Acceptability Of the Village Health Worker Program, Facilitators And Barriers to the use of Facility Delivery Services in Gombe State

Maryam Al-Mujtaba, RN, MPH
Independent research consultant
malmujtaba6@gmail.com
+234 9081466790
OVERVIEW

• Study Background
• Aim and objectives
• Methodology
• Results
• Socio-demographic information of participants
• Focus group findings
• References
STUDY BACKGROUND
A COMPARISON OF MATERNAL AND INFANT MORTALITY RATES IN GOMBE STATE AND IN NIGERIA

GOMBE STATE

• Facility deliveries – 27.5%
• Maternal Mortality Ratio - 1002 per 100,000 live births
• Infant Mortality - 20.7 per 1000 live births.

NIGERIA

• Facility deliveries – 37%
• Maternal Mortality Ratio - 814 per 100,000 live births
• Infant Mortality - 30 per 1,000 births
IMPLEMENTATION OF THE VILLAGE HEALTH WORKER (VHW) PROGRAM

• Implemented:
  ➢ October 2016
  ➢ (50% of the State)
    ✓ 57 out of 114 wards

• Implementers
  ➢ Society for Family Health (SFH)
  ➢ Gombe State Primary Healthcare Development Agency (GSPHCDA)

• Funding
  ➢ Gates Foundation – SFH
  ➢ GSPHCDA – VHW stipends
VHW SUCCESS IN IMPROVING FACILITY DELIVERY UPTAKE

• Mean facility delivery uptake among 57 VHW wards: 65% compare to earlier 27%
  ➢ 11 wards – over 81%
  ➢ 31 wards – 51% to 80%
  ➢ 15 wards – less than 50%

➢ Maximum: Banganje North (96%)
➢ Mean: Akko (65%)
➢ Minimum: Zange (23%)
OBJECTIVES

• To assess the general acceptability of village health worker services among women beneficiaries of the program

• To explore facilitators to the use of facility delivery services for women beneficiaries of the Village Health Worker Program

• To explore barriers to the use of facility delivery services for women beneficiaries of the Village Health Worker Program
METHODOLOGY

• Study Setting / Facility Delivery Uptake (FDU)
  ➢ Maxium FDU: Banganje North (96%)
  ➢ Mean FDU: Akko (65%)
  ➢ Minimum FDU: Zange (23%)

• Study Population
  ➢ Beneficiaries of the VHW program that have delivered within (November 2017 – October 2018)
  ➢ Delivered either at home or at the facility

• Two (2) focus groups per study site
  ➢ Group 1 – 10 women who have delivered in the facility
  ➢ Group 2 – 10 women who delivered at home
## FOCUS GROUPS CONDUCTED

**Group 1:** delivered in the facility the last 12 months (Nov. 17-Oct. 18)

**Group 2:** delivered at home the last 12 months (Nov. 17-Oct. 18)

<table>
<thead>
<tr>
<th>Zone</th>
<th>Selected Ward</th>
<th>Facility delivery uptake</th>
<th>Number of FGDs</th>
<th>Number of Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gombe-South</td>
<td>Bangaje North</td>
<td>96%</td>
<td>2 (Grps 1&amp;1)</td>
<td>7 – Grp 1</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11 – Grp 2</td>
<td></td>
</tr>
<tr>
<td>Gombe-Central</td>
<td>Akko</td>
<td>65%</td>
<td>2 (Grps 1&amp;2)</td>
<td>10 per group</td>
<td>20</td>
</tr>
<tr>
<td>Gombe-North</td>
<td>Zange</td>
<td>23%</td>
<td>2 (Grps 1 &amp; 2)</td>
<td>10 per group</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>6</strong></td>
<td></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>
SOCIO-DEMOGRAPHIC INFORMATION OF PARTICIPANTS
MEAN AGE

Age of Participants (Years)

<table>
<thead>
<tr>
<th>Ward</th>
<th>Mean Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baganje North</td>
<td>29</td>
</tr>
<tr>
<td>Akko</td>
<td>24.5</td>
</tr>
<tr>
<td>Zange</td>
<td>22</td>
</tr>
</tbody>
</table>

