



W4H's engagement with legislators leads states to commit to the education of female health workers



Women for Health (W4H) support and advocacy has transformed the Health Training Institutions (HTIs) – and the education of health workers – in the northern Nigerian states where the programme has operated since 2012. When W4H began, just one HTI in those states had full regulatory accreditation, none of them received regular allocations of funds from state governments, and all were stuck in a cycle of progressive decline. Today 20 HTIs have full accreditation, four new ones have been built and the rest have been refurbished. In addition, management and administration, tutor numbers, teaching quality and graduation rates have also been transformed. Crucially, the HTIs now receive regular funding from state governments – guaranteed by legislation passed following W4H support and advocacy. This success story examines how W4H engaged with legislators and advocated for state governments to commit to the education of health workers and to funding HTIs.

“Most of my predecessors were surprised when they came back to the College to visit. They never thought the College would change the way it is today. We got the accreditation funds and resources through the assistance of the Legislators.”



Dr. Hamisu Mai Musa,

Provost, College of Health Sciences and Technology Nguru

The challenge

Before W4H began, HTIs faced multiple, linked challenges: a shortage of funding; no regular, committed state funding and no control over their spend; physical infrastructure that was inadequate and in poor repair; low tutor numbers, poor quality of education and graduation rates; these factors all combined to mean many HTIs had lost their full accreditation status, with the regulatory rules limiting student numbers as a result.

In most W4H states, HTIs and the training for human resources for health were not prioritised by state officials, who were not aware that the state's capacity for producing health workers was far short of the levels required to meet the needs of growing populations. As W4H began, it was clear that a change of mindset among state officials was needed – and new laws to establish governance of HTIs and guarantee their funding.

A major challenge facing the W4H programme was that the legal governance of HTIs was not clear – and the state government had no official responsibility for them. As a result, the needs of the training institutions were not considered, HTI management was not involved in the state health sector budgeting process and no budget line was allocated to HTIs. An additional challenge was that HTI leadership did not have experience and skills in budgeting.

“Before W4H, we didn't know what was being budgeted for us and for which (capital) project.”

Mero Sa'id, Principal School of Nursing and Midwifery, Kano

In attempting to change the challenging situation facing HTIs, W4H engaged at every level in the states the programme has supported – at community level, at the level of the HTIs, and at the level of state government, institutions and regulatory bodies. Among state-level stakeholders, legislators were crucial as they create the laws to enable policies to be executed.

Legislators also play a role in influencing the 'Executive' (the first arm of the government) in planning and implementing the budget. Legislators track budget implementation and fast-track the release of funds to ministries and departments. They can also play a role in coordinating the efforts of NGOs and international donor agencies – which can be challenging.



The response

Engaging legislators in all W4H activities. Most legislators are grass root politicians and represent rural communities. For example, in Kano state out of the 40 Legislators, only eight represent people from urban centres. The remaining 32 represent rural areas. A key aim of the W4H programme is to increase the number of female health workers from rural areas who are more likely to work and remain in their communities once qualified and employed. In this way, W4H and its partners are addressing the health challenges in rural areas where the burden of disease and death are at their highest.

“It is the W4H that opened our eyes and made us realise the need for female health workers in our constituencies.”

Hon. Tasi’u Ibrahim Zabainawa House Member, representing Minjibir constituency, Kano State.

Building a multi-stakeholder platform. Through advocacy, outreach and awareness campaigns, W4H brought together legislators and other health service delivery stakeholders on regular basis to build a common appreciation of the challenges their respective states face, to exchange ideas, and understand what W4H was

doing to address the issues. This platform also served to help build recognition around the issues that prevent HTIs from performing optimally. It raised the issue of how poor performing HTIs directly affects the number of female health workers produced – and the growing gap between the numbers needed and the numbers graduating. Many stakeholders were not aware of the need for local access to a qualified female nurse or midwife – which would save lives.



