



Scaling up W4H interventions to non-programme states in Northern Nigeria



Learning visits were arranged to W4H intervention states. Interested states were offered a range of technical support and capacity building

Engagement and support from Women for Health (W4H) has resulted in six Northern Nigerian states implementing their own versions of the programme's key intervention, the Foundation Year Programme (FYP), which aims to increase the number of qualified female health workers for under-served rural communities. A further two states are considering implementing aspects of the W4H model. None of the states were part of the programme, however W4H engaged with neighboring states with the aim of scaling up impact during the final two years of the programme.

Part of the W4H exit strategy was the creation of a Human Resources for Health (HRH) Learning Hub, in partnership with the Centre for Gender Studies, Bayero University Kano – as a platform for promoting W4H initiatives beyond the six intervention states. W4H engaged with non-programme states across the North of Nigeria, with learning visits to W4H intervention states coordinated through the Hub. In addition, W4H provided the interested states with a range of technical support and capacity building to fast track progress. W4H's partnership with the Nursing and Midwifery Council of Nigeria (NMCN) also bore fruit – with the NMCN committing to roll out W4H-led improvements in teaching practice across Nigeria.

By the time the W4H programme ended in September 2020, encouraging progress on scaling up W4H interventions had been made:

- ◆ Eight states that were not part of the W4H programme were interested in developing aspects of the W4H model.
- ◆ Six states want to implement their own version of the FYP – Adamawa, Gombe, Kaduna, Kebbi, Niger and Sokoto states.
- ◆ All six have developed strategies and costed plans for implementing the FYP, and developed advocacy strategies and formed advocacy groups to drive political commitment and financing for FYP.
- ◆ Three states of these six states have already begun recruiting young women from rural areas – Kaduna, Kebbi and Sokoto.
- ◆ Two other states – Bauchi and Cross River – are exploring aspects of the W4H model.

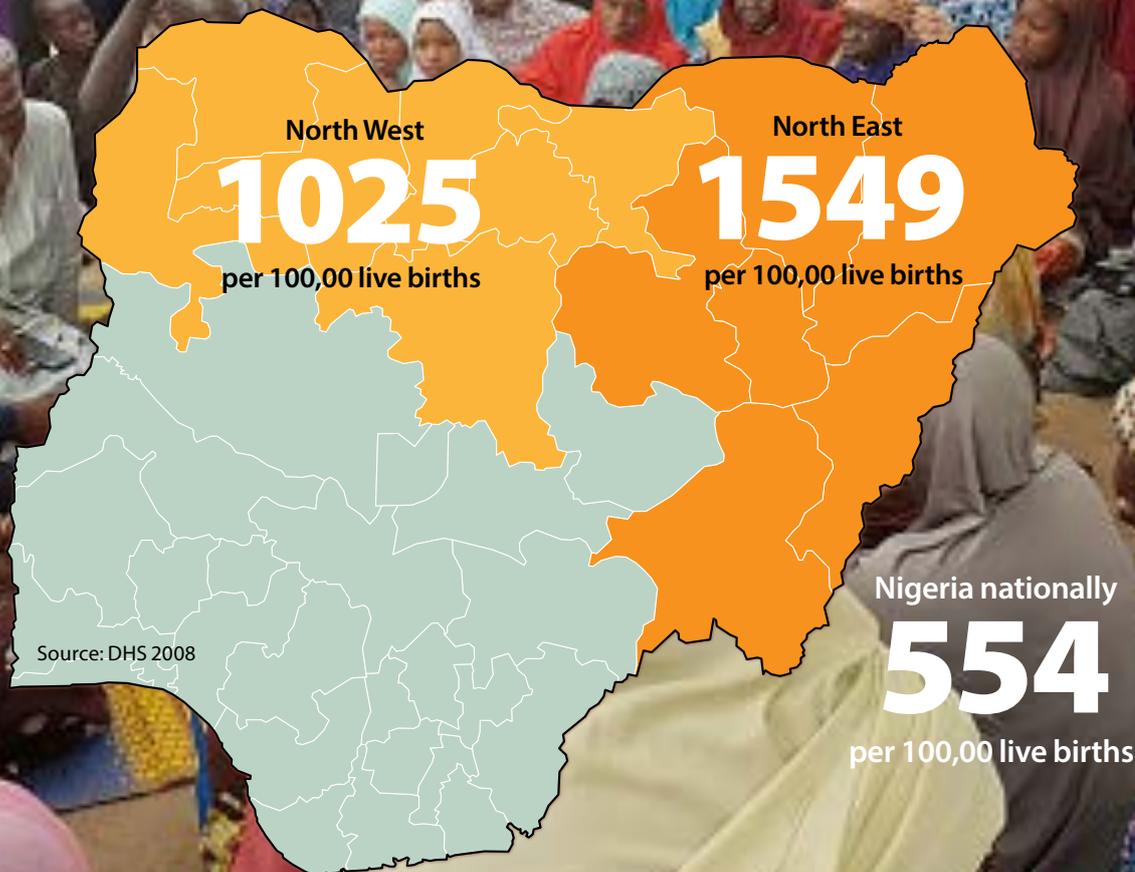
Other scaling up achievements include:

