



A systems approach to sustainability



This report identifies success factors to inform the design and implementation of future programmes

Designed to address the acute shortage of female health workers in rural communities, Women for Health (W4H) is a unique example in Northern Nigeria of building government commitment and systems change to ensure sustainability. This success story examines the approach taken by W4H to securing the long-term sustainability of its activities and embed the achievements of the UK Aid-funded programme; it documents the sustainability commitments made by state governments and local and national institutions. Based on interviews with W4H team members, as well as external stakeholders, this report identifies success factors to inform the design and implementation of future programmes.

In its first phase (2012 - 2018), W4H activities supported five Northern states – Jigawa, Kano, Katsina, Yobe and Zamfara. A second, extension phase (2018 - 2020) saw W4H expand its activities to conflict-affected Borno (and conflicted-affected parts of Yobe), while at the same time working to ensure handover of all activities to state governments and other stakeholders in the other four states.

W4H's key sustainability achievements include:

- ◆ For a total UK Aid spend of £33.86 million to October 2020, W4H has to date leveraged £22.21 million of state government expenditure and investment.
- ◆ State governments in all six states have passed laws committing to sustaining W4H's key intervention – the innovative Foundation Year Programme (FYP).
- ◆ W4H engagement across the North of Nigeria has led to eight states that were not supported by the programme considering developing interventions based on the W4H model. Six states are already developing their own versions of the W4H FYP.
- ◆ W4H has transformed the quality of the health training institutions (HTIs) in the six states. In 2012, just one HTI had full regulatory accreditation – by 2020, all but one had full accreditation status, four new HTIs had been built, and 6 new programmes of study had opened.
- ◆ The combined capacity per cohort of the HTIs in the five phase 1 states increased by 258% from 1,198 in 2012 to 3,090 in 2020. In Borno, capacity more than doubled to 825 places in 2020.



As a result, the availability of qualified health workers in the Northern states is increasing:

- ◆ **Since 2013, a total of 9,601 women have enrolled in professional health training courses in the six states – and 2,801 young women from 912 rural communities have been supported by the FYP.**
- ◆ **Since the first FYP students began completing their professional studies in 2017, a total of 556 have graduated – of which 77% have been deployed to rural areas.**
- ◆ **The number of health workers employed in the W4H-supported states nearly doubled by 2018 as compared to 2011; and by 2019 there had been a threefold increase in absolute numbers of rural placements of graduating health workers.**

During the extension phase, W4H successfully handed over the funding and operation of its interventions to state governments and other local stakeholders. New laws, budgetary commitments and state-wide structures are in place that will ensure that the progress made during W4H is sustained and scaled up.



The challenge

W4H responds to a severe shortage of female health workers in a region where there are social and cultural barriers to women being seen by male health workers and the rural retention of health workers is an ongoing challenge. The result is that Northern Nigeria has some of the poorest maternal and new-born health indicators in sub-Saharan Africa. Data from the 2009 Nigeria District Health Survey showed that this was most acute in rural areas where women faced a 11% lifetime risk of maternal death and where two in three girls were married before age 18 years. Only 10% to 15% of deliveries in the North were attended by a skilled provider, compared to over 75% in the South. Moreover, rural deliveries were three times less likely than those in urban areas to be attended by a skilled provider.

In 2008, the Nigerian government estimated that national maternal mortality was 554 maternal deaths per 100,000 live births, roughly double the Millennium Development Goal (MDG) of 275 – and maternal mortality rate in the Northwest region of Nigeria was 1,025 and in the Northeast region 1,549. W4H's root cause analysis¹ of 2013 analysed the existing rates of production of trained nurses and midwives and concluded:

'Transformational investments in Human Resources for Health (HRH) are required in Northern Nigeria. To meet the WHO minimum ratio for nurses and midwives by 2030, the states must greatly increase their nurse and midwife enrolment: by a factor of 20.6 for Jigawa, 19.4x for Kano, 26.5x for Katsina, 14.7x for Yobe, and 17.6x for Zamfara. Without these massive investments, millions of Nigerians will not have access to basic health services.'

