

Women for Health in Borno: Building Back Better

*Addressing the shortage of female health
workers in Northern Nigeria*





Acronyms

CN&M	College of Nursing and Midwifery Maiduguri
CHT	College of Health Technology Maiduguri
FCDO	Foreign Commonwealth and Development Office, incorporating DFID
FYP	Foundation Year Programme
HTIs	Health Training Institutions
IDP	Internally Displaced People
IGR	Internally Generated Revenue
LGA	Local Government Area
MRRS	Midwife Recruitment and Retention Scheme
MHPSS	Mental Health and Psychosocial Support
NMCN	Nursing and Midwifery Council of Nigeria
PHC	Primary Health Centre
PMF	Performance Management Framework
SCL	Student Centered Learning
SFYPWG	State Foundation Year Programme Working Group
SIMS	Student Information Management Systems
SMoH	State Ministry of Health
SUG	Student Union Government
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
WHO	World Health Organization
W4H	Women for Health

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Women for Health: The Journey in Borno

In 2018, the Women for Health (W4H) programme began supporting Borno state in the North East of Nigeria with the aim of increasing the number of qualified female health workers, in particular for underserved rural areas. Since 2012, W4H had worked in five neighbouring states – Jigawa, Kano, Katsina, Yobe and Zamfara – and had developed a successful model that was taken over by the governments in those states.

The humanitarian crisis in Borno meant W4H had to adapt its approach – and move fast, as the programme had a short timeframe to work within

Borno state has been the epicentre of an armed conflict for more than a decade – with rural communities experiencing the worst of the violence. An estimated 35,000 people have been killed and hundreds of thousands of people have fled their communities and are living in Internally Displaced Peoples (IDP) camps and informal settlements. The humanitarian crisis had put the state’s already underfunded and fragile health system under even more strain.

For two and a half years until September 2020, W4H worked to support the Borno government to improve the education of health workers – and increase the numbers of qualified staff deployed to rural areas. W4H built on its proven model for increasing the production capacity of the health training institutions (HTIs), which included establishing a Foundation Year Programme (FYP) to support young women from rural communities to pass qualifying exams to enter professional health training courses.

The humanitarian crisis in Borno meant W4H had to adapt its approach – and move fast, as the programme had a short timeframe to work within. This document captures the programme’s experience in Borno, detailing activities and achievements, capturing the challenges faced and lessons learned, and highlighting the actions still needed to sustain the change led by W4H – and to scale it up.

W4H’s principal achievements in Borno were:

- Establishing an FYP at the College of Nursing and Midwifery, Maiduguri. Two cohorts of 120 FYP students were recruited before W4H ended, with the first cohort moving on to professional health worker courses in 2019.
- Providing trauma support and counselling to FYP students, introducing a humanitarian curriculum relevant to the situation in Borno to prepare them to help their communities.
- Building a network of women community leaders in the IDP camps to support the recruitment of candidates for the FYP.
- Expanding the FYP student role to include community outreach for health messaging, trauma awareness and Covid-19 infection prevention guidance.
- Transformation of Borno’s two HTIs allowing them to achieve full accreditation status and improved final exam pass rates. Total capacity of the HTIs more than doubled to 825 by September 2020.
- Approval to launch new programmes of study – the 18-month community midwifery and community nursing courses – with 200 places per year.
- The recruitment and deployment of 50 midwives and nurses for rural areas, with the Borno government taking over funding of these roles in 2020 with incentives to promote retention.

- Passing and assent of an FYP law in September 2020, which W4H advocated for and supported. The law commits Borno's government to sustaining the FYP and to funding the HTIs, which now have an official budget line and a voice in budget negotiations.
- Human resources for health (HRH) and health training and education are now priorities for the Borno government.
- The State Ministry of Health (SMoH) has a dedicated HRH desk for the first time and was supported to develop a five-year strategic plan for HRH, which features plans to open two new HTIs.
- The Borno government lifted its civil service recruitment embargo and the Governor approved the recruitment of 355 nurses and midwives.

During two and a half years working in Borno, W4H has built enduring partnerships and structures within the state, has transformed health education, and laid the foundation for sustainable change.



Even before the conflict, the health sector in Borno was neglected and underfunded, with weak planning and poor implementation of service delivery

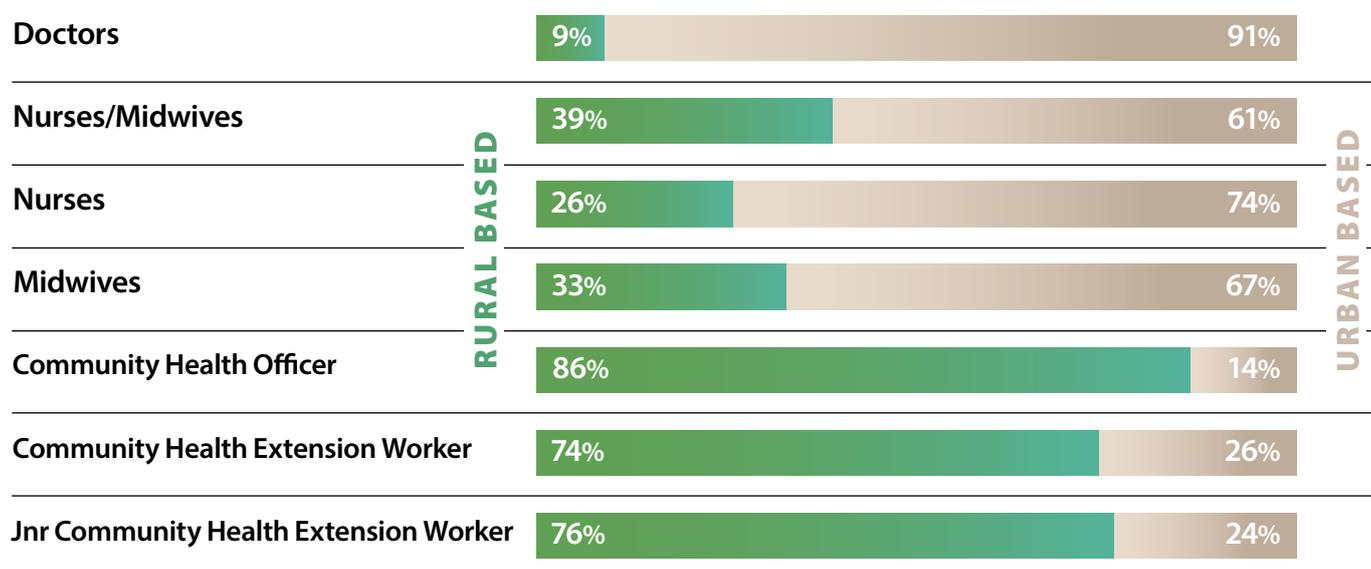
Conflict and the humanitarian crisis in Borno

Borno faces a severe shortage of qualified health workers. In 2018 the state had just two doctors per ten thousand people

For more than a decade, Borno has been the epicentre of a conflict between Boko Haram and other armed opposition groups, government security forces and community militia groups. The conflict has had a major impact across the whole state and not just in the areas affected by the conflict. Borno has 163 Internally Displaced Peoples (IDP) camps, which together are home to an estimated 731,240 people, as well as a large number of informal settlements. It is estimated that more than 1.7 million people are internally displaced in the Northeastern states of Borno, Adamawa and Yobe, with 78% living in Borno.

