



**Book of  
SUCCESS STORIES:**

# **GOMBE VILLAGE HEALTH WORKERS SCHEME**





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# Foreword

The Village Health Worker Scheme was funded by the Bill and Melinda Gates Foundation (BMGF) and the Gombe state Government. Conception, design and implementation was in close collaboration with Society for Family Health under the leadership of Gombe State Primary Healthcare Development Agency. The design of the VHW scheme builds on lessons learnt from the MNCH grant phase I and II in the state and aligns with the national CHIPS program.

Through the use of community based activities aimed at increasing knowledge, improving health seeking behavior, and eliminating harmful household practices that negatively affect the health of mothers and newborn whilst bridging critical health manpower shortages in Gombe State. The project's primary strategy includes the use of trained village health workers (VHWs) who go from house-to-house identifying and linking pregnant women to health care facilities in the state. The project also worked to create an enabling environment at household, community and facility level for pregnant women and newborns to seek essential MNCH services as require. This was done through key influencer engagements, commodity distribution, Emergency Transport Scheme and the Community Transport Volunteers as well as collaborations that built capacity of health care workers at facility level to support the increase in uptake of MNCH services.

Gombe State is pleased with the outcomes from the scheme implementation and hopes that this effort will contribute to a sustained progress in reduction of maternal and newborn deaths as well as progress towards attaining Universal Health Coverage of life saving maternal newborn and child health interventions in the state.

Executive Secretary  
Gombe State Primary Healthcare Development Agency.



# Acknowledgment

We wish to acknowledge the effort of Bill and Melinda Gates Foundation for the humanitarian gesture to Nigeria as a nation and Gombe state in particular. Also, worth acknowledging is the Gombe MNCH team and other implementing partners like Gombe state and it's Primary Health Care Development Agency, PACT, IDEAS, etc for the sacrificial efforts and commitments put forth during the program implementation period.





# Background

The Society for Family Health with the leadership of Gombe State Primary Health Care Development Agency supported improvements in Maternal Newborn and Child Health through the use of Village Health Workers to provide basic and preventive health care services to pregnant, newly delivered women and newborn babies. This is an investments by the Bill and Melinda Gates Foundation co-funded by the Gombe State Government. The investments in Maternal Newborn and Child Health started in 2009 and it aimed at improving Maternal Newborn and Child Health outcomes in Gombe State. The Gombe VHW scheme aligns with the principles and guidelines of the National Community Health Influencers Promoters and Services program.

Launched in October 2016, the scheme was the first government led and owned village health workers program in Nigeria. A total of 1200 Village Health Workers are rendering services across 57 priority wards of 11 LGAs in Gombe State. The scheme improved access to Maternal Newborn and Child Health services, bridged gaps in Human Resource for Health especially at the Primary Health Care Centers, increased commodity availability, health promotion and effective behaviour change at community, PHC and government levels.

The Village Health Worker is the pivot for the intervention at the community. She is a community member, identified by and resident in her community. She is preferably married and less than 50 years of age. She is conversant with and respects the norms and values of her community. She underwent a three (3) weeks initial training on basic Maternal Neonatal and Child Health services. She is equipped with the knowledge and skills necessary to effectively carry out preventive, promotional and basic curative intervention for Maternal Newborn and Child Health and change harmful cultural norms and barriers to Maternal Newborn and Child Health.

Through door-to-door health promotion, she encourages the pregnant women to access institutional delivery, as well as post-natal care for her and the newborn, providing linkages for other services where danger



signs are identified in both mother and the baby for prompt referral. She provides other essential services such as community distribution of essential lifesaving drugs. The village health worker also engages the husband, mother-in-law and other significant household decision makers to build support and acceptance for Maternal Newborn and Child Health interventions.

To further create an enabling environment that supported the increase in demand for Maternal Newborn and Child Health services, Emergency Transport Scheme and Inter-Personal Communication agents were recruited, trained and deployed in all intervention wards. The Inter-Personal Communication agents were equipped to conduct routine IPC sessions with community leaders, husbands and mothers-in-law in an impactful manner.

