

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

Findings about the set-up phase

About this study

In November 2016, a new group of volunteer health workers – village health workers (VHWs) were introduced in 57 focus wards in Gombe State, under the leadership of the Gombe State Primary Health Care Development Agency (SPHCDA), with funding from the Bill & Melinda Gates Foundation and support for implementation from Society for Family Health (SFH).

This exploratory study seeks to understand the factors that will contribute to the sustainability of the Village Health Workers Scheme as the SPHCDA scales it up to the other 57 wards in Gombe State, and to any future scale-up of the initiative across Nigeria.

From September 2017 to July 2018, we are conducting three rounds of qualitative interviews with key stakeholders in the VHW scheme to understand:

a) the setting-up phase, b) the densification and c) the established phase of the scheme.

In September 2017, for the first round of data collection, we purposively selected interviewees from different stakeholders involved in the scheme, including SPHCDA, SFH, the Bill & Melinda Gates Foundation, local government area (LGA) officers, ward development committee (WDC) members, staff at primary health care facilities who supervise VHWs and VHWs themselves. They participated in 11 individual in-depth interviews and eight focus group discussions. Interviews with LGA-level actors took place in two wards, selected using a two-stage procedure. First, we identified the LGAs with the highest and the lowest coverage of facility deliveries¹ to gain insight into the health system context into which the scheme was introduced. Then, within each of these two LGAs, the ward with the best VHW performance was selected for LGA level interviews.²

Here we present the key findings about what stakeholders consider has

worked well and what they have found challenging during the early months of the VHW scheme, focusing on different aspects of sustainability, including: innovation design, financial and political sustainability, institutionalisation, organisational capacity and programmatic sustainability, routinisation in health worker practices and social sustainability.

Overall sustainability

All participants acknowledged the importance of ensuring that the VHW Scheme is sustainable beyond the initial donor-funded phase, even if in a modified form.

“...one cannot openly and very confidently say 100% it is going to be sustainable, but I think significantly we should be able to sustain the scheme maybe with some modification that allows the state to... operate [it] on a very long-time basis... as part and parcel of the health system in Gombe state.” (Government official)

The SPHCDA is planning for the scheme's sustainability and other stakeholder groups are keen to be involved in considering how communities might contribute to the scheme's continuation.

Key findings

- Overall, there was a keen desire for the VHW scheme to be scaled-up throughout Gombe.
- Finding a sufficient number of women who meet the selection criteria for literacy in English has proved challenging in some wards, even with revisions to the age and marital status criteria.
- The stipend for VHWs and transport payments for VHWs and their Community Health Worker (CHEW) supervisors are considered inadequate.
- The Ward Development Committees are widely acknowledged for their commitment and contributions to the VHW scheme and to resolving problems of resistance in their communities.

¹IDEAS household survey 2016. LGAs with highest and lowest coverage respectively: Kaltungo and Nafada.

² Based on SFH monitoring data from the first six months of the scheme. Wards within selected LGAs were ranked by mean number of postnatal visits per VHW, and the ward with highest mean number selected (or randomly sampled in the event of a tie).

“...since they advised us to stand up and ensure that the activities do not end in our communities even after the end of the project, that is what we are working hard on.” (WDC member)

“We leave the legacy there. We leave the basic knowledge there. We showed them the techniques, so they are part of the sustainability.” (Government official)

Participants perceived that the VHW scheme was beneficial and urged that it be scaled-up to the other 57 wards in Gombe State. Some participants mentioned requests from people living outside the VHW Scheme wards to have access to VHWs. Moreover, some spoke of women living in these areas asking VHWs to visit them and choosing to visit one of the 57 focus facilities for care.

“There are wards that are not having VHWs, so they are challenging us that this work is supposed to be for all.” (VHW)

Innovation design for sustainability

We wanted to understand whether sustainability issues were considered when the scheme was planned and if it had been implemented as planned with regard to the number of VHWs who had been recruited, trained and deployed and whether they undertake all the activities as planned, or if additional activities have been added.