- ◆ The HRH Learning Hub is in place to offer bespoke support, training, and access to W4H resources.
- ◆ NMCN has committed to national roll out of W4H interventions to improve teaching and learning – including student-centred learning and e-learning.

This success story provides an overview of progress made in scaling up W4H interventions – with detailed information based on field research in Kaduna, Kebbi, and Sokoto.

Maternal Mortality

(Millennium Development Goal **275** per 100,00 live births)



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 newborn health indicators in sub Saharan Africa. In 2008, the maternal mortality rate in the Northwest region of Nigeria was roughly double the national average. The Northeast region was triple the national average. Only 10% to 15% of deliveries in the Northern states were attended by a qualified or 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 its first phase (2012 - 2018), W4H 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.

With W4H support, the combined capacity per cohort of the HTIs in the six states more than doubled – from 1,198 in 2012 to 3,090 in 2020. As W4H ended, a total of 2,801 women from rural areas had been supported by the FYP – and 556 have graduated as professional health workers, of which some 78% have been deployed to rural areas.



**Launching the State
FYP Working Group in
Kaduna state**

The response

The Northern Nigerian states not involved in the programme had seen the progress being made in the neighbouring W4H states and many had expressed interest and requested support to develop their own programmes – and W4H engaged informally with these states during the first phase of the programme. When the extension phase began in 2018, W4H formalised engagement with non-programme states across the North as an activity and launched the HRH Learning Hub as a platform for support and sustainability.

As each state has a slightly different context, needs and level of interest, W4H engaged differently with each state. All the states faced very similar challenges in terms of the lack of qualified health workers generally, with rural communities facing the severest shortages.

In terms of the state of the HTIs, the situation in the three states visited for this report – Kaduna, Kebbi and Sokoto – was relatively good, compared with how the W4H states were in 2012 when only one out of 16 colleges had full accreditation. By comparison, in the three states visited there are ten public and 12 private HTIs. Of the public HTIs, seven have full accreditation, while three have provisional or partial status.

“During the learning visit, we saw that the infrastructure improvements in the HTIs supported by W4H significantly improved their chance of getting full accreditation status and had also strengthened the confidence of management, tutors and students.”

Sani Galadima, Deputy Director, Ministry for Local Government, Kaduna

Across the non-programme Northern states, W4H provided some or all of the following support:

- ◆ Capacity building workshops for tutors in the HTIs, to update their knowledge and skills with latest best practice.
- ◆ Capacity building and technical support for state governments on developing strategic and costed plans for implementing an FYP.
- ◆ Technical support to legislators on development of FYP legislation, based on customisation of FYP laws enacted in the W4H states.
- ◆ Capacity building workshops for State Foundation Year Programme Working Groups (SFYPWGs), FYP advocacy groups or HRH committees to strengthen their confidence to promote the FYP in communities and to other stakeholders.
- ◆ Learning visits to the W4H states to learn from their experiences and best practice.
- ◆ On-going advice and accompaniment.