The Emergency Transport Scheme are male volunteers from the National Union of Road Transport Workers and Community Transport Volunteers in the implementation wards. These volunteers for no fee, transport pregnant women, newly delivered women and their babies in need of emergency medical care.

The Ward Development Committees and community leaders also played a key role of monitoring and verification of the Village Health Workers' activities as well as mediation between communities and the Village Health Workers.

This document tells the stories of how the investments in Maternal Newborn and Child Health in Gombe State have impacted the lives of the otherwise forgotten woman and her baby.



## Preventing Maternal Death



**In Northern Nigeria it is a norm to deliver at home – 'only strong and brave women deliver at home, the lazy ones waste household resources on facility delivery'.**

**The VHWs have reached women who, as a result of this norm would have never used a health facility for child birth, therefore not have access to life saving interventions.**

The Knowledge of Misoprostol led Aishatu to the Health Facility

Aishatu is a 25 year old married mother of 6 children. 3 males and 3 females ranging from ages nine to 2 years. She has an Islamic school education. Aishatu Ali's last child delivery ended with her losing consciousness as a result of excessive blood loss, she ended up being rushed to the healthcare facility for resuscitation and blood transfusion. This has happened in all her previous 6 deliveries and women in her community also experienced excessive loss of blood at delivery, some of the women even died. She had never attended ANC nor delivered at the health facility throughout her previous pregnancies. Each pregnancy was a period of intense fear for this young lady that she might bleed to death

. During her last pregnancy which was her ninth she was visited for the first time by a VHW in her fourth month and registered into the MNCH program. She was educated on the importance of ANC

and facility delivery and informed that there is a drug called Misoprostol that can prevent and control excessive bleeding. She was provided with hematinics and Chlorhexidine as motivation to visit the facility. As a result of these interventions she visited the health facility for ANC, and was so pleased with the care she received, she decided to deliver in the facility. Aishatu had three (3) ANC visits and was delivered of a baby girl without complications for the first time. She was so grateful that she named her baby after the VHW who visited her. She has become an advocate for facility delivery in her community and as a result more women are enrolling in the health facility for ANC and delivery.

'I am so grateful, the VHW came to my house, and I named my baby daughter after her.' (Coincidentally, the VHW and the mother share the same name)

# Complications from high risk pregnancy averted



Malama Elizabeth Sunday is a 33 year old mother of seven (7) children from Kentengereng community Bare ward in Billiri local government area (LGA). In the second trimester of her pregnancy, she was visited by a VHW who referred her to the focal health facility for ANC based on complaints and observations made of edema and excessive distention of the abdomen. Malama Elizabeth didn't hesitate to complete her referrals due to unusual feelings she was experiencing. At the health facility she was referred for an ultrasound scan where it was discovered she was pregnant with twins. She was counseled that her current pregnancy was a high risk one since she has had seven previous deliveries and was currently carrying multiple pregnancies. Malama Elizabeth was advised that to prevent complications, she needed to attend ANC faithfully and deliver in the health care facility. During the course of the pregnancy, the VHW visited Malama Elizabeth regularly to check on her health. As a result, a close relationship grew between them. Malama Elizabeth attended ANC five (5) times before successfully giving birth to twin boys in the health facility without complications like retained second twin which was common in her community.

## Preventing Neonatal Death

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### Preterm babies were saved too!

Mrs. Hassana Ezekiel woke up with sharp abdominal pains in the seventh month of her pregnancy and as a result of the education she had received from a VHW she immediately recognized the pains as danger signs and rushed to the health facility for emergency care. Mrs. Hassana Ezekiel is a mother of three (3) children who lives in Lamodi a farming community of Tanglang ward, Billiri LGA. She was registered by one of the VHWs, in March 2018 when she was three (3) months pregnant. Unlike her other pregnancies where she did not attend ANC and delivered at home, this time she attended ANC regularly and confessed to being much stronger throughout the pregnancy than she had been in previous ones.