VHW Intervention Wards
Christianity 31%
Islam 69%
Others 33%
Fulani 36%
Tangale 31%
Number of Living Children

- 1-2 children: 36%
- 3-4 children: 40%
- 5+ children: 24%

Place of Last Delivery

- Home: 36%
- Facility: 64%
DURATION OF CONTACT WITH A VHW

Percentage of Participants (%)

- 1-3 months: 3%
- 4-6 months: 10%
- 7-9 months: 17%
- 10+ months: 67%
- No response: 2%
FOCUS GROUP FINDINGS
MAIN THEMES

• Role of VHWs
• Acceptability of VHWs
• Social value of the VHW program
• Recommendations for the VHW program
• Views and experiences with facility delivery
• Facilitators to facility delivery
• Barriers to facility delivery
• Recommendations on how to improve facility delivery
VHW PROGRAM
MAIN THEMES AND SUBTHEMES

Role of VHWs
- Home Visits
- Advise on using MNCH facility services
- Health Education

Acceptability of VHWs
- VHWs are community members
- VHW information understood
- Satisfied with VHWs roles as teachers, mentors and companions

Social Value
- Awareness on the value of MNCH services (mothers-in-law and husbands)
- Improve literacy level of VHWs
- Occupation for VHWs and aspiring VHWs

Recommendations
- Scale-up the program
- Basic obstetric training and financial support for VHWs
ROLE OF VHWs

Home Visits

• Home ANC registration
• Advise on using facility MNCH services
• Supply medication (hematinics)
• Accompany women to the facility
• Post-natal mother-infant pair assessment

“...When we visit the women, we explain things to them and we give them folic acid and fasolate. When we realize a women is reluctant in going for ANC appointment, ; Like in cases of women that want to go to the health facility or those who are shy especially when it's their first pregnancy, you [the VHW] tell her that get ready and ask your husband on so day I will come and accompany you to the facility for ANC. So, you come on the appointed day and escort her to the facility for ANC visit.” - 25-year-old, Akko Ward

“...After delivery, we visit them for postnatal. You observe the health of the mother and the baby; like in a day, you ask her about her blood flow like in a day, how often does she change her pad? When she tells you, you tell her to go to the facility. Like the baby, you carry him and check his eyes, and his body, his health and breathing pattern…” - 25-year-old, Akko Ward
Advice on using MNCH facility services

- Respondents appreciate that VHWs advise them to use MNCH services and give them medication at home:
  
  - “I enjoy their visitations a lot. They give us medication, so before you start going to the facility for ANC, you can start taking the medication they have already brought to you. So, you see that is protective before you come to the facility for further check-up. I like the fact that they go around the community.” – 26-year-old, Akko Ward

Health education

- VHWs give health education on:
  
  - Danger signs of pregnancy
  - Malaria prevention
  - Personal and environmental hygiene
  - Exclusive breastfeeding

  - “…I gave the baby traditional medicine, but now that I am enlighten, I am doing exclusive breastfeeding.” – 29-year-old, Baganje North Ward
ACCEPTABILITY OF VHWs

Good interpersonal communication with VHWs

- VHWs are members of the community so women feel free to relate with them

  “We grow up together, I have elder ones younger ones and my mates my friends as VHW so I’m free with them.” - 31-year-old, Akko Ward

Information conveyed by VHWs clearly understood

- All respondents understand information conveyed to them by VHWs

  “We understand every information the VHW conveys to us and there is no difference between from the information we get from the provider in the health facility.” — All Respondents, Zange Ward
Satisfaction with VHWs

- Respondents are happy with VHW services
  
  - "They are doing their best. I don’t think there is any area [in maternal and infant health] that we need any more help." - 23-year-old, Akko Ward
SOCIAL VALUE OF THE VHW PROGRAM