Analysis carried out during programme inception found that the principle issues around the production of trained health workers were that:

HTIs faced multiple, linked challenges resulting in a spiralling decline: a shortage of funding; no regular, committed funding and no control over how their budget was decided; physical infrastructure that was inadequate and in poor repair; poor quality of education, low tutor numbers and graduation rates.

The poor condition of the HTIs affected their accreditation status. In 2012, there were 16 HTIs in the five original W4H states – only one had full accreditation status, 11 had provisional status and four had lost their accreditation altogether. This situation meant that the 11 with provisional status could only recruit 50 students per cohort, half the number that full status allowed, and the

four with no status could recruit only 30 students. Health worker production was well below system capacity and getting worse.

State officials did not prioritise action to address the severe shortage of health workers in the Northern states, particularly in rural communities; they neglected the HTIs and did not fulfil their responsibilities towards these institutions; and they did not know that the state's capacity for producing health workers fell far short of the levels required to meet the needs of growing populations.

The changes required for sustainability

Securing the needed level of funding for the education of health workers destined for service in rural communities was a major element of ensuring sustainable change – but not the only one. In addition to funding, other important systemic changes were required:

- ◆ **Change to the mindset of policy makers:**
State and local governments needed to understand the extent of the health worker shortage and that the situation was getting worse – and that sustained investment was needed to change that.
- ◆ **Cultural changes:**
Communities needed to view young women going away to study and become professional health workers as socially acceptable. And this needed to become appropriate places for female students from rural communities.
- ◆ **Structural changes:**
Structures were needed to bring together key stakeholders at different levels to coordinate action around W4H interventions designed to increase the production of qualified health workers.
- ◆ **Capacity changes:**
Capacity development was needed for all the institutions involved in production of health workers if change was to be sustainable.
- ◆ **Legislative changes:**
New laws were needed to formally establish governance of HTIs and guarantee their funding for HTIs; and to commit government to support the development of the health workforce. Bonding contracts were needed to ensure W4H funded students returned to serve in their communities.

1. Root Cause Analysis of Northern Nigeria's Health Worker Crisis, report to PRINN-MNCH, 2013

The response

W4H built on 12 years of UK Aid-funded health programmes in the region that informed the design of the programme. W4H's root cause analysis revealed the scale of the challenge and the many barriers that would need to be removed or addressed. This information was used to revise the programme design. One significant change was a strengthened strategy to address the cycle of underfunding, neglect and poor performance of HTIs, with W4H calling on immediate support from state institutions. Sustainability was a key programme goal from the outset.

“Right from the start we were going to policy makers and senior civil servants and trying to get them to see the W4H agenda as their own problem and to own it – and we said that W4H is here to support you to address this,” says Dr Fatima Adamu, W4H National Programme Manager. “We were very honest, we said: in your state, this is the money we have, this is the work that needs to be done. We can only go so far, the rest has to be paid by someone else.”

A ‘whole system’ approach to engagement

The W4H approach was to engage broadly and at all levels with: government (not just senior officials), state and federal legislature, and local government authorities; with HTIs and professional bodies (at national level and with state branches of key institutions) such as the Nursing and Midwifery Council of Nigeria (NMCN); with religious and traditional leaders at state and district level; and at rural community level with local leaders, community members, and with community structures such as the Ward Development Committees.

New structures were also required: in each state, W4H established a State FYP Working Group (SFYPWG) as a coordinating, engagement and governance mechanism involving key stakeholders; and in 2017, W4H set up community accountability and demand creation groups (ADCGs). Taking a whole system approach in each was time consuming but necessary to bring about the system change needed.

“W4H didn’t just engage with ministries or the HTIs or politicians, they engaged with all of them, and had a narrative for each of them. It was slow, but the effort we put in was essential. You can’t impose a programme, it has to be done willingly. We said we were here to help them to solve their own problems – we expected much more resistance from governments but they listened and quite quickly agreed.”

Rodion Kraus, W4H Programme Director (2012-2017)

Powerful, sustained advocacy

W4H advocacy was a sustained, persistent effort – targeting individual legislators, decision-makers and community leaders – seeking opportunities to present to groups, asking for introductions to other actors from those who responded positively. When new officials were elected or appointed, W4H would begin the engagement process again. When new challenges presented themselves, the W4H teams in each state would carry out a fresh round of advocacy meetings – as they would when there were positive results to report, or examples of impact from other states to share.