As a result of her quick action she was delivered of a preterm baby weighing 2kg. The baby was given immediate and complete post-natal care (PNC). Mrs. Hassana Ezekiel was taught how to practice Kangaroo Mother Care (KMC), and express breast milk to feed the baby for one week at home until the baby started sucking. She is currently practicing exclusive breast feeding, which she had not done with her previous children. Mother and baby are thriving.





**In poor rural communities, availability and cost of transport in times of obstetric emergencies contribute to delay in getting to the hospital where medical care can be given (type 2 delay in seeking care). The Emergency Transport Scheme (ETS) / Community Transport Volunteers (CTV) drivers in the intervention communities provide an essential service that could mean the difference between life and death for a pregnant woman and her unborn child.**

### Mitigating the Challenges of Maternal Emergencies



**Umaru Abdullahi** an ETS driver and a Beneficiary **Fatsuma Ibrahim** in Nono-kunuwal ward of Yamaltu-Deba LGA, is a 26yr old mother of 6 who had her first hospital delivery when she was delivering her 6th child. At about 12 midnight, a CTV driver from the community was called upon to help take her to the facility since she was in labour, bleeding and her sensorium was altered (altered consciousness). His swift response in driving her to the hospital in a near unconscious state, saved both her life and that of her baby. Fatsuma was safely delivered of her baby and both mother and child are doing fine. During one of the

SFH IPC sessions that was held at Silbalau community in Degri Ward in Balanga LGA, the community complained about the distance from the community to the PHC. During discussions, a community member and the deputy WDC chairman, Mr Danjuma Helma who is a commercial bike rider volunteered to be the CTV for the community. To ensure sustainability, the community members decided to contribute at least 50 naira each to assist the CTV in the community during emergencies to health facility. As at 2018 July, Silbalau has assisted xxx women to health facility for delivery.







## Making my two wheels count where it matters most

**Nuhu Musa and Danjuma Helma** are young husbands reached by group IPC sessions in Pare and Swelbalaw communities respectively both in Degri Ward (Balanga LGA). They were spurred into volunteering during the sessions educating them on emergency transport. Their decisions were largely fueled by the huge distance pregnant women have to travel to get to the health facilities and coupled with the absence of ETS (CTV/NURTW) drivers in their communities.

In a month they have used their motorbikes to provide emergency transport to HF's for an average of 10 women and babies needing emergency care a month. They have also reported using their motorcycles to transport pregnant women who wish to and from ANC or PNC at the health facility.

Nuhu Musa says, ***"It is good to be of service in my community, especially helping women and their babies". Danjuma on the other hand had this to say after an injury incurred on duty, "I enjoy helping these women and children, however my greatest challenge is the bad access roads from our community to the facility. I am willing to continue with the good work."***

Dulyamba Modi from Sansani community is a trained CTV. One night in July 2018 he was called by a VHW named Lynda Jesse from Kalindi community, in Billiri North. One of the VHW's clients had been in labour for about 24hrs at the health facility and there was little progress. The nurse at the facility referred them to the general hospital Billiri for a Caesarean section to be done. Immediately, Dulyamba Modi brought his vehicle and took the woman and the VHW that accompanied her to General Hospital Billiri where she had an emergency Caesarean section. The woman was safely delivered of a baby boy. As a result of the swift and selfless effort of the CTV a maternal crisis was averted. The CTV did not charge for his services and both mother and son are in good health.

**Stockout of essential drugs and commodities for MNCH at PHC facilities in rural areas was a nagging problem at the beginning of the project. The cost of buying MNCH life saving drugs and commodities was out of the reach of many families resulting in the non-utilization of facility MNCH services. Following project interventions that facilitated consistent availability of commodities, health care workers, pregnant women and newborn babies in rural Gombe now have access to and are grateful for free commodities and lifesaving drugs.**



**Asma'u Baba** is a young married woman from Madugu Yashi in Kwami LGA. She has had seven (7) pregnancies and deliveries at home but only two (2) living children. She reported that all her deliveries were accompanied by heavy bleeding. A VHW registered her into the MNCH program educated her about ANC and facility delivery, she also told her about a drug that prevents bleeding after delivery (Misoprostol).

