

“Their own project for their own people”

Community participation in the Village Health Worker Scheme in Gombe State, Nigeria

Deepthi Wickremasinghe¹, Barbara Wiley¹, Ahmed Gana², Magdalene Okolo³, Yashua Hamza⁴, Nasir Umar¹, Neil Spicer¹, Tanya Marchant¹

¹ IDEAS, London School of Hygiene & Tropical Medicine; ² Gombe State Primary Health Care Development Agency; ³ Society for Family Health, Nigeria; ⁴ Childcare and Wellness Clinics

Background



Maternal mortality in Gombe State, northeast Nigeria, is persistently high and limited uptake of and access to health services hampers universal coverage. Moreover, low adult literacy rates restrict community participation for health, particularly among women.

In 2016, an innovative Village Health Worker (VHW) Scheme was launched to help move towards universal coverage in services to improve the wellbeing of pregnant women, mothers and newborns. It is currently being implemented by Society for Family Health in 57 of the 114 wards in Gombe State with the State Primary Health Care Development Agency, which plans to scale it up throughout the state in the longer term.

VHWs, a new cadre of trained volunteer community-based female health workers, connect the community to health care services by promoting uptake of services, providing basic preventive care, and referring women with pregnancy or postpartum complications and sick newborns.

Methods

To evaluate the scheme's reach, we are analysing quantitative data from annual household surveys in 2017-2019. (Fig. 1) To evaluate its responsiveness to community needs and understand its scalability and sustainability we are conducting three rounds of qualitative interviews with community members, VHWs, supervisors, implementers and the donor. Working with all stakeholders we use all these data to identify and plan for course correction opportunities.

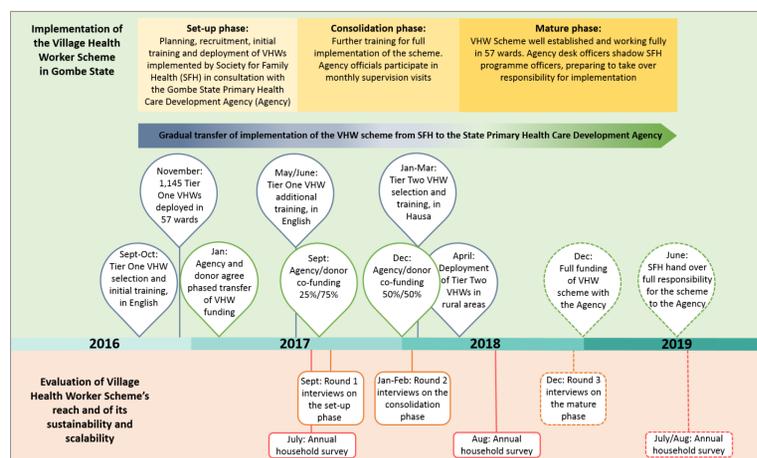


Figure 1: Timeline for the implementation of the VHW study and data collection points for these studies

Results

After six months of implementation, 23% of women with a live birth in the previous 12 months, in areas where the VHW scheme is operational, had received at least one home visit during pregnancy. Considerable variation was observed in coverage, ranging between 4% and 52% across local government areas.

Three key findings from the qualitative interviews help to account for this variation:

1. Participants noted the difference made by community engagement through Ward Development Committees – local volunteer groups supporting community involvement in local health issues, and demand and accountability for health services.

“The WDCs are the window to the community.” (Government official)

The involvement of the Ward Development Committees increased over time. They now represent their communities in decision-making with the State Primary Health Care Development Agency, are consulted about the selection of new VHWs and encourage men whose wives are eligible to allow them to join the scheme. They also monitor VHWs' work, to ensure they make regular home visits, and support them when difficulties arise, e.g. being refused entry to a home. Such involvement contributes to a sense of community ownership of the scheme.

“We have the responsibility of taking care of the scheme because it is meant to help us.” (WDC member)



2. Challenges in recruiting VHWs who met the selection criteria and in retaining them were reported by participants in the first round of interviews we conducted, in September 2017.

In the second round of interviews, in early 2018, participants described actions being taken to address these challenges and increase the coverage of the scheme, particularly in hard-to-reach rural areas. For example, a new cadre of Tier Two VHWs was being recruited and trained. The differences between the two tiers of VHWs are:

Tier One VHWs	Tier Two VHWs
Literate in English	Literate in Hausa
Preferably married (aged 15-49)	Married (aged 18-49)
Most work in the community where they live	Live and work in communities with no Tier One VHW (often rural and hard-to-reach)

3. State government engagement is also seen as necessary for sustaining the VHW Scheme and for scaling it up to the other 57 wards. Stakeholders stressed the need for the State Primary Health Care Development Agency to advocate to the wider State government for political and financial commitment to the scheme, to make it part of the health system, ahead of the Nigerian elections in February 2019.

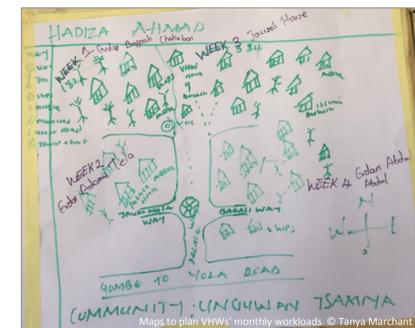
“We need to formalize [the scheme]. It is a mandate that the Agency must drive and ensure that there are enough resources to run this Village Health Worker Scheme.” (Implementer)

Interim conclusion

Community involvement is vital for making progress towards universal coverage of health services for mothers and newborns. Involving the Ward Development Committees engenders grassroots ownership and accountability; both key elements for scalability and sustainability.¹



Adaptations in the selection criteria for VHWs have increased the number of eligible women and thus extend the reach of the scheme, helping to link people in remote areas to primary health care services, from their homes.



Yet communities cannot work in a vacuum if universal coverage is to be achieved, thus state government engagement is also important to ensure the scheme is embedded in the health system and the state's health budget. This would help to create an enabling environment for scaling up and sustaining the VHW scheme throughout Gombe State.

¹ Wickremasinghe, D.; Gautham, M.; Umar, et al. “It's About the Idea Hitting the Bull's Eye”: How Aid Effectiveness Can Catalyse the Scale-up of Health Innovations. *IJHPM*; DOI: 10.15171/ijphm.2018.08