The W4H Foundation Year Programme

One of the challenges Women for Health faced was the low level of education among young women from rural communities in the states targeted by the programme. To increase the number of potential candidates for the professional health training run by HTIs and other colleges, W4H created the Foundation Year Programme to enable young women to raise their level of education to the required standards to enter professional training.

Two kinds of courses were established within the FYP: a nine-month Bridging Course for those who had not achieved five credits in the final secondary school exams; and a three-month Preparatory Course for those who already had five credits, to prepare them for the entry process for the training schools. Those on the Bridging Course automatically moved on to the Preparatory Course.

In the six states supported by W4H, the FYP was coordinated and promoted by a state SFYPWG, which had responsibility for accountability and governance. At community level W4H established Accountability and Demand Creation Groups to represent parents of FYP students and the sponsoring communities, and to hold HTIs and government to account.

“The W4H intervention and support has changed the status of health training and human resources for health in the state and also changed the mindsets of community members regarding female education.”

Sani Galadima, Deputy Director, Ministry for Local Government, Kaduna

The results

By the time the W4H programme ended in September 2020 seven Northern states had expressed interest in adopting aspects of the W4H model for addressing the shortage of qualified health workers in rural areas: Adamawa, Bauchi, Gombe, Kaduna, Kebbi, Niger and Sokoto. All of these engaged with W4H through the HRH Learning Hub and participated in learning visits to W4H states in 2018 and 2019.

Following engagement and support from W4H, by September 2020 the following progress had been made:

Eight states have shown interest in adopting aspects of the W4H model, six of these states have begun to implement a version of the FYP, and three of those have already begun recruiting women from rural areas.

The six states implementing the FYP – Adamawa, Gombe, Kaduna, Kebbi, Niger and Sokoto – have set up FYP advocacy groups, to drive political commitment and financing, and developed FYP strategies and costed plans.

In all six states, high-level stakeholders attended the launch of the FYP advocacy groups in their respective states, including policy makers, legislators, traditional and religious leaders. Traditional leaders have committed to supporting the FYP at community level.

The three states already recruiting women for the FYP are Kaduna, Kebbi and Sokoto. Kebbi and Sokoto will implement both preparatory and bridging FYP courses, while Kaduna will only offer the shorter preparatory course (see box below).

Adamawa, Gombe and Niger are planning to add the FYP as an introductory programme to the planned community nursing and community midwifery courses. Adamawa and Gombe will implement both bridging and preparatory FYP courses, while Niger has chosen to just offer the short preparatory course.

Two other states – Bauchi and Cross River – are exploring aspects of the W4H model. Cross River is developing a tutor twinning programme in partnership with Sokoto.

W4H conducted field visits to Kaduna, Kebbi and Sokoto, three non-programme states that had begun implementing an FYP to understand in detail the progress made (as of September 2020). All three states have setup an advocacy group or SFYPWG to advocate for and coordinate work on the FYP with a membership including representatives of the State Ministry of Health, HTIs, Ministry for Local Government Areas, communities and traditional institutions.

Kaduna

With the support of W4H, the following progress has been made in Kaduna:

