



Transforming the accreditation status of health training institutions



A well-equipped classroom at Jigawa College of Nursing and Midwifery Birnin

By 2020, all but one of the HTIs across the six Northern states had full accreditation status, new HTIs had opened and the total number of indexed places had more than doubled to 3,915

Since 2013, Women for Health (W4H) interventions have transformed the health training institutions (HTIs) in five Northern Nigerian states – Jigawa, Kano, Katsina, Yobe and Zamfara – and, since 2018, in conflict-affected Borno state too. As well as improvements in physical infrastructure and strengthened management practices, W4H has supported the HTIs to improve the quality of education – through increased tutor numbers, training for tutors and changes in teaching practice. Crucially, the HTIs have also been supported to improve their official accreditation status from the relevant regulatory body – which allows them to increase the number of students ('indexed places') that can be enrolled in each cohort on the courses they offer.

Before W4H began, only one of the HTIs in the six Northern states had full accreditation status – when the W4H programme ended in 2020, all but one of the HTIs had full accreditation status, new HTIs had opened and the total number of indexed places had more than doubled to 3,915. This success story examines the W4H approach to supporting HTIs to improve their accreditation, the challenges faced, the impact achieved and prospects for sustaining and scaling up. Field work was conducted in three states (Jigawa, Katsina, Yobe), and examples are cited below, while accreditation data was collected across all five original W4H intervention states (Borno not included).

The challenge

In the North of Nigeria, there is a chronic shortage of female health workers – and at the same time social norms prescribe that women receive reproductive care from other women. The very low numbers of female frontline health workers, particularly in rural areas, mean that few government health facilities have trained midwives, health workers or female nurses. As a result, the region had some of the poorest maternal and newborn health indicators in sub Saharan Africa.

The UKAid-funded W4H programme was created to try to address this shortage in five Northern States initially. W4H focused on a sustainable approach – recruiting young women already residing in the rural areas for training so that they return to their home community to provide culturally-appropriate health services for girls and women.

In January 2013, W4H conducted a baseline assessment of the HTIs in the five intervention states and found them to be in a progressive cycle of decline. At that time, HTIs faced multiple, linked challenges: a shortage of funding, with no regular, committed funding and no control over their budget or spending; inadequate physical infrastructure, which was typically in poor repair; the quality of education was low, tutor numbers were low, tutors were not well prepared and lacked teaching skills; and graduation rates were low – external exam pass rates were typically around 60%.

These factors combined to mean many HTIs had lost their full accreditation status – effectively limiting the number of students. Overall, the rate that the HTIs were producing newly qualified health workers was low and falling – and with the population in the region growing rapidly this meant the shortage of trained health workers was also growing.

Admission of candidates into HTIs is regulated by the benchmarks set by the regulatory bodies: the Nursing and Midwifery Council of Nigeria (NMCN) for Schools of Nursing and Midwifery, and the Community Health Practitioners Registration Board (CHPRB) for Schools of Health Technology. These bodies define standards that HTIs must meet to qualify for full accreditation status.

The regulatory bodies expect HTIs to have a certain number of qualified staff and meet a tutor to student ratio of 1:10 for Schools of Nursing and Midwifery (as set by the NMCN) and a ratio of five Primary Health Care (PHC) tutors per school for the Community Health Extension Workers (CHEW) and Junior Community Health Extension Workers (JCHEW) programmes as set by the CHPRB.

In addition, the institutions need to provide localised curricula that align with the national curricula but which are contextualised to meet the specific needs of the state. Other criteria include: student outcomes in external examinations; facilities and physical infrastructure must be appropriate to student needs; and effective and inclusive school governance and management must be in place. Satisfaction of these and other yardsticks enables an institution to have full accreditation which enables it to recruit and index 100 nursing and 75 midwifery students. Provisional accreditation status (awarded if some of the criteria are met) means HTIs can recruit of 50 and 30 students respectively. For CHPRB regulated courses, for both provisional and full accreditation 125 indexed places are permitted.

Accreditation issues facing HTIs in 2012

The Katsina College of Nursing and Midwifery had operated on provisional accreditation status since it was established in 1954.

Jigawa HTIs were embroiled in a tussle with the NMCN, which affected their accreditation status and indexed places.

The HTI in Yobe had its accreditation revoked in 2013 – an embargo was placed on admissions and the College instructed to close for five years.

The response

Achieving full accreditation status required the identification and involvement of key stakeholders to liaise between the government, as owners of the HTIs, and the regulatory bodies. W4H identified stakeholders with links to the HTIs and created State Accreditation Committees, which met regularly and submitted progress reports to both the State and the regulatory bodies. Membership of the committees typically included representatives of the Ministries of Health, Women's Affairs, Local Government and Chieftaincy Affairs, National Association of Nigeria Nurses and Midwives, Primary Health Care, Health Services Management Board, immediate communities, and friends of the institution.

