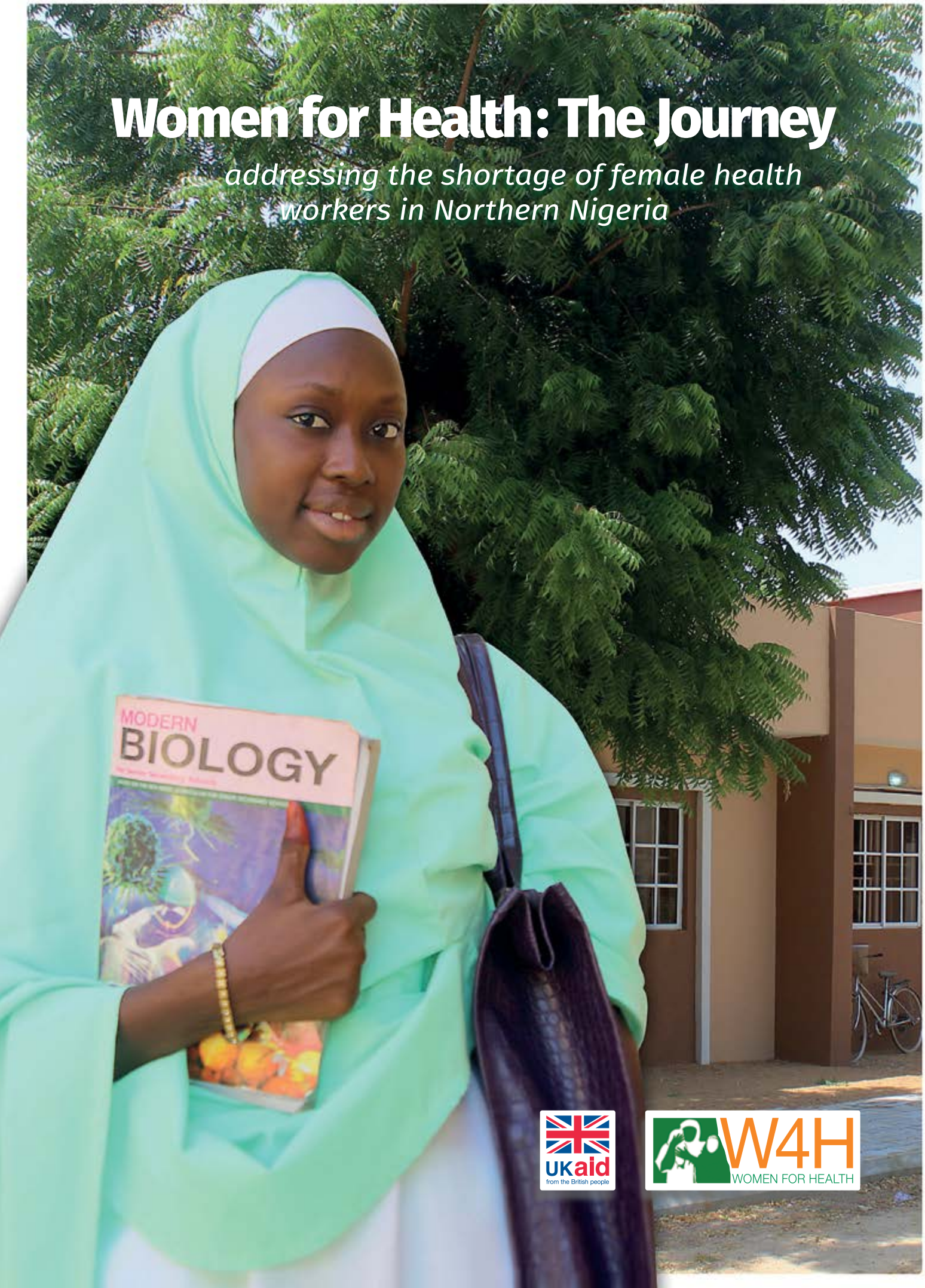
Women for Health: The Journey

addressing the shortage of female health workers in Northern Nigeria



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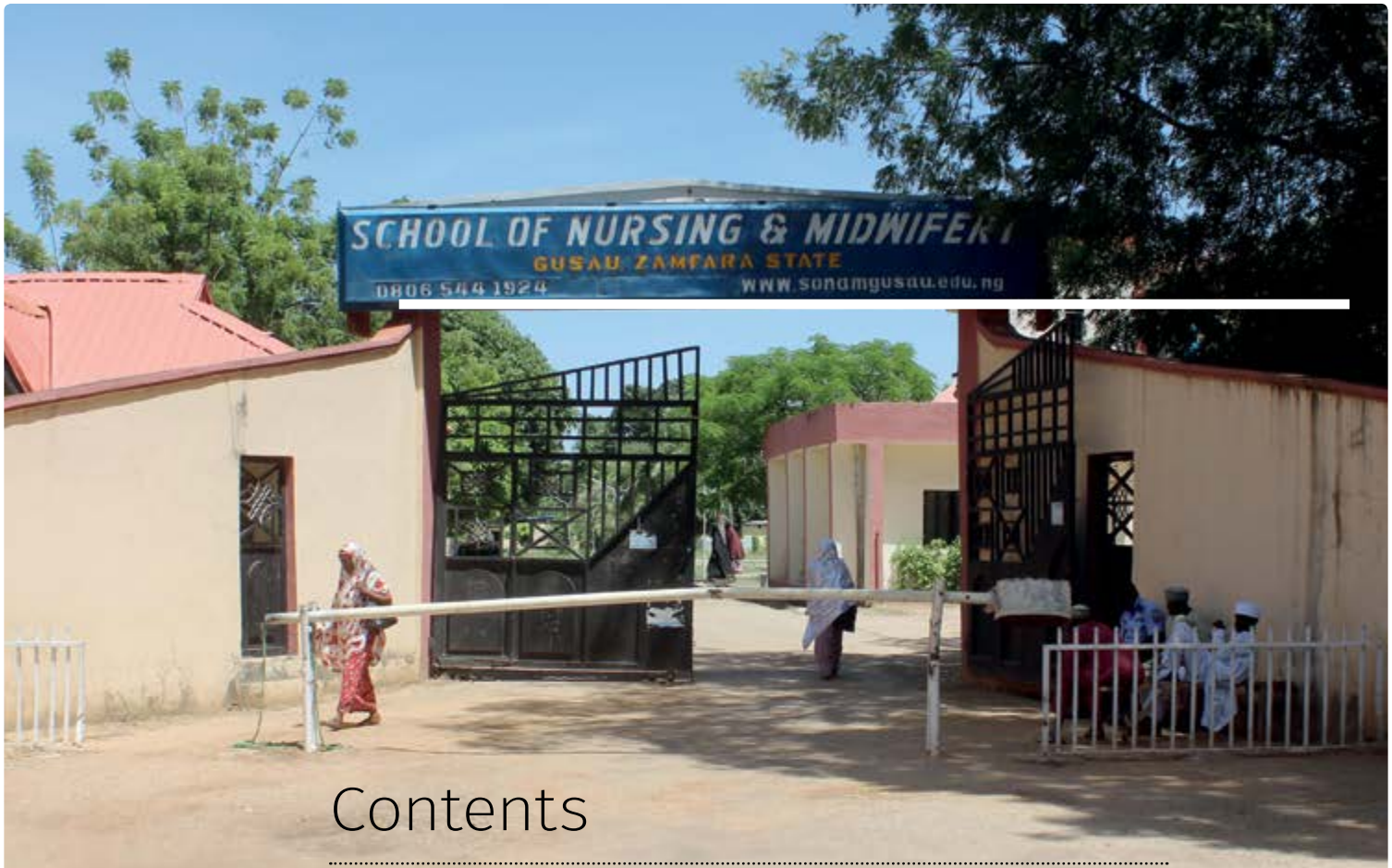

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Women for Health: The Journey

The Women for Health programme is a powerful vehicle for the social and economic empowerment of women from rural areas in a challenging context

The Women for Health programme began life as a vehicle to address the barriers to women's participation in health training and the low recruitment and retention of health workers, particularly midwives, in rural areas. By using an approach which empowers women as service providers, the programme goal was to improve maternal and child health. In an area where gender inequality is pronounced, the strength of the programme's potential for transforming gender norms is a unique and exciting force for change.

Key Messages

- The Women for Health programme is a powerful vehicle for the social and economic empowerment of women from rural areas in a challenging context.
- Women for Health is an example of effective adaptive programming. The team's depth of contextual understanding, creativity, flexibility and willingness to learn has been central to the programme's success.
- The creation and maintenance of strong partnerships with education institutions, regulatory bodies, legislators, government officials, communities and the women students has been central to the programme's success.

Introduction

Newly built office at a Health Training Institution

The shortage of female health workers converges with cultural and religious norms to produce some of the poorest maternal and newborn health indicators in sub Saharan Africa

The primary purpose of the Women for Health programme is to increase the number of female health workers, especially midwives, in training and deploy them to rural areas where they can have the greatest impact on maternal, infant and child mortality.

