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Community Factors Facilitating or Hampering Service Delivery of Lady Health Workers: Views and Experiences of Beneficiaries

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Abstract

The community level factors are essential to consider for the improved performance of Community Health Workers (CHWs) in service delivery, including community acceptance of CHWs and support of local health care institutions. The CHW acts as a connection between the community and the healthcare system, and by serving in this role, CHWs greatly improve the health condition of community members. Locally known as Lady Health Workers (LHWs) in Pakistan, Community Health Workers are women who offer maternity and pediatric healthcare at the community scale. The current study's objective was to investigate which community circumstances influence the performance of LHWs in service delivery. A quantitative research method was utilized to achieve the objective with the social ecology model acting as the theoretical base. Respondents of the study were from 398 households in the Lahore District and were in the age group of 15 to 49 years. An interview schedule was employed as the tool for gathering data, and participants were selected using a proportional systematic random sample. The study discovered a strong relationship between beneficiaries' use of LHW services and community factors. Based on these findings, it is suggested that community level factors be improved or strengthened to enhance LHWs' performance for offering services.

Keywords: Community, Factors, Lady Health Workers, Service delivery, Beneficiaries

Introduction

Community health workers (CHWs) are being used by health systems more often to aid with the rising provider shortage, enhance patient outcomes, and promote access to culturally competent treatment for historically underserved or marginalized patient populations (Payne et al., 2017). No matter a country's level of development, CHWs are essential for assisting health systems in achieving their potential, according to research and assessments mostly carried out in the last two decades (Perry et al., 2014). When attempting to obtain professional maternity and

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child health (MCH) services, women in low- and middle-income countries and environments that are marked by inequality confront several interpersonal and societal obstacles (Laurenzi et al., 2020). While health systems must access every community, including the most underserved and difficult to access ones, in order to attain universal health coverage. Through CHWs, the current movement toward universal health coverage (UHC) offers a chance to improve people's trust, demand, and use of health services as well as their access to them (Tulenko et al., 2013). Due to CHWs capacity to develop a strong rapport with patients via sharing comparable life experiences, taking part in home visits, and offering ongoing support and advocacy, CHWs are exceptional members of clinical care teams. CHWs have been found to enhance health outcomes and quality of life for children and families, decrease hospital stays and admissions, and save healthcare expenditures when introduced into interdisciplinary teams (Pinto et al., 2020). Between the community and the health system, the CHW serves as a liaison, while working in this capacity can significantly benefit developing community health (LeBan et al., 2021). The primary duty of the CHW is to support equitable improvements in the community's health through increased access to healthcare services as well as increased ability among individuals, families, and groups to safeguard their own health (LeBan et al., 2014). The duties of CHWs in health promotion ranged from providing simple first aid and in-home care to facilitating patient access to facilities for medical care and encouraging behavior change through health education. CHWs are meant to serve as a "bridge" between the community and the established healthcare system, while three main terms are used to characterize this bridge function: service enhancer, cultural mediator, and social reform agent (Seutloali et al., 2018). Community Health Workers (CHWs) programs have been promoted as a means of addressing the needs of those who face marginalization and unequal access to healthcare, and contemporary narratives in global health highlight how adaptable CHW programs are to the rising health burdens in low-income settings. However, when more technical tasks are adopted by CHW programs, the importance of CHWs in developing client connections is frequently ignored (Laurenzi et al., 2021). The performance of Community Health Workers (CHWs) has to be improved on a worldwide scale. The bond between CHWs and the community they serve might affect how well they function (Sato et al., 2014). Given the limited financial and personnel resources in developing nations, CHWs are required to perform more tasks without always having access to the necessary resources. Inadequate organizational support has a negative impact on their output, the standard of their services, and ultimately, the success of the community-based initiatives that depend on them (Jaskiewicz & Tulenko, 2012). It is challenging to include community engagement into health programs for three reasons. These include the predominance of the bio-medical paradigm as the primary program design instrument, which views community involvement as an intervention; the absence of a comprehensive investigation of community members' views of the usage of community health workers and the predisposition to employ