Borno's health sector was typical of Northern Nigeria before the conflict began – neglected and underfunded by the state government, with weak planning and poor implementation of service delivery. The decade-long conflict has made the situation much worse – an estimated 45% of health facilities in Borno have been damaged and a third have been completely destroyed. With its population growing at some 3.4%, Borno faces a severe shortage of qualified health workers – above all in rural areas. In 2018, when W4H began supporting Borno, the state had just two doctors per ten thousand people, compared with the national average of 40 – and just 10 nurses and midwives for the same population compared to the Nigerian average of 161.

Fig. 1 Distribution of the Borno workforce between rural and urban settings



The Nigerian Demographic and Health Survey (NDHS, 2018) reported that 37.6% of women in Borno do not attend an Antenatal Clinic (ANC) and only 50.7% of pregnant women were receiving ANC from a skilled service provider. According to the Multiple Indicator Cluster Survey (2016-17) the maternal mortality ratio is 1,600 per 100,000 live births, neonatal mortality rate is 26 per 1,000 live births and under-five mortality rate is 82 per 1,000 live births.

For a population of 5.9 million, Borno had just 788 skilled health workers but will require 26,000 to deliver on the Sustainable Development Goals

W4H launched a midwife recruitment and retention scheme which the Borno government took over after the first year



Some 73.8% of women in Borno aged 15-49 years who gave birth in the five years preceding the survey had their babies at home. This is mainly because of the lack of female health workers to attend to deliveries. The availability of qualified health workers in rural areas is particularly acute in Borno – 91% percent of doctors, 74% of nurses and 67% of midwives in the state were serving urban areas , while 70% of the population live in rural areas.



The education of health workers in Borno was also weak. Before W4H started operations in Borno, the state's two HTIs in Maiduguri – the College of Nursing and Midwifery (CN&M) and the College of Health Technology (CHT) – only had provisional accreditation for their courses, which limited the number of students they could enrol in every cohort. The total maximum capacity of the two colleges, for their eight programmes of study, was just 330 graduates per year – assuming all students passed their final exams. In 2018, W4H estimated that Borno had just 788 skilled health workers for a population of 5,860,200 (projected from 2006 census) – and required a total of 26,078 to be able to deliver on the Sustainable Development Goals and provide universal health coverage (UHC).

As it had done in the five phase one states, W4H planned to establish an FYP in Borno to support young women to qualify for entry onto professional health courses offered by HTIs. However, the level of girls' education in Borno made this particularly difficult. According to the Borno State Education Sector Plan, just 18% of girls reached junior secondary school and 20% reached senior secondary school – with the proportions lower still for rural girls. It was going to be very challenging for W4H to recruit rural girls to take science-based courses that would prepare them for careers in health.

Adapting our approach

In the five states supported by W4H since 2012 we were able to adapt our strategy to suit the local context. The challenging situation in Borno made it clear that much greater adaptation of the W4H model was going to be needed. The main adaptations were:

Recruiting FYP

The process of recruiting young women from rural communities for the FYP was going to be difficult as these were the areas worst affected by the conflict. Many communities had been abandoned and the populations displaced to other communities or to IDP camps. The task of persuading communities (or community groups based in IDP camps) to allow young women to study as health workers was more challenging in this context, despite the acute need for health workers, and there was more resistance to FYP recruits staying away during their studies. The low level of girls' education meant there was a shortage of potential candidates. W4H had to adapt the recruitment process and enlist a greater degree of community support in finding candidates. W4H recruited women community leaders to help identify suitable candidates.



“My brother was killed in front of me and this makes me cry any time I remember the incident. With the trauma management training, I have largely overcome this. I even used the techniques to train a friend who lost her father and some of my friends who also lost their relations.”

FYP student

Community engagement and health promotion

The magnitude of the humanitarian crisis in Borno and the reality that many FYP recruits would come from IDPs, led to the FYP role being adapted to include an element of community service alongside studies to reach the required standard for entry into HTIs. FYP students in Borno are required to participate in health promotion activities in their own communities working alongside the women community leaders – covering hygiene promotion and basic health education, as well as trauma awareness counselling and support, and (from March 2020) Covid-19 prevention health messaging.

Trauma and safeguarding

The high incidence of trauma among the population of Borno, particularly for those from rural areas, as a result of direct experience of the violence, led W4H to develop a programme of trauma counselling and support for the FYP, and to introduce a humanitarian curriculum appropriate to the situation in Borno. W4H trained the women community leaders and conducted trauma awareness sessions in IDP camps and communities – the FYP supported this work as part of their community outreach. In addition, the insecure conditions in Borno led W4H to develop a safeguarding approach and guidelines for HTIs and other settings – measures that we also shared with the five original states supported by W4H.

Increasing the number of midwives and nurses

The need for qualified health workers was urgent, and the resources of the Borno government and other health partners were already overstretched. With the government unable to afford to employ qualified health workers, the graduates that Borno did produce were often recruited by neighbouring states and NGOs. In partnership with the government, W4H launched a midwife recruitment and retention scheme (MRRS), with W4H covering the salaries and incentives for a period of one year, after which the government would take over. W4H successfully recruited 50 midwives and deployed them to rural primary healthcare facilities (PHCs), with the Borno government taking over the scheme in 2020 as agreed. In addition, W4H supported the creation of 18-month community midwifery and nursing study programmes at the CN&M, with 200 places per year group agreed with the Nursing and Midwifery Council of Nigeria (NMCN).

Establishing a Foundation Year Programme

W4H supported secondment of 15 science teachers to teach FYP students and recruited a FYP coordinator - as well as funding allowances for students and fees for their professional training.

As it had in the five phase one states, W4H established an FYP to support young women from rural communities who had graduated from secondary school to reach the standard required for entry into an HTI. Candidates who had subject gaps in their secondary school exams would enter the 'bridging' element of the FYP as a first step, while those with the required five credits in science subjects would enter directly into the 'preparatory' programme for coaching to pass HTI entrance exams.

