



Helping a dream to come true

Becoming a female health worker in northern Nigeria



Many parents in rural areas of Northern Nigeria find it extremely difficult to finance the education their children, and lack awareness of how to go about it. Many girls have dreams of becoming a midwife and serving their communities, but they lack the academic qualifications to enter health training. Some of these young women had given up on the idea they may ever continue their education, or joined other courses, while others are still trying.

The advent of the Women for Health (W4H) programme has brought smiles onto the faces of parents from rural communities. **“...suddenly, W4H came and supported her to get admission”**, said Hauwa Garba, mother of Umma Garba from Malumfashi town, Katsina State.

The challenge

Insufficient numbers of qualified female health workers in rural areas has continued to be one of the greatest challenges faced by rural communities and State Governments. Many health workers do not accept rural postings, or do not stay long. Those who are posted in these areas, tend to provide skeletal service as they live in urban areas and spend a lot of time travelling from home to their work place.

The most likely women to accept rural postings are those who live in and come from the rural areas themselves.

Unfortunately, potential students from these areas tend to have limited access to health training. Low quality education in rural public schools means rural girls often lack the qualifications to enter health training. The few lucky ones who find themselves in Health Training Institutions (HTI s), find it difficult to cope with the study. This coupled with the challenges of being away from home, can make passing examinations a herculean task for many. Sometimes, they are left with no alternative but to drop out of the courses. For Aisha Isah from Kaita in Katsina State, the challenge was a lack of awareness about how to go about getting the admission into an HTI. While for Sadiya Bello from Dandume, Katsina State, and others like her, a lack of awareness about the requirement to have passed compulsory subjects (English, Mathematics, Physics, Chemistry and Biology) prevented them from admission for health training.

“We have many talented young girls who could do better if supported to attend HTI” said Mustapha Usman, the Ward Head of Dalili in Kura LGA, Kano State.

The capacity of the HTIs to support the production of qualified female health workers is another aspect of the overall challenge in producing enough qualified female health workers in the North. With many HTI s lacking full accreditation status, they are limited in the number of students they can admit yearly per course. This, as well as poor infrastructure such as poorly equipped or insecure female student hostels in the HTI s, a lack of childcare facilities, and a dearth of female tutors, contribute to an atmosphere which is not conducive to supporting young women and the specific challenges they face in undertaking and succeeding in tertiary education.

“I sometimes cry out of joy whenever I think of my daughter, Aisha, as one of the students of a midwifery school”

Alti Mai Kuli from Kaita, Katsina state

“...suddenly, W4H came and supported her to get admission”

Parent, Katsina State

Another challenge is the lack of financial support. **Sha'awa Shehu** from Bungudu LGA, Zamfara State was married after she finished secondary school. She was later divorced, but her parent could not afford to finance her further education. Some parents cannot afford health training for their children in general, and although attitudes towards girls' education are changing, it is often not seen as a priority in the context of other financial pressures. This has in part contributed to the production of many more male health workers than females in the North.



Cultural and social norms in the North prescribe women should not receive reproductive or maternal care from male health workers. This has led to husbands preventing their wives from attending antenatal care, and sometimes women avoid giving birth at health facilities because they do not want to be attended by male health workers.



The response

In response to the above challenges, the Women for Health programme designed an initiative, the Foundation Year Programme (FYP), to provide support to young girls from rural communities like Sha'awa, Sadiya, Umma and Aisha, to overcome the barriers they face in entering health training.

The FYP provides a variety of support to young women from rural areas who want to train as health workers, but do not have sufficient qualifications to do so. Sha'awa received training on the five basic subjects needed for admission into a HTI.

"After we received the training, W4H paid for our NECO and WAEC [exam] registration."

With the help of FYP training, Sha'awa was able to fill in the gaps she had in her secondary school education and pass her Senior Secondary Certificate Examination (SSCE) which gave her a chance of admission into the School of Nursing, Gusau. Sha'awa is now a second-year student.