W4H also reviewed the regulatory bodies requirements for achieving full accreditation, then conducted multiple assessments of each HTI, to ascertain the problems, gaps and needs – and to identify what state governments needed to do. To fill the gaps, a series of interventions were planned using a “building back better approach” to ensure sustainability.

W4H's support for HTIs included the following interventions:

- ◆ **Increasing tutor numbers, and subject-specific training and testing for tutors**
- ◆ **Upgrading infrastructure and facilities, with appropriate provision for female students**
- ◆ **Introducing Student-Centred Learning, with access to E-Learning resources**
- ◆ **Capacity development to improve management, administration and systems**
- ◆ **Introducing effective planning, budgeting and performance management review cycles**
- ◆ **Establishing effective financial management systems, and Student Information Management Systems (SIMS).**

The results

Improved state-focused curriculum

The curriculum offered by HTIs is a key accreditation criterion used by regulatory bodies. W4H supported the HTIs to review, update and 'domesticate' the national curriculum designed by NMCN/CHPRB to suit their state context and to conform with institutional policies and statutes. HTIs were also supported to develop teaching content and enhance all curricula for their courses.

"Before W4H, there was no unique system even though there is a curriculum – new courses like computer, entrepreneurship, moral ethics, health economics and gender equity were all added with support from W4H."

Aminu Bello Abdullahi, Director, Katsina School of Nursing

"The curriculum is now highly enriched, always reviewed and keeping up with the current realities."

Halima Kalla, Director, School of Midwifery, Malumfashi, Katsina

Increasing tutor numbers

Most of the HTIs were well below the required tutor-to-student ratio. HTIs were supported to develop Tutor Training Plans, where tutors were supported to complete relevant training programmes. As a result of W4H support, all but one of the HTIs were able to meet or exceed the tutor-student ratios required.

Tutor numbers transformed

Jigawa: The College of Nursing and Midwifery, Birnin Kudu had only 17 qualified tutors for both Nursing and Midwifery in 2012, however with W4H support by 2020 they had 57 tutors. This was achieved by supporting tutors to register for their Tutor Training Programme in Lagos and Kaduna States.

Katsina: There were only seven tutors in Nursing and four for Midwifery at the Katsina College of Nursing and Midwifery in 2012. Initially, tutors were recruited on contract from neighbouring states and given rigorous training organised by W4H in collaboration with the State government. By 2020 there were 45 tutors and the 1:10 ratio has been met.

Yobe: The Shehu Sule College of Nursing and Midwifery had only four tutors registered with NMCN in 2012. By 2020 there were 37 tutors between Nursing (22) and Midwifery (15). This has enabled the College to achieve the required ratio and achieve full accreditation.

Improving teaching standards

W4H organised a series capacity building workshops for tutors and clinical instructors to strengthen the quality of teaching. In partnership with the NMCN, W4H also introduced Student-Centred Learning (SCL), a methodology that encourages students to become independent learners.

SCL was rolled out across Nigeria through a cascade training model, where 30 Tutors and Lecturers from each of the six geo-political zones were trained as Master Trainers and in each state six 'Zonal Trainers' were selected for continuous step-down training to other tutors. W4H also introduced E-Learning to the HTIs, with the Master Trainers and tutors also trained on how to break down the curriculum into modules and to develop E-Learning content to complement the SCL.

W4H installed a solar-powered E-Learning classroom with 24 computers in each HTI. Teaching aids like audio visuals, models, charts and projectors were also distributed to HTIs to enhance effective teaching and learning.

W4H support also supported many tutors to register with NMCN for their professional licences – and to undergo the Mandatory Continuous Professional Development Programme (MCPDP). Launched in December 2019 by NMCN, it had previously only been Clinical Nurses and Midwives that were required to take MCPDP.

W4H also introduced Tutor-Twin partnerships, whereby international tutors were paired with 'Twins' in Northern HTIs to learn from each other and share experiences and best practices. Twin Tutors were sponsored to visit each other's locations for hands on experience. W4H also introduced the use of preceptors (hospital nurses and midwives) on health training courses, to enhance the quality of practical training and improve links with clinical placement sites.

Transforming infrastructure

Infrastructure is one of the key criteria for accreditation. When W4H began in 2013, most of the buildings in the HTIs were dilapidated and in disrepair. Often this was the main reason NMCN denied full accreditation status. W4H examined each HTI against accreditation requirements for infrastructure, drew up a strategic plan and got to work.