In this way, through sustained advocacy, influential champions were recruited in each state and a critical mass of support for W4H's activities – essential for sustainability – was built up. As institutions took over responsibility for implementation and funding of W4H activities, their sense of ownership grew.

The W4H advocacy approach was to mix strong use of data with emotional appeals. Powerful presentations of the facts on maternal and infant mortality, and the low numbers of qualified health workers, were combined with strong emotional arguments – that the North was being left behind the rest of the country, and was behind other countries; that the deaths of women and children in many rural communities was preventable and that state decision-makers as parents and grandparents should act.

“When engaging with legislators, we had one particular presentation we used, with the data on the number of midwives in each state. And we also asked the legislators to raise their hands if they had had a preventable death in the family related to pregnancy or childbirth – and many of them had.”

Zainab Abdul Moukarim, W4H Policy and Advocacy Advisor

A similar approach was used in Katsina, according to **Hafsat Baba**, W4H National Advisor for gender:

“We worked out it would take Katsina about 53 years to meet WHO recommendations for numbers of HRH. In the 38 LGs, six were without a single midwife. We showed them the community level data and it was alarming – everyday women of reproductive age were dying of preventable pregnancy related complications.”

Building capacity at all levels

Capacity building at all levels was a crucial part of the W4H sustainability strategy – without the needed skills and experience in all the different institutions, organisations, and stakeholder groups the momentum and the progress cannot be sustained.

“If you want an institution to take up the work you have to build their capacity so they are able to take it on. This process takes at least two years – and after that you need to be monitoring and supporting, seeing what the challenges are, where the gaps are. W4H has handed over so much in the last three years, but we keep going back and engaging with them to make sure the work is progressing and can be sustained.”

Dr Fatima Adamu, W4H National Programme Manager

W4H built capacity at the following levels:

- ◆ **Health Training Institutions:** W4H built capacity at all levels within the training institutions – leadership and management, administration, teaching, student, and support staff.
- ◆ **Legislative:** W4H built the capacity of members of state Houses of Assembly so that funding for HTIs was monitored and W4H supported the drafting of key legislation.
- ◆ **Regulatory:** W4H built a deep partnership with the NMCN, building organisational strength including supporting the development and implementation of a strategic plan. W4H supported NMCN in their role as supportive supervisors of HTIs.
- ◆ **Communities:** W4H set up structures to support FYP sustainability: community forums for parents of students, and ADCGs to sustain the focus on FYP recruitment, address issues and promote social norm change around women’s roles and education.
- ◆ **Local government:** W4H supported 122 LGAs to establish bonding contracts between FYP students and local communities.
- ◆ **State government:** W4H supported state governments to integrate HTI plans and budgets into state health sector strategic plans. The programme facilitated the design and implementation of rural midwife incentive schemes in all five programme states.
- ◆ **State-wide:** Capacity in the system was strengthened through structures such as the SFYPWG, as well by sharing W4H learning, W4H events and communications.
- ◆ **Federal level:** W4H played a key role in finalising the national Task Shifting Policy and in the Federal Ministry of Health.

Transforming Health Training Institutions

W4H played a leading role in the transformation of the HTIs, through a programme of investment that included 167 infrastructure construction and improvement projects. State governments then follow W4H’s lead and took over funding further improvements, HTI running costs and the FYP.

The impact of the programme includes:

- ◆ Increasing the number of students in training, especially women by supporting health training institutions to gain and retain accreditation and supporting states to establish new training institutions and Community Midwifery programmes.
- ◆ Increasing the number of female tutors by funding midwives, nurses and community health extension workers to undergo tutor training.
- ◆ Improving the quality of teaching by supporting capacity strengthening of tutors in both subject knowledge and student-centred methodologies.
- ◆ Improving the ‘female-friendliness’ of the health training institutions by increasing the gender sensitivity of staff; constructing female-friendly accommodation, improving security, providing academic and psycho-social counselling, provision of child-care facilities, and increasing the proportion of female tutors and managers.
- ◆ Strengthening management systems and structures of the training institutions to provide an appropriate environment for high-quality professional training of female students.
- ◆ Improving available resources, teaching facilities and access to digital technologies such as e-learning to maximise the quality of teaching.
- ◆ Maximising the potential of new technologies by establishing effective information management and results systems and exploring e-learning opportunities.