Participants across the stakeholder groups raised the challenge of finding enough women who met the original VHW selection criteria: being literate in English, at least 18 years of age and married. Subsequently, these criteria were adjusted to include younger women (aged 15-17 years) and women who were not married. Despite this, officials in one of the LGAs said that they had only been able to recruit around half the required number of VHWs.³ It was also apparent that the requirement for literacy in English had had to be relaxed. In one of the wards sampled, participants said there were six VHWs, of whom three were literate in English.

“If you don’t ‘lift your foot up’ [relax the rules], it will not work” (WDC member)

A suggestion for resolving this issue was put forward by participants in various stakeholder groups: to have two tiers of VHWs, some literate in English, who could administer medication for the curative aspect of their work, and others literate in Hausa, who could focus on the preventative and promotive aspects of the work.

“This MOU approach is forcing us to do our homework up front,” said a donor officer. Nevertheless, an internal challenge has been not having a full understanding of the state’s financial system; “[that] would have helped ensure that the state’s contribution was affordable and confirmed that the state could definitely assume full ownership and control by the end of the life of the project,” he added.



Village Health Workers during a focus group discussion. Photo Credit: CWC

CHEW supervisors also expressed concerns that the nine-day training was too short for some VHWs to become fully familiar with the health messages they were expected to deliver. Hence, they had been required to supervise the VHWs closely to ensure that they were fully conversant with the health messages.

“Someone will understand more than the other; it will take some time for someone to catch up.” (CHEW supervisor)

Financial & political sustainability

Financial sustainability was a key concern. The government has demonstrated its commitment by contributing a share of funding for the VHW Scheme and, through a memorandum of understanding (MOU), agreed to expand its contribution to fully funding the scheme by the end of the donor’s grant.

Guaranteeing the availability of future funding requires the costs of the scheme to be included in the state’s annual budget and that in turn requires fostering political support, by sharing the impact of the scheme with other Gombe state politicians to engage their interest. Various participants raised concerns about the forthcoming 2019 elections and the need to secure a budget commitment before then.

“What it would take to get there is; let the Governor see how this scheme covers a huge gap [in] human resources.” (implementer)

Institutionalisation

Ensuring that VHWs are embedded within the primary health care system will contribute to the acceptance and sustainability of the scheme.

There were some initial worries among CHEWs that VHWs might take over their jobs, but close working between the two cadres has changed this attitude.

³ While there should have been 160 VHWs across five VHW wards, only 101 women had met the selection criteria for training and currently just 83 were deployed.

“They are our colleagues,” a CHEW participant affirmed.

As part of the SPHCDA, VHWs are accepted as part of the health system at primary health care level. However, respondents stated that more awareness raising is needed among staff at secondary and tertiary health facilities, some of whom assume VHWs are simply a new form of traditional birth attendant. The SPHCDA is working with the Ministry of Health to ensure they are fully integrated as a lower cadre of health workers.

“They have come to stay...that is why we are looking for more VHWs now” (LGA officer)

Health worker participants expressed some concerns about whether the primary health care facilities were equipped to cope with the increasing demand for antenatal care and facility delivery, in terms of staff capacity and availability of medical supplies. Yet there



Photo Credit: Deepthi Wickremasinghe

were some local improvements, such as health facility staff deciding to work in shift patterns to ensure longer opening times. This was, partly attributed to the increase in women attending facilities and partly to Pact’s SAQIP programme.

“All the partners are [making] contributions.” (implementer)

VHWs suggested that to help reinforce the health messages they gave to women, facilities could display a poster of the images portrayed in their flip charts to remind pregnant women as they waited for their ANC visits.

Organisational capacity & programmatic sustainability

There was a general feeling among respondents that the stipend paid to VHWs was too low, although there was some recognition that there is a limit to what the government can afford to pay.

The monthly amount given to VHWS and CHEWS to cover transport costs for meeting and supervision was also considered insufficient, particularly in rural locations where communities are spread over a large area, and during the rainy season when rivers appear, incurring additional costs for hiring a boat. Many have to put their own money into covering these costs.

