



The Gombe VHW MNCH Project



Who are We?

The Village Health Worker (VHW) was the fulcrum of the Maternal Neonatal and Child Health project co-funded by Bill & Melinda Gates Foundation, led by the Gombe State Government through the Gombe State Primary Health Care Development Agency (GSPHCDA) with technical support from Society for Family Health. The project was the first government led and owned village health workers program in Nigeria; Implemented in the 11 LGAs of Gombe State across 57 priority wards of the 114 wards. The VHW scheme improved access to MNCH services, bridged gaps in Human Resource for Health (HRH) especially at the Primary Health Care Centers (PHCC), increased commodity availability, health promotion and effective behaviour change at community, PHC and government levels.

The Gombe VHW Scheme is unique amongst other traditional donor funded programs in that the implementation was jointly conceived with the host government to ensure sustainability. The GSPHCDA therefore is a co-funder and lead partner of the project, with SFH and other Bill and Melinda Gates Foundation (BMGF) Grantees serving as technical partners. SFH maintained a very close working relationship with the GSPHCDA right from the beginning. This relationship was realized through several meetings, joint field visits and joint implementation of the various approaches.

What was the Problem?

High maternal and newborn mortality is a major health challenge for Nigeria's health system. The North East of Nigeria including Gombe state bears a large percentage of this burden resulting from household, community and health system challenges that are detrimental to the health and survival of neonates, children and pregnant women. For example, the national total fertility rate was 5.7 children per woman in Nigeria and 6.5 children in north eastern Nigeria; in Gombe the fertility rate was 7.1 children per woman of reproductive age 15-49 years (NDHS, 2008). Antenatal attendance and facility delivery were low as only 17.2% of pregnant women delivered in a facility (despite free Maternity Care and under five children services in Gombe State as at 2008) far below the 35% average.



• **Stakeholder Planning to Improve the Health Status of Mothers and Children in Gombe State**

In Gombe state, majority of women gave birth at home. The high fertility rate, low level of institutional births where women could receive advice on antenatal and post-natal care meant exposure to a higher risk of neonatal and maternal deaths. A myriad of factors such as long distance to facilities, lack of understanding about the need for antenatal care, lack of confidence in antenatal care providers, health system related factors (poor provider attitude, long waiting times at health care facilities, commodity stock out etc.) contributed to this poor access. Others such as poor access to transportation, cultural and financial considerations, also contributed to women's non-attendance at antenatal care clinics. These reasons are especially pertinent amongst women residing in the rural areas. Hence the need for interventions that go beyond the reach of the facility to deliver essential information and medicines at the household level.

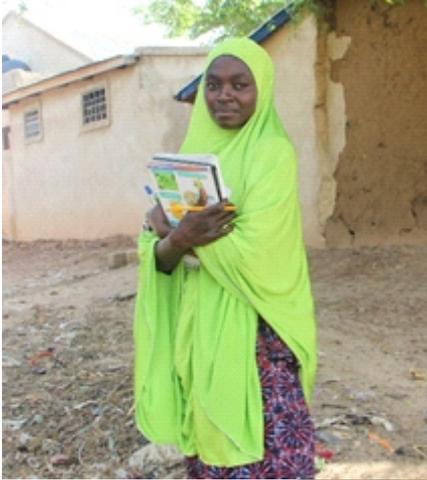
Who is a VHW?

The VHW scheme leveraged on the Federal Government (FG) task shifting policy of transferring roles particularly in poor resource locations. Therefore, the Village Health Worker (VHW) is a community member, identified by the community, resident there and speaks the common language. She is conversant with and is respectful of the norms and values of her community. She carries out preventive, promotional and basic curative intervention for MNCH and is instrumental in the changing of age-old cultural norms and barriers on MNCH. She can read and write in English or Hausa, preferably married and less than 50 years old.

• Focus of VHW Health Promotion.

Specific Health Areas of Focus:

- The benefit of ANC health facility (HEALTH FACILITY) visit.
- The importance of health facility delivery
- The benefit of post-natal care.
- Thermal care including:
 - I. Immediate drying or skin-skin care shortly after delivery
 - II. Covering of new born baby with dry cloth.
- Clean cord care (CCC) with Chlorhexidine.
- Importance of immediate and exclusive breast feeding.
- Danger signs in pregnancy and newborn.



The Gombe Village Health Worker

These VHWs are kitted in their usual culturally appropriate green hijabs or jackets branded with the GSPHCDA logo. They are also provided with appropriate work tools to conduct their home to home visits.

How Did We Get to the VHW?