Programme extension and sustainability strategy

The second phase of the programme which began in April 2018 had a focus on expanding activities to include to the conflict-affected areas of Yobe and Borno, as well as a deeper focus on sustainability in the other states. In the four 'exiting' W4H states (Kano, Zamfara, Jigawa and Katsina), W4H's role became one of accompaniment, supporting and providing on-going capacity development to state governments and others involved in running W4H initiated activities.



State government investment in W4H interventions

State	Support for FYP	Support for HTIs	Total in GBP £
Borno	N 64.8 m	N 413 m	£ 1.06 m
Jigawa	N 78 m	N 262 m	£ 0.93 m
Kano	N 196 m	N 5,063 m*	£ 17.3 m
Katsina	N 245 m	N 97 m	£ 0.87 m
Yobe	N 215 m	N 480 m	£ 1.56 m
Zamfara	N 94.5 m	N 122 m	£ 0.49 m
Total	N 894 m	N 6,437 m	£ 22.21 m

FX rates: 2016: £1 = N285, 2017: £1 = N400, 2018: £1 = N450, 2019: £1 = N450, 2020: £1 = N 450

* N 4,000 m spent on 4 new HTIs

During the second phase, W4H began new initiatives designed to support long-term sustainability:

◆ HRH Learning Hub:

Hosted by Bayero University Kano's Centre for Gender Studies, in partnership with the Faculty of Nursing, the Human resources for Health Learning Hub was launched in January 2020. It will host all W4H resources and learning, as well as national and international HRH materials, and be a gateway for training, consultancy and research.

◆ Engaging with non-programme states:

During the extension phase, W4H engaged with non-programme states across the North. Eight states have shown interest in developing HRH education interventions based on the W4H model – and six states have begun implementing an FYP: Adamawa, Gombe, Kaduna, Kebbi, Niger and Sokoto.

◆ Roll out of W4H's E-Learning system:

W4H's introduced E-Learning systems suitable for low resource settings into the HTIs, and supported tutors to develop E-Learning content. Several non-W4H states in Northern Nigeria have placed orders for E-Learning systems. W4H has also trained the NMCN in content development to support the council's plans for a national roll out of E-Learning to colleges across Nigeria.

◆ Roll out of W4H's Student-Centred Learning:

In building the capacity and quality of education available in the HTIs involved in the programme, W4H trained tutors in SCL and supported the development of course materials for the different health professions. The NMCN has adopted SCL as a standard and all registered tutors across Nigeria are now required to take and pass courses in SCL as part of Mandatory Continuing Professional Development Programme (MCPDP). NMCN is also promoting national roll out of Student Information Management Systems (SIMS), which W4H introduced to HTIs in the six states.

The impact of W4H on the training capacity of HTIs

State	Number of indexed places in 2012	Number of indexed places in 2020
Borno	330	825
Jigawa	175	370
Kano	470	820
Katsina	350	650
Yobe	175	475
Zamfara	28	775
Total	1,528	3,915



The results

W4H's whole system approach to change means the prospects for the programme achievements being sustained and scaled up are very good.

All six W4H states have passed FYP legislation and committed to continue funding the FYP and funding HTI running costs to ensure standards and their accreditation status is maintained.

All six states have committed to employing – and deploying to rural areas – some or all FYP students graduating from professional courses. All states have put in place incentive schemes to help recruit and retain rural health workers.

All six states have taken over running of important monitoring and support structures established by W4H in each state – the SFYPWGs and ADCGs.

Between them the six states have invested £22.21 million in supporting the FYP, paying for improvements to HTIs, supporting their running costs and accreditation processes, recruiting tutors and other related spend.

“The foundations for sustainability in Yobe are in place. When W4H started there were only 18 midwives before and today with the second cohort of FYP graduates now there are over 500 midwives and all of them are getting automatic employment by the state.”