a model that restricts research into what functions, why it functions, and how it functions in community involvement in health programs. Despite these obstacles, research indicates that community involvement has improved local health, particularly in underprivileged areas, and will continue to be important for program providers (Rifkin, 2009). Although CHW initiatives may lessen some of the stresses on weak healthcare systems, these programs still rely on a foundation of care that should be offered by hospitals and primary care clinics (Laurenzi et al., 2020). It is acknowledged that there is an issue with the lack of health professionals in low-income nations. As part of a "task-shift" plan to deal with this situation, Community Health Workers are being involved (Ochieng et al., 2014). CHWs excel at acting as a vital conduit for finding and linking clients with social and medical services, which reduces health inequities and improves individual and community health outcomes and this, is made possible by their knowledge base, abilities, and social networks. In order to enhance therapeutic results and develop both individual and community capacity, CHWs have a special ability to connect with and earn the confidence of communities (Rodriguez et al., 2022). So there is a need for this cadre to be distinguished from other health care professionals (Holroyd et al., 2022). Through screening, treatment, referral, emotional support, and accompaniment, community health workers (CHWs) have a beneficial effect on the delivery of community-based primary health care (Ndambo et al., 2022). While their involvement in responding to disease outbreaks might become more rewarding and long-lasting with changes to their working environment (Olateju et al., 2022). Community health workers who are equipped, trained, and compensated as a part of an efficient healthcare system can contribute in preventing epidemics from turning into pandemics and maintaining the provision of healthcare despite severe disruption (Ballard et al., 2022).Interventions by Community Health Workers (CHWs) have the ability to lessen disparities for marginalized groups but lack of support exists, nonetheless, for CHW integration in the provision of healthcare (Berini et al., 2022). Furthermore when attempting to comprehend local realities, guide interventions, and create pertinent policies, their knowledge is frequently overlooked (Bust & Pedro, 2022). This is evident that in tackling issues related to public health and healthcare, community health workers (CHWs) have been effective collaborators (Allen et al., 2022). But CHWs require assistance to contribute to health programs and advance health equity, just like other health professionals do (Raven et al., 2020).The most marginalized groups can receive services from them because of their liaison position between the community and the health system, but there are difficulties involved (Salve et al., 2023). As members of the community they serve, CHWs play a crucial role as health educators who perform house visits (Scharff et al., 2022). In Pakistan, CHWs are known as Lady Health Workers, and there are four important suggestions to help them provide the best services possible: education and training, operational assistance, public acceptability, and employee support and incentives (Jafree et al., 2022). Interventions might be used in place of, or in addition to, financial incentives

to promote LHW participation in service delivery (Khan et al., 2019). Patient and care provider contact is facilitated by lady health workers (LHWs) (Ahmed et al., 2022). LHWs' social standing and educational attainment need to be raised, while maintaining the supply chain for medical supplies, equipment, and other items is important to enhance their performance. LHWs have made a significant contribution in two key areas of their responsibilities: encouraging EPI, providing skilled treatment, promoting and accepting family planning, and spreading health education messaging (Niazi et al., 2014).

Literature Review

According to Tulenko et al. (2013) CHWs provide care to underprivileged populations, enhancing access to healthcare and fostering public confidence, demand, and utilization of such services. When properly educated, equipped, and supported, CHWs may handle a variety of responsibilities that would often fall within the purview of mid-level health professionals. Speaking the local language and identifying with the community, CHWs are better able to communicate health information. Community leadership skills are enhanced through CHW training and service. Due to the challenging living conditions, CHWs hired from the areas they serve are less likely to go elsewhere. CHWs can save service users' time and money by assisting them in avoiding visits to medical facilities. CHWs can help homebound patients with some of their requirements.

The findings on the factors that affect CHW productivity were analyzed and organized by Jaskiewicz and Tulenko (2012) through a desk study of a sample of published and unpublished articles and reports on CHW programs in developing nations. The study found that the circumstances in which CHWs work play a significant role in determining their productivity. To achieve high levels of productivity, it is necessary to provide CHWs with a supportive work environment. CHWs can work more effectively and contribute to a successful community-based strategy when they have a maintainable workload that includes a reasonable number of responsibilities and clients, a coordinated method of carrying out these tasks, a realistic geographic distance to cover, the necessary equipment and supplies, a compassionate supervisor, and regard and recognition from the community and the healthcare system.

According to Kok et al. (2017) the level and kind of community support for CHWs varies across all nations. Community people like traditional leaders, midwives, schools, women's clubs, or churches provided support, most of which entailed helping CHWs carry out promotional and preventative activities. But communication between CHWs and healthcare facility workers was hampered by referral systems that lacked efficient reporting procedures, including feedback mechanisms. CHWs serve as a bridge between communities and health institutions, while they are usually blamed by communities for issues that originate at the facility

level as when referred by a CHW, clients in some locations expected transportation or special care, which was not always provided. When it was accomplished, this resulted in client satisfaction and CHW motivation.

