

**Share lessons and knowledge** gained from setting up the Village Health Worker Scheme in Gombe. The Gombe scheme is already attracting the interest of surrounding states and is likely to be of national interest, particularly as it was originally introduced in response to a National Primary Health Care Development Agency strategy.

*'The Agency aligns with the national concept of CHIPS [Community Health Influencers, Promoters, and Services, similar to village health workers] so that the [National] Government can relate to the Village Health Worker Scheme as being the same as CHIPS.'*

(Implementer)

**Consider the wider implications on the health system:** Village health workers are contributing to increased demand for health care services. This impacts on the ability of health care facilities to cope, given the current levels of staffing and infrastructure. In the 57 priority wards, there was an increase in women receiving four antenatal care visits from 46% in August 2016 to 64% in August 2018 and a similar increase in facility deliveries, from 48% to 61%.<sup>4</sup> If it was viable to have two or three fully functioning facilities per ward, rather than one, women in remote areas would not have to travel such long distances for health care and might be more willing to seek care across the continuum of pre-pregnancy, antenatal, birth, postnatal and motherhood, postpartum, infancy, childhood and adolescence.

*'There is a point where if you raise demand and there is no supply then [the health system] is not working again.'*

(Implementer)

**Build in a transition process:** If setting up the scheme with the assistance of donor funding and/ or an implementing partner, plan sufficient time to allow for a gradual and smooth handover of all financial and implementation responsibilities. This helps maintain continuity within the scheme and sustain the interest of stakeholders and beneficiaries.

*'A lot has gone into the system across [the board] from the state to the local government area level.'*

(Government official)



Village health worker Lauratu Adamu Tafida and her client Safiya Abdulahi speak about newborn care. Photo Credit: Richard/IDEAS 2018

**Build in plans for scaling up** the scheme to other communities and other wards from the inception, to help maintain momentum and ensure full coverage is achieved.

*'The Agency has started to scale-up this programme... They have identified and carried out training in four local government areas. They are doing it in phases... Because they have seen it as a very vital means of improving the health of mothers and children.'*

(Implementer)

### 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.

[ideas.lshtm.ac.uk](https://ideas.lshtm.ac.uk)

@LSHTM\_IDEAS

### London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health, with 4000 students and more than 1300 staff working in over 100 countries. The School is one of the highest-rated research institutions in the UK, and was recently cited as one of the world's top universities for collaborative research.

[www.lshtm.ac.uk](https://www.lshtm.ac.uk)

London School of Hygiene & Tropical Medicine

Keppel Street, London, WC1E 7HT, UK  
t +44 (0)207 927 2871/2257/2317

Prepared by Deepthi Wickremasinghe on behalf of the IDEAS project and Dr Yashua Alkali Hamza on behalf of Childcare and Wellness Clinics (CWC). The IDEAS team wishes to acknowledge the research and logistics team at CWC, which partners with IDEAS for qualitative research in Nigeria, and all the individuals interviewed.

<sup>4</sup>IDEAS annual Household Survey <https://ideas.lshtm.ac.uk/>

MAY 2019

## Recommendations from the Village Health Worker Scheme Sustainability Study

**Based on the third round of data collection (November - December 2018)**

**These recommendations for enhancing sustainability are for those involved in implementing the Village Health Worker Scheme in Gombe State, Nigeria, and for national and state governments considering setting up a similar scheme. Much work has been done to ensure the sustainability of the scheme, yet there are still some areas of uncertainty, which it would be beneficial to consider.**

These recommendations have emerged from 14 in-depth qualitative interviews<sup>1</sup> and 13 focus group discussions<sup>2</sup> with stakeholders involved in the scheme at state level and in two local government areas. Interviewees were from the State Primary Health Care Development Agency (the Agency), the implementing partner - Society for Family Health, local

government area staff, village health workers, their supervising community health extension workers, and members of ward development committees. In this round, the views of beneficiaries were also sought through focus groups with mothers who had received visits from village health workers and with the fathers of their children.

<sup>1</sup> A loosely structured interview to draw out the interviewee's knowledge and insights on factors contributing to or hindering the sustainability of the Village Health Worker Scheme.

<sup>2</sup> The participation of a group of people with similar a background or experience in a facilitated discussion on a specific topic.

### The Gombe Village Health Worker Scheme

The scheme was set up in September 2016 to deliver maternal, newborn and child health information in communities and link them to primary health care services, by training and deploying women from those communities as village health workers. The women are volunteers who receive a small stipend. The scheme was introduced into half the wards in Gombe State - those with particularly weak maternal and newborn health indicators, and identified by the Gombe State Primary Health Care Development Agency (the Agency) as its 57 priority wards - with the intention that it will be scaled up to the whole state.

### Who is involved?

The Agency initiated the scheme with implementation support from Society for Family Health and initial funding from the Bill & Melinda Gates Foundation. Since January 2017, there has been a phased transfer of funding for the running costs of the scheme to the Agency, which will take over full financial responsibility in mid-2019. From January 2018, there has also been a gradual handover of responsibilities for implementing the scheme.

### Supporting initiatives

Prior to the Village Health Worker Scheme, Society for Family Health worked with the Agency to improve maternal and newborn health in Gombe State through a number of initiatives including an Emergency Transport Scheme, working with traditional birth attendants to encourage them to refer women to health facilities, and setting up a Call Centre to provide health care information.

### Village Health Worker Sustainability Study

The IDEAS Project, at the London School of Hygiene & Tropical Medicine <https://ideas.lshtm.ac.uk>, has conducted a qualitative study, comprising three rounds of in-depth interviews and focus group discussions (in September 2017, January-February 2018 and November- December 2018), with a range of stakeholders, to explore issues that enhance or hinder the sustainability of the scheme. The recommendations presented here are drawn from findings of the third round of interviews.





