WOMEN'S REFUGEE COMMISSION

SPHCDA

The Village Health Worker Partnership in Borno State and What It Means for Humanitarian Localization in Nigeria

Learning Brief

Snapshot

Background

Borno, a state in northeast Nigeria, has faced violent conflict between insurgent groups and the Nigerian military since 2009. After more than 12 years of conflict, over 1.5 million people remain displaced in Borno and less than half of the state's health facilities are fully operational. The protracted crisis has heightened pre-existing health inequities in Borno. High rates of maternal death, gender-based violence, child marriage, and infant mortality mean that women, adolescents, children, and newborns in Borno experience some of the worst health outcomes in Nigeria and in the world.

The response to the conflict in Borno has involved a diverse set of actors, including the significant presence of international organizations. This despite the fact that the humanitarian sector increasingly calls for "localization" of humanitarian response to include local organizations and communities, most prominently in the Grand Bargain at the World Humanitarian Summit of 2016. However, international institutions and agencies based in the Global North continue to be lead implementers of response in crises. Within these dynamics, the localization discourse has been converging around "partnership-based humanitarian action." Humanitarian actors concerned with localization have focused on developing guidance on how to design and implement effective and "equitable" partnerships.

In Nigeria, a consortium of government and humanitarian actors developed an *Operational Framework for Local and International NGOs in Nigeria* in 2019. The framework laid out a vision of a humanitarian response in Nigeria "that is locally driven and fosters development," and provided principles and key elements and characteristics. Notably, it laid out state government leadership in humanitarian response alongside capacity-strengthening provided by international and national NGO partners.

The RMNCAHN Project: Applying a localization approach to health and nutrition programming in Borno State

To work toward addressing the conflict-driven health crisis in Borno , while adopting a localized approach to strengthen public health systems within the State, in 2017, the Women's Refugee Commission (WRC) developed the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAHN) Project, with its cornerstone component, the Village Health Worker (VHW) Program. The community-based VHW Program aimed to increase demand for RMNCAHN services, while complementary interventions strengthened government provision of health services, in order to improve RMNCAHN health outcomes.

The project also had a process-related goal: to use a localized approach to the design, implementation, and learning of the VHW program and systems strengthening package. The project positioned the Borno State Primary Health Care Development Agency (BSPHCDA) as the lead implementer. WRC sought out and invited other consortium partners based on their technical added value, with each partner contributing a specific skill set. In doing so, WRC applied the principle of "as local as possible, as international as necessary." It also prioritized women-led or women-majority organizations. The RMNCAHN Project brought together four partners in addition to WRC and BSPHCDA: Mwada-Gana Foundation; M-Space; i+solutions; and a long-term research consultant.

To advance principles of equitable and effective partnership, WRC facilitated a partnership co-design process to collaboratively define how the consortium would function in practice. Two key documents guided the consortium's functioning. First, the consortium updated the project's theory of change to explicitly integrate localization, drawing on discussions in which partners described what changes they wished to see and how they would be achieved. Then, partners developed consensus-based decision-making guidance that placed WRC and SPCHDA in joint primary decision-making roles – WRC as the consortium lead tasked with fiscal responsibility and accountability toward the donor, and SPHCDA as implementation lead tasked with responsibility and accountability toward inhabitants of Borno State as to the services delivered. The project operated within this structure for approximately two years.

Evaluating the partnership model

In 2021, WRC engaged an external evaluator to design and carry out an evaluation of the partnership. The evaluator interviewed all 20 key personnel from the consortium, including government, national NGO, and international NGO representatives. The health and nutrition outcomes of the program were evaluated and published separately. i

The evaluation found that the equitable partnership approach adopted by the partners was successful in engaging state government and national NGOs, strengthening stakeholders' capacity, and heightening the acceptability of the community health program. VHW consortium partners held positive views of the partnership model, testifying that the consortium was well organized, with each partner leveraging their unique capacities to deliver on project objectives. Partners noted that the equitable partnership model enabled them to provide input openly on key decisions. These outcomes facilitated effective decision-making because partners were placed to make strategic decisions that affected their scope of operations.

Recommendations

Recommendations to project designers:

- Engage a government agency as lead implementing partner on the project, and ensure they are involved from the concept and proposal development stage onward.
- Facilitate capacity-sharing across national NGOs (NNGOs) and state government by engaging NNGO partners in working with the government to meet project goals.
- Integrate strategic advocacy engagements targeting budget allocations processes to ensure the sustainability of programming..

Recommendations to partners during the project:

- Conduct a partnership co-design process as early as possible in the project cycle to achieve consensus on governance dimensions of the project, especially decision-making modalities, communication, accountability, and financial and administrative responsibilities.
- Establish robust communication practices, including adopting tools and technologies that promote transparent synchronous and asynchronous communication.
- Adopt a data-driven approach to measuring equitable partnerships.

Recommendations for federal- and state-level actors in Nigeria:

- Increase government funding to support humanitarian projects with localized modalities.
- Continue to support space for NNGO, civil society, and community-based organizations and groups to participate in government responses and lead their own responses.
- Increase government funding allocated to community health programs in humanitarian settings in Nigeria.

Read the full briefing at https://wrc.ms/VHW-partnership-Nigeria.

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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.

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