Working with volunteers

to improve maternal, newborn and child health

Key messages: Volunteering is a valuable asset, putting local knowledge, skills, dynamism, creativity and a concern for others to good use.

1. **Well designed and managed community volunteer programmes can be effective and sustainable, with benefits beyond the health sector.**
2. **The concept of a 'community health team' to complement health services and medically trained health providers is gaining traction in northern Nigeria.**
3. **Communal rather than individual incentives may provide an alternative to putting volunteers on salary in some high poverty contexts.**

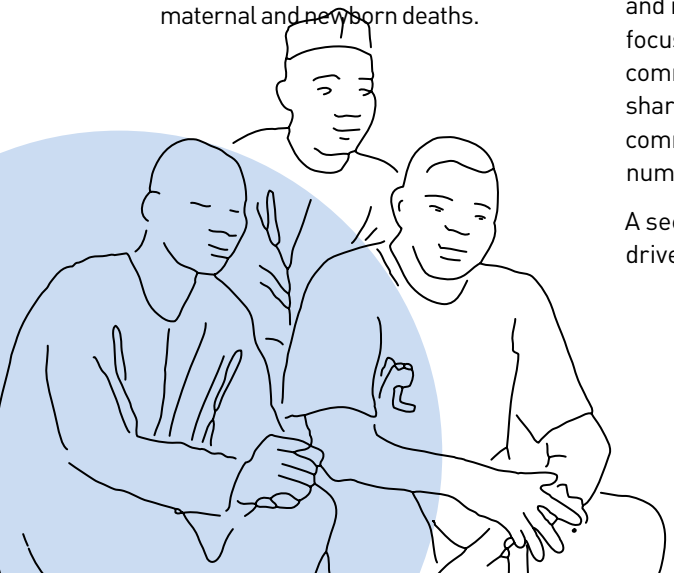
The challenge: community volunteerism can address many barriers

Nigeria has a long and impressive record of health-related volunteerism. Building on this tradition, PRRINN-MNCH has since 2008 been supporting one of the largest and longest-lasting community health volunteer initiatives in Northern Nigeria covering three states (Katsina, Yobe and Zamfara). This knowledge summary presents some of the achievements of the volunteer initiative and looks at the features that contributed to its success.

When PRRINN-MNCH started there were many barriers that prevented communities from using MNCH services:

- Lack of awareness of newborn and maternal danger signs
- Families unprepared for safe pregnancy and delivery
- Lack of information on routine immunization services and motivation to use them
- Physical and financial access barriers which delayed the response to maternal emergencies

Immunization rates were low, institutional delivery rates were extremely low, and a frequent failure to respond to maternal health emergencies resulted in many maternal and newborn deaths.



The response: training volunteers to raise community awareness

PRRINN-MNCH and its government partners trained 24,000 community health volunteers in 806 communities located in 45 Local Government Areas across three states over three years. The volunteers were trained to build social approval within the community for MNCH-related behaviour change by:

- Raising awareness of essential aspects of MNCH and routine immunization
- Providing support for the establishment of community systems to tackle barriers of access and affordability

In a structured programme of coaching and mentoring support, the volunteers focused initially on mobilising their own communities. Some later went on to share what they knew with neighbouring communities, increasing the total number of communities reached to 2,398.

A second group of volunteers were drivers from the National Union of Road Transport Workers (NURTW) who operated a community-based Emergency Transport Scheme (ETS). Approximately 3,200 drivers were trained by PRRINN-MNCH, and some went on to train other drivers in their own and neighbouring communities.

The results: communities are better prepared

Significant positive changes in health-seeking behaviour took place in the intervention sites. A Knowledge, Attitudes and Practices (KAP) survey in 2013 found that communities were far better prepared for a maternal emergency than in the baseline survey of 2009. The proportion of women with a plan for maternal emergency increased from 48% to 97% in Katsina; 29% to 61% in Yobe and 13% to 72% in Zamfara (PRRINN-MNCH 2013a).

The actions of volunteer drivers resulted in many potential maternal deaths being averted: between the start of the community mobilisation activities in December 2009 and September 2013, 19,811 ETS transfers took place (PRRINN-MNCH 2013b). Furthermore, skilled birth

attendance rates increased from 11% to **24%**. There were also dramatic falls in the proportion of children who had never been immunized: from 75% to **33%** in Katsina; from 80% to **49%** in Yobe; and from 83% to **37%** in Zamfara (PRRINN-MNCH 2013a).

If the volunteer approach is to be scaled up further within Nigeria, three questions are important:

What motivated the volunteers to work so hard in support of their communities?

What aspects of the volunteer approach contributed to its effectiveness?

What are the prospects for sustaining the volunteers' work?

A 2012 study found that more than half the community health volunteers and ETS drivers were primarily motivated by a concern to help others and save lives – 55% and 56% respectively (Soyoola, 2012). Many other volunteers cited the training that they had received as their primary motivation.

The research also looked at how much time was spent by the volunteers on their MNCH-related activities. Just over 65% of the community health volunteers spent two hours or less per week – inputs that were considered to be manageable. ETS drivers spent more time (two hours or more per week) on their voluntary activities, although most argued that this was not a major burden for them.

The research also identified low drop-out rates: **1.5%** in Zamfara, **0.3%** in Katsina, and **14%** in Yobe among volunteers who had been working between 24-36 months. The higher drop-out rate in Yobe is not unexpected considering the high level of insecurity in this state. Between 96% and 100% of the volunteers (depending on the state) said they intended to continue their voluntary work, which bodes well for the future sustainability of the initiative.

Policy implications: volunteers can promote self-help within communities

Several factors contributed to the effectiveness of the volunteer approach:

- **Quick, visible impact** Quick and highly visible results with lives saved and other positive health outcomes were major motivating factors.
- **Strong emphasis on volunteerism** Individuals motivated primarily by financial gain were filtered out early in the process.
- **Emphasis on self-help** The idea of 'self-help' was strongly promoted in the community engagement approach and this encouraged communities to think of volunteering as a worthwhile and valuable activity.
- **Time-bound inputs** The volunteers were required for a small number of hours per week after an initial period of intensive activity when discussion groups were rolled out across the community.
- **Mentoring and coaching support** A system of mentoring and coaching support involving local and LGA staff helped to maintain volunteer motivation in the critical early stages of the volunteer effort.
- **Community recognition** Communities were encouraged to recognise and reward the volunteers and ETS drivers for their efforts.
- **Mutual support** The large number of volunteers trained in every community meant they could offer each other support and encouragement.

The research also highlighted how thoughts on how to sustain and support their families were never far from the minds of volunteers. In response, PRRINN-MNCH is currently testing whether a Social Fund, which provides a group incentive in the form of a cash transfer, will help to maintain volunteer motivation in the long term. The Fund will determine whether alternative methods of 'rewarding' volunteers (ie other than salaries) have a positive impact on volunteer motivation and retention in a high poverty context.

Conclusion

These positive results indicate that with good training and support, a volunteer approach can be effective. The results of the volunteer study suggested that there are good prospects for sustaining the work of the volunteers beyond the end of PRRINN-MNCH.

Occasional support visits from state or local government, or officials from the local branch of NURTW, help to maintain volunteer motivation. It is vital that these agencies budget appropriately for monitoring and supervisory support so that the volunteers get the support and encouragement they need.

References

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PRRINN-MNCH

Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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