Preliminary activities towards implementation of the FYP in Borno commenced in 2017, including a series of high-level stakeholder consultations with the Ministry of Health, the HTIs and other key state actors. In 2018, a multi-stakeholder working group was set up to guide the FYP recruitment process, called the State FYP Working Group (SFYPWG). The SFYPWG was made up of representatives of the SMOH, communities and others and was established to advocate for the FYP and to define entry criteria for the programme.

The committee agreed that to be eligible for the FYP, candidates must:

- come from one of 19 targeted Local Government Areas (LGAs) that have few skilled health workers and/or have been devastated by the conflict;
- have five credits in core science subjects including mathematics and English language;
- be willing to serve their communities for two years after successful completion of professional training; and
- either be from the targeted communities or from a low-income family.

Recruiting students

Candidates were identified with the help of women leaders in the target communities and IDPs. Following the selection process, the first cohort of 120 students started the FYP in September 2018. A second cohort were admitted in three separate batches during 2019. The first two batches entered the preparatory programme, while the third batch entered the bridging programme. This approach was used because it was extremely difficult to identify candidates with five credits from the targeted LGAs, especially the Mobbar and Guzamala areas in Northern Borno.

The CN&M was chosen to host the FYP, and W4H supported the college to prepare for the first cohort. W4H renovated classrooms and an accommodation block at the college's former site, adding kitchens for the students and a crèche for those students with babies. Despite the improved facilities, some 10% of students were not allowed to live on the campus by parents.

W4H supported secondment of 15 science teachers to teach FYP students, recruited an FYP coordinator and provided the required textbooks. In setting up the FYP, W4H agreed to fund allowances for the FYP students, pay secondary school exam fees, as well as the fees for registration and tuition fees once they had qualified for professional HTI courses.

"I had lost hope after staying many years in the village, I never believed I would study to become a health worker. FYP has now given us confidence to write and speak publicly, I wish my father was alive to see what W4H has done for his family."

FYP student

Building for sustainability

Borno's SFYPWG is headed by the Permanent Secretary of the SMOH and served as the focal body as W4H FYP activities were transitioned to the state government and relevant ministries. The state government committed to take over funding the FYP once W4H ended – and an FYP law was passed on 1st September 2020, that officially creates an FYP budget line and a mechanism for release of funds.

By the time the programme ended in September 2020, a total of 239 young rural women and girls in two cohorts had been recruited into the FYP and of these 153 had successfully entered professional studies at an HTI, with another 17 still in the FYP bridging programme.

Community sponsorship and bonding

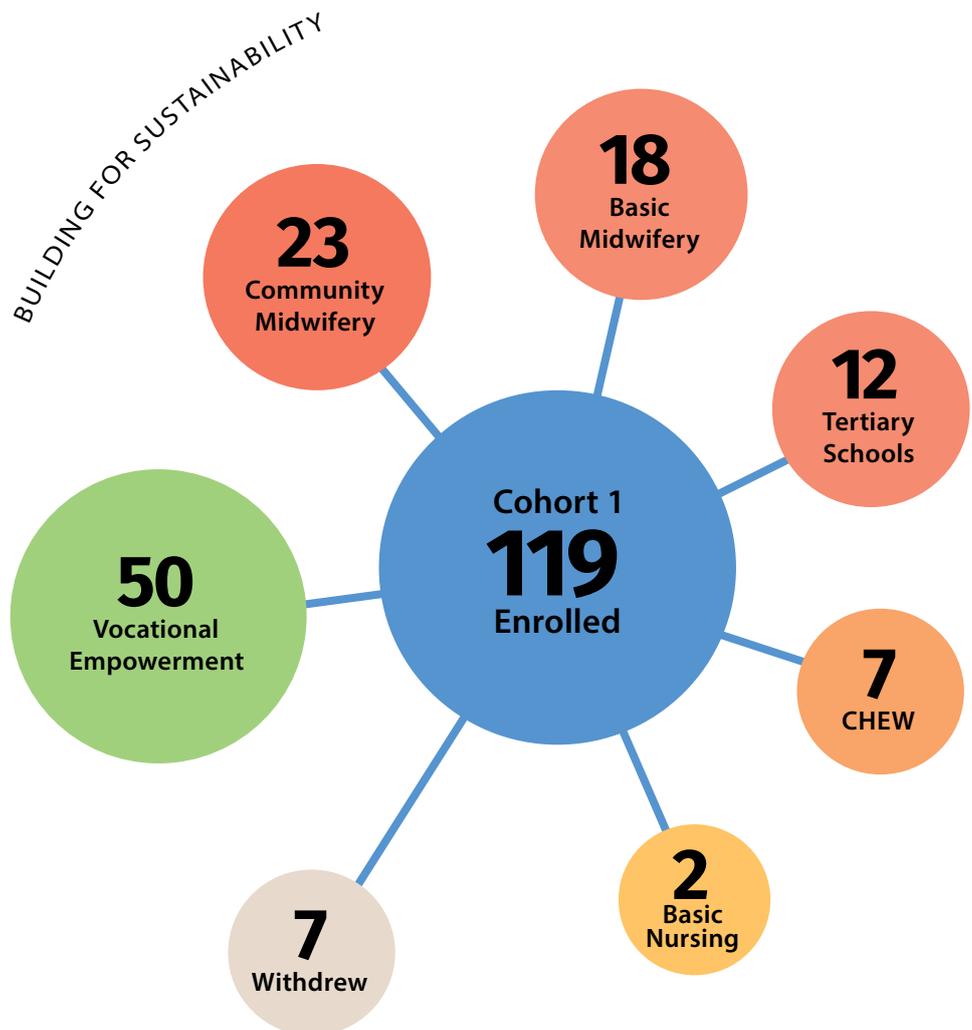
A community sponsorship scheme was established for the FYP as a mechanism for gaining support for FYP students and ensuring the long-term sustainability of the programme. In all, 52 communities in the 19 targeted LGAs committed to the sponsorship scheme during recruitment of the first and second FYP cohorts. Community contributions help to change social norms about the importance of female education, and they make communities value the programme, feel ownership and be invested in its success. Community sponsorship committees were established at community level to track and monitor sponsorship support.



“Community engagement is very important especially for personal hygiene. You see children in the camp eating food without washing their hands, but since we started community engagement this has reduced.”