The story of **Umma Garba**, a young woman from Malumfashi town in Katsina state, is different. Umma passed all the requisite subjects at SSCE level, sufficient to apply for a place on the midwifery course at the School of Midwifery, Malumfashi. Unfortunately, she failed the entrance exam, so Umma enrolled in the W4H preparatory class to refresh her science knowledge and prepare to retake the entrance exam. After finishing the preparatory course, Umma retook the exam and passed, and entered the School of Midwifery. She completed her midwifery training and is now a midwife serving at Mulumfashi Primary Health Care facility.



W4H supported 20 HTIs to meet accreditation requirements through several initiatives. This included: creating more female-friendly environments at the HTI s with infrastructural changes, such as improving lighting and security, bathroom facilities, building female student hostels and covered pathways; increasing the number of female tutors and women in leadership roles at the HTI s to provide role models for the young women; supporting the provision of child care facilities; improving student voice and accountability in the governance structures of the schools; providing counselling support to guide female students; improving the quality of teaching; providing office furniture, ICT equipment and rolling out an e-learning platform which is functional even in low-resource settings; and administrative strengthening by improving financial management capacity and student information systems.

"We have nothing to worry about except our study, W4H did everything for us"

***Fatima Ibrahim Bn Yusuf
from Kura, Kano State***

To address financial barriers, W4H provides holistic financial support to the FYP students. This financial support covers: the registration fee for NECO and WAEC exams, registration fees for the this, the cost of accommodation and food and a monthly stipend of N5000.00 for each student to support the purchase of books, travel home and daily living costs.

W4H also engages with families and community leaders to ask them to provide sponsorship in the form of endorsement and goodwill for the selected FYP students. This involves the young women signing an agreement they will come back and serve as health workers in their community. This commitment by the community and the student is an important part of the psycho-social support which underpins the women's success.

The results

By December 2018, all 20 HTI s had improved their accreditation status, thus increasing the number of students they could enroll each year. The secretary to Katsina State House Committee on Health Lawal D. Faras stated that:

“W4H interventions helped Katsina School of Nursing and Midwifery to get accreditation, thereby increasing their intake capacity from 60 students to 100.”

As the result of the W4H programme, by December 2018, over 7,646 women enrolled in training as health workers across the five W4H supported states (Kano, Katsina, Jigawa, Zamfara and Yobe) and 2,541 women enrolled in the Foundation Year Programme. So far of 183 graduates of midwifery, nursing and community health training, 39% have gained employment in rural communities, while 41% are volunteering in their own communities and local health centres and hospitals while awaiting deployment, and 20% have gone into the Government- sponsored Midwifery Service Scheme.

Improved health service delivery for women in rural areas

The employed graduates are now not only providing health care services to their communities at their respective Primary Health Care facilities during working hours, but their services are accessible for their communities 24 hours a day and seven days a week. Abdullahi Rabi’u, brother of Maimuna Rabi’u, and Hauwa Garba, mother to Umma Garba said that every time people need their services, the young women attend to them, be it in the morning, evening or at night.

“Sometimes I take her on my motorcycle to the people in need of her services, and when she finishes, she calls me to come and take her back home.” Abdullahi Salih, Imam.

Maimuna and Umma also advise mothers and pregnant women on health issues whenever they had a chance, like during ceremonies and women’s gatherings.

Some men at Sabon Garin Kauran Namoda in Zamfara State are changing their minds about antenatal care.

“With women health workers around, we feel at ease to send our wives for antenatal care”

Ibrahim Tanimu, father of W4H beneficiary Nana.

The above assertion is a pointer to how attitudes to, and demand for, health services at community level are improving in these states. With the success recorded so far, the programme is set to achieve much more in a near future.

Increased number of female health workers in communities

The training and infrastructure support provided by W4H has enhanced the intake of students as well as the output of qualified health workers.

The W4H programme went a step further and boosted the employment of female health workers in the participating states. In Zamfara state for example, after the successful graduation of the first cohort of W4H students, most were struggling to get jobs. But when W4H met with the Governor of Zamfara State and explained the issue to him, he gave an order for them to be employed.

W4H has also supported the retention of midwives in rural areas by building 35 midwives’ houses in participating states.