From 2012 to 2019, the Women for Health programme successfully addressed many of the practical and strategic challenges associated with achieving its targets of enrolling over 6,000 females in health worker training, developing their careers as rural health workers and acting as role models and champions in their local communities. Working initially in five northern Nigerian states of Jigawa, Kano, Katsina, Yobe and Zamfara, Women for Health strengthened stakeholders' capacity to address the female health worker crisis, improved the management, quality of teaching and gender-responsiveness of health training institutions, and engaged rural communities to support young women to train and practice as health workers.

In a new phase from April 2018 to October 2020, Women for Health is ensuring sustainability of the progress achieved over the last five years in four states (Jigawa, Katsina, Kano, Zamfara) while taking a "building back better" approach in Borno and Yobe affected by conflict and the humanitarian emergency. Women for Health is building support and systems in selected Health Training Institutions for a comprehensive approach to health and gender in conflict-affected settings to address the needs of women as well as men.

Borno experiences high levels of insecurity and violence, and both states are affected by the mass internal displacement of people. In addition, the turmoil of conflict often intensifies the inequalities between men and women and heightens disparities in health. Women and girls are at increased risk of sexual and gender-based violence, not just during conflict, but afterwards, leading to increased rates of sexually transmitted diseases and unintended pregnancy. While children and the elderly become even more at risk from communicable diseases, diarrhea and malnourishment. This requires adapted responses and health services which meets the needs of those disproportionately affected and most at risk.

This report tracks the evolution of the implementation phase of the Women for Health programme. It notes specific achievements to date and highlights the critical factors that have contributed to its success. It reflects on important lessons that have been learned over the course of the programme and suggests steps for future action which can be used to inform scale up of future inititatives. All results are taken from the 2017, 2018 and 2019 Women for Health Annual Reports.

Background

In the north of Nigeria, a chronic shortage of female health workers converges with social, cultural and religious norms which impact women's access to health care to produce some of the poorest maternal and newborn health indicators in sub Saharan Africa. Data from the 2013 Nigeria Demographic Health Survey illustrated how, when the Women for Health programme began, this situation was most acute in rural areas where women faced a one in nine lifetime risk of maternal death and at least 50% girls were married before age 18, more than 17% before age 15. Only 10% to 15% of deliveries in the North were attended by a skilled provider, compared to over 75% in the South. Moreover, rural deliveries were three times less likely than those in urban areas to be attended by a skilled provider.

In the northern Nigerian context, social norms prescribe that women receive reproductive care from other women. Yet the seriously low number of female frontline health workers in rural areas meant that few government health facilities had midwives or female nurses. Moreover, government efforts to recruit midwives from the South to fill rural vacancies had had limited success, mostly because of the social and cultural differences between the North and South.

"I visited a health facility in this community where a male health worker was attending to a woman after delivery. There was a lot of intimacy in the process which is not acceptable in our culture and in our religion. That was when I decided my wife will never give birth in these facilities."

Nasiru Idris, Zango
Civil Servant

In the Health Training Institutions (Schools of Midwifery, Nursing and Health Technology) a range of institutional shortcomings and governance failures meant that they were unable to offer a high quality, gender-equitable education. Management structures overall were weak and lacked sufficient support from state Ministries of Health. Poor governance and lack of transparency and accountability contributed to systemic failings and ineffective functioning. The quality of teaching and learning was poor and out of 50 students that began midwifery programmes, an average of eight students passed the final exams.

The level of gender responsiveness within the institutions was extremely low and no consideration had been given to implementing actions that would enable female students and staff to study and teach without compromising their family responsibilities and their Islamic principles. Schools of Nursing and Schools of Health Technology had few, if any, female tutors to act as role models for female students, and the culture of the institutions was predominantly male. Furthermore, there was insufficient and inappropriate accommodation, no child-care facilities and lack of access to counselling for personal, social and academic issues. Moreover, the institutions did not consider the safeguarding of female students as their responsibility. For this reason, they had a poor reputation amongst the families, especially those from rural areas, and they were reluctant to send their daughters or wives to study there.

However, recruiting female students from rural areas brought its own challenges. A combination of socio-religious expectations and poor quality rural education resulted in low educational attainment of girls in the rural North. This meant that very few had reached an appropriate educational level to succeed in nationally accredited training courses. Restrictions on women's mobility, the deep-seated expectations about appropriate gender roles for women under Islam, women's lack of agency and power, tensions between family responsibilities and a career and early marriage practices, all seriously constrained women's access to training as health service providers.

