology that supported the training.

A review in late 2011 evaluated the progress of the CBSD program according to eleven key components of community health worker programmes. Two system components are highly functional: community involvement and, in six of 18 sites, recruitment. Four components are functional: facilities, equipment and supplies; supervision; referral; and incentives. Four components are only partially functional: training; quality of care; information management; and ownership by LGAs, Gundumas, and States. In terms of the CHW role component there is a varying functionality: in two sites CHWs are functional, 7 partially functional and 9 non-functional.

A number of recommendations were made which will be implemented in 2012.



CBSD site – photo Tony Klouda

Comparison of Attendance (2010 versus 2011) Kadawawa health post, Jigawa – a CBSD site

	Jan-Sept 2010	Jan-Sept 2011	Percent Increase
Attendance (Total)	2,023	10,960	442%
ANC 1st Visit	216	923	327%
Deliveries	61	202	327%
Fully Immunized Under 1	71	144	103%