

## A qualitative study of the scalability and sustainability of the Village Health Worker scheme in Gombe State, Nigeria

### Findings from the consolidation phase of the VHW Scheme

#### ABOUT THIS STUDY

A second round of qualitative data collection, for an exploratory study to understand factors that contribute to or hinder the sustainability of the Village Health Worker (VHW) Scheme, took place in Gombe State in January and February 2018. We conducted in-depth interviews with 13 purposively selected interviewees from the Gombe State Primary Health Care Development Agency (the Agency), which leads the work,

and its implementation partner Society for Family Health (SFH), most of whom also participated in the first round of interviews in September 2017. In addition, focus group discussions followed up with members of the two Ward Development Committees (WDC), who also contributed to a joint interactive session.

#### KEY FINDINGS

##### Changes being made to the VHW scheme, that are designed to increase its sustainability in the 57 wards where it is being implemented

- Introduction of Tier Two VHWs, to improve coverage of VHWs in rural communities
- Increased involvement of Ward Development Committees in decision-making, VHW selection and supervision
- Improved incentives to motivate and retain VHWs
- Investigation of alternative sources of funding, beyond the end of 2018

##### Areas of concern for the sustainability of the VHW scheme

- Sustaining intensified monitoring and supervision amid transport and funding challenges
- Concerns about political sustainability of the scheme after elections in early 2019

Figure 1: Timeline for the implementation of the VHW scheme and data collection periods for this study