There is an MOU in place with HTIs so that at least 60% of their intake is female, whereas it was 15-20% before. On top of this there is now a special financial allowance for those deployed to rural areas, and the bonding scheme has been changed to remove the option of repayment, so that returning to serve in the community is now mandatory.”

Largema Bukar, W4H State Team Leader, Borno and Yobe

Training colleges transformed

The transformation of the HTIs in the 5 phase one states means that 21 colleges now have full accreditation, and one new HTI has provisional status. Indexed places per cohort have risen by 258% to 3,915.

Shehu Sule College of Nursing and Midwifery, Damaturu, Yobe is one of the HTIs supported by W4H. It has been a catalyst for major improvements, according to **Hajiya Hadiza**, Provost of the college:

“Support from W4H has transformed the quality of teaching at the college, introducing Student-Centred Learning and E-Learning, as well as global best practice such as blended learning. The non-academic staff, such as the leadership and the administration team, have also received numerous interventions and training. The dividend has been increased student performance.”

For 23 years, the college only had provisional accreditation status. It has now got full accreditation status and has been able to increase the number of indexed places. W4H investment in improving the infrastructure and capacity building at every level within the organisation helped the college satisfy the regulators.

“Almost of 99% of the structures at the college have received some attention from W4H as well as a new building for the school of basic midwifery. We now also have control over our own budget. We have a strategy for sustainability and an operational plan. I think that things will continue to improve – and I believe we will become one of the top institutions in Nigeria.”

Foundations laid for sustainability and scale up

W4H's whole system approach to engagement and capacity building has laid the foundations for the programme achievements to be sustained and scaled up.



Financial sustainability

- ◆ State governments are committed to funding the FYP and to financing HTIs
- ◆ HTIs are now involved in budget setting and have some autonomy over their spending.
- ◆ Community support for FYP students during training and while serving the community.

Structural sustainability

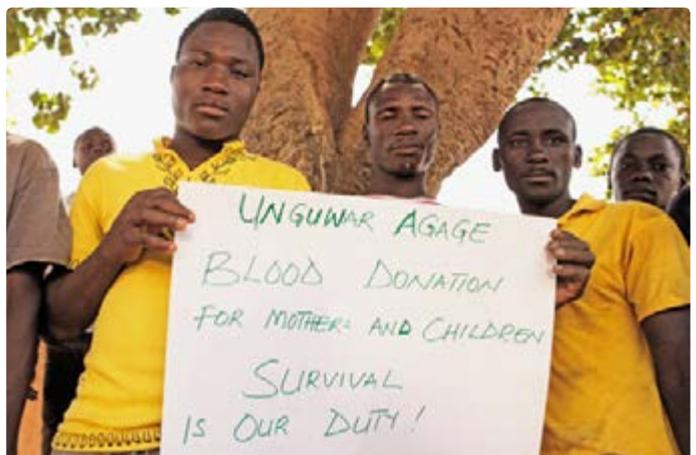
- ◆ States committed to sustaining SFYPWGs and ADCGs.
- ◆ HTIs are now sustainably funded, 20 have full accreditation, one has provisional.
- ◆ NMCN promoting national roll out of SIMS, e-learning, and SCL training for tutors.

Legal sustainability

- ◆ States have passed laws committing to support of the FYP – and amended College laws recognising the FYP as an academic programme.
- ◆ Bonding contracts for FYP students serve their rural communities for two years after qualifying.

Cultural sustainability

- ◆ Community social norm change and women's empowerment.
- ◆ HTIs are gender sensitive and have appropriate facilities (including crèches).
- ◆ States understand the need for rural HRH and their role in ensuring supply.





NMCN to promote national scale up

W4H built a strong partnership with NMCN during the last three years of the programme, supporting the council to develop a strategic five-year plan, and working closely on plans for national roll out of W4H interventions including SCL, E-Learning and SIMs. SCL is now part of mandatory professional training for tutors. Online submission of accreditation data is being developed.

“W4H have been our very strong partners for a long time. Before the programme, the schools of nursing and midwifery only had provisional status, and now across the six states all but one of the institutions now have full accreditation, and student intake has increased. This is linked with improved performance, with pass rates up to 90%. I want to acknowledge with gratitude that things have improved enormously at the schools.”