Fig 1. The Women for Health programme: progress to date

2012	2019
Acute shortage of female frontline health workers, especially midwives, in rural areas	**7,717 female health workers enrolled in training as of March 2019**
Access & Empowerment	
No educational or employment opportunities for young women from rural areas	**2541 female students** from rural areas admitted into Foundation Year Programme as of March 2019 **256 Foundation Year graduates** completed professional training by March 2019 **Foundation Year students empowered** to act as leaders and role models in their communities
Environment of Health Training Institutions unsuitable for single and married female students.	**171 infrastructure projects** have vastly improved accommodation and security of female students 13 schools have creches and 10 have nannies for students with young children
Low levels of gender awareness within the Health Training Institutions Few female tutors and women in management or decision-making positions	**60% of students** report that the programme institutions are responsive to their needs **8 out of 20 schools have female Principals/ Directors with a female provost in Yobe**
Low status of young women in rural communities	**Community sponsorship agreement** Pride in achievement of young women Involvement of Foundation Year Programme students in community decision-making
Governance & Infrastructure	
Lack of awareness and active support for addressing the female health worker crisis	**All initial five states** have taken over the Foundation Year Programme from Women for Health **Over £3.5 million** (or over 1,500 million Nigerian Naira) of Nigerian government funding leveraged for rural health worker training
Only one school with full accreditation status	**20 schools fully accredited**. A further five have provisional accreditation status. A total of six new schools established across six states
In Health Training Institutions, poor governance and accountability contributed to systemic failings	**Strong management systems**, including management information and budgeting systems
Educational Quality	
Lecture based (didactic) teaching methods with passive note-taking students No support for underperforming students	**Student-centred learning** mainstreamed in all 20 schools across the five states, with another five schools in the process of implementing it, including three in Borno State
Deployment & Retention	
Very few female health workers deployed to rural areas and high level of attrition of those who are	**Advocacy with States** to increase deployment in rural areas
No incentives for female health workers to remain in rural areas	**35 midwife houses** constructed in rural areas **Action to address** social and cultural barriers **Research on mentoring** for newly-qualified midwives

The Women for Health Programme

The Women for Health programme aims to contribute to maternal and child health by increasing the number of female frontline health workers in underserved rural communities in northern Nigeria. Figure 1 opposite highlights the situation in 2012 at the commencement of Women for Health and what has been achieved by 2019.

A multi-dimensional, interlinked set of strategies and activities was developed to match and address the complexity of the challenges associated with increasing the number of female health workers in rural areas

"The number of female health workers that are retiring is so much more than the number of midwives that are being produced. I am afraid we are heading for a future where there are no female health workers"

Hadiza Mamman, Retired female health worker

Engagement with, and advocacy to, key policy and decision-makers

- **Engaging with key decision-makers and opinion leaders** to build support for, and address political and socio-economic barriers to, the training, employment and retention of female health workers in rural areas.
- **Advocating and supporting state governments** to deliver on their responsibilities to the training institutions to ensure provision of adequate infrastructure and timely release of funds.

Transforming Health Training Institutions

- **Increasing the number of students in training** by supporting health training institutions to gain and retain accreditation, and supporting states to establish new training institutions and Community Midwifery programmes.
- **Providing an appropriate environment** for high quality professional training (in-service and pre-service) by strengthening management systems, improving teaching facilities and access to digital technologies
- **An integrated humanitarian curriculum,** particularly in Borno, which aims to equip in-service and pre-service health workers to better meet the needs of traumatized, conflict-affected communities in the area.
- **Improving the 'female-friendliness'** of the health training institutions by increasing the gender sensitivity of staff, constructing female-friendly facilities, improving Security, providing appropriate counselling, provision of child care facilities, and increasing the proportion of female tutors and managers.
- **Improving the quality of teaching** by supporting capacity strengthening of tutors in student-centered methodologies and particularly in Borno and Yobe, in conflict-sensitive methodologies.
- Promoting student-centred learning to help create independent learners capable of proactively developing their skills and knowledge as they progress in their careers.
- **Increasing the number of female tutors** by funding midwives, nurses and community health extension workers to undergo tutor training.
- **Maximising the potential of new technologies** by establishing effective information management and results systems, and e-learning opportunities.
- **Supporting students, tutors** and all those involved in health training, including mental health service provision, with trauma-responsive approaches, particularly in Borno state.