“Before W4H, when we talked of child and infant mortality, we attributed it to lack of a good road network that could link patients to good hospitals in urban areas. So, the attention then was on providing good roads that will link rural communities with hospitals. But with W4H support, we have now come to realise that to provide a health worker in next door in rural communities is more important in addressing maternal mortality, than a road network.”

Hon. Rabi’u Sale Gwarzo, Chairman, House Committee on Health, Kano State House of Assembly

The regular meetings helped the different stakeholders to have a single focus, a uniform plan and avoid duplication of interventions. It also served to help legislators appreciate what they can do to support HTIs and members of their constituencies directly to address the challenges. W4H was also able to use the meetings to remind legislators of the commitments they had made.

“The Legislators encouraged us to write the budget. They told us to write everything we need in the budget and that they will defend it.”

Kabiru Usman Shehu, the Provost, College of Nursing and Midwifery Birnin Kudu.

One important effort made by legislators was co-opting the leadership of HTIs in budget planning and defence as well as ensuring that, what is budgeted for the HTIs actually covers its needs. The HTIs now have most of the resources they need for high quality health education.

Results

Engaging legislators in all W4H activities has been a success. Legislators have an increased appreciation of the issues affecting HTIs and the impact these have on health worker production. Legislators have made commitments and passed laws to sustain the W4H Foundation Year Programme (FYP), and allocated more resources to the health sector and ensured the timely release of funds to HTIs. In some states, legislators committed their own money to support efforts

to provide more qualified female health workers for rural communities.

1. Increased the budgetary provision for the health sector. Having fully understood the challenges of health worker production and health service delivery, especially in rural communities, legislators in Kano, Jigawa and Yobe states have increased the budgetary provision for the health sector overall, in addition to support for W4H interventions.

2. Increased the budgetary provision for HTIs. Five states supported by W4H have increased funding for HTIs. The continuous support and intervention of the legislators helped the HTIs to be recognised as independent institutions with separate budgets. The opportunity accorded HTIs to participate in budget defence has helped them to get what they needed to run their institutions effectively. In total since 2013, some £17.8 million has been spent or committed by state governments in supporting the FYP, funding HTIs, paying for infrastructure upgrades and constructing new facilities and HTIs.

"I have been to the House twice for budget defence. So we have our own budget now..."

Malama Mero Sa'id Muhammad, Principal, School of Nursing, Kano.

3. Regular and timely release of funds for HTIs.

Allocating funds to HTIs in the budget is not enough, sometimes there is need to find a means that will ensure the funds are released to them on time. Legislators supported HTIs to make sure the funds requested are released on time. The Chairman, House Committee on Health Jigawa state adds, "Whenever they reach a stage beyond their capability, we take over, sometimes we go to the Governor. We tell him the need and the importance of the project concerned, and this worked on several occasions and funds were released".

4. Improved budget monitoring and implementation.

Though the legislators already have a mechanism to monitor budget implementation through various House Committees, working with W4H has helped to improve coordination amongst departments and processes. Every member of the House in all the W4H programme states feels obliged to ensure that his constituency benefits from the programme. Legislators now regularly pay visits to the HTIs to ensure things are going as planned in the budget. In addition, every HTI now reports quarterly on budget implementation. The House Committee on Health in each of the states monitors all the activities and the budget of the HTIs through regular visits

to the institutions and making sure funds released to them are used judiciously.

5. Laws and policies developed for the sustainability of FYP. All six states supported by W4H have committed to sustain the FYP and drafted laws to protect those commitments – in five states the legislation has been gazetted. Laws have also been passed to establish new schools to increase the number of student places and therefore the number of health workers produced at any one time. To date, a total of six new schools have been established across the six states. In four states, legislators have committed to employ all FYP graduates, in a part of each cohort will be guaranteed employment. All states have committed to continue and lead the State FYP Working Group, a coordinating mechanism set up by W4H.