As well as building and renovating, W4H equipped HTI facilities to satisfy the accreditation criteria: classrooms were furnished, textbooks and stationery were provided, laboratories were supplied with reagents, and stocks of books in college libraries were improved.

W4H also recognised the social and cultural barriers facing women in education in Northern Nigeria: hostels for married women were constructed in all HTIs, though not an NMCN requirement; crèches were constructed for nursing mothers for both staff and students, as required by NMCN; and skills acquisition laboratories were also set up by W4H for FYP students to learn skills related to their programmes, which could also be valuable if they were not able to pass their HTI admission examinations.

Supporting HTI leadership and management

W4H developed training workshops to develop the capacity of HTI leadership to manage and lead the transformation of the HTIs and achieve full accreditation. Provosts, Directors and Principals attended or participated in training on financial management, performance management, annual operational planning, E-Learning and SCL. Governance and administrative structures in HTIs were overhauled to align with best practice and accreditation requirements. W4H also

trained accountants and financial officers to develop their capacity and ensure accountability and transparency.

W4H gave financial support to the HTIs to augment the state government grant, which was often delayed and which didn't cover running costs. By 2018, as W4H entered its extension phase and most HTIs had achieved full accreditation status, state governments had increased their funding and committed to regular payments.

NMCN accreditation assessments review the functioning of five main HTI committees. W4H worked with HTIs to strengthen these committees, through defining Terms of Reference for each of them, and by ensuring committees met regularly and submitted reports to HTI leadership.

“W4H insisted on the functionality of these committees and the staff are happy, they feel involved and the leadership gets feedback.”

Hajara Shettima, Director, School of Midwifery, Birnin Kudu, Jigawa

Upgrading HTIs: construction, renovation, facilities and equipment

In Jigawa, as well as carrying out extensive renovations, W4H built additional capacity in the existing HTIs – including classrooms, offices, common rooms, hostels, staff housing, and creches. At the School of Health Technology Jahun, students were going to Aujara Hospital for their practicals, so W4H built and equipped a N 47 million fully functioning clinic within the school.

In Katsina, accreditation remained provisional for decades due to substandard infrastructure – and W4H renovated and expanded facilities all the HTIs. In Kankia and Daura, Schools of Health Technology, brand new demonstration clinics were built, as well as solar-powered classrooms.

In Yobe, W4H overhauled the School of Nursing, which had been closed by NMCN, building or renovating to NMCN standards the laboratories, demonstration rooms, offices, crèche, and hostels. W4H also built a new School of Midwifery and provided the School of Health Technology, Nguru, with a fully-equipped demonstration clinic, built 10 new classrooms and refurbished 18 existing classrooms. Accommodation for rural midwives was also constructed in seven rural locations to help overcome the challenge of recruiting and retaining qualified health workers, particularly midwives.