“The scheme is ok, but the allowances are not.” (CHEW supervisor)

The government is concerned that the stipend is not commensurate with VHWS workload and is considering how to address this, including non-financial incentives for VHWS, such as developing a career path for VHWS and scholarships for further study.

“Something that will keep them on the ground, at least for a reasonable period of time.” (implementer)

Local government officers suggested that the small stipend could be demotivating and observed that some VHWS were not visiting women at home or showing much interest in their work.

...if you cannot give them money then the data can be cooked - you may not even get the data.” (implementer)

Attrition was a major concern, which often came about through a VHW getting married, relocating to a new area, or having to go to school. Although a pool of women attended the VHW training but were not deployed, with the intention that they would receive refresher coaching before replacing those who had left, this pool may not cover those communities where VHWS need to be replaced.

“How do you continually replace these cases of attrition is key.” (Government official)

Yet most participants also spoke of what motivated VHWS; their desire to help their community, to gain new knowledge and share it with others, and the acceptance and gratitude of the community.

“The programme has raised our status and we feel important” (VHW)

Routinisation

Careful supervision, to ensure that VHWS are doing their work and doing it well, was described by respondents as essential to the success of the VHW scheme.

On a weekly basis, this task is the responsibility of CHEWs. In rural areas, supervisors face the same problems as the VHWS and women needing care, including long distances and difficult terrain. As two CHEW supervisors explained about one supervisory visit:

“It’s about 12 kilometres,” said the first. “[That] supervision [visit] takes four hours,” said the second.

The initial slow rate of CHEWs fulfilling their supervisory role was addressed by introducing another level of supervision, involving monthly visits from LGA officers.

“The physical supervision of the PHC coordinator... brings about some sense of seriousness and the providers at the facility, the village health worker herself now sees it as not business as usual.” (implementer)

Yet, concerns were raised about the logistics being supplied for supervision and meetings by LGA officers and state health teams by the implementer.

“None of that was put in the budget, from the state side, or in the basket fund budget... If no trajectory has been defined for the state to assume financial management and control, this won’t be sustained.” (donor officer)

Social sustainability

The scheme is largely popular within communities, who understood and appreciated the benefits to their community.

However, there had been initial barriers to overcome, for example community leaders who wanted their wives to be VHWS, even though they did not meet the selection

criteria, leading in one case to a refusal to accept the scheme in his community and in other places jealousy. Moreover, when they started work, many VHWs were 'mocked' by members of the community. This was largely resolved by sensitising village heads, husbands, mothers-in law and other relatives, and even the women themselves to the scheme.

"You have to be diplomatic before you can convince them," said a young VHW who had found it difficult to persuade people that despite her youth, she had the knowledge to support pregnant women.

Another challenge that VHWs encountered was that some women were shy and wanted to hide their pregnancy until it showed, so did not want a VHW to visit them at home and refused to attend antenatal care at a facility during the early months of their pregnancy.

"One of my village health workers said... the woman that she went to supervise got angry with her and... said: her pregnancy is of only three months. Who told her this? Who went to gossip to her that she is pregnant that she will come and visit her? She doesn't want to ever see her again in her house. ... that she should NEVER come to her again. She [the VHW] said 'I am sorry, it's your husband that told me you are pregnant, he said I should come and meet you and explain to you. That is why I came,' before she... cooled the tension." (CHEW supervisor)

Generally, these early challenges have now been overcome, often with the help of the WDC members and CHEWs, who stepped in to support VHWs who met with hostility. Pact's ward harmonisation initiative, which took place prior to the introduction of the VHW scheme, has helped identify WDCs as the sole representative and gate-keeper for anyone wanting to implement a project in the community. As part of a culture of community self-help, male and female WDC members have assisted with sensitisation within the community and resolving issues as they arise.

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

Find out more

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Photo Credit: Deepthi Wickremasinghe

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.

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