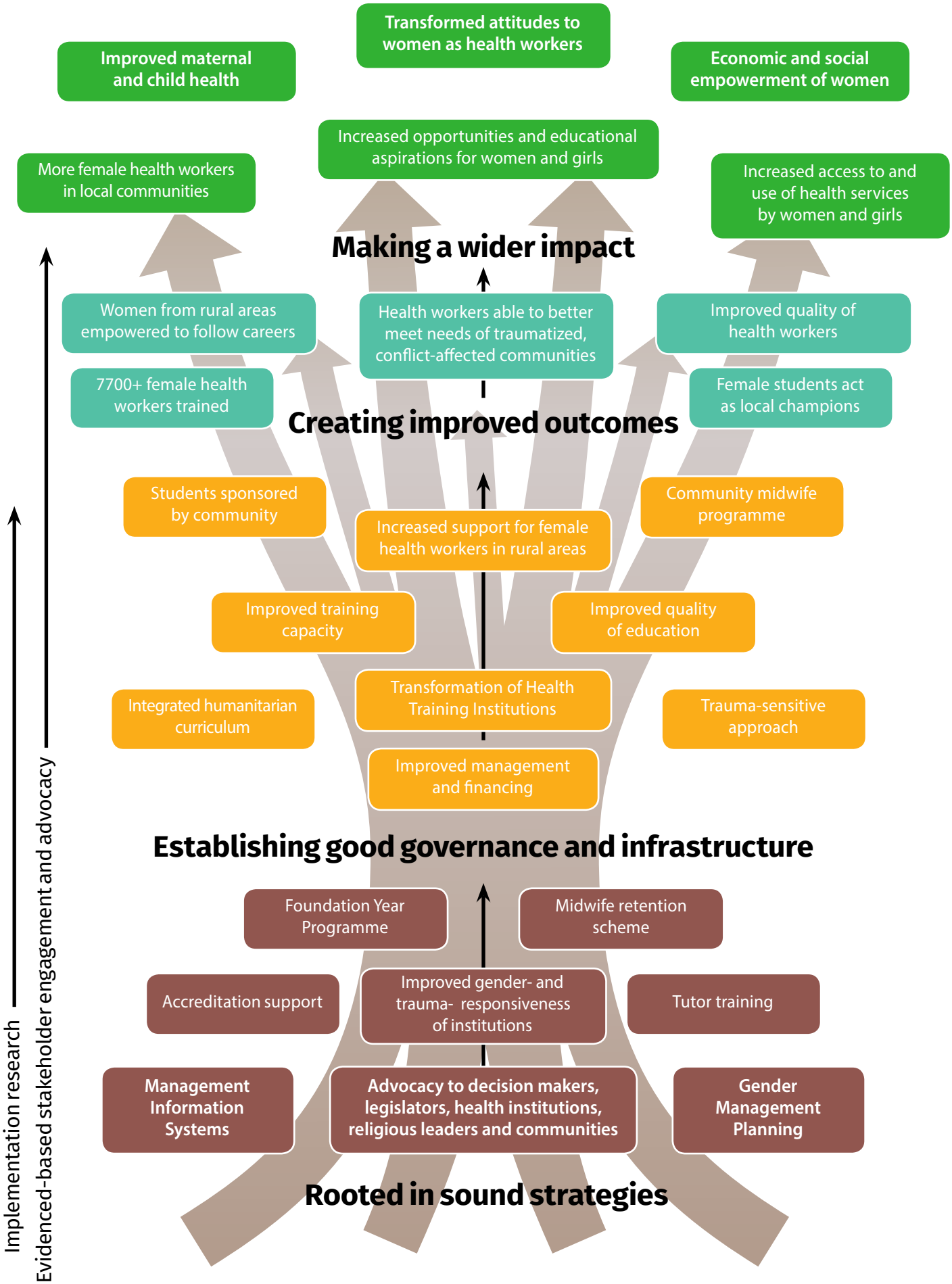
Engagement with, and empowerment of, women in focal communities

- **Engaging with community and religious leaders and parents/husbands** to gain support for women undertaking training and working as health service providers.
- **Increasing personal, social and economic empowerment of rural women** who are unable to gain a place on professional programmes.
- **Improving the recruitment and retention of midwives in rural communities** by addressing the practical, social and religious barriers to their retention.

Foundation Year Programme

- **Establishing a Foundation Year Programme in each Women for Health programme state** to recruit and build the academic, and personal and social capital of young rural women from rural areas, so that they can gain access to professional training, return to work in their communities, and act as role models. The Theory of Change Tree is illustrated in Figure 2 over the page.

Fig 2. The Women for Health programme: a sustainable model



Forging Stakeholder Alliances

One of the most fundamental actions of Women for Health was to create strong stakeholder support for the approaches and significant changes required to solve the female human resource challenge.

The time taken to create relationships means there is a likelihood that the outcomes will be sustained beyond the life of the programme

Issues relating to women's roles and relationships can be extremely sensitive, particularly in the complex, religious, political and social structures of northern Nigeria. Effective engagement in this context was not simple and entry points and strategies had to be sensitively honed to the local situation and involve local stakeholders. Ensuring that national and state level political, traditional and religious leaders, community members and the Health Training Institution managers were on board and ready to work in partnership was essential for the successful implementation of the programme.

