



INCREASING VALUE FOR MONEY THROUGH ADVOCACY

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Advocacy plays a crucial role in not only achieving target objectives but also increasing overall impact and value for money of Women for Health.

Background

A 2013 Root Cause Analysis¹ on the low supply of Health Workers in five Northern Nigerian states showed that transformational investments in Human Resources for Health were required urgently. The analysis reported that in order to meet the WHO minimum ratio for nurses and midwives by 2030, the five states must greatly increase their nurse and midwife enrolment by huge factors (see Table 1).

The analysis determined that **without these massive investments, millions of Nigerians living in these states will not have access to basic health services.** The same study made six recommendations, four of which placed emphasis on increased production and are listed below:

- a. Scale-up training and recruitment of community midwives.
- b. Provide adequate funding for State Ministries of Health (SMoH) to expand pre-service training capacity and increase production of health workers to meet demand for health services in northern Nigeria.
- c. Direct government investments to increase the production of skilled birth attendants (physicians, nurses, and midwives) to expand access to essential maternal health services.
- d. Increase the number of enrolled students at HTIs, given current resources, by aligning tutor-to-student ratios with standards used in other countries.

Table 1. Necessary factor increase in nurse and midwife enrolment to meet WHO minimum ratio by 2030

State	Factor
Jigawa	20.6x
Kano	19.4x
Katsina,	26.5x
Yobe	14.7x
Zamfara	17.6x

¹ Root Cause Analysis Report; PRRINN-MNCH, Oct 2013

State	Name of School	Type of programme	Regulatory body	Accreditation status and No of indexed places approved					
				2013 (W4H inception)		2014		2015	
				Accreditation status	Indexed places approved	Accreditation status	Indexed places approved	Accreditation status	Indexed places approved
Jigawa	SOM Birnin Kudu	Basic Midwifery	NMC	None	0	Provisional	30	Provisional	30
	SON Birnin Kudu	Basic Nursing	NMC	Provisional	50	Full	100	Full	100
	SOHT Jahun	CHEW	CHPRB	Provisional	50	Provisional	50	Full	50
		JCHEW	CHPRB	Provisional	75	Provisional	75	Full	75
Katsina	SOM Malumfashi	Basic Midwifery	NMC	Denied	0	Provisional	50	Provisional	50
		Community Midwifery	NMC	Denied	0	Provisional	50	Provisional	30
	SON Katsina	Basic Nursing	NMC	Denied	0	Provisional	50	Provisional	50
	SOHT Daura	CHEW	CHPRB	Provisional	50	Full	50	Full	50
		JCHEW	CHPRB	Provisional	75	Full	75	Full	75
	SOHT Kankia	CHEW	CHPRB	Provisional	50	Full	50	Full	50
		JCHEW	CHPRB	Provisional	75	Full	75	Full	75
Kano	SON Kano	Basic Nursing	NMC	Full	50	Full	100	Full	100
	SOM Kano	Basic Midwifery	NMC	Provisional	50	Provisional	50	Provisional	50
	SOM Dambatta	Basic Midwifery	NMC	Provisional	40	Provisional	40	Provisional	40
	SON Madobi	Basic Nursing	NMC					Provisional	40
	SOM Gezawa	Post Basic Midwifery	NMC					Provisional	30
	SHT Babeji	CHEW	NMC					Provisional	50
		JCHEW	NMC					Provisional	75
	SOHT Kano	CHEW	CHPRB	Provisional	50	Denied	0	Full	50

State	Name of School	Type of programme	Regulatory body	Accreditation status and No of indexed places approved					
				2013 (W4H inception)		2014		2015	
				Accreditation status	Indexed places approved	Accreditation status	Indexed places approved	Accreditation status	Indexed places approved
		JCHEW	CHPRB	Provisional	75	Denied	0	Full	75
Yobe	Dr Shehu Sule SON&M Damaturu	Basic Nursing	NMC	Provisional	50	Provisional	125	Provisional	50
		Basic Midwifery	NMC	None	0	Provisional	40	Provisional	40
	SOHT, Nguru	CHEW	CHPRB	Provisional	50	Provisional	50	Denied	50
		JCHEW	CHPRB	Provisional	75	Provisional	75	Denied	75
Zamfara	SOM Gusau	Basic Midwifery	NMC	Denied	0	Provisional	50	Provisional	50
		Community Midwifery	NMC	Denied	0	Provisional	28		28
	SON Gusau	Basic Nursing	NMC	Denied	0	Provisional	50	Provisional	50
	SOHT Tsafe	CHEW	CHPRB	Denied	0	Provisional	50	Full	50
		JCHEW	CHPRB	Denied	0	Provisional	75	Full	75
Total					943		1338		1613