• Positive perception on facility services
  ➢ VHW educational talks has increased the uptake of facility MNCH services

  o “Back then we only go to the health facilities 3-4 times for ANC but now our perception has changed, we go for ANC, Delivery and PNC.” – 30-year-old, Banganje North
<table>
<thead>
<tr>
<th>Mothers-in-law</th>
<th>Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHWs engage mothers-in-law in health education</td>
<td>VHWs can convince husbands to allow their wives to use MNCH services</td>
</tr>
<tr>
<td>“When the VHW come for sensitization, they engage all of us like 10 women at the sometime, including the mother in-laws so; they don’t have any problem as regards to that...” – 25-year-old, Akko Ward</td>
<td>“...Sometimes even if the husband have issue with you attending facility the VHW have a way to convincing him into allowing you attend facility.” – 23-year-old, Akko Ward</td>
</tr>
</tbody>
</table>
• **Improve VHWs literacy levels**
  ➢ Some VHWs literacy improves on the job

  - “What I like is some of them [VHWs] don’t know how to write and read before, but now when they started the VHW they are able to read and write. Because when you don’t know how to read there is no way you can (recording inaudible).” - 30-year-old, Baganje North Ward

• **Occupation for VHWs and aspiring VHWs**
  ➢ VHWs are happy with their job
  ➢ Respondents aspire to be VHWs

  - “Yes, I do enjoy the [VHW] job.” - 25-year-old, Akko Ward

  - “…feel like becoming a VHW too.” - 33-year-old, Baganje North Ward
RECOMMENDATIONS FOR THE VHW PROGRAM

Up - scaling the program

➢ Up-scale the program to other communities so that other women can also benefit from the program

○ “I want their work to reach others. To expand their scope to reach others.” - 23-year-old, Akko Ward

• Skill advancement training and financial support for VHWs

➢ VHWs to be trained to be able to assess the stage and progress of labour

➢ VHWs should be employed by the government

➢ VHW should be given transportation fare

○ “…I wish the government will employ her [the VHW] and I will also benefit from her.” - 29-year-old, Banganje Ward
VIEWS AND EXPERIENCES WITH FACILITY DELIVERY
Facility delivery better than home delivery

• Respondents stated that facility delivery is better than home delivery

  “There is difference between facility care and care at home. At facility they use drugs that stops bleeding, helps in resolving retained placenta issues and drugs to dry the naval of the new born, they clean up the child immediately after delivery, but this is not the practice at home.” - 23-year-old, Akko Ward

Immediate care

• Most respondents received care when they arrive at the facility

  “They take good care of me. Immediately I arrived I was received, and they begin their examinations. They do everything for you until you deliver safely.” - 31-year-old, Akko Ward
Respective quality care

- “I feel happy because they [healthcare workers] give me care and respect, they don’t have any problem.” - 24-year-old, Zange Ward

Healthcare worker gender preference

- A majority of the participants prefer female healthcare workers for the comfort and familiarity of been consulted with same gender worker:
  - “I would prefer a woman not because of religion or culture but because a woman is my sister I can tell her anything but if it’s a man, I will be shy to talk to him…” - 24-year-old, Zange Ward
FACILITATORS TO FACILITY DELIVERY
Ease of accessibility

- Women walk to facility for ANC (facility close to residence)
- Use family vehicle or the Emergency Transport Scheme (ETS) when in labour
  - “I walk to the facility during ANC but utilize car or husband motorcycle during delivery.” - 15-year-old, Zange Ward
  - “When I started feeling the labour, we call the ETS and I was conveyed to the facility.” - 22-year-old, Baganje North Ward

Support from Family (Husbands and Mothers-in-law)

- Husbands and mothers-in-law are generally supportive of the use of facility delivery services
  - “My husband support facility delivery because of the extra care we get when we deliver and when there is an emergency, they take proper care of the situation...” - 28-year-old, Zange Ward
  - “…she [my mother-in-law] always insists I should go for ANC and deliver at the facility because she said during their time, they really suffered but now everything has changed. - 33-year-old, Baganje North Ward
BARRIERS TO FACILITY DELIVERY
## BARRIERS TO FACILITY DELIVERY

<table>
<thead>
<tr>
<th>Family, household level factors</th>
<th>Facility Level factors</th>
<th>Availability of alternate care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial constraint</td>
<td>Non availability of healthcare worker</td>
<td>Traditional birth attendant function</td>
</tr>
<tr>
<td>Imminent delivery</td>
<td>long wait times</td>
<td></td>
</tr>
<tr>
<td>Non availability of husbands</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOUSEHOLD LEVEL FACTORS