Meetings were held at national and state levels, in which the logical argument to resolving the human resource and maternal mortality challenges was presented and stakeholders were oriented about how the Women for Health programme would help. Programme staff also appealed to the hearts of stakeholders, showing how the programme would help to protect the moral integrity of women delivering babies; stories of failures and successes were told. Many meetings were held in the local language, which aided understanding. Some stakeholders such as the state legislators commented that this was the first time that they really understood the scale of the problem and highlighted how no other programme was doing what Women for Health proposed to do.

It was at this time that the programme team built on the trust and goodwill gained through the previous routine immunisation and maternal, newborn and child health programme [1], operating in four of the same states. The Women for Health team took these relationships to another level in terms of engendering political will and commitment, thus creating an enabling environment essential for implementation. State level meetings with political leaders, Honourable Commissioners and Directors from State Ministries of Health, and other ministries, such as the State Ministries of Women's Affairs, State Ministries of Religious Affairs and Ministry of Local Government, cemented these relationships. Trust was further strengthened when the programme quickly followed through on practical agreements and promises, such as the rapid construction of accommodation for midwives in rural areas.

The importance of creating and maintaining effective communication platforms between the programme, the Institutions and the regulatory bodies became increasingly clear as the programme progressed, because of the key role of regulatory bodies in awarding accreditation. At a national level, linkages were made with regulatory bodies, such as the Nursing and Midwifery Council of Nigeria and the Community Health Practitioners' Registration Board. Relationships were also established with representative organisations, such as the National Association of Nigerian Nurses and Midwives.

Once established, these relationships continued to be strengthened throughout the lifetime of the programme. The implementation of a strong cross-cutting advocacy strategy, including formal, informal, state and national level strategies, ensured that any bottlenecks were addressed.

1 PRRINN/MNCH was a seven year UK aid-funded programme in four states (Yobe, Katsina, Zamfara and Jigawa).

A visit by the State Governor representative to lay foundation stones for one of the new infrastructure projects

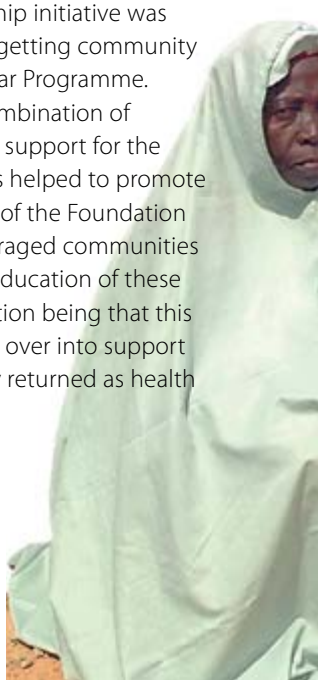
Engaging with the Health Training Institutions

Partnerships with the Training Institutions strengthened as the Provosts and Principals took ownership of the initiatives and participated in many of the inception meetings. Each institution had differing needs and continued to be separately consulted. Trust deepened as the team successfully accomplished activities, such as infrastructure development, the release of grants and increasing the gender-responsiveness of the Institutions.

Engaging with Communities

The Women for Health team focused on key rural communities from which they would recruit young women for a Foundation Year Programme. Meetings were held with community leaders and the parents and husbands of prospective students to raise awareness, develop understanding and clarify issues around women's health. The gatherings helped to open the eyes of parents and husbands about the potential and benefits of their daughter's or wife's training and then practising as health workers. Religious leaders were keen to help and proved to be essential in promoting the importance of women as health workers as a part of the solution to the issue of high maternal mortality in their communities.

A community sponsorship initiative was established with the aim of getting community buy-in to the Foundation Year Programme. Communities provided a combination of financial, material and social support for the young women selected. This helped to promote the long-term sustainability of the Foundation Year Programme and encouraged communities to play a bigger role in the education of these young women. The assumption being that this level of support would carry over into support for these women when they returned as health workers.



Student hostel built using programme funding and local grants

Results to date

The time taken to create trusted relationships and build ownership of initiatives has meant that there is a greater likelihood that the outcomes will be achieved and sustained beyond the life of the programme. Throughout the programme, the strength of these alliances has proved crucial for the effective implementation, ownership and sustainability of the Women for Health programme. This has resulted in increased awareness of the need for more female health workers especially in rural areas, the need for autonomy of and better funding for health training institutions. The results can be seen in the success of all the elements of the programme. Some direct results of note are as follows:

- All five original State Ministries of Health have taken over the running of the Foundation Year Programme.
- 60% of Foundation Year students are satisfied with the community support and sponsorship they receive.

Future actions

Sustained engagement at the federal and state level with government, legislators, health training institutions, communities and civil society is crucial to ensure impact and sustainability of Women for Health successes and gains. It is also critical in driving national efforts to solve the critical shortage of human resources for health in Nigeria. Efforts need to be focused on a broad range of stakeholders such that collective action can be fostered to support the national scale up of successful Women for Health interventions.