In India Community Health Workers are called as Accredited Social Health Activist (ASHA). An India-based descriptive cross-sectional study was conducted by Srivastava et al. (2009) to investigate how ASHA operates in the community with an emphasis on its interactions with residents and service providers, while 120 mothers, 60 ASHAs, 20 AWWs, 20 ANMs, 4 Medical Officers In Charge, 2 Chief Medical Officers (CMOs), and PRI members were the study's participants. The study found that all of the ASHAs have received widespread community support and effectively serve as a bridge between patients and healthcare professionals. The need for more roles reflects the community's belief in and confidence in ASHAs.

Another study from India by Sarin and Lunsford (2017) looked at the institutional, social, and cultural factors that help or hinder ASHAs from providing quality services and found that by beginning their careers, ASHAs had access to a variety of resources, such as monetary rewards, specialized expertise, and social capital like respect and community support. The community's willingness to accept their counsel, the respect they earned, the modifications to health practices they observed, and their ability to put their technical talents to use encouraged them and raised their self-efficacy, according to ASHAs. The community acknowledged the ASHAs' professional standing by addressing them as behenji (a polite name for sister), rather than as someone's wife or daughter, and they claimed to have developed an identity apart from that of their fathers and spouses.

LeBan et al. (2021) reviewed the grey literature and selected journal papers, to know the number of intrinsic strengths and tensions in the environment where CHWs build ties with the health system and the community that can either support or impede the strength of these connections. According to the literature reviewed role clarity for all participants, operational referral mechanisms, and operational supply chains are crucial components. CHWs require the ability to participate in community-based groups as well as strong interpersonal communication abilities and community involvement skills. Communities must have the chance to engage in the CHW program, be included in a transparent process for choosing CHWs, and have a realistic knowledge of the CHW program. Positive involvement with people of the community, groups, and leaders is crucial, as is the support and interaction between CHWs and other health professionals.

According to Laurenzi et al. (2021) more significantly, CHW programs are frequently planned and implemented without considering the requirements and interests of program participants. Laurenzi et al. (2021) sought to learn about program and CHW engagement from program participants in a rural South African maternal and child health program. The study discovered that clients' contacts with

Mentor Mothers in their homes were often beneficial and that these interactions were comprised of two main themes: informative roles and supportive connections. The transfer of knowledge and the assimilation of new information for behavior modification were made easier by instructional roles. Relationships were formed during home visits, but they also continued after regular check-ins, particularly when clients needed further technical assistance. Clients also talked about how these contacts gave them a feeling of agency, even when they didn't want to or couldn't follow their Mentor Mother's counsel. These findings highlight the crucial roles that CHWs can play in providing clients with both instructional and supportive care; since developing stronger relationships may be essential for promoting behavior change, these results highlight the necessity of enhancing CHW training and support in similar programs. In order to make sure that clients' perspectives are heard and taken into consideration when defining continuing involvement within the communities in which these programs operate, they also stress how important it is to incorporate new avenues for client input into current programs.

CHW are referred as Village Health Volunteers (VHV) in the Lao People's Democratic Republic (Lao PDR). Sato et al. (2014) conducted a study to explore the social capital factors that influence VHV performance in Lao PDR, while the study was cross-sectional and includes a quantitative survey that was mostly comprised of interviews and a semi-structured questionnaire. The findings imply that those who engage with influential members of the community and work cooperatively with other villagers to solve issues, or who have social capital, do well as VHVs. These finding suggests that expanding citizenship-related activities might boost CHWs' performance and retention rates.

Kok et al. (2015) systematically reviewed 140 quantitative and qualitative studies and found that the performance of CHWs was influenced by factors related to the type of tasks and time spent on delivery, human resource management, quality assurance, links with the community and the health system, resources, and logistics. A mix of incentives, regular supervision, ongoing training, community participation, and effective coordination and communication between CHWs and medical professionals were related with good performance, which raised the credibility of CHWs. The study suggested that to optimize program outcomes, planners should consider elements that improved CHW effectiveness in comparable situations when creating CHW programs.