The VHW also talked to her husband and mother in law regarding facility delivery and the dangers of bleeding. Her husband was convinced and he gave her permission to deliver in the health facility. At nine (9) months Maryam delivered at the facility and was given the misoprostol, this time she did not bleed or lose her baby. Maryam has become an advocate for hospital deliveries and regular ANC attendance.

## Chlorhexidine perceived to more effective in umbilical care

During a routine supervision in Shongom, the SFH staff in charge of the LGA met a nursing mother, Felicia Obida a 19-year-old mother of a newborn baby in Yapilo community of Filiya ward who used the chlorhexidine to take care of her baby umbilical cord. Upon probing as to why she decided to use chlorhexidine instead of toothpaste which is the common practice in her community. In her response, she said she was curious because for her first born child she used toothpaste and the child's umbilical cord became infected. Though the umbilical stump actually fell off early, it left an open wound which became infected and made her baby sick for days. They had to be admitted in the nearby hospital which added an economic strain on the family. Felicia was told by her friend whom a VHW had visited at home that the cord will not be infected if only she used chlorhexidine. Felicia decided to try chlorhexidine and so she was glad she did. The cord fell after four (4) days and there was no open wound and the cord was not infected.

Newly Delivered Mother in SWA Ward becomes Advocate of Chlorhexidine for Cord Care

**Malama Fatsuma** is a mother of eight children, all living, and she is

**Practice of using toothpaste to clean umbilical cord stumps stopped following introduction of chlorhexidine made available to mothers after HF delivery**

currently nursing a three-week old newborn. She told an interesting story on how she had managed cord care for her first seven children until she had the baby she is currently nursing when she discovered the use of Chlorhexidine for clean cord care in newborn.

She said, in the past, the method she used for cord care was the old traditional method where the metallic plate of the hoe is subjected to heat (fire) and applied on the baby's cord as a means of cord care. After bathing the baby, the mother places her wet hand on the hot metal and applied on the newborns cord (massaging it gently). This was done repeatedly until she feels the need to stop. The process is carried out 2-3 times daily until the cord falls off and the stump heals completely. This method takes a longer period for the cord to fall off and the stump to heal completely.





*Fatsuma and her VHW in Lajangara Community in SWA Ward*

However, with this last childbirth, she had the opportunity of meeting with a village health worker (VHW) in her community who enlightened her on the use of Chlorhexidine for clean and healthy cord care over the commonly used traditional method, she was used to. The VHW gave her Chlorhexidine and demonstrated how to apply it on the cord. Showing so much excitement, she admitted that the use of Chlorhexidine is easier, better, faster and more hygienic compared to the traditional method. Now she has become an advocate of Chlorhexidine for cord care in her community. Malama Fatsuma said she gave the remnant of Chlorhexidine to her sister-in-law who came to her home to deliver (It is the tradition in that community for newly married women to have their first baby in her father's house).

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## Improving Quality Uptake of Facility Care for MNCH

**Village health Workers linked health facilities to communities and provided house to house health education. They engaged pregnant women, key household influencers (mothers in law, fathers in law husbands etc.), thereby improving facility care seeking.**



Malama Hajara and her newborn baby  
Malama Hajara and her newborn baby  
Malama Hajara Audu in Kalkulum community of Bare ward was eight (8) months pregnant for her 4th child and was

yet to attend her first antenatal session. This was because she was afraid of the facility staff who she claimed was harsh on the women who attended the facility. Hajara was visited by a VHW who enrolled her into the MNCH program and educated her on the need for ANC, facility delivery and PNC. Hajara was convinced to go to the health facility for ANC and delivery.