"As a Traditional Ruler, I am ready and willing to take the lead as a champion for girl child education and specifically for their entrance into health training institutions."

Alhaji Magaji Kaura, Community Leader, Dagacin Panteka

Transforming the Health Training Institutions

"If I finish my school successfully other women will develop interest in going to school, because they will see the importance and impact in me"

Foundation Year student

Achieving the changes required for the successful implementation of the Women for Health programme objectives has involved significant transformation of the Health Training Institutions.

Improving Governance, Management and Administration

Prior to when the Women for Health programme began, most Health Training Institutions did not have governing boards nor a standard budget line for running costs in the State Ministry of Health budget. They were not a political nor funding priority. They were sidelined and the leadership disempowered to govern with no autonomy or participation in planning and budgeting decisions. Many of the schools were losing their accreditation status due to lack of infrastructure and equipment, inadequacy of tutors and legal and structural bottlenecks, poor financial management and record keeping. The Institutions took no direct action to increase the enrolment of women from rural areas or to ensure that the environment, systems, structures and culture were gender-responsive and took account of the specific needs of female students. Moreover, the quality of teaching and learning was weak and student results were poor.

Throughout the four years of the Women for Health programme, continuous high-level advocacy with government officials and consistent engagement with the management team of Health Training Institutions has resulted in many of the schools making appreciable progress towards the criteria set for effective management and leadership.

Women for Health assisted the Institutions in establishing budget committees to coordinate the development of plans and budgets and built their capacity to justify them. State Ministries of Health were supported to integrate the Health Training Institute budgets into State Health Sector budgets.

The programme also continues to support efforts to establish and sustain a sound performance management system at all Health Training Institutions. This includes establishing student information management and human resource management systems and supporting bi-annual performance management reviews held at the Institutions with participation from the State Ministries of Health and communities.

Results to date

Effective governance and leadership of the Institutions has been a crucial step in ensuring the sustainability, ownership and implementation of other Women for Health initiatives. All 20 original institutions:

- Have full accreditation
- Have an effective management and leadership structures in place.
- Are now declared as having an effective planning, budgeting and performance management review cycles.
- Are now receiving regular imprest, or running costs, from the state.
- Have effective Student Information Systems.
- Have an effective financial management and grant management system implemented.

Future actions

Building stronger Health Training Institution governance bodies with sufficient capacity and that are supported by adequate legislation remains a key priority. Moreover the release of funds to the Training Institutions from the state budget remains a major challenge in some states.

Schools are equipped with a range of teaching resources

Creating Gender-Responsive Institutions

Improving the gender responsiveness or 'woman-friendliness' of the Health Training Institutions was essential, primarily to make it more possible and acceptable for women to study there. Given that women were previously under-represented in all but the schools of midwifery, this has required significant changes to the organisational culture of the Institutions, student welfare mechanisms, professional conduct of staff, safety, security and the teaching and learning environment.

Women for Health employed a carefully designed, multi-dimensional approach which brought the Institution's management on board, raised awareness and supported them in the development of their own gender management plans. A balance of support and challenge was crucial to the process, working at the time and pace to suit the stakeholders, gradually building capacity and bringing in greater challenge and deepening understanding. A team of gender facilitators was appointed to facilitate the transformation. The programme itself set examples of what it means to take a gender-responsive approach, for example engaging a female architect for the building work and providing funding support for some of the practical changes, such as the building of separate female hostels and accommodation for married women.

Gender awareness training has been introduced incrementally, allowing for the time and experience required for attitudinal change.

Results to date

The results from these actions have been significant in transforming the enabling environment for female students. They include:

- Increased enrolment of rural females, with many schools introducing quotas, some as high as 80%.
- More female representatives in Student Union Governments.
- Gender-friendly infrastructural development in Health Training Institutions.
- 13 schools have crèches and 10 have nannies for students with young children.
- 8 out of 20 schools have female staff.
- A greater number of female staff in decision-making positions with female Principals/Directors in 8 out of 20 schools and a female Provost in Yobe.
- Counselling for female students.

Even more important than the actual actions taken has been the gradual shift in organisational culture and the process by which some of the actions are gradually transforming into regular practice. In addition, the continued willingness of the majority of Principals to improve the gender-responsiveness of their schools has contributed greatly.

Future actions

However, this progress remains fragile, and if not consolidated with more steps taken to transform the organisational culture of the Institutions, it is a very real possibility that when Women for Health ends the gains to date will not be sustained.

