

## Snapshot

### Background

The humanitarian crisis in Northeast Nigeria remains one of the grimmest in the world. As of February 2022, 8.3 million people [needed urgent humanitarian assistance](#) as they faced limited access to basic health care and other essential services. The ongoing conflict continues to affect millions of people, forcing them into new or recurring displacement, threats of violence, and poverty. As of December 2021, there were 1.7 million internally displaced persons (IDPs) in Borno State, the epicenter of the crisis, who face alarming health and protection needs. The situation has been [exacerbated by the COVID-19 pandemic](#), which has complicated the response.

According to the [latest estimates](#), as of 2020, only 30 percent of health facilities in Borno State were fully functioning. Coordination between government entities, national and community-based organizations, and international partners is essential for timely, effective, and quality reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) services to displaced and host communities in the state.

In 2017, the Women's Refugee Commission (WRC) received funding from the Bill & Melinda Gates Foundation for the RMNCAHN Project, including its cornerstone component, the Village Health Worker (VHW) Program, to address the health crisis arising from the conflict in Borno. The project adopted a localized approach to strengthen public health systems in the state. Coordinated by WRC, the project brought together five partners: the Borno State Primary Health Care Development Agency, the Mwada-Gana Foundation, M-Space, i+solutions, and a research consultant.

The RMNCAHN Project aimed to support the Borno State Primary Health Care Development Agency to decrease the morbidity and mortality rates of women, newborns, children, and adolescents through building the capacity of VHWs to improve families' health-seeking behavior and RMNCAHN practices, while advancing the quality of health care provided through complementary interventions. The project developed a targeted community health curriculum, linked to standards in community health programming while tailored to the Borno State context and communities, and a tailored monitoring system. The Borno State Primary Health Care Development Agency, with support from the Mwada-Gana Foundation, trained and deployed 219 VHWs in three local government authorities.

WRC conducted an endline evaluation to gather information on the effects of the project among households in two of the selected local government authorities, Mafa and Bayo, to assess the success of the project for accountability and learning. By June 2021, VHWs had conducted more than 50,000 household visits across these two locations. The project was implemented in a third location, Kaga local government authority, for only five months; therefore, it was not included in the endline assessment. The evaluation included key informant interviews with senior VHWs; focus group discussions with community members and VHWs; and analysis of program monitoring data.

### Our Key Findings

- Monitoring data and endline consultations with community members and VHW staff suggested that the VHW Program was effective in increasing demand for RMNCAHN services. The VHW Program improved health-seeking behavior at facilities through provision of information to households, referrals, and a community-based emergency transportation system.
- Endline consultations with community members, including VHWs, indicated that the communities felt ownership and acceptance of the program.
- Overall, monitoring data and consultations with community members, including VHWs and senior VHWs, showed improvements in community health behaviors, including use of contraceptives, facility-based births, antenatal and postnatal care, and newborn and child health and nutrition services.
- Although demand for health services increased, community members reported that lack of access to drugs and commodities for RMNCAHN services limited their access to health care and deterred them from seeking care. Some reported relying on traditional methods instead as a result. Other barriers to seeking care included resistance from men and challenges with engaging adolescents around sexual and reproductive health issues.

## Our Top Recommendations

- It is essential that the government of Nigeria prioritize access to and use of RMNCAHN services to communities in Borno. The endline evaluation showed promising results that justify the continuation and scale-up of the VHW Program model, or similar community-based community health programming, with appropriate adaptations, to other local government authorities in Borno.
- The Borno State Primary Health Care Development Agency and Borno State Ministry of Health should improve supply chain management to ensure health facilities are stocked with essential drugs, commodities, and supplies. They should also implement task-sharing/task-shifting guidelines by equipping community-level workers with medicines approved for community-based distribution (such as paracetamol, zinc, iron, emergency contraceptive pills, condoms), after appropriate training.
- The Borno State Primary Health Care Development Agency should strengthen community-based acceptance and promotion of RMNCAHN by implementing targeted efforts to strengthen programming that supports gender-transformative attitudes and behavior change around sexual reproductive health and rights; expanding efforts to reach men and boys; conducting targeted efforts to reach adolescents; and hiring and training additional VHWs to ensure programming reaches the most remote or isolated communities.
- Donors should support quality RMNCAHN service provision by expanding the VHW Program or similar community health programming to reach additional areas in Borno; supporting availability of commodities in health facilities and strengthening government ownership and capacity to ensure commodity security; and continuing to support diverse, equitable partnerships that facilitate high quality programming and research and promote women-led organizations and civil society to drive durable community-grounded health solutions.

Read the [full report](#).

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## Women's Refugee Commission

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

The findings of this report do not necessarily reflect the positions or policies of the Bill & Melinda Gates Foundation.

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