- ✓ **The state government has committed to implementing the FYP** (preparatory course), and W4H engagement has led to a stronger focus on professional health education and training for women – and the development of a strategic plan for HRH.
- ✓ **An FYP advocacy group has been set up** to serve as the mechanism for coordination, accountability and implementation. The group is a partnership between the Ministry for Local Government, traditional councils, Ministry for Health and other agencies.
- ✓ **The launch of the FYP** was attended by the Permanent Secretary of the Ministry for Local Government, the ALGON Chairman, the chairmen of the selected LGAs, the Director of Nursing Services at the state Ministry of Health, and the Administrator of the Colleges of Nursing & Midwifery in Kaduna.
- ✓ **20 FYP students have been recruited from 10 under-served rural local government areas** (LGAs) of Northern Kaduna, with two students selected from each LGA. The plan is to scale up recruitment throughout the state once the Governor has given approval.
- ✓ **The government has approved the FYP budget**, however the COVID-19 pandemic has delayed the release of funds. LGA councils have agreed to fund the FYP from October 2020.
- ✓ **W4H engaged with the Speaker of the Kaduna State House of Assembly and legislators on drafting an FYP bill** based on similar legislation created in W4H intervention states. The bill is being considered with legislators facilitating the input of the LGA chairmen.
- ✓ **FYP students meeting the entrance criteria will automatically be granted a place in an HTI.**
- ✓ **Tutors in Kaduna's HTIs were given refresher courses** and capacity building to increase standards.
- ✓ **Target communities are enthusiastic about the FYP** and some have pledged to support the recruited students in cash and kind.
- ✓ **Some interviewees said that expectations and social norms around female roles and higher education had changed.**

"I was very impressed and motivated with what I saw during our visits to W4H states – the FYP programme is a remarkable achievement."

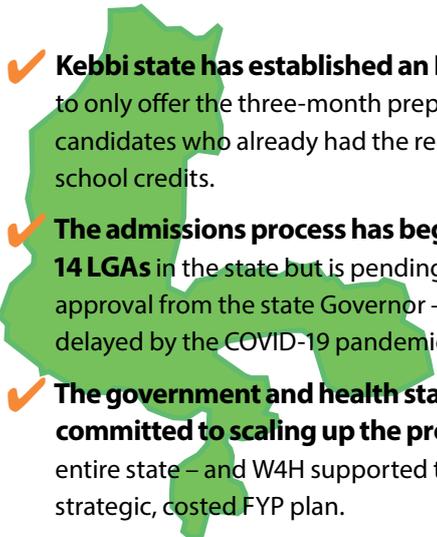
Salihatu Aminu, Director of Nursing Services, MOH Kaduna state



Community engagement meetings in rural villages helped generate support for the FYP

Kebbi

With the support of W4H, the following progress has been made in Kebbi:

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- ✓ **Kebbi state has established an FYP**, choosing to only offer the three-month preparatory course for candidates who already had the required school credits.
 - ✓ **The admissions process has begun from 14 LGAs** in the state but is pending official approval from the state Governor – which has been delayed by the COVID-19 pandemic.
 - ✓ **The government and health stakeholders have committed to scaling up the programme** to the entire state – and W4H supported the development of a strategic, costed FYP plan.

“We learnt from W4H about the importance of partnership and collaborations with other stakeholders in the health sector and in general for improving the health care system.”

Abubakar Shehu Zauro, Director of Nursing,
Ministry of Health, Kebbi

- ✓ **A memo covering full funding**, implementation and ownership of the FYP has been sent to the Governor by the Ministry of Health and is pending approval.
- ✓ **A state working group (HRH committee) has been established** with W4H support to serve as the mechanism for coordination, accountability and implementation of the FYP programme.
- ✓ **W4H has provided training and capacity building** for tutors in the HTIs and for the HRH committee, which has been restructured as it was not initially working well.
- ✓ **FYP students meeting the entrance criteria will automatically be granted places** in schools of nursing and midwifery, health technology and other HTIs.

“W4H has opened our eyes to the importance of making the training of female health workers in the state a high priority.”

Usman Lawal, Director of Remedial studies, College of Nursing & Midwifery, Kebbi

Adamawa

- ◆ An FYP advocacy group has been launched, with the management of the HTI involved in the group. The group plan to lobby the Executive Governor of Gombe and provide a full briefing on plans for the FYP.
- ◆ The chairman House committee on Women Affairs has declared the intention to support an FYP bill which will be passed as part of the Gender based violence Bill.
- ◆ Adamawa stakeholders want to implement both the bridging and preparatory FYP courses, adding them as introductory courses to the community nursing and midwifery courses.