Solar Classroom at a School of Midwifery

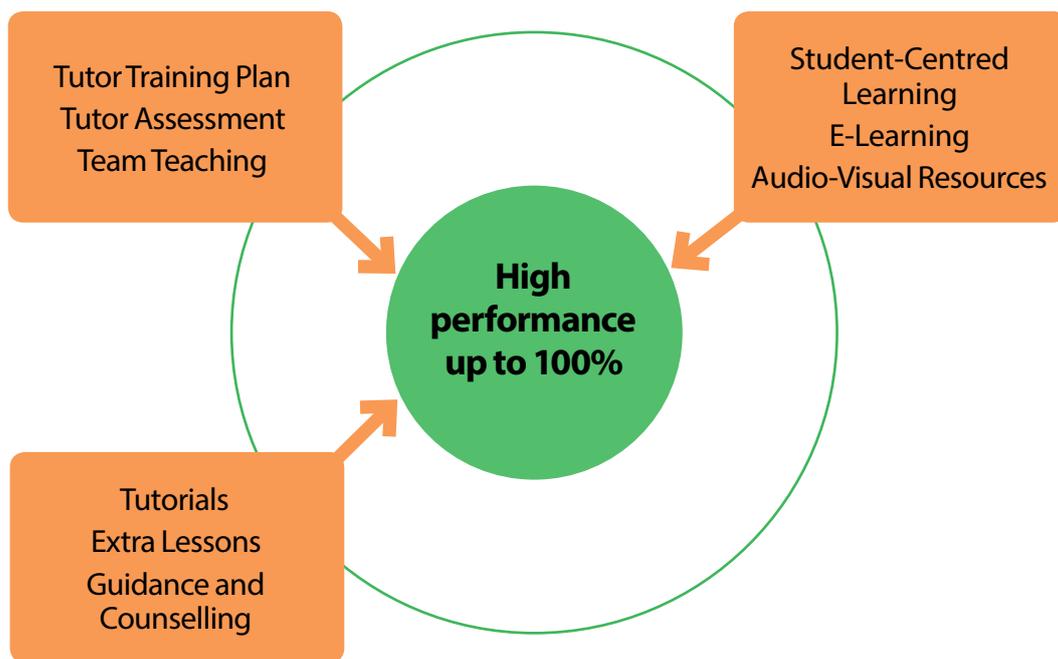


A generic crèche built across all HTIs



Demonstration room at a College of Nursing

Transforming teaching: strategies adopted to achieve high performance



Source: Interview with HTI Management, February 2020

W4H also supported HTIs to streamline admissions policies so that merit was prioritised and limits on student numbers were not exceeded. W4H supported HTIs to install Student Information Management Systems (SIMS), a NMCN accreditation requirement, procuring the software and hardware, and training staff to use the system effectively.

Improving final exam pass rates

A key criteria for HTI accreditation is the assessment and rating of an institution's graduating health workers. When W4H began, final exam pass rates were low (averaging around 60%), and there were a high number of students dropping out from courses – this was affecting accreditation status and reducing the number of indexed places.

W4H adopted various strategies for improving teaching and learning as shown in the diagram above.

“Students were oriented on E-Learning techniques, how to access uploaded content, students are engaged in projects, presentations, group work, peer tutoring, assignments and given additional library hours (extension of closing from 3pm to 9pm). They were given ownership of their own learning.”

Aminu Bello Abdullahi, Director, School of Nursing, Katsina

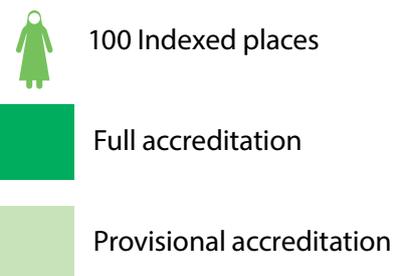
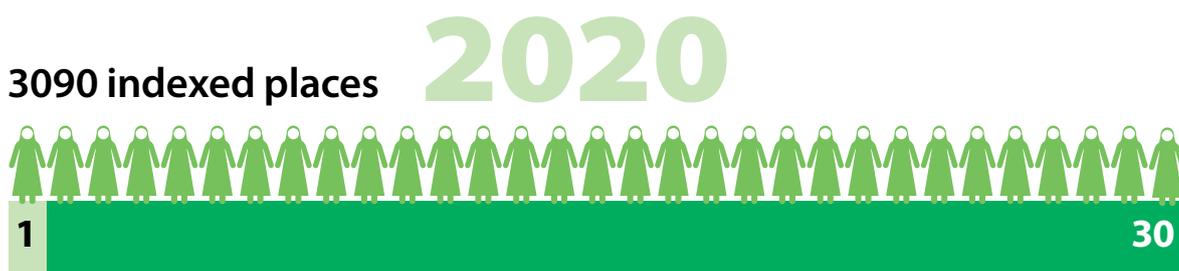
Since W4H began, external exam results across the supported HTIs has improved markedly. For example, at the School of Midwifery, Malumfashi the final exam pass rate was 36% in 2012 and had been below 40% more than once, so they were not allowed to present students the following year. After the support from W4H and implementation of SCL, 100% of candidates passed the final exams two years in a row. Pass rates for Basic Nursing in Yobe and Katsina also reached 100%.

Establishment of new HTIs and new programmes

W4H supported the construction and launch of the School of Midwifery, Damaturu, which achieved full accreditation status within three years. The existing School of Health Technology, Nguru was salvaged and renovated by W4H backed by increased government funding commitment. The new College of Nursing in Hadejia, Jigawa State was also established with support from W4H. W4H supported creation of two new Schools of Midwifery in Kano, in Madobi and Gwarzo, as well as a School of Post-Basic Midwifery in Gezawa and a School of Health Technology in Bebeji.

Total indexed places and course accreditation 2012-2020

Growth in accreditation



Total indexed places and accreditation status of the five W4H phase one states – Jigawa, Kano, Katsina, Yobe and Zamfara.

Transforming HTIs to meet the NMCN reform agenda

In line with the NMCN reform agenda, some HTIs have expanded their programmes. Katsina College of Nursing and Shehu Sule College of Nursing and Midwifery have been accredited by the National Board of Technical Education (NBTE) to offer National Diploma (ND) and Higher National Diploma (HND) qualifications in Nursing, Public Health and Post Basic Midwifery, Nursing Sciences. Yobe is already being supported by W4H to be able to offer the NBTE programmes.