With the small number of Health Training Institutions (HTIs) in the five states relative to need, bridging the above gaps will remain impossible. The low quota of trainees allotted to each training institution (Table 2 illustrates the **Additional Index Places due to New Health Training Institutions**) further reduces the possibility of ever bridging the gaps even in the long run. The states must therefore come up with ground-breaking measures to increase supply. One such measure is to increase the number of HTIs. The idea of increasing the number of training institutions arose when W4H engaged with the Nursing and Midwifery council (NMC) and discussed the difficulty of securing accreditation for the existing Training Institutions. The initiative was not part of the original mandate of W4H but had become a necessity for bridging the gap in supply through increased production of health workers – particularly community midwives whose training duration is only 18 months instead of the regular 3-year Midwifery training²³.

The Challenge

The Root Cause Analysis Report, referred to earlier, envisaged that each state Government would have to increase the supply of Health workers by more than 19-fold for Kano, a factor of more than 26-fold for Katsina and about 15-fold for Yobe based on the 2013 Health Workforce strength in each state. There are many challenges against meeting these needs:

- Priority of government and scarcity of funds make this an impossible proposition. Even if the governments were to prioritize the provision of health workers, difficulty in supplying teachers for training institutions and scaling the hurdles of accreditation will likely remain big challenges.
- Insurgency in especially the Northern parts of Nigeria has also meant that trainers from other parts of Nigeria (and outside the country) are more reluctant to relocate to the North to become trainers in the schools.
- Getting learners with the required qualification to enrol in the schools is a big challenge. To enter into the Basic Nursing or Midwifery Course, a candidate requires five credits in English, Mathematics, Biology, Physics and Chemistry in not more than two sittings in either WAEC or NECO.⁴ On the other hand, Community Midwifery requires less stringent requirements. Candidates for Community Midwifery require five passes (or is it credits) including Biology (or Health Science) and English Language at not more than two sittings.⁵

In this very challenging context, innovative ways have to be found to increase production of health workers. Increasing the number of Health Training Institutions is not only a logical option but one that gives value for money. With the backing of the NMC and political will on the part of state government, increasing HTIs is a quick win in the quest to increase the production of health workers in the Northern part of Nigeria.

²<http://naijanurses.com/history.php>

³http://www.sonamgusau.edu.ng/community_entry.php

⁴http://www.sonamgusau.edu.ng/midwifery_entry.php

⁵http://www.sonamgusau.edu.ng/community_entry.php

Impact on MNCH

Each additional Training Institution has the potential of injecting at least 50 additional staff into the health workforce of the state annually. This means additional 50 health workers in Yobe state, 150 more health workers in Kano state and an additional 50 community midwives in Katsina state about 18 months after commencement of the programme. Theoretically, this should lead to increase in health service uptake, increased ANC attendance, improved behaviour as well as improvement in effective and timely referrals. It should lead to proportional decrease in the number of new-born and maternal deaths particularly in rural areas if the health workers are allocated efficiently.

The Response

In Kano state, at the beginning of the W4H programme, there were four Health Training Institutions namely: School of Nursing, Kano; School of Midwifery, Kano; School of Health Technology, Kano and School of Midwifery, Dambatta. After meeting with NMC and discovering that production of health workers through the existing HTIs will remain slow in producing the number of Health workers required to bridge the gap, the Women for Health (W4H) programme had to consider the option of establishing new institutions seriously.

In 2014, advocacy to the state government led to the establishment of three new HTIs in Kano state namely: School of Health Technology, Bebeji; School of Nursing, Madobi;⁶ and School of Post Basic Midwifery, Gezewa. As well as from this initiative, advocacy and direct programmatic intervention enabled other breakthroughs in Kano state. These include:

- Establishing a relationship between the State and NMC.
- Facilitation of the meeting between the State delegation and the NMC that prompted accreditation visit and issuance of provisional accreditation to School of Nursing, Madobi and full accreditation to School of Health Technology, Bebeji.
- Provision of technical support to the schools to Improve quality of teaching, management strengthening, increased number of registered tutors and improvement in the capacity of tutors.
- Supporting the schools to have an enabling learning environment for the students by:
 - Installation of internet and payment of two years subscription to each school
 - Supplying 20 desktop computers to each school
 - Supporting the development of annual operational plans for achieving accreditation
 - Supporting the development of tutor training plan.