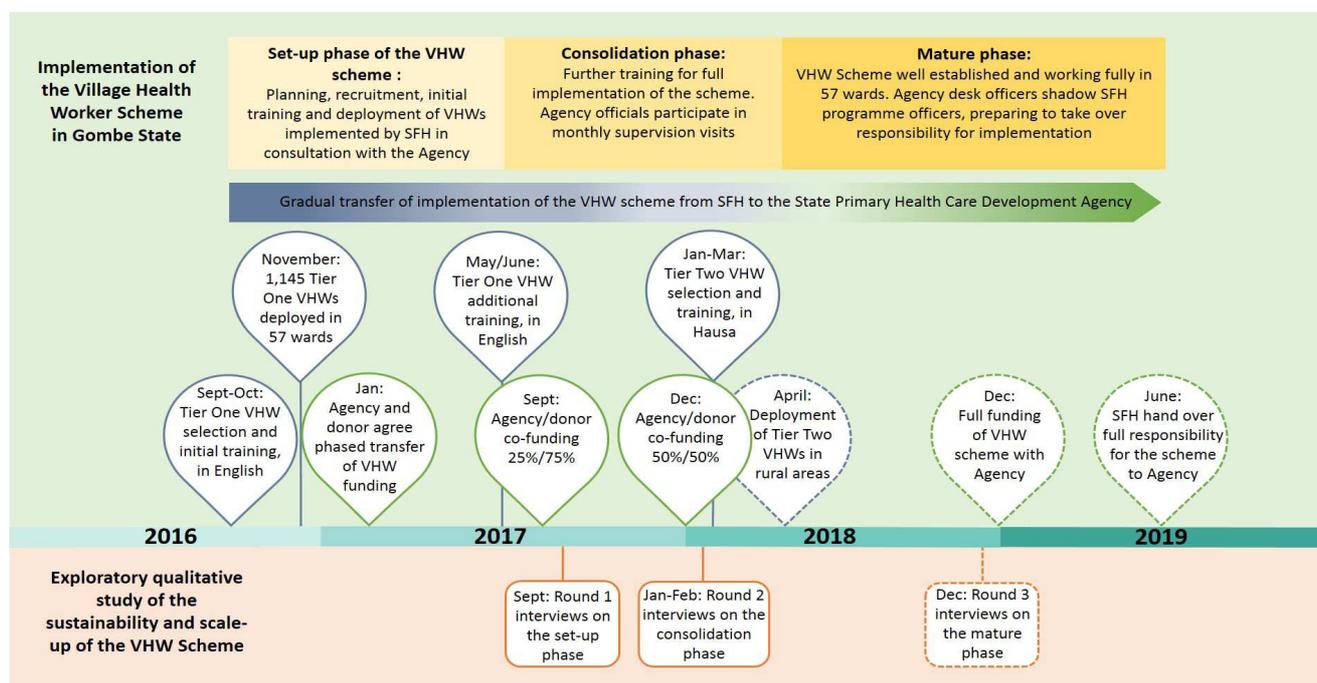


Figure 1 presents a timeline for the VHW Scheme implementation from its set-up until the end of donor funding from the Bill & Melinda Gates Foundation, at the end of 2018, together with the timeline for this study. The semi-structured interviews covered six areas of sustainability: innovation design, financial and political sustainability, institutionalisation, organisational capacity and programmatic sustainability, routinisation, and social sustainability. The study findings reported here relate to the ‘consolidation phase’ of the VHW Scheme. They outline proposed changes to enhance the sustainability of the scheme, as well as issues that interviewees identified as having the potential to hamper its sustainability.

The difference between Tier One and Tier Two VHWs

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 they live in	• Live and work in communities with no Tier One VHW, often rural and hard to reach

## RESULTS

From the interviews conducted, six key findings emerged (see key findings) and below we show why interviewees consider them important.

### CHANGES TO ENHANCE SUSTAINABILITY

#### Introduction of Tier Two VHWs: “We are trying to fill the gap”

A significant change aimed at improving the scheme’s overall sustainability, included the planned introduction of 80 Tier Two VHWs, based in hard-to-reach rural communities where no women met the original VHW selection criteria of being literate in English.

“Programmes like this are meant to take health [care] to the very poor... elitist roles, like literacy in English for a health worker, can only work for some communities.” (Implementer)

Nearly all interviewees agreed that this new cadre of VHWs would contribute to the sustainability of the scheme in the 57 wards where it is being implemented and improve VHW coverage in hard-to-reach rural communities.

“It’s gradually that the elephant will fly. So we still have limitations; we are trying to unify the [wards] with all the VHWs first.” (Government official)

The decision-making process used to instigate Tier Two VHWs, gives an insight into the collaboration between the Agency, SFH and the donor. The process involved SFH sharing evidence from monitoring data and beneficiaries’ feedback, to get an objective view from the Agency, and once consensus on

a course of action was reached, they presented it to the donor for further advice.

*"It's not something that someone just looked at and just decided based on his or her own choice." (Implementer)*

Most Ward Development Committee members were pleased that the selection criteria for VHWs had been relaxed, a move they had advocated to the government about. Some felt that community consultation should have been part of the decision-making process from the beginning:

*"Had they sought for the community's opinion, we would have contributed then, but at that time we were not involved... Whenever such a thing is going to be done, since it's for communities, it's good to consult with communities." (WDC member)*

### **Increased involvement of Ward Development Committees: "Most... are influential people from the community. They have a say"**

Interviewees acknowledged the role of Ward Development Committees so far, in encouraging the community to accept VHWs, and their future participation, such as taking on greater responsibility in recruiting new VHWs and being part of the supervision process.

*"The way it's going to be sustainable, is when community members get involved... if we have WDC... who engage with these people and report at a higher level... and discuss what is happening." (Implementer)*

As influential representatives of their communities, Ward Development Committee members are both well placed and keen to take on this role.

*"We have the responsibility of taking care of the scheme because it's meant to help us." (WDC member)*

Indeed, their increased involvement is already under way, as the government now consults Ward Development Committee members about community-level decisions:

*"They are part and parcel of decision-making, we also plan with them." (Government official)*

### **Improved incentives to motivate and retain VHWs: "Money is not the only motivation"**

To better motivate VHWs and address issues of attrition, identified as a concern in the first round of interviews for this study, some additional incentives have been introduced. VHWs are now entitled to three months maternity leave during which time a nearby colleague will cover their work.