FYP student

Fig 2. Borno FYP students and their progress since 2018



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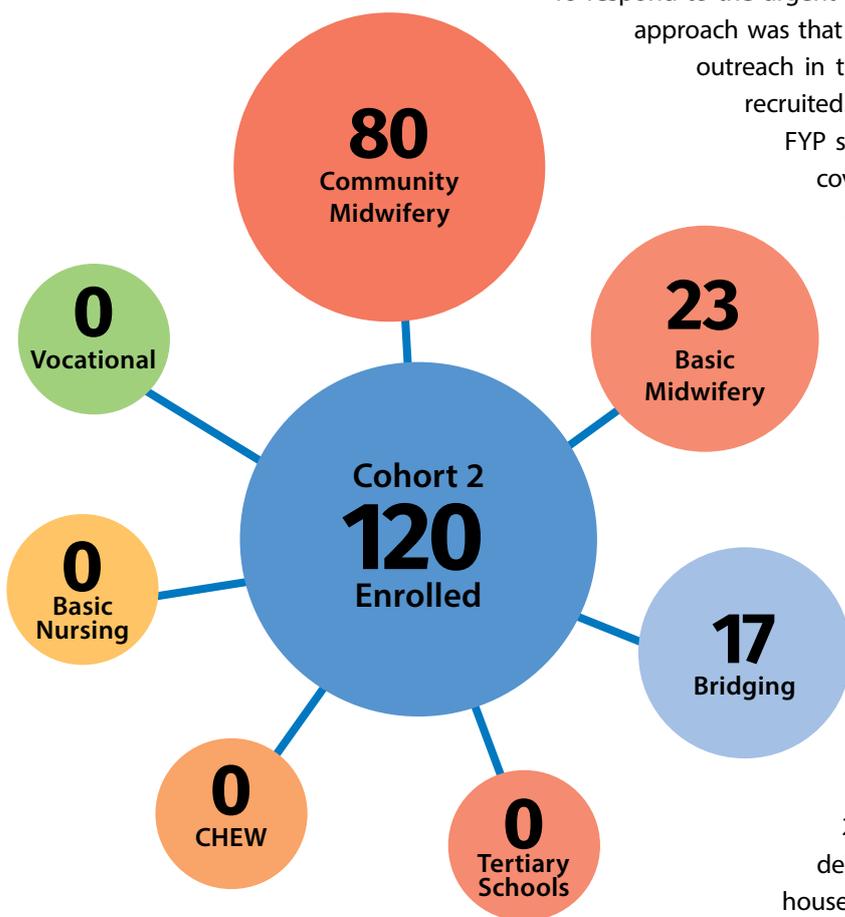
W4H also supported the Borno government to introduce ‘community bonding’ of FYP students. These are two-way agreements, in which the state commits to funding and supporting the FYP students to undergo training and the students commit to return to their local community on completion of their studies. FYP candidates signed the forms, while the parents or guardians, the village head and LGA Chairmen were the counter-signatories and witnesses.

Community engagement role for FYP

To respond to the urgent humanitarian crisis in Borno, a key adaptation of W4H’s approach was that the FYP role should include an element of community outreach in the IDP camps – from where many of them had been recruited. Working alongside the women community leaders, the FYP students provide bi-monthly health messaging sessions covering hygiene, basic health education, the importance of immunisation, trauma awareness and support.

Reaching mothers and caregivers with young children was a priority. The aim was to raise awareness of the need for them to complete the immunisation schedule for their children. To June 2020, a total of 3,524 caregivers with children less than one year were reached. Women community leaders also helped to collect 11 months’ trauma data.

To respond to the Covid-19 pandemic, W4H organised and conducted training for 13 FYP students and 43 women community leaders selected from the 12 different camps in Maiduguri. The training provided participants enough skills to respond to Covid-19 prevention and referral systems for their community engagement in the camps. Over a three-month period (March-June 2020), the FYP students and women community leaders delivered Covid-19 prevention messages to a total of 7,287 households (totalling 19,559 persons) in 559 settlements. Key messages included advice on hand washing, social distancing, and avoidance of social gatherings and handshakes to prevent transmission.



Addressing trauma, introducing safeguarding



“I live in Bakassi Camp. We discussed the topic of Gender Based Violence before the lockdown. We encouraged participants to open up and not to be shy. We advised them to hurry to visit a clinic within 72 hours, or better to the hospital where there is a GBV reporting centre.”

FYP student

While W4H was fully aware of the humanitarian crisis in the state, it was only when the programme began to set up the FYP in Borno that it was recognised that the approach would have to address the issue of trauma among the population generally, and the rural FYP recruits in particular.

A very high proportion of the population have witnessed or directly experienced the impact of the conflict. Women and girls have suffered a greater burden of these traumatic experiences – often they are targets of abduction and gender-based violence by insurgents.

The abduction of over 200 schoolgirls in Chibok in 2014 is just one example – there have been many other cases of abductions and torture of women.

It is hard to accurately quantify the incidence of trauma in Borno, however Dr Salma Anas-Kolo, former Borno State Commissioner of Health, stated in 2018 that almost everyone in the state is psychologically traumatised. A cross-sectional study carried out in 2016 among internally displaced young people in Borno estimated that more than 63% showed symptoms of Post-Traumatic Stress Disorder (PTSD)¹. And while a high proportion of the population have experienced trauma, the available support is extremely limited – it is estimated that there are only 10 clinical psychologists in the entire Northeast region of Nigeria².

Implementing trauma counselling and other support

W4H’s first priority was to give female FYP students the trauma and psychosocial support they need to succeed in their studies, career and life. In addition to the significant challenges already faced by young rural women aspiring to higher education, many of those in Borno were forced by violence to flee their communities. Many have been displaced multiple times and have experienced shortages of food, water, shelter and health services. Most young women in Borno have witnessed or directly experienced violence.

Being hosted by communities, or living in one of Borno’s IDP camps or informal settlements, has increased these young women’s already high chances of suffering rape, sexual exploitation and abuse, and other forms of gender-based violence. W4H needed to consider this trauma and also mitigate the possibility of doing harm. As a result, W4H developed an integrated Mental Health and Psychosocial Support (MHPSS) and Safeguarding approach. An important point of reference was WHO’s ‘Build Back Better’³ report promoting approaches to sustainable mental health care after emergencies.

To inform development of this approach, W4H carried out a trauma assessment among the first cohort of FYP students in Borno. In total, 101 students took part in one-to-one interviews with specially trained older women, many of whom were or had been teachers. Respondents came from 20 out of the 27 Local Government Areas (LGAs) in Borno and ranged in age from 17 to 34 years old. The assessment revealed that some 56% had witnessed or experienced one parent being killed, 22% both parents, and 14% a sibling or siblings. Only 8% had no experience of a close family member being killed. Almost 10% of respondents said they could not locate some of their family members.

1. Taru, M.Y et al (2016). Post-traumatic Stress Disorder Among Internally Displaced Victims of Boko Haram Terrorism in North-Eastern Nigeria. Jos Journal of Medicine available at <https://www.ajol.info/index.php/jjm/article/view/177067>

2. <https://www.trtworld.com/magazine/boko-haram-victims-fight-psychological-trauma-19885>

3. https://www.who.int/mental_health/emergencies/building_back_better/en/

“Women in my community are dying and there was no woman doctor to help them. I want to become a nurse and help women in my community. I also brought my sister to join the FYP so that we can both help.”