Figure 1: School of Nursing in Madobi



Figure 2: Students at the commissioning ceremony in Madobi

⁶ <http://nigerianuniversitynews.com/2012/08/work-begins-at-the-kano-state-college-of-nursing-and-midwifery-madobi.html>

In 2012, when W4H mobilised in Katsina State, there were four HTIs: School of Nursing in Katsina, School of Midwifery in Malumfashi as well as Schools of Health Technology in Kankia and Daura. Now, as a result of high-level advocacy to, and collaboration with, the Government of Katsina State, a Community Midwifery School has been established in Katsina town⁷. The first set of students, expected to begin in March, 2015, were delayed until July, 2015 due to challenges associated with the national elections. So far, forty students began in July and W4H intends to support the state to request for increased indexed places to another set of 64 students (2 per Local Government Area) in September, 2016. Teachers for these sets of Community Midwifery students are currently drawn from the School of Midwifery. In addition to the School of Community Midwifery, another school of Midwifery is being proposed, to be established in Mani, close to Katsina and the Turai Yar'Adua School of Midwifery in Katsina, is expected to take 50 students annually. The Federal Medical Centre received approval from the NMC to establish a School of Midwifery which will admit 30 students initially. The Centre has tutors in place ready to train the students. These emerging opportunities are being pursued in order to increase the number of skilled birth attendants in Katsina state.

In Yobe state, there were two Health Training Institutions when W4H began in 2012. These include the School of Nursing and the School of Health Technology, both in Damaturu. Indeed, Yobe State was the only state that did not have a School of Midwifery at the inception of W4H. W4H advocated to and collaborated with the state government to establish the School of Midwifery in Damaturu and committed resources to the establishment of the new school. The state government was so pleased with the collaboration with W4H that it committed to investing in the following:



Figure 3: A set of classrooms built for CMin Katsina

- Taking over of the first batch of 20 Midwives Recruitment and Retention Scheme midwives;
- Payment of 30% of feeding of W4H Foundation Year Programme (FYP) students;
- Payment of candidates' The West African Examinations Council and The National Examination Council fees for the 2014 examinations;
- Allowing the newly established school to use existing college teachers as tutors in the new school;
- Provision of 10 rooms as female student's hostel and three classrooms; and
- Allowing the newly established school to use the college (of Nursing) library

Due to the elections, training could not start in March, but has now commenced in the School of Midwifery.

⁷http://resources.healthpartners-int.co.uk/wp-content/uploads/2015/09/Support-to-Health-Training-Institutes_W4H_Jul2015.pdf

The Results

Intense high-level advocacy in three W4H states since the inception of the programme in November, 2012 has resulted in significant progress and increased impact of the programme. Five schools have been established in the three states – three in Kano, one in each of Katsina and Yobe. Taken in totality, this effort will increase the production of health workers in the three states by more than 200 per year by the time the schools start graduating students from 2017 onwards. If the graduating health workers are all absorbed by government into the civil service and allocated efficiently, particularly to the rural areas, there should be a proportional increase in the uptake of services by women and decrease of mothers and newborns dying as a result of non-availability of health workers. These assumptions, of course, also depend on efforts of government to fulfil all conditions to encourage health workers (particularly midwives) to be retained in their rural postings.



Figure 4: Governor Geidam inspecting some health infrastructure construction in Damaturu

Table 3: Additional Quota by State		
State	New HTIs	Additional Quota
Kano	School of Nursing, Madobi	40
	School of Midwifery, Gezawa	30
	School of Health Technology, Bebeji	125
Katsina	Community Midwifery	30 (64)
Yobe	School of Midwifery, Damaturu	50

W4H advocacy and collaboration has also strengthened the relationship between the programme and the five state governments. It is therefore highly likely that advocacy on other related issues will also lead to favorable results.

Another great result of this collaboration is the agreement reached with Local Government Service Commission (LGSC) in Katsina state to employ the students in the new school and support them

throughout their study. Community sponsorship is granted for the students. This is part of the conditions set by the NMC for giving approval to start the Community Midwifery School. To sustain this intervention, W4H will follow up with the LGSC and individual Local Government Areas on commitments made. This will include the payment of monthly allowances to students till the end of the programme and automatic employment after completion of the Community Midwifery Course. The government and W4H have also secured the approval of parents and district/village heads to sign bond forms for each of the students.