Gombe

- ◆ An FYP advocacy group has been launched, with the management of the HTI involved in the group. The group plan to lobby the Executive Governor of Gombe and provide a full briefing on plans for the FYP.
- ◆ Gombe stakeholders want to implement both the bridging and preparatory FYP courses, adding them as introductory courses to the community nursing and midwifery courses that will soon be offered.

Sokoto

With the support of W4H, the following progress has been made in Sokoto:

- ✓ **There is high commitment** from the side of the state government and other stakeholders to fully implement the FYP.
- ✓ **W4H engagement was made the education of female health workers and HRH development a priority** for the state. Communities recognise the importance of education for women and the need for female health workers.
- ✓ There is no FYP legislation in place yet, however **a bill is in the pipeline and has the support of the legislators** who are part of the HRH committee – and it is expected to pass soon.
- ✓ **A state working group (HRH committee) has been established** with W4H support and capacity development to serve as the mechanism for coordination, accountability and implementation of the FYP programme.

“The learning visits organised by W4H opened our eyes to the situation of HRH in our state due to a shortage of qualified staff. We realised we need to make a serious intervention a give a high priority to investing in the training of female health workers in the state.”

Zayyanu Sifawa, Director of Academic planning,
Ministry of Health, Sokoto

- ✓ **Two cohorts of students** – 250 in total – have already been enrolled on the FYP for the bridging and preparatory courses.
- ✓ **Approval for another 350 recruits has been given** and the HRH committee will source the candidates from the various LGAs in the state.
- ✓ **Automatic admission of FYP students** into state colleges of health and other related health training institutions in the state, after passing qualifying examinations.
- ✓ **W4H has provided training and capacity building** for tutors in the HTIs and for the HRH.

“With the support of W4H we have learnt about how the performance of students improved in the W4H states following the measures the programme put in place, and we are passing on these lessons to our state for implementation.”

Dr Zaid Ibrahim, Director, State College of Basic & Remedial Studies SCBRS Sokoto State

Progress was also made in the other three states that have committed to implementing the FYP – as detailed below:

Niger

- ◆ An FYP advocacy group has been launched, with all relevant line ministries attending. The college management, the director of nursing services and deputy director of the ministry for local government are part of the group and have already presented the costed plan to the legislators as part of the budget.
- ◆ An advocacy meeting was conducted for the Executive Governor of the state who showed interest, especially in adding the FYP to community midwifery courses. He has given approval to the Honourable Commissioner for Health to provide all the necessary support to implement the FYP.
- ◆ The FYP will be implemented with support from the ministries for local government and tertiary education. Both Honourable Commissioners were fully briefed on the FYP.
- ◆ The FYP will be implemented across the whole state with particular focus on underserved LGAs.
- ◆ Niger will only implement the shorter preparatory FYP course. Making it an introductory course for the community midwifery and nursing programmes.

Key messages

In its final two years, W4H actively engaged with Northern states not supported by the programme and **six are actively developing interventions based on the W4H FYP.**

These states have fast-tracked progress by learning from the experience of the W4H intervention states and through capacity building from the W4H team.

All six states have set up FYP advocacy groups comprising the key stakeholders at state and local level required for effective coordination and accountability. Legislation and other supporting mechanisms are being put in place.

The HRH Learning Hub established at the Centre for Gender Studies, Bayero University Kano, facilitated the learning visits to W4H states. The Hub will play a key role in ensuring non W4H states have ongoing access to the resources and learning from W4H.

In the final two years of the programme, **W4H also supported the six intervention states to take over funding and operating all activities**, ensuring that progress could be sustained.



“The W4H intervention and support has changed the status of health training and human resources for health in the state and also changed the mindsets of community members regarding female education.”

Sani Galadima, Deputy Director, Ministry for Local Government, Kaduna



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