The VHW scheme was the third and last in a series of phased project interventions implemented to address maternal, newborn and child health challenges in Gombe state. The phased project interventions were unique and addressed specific health seeking limitations. Phase one (learning phase), implemented statewide between 2009 and 2011, designed and piloted four models in different LGAs at the household level using the existing network of providers. These were traditional birth attendants (TBAs) [Model 1], the Federation of Muslim Women's Associations in Nigeria (FOMWAN) volunteers [Model 2], a 'Combined' model that consisted of TBAs and FOMWAN volunteers [Model 3] and a model which consisted of Patent and Proprietary Medicine Vendors (PPMVs) [Model 4].



Traditional Birth Attendants Offering Basic Education and Care Under the Previous Intervention Phase

Phase two (Scale-up Phase), implemented between 2012 – 2016 scaled up the winning model from phase one across all wards in 10 LGAs in Gombe state. This phase scaled-up the Front-Line Worker model (adaptation of learnings from the TBA and FOMWAN models) which was found to be an effective and efficient approach to improving maternal and new born health practices in the home, as well as facilitating enhanced facility-based MNCH. Phase three was the Village Health Worker project implemented from 2017 to 2019, a continuation of the 2nd phase but with program modifications that improved quality of services and transitioned SFH roles to the government for greater sustainability of interventions.

So... How Did We Work?

Through the VHWs Health Promotion

The community-based activities to promote the MNCH objectives of the Gombe VHW scheme were majorly centered around the VHWs. They were trained and positioned to engage expectant mothers and mothers of newborns as a primary target audience. They have the sole responsibilities of conducting home visits to engage the primary contacts on health education sessions around MNCH topics while offering a few basic services as appropriate for their cadre.



• *VHWs Creating Demand for Increased Patronage of Health Facility Services*

They carry out their work by traversing these communities house to house and engaging mothers through behavior change communication. VHWs use this approach to discuss the various MNCH health areas with these target audience and offer basic lifesaving commodities and services. VHWs refer willing contacts to focal health facilities (primary healthcare centers) to access the services required (ANC, deliveries and PNC) by filling out referral hand card issued to these contacts. To reduce delay in accessing healthcare services, VHWs also inform their contacts of the presence of Emergency Transport Scheme (ETS) services within their locality.

Through ETS Drivers

Gombe state is a mix of densely and sparsely populated communities, highly dispersed and some hard to reach because of difficult terrain. The project therefore aimed at providing a form of emergency transport for such communities. This approach was prioritized for women experiencing obstetric complications (or even in labor) for relatively quick ferrying to HFs for proper interventions. The scheme was designed to leverage entirely on volunteerism at no cost to the project. To achieve this, SFH in collaboration with GSPHCDA obtained the buy-in of the NURTW (who are professional drivers) as well as CTVs (residents of communities who volunteer their vehicles or motorbikes) to offer this humanitarian service.



ETS Driver Providing Transportation Service with Support from a VHW

The drivers were trained on the professional handling and transportation of women with pregnancy related complications. They were also encouraged to maintain a level of professionalism and safety while undertaking their tasks.

Through WDC Community Engagement

The WDCs are responsible for the overall human and social development of their respective communities of which health was chief. Members volunteered their time, resources, etc., to carry out important projects or achieve some other objectives. The WDC members therefore served as the main gate keepers when seeking the active support and participation of the local communities.



WDC Led Community Social Mobilization Activities

The WDCs select different communities where they routinely mobilize community members to sensitize them on the various health intervention areas through rallies, drama and information sharing. Besides their active involvement in the selection and monitoring of VHW activities, WDCs also support the VHWs by helping them address local issues as they arise during their work.

Through Influencer IPC Sessions

Other secondary targets who have influence over the decisions and actions of the primary targets (mothers) were also engaged and their buy-in sought, for greater support and impact. As such, the services of IPC agents were employed to engage community and household influencers through pre-planned discussion sessions.



IPC Sessions Holding with Community Influencer Groups

IPC agents were recruited (two males and two females per LGA) to engage with these influencers through group IPC sessions. The program required that the male IPC agents engaged men (young husbands and elderly community leaders separately) and the female agents, engaged mothers and mothers in law. These separate groups were set up to encourage free participation as it is commonly and culturally unacceptable for females to contribute in discussions in a gathering involving men. Similarly, the young men out of respect were expected to reserve their opinions when the elderly spoke.

Supply of Essential Drugs and Commodities to Health Facilities:

The project distributes basic MNCH commodities to serve as motivation for facility ANC attendance and delivery. These products are made available through focal health facilities and some are provided through VHWs through the routine home visits to serve as motivation for subsequent facility visits.



• *Health Commodities used at Health Facility and for Community Distribution*

What Did We Achieve?

For the intervention period of November 2016 to October 2018, approximately **1,200** VHWs were able to record **384,899** contact visits with pregnant women in Gombe state of which **165,105** were registered and referred to focal health facilities. Of these, **43,705** completed four (4) HF ANC visits, **45,334** completed two (2) HF PNC visits and **58,130** delivered in the HF.

• *Result Trend for Key Indicators during Implementation Period (Across Partner Focal Health Facilities)*