Increasing Value for Money

One of the major bottlenecks to rapid production of nurses and midwives in the North is the difficulty of indexing all eligible candidates in the few HTIs available. One alternative has been to send the students abroad to be trained and get employed in the Health Facilities on their return. This alternative is very expensive and is not sustainable. W4H has found building more HTIs is a more efficient, economical and sustainable option, particularly if well managed.

Additional tutors are also needed and part of the approach advocated by W4H is to send tutors to other countries to be trained and thus improve the tutor/student ratio. Kano has sent 50 teachers to Egypt to acquire more training so that they can join the teaching workforce on their return.

The increased value for money of the W4H approach includes:

- The establishment of additional schools by the state governments, supported by W4H with no additional funding from DFID. This is made possible because of the savings made by negotiating with the government to take over the cost of some programme activities that were budgeted for, such as salary of FYP tutors, payment of FYP national examination and training of tutors.
- A rapid increase of the number of students who can be indexed by the Nursing and Midwifery Council. It is far more expensive to send students abroad for training than to train them locally.
- Improving the quality of the teaching workforce by sending some teachers for courses abroad/and elsewhere in Nigeria. Such teachers will take pensionable appointments on their return. This is far cheaper than bringing in expatriate tutors on contract.
- Local community acceptance around sending the students abroad for prolonged courses (some of the students are married).
- Long-term economic gain in enabling the availability of skilled health workers in rural communities. Computation of such gains is beyond the scope of this brief.

The Value of Advocacy

The value of consistent advocacy efforts has been critical in achieving the increased value for money of the Women for Health programme. Some examples of W4H advocacy efforts are illustrated below.

- a. Insecurity in Yobe state particularly has meant that recruitment of tutors will continue to be a big challenge. A tutor-training plan has been developed for Yobe state with support from W4H. Advocacy to the state government to send midwives from the state to receive training from outside the states and return to teach is in progress.
- b. Katsina state has given approval for the employment of tutors whenever and wherever tutors are available. Engagement with key stakeholders has reached an advanced stage on how to increase the number of tutors. The newly elected government in Katsina state is committed to mass production of tutors, including sending them for international studies outside the country. W4H advocated to the Kano state government to send 50 Nurses/Midwives to Egypt to study BSc Nursing Education in order to employ them as tutors in the state.
- c. Inadequate funds: Nigeria is currently undergoing an economic downturn due to the drop in oil prices on the global market. This is in addition to corruption and lack of transparency in the handling of public funds. State teams have commenced advocacy efforts around budget tracking to ensure that the money that is budgeted for the new schools is transparently and efficiently expended.
- d. Advocacy to politicians is always challenging. Securing audience to present issues to them, however important, is difficult because they are not available most of the time. The Katsina team involved various parties (State Ministry of Health, State Ministry of Women Affairs, State Ministry of Local Government and Community Affairs) to mitigate the challenge of getting the attention of

politicians. Politicians were targeted at different occasions such as religious festivities and other fora. Issues were integrated into manifestos and political radio discussions during electioneering campaigns. The Katsina team also took advantage of opportunities to follow up with elected politicians to make them commit themselves to the cause. In Kano, W4H team engaged with State Ministry of Health and existing training institutions who support the process. Kano state team took advantage of the commissioning of the School of Nursing in Madobi to advocate for the establishment of Community Midwifery Programme (CMP) in the state. In Yobe state, the W4H team collaborated with HTIs management team to carry out advocacy. At times, the state W4H team received support from the W4H National office to meet with state functionaries particularly the Commissioner for Health.

- e. Some of the married students do not have the support of their spouses in staying away from home for too long. W4H proactively seeks family and community support through community level advocacy to mitigate this challenge.
- f. Governments may include initiatives in their plan, but lack the political will to implement them. For instance, in Katsina state, the government had planned for accreditation of HTIs in the 2012/13 budget, but this was not implemented until W4H advocacy influenced them to activate the plan. When it appeared that the government further delaying implementation, W4H paid for the resource verification of the HTIs (by the Nursing and Midwifery Council) and a mock accreditation by the state chapter of the Council. In Kano, the state government planned to establish more training institutions but was delaying, until the W4H state catalysed the process by giving support for accreditation.

The increased number of Health Training Institutions in Kano, Katsina and Yobe states is a significant breakthrough. It will ensure that the students graduating from the FYP will have ample opportunities to pursue their health training careers in their states, not too far from their families which helps to ensure local community support for their training.

Tag words: advocacy, health infrastructure, value for money, health workers, access to education

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www.women4healthnigeria.org