**'Essentially, [there are] three issues; selection, supervision and stipend.'** (Government official)

**Three additional key areas for sustainability emerged from the study – operational concerns; community involvement; and strategic matters.**

## Selection

**Criteria for selection is key:** Build in sufficient adaptability to select village health workers who are literate in the most prevalent local language in each area, and translate flip charts and the other tools they use in their work. Consider other criteria that may be relevant to the local context, for example: that women are married and live in the community where they will be deployed. These criteria help with community acceptance of the village health workers and minimise attrition.

*'... there are key languages that are spoken across different parts of Nigeria by most of the people... I would advocate that we should have a second language instead of just sticking to English.'*

(Government official)

**Spread the workload evenly between village health workers:**

Allocate village health workers based on the number of households in their ward, rather than allocating the same number to each ward. By taking population density into account, the work would be more evenly spread between village health workers.

*'...it is grossly inadequate for twenty [village health workers] to cover the entire ward of maybe twenty thousand or thirty thousand persons in... scattered communities.'*

(Government official)

## Supervision

**Ensure frequent supervision:**

Supervision motivates village health workers, by recognising and supporting their role in the health system. It also provides an opportunity for them to receive additional and



Village health workers on their way to see clients living in a remote location. Photo Credit: Richard/IDEAS 2018

refresher training. For supervision to work successfully requires robust support structures, as supervising community health extension workers' and local government area officers' visits to the community are key.

*'We can sustain doing the supervision, but not all the supervision, because you have to be mobile to reach some places.'*

(Local government area officer)

## Stipend

**Ensure that the village health workers' stipend is sufficient** to cover their travel costs to distant households within the community. Such provisions show village health workers that their work is valued and can encourage them.

*'...increase the stipend to motivate them to reach almost every corner that they are expected to reach.'*

(Community health extension worker supervisor)

**Develop a motivation and incentive strategy:** Additional training in other

aspects of health care and first aid, will help incentivise village health workers. Many we spoke to were eager to extend their skills. Having clear opportunities for career progression, such as allowing those with the right qualifications to train to become Junior-community health extension workers after a period of time, would motivate current and prospective village health workers, particularly in rural areas where employment prospects are limited.

*'...this concept will sustain the village health workers and continue to motivate them to improve their literacy levels, which will ultimately translate into better quality of services to their communities.'*

(Implementer)

## Operational concerns

**Synchronise service components** that work alongside the village health workers, such as an Emergency Transport Scheme or Call Centre offering advice to health care workers. These should be developed in close coordination with the Village Health

Worker Scheme, so that village health workers are fully supported in their work. Identifying a local secondary health facility to be ready to take referrals of complex cases from village health workers and primary health facilities would help smooth the care pathway.

*'Joining the scheme to the Emergency Transport Scheme and improving our collaboration with them will improve the work and sustain the scheme.'*

(Ward Development Committee member)

**Foster community involvement and ownership:** Community influencers can contribute to local involvement and ownership by working with the community and religious leaders to allay scepticism and help build sustainability within the community.

*'It is the importance of the work that has created a strong relationship between us and them [facility health workers]. It has formed a relationship with the leaders within the wards, with the pastors and the imams.'*

(Village health worker)

**Develop open communication channels:**

Have clear decision making processes and feedback mechanisms across all levels of the scheme. This helps to promote a sense of ownership and understanding of the issues and needs at different levels of the scheme. Having one group that speaks for the community on health issues (such as a ward development committee) helps maintain the upward and downward flow of information, as do the monthly data monitoring meetings, when stakeholders gather to scrutinise and discuss the data that village health workers collect.

*'...whenever [village health workers] have issues, they have to meet their supervisors. That is the channel of communication. If the supervisors can't handle it, they forward it to the facility staff in charge of that primary health care centre, maybe through the ward supervisor, then through the Local Government Area.'*

(Supervising community health extension worker)

<sup>3</sup> A ward is the smallest administrative unit in Nigeria.

## Community involvement

**Engage with a group authorised to speak for the community:** A Ward Development Committee<sup>3</sup> has oversight of the health needs of a community. They support the scheme by: assisting in the selection of village health workers, ensuring they are accepted in the community, and helping to monitor the scheme. Some also find solutions to local and short-term deficiencies in the number of health facility staff, for example if a health care worker is on maternity leave, to ensure that when women seek health care the facility is open.

*'The Ward Development Committee joined their heads together and brought in a health worker and are paying every month... it is the committee that is paying, not government, and whenever someone comes to the facility she is always around. You see there is an improvement.'*

(Father)

Some are also looking at ways to show their appreciation and maintain the motivation of village health workers:

*'A few days ago, I contacted some people in my community regarding one hardworking village health worker... since she is serving the community. Ideas...'*

*included helping her with food items like beans and helping on her farm during the farming season. We are still discussing what we can do... we hope find a way to motivate her.'*

(Father and community leader)

**Allow time to build the trust of the community:** Some village health workers have met resistance from parts of the community, but over time most of these have diminished:

*'There are some women, when [the village health worker] is speaking to them, they will act like they are not convinced but all of them, when the delivery comes... then they say, "...call her"'*

(Mother)

## Strategic matters

**Advocate for political commitment** to the Village Health Worker Scheme. Government support is vital for timely budget commitment and release, and to realise all the costs of the scheme once the State assumes full financial responsibility from September 2019.

*'The Ward Development Committee... advocates for the scheme to be [a legal entity] and adopted into the state health system. It is the only way of tackling the challenges of the shortage of health workers.'*

(Ward Development Committee member)



Village health worker Ladi Kabiru speaks to her client Cicilia Maina. Photo Credit: Richard/IDEAS 2018