Improving the Quality of Teaching and Learning

To maximise the impact of the Foundation Year Programme and achieve the aims of Women for Health, improving the quality of teaching and learning was of critical importance. When the programme began, the quality of teaching and learning was very poor and out of 50 students that began midwifery programmes, an average of only eight students passed the final exams.

The Health Training Institutions have introduced several strategies to improve the quality of teaching for students. Each Institution has:

1. **Developed an action plan** to implement a range of activities to improve performance management.

2. **Set up peer learning groups** for underperforming students.

3. **Increased access time** to library and IT facilities after lessons.

4. **Implemented a tutor training scheme** which introduced tutors to student-centered methodologies, especially those suitable for female students. Student-centred learning is an approach that shifts the focus of education from the traditional model – where teachers deliver instruction and information to students – to one where students are encouraged and supported to take responsibility for their own learning. The training re-oriented them to the importance of their role in ensuring that all of their students were able to develop the knowledge and skills to pass their exams within the three years designated for the programmes of study.

Student-centred learning is also relevant to the professional context awaiting graduates – newly qualified health workers will typically work in rural settings, have significant responsibility in their communities and often have little external

"My best teacher is Maths teacher "komin shi cikin lalama, wasa da dariya", that made me relaxed and make me understand his lesson"

Foundation Year student

Students are taught using models as hospital patients

supervision and support. Creating independent learners capable of making confident judgements is essential if these young women are going to make a difference to women's health in their communities.

Twin-tutor partnerships, between individual female midwifery tutors in Nigeria and the UK, aim to build mutually supportive relationships that leverage the strengths of partners to improve the quality of teaching. The partnership provides an individualised level of support with twin-tutor pairs choosing a project they wish to work on that contributes to improvements in quality of teaching. The pilot initiative began in 2014, partnering 16 pairs of female midwifery tutors. There was mixed success and by 2016, only two twin-tutor pairs were active.

A review took place and based on this and current global evidence, the initiative was adapted to provide focused support to a smaller number of pairs which included face to face meetings in the UK and Nigeria. Clearer selection criterion and a more formal agreement structure between twinned tutors, and from the Principles of their institutions as well as structured workplans including communication plans have made the initiative more successful. Twins have implemented student-centred learning initiatives which have been incorporated into the practice of their Health Training Institutions.

The current group of six pairs have accomplished meaningful work, including the piloting of clinical mentoring for students and the introduction of patch work assessments which support students to reflect on their clinical practice and link this to theory. The Nursing and Midwifery Council of Nigeria is enthusiastic to support scale up of twinning between different schools in different parts of Nigeria. Recommendations have been made to the Nursing and Midwifery Council of Nigeria to support scale up and sustainability of the initiative. The involvement and support of the NMC is crucial for the sustainability of this intervention.

Principals were also oriented on student-centred approaches and on their role in supporting quality teaching and learning and results based management. Learning support, additional exam revision classes and counselling mechanisms were developed and improved to ensure that students, especially female students, were able to study effectively and pass the exams..

Women for Health successfully managed a large portfolio of construction works in a challenging and high-risk environment

Results to date

The focus on the quality of teaching has improved the performance of students in the short to medium term. Results include:

- A total of 4386 female students have passed the national exams in their final year as at March, 2019.
- All 20 schools are now implementing student- centred methodologies, with another five institutions in the process of implementing student-centred learning, including three in Borno State.
- 88% students report that teachers use methods that encourage students to be active in the class.
- 77% students report that tutors provide them with academic counseling and learning support
- Since 2013 when student-centred learning was introduced by Women for Health, the Nursing and Midwifery Council of Nigeria have taken steps for the model to be adopted nationally. Educators from all states are undertaking Train the Trainers training, with a view to universally applying a student-centred learning approach in human resources for health education. Their reach as regulators of the profession will therefore be underpinned by a student-centred learning perspective.
- 70 tutors received training in Borno and Yobe on using a newly developed humanitarian response course for pre- and in-service training. Women for Health developed the humanitarian curriculum in collaboration with the Nursing and Midwifery Council of Nigeria and the Health Training Institutions.

Future actions

Improving quality of teaching and learning is a long-term activity and change takes a long time and requires substantial professional support. The interest amongst stakeholders in scaling up the twin-tutor pairs concept and it's potential for complimenting more generic and formal in-service professional development training both for midwives and nurses is a positive step. In addition, the prospect of a Northern Nigeria-Southern Nigeria institutional twinning relationship will be explored in the second phase of the programme.

Women for Health, in partnership with the Nursing and Midwifery Council of Nigeria will continue to roll out training and trainer training in student-centred learning for nursing and midwifery tutors and preceptors from colleges across Nigeria.

"The hostel is good, each student has a bed, a mattress and a pillow. I was so excited when they put nets on