FYP Student

“Insomnia is the greatest nightmare for IDPs, they cannot sleep well because many witnessed people killed in front of them. I gave my father training and I told him I was giving the same training to the community because they are also like my family. Now he agrees to allow me go to the IDPs on the weekends.”

FYP student



Respondents spoke about how what they had experienced continued to affect them: some 36% said they were personally, mentally and psychologically disturbed, 17% that they found it hard to focus on their studies, and 33% said they had experienced a sense of fear and insecurity.

Based on the findings of the trauma assessment, W4H put in place a package of support: a counsellor was appointed to work with FYP students; FYP staff and teachers were given training and guidance materials on violence, conflict, trauma, gender and self-esteem; a series of intensive five-day trauma healing workshops were organised for groups of 20 students at a time; and a referral system for follow-on individual counselling sessions was established.

In addition, a humanitarian curriculum was added to the FYP course with a focus on mental health service provision, trauma and service provision relating to health issues that might come about as a result of violence, rape, and gender-based violence. The aim is to ensure that graduating health workers are equipped to support communities affected by these issues.

Scaling up trauma support across Borno

W4H's wider strategy was to scale up the trauma work across Borno. A training programme for trauma awareness was developed and training given to groups of staff from the two HTIs, FYP students and women community leaders from 12 IDPs camps within Maiduguri. The women and the FYP students went on to cascade the training to others: between September 2019 and July 2020, a total of 7,530 people living in IDPs camps and 4,391 displaced persons living in host communities were reached with trauma awareness messages.

During that period, a total of 22 people living in IDPs were referred to further support for type 1 trauma, 8 for type 2 and 5 for type 3. In the host communities, there were nine people referred for type 1, and six for type 2 trauma. (Type 1 is acute trauma, resulting from a single stressful or dangerous event; type 2 is chronic trauma, resulting from repeated and prolonged exposure to highly stressful events; type 3 is complex trauma, resulting from exposure to multiple traumatic events).

Developing a safeguarding approach

The final part of W4H's integrated and holistic approach to the high levels of insecurity in Borno was to develop a safeguarding approach and action plan for the HTIs. Field work in Borno and three other W4H states had revealed that many students felt unsafe in the HTI accommodation. In Borno, the insecure conditions for women and girls in the IDP camps and host communities reinforced the need for a clear understanding of what safeguarding was and how to approach it.

"I was afraid to speak in English even with my classmates. We came with a lot of fear, trauma and depression, but the FYP built our skills and our mental strength. There's no more fear, I now speak English with confidence, I am already becoming a model in my community."

FYP student



W4H worked with HTIs in four states to establish a shared understanding about the concept, and to understand the concerns and experiences of the students and staff in those institutions. As well as the particular fears of students in Borno related to security, the engagement revealed many common themes: fear of people breaking in and stealing; power relations between male staff and female students; staff dating or harassing female students; and others.

Based on this work, W4H produced a safeguarding action plan for the HTIs which was introduced to colleges in Borno and Yobe, then later in the other W4H-supported states. Safeguarding guidelines were produced, which HTIs could develop and use to set their own college policies.



Transforming the health training institutions

Increasing the quality and capacity of the HTIs in Borno was a key W4H objective as it began activities in the state. Both the CN&M and CHT were operating on provisional accreditation status – the former ever since it was founded in 1972. Having provisional status meant the HTIs were limited by regulatory body rules in the number of students they could enroll. Their total capacity across all programmes of study was just 330 students per cohort when W4H began work in Borno.

The HTIs had provisional status because they did not meet the standards set by the regulatory bodies, the NMCN for CN&M, and the Community Health Practitioners Registration Board (CHPRB) for the CHT. They failed to meet standards in a number of areas – the state of their facilities, equipment and infrastructure; the ratios of tutors to students was too low and many tutors were not registered with the regulatory bodies; and the funding levels the HTIs received were far below what was needed to operate effectively and maintain standards.

In partnership with the state government, W4H conducted an in-depth assessment of the state of the colleges against the accreditation standards. W4H designed and implemented a programme of transformation for the HTIs that would not only enable them to achieve full accreditation status, and increase student numbers, but which would also improve the institutions in other important ways to ensure the transformation was sustainable and that they would continue to improve in the future.



Upgrading infrastructure in the HTIs

W4H undertook a programme of renovation at the two HTIs, including:

- Construction of a one-storey administration block, furnishing and equipping the library with up-to-date text books, renovating a conference hall that can be hired and generate income (CN&M).
- Construction, furnishing and equipping of four classrooms and an ICT classroom with capacity for 80 students for access to E-Learning (CN&M).
- Renovating and furnishing students' common rooms and an accommodation block, adding a kitchen, dining room and a crèche (CN&M).
- Equipping demonstration classrooms, renovating a laboratory (which can generate income from commercial use); renovating, equipping tutors' common rooms and academic staff offices (CN&M).
- Constructing a community health department, supplying books, equipment and demonstration room (CHT).

WHO supported W4H's efforts by supplying text books for the library (CN&M). UNDP also supported HTI's to pay for repairs, laboratory supplies and equipment.

Improving teaching and learning

Teaching in the HTIs in Borno followed a traditional passive model, with students taking notes based on a tutor's lecture. Clinical skills were demonstrated rather than experienced through hands-on learning. The colleges offered no support for underperforming students. W4H supported the HTIs in Borno to improve the quality of teaching and learning by:

“Before W4H, I don’t know how to operate computers or carry out electronic accounting. I can now use the systems and this has helped us greatly.”

Modu Bukar, Accountant, CN&M, Maiduguri



Recruiting additional tutors to ensure the tutor-to-student ratio met standards set by the NMCN (tutor numbers more than doubled); giving tutors curriculum refresher training on the subjects that they teach to ensure their knowledge was up to date.

Introducing student-centered learning (SCL), an approach that encourages active learners who are equipped to continue learning for themselves – which is important for future rural health workers who will have to stay up to date with the latest medical practice.

Installing E-Learning systems in the HTIs, with e-learning materials for students to access and enhance their learning – and training tutors, ICT staff and students in using the system.

Giving capacity development to tutors in teaching using SCL approaches, and in using the e-learning system, e-learning content development and validation.

Installing computer-based Student Information Management Systems (SIMS) for tracking student registration and national exam status – and for monitoring students’ academic performance to identify weak or underperforming students that need support.

Introducing mentoring and coaching for students that were struggling. W4H also developed guidelines and training manuals for managers and staff of HTIs, providing practical, step-by-step approaches to support all aspects of the management and classroom implementation of quality teaching and learning approaches.