*"She has been trained... she has committed herself to serve the community and she has performed very well and she is still willing to do it, so there is no point [in] disengaging her simply because she is pregnant." (Government official)*

In addition, there has been an increase in the VHWs' stipend to 6,000 naira per month, from 4,000, a move widely welcomed by most interviewees.

*"[It's] a major boost to the project and also a motivation to the VHWs." (Implementer)*

Yet some respondents felt that even with the increase, the stipend did not reflect VHWs' workload:

*"It's a step forward... [but] with their services, it's not sufficient." (WDC member)*

*"It's not as if it's 100 percent adequate." (Implementer)*

### **Investigation of alternative sources of funding: "A critical issue for sustainability"**

A major concern in the first round of interviews was the financial sustainability of the VHW Scheme after 2018, once donor funding ends and although this apprehension remains, there have been some steps towards finding new sources of funding. A number of interviewees mentioned the Federal Ministry of Health's performance-based finance mechanism 'Save One Million Lives' as one possible source, although this is in the early stages of investigation.

*"The government has asked the Agency to write a proposal, which we did." (Government official)*

Another critical step towards ensuring financial sustainability is for the Agency to make certain the running costs of the scheme are included in the state budget.

*"We are [yet] to confirm... [the Government are] building all the needs of the scheme into the state budget." (Government official)*

Yet, even if full funding is not forthcoming, many interviewees believed that the VHWs would still have some effect on community health.

*"The scheme would still be effective to an extent, because the passing of key messages is through interpersonal communication, but where there may be a challenge is the issue of the commodities and consumables." (Implementer)*

**“ The way it's going to be sustainable, is when community members get involved... if we have WDC... who engage with these people and report at a higher level... and discuss what is happening”**

## AREAS OF CONCERN FOR THE SUSTAINABILITY OF THE VHW SCHEME

### Sustaining intensified monitoring and supervision: “A ladder from the community to the LGA”

There was general approval among interviewees for the adoption of an intensified supervision schedule, involving more people and layers, which was seen as ‘critical’ to guarantee that the quality of VHWs’ work meets standards that ensure the safety of beneficiaries. Yet, interviewees stressed the need for adequate funding going forward if it was to be sustainable.

*“What’s happening right now is happening because it’s donor money driving the supervision.” (Implementer)*

Many predicted future challenges to practical and logistical issues around supervision without sufficient funding in place. Despite the Agency having vehicles, there were concerns about funding the logistics for supervision visits. One suggestion was that supervisors might share vehicles with vaccine deliveries.

*“Where there’s no adequate financing, it must affect the performance of the work in all the levels.” (Government official)*

### Political sustainability after elections in early 2019: “If we don’t put a policy in place... a change in government can be the end of this beautiful dream”

Interviewees emphasised that hand in hand with financial sustainability for this government-led initiative was the need for political commitment, amid uncertainty about the impact any change of government after next year’s elections would have on the scheme. As they did in September 2017, many interviewees stressed that formalising the scheme within the health system ahead of the elections, would do much to ensure its sustainability.

*“Right now it’s still a donor led, donor owned programme.... it’s that mentality, it’s going to be difficult... because [the election] determines political commitment or political will.” (Implementer)*

Nevertheless, interviewees anticipated that because there was ownership of the scheme at grassroots level and VHWs were part of the community, they would carry on working, even if in a more limited capacity, because of the health care knowledge they now had, although without supervision, there were concerns about protecting beneficiaries’ safety.

*“What will remain is... either a door-to-door [service], or an approach that still takes health care services, especially the preventive health care services close to the people.” (Implementer)*

“If we don’t put a policy in place... a change in government can be the end of this beautiful dream”

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## About the IDEAS project

IDEAS aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Working in Ethiopia, northeast Nigeria and India, IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes.

IDEAS is funded between 2016 and 2020 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

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## Find out more

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