The VHW visited Hajara at home after discharge from the health facility, at home, the VHW educated her on essential newborn care. Hajara was pleased, she expressed her excitement and satisfaction with the reception she got at the health facility. In her words “I am so happy with the way the facility staff took care of me. They took me inside and three of them stood by me. This was unlike the other time I came here when they left me all by myself.”

### **Sabon Kaura community MNCH effort**

Sabon Kaura community in Pindiga ward is a farming community with no health facilities whatsoever. The closest health care facility is about 7km away in Pindiga. Nonetheless, VHWs were deployed to the community and as a result of their interventions, women were willing to take the trip to Pindiga PHC to access MNCH

services.

However the road to Pindiga was on sandy terrain that made driving difficult. One of the married men in the community after understanding the importance of ANC, offered his vehicle to transport pregnant women and babies from Sabon Kaura to and from Pindiga PHC for ANC and PNC. Other men in the community contributed money to assist in fueling the vehicle.

Sabon Kaura community is characterized by high fertility and high infant mortality. It is not uncommon to find women who have had up to eight (8) deliveries but just two (2) surviving children.

Mrs. Hauwa Mohammed is one such woman. She has had six (6) deliveries but just two surviving children. She was registered into the MNCH program in November 2016 and with the encouragement of the VHW, attended regular antenatal sessions in Pindiga PHC until March 2017 where she was delivered of a baby girl.

The Sabon –Kaura community women have not only started attend ANC at the PHC but also now practice delayed bathing and immediate and exclusive breastfeeding. The married men in the community have now resolved to do their best to see that pregnant women in their community attend ANC and deliver in the health facility.





*VHW supporting mother to position baby at breast during home visit*

## VHW interaction encourages facility delivery

**Hauwa'u Muhammadu;** a mother of eight who was pregnant with her 9th child when the VHW met her. Hauwau has never delivered in a health facility and all attempts by the VHW to get her to attend ANC fell on deaf ears. However, she always listened attentively to the messages on Salome's flipchart whenever she paid her a home visit.

In the course of a supervisory visit by the program officer in charge of Dukku LGA, the VHW reported one of her clients who had refused to attend ANC despite several follow up visits. The program officer decided to pay Hauwau a visit in order to educate her more on why facility care is important. On arrival, they were told that Hauwau had just returned from her first ever ANC! The program officer asked what made her change her mind and Hauwau said she woke up feeling very dizzy that morning and she recalled that this was a danger sign in pregnancy. She immediately decided to go to the PHC. She was checked and it was discovered that her blood pressure was low. She was given Haematinics and encouraged to take a lot of rest.

Hauwau eventually delivered in a health facility. When the VHW paid her a postpartum visit, she confided that her facility birth was the easiest of her nine deliveries. She promised to finish her postnatal check-ups and attend all immunizations for the baby. She also promised to encourage her peers to go for ANC and give birth in the health facility.



## Aishatu Completes all Required Number of Health Facility Antenatal and Post Natal Visits

Malama Aishatu Aliyu is a member of the Madukuri community of Bajoga west ward from Funakaye LGA in Gombe State. She is a mother of two (2) who had never attended health facility services such as ANC health facility delivery and PNC. She therefore was unaware of other essential healthy behaviors such as regular hand wash and exclusive breastfeeding. The few women in her community who patronize the maternity homes for delivery are known for their habit of delivering in the facility but refuse to return for PNC.

She was engaged by the VHW assigned to her community. The VHW visited her four (4) times during the course of her pregnancy and counseled her on the key health care practices such as importance of focus ANC, facility delivery postnatal care and essential newborn care. As a result of the consistent VHW visits, Aishatu attended four (4) ANC visits at

the facility where the benefits of facility delivery and postnatal care was reinforced. She delivered at the same facility, put her baby to breast immediately after birth and carried out skin to skin contact. Twenty-four hours later, she bathed the baby for the first time and continued exclusive breast feeding without any other fluid. Two days after delivery, Aishatu returned for postnatal checkup during which mother and baby were examined and given a tablet of soap, an incentive provided by the project to all mothers completing the continuum of maternity care.