Introducing training for clinical instructors and preceptors on clinical teaching skills, in partnership with the NMCN.

W4H’s support for HTIs has led to improved standards. Final exam pass rates for midwifery and nursing were poor before W4H began supporting the HTIs – between 38% and 75%, depending on the course. By 2020, the final exam pass rates had improved to 95% for midwifery and 98% for nursing.

Management and administration

Building on W4H’s experience supporting HTIs in the five phase one states, the programme team were able to quickly put in place training and capacity development for the management, administration and finance teams at the two Borno colleges. W4H support included:

Developing a performance management framework: The training W4H provided on developing a performance management framework helped HTI management to set practical and achievable targets (within available resources), and to enhance the quality of staff evaluations, with staff being provided with constructive feedback so they can improve.

Developing a strategic plan and annual operational plan: Training and support to help management develop strategic and operational plans helped college leadership develop the strategic vision and mission for their institutions – and to draw up long-, medium- and short-term plans based on those. Both HTIs created five-year strategic plans for 2018- 2022.

Peer learning visits to other states: To encourage peer learning and knowledge exchange, W4H facilitated visits for the senior management of the Borno HTIs to visit their peers in leading institutions in other states. Exchange visits were made to Bauchi, Gombe and Adamawa states. The visits were a chance for HTI managers in Borno to compare notes, describe their challenges, and learn from best practices in other settings. A peer support network was established in this way enabling HTI leaders to pool of knowledge and learn from each other.

Upgrading financial administration: The Borno HTIs used paper-based systems for financial management, so W4H supplied laptops and customised accounting software and trained the bursars and accountants so they could transition to electronic record keeping and accounting. W4H also built capacity through training in key principles of book-keeping. Internal financial and inventory control systems were also developed through capacity building of staff.



“W4H built our capacity through various trainings and exchange visits to other states, support like this had rarely been offered before.”

Bukar Modu, Provost, CHT, Maiduguri

Developing new sources of revenue and support: W4H supported the HTIs to explore new sources of revenue to support the sustainability of the colleges – in the five W4H phase one states, some HTIs use their e-learning platforms to earn additional revenue as centres for public national exams. W4H also facilitated meetings with NGOs operating in Borno to see if there was scope for leveraging support for the HTIs. W4H was able to leverage funds from NGOs to renovate the CN&M conference hall and install solar panels and battery systems to ensure 24-hour electricity supply. The conference hall can now be hired by private companies and other organisations. Facilitated by W4H, WHO also funded some of the HTI improvements.

Budgeting: Before W4H intervention the HTI’s management teams had limited capacity for managing their budgeting, producing financial management reports and performance monitoring, as most of their planning and budgeting functions were carried out by the SMOH. The HTI management were trained to prepare their own annual operational plan and budget.

Governance, accountability and gender responsiveness

In order to strengthen the HTIs so they could achieve full accreditation, W4H supported them to improve their governance, accountability and gender awareness and responsiveness. The areas of support W4H provided included:

Formalising HTI governance: The HTIs in Borno do not have formally constituted independent Boards or Councils overseeing them, to support policy making, provide strategic direction and to represent the institutions in discussions with government and other stakeholders. W4H used high-level advocacy on this issue to state government without success by the time the programme ended. Borno HTIs remain directly governed by the SMOH – though promises were made that this would change.

Establishing functioning committees: To entrench accountability and improve feedback within the HTIs, W4H actively supported the Borno colleges to establish formal committees with responsibility for different areas of operation. The HTIs only had four standing committees

and with W4H support a further seven were established. W4H helped the committees develop terms of reference and establish processes, such as keeping the minutes of meetings. The aim was to broaden representation within the colleges and encourage views to be shared before decisions are made. HTI managers were encouraged to refer sensitive matters to the relevant committees and consider their recommendations when making decisions.

Strengthening student voice: Student Union Groups (SUGs) were not permitted in the Borno HTIs, as had been the case in the HTIs in the five W4H-supported states before the programme began. As it did in those states, W4H supported the establishment of SUGs and the creation of a Student Charter, which was developed with students through a participa-

tory process. The office of the Dean responsible for Students Affairs was also strengthened to liaise between the SUG and HTI management. W4H also introduced a ‘Provost day’, where HTI leadership could meet the entire student body to discuss issues and challenges faced in a ‘no holds barred’ forum. The Provost Day helps to engender a healthy relationship between students and management, and deal with situations before they can escalate. The SUG successfully lobbied Borno’s Honourable Commissioner for Health to reinstate the student’s monthly allowance, which had been suspended for three years.



“W4H played a vital role: we had no experience and fear would not allow us to speak out. W4H trained us on how to negotiate and be assertive, our boldness and negotiation skills brought back the student allowance for the final year students and the SUG presence, we had a good relationship with the school management.”

**Student Union Group Secretary
2018 – 2019**



Gender equity and gender training: The Borno HTIs had better representation of women in senior positions than in other states where W4H had operated – the Provost and Directors of Nursing and Midwifery in CN&M were all women, as was the head of the Department of Public Health at CHT. Overall, W4H gender assessment in 2018 revealed low levels of awareness of gender issues and very few women in decision-making roles. W4H worked with HTIs to develop gender management plans and establish gender working groups responsible for monitoring the plans and ensure accommodation remained suitable for female students. W4H provided gender empowerment training for all management, staff and students – and gender and social inclusion policy statements were developed. W4H constructed and equipped crèches and child-minding services. Both HTI’s now have a female provost and two female principals. The number of female tutor numbers has increased from 12 in 2018 to 31 in 2020.

“W4H recruited and paid salaries for a Student Counsellor, which we didn’t have before. This has helped greatly. There was one student whose academic performance dropped drastically. It was discovered that the student had lost their father and was devastated. With encouragement and counselling, the student got over it and graduated with good grades. The introduction of Provost Day has also helped to strengthen the relationship between management and students and we now have SUG, which didn’t exist before.”

Rukaiya Shetimma Mustapha, Provost, CN&M, Maiduguri

“W4H has brought a lot of changes to our Institution. The capacity building and trainings have shown us how to develop income generating activities – and this college would not have achieved full accreditation if not for W4H.”

Rukaiya Shetimma Mustapha,
Provost, CN&M, Maiduguri

Engaging with government to ensure HTI funding

The HTIs in Borno had suffered financial challenges for many years, they were heavily dependent on student fees for running day-to-day operations. Any funding received from the state was ad hoc and there was no budget line for health training and education.

W4H supported the HTIs to establish an advocacy committee to carry out high level engagement with legislators and senior officials in government – who were invited to meetings, workshops, and study tours. In this way, legislators became aware of the acute shortage of health workers and the need to fund the HTIs.