Financial constraint

- Transportation fee to the facility and
- Facility user fees

- “...money can be a problem for those who are far because they need to pay for transportation and other necessities when they come to the hospital like drugs and other things so at times if they remember this they feel discouraged to come to the health facility.” - 24-year-old, Zange Ward

Delayed health seeking behavior

- Delivering before getting to the facility

- “Delivery at facility and ANC at facility is better than home delivery. ...before I could get car to access facility services I delivered at home, if not I would not have delivered at home...” - 31-year-old, Akko Ward
Non-availability of husbands at onset of labour

“*My husband feels happy [about me delivering in the facility] because it has to do with my health, but he is not always around [to accompany me to the facility], so whenever am in labor I call on the TBA who live close to my house instead of going to the facility for delivery.*”

- 20 year old, Zange Ward
FACILITY LEVEL FACTORS

Non-availability of health workers

- Labour strike
- Statutory holiday
- Leave

- “...I delivered at home because of health workers strike, before I could get a car to access facility service elsewhere, I delivered at home.” - 23-year-old, Akko Ward

Long waiting time

- During antenatal care (ANC) appointments

- “…I want them to improve on ANC, because when women come they don’t attend to us until the women become plenty and they will find it hard to attend to us on time, some women end up going home late at night and husbands won’t allow their wives go to the hospital again.” – 22 year old, Zange Ward
AVAILABILITY OF ALTERNATE CARE

Traditional Birth Attendants (TBAs) functioning in the community

- ANC at the facility
- Delivery at home with TBAs

- “We always come for antenatal but when it’s time for delivery we have our TBA who attends to us at home.” - 20-year-old, Zange Ward
RECOMMENDATIONS ON HOW TO IMPROVE FACILITY DELIVERY CONT’D
FACILITY-BASE INTERVENTIONS

VHWs to make women aware that MNCH facility services are cost free

- “By telling them that they don't need to pay any amount for the services, it's free. By telling them this they will like to come.” - 33-year-old, Banganje North Ward

Gifts to be given to women at the facility

- When women understand that they will get gifts at the facility (free drugs, feminine hygiene products), it will encourage them to use MNCH facility services

  - “More women can be reached if they are told drugs at the facility are free.” - 18-year-old, Zange Ward
Friendly healthcare workers

- “To make women come to the facility, when they come for antenatal the facility workers should be friendly to pregnant women …”
  - 25-year-old, Zange Ward
MALE STAKEHOLDERS

Ward Heads

• Getting the village head to speak to women who do not use MNCH services

  o “If I talk to the women and they refuse I will talk to the VHW if she agrees to tell the village head about the women, then the village head will talk to them directly.” - 30-year-old, Banganje North Ward

Husbands

• VHWs should target and educate husbands on the health benefits of using MNCH services for the mother-infant pair

• Encourage husbands to allow their wives to use MNCH facility services

  o “The men should be included in meetings even if it’s not going to be together with the women so that they can be told the importance of going to the facility because most of the women are being denied going to the facility by their husband.” - 24-year-old, Zange Ward
REACH MORE WOMEN

VHWs should target more women at gatherings

- VHWs should educate women at social gatherings on the benefits of using MNCH facility services
  - “More women can be reach when awareness is created at occasions such as naming ceremony.” – 20-year-old, Zange Ward
FACILITY DELIVERY SERVICES

**Experience**
- Facility delivery better than home delivery
- Immediate care
- Respective quality care
- No healthcare gender preference

**Facilitators**
- Ease of accessibility
- Support from family (husbands and mothers-in-law)

**Barriers**
- Financial constraint
- Imminent delivery
- Non availability of husbands
- Non availability of healthcare workers
- Long wait at facility
- TBA function

**Recommendations**
- Free services
- Gifts given after delivery
- Friendly healthcare workers
- VHWs to reach village heads
- VHWs to reach husbands
- VHWs to target more women
REFERENCES