The entire process increased the number of women who attend the PNC at the facility, Malama Aishatu is now an advocate of PNC check up to other women in the community.





**My community has seen the light,  
women now deliver in health facilities'**

*- Story of a VHW*

Mallama Binta Adamu is a Village Health Worker (VHW) from Wadashi community in Swa ward of Balanga LGA. Wadashi, a community was noted for high prevalence of home delivery. According to the VHW, most households usually have about two to three older women who served as home birth attendants for the younger women whom they discouraged from delivering in the health facility. In the words of these elderly home birth attendants, “going to deliver in health facility is a shameful thing”. Hence women who delivered in health facility were often labelled as 'weaklings'. Reasons ranging from this cultural belief, unavailability of child health services, in this community, social disapproval by older women to cost of health care were claimed to be responsible

for the poor uptake of maternal.

Against all odds, Mallama was resilient in her advocacy and behavioural change communication activities in the community. She consistently dispelled myths regarding facility utilization for MNCH issues and educate pregnant women about the benefits of facility delivery. She identified pregnant women and referred them to focal health facility to access quality MNCH services including the free MNCH drugs.

Mallama's efforts seemed to be yielding little or no response until some prominent men in the community lost their wives due to complications after delivering at home. The unfortunate incident became an eye opener that triggered community's response. The VHW, with support from WDC carried out advocacy and sensitization meeting with the district head and some representatives of the community men and women, to emphasize the importance of health facility services. Since the advocacy meeting, the district head and religious leaders have been promoting facility delivery during

Jumaat prayers on Fridays.

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### Some women in Nigeria never attend ANC, due to unavailability of services and wrong beliefs

There is large farming community in one of the implementation wards Birin Bolewa, in Nafada LGA called Ungwan Chiroma, whose members are very reclusive and wary of outsiders. All efforts to reach the community with MNCH messages were resisted by the gatekeepers and

community members because they saw the project team as outsiders who do not share same beliefs and practices.

The project eventually penetrated the community using an influencer who shares similar belief with the community.

VHW in Ungwan Chiroma  
He was able to reach the community leader who granted audience to the VHWs and allowed them to reach pregnant women in their community. As a result of their

interventions 86 women were registered into the MNCH program in the same month with permission from their husbands to access services at the health facility. Ungwan Chiroma community members are still actively utilizing the nearby health facility.



## Mothers in-law forum produces MNCH advocates

In Tanna community of Mallam Sidi ward, Kwami LGA, Maryam Adamu, mother in-law was a participant in one of the IPC sessions. At the IPC session mother in laws were told about complications of pregnancy and child birth. They discussed benefits of postnatal care early ANC, the dangers of home delivery and importance of PNC.

Maryam was pleased with this information, she had two daughter in laws who had just delivered, they both did not attend ANC and both delivered at home. Maryam went home to enlighten two (2) daughters in-law. One day she saw the VHW in community and recognized by her green hijab with a logo, she invited the VHW to her home. The VHW further educated them and encouraged them to go to the facility for postnatal care and immunization for their babies. The two new mothers visited the health facility to receive PNC and their babies have received BCG, Oral Polio vaccine and Hepatitis B vaccine. They promise to complete the required immunization for their children.

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### Communities Were Empowered

**Prior to the MNCH investments in Gombe State, the burden of maternal new-born and child morbidity and mortality was heavy on communities. There was a sense of hopelessness as families saw survival or death of pregnant women and new born as whatever fate offered rather than a preventable situation. Following training and deployment of VHWs, communities saw that they could contribute to reversing the negative trend. This section showcases the stories of Gombe State MNCH champions, ordinary men and women who were inspired to contribute to making a difference.**

**Everyone got involved! Everyone wanted to help!**

**Gombe State VHW scheme inspired communities to act to improve maternal and newborn health!**

Community leaders got involved Gombe State VHW scheme inspired communities to act to improve maternal and newborn health!