The HTIs now have a SMOH budget line and receive a monthly budget allocation towards their operating costs. HTIs are now able to participate in the annual budgeting process with the SMOH – and represent and defend their needs at the State budget hearings.

Accreditation status and production capacity

To ensure ownership and sustainability of the accreditation process, W4H established an accreditation committee made up HTI leadership and key state-level external stakeholders. W4H built the capacity of these committees and provided relevant tools so HTIs would be able to evaluate their own accreditation plans and functionality, and to be able to review and update their operational plans for accreditation.

W4H built HTI management capacity on how to prioritise accreditation gaps and review the costs associated with addressing them. W4H also trained the accreditation committee to advocate (based on a costed plan) to the state government and partners for the resources required to meet the accreditation standards.

W4H also provided support to the regulatory body committees to conduct the accreditation reviews – and verification exercises for the new community midwifery programme. The community midwifery programme launched in 2019 with capacity for 200 students per annum and by September 2020 two cohorts of students had been enrolled.

Both HTIs now have full accreditation for all their study programmes. Total capacity of the HTIs has more than doubled from 330 in 2017 to 825 in 2020.

College of Nursing and Midwifery, Maiduguri		2017	2020
	Regulatory body	Accreditation Status : Indexed Places	
Basic Nursing	NMCN	Provisional : 50	Full : 100
Basic Midwifery	NMCN	Provisional : 40	Full : 100
Community Nursing	NMCN	Provisional : 20	Full : 100
Community Midwifery	NMCN	N/A	Full : 100
Post Basic Midwifery	NMCN	Provisional : 20	Full : 50
College of Health Technology, Maiduguri		2017	2020
	Regulatory body	Accreditation Status : Indexed Places	
CHEW	CHPRB	Provisional : 50	Full : 50
JCHEW	CHPRB	Provisional : 50	Full : 125
Health Info Management	HRORB	Provisional : 50	Full : 100
Med Lab Tech	NMCN	Provisional : 50	Full : 100
		330	825

Supporting government, building wider partnerships

“W4H changed the mindset of the Borno government, they now know the schools belong to them.”

**Rukaiya Shetimma Mustapha,
Provost, CN&M, Maiduguri**

“One of the lessons we learnt from the partnership with the W4H is understanding of how to develop results-oriented activities that made us to focus on outcomes rather than the process for positive impact in the SMOH and HTIs.”

**Zainab Ibrahim, Director Nursing,
Borno State Ministry of Health**

“We learnt how to develop an annual operation plan for our activities through the W4H capacity building workshops.”

**Babagana Kadai, Director
Planning, Borno State Ministry of
Health**

“Working with W4H as partners has changed the way activities are coordinated in relation to the HTIs especially on work plans, budgets, and sharing progress reports.”

**Bono Mongonu, Executive
Secretary, Borno state Agency for
Coordination of Sustainable and
Humanitarian Response**

Shortage of funds since the early 1990s had led the Borno government to put an embargo on employing any new civil servants. While this affected all branches of government, the impact was clearly seen in the health sector, as qualified midwives and other health workers were recruited by neighboring states, contributing to the structural shortage of health workers.

Supporting the State Ministry of Health

The SMOH in Borno had no dedicated unit responsible for coordinating HRH activities and maintaining the HTIs. Nor did Borno SMOH have an HRH workforce registry – or a strategic plan for HRH. This meant that there was no connection at state level between HRH needs and the production of health workers.

W4H supported the SMOH to establish a formal HRH unit with an assigned desk officer responsible for coordinating all HRH affairs in the ministry. W4H supported and part-funded the creation of a health workforce registry for SMOH, to keep an accurate count of all health care personnel currently working in Borno (or who had previously), including those employed in the private sector. W4H also supported the state government to develop a five-year State Strategic Health Development Plan (2018 - 2022), which included sustaining the FYP as a high priority. The strategy included plans for two new HTIs.

W4H advocacy also resulted in the SMOH adding a budget line for the HTIs, which began to receive a monthly allocation towards their running costs. The HTIs had been underfunded for years and received only ad hoc state support. Delays in releasing funds was still an issue in September 2020. The HTIs have a budget line and now prepare their own annual operational plans and participate in annual health sector planning.

Engaging with Borno legislators and executive

W4H engaged with – and advocated to – Borno’s legislators and the government on a range of issues relating to the FYP and the development of the health workforce.

Midwife recruitment: One of W4H’s first advocacy priorities was to get the Borno government to take immediate action to address the critical shortage of midwives in the state. The result of these efforts was an agreement with the government – formalised in a Memorandum of Understanding (MOU) – to recruit 50 qualified midwives for immediate deployment to rural areas, and to put in place incentives (in terms of salary and accommodation) to help retention.

Under the MOU, W4H supported the recruitment process and funded the first year of the midwives’ salaries, with the Borno government taking over from January 2020. W4H provided refresher training and update courses for the midwives, who were mostly newly qualified and unemployed since graduation due to the embargo on civil service employment in Borno. The MOU also covered the recruitment and immediate deployment of 18 qualified nurses to teach at the HTIs, to improve the quality of education and help the HTIs achieve full accreditation.

W4H took charge of deployment to ensure that the midwives were posted to rural facilities near to their home communities, and provided supportive supervision when they were in post. W4H also encouraged communities to provide support of different kinds to help retain the midwives. None of the recruited midwives had left their posts at the time the W4H programme closed.



“We engaged with the legislators and executives to make them aware of their oversight functions in HRH. We have opened their minds to new ways of thinking so they see the 21st century realities when it comes to the need for health workers.”

Largema Bukar, W4H State team leader, Borno and Yobe

“The situation has improved in many ways. Firstly, W4H has created a stakeholders’ forum to engage with policy makers, secondly the assessment conducted by W4H really created awareness about the healthcare delivery situation, thirdly W4H has successfully persuaded the government to increase funding and to recruit health personnel to fill the gap.”

Hon. Maina Mustapha Garbu, Chairman Health Committee, Borno Assembly

Community midwifery and nursing courses: W4H pursued and supported the establishment of community midwifery and nursing programmes in 2019. These shorter courses would produce qualified health workers faster than the three year courses and begin to cover the acute shortage in HRH.

FYP law: W4H’s engagement with the Borno State Assembly paved the way for the drafting of an FYP law, with W4H supporting legislators based on the programme’s experience supporting the five phase one states through the same process. The state assembly passed the FYP law and in September 2020 it was approved by the Governor. The law guarantees funding for the FYP and commits each LGA to support five young women through the FYP every year, supporting them with a monthly stipend. The law also covers enforcement of the bonding contracts that the FYP sign.