“The Diploma is affiliated to Yobe State University and University of Maiduguri, subsequently it can develop to become a Degree programme.”

Mariya Ismail, W4H, Yobe State Programme Officer

Impact on accreditation status

During the W4H programme, the accreditation status of the HTIs in the five Northern states has been transformed. In 2012, only one of the 16 HTI programmes of study had full accreditation status, a further eight had provisional status, and seven were denied accreditation. The only programme with full accreditation was the School of Nursing Kano, however the indexed places were set at 50 not 100 due to inadequate facilities and dilapidated infrastructure. The School of Nursing and Midwifery, Katsina was one of those with provisional status which it had had since it was established in 1954 – it was permitted only 50 indexed places, and then lost its accreditation in 2008. By 2020, the number of HTIs had grown to 22, of which all but one had full accreditation status.

Impact on indexed places

In total, across all the programme in all five states there were only 1,198 indexed places in 2012 – and given the low final exam pass rates, a significantly fewer number of graduating health workers. By 2015, W4H interventions had increased the number of indexed places to 1,408. By 2020, with new HTIs open and accredited, the number of indexed places had risen to 3,090 - an increase of 258% compared to the baseline in 2012.

With W4H support an additional 1,892 indexed places have been created in the five states due to existing programmes achieving full accreditation with increased number of indexed places – and through the addition of six new HTIs and six new programmes of study. The number of indexed places will rise again when Yobe and Katsina begin running a two-stream admission, with students admitted in March and September.

Policy changes and future plans

Increasing indexed places is key to addressing the critical shortage of female health workers. However, full accreditation for Nursing courses permits 100 students and Midwifery courses just 75. With a rapidly growing population in Nigeria, these limits need to be reviewed.

Before the programme ended, W4H advocated for an increase in indexed places beyond 100 for programmes with full accreditation. At the time of writing, NMCN has remained firm about sticking with the current levels arguing that increasing indexed places will reduce quality. The Provosts and Principals interviewed for this success story argue that – given the extent of W4H’s support for HTIs – the quality of teaching will not be compromised and will improve thanks to better infrastructure, higher tutor numbers, improved teaching practice using SCL and E-Learning and other changes. NMCN shifted ground by approving the two streams of admission of 160 to 200 students depending on the capacity of the institution.

“The capping policy was originally instituted to reduce the unemployment of nurses, because there were too many nurses that were not employed by the government, in addition, mechanisms have not been put in place to forestall non-engagement of graduates as found in Kano and Katsina.”

Abdul S, Former Provost, CONM, Birnin Kudu

Commitments from state governments are needed to scale-up and maintain the momentum of change led since 2012 by W4H – including by encouraging and subsidising the establishment of private HTIs to augment the publicly-owned ones. There remains an acute shortage of qualified health workers in the Northern states, and ensuring more access for female students is an important part of addressing that shortage.

Key messages

The HTIs in states supported by W4H were in a cycle of progressive decline when the programme began in 2012. Shortage of funding, inadequate physical infrastructure, and low tutor numbers all contributed to accreditation issues, low student numbers and low graduation rates.

The issue of accreditation status is at the heart of the W4H's efforts to increase the number of qualified health workers – in particular female professionals who can attend to women in rural communities. The accreditation status of an institution determines the number of students that can be enrolled in programmes of study – it is decided through assessment by the regulatory body. All HTIs needed full accreditation status to maximise their potential to produce qualified professionals.

Upgrading the accreditation status of HTIs required sustained and wide-ranging support to the HTIs: physical infrastructure was upgraded and new facilities built as needed; tutor numbers were boosted, all tutors were given additional training and new teaching methods were introduced; leadership and administration were supported to introduce better processes and systems; and governance was improved. W4H engaged with regulatory bodies, and HTIs were supported through accreditation assessments.

The accreditation status of HTIs in the five states has been transformed since 2012. Only one programme of study had full accreditation in 2012 – and through W4H interventions by 2020 a total of 21 HTIs had full accreditation and just one had provisional status.

The number of indexed places has risen from 1,198 in 2012 to 3,090 in 2020 – an increase of 258%. The increase in places was achieved through improving accreditation status – which allows for higher student enrolment – and through the opening of new HTIs and new programmes of study.

Graduation rates in all the HTIs has improved significantly since W4H began – typically pass rates were around 60%, though much lower for some institutions. By 2020, pass rates were around 90% or higher in most institutions. Higher indexed places and better graduation rates mean more qualified health workers entering service.



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For further information contact: HRH Learning Hub, Centre for Gender Studies, Bayero University Kano

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