“The SCL programme is a new concept for Nigeria, which W4H has introduced, and now we are starting to roll this out nationally. W4H have supported us and strengthened the capacity of the council in many ways, such as in developing our five-year strategic plan, and in developing our IT systems. We are soon starting online accreditation so data can be submitted from the institutions directly to our database.”

“We have been working on a sustainability plan for when W4H ends, and we are putting in place measures so that we can sustain this good legacy and the successes recorded so far, such as higher intakes, higher standards and improved pass rates, more women HRH for rural areas and all the achievements we have made with W4H support.”

Alhaji Faruk Umar Abubakar, Registrar, Nursing and Midwifery Council of Nigeria

Social norm change in rural communities

To achieve sustainability, W4H needed to change cultural norms in the communities where FYP candidates were recruited to make it acceptable for young women to go away to study and for the role of health worker to be seen as a positive one for women. W4H also aimed to empower the women so that they could be role models for others. According to the W4H 2018 Empowerment survey and 2020 Research Study, there was positive evidence of both empowerment and attitudinal changes.

- ◆ **93% of FYP students said they feel that they have greater self-esteem**
- ◆ **87% of FYP students said they feel that they have greater agency**
- ◆ **88% of FYP graduates either strongly or somewhat agree that they are confident in their skills as a result of the programme**
- ◆ **92% report that their families now believe in educating girls**
- ◆ **88% believe that women and girls are more respected in their community since they joined the FYP**
- ◆ **95% observe an increased tolerance for women’s employment in their community.**

“W4H spent time responding to community concerns, reassuring husbands especially, that it was okay for young women to go a train to be health workers,” said **Mary Surridge**, W4H Senior Technical Advisor on Gender (Phase 1).

“We worked with some Islamic schools and identified places in the Koran and Hadith where it says that women had a right to education, and that saving the lives of others was an important part of being a Muslim. This message was preached by religious leaders at madrassas and at prayers during special festivals and it helped to build community support.”

W4H continued to engage with community and religious leaders before every round of recruitment.

“We do four things with every recruitment exercise: we write letters to the community leaders saying a recruitment is starting; we work with religious leaders to get the message out; we get the legislators to pass the information to their people in the communities; and we use the media to announce such an exercise is commencing. By 2020 we had 800 to 1000 girls turning up for the recruitment. Since the first recruitment, we have encouraged the state actors to take the lead – by the final year, we were on the passenger side and they were the driver.”

Largema Bukar, W4H State Team Leader, Borno and Yobe

Champions for sustainability



W4H sought and found high-level stakeholders willing to champion the programme in every state, with the aim of securing support for the interventions that would last through political and economic cycles.

“In Zamfara, we found very high-level champions for W4H early on, including the state governor and the permanent secretary of the Ministry of Budget and Economic Planning.”

“One of our champions told us we needed to get a law passed and that we should invite all the legislators to a workshop and sensitise them on the FYP, which we did. We showed them a copy of the FYP bill that had been passed in Yobe and we went through and amended it with them and the legislators then adopted that bill – and within three months it had been passed and later gazetted.”

Salma Minjiyawa, W4H Learning Hub Manager (State Team Leader, Zamfara until 2018).

Champions across the six states

Champions in Borno:

The Executive Governor
Chief of Staff to the Governor
Chairman, House Committee on Health
Hon. Commissioner for Health
Hon. Commissioner for Local Government and Emirate Affairs
Chairman, Local Government Service Commission

Champions in Jigawa:

Wife of the Executive Governor.
Emir of Dutse
Emir of Hadejia

Champions in Kano:

State Governor and Governor's wife
Majority and Deputy Leaders in state legislature
Permanent secretaries of Ministry of Health and MFLG

Champions in Katsina:

State Governor and Governor's wife
Representatives House Committee on Health, State assembly
Emirs of Katsina
Emir of Daura

Champions in Yobe:

State Governor
Speaker, House of Assembly
Secretary to State Government
Chairman, House Committee on Health, Yobe State House of Assembly
Chairman of Emirates council
Senior Sister of Emir of Damaturu