Improved access to education for young girls

Attitudes towards girl-child education is changing. As communities begin to see the results of their own young women coming back to serve as health workers - earn an income, serve their community and save lives - more parents are willing to allow their daughters to participate in the FYP. In Kasuwar Daji, Kauran Namoda, Zamfara State, over 20 candidates competed for a place on the FYP.

“This programme has also encouraged parents to send their daughters to school...” said Alhaji Ibrahim S. Fada, the District Head of Kasuwar Daji.

The FYP initiative has highlighted the need for improved girls’ education and paved the way for young women to access further education in health and to have careers in health.

Improved social status of the young girls

The W4H programme has changed the status of FYP students in their communities and these young women are seen as role models for other girls. Hauwa Garba, mother of Umma Garba, said:

“We now see her as a star among us, we usually call her ‘sister’ (Hausa term referring a female health worker) when she dresses up and ready for work”

In Kibiya Town for example, whenever Maimuna Rabi’u, a graduate, attends a social gathering, such as a wedding or naming ceremony, people gather around her, asking questions.

“Are you now a midwife? How I wish I were you.” She said, “Some people would even touch my body and say may God bless us as He blesses you.”

“...Instantly the governor employed all the 102 students that graduated in that year, out of which, one third were W4H-supported students”

Surajo Muhammad, FYP Coordinator, Zamfara State.

The testimonies indicate W4H has succeeded in bringing about changes in the social status of the young women graduates among their peers, and increased respect among the whole community. As stated by some of those we interviewed, their voices are now being heard in decisions about their community, especially those related to health. Of the FYP graduates, 87% are taking leadership roles in their communities and 88% felt empowered by the FYP initiative in terms of their self-esteem and agency.

Enhanced economic status for the young women

Almost all the W4H students interviewed confirmed that they do not now have any financial problems. Zahra'u Muhammad from Kaura provides financial assistance to her younger brother from her monthly student allowance. For Nana Ibrahim and Maimuna, now employed as health workers in their communities, they have become a family breadwinner. Ibrahim Tanimu from Sabon Garin Kauran Namoda said:

“Just in the last three weeks, Nana paid a visit to her siblings who are studying at Kwatarkwashi Secondary School. She bought them food and reading materials. She did not even tell me she was going there, ... I am now at peace, I know Nana can look after her siblings even after my [death].”

Ibrahim Rabi'u also believes that their family's economic status has a brighter future.

“At present, only two of us [earn money to] take care of our family [of twelve]. But now, Maimuna has started working, soon ... there will be three of us supporting the family.”

Without good education and or a clear direction, it is difficult to attain economic independence. The W4H program has made it possible for all the graduates to take on more financial responsibility and bring in more income to their families and communities.

Sustaining the progress made

The issue of ensuring rural women access to the education they need to become health workers has been made more prominent by the advocacy of the Women for Health programme. Governments of the participating states have committed to sustaining the Foundation Year Programme.

Although waiting for assent from the State Governor, Katsina passed an FYP Bill in January 2019. Zamfara State has drafted an FYP Law, and in Kano State the House of Assembly has made a law to compel each Local Government Area to sponsor five women to attend HTIs. In addition to this, each House Member has pledged to sponsor one female from their constituency to attend health training.



If the FYP initiative is sustained as proposed by the participating governments, the States will overcome several health challenges in rural areas. In Kano State for example, if the 44 Local Government Areas sustain the training of five students each year, and all graduate successfully, after three years they will have produced 220 female health workers. In fifteen years, the State will have trained 2,860 female health workers, out of which, only 520 will come from metropolitan areas while 2,340 will be from rural communities.

The FYP initiative also serves to advocate for families to allow and support pregnant women to attend antenatal care, particularly when women are attended by female health workers. This is helping to increase the demand for health services in rural areas.

Recommendations for improving FYP selection criteria and ensuring it continues to benefit rural women and communities include favouring participants' residence in a rural community over urban areas and providing stronger encouragement for married women settled in rural communities to enroll on the FYP. These women are more likely to provide health services in their communities for longer once employed. Whereas unmarried women enrolled on the FYP may eventually marry outside their communities and move away after graduation, and the communities may lose out on a health worker they sponsored.



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