6. Increased sense of personal responsibility by Legislators.

The sense of personal responsibility is illustrated by legislators who have supported FYP activities from their personal accounts. In 2017, the Kano State Legislators donated £500 each to sponsor a girl from their constituencies, in addition to commitments already made by the state and LGAs. Rabi'u Sale Gwarzo, Chairman House Committee on Health, Kano State House of Assembly admits, "We did that with the intention to help our communities, in fact I don't even know the girl who



benefited from my donation. All I know is that she is from my constituency." In other states, legislators have paid for infrastructure improvements – construction of a borehole, renovations to accommodation and other facilities. Others have supported initiatives in secondary schools to support young women to improve their chances of entering professional health education.

7. Improved communication between stakeholders.

Improved coordination and harmonisation between stakeholders, has helped the government commit to improving the standards of the HTIs. It is also now easier for the HTIs to communicate with the government and legislators in term of requesting the resources they

need. Legislators and the executives now find it easier to coordinate and plan for health training in their states. When the law to establish a new school for FYP in Jigawa State was developed, the subsequent increase in the number of applicants has resulted in another Bill to establish a new HTI to address the foreseen challenge of additional applicants.

8. Rural midwife incentive scheme. W4H engaged with legislators to facilitate the design and implementation of a rural midwife incentive schemes in all five phase 1 states. State governments took over responsibility for funding the scheme on a phased basis during 2014-17. Over those five years, the incentive scheme facilitated the placement and retention of 927 midwives in rural health facilities.

Engaging with legislators has yielded tremendous successes in W4H-supported states, paving the way for the increased production of health workers and a better quality of life for their constituents. Legislators have helped to establish new health training schools and directly impact the number of female health workers produced in Northern Nigeria. Legislators have helped to build the foundations for the scale up of similar initiatives such as FYP in other states in Nigeria also as they share their experiences. Many non-W4H states are now exploring the development and implementation of FYP including Niger and Kaduna States.

Transformation of HTIs

W4H interventions have transformed the HTIs in the six states supported by the programme. In Yobe state for example, the College of Health, Sciences and Technology Nguru was running two departments for over two decades with only provisional accreditation, and even lost accreditation on one department. In 2017, the legislators amended the law that established the School and elevated it to the status of a College of Health Science and Technology. The College later gained full accreditation expanding their capacity and now runs eleven courses across seven departments. Achieving full accreditation and meeting the high standard set by the regulatory body for training health workers was a landmark achievement for this institution. W4H started working with 16 HTIs in 2013, of which four had lost their accreditation, 11 had provisional status and only one had full status – and this status meant it could recruit a full cohort of up to a 100 students,

where as those with provisional status could only take on 50 students, and with no status only 30. Today, there are 21 HTIs in the W4H states, of which 20 have full accreditation.

“There was no record of increase in budget lines for HTIs before W4H engaged with legislators. But in 2015, the government budgeted N50m for the College of Nursing and Midwifery Birnin Kudu ...the legislators, through the House Committee on Health, increased it to N150m. In 2017, the budget was increased to N200m. Likewise, for School of Health Technology, Jahun, the budget line was increased from N100m to N200 million and from N50m to N250m in 2015 and 2017 respectively.”

The Secretary, House Committee on Health Jigawa state House of Assembly, **Muhammaed M. Katanga**

Key messages

The quality and capacity of health training institutions in the states supported by W4H has been transformed since 2012 – and engagement with legislators has played a key role in making that happen.

State legislatures in all W4H states have drafted laws guaranteeing an ongoing to commitment to the Foundation Year Programme, a key W4H intervention designed to help women from rural areas study for professional health qualifications and return to serve their community.

Since 2013, a total of 8,792 women have enrolled in professional health training in the W4H supported colleges. Since the first students supported through the W4H Foundation Year Programme began completing their professional studies in 2017, a total of 423 have graduated – of which 72% have been deployed to rural areas.

The number of nurses, midwives and community health extension workers graduating from the W4H supported colleges in the five W4H phase 1 states increased nearly fourfold between 2013 and 2018.

Annual recruitment of trained nurses and midwives in those states also increased fourfold – from 129 in 2011 to 542 in 2018.



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The programme is led by DAI Global Health (incorporating Health Partners International and GRID), in partnership with Save the Children.

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