Champions in Zamfara:

State Legislators
Permanent secretaries of budget and local government
Traditional rulers

Success factors

Few development programmes in Northern Nigeria manage to handover their activities to state institutions and secure funding and new legislation to support sustainability. The following success factors were identified through interviews with the W4H team and others involved in the programme at different stages:

Building on earlier programmes

When it was launched in 2013, W4H benefitted from the experience of 12 years of UK Aid-funded health programmes in the Northern states. Many of the communities that were initially targeted for W4H had already participated in other programmes and many team members joined W4H, bringing with them established relationships at community, local government and state government level. This meant that W4H had a good foundation to build on – knowledge of the communities, challenges and decision-makers.

Sustainability from the beginning

Sustainability was built into the design of W4H: the W4H team were upfront with stakeholders from the outset that initial funding levels could not be sustained. State governments were asked from the start to plan for increasing contributions in subsequent financial years. W4H continued prompting state governments as the programme developed and demonstrated results. As key stakeholders increased their initial contributions and formalised their commitments, their sense of ownership grew and results escalated.

Flexible, responsive approach

W4H's approach was flexible and adaptive – as a programme policy and also by necessity. The context and structures in each state were different and the W4H needed to adapt its approach to each state. State governments had their own priorities; and to secure their buy in and their sense of ownership, W4H had to listen and respond to what they were saying. It is FCDO (DFID as was) policy to develop adaptive, learning programmes and the FCDO Nigeria were willing to listen and be flexible when new challenges presented themselves.

Phased withdrawal

During the W4H extension phase, W4H continued supporting the four 'exiting' states. While W4H activities and staff were scaled down, W4H State Programme Officers (SPOs) were retained in each state to monitor and provide support as needed – additional rounds of training were provided for this, for example. Office space for the SPOs was provided at no cost by the states. This limited, on-going support helped to maintain momentum in these states and further embed the programme. This approach represents excellent value for money by guaranteeing ongoing return on UK Aid existing investment.

A whole system approach to engagement and capacity building

W4H conducted advocacy and engagement at every level from state government, through to local government, ward and community level. Engagement efforts did not just focus on senior decision makers at each level, but at key officials too, to ensure support at all levels. But engagement and support for W4H were not on their own enough to ensure sustainability: building capacity was also needed to ensure that institutions that would eventually take over running W4H activities would have the structures, systems and HR capacity (skills, knowledge and experience) to be able to do that.

Ensuring legitimacy

The goal for much of W4H's engagement and advocacy efforts was to identify and secure 'institutional homes' for different activities – government bodies or institutions, and named officials (or roles) within them, which would eventually become responsible for the activity in the long term. With a recognised institution such as state government taking over the activities, it ensures their legitimacy in the eyes of stakeholders at all levels.

Recruiting high-level champions

There is an inevitable 'churn' in government officials, both in the executive and legislature, as people move jobs or following each election. To ensure W4H achievements and activities were sustained despite the turnover of personnel, W4H recruited high-level individuals in each state to champion the cause of improving the education of and quantity of female HRH for deployment in rural areas and to make sure incoming officials continued the activities.

Social norms / gender equality approach

In rural communities, social and gender norms needed to change to make it permissible for young women to go away to study and for female health workers to be accepted – W4H engagement with religious and traditional leaders helped make this happen. Today, being an FYP student is an honour and returning graduates enjoy a high esteem in their communities, and are seen as role models for young women. The HTIs have become female-friendly institutions, enabling more female students to enrol with increased rates of retention. Gender training for staff, an increase in the number of female tutors and leadership, and changes to facilities to make them appropriate for female students from rural communities (and often for their children) have enabled this change.

Culture of W4H team

Most of the W4H team in Nigeria are from the Northern states, and many worked on previous health programmes in the North – significant advantages when it comes to building engagement and support. Within the W4H leadership there was a culture of listening to and respecting national stakeholders – meaning that feedback on what was working and what was not working was quickly absorbed and resulted in tweaks and changes of approach as needed. Many of the team were involved since the beginning of the programme, and that turnover of staff has been low, is a testament to a positive culture within the team.



The W4H programme is funded with UK aid from the UK government.



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

