

Policy Brief

The case for investing in the village health worker scheme to increase sustainability and access to essential obstetric care in Gombe

Overview

While there's been slight improvements since 2012, about 70% of pregnant women still deliver their babies at home without skilled care in Gombe state^{1,2}. Poor access to information on: health care services and providers; danger signs during pregnancy and childbirth; and required obstetric health services are some of the challenges slowing down progress around these indices^{3,4}.

To improve access to essential obstetric services, in November 2016, the Society for Family Health and Gombe State Primary Health Care Development Agency (GSPHCDA) designed and operationalized a Village Health Worker (VHW) program in 57(50%) of 114 wards in the state. This program was supported with funds from the Gombe State Government and Bill & Melinda Gates Foundation (BMGF). About 1200 VHWs were recruited and deployed to about 2,000 communities after being trained for 21 days, and equipped to generate demand for health facility obstetric and newborn services, while providing community level health promotion services - through scheduled home-visits. The VHWs receive a stipend of about N6000 monthly.

The stipend was initially funded concurrently by Gombe State government and the Gates Foundation in agreed proportion, distributed over time. The stipend is currently funded entirely by the state government as a demonstration of its commitment to sustain the program. The VHWs are not under the employment of the state government nonetheless.

As the Society for Family Health winds down its MNCH project in Gombe State and hands over the VHW scheme completely to the Government of the State, its 2018 annual report reflects on two years of implementation of the innovative scheme. It identifies the need for sustainability of the scheme beyond the life of the project and subsequent governments. This brief looks at some of the scheme's achievements over the last two years and puts forward policy actions for government to deepen and ensure sustainability as well as effectiveness of the VHW program – beyond the life of the project and different governments in future.



Method

The annual report of SFH's MNCH project in Gombe is based on findings from analysis of routine data, field observations, desk review of routine program reports, rapid qualitative studies, rigorously designed household and health facility surveys by IDEAS, and analysis of validated data from the Federal Ministry of Health's DHIS2 database.

Key Achievements of the VHW scheme

Improved Coverage of Community Health Services for Pregnant Women


In two years, about 170,000 of 420,000 pregnant women in 57 intervention wards in Gombe received care from VHWs at least once during that pregnancy. It is estimated that without the VHW program, only about 24,000 (14%) of these pregnant women would likely have received any form of community-level health care during pregnancy from other development partners and/or community health extension workers.

Improved utilization of obstetric services

The percentage of pregnant women in the intervention wards who attend antenatal clinics at least four times during pregnancy (ANC4) has increased as well – from 46% in 2016 to 64% in 2018, largely due to VHWs' work. Also, over the same period, the VHWs supported about 65,000 pregnant women to make the decision and actually deliver their babies in a health facility. It is estimated that about 30,000 of these deliveries would likely have occurred at home without the VHW program. Furthermore, VHWs have successfully encouraged more new mothers to utilize postnatal services within 48hrs of childbirth. At the start of the VHW program, only about 10% of pregnant women visited by VHWs returned to health facilities for postnatal check within 48hrs compared to 69% by December 2018.

Overall increase in uptake of obstetric services across all PHCs in Gombe state

Though VHWs only work in 57 of 114 wards, they have contributed significantly to increased uptake of obstetric services in public PHCs located in wards where they are not working. Specifically, it is estimated that about 1,400 extra childbirths now occur every month across the approximately 350 PHCs where delivery services are offered in the state, largely as a result of VHW work over the last two years. There's also been an increase in uptake of postnatal checkup in the first 24hrs after



childbirth, across these PHCs. Before the VHW program, each PHC in the state, across all 114 wards, provided postnatal care to an average of only four women per month. Since the introduction of the VHW program, this number has grown by about 30% every month across the PHCs offering postnatal care services.

Policy Implications

About 450,000 women get pregnant every year in Gombe. About 225,00 of them live in 57(50%) of 114 wards where VHWs currently work. From estimates, every year, about 50,000 of these 225,000 pregnant women will likely deliver their babies at home without the VHW program. In the other 57 wards where VHWs don't work, over 60% (about 140,000) of the pregnant women are estimated to deliver their babies at home every year. Women who deliver at home without skilled care are more at risk of death from complications associated with labor. Without job security and a career path, attrition of VHWs from the program will be a loss of investment and affect the overall effectiveness of the scheme. Not scaling up the intervention to every ward will worsen inequity of provision of services and also continue to mean that opportunities for improving maternal and newborn outcomes in Gombe state are missed.

Policy Recommendations


Strengthen the capacity of the primary health care agency to sustain and manage the program

A further demonstration of commitment to the success of the VHW program will be for the state Government to create a role at the senior management level of GSPHCDA to oversee the coordination and implementation of the VHW scheme. This role must be reflected in the approved organogram in the office of the Head of Service for Gombe. The role should have a clear career path from lower cadres and should be at the Director level at least. It must have the status, political support, and access to ensure high-level representation of the VHW agenda to other senior policy makers. This role will support the development of effective policies, plans, and practices across the LGAs, for the VHW program. The role will also ensure that plans for recruiting dedicated staff and scale up the intervention are integrated into VHW programs design as this critical for sustainability⁵.