HTI governing bodies: W4H also advocated to the Borno State Governor and state executives on the issue of establishing formal governing boards for the HTIs. A governing board would represent the interests of the institutions, help to mobilise resources and thereby win some level of autonomy and control of their own funding. A governing body is a standard requirement of Nigeria’s regulatory bodies. Borno’s Governor committed to create governing bodies for the HTIs – but this issue was still to be resolved when W4H ended.

Building partnerships for HRH

Due to the insurgency and humanitarian crisis, a wide range of international NGOs, UN agencies and bi-lateral development partners are active in Borno. WHO, UNICEF, UNFPA and Save One Million Children had all previously supported the development of health services in the Borno government, though many of the community-level health facilities they supported were destroyed in the insurgency.

The Borno government established a State Agency for the Coordination of Sustainable and Humanitarian Response in December 2019. Working through this state platform, W4H developed relationships with different organisations and identified potential partners – and shared with them the programme’s analysis of the HRH needs and gaps in Borno.

The partnership established by W4H was with WHO, SMoH, the UN Agency for Coordination of Sustainable and Humanitarian Response (OCHA), Primary Health Care and the Hospital Management Board. The purpose of the partnership was to support the SMoH and HTIs in the state to increase the female health workers serving in health facilities.

With the support of W4H as a facilitator, the HTIs also developed relationships with two agencies – WHO and UNDP. The HTIs had previously lacked the capacity to engage with these organisations directly and had no experience of proposal writing. The two agencies participated in the upgrading of the HTIs facilities and equipment, providing textbooks for the libraries, water treatment plant, repairing broken windows, and equipping demonstration rooms with microscopes, laboratory reagents, desktop computers and furniture.

Challenges and lessons learned

Recruiting FYP candidates

There were two challenges faced by W4H in Borno. The first was that there were very few young women from the targeted communities with the required qualifications – even though there were plenty of suitable candidates who did not have the qualifications, due to their education being interrupted by the conflict or other reasons. To adapt to this, W4H split the second cohort into three batches, with the third group taking the bridging course first to help them achieve the missing qualifications. Improving girls' education generally and in sciences in particular, should become a priority if Borno is to increase the supply of suitable candidates for the FYP.

The second issue was that it was discovered that elites in the target communities were securing places for their preferred candidates including daughters and relatives – which is against W4H pro-poor selection criteria and caused tensions within the first FYP cohort. The recruitment process was revised to ensure that candidates were actually resident in the underserved communities, and as a concession at least one candidate in each LGA could be put forward by local elites.

Community outreach in IDP camps

It was not always easy for the FYP and the women community leaders carrying out community health messaging and trauma awareness sessions in the IDP camps. Camp residents had expectations that the FYP outreach would be like their experience with other NGOs operating in the camps, and that food or other supplies would be provided during the sessions. The FYP faced some criticism and sustained engagement was needed to allay community concerns.

FYP bonding

Some parents withdrew their children because of mistaken perceptions of the bonding arrangement – they believed that their children would be deployed to work in their communities even if they were affected by conflict. Assurances were made that the FYP graduates would be deployed to their communities of displacement if their original communities are unsafe.

FYP family tensions

Despite the renovation of FYP accommodation by W4H, some students were not allowed by their parents or husbands to stay in the hostel, due to fears of changes in their attitudes or behaviour. There were cases of friction between married FYP students and their spouses. One common fear among husbands was that the FYP students would eventually become financially independent. The Guidance and Counselling Officer intervened and resolved 13 such cases with one leading to divorce.

HTI funding and governance

Despite W4H's advocacy, the HTIs still suffered from delays in the release of the funds that the government had committed to provide. While the government's funding commitments are welcome and much needed, the levels of funding are not sufficient to cover the HTIs' operating costs and staff salaries. W4H provided the HTIs with capacity building on ways to generate income from their activities. HTIs and the SFYPWG will need to continue to advocate for adequate funding and for HTIs to have control of their capital budget. Another unresolved issue is that of formal governing bodies for the HTIs, though the Governor has committed to make this happen. Governing bodies could become powerful advocates to ensure support for the HTIs and their full accreditation status is sustained.



“There is nothing like FYP, it means so much for a poor village girl like me to be chosen, it has helped me educationally and financially. The trauma training helped me a lot, I am no longer a village girl.”

FYP student

Building back better: a sustainable legacy

Women for Health built a sustainable legacy in Borno through two and half years of support for – and partnership with – the government, health training institutions, health stakeholders and communities. By September 2020, the programme had facilitated the establishment of strong partnerships and new structures across the state and through these the following notable achievements were made:



“We would not have achieved full accreditation if not for W4H. Now for the first time government is releasing money for accreditation.”

Rukaiya Shetimma Mustapha,
Provost, CN&M, Maiduguri

Transforming the education of the health workers

Borno’s HTIs have full accreditation for the first time – and their capacity to train health workers has increased by 250% to 825 places. New programmes of study have been approved and have opened. The institutions are stronger – with up-to-date IT systems for student information, financial administration and for e-learning. More tutors have been recruited and all tutors have had their subject knowledge developed. Student and management relations are much improved. HTI infrastructure has been improved and developed. Pass rates in final exams have improved strongly. Crucially, the government have committed to fund the HTIs and the FYP, meaning accreditation status and the production of female health workers for poor rural communities will be sustained.

Equipping health workers to respond to trauma

The humanitarian crisis in Borno meant W4H had to adapt its proven model in a number of ways. Trauma support and counselling were built into the FYP and a humanitarian curriculum developed – and the FYP were supported to provide community outreach in many of the IDP camps in and around Maiduguri. As well as general health messaging and Covid-19 guidance, the FYP and the women community leaders supporting them provided trauma awareness sessions for the camp residents and referrals to additional support for those that needed it. Thousands have already been reached in this way – and more can be reached once FYP students graduate and return to work in their communities.

Building partnerships and structures that will endure

The State FYP Working Group and other structures are in place to continue to advocate for the FYP and for health worker education. The State Ministry of Health now has a dedicated HRH desk and an HRH registry, which means a stronger focus on the health workforce and better tools to monitor and deploy HRH. Borno has created a State Agency for the Coordination of Sustainable and Humanitarian Response and through that W4H facilitated new partnerships to support the development of HRH. These structures will help Borno sustain and scale up the progress made since 2018.

Ensuring the health workforce is a Borno state priority

Borno’s government and legislators are now fully aware of the acute shortage of qualified health workers in the state. The long-standing state employment embargo has been lifted and the government has committed to employing 355 midwives, as well as to sustaining the rural recruitment and retention scheme that W4H established – which immediately deployed 50 midwives to communities in underserved areas. The government now has a five-year strategic plan for HRH and plans to construct two new HTIs. W4H has helped to lay the foundations for Borno to be able produce qualified health workers in much higher numbers.



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