The uptake and acceptance of VHWs program has increased the volume of ANC attendance, facility delivery, and facility postnatal care in Pindiga PHC. From a total of five (5) to seven (7) deliveries per





*Emir of Pindiga, Alhaji Muhammad Seyoji Ahmed*

month before the inception of the VHW program, deliveries have increased to an average of 60 per month. To further encourage the continued uptake of MNCH services at the PHC, the Emir of Pindiga, Alhaji Muhammad Seyoji Ahmed donated five (5) new hospital beds to the PHC. In addition, he conducts monthly meetings with the community heads and the VHWs to find out what challenges they are facing in the course of the execution of their responsibilities. He also issued a decree that any man who does not encourage his women to access MNCH services at the health care facilities should be reported to him. As a result of this decree, Pindiga ward has recorded zero home deliveries since April 2018. The actions of the Hakimi have gone a long way in convincing the community of their leader's total support of the project and his interest in their welfare.

Community and religious leaders have power to make a difference

Community and religious leaders are invited every quarter for a Data Driven

Learning Meeting where the results of the Village Health Worker Scheme are reviewed with all the supporting units results also displayed, and discussions have come up which were positive in improving the MNCH practices within the communities. For example, the district head of Zange ward in Dukku LGA of Gombe state, once summoned all married men in his community through the various village heads and complained this will be the last time he will be humiliated before his peers during the DDLM, where his community



will repeatedly have the highest number of home deliveries recorded, he gave an order that going forward husbands whose wives delivered at home will leave his domain. The outcome led to increase in facility delivery and decrease in home delivery.

### **Improving Male Involvement**

Malam Hassan Mohammed, a newly married farmer from Kentengereng 1 community, Bare ward, Billiri LGA, was approached by a VHW for permission to register and provide MNCH interventions to his wife who was about 5 months pregnant with their first baby then. He not only gave his permission but made himself available during the sessions, asking pertinent questions and seeking clarifications on issues he did not understand

He commented that he had received more education from the intervention than they ever received at the health facility since the facility staff were not as willing to clarify things for them. He not only promised to ensure his bride attended all scheduled ANC appointments and delivers at the facility but also to ensure through IPC that his peers in the community were encouraged to allow their pregnant wives access services at health facility.

A Fulani man, Mallam Abubakar with 3 wives from Tanglang ward accompanied his wife Malama Talatu to one of the intervention facilities Kulgul PHC for ante natal care. When asked why he did not just send her down instead of accompanying her, he said:

***“When the VHW visited my wife she told us about the benefits of facility ANC visits. She also talked to me about supporting my wife to make sure that she goes for ANC and delivers at the hospital, I decided not just to encourage her to go but to show my support by taking her there myself and bringing her back so that she won't suffer”.***

Malam Abubakar faithfully kept his promise and escorted his wife for all ANC visits until she delivered at the PHC in Kugul.

**Program activities set up a ripple effect. Changes that were not intended happened WDC members organizes classes to improve VHW literacy!**



*WDC members organizes classes to improve VHW literacy!*

During one of the data collection meeting, the WDCs were invited to support the process. The WDC deputy chairman, Mr Danjuma Helma who is a principal of a secondary school in Kurjale community noticed that the VHWs level of literacy could be improved upon. He therefore volunteered to hold weekly evening lessons with them. These classes further improved VHWs reading and

writing skills which translated into better record keeping and report writing skills.





## Empowered to empower others

This is the story of a 34 year old mother of six (6), **Vashti Ezekiel**, a VHW selected by her community in Tumbu ward Akko LGA. *'I am so grateful for the opportunity given us, especially myself to participate in the VHW program. My life has changed so much.* I have been empowered with knowledge and now I am a voice empowering other women in my community.'

I was looked down upon as an unemployed woman, now my community honors me as a giver of knowledge. I am now regarded as a responsible citizen, in my home I now have a voice. Honestly I am so happy and grateful for the opportunity.'