Improve readiness and quality of services in primary health care facilities

The VHWs generate demand for health facility based services. Increase in demand generation for health facility services must be met with improved investments in the 'supply' of infrastructure, essential medicines and





consumables, equipment for obstetric services, and quality of services in PHCs. This ensures that pregnant women encounter quality health services in health facilities that are equipped to provide them the care they need. Investments must also be made to replace and/or repair the tools VHWs work with. These tools are essential to the health promotion and preventive services to provide to pregnant women and newborns in their homes.

Ensure job security for VHWs

To further ensure the sustainability of the program, legal reforms must be carried out to ensure VHWs are adopted into the employment scheme of government. A clear budget line for funding VHW programs must also be created and backed by law. To improve the effectiveness of the VHW program, more resources must urgently be directed to increasing the number of VHWs in wards where they currently work, and replicating the program in the other 57 wards where the VHWs are not operating. From estimates, it is recommended that there should be about 45 VHWs per ward in Gombe state.

Scale up the VHW scheme

The number of VHWs currently implementing the program is not enough. Despite the remarkable results from the implementation of the VHW program, those in the intervention wards only reach about 50% of the pregnant women in their communities. There is a need to employ about double the current figure to improve the reach of the program in the intervention ward. There is also a need to replicate the program in the other 57 wards where the program is yet to commence.

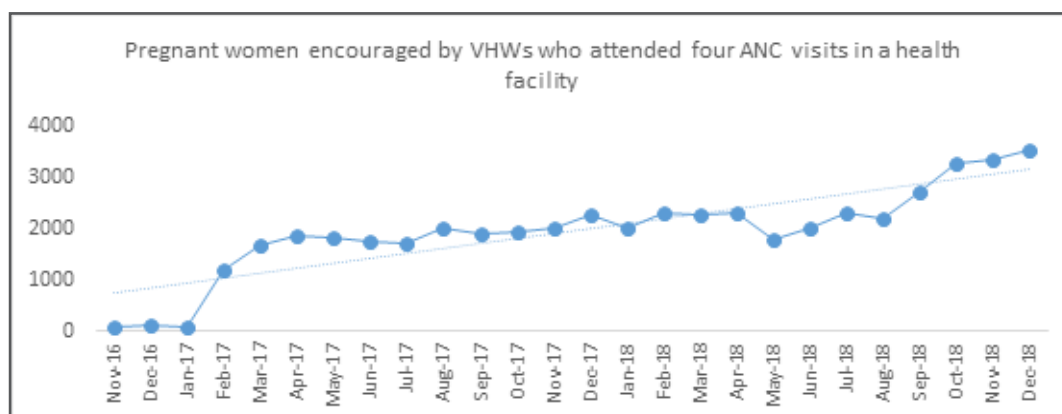
Conclusion

As direct donor assistance for the VHW program ends and government takes over the management of the VHW program, it is necessary for government to demonstrate more commitment to policies and reforms that will ensure the scheme continues to contribute to saving lives in Gombe irrespective of the government of the day. A more effective and efficient GSPHCDA structure should play a central role in ensuring this. Institutionalizing the VHWs and identifying a clear career path under the employment of government would promote sustainability of the program and motivate the VHWs. Also, an improved capacity of the agency will make management of the VHW program more efficient and effective, and will be fundamental to using the program to improve health outcomes for pregnant women and newborns in the state.

References

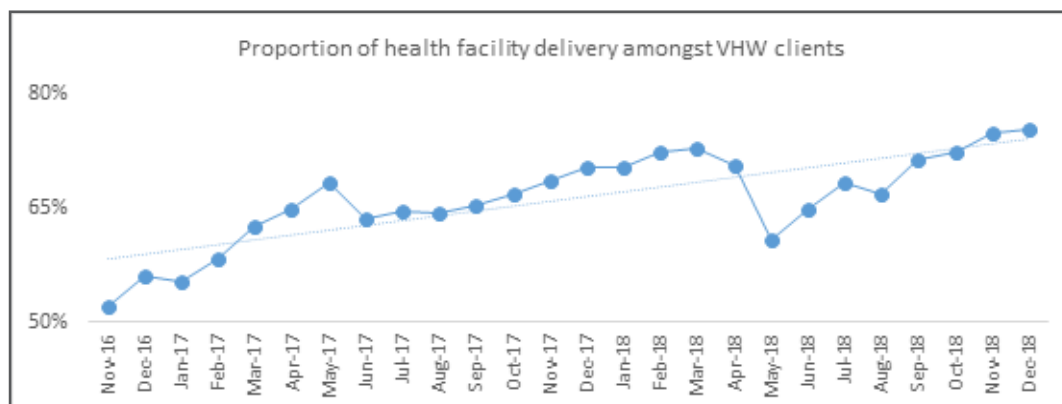
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Figure 4: ANC4 visits amongst pregnant women visited and recruited by VHWs.



Source: SFH MNCH project monitoring data 2016 - 2018

Trend in health facility delivery amongst VHW clients in Gombe



Source: SFH MNCH project monitoring data 2016 - 2018