Give et al. (2015) carried out a qualitative research in two areas of a southern Mozambique province to investigate the function of Community Health Workers as a link between communities and healthcare systems from several angles. Findings show that communities value CHWs and see them as "community physicians" who serve as links to the healthcare system. However, they have

difficulties in being completely responsive to the needs and priorities of adults and children from remote rural regions with little or no access to healthcare due to resource limitations and a weakened health system. Furthermore, CHWs are stuck between community desires for broader therapeutic services and the government policy, which generally restricts their attention to initiatives connected to health promotion and illness prevention.

Okuga et al. (2015) conducted a qualitative study in order to improve future study design and program implementation of CHWs. The study looked at community members' perspectives of CHWs' experiences promoting maternity and newborn care practices as well as their own self-identified characteristics that affect their performance. The study found that at the community scale, CHWs were highly valued by the community and recognized as significant contributors to mother and infant health. Being chosen and trained by the community, receiving problem-solving training, being deployed right away with the help of local leaders, receiving regular supervision, and having a more strong and responsive supply of services to which families can be referred were all factors that had a positive impact on CHWs. Community support and the status of being "a doctor" were intrinsic motivators for the CHW.

The above mentioned literature review depicts that many community level factors are responsible for affecting the performance of CHWs in service delivery to community people. So it is essential to address those factors which hinder the CHWs to work effectively in the communities and to enhance their performance it is also important to promote those factors which facilitates the CHWs in service delivery. To explore the facilitating and hampering factors in this regard would help to enhance the service delivery by CHWs in an effective way.

Research Methodology

A cross-sectional research of Lady Health Workers' clients was the base for this study and data collection for the study utilized a quantitative methodology. The district of Lahore served as the study's geographic universe, and the respondents were married female household members between the ages of 15 to 49 years, who had used LHWs' services. A probability sampling technique employing proportionate systematic random selection was used to choose a sample of 398 homes. Data collection was carried out with interview schedule as a tool for it and processed using SPSS before being subjected to the chi square test, which was used to determine the association between various factors as well as the quantitative data was analyzed statistically using regression and ANOVA. The study's main objective was to discover the LHW services that beneficiaries used and the factors at varying levels that affected their use of those services. However, the current paper is focused on a specific objective related to community level factors that affect beneficiaries' use of LHW services .i.e. attitude of community people

towards LHWs and health care facility staff towards clients of LHWs. In order to interpret the data, social ecology theory served as the study's theoretical foundation as according to this theory there are various factors which shape the behavior of an individual.

Results

According to the opinions and experiences of the respondents, Table 1 shows a significant correlation between community factors related to community members', particularly women's, behavior towards LHWs, the behavior of health facility staff towards respondents, and the antenatal care services offered by LHWs.

Table 1

Association between Community factors and Antenatal Care service provided by LHWs

Responses	N=398 Antenatal care		Pearson Chi Square	df	P-Value
	Fair	Good			
Preference of other women of community to seek services from LHWs					
No	0	33	12.619	1	0.016
Yes	27	338			
Behavior of community people towards the LHWs					
Respectful	23	350	13.583	1	0.028
Dis respectful	4	21			
LHWs are highly accepted by the people of community					
Strongly agree	22	312			
Agree	5	58	10.226	2	0.003
Unsure	0	1			
Health facility staff is respectful towards respondents, when referred by LHWs					
Strongly agree	5	8			
Agree	1	89			
Unsure	6	87	25.724	4	0.000
Disagree	7	73			
Strongly disagree	8	114			
Health facility staff is bound to treat, when referred by LHWs					
Strongly agree	0	9	11.126	4	0.039
Agree	6	91			

Unsure	5	80			
Disagree	3	38			
Strongly disagree	13	153			
Health facility staff always provides necessary medicine, when referred by LHWs					
Strongly agree	0	6			
Agree	11	75			
Unsure	6	96	16.734	4	0.015
Disagree	22	50			
Strongly disagree	8	144			
Overall I am satisfied by health facility staff, when referred by LHWs					
Strongly agree	0	9			
Agree	14	76			
Unsure	1	69	18.862	5	0.002
Disagree	0	55			
Strongly disagree	12	162			

According to the opinions and experiences of the respondents, Table 2 shows a substantial correlation between community elements linked to community members', particularly women's, conduct towards LHWs, health facility staff members' behavior towards respondents, and the postnatal care services offered by LHWs.

Table 2

Association between Community factors and Postnatal Care service provided by LHWs

Responses	**N=398**		**Pearson Chi Square**	**df**	**P-Value**
	Postnatal care				
	Fair	**Good**			
Preference of other women of community to seek services from LHWs					
No	0	33	4.133	1	0.042
Yes	41	324			
Behavior of community people towards the LHWs					
Respectful	40	333	11.146	1	0.024
Dis respectful	1	24			
LHWs are highly accepted by the people of our community					
Strongly agree	39	295	14.261	2	0.019

Agree	2	61			
Unsure	0	1			
Health facility staff is respectful towards respondents, when referred by LHWs					
Strongly agree	2	11			
Agree	12	78			
Unsure	8	85	16.211	4	0.014
Disagree	12	68			
Strongly disagree	7	115			
Health facility staff is bound to treat, when referred by LHWs					
Strongly agree	4	5			
Agree	8	89			
Unsure	12	73	16.396	4	0.003
Disagree	6	35			
Strongly disagree	11	155			
Health facility staff always provides necessary medicine, when referred by LHWs					
Strongly agree	0	6			
Agree	11	75			
Unsure	17	85	10.641	4	0.031
Disagree	1	51			
Strongly disagree	12	140			
Overall I am satisfied by health facility staff, when referred by LHWs					
Strongly agree	1	8			
Agree	11	79			
Unsure	8	62	11.165	5	0.048
Disagree	4	51			
Strongly disagree	17	157			

Discussion

The current study found that the attitude of other people of community towards LHWs influence the utilization of their services by the beneficiaries and also the attitude of staff of health care facilities/institutions at community level affect the services of LHWs provided to the clients. As the findings depict that the people of community have high acceptance towards the LHWs and they also have respectful attitude towards LHWs which is an encouraging factor for beneficiaries to utilize services of LHWs. The study also found that according to the views of the beneficiaries they were not very much satisfied with the attitude and services of health care facility staff available at different community level health care centers

like BHU/RHC. These findings are in line with the study of Jaskiewicz and Tulenko (2012), which found that the performance of Community Health Workers (CHWs) is influenced by the acknowledgement and recognition of services of CHWs by the community people and also by the effective support of health system to facilitate the clients. Another study by Kok et al. (2017) also found the similar findings that support given by locals such as traditional leaders, midwives, schools, women's groups, or churches to assist CHWs in their promotional and preventive efforts enhance their performance. However, referral systems that lacked effective reporting protocols, including feedback mechanisms, hindered communication between CHWs and healthcare facility staff which affect the service delivery of CHWs. A study by Give et al. (2015) also have the same findings that when community people value the services of CHWs the performance of CHWs is improved, while weak healthcare system negatively affect the services provided by CHWs. Srivastava et al. (2009) also found similar results in their study that widespread community support was a contributing factor of utilization of services provided by CHWs at community level. Another study findings by Okuga et al. (2015) are also in line with the current study, which found that at the community level, CHWs were highly regarded and acknowledged for their major contributions to mother and infant health which is important factor of their successful service delivery, while the other factors were community's selection, their immediate deployment with the assistance of local leaders, their regular supervision, and the availability of more strong and responsive healthcare system to which families can be referred are responsible for their performance. Similar findings were also found in a study by LeBan et al. (2021) that the support and interaction between CHWs and other health professionals, as well as constructive engagement with community members, groups, and leaders, is essential to perform their duties effectively and to enhance their productivity. The current study's limitations include that data was gathered from the viewpoint of the beneficiaries, and those of other stakeholders were not taken into consideration. Further research is recommended to find out other stakeholders' perspectives on this.

Conclusion

Based on the study's findings and the discussion above, it is concluded that there are certain community-level characteristics that contribute to the use of Lady Health Workers' (LHWs') services at the local level. According to the findings of current study these factors mostly relate to how members of the community perceive LHWs and how healthcare professionals at various institutions treat patients when providing services at the local level. The study came to the conclusion that clients' use of LHWs' services at the community level is closely related to community members' acceptance and support of LHWs, as well as to better medical facilities or a strong healthcare system. Beneficiaries of LHWs were therefore able to use their services because community members were respectful

and have acceptance of LHWs' services. However, the absence of facilities at medical facilities has a detrimental impact on how well LHWs are able to provide their services.

Recommendations

1. Community members should be made aware of the LHWs' services so that the LHWs' performance in providing services may be improved with the help of the community.

2. To increase the credibility of LHWs, facilities at community health centers should be enhanced to give better healthcare to patients who are referred by LHWs.

3. To increase the effectiveness of LHWs in providing services, strong ties should be established between LHWs and the community they serve, and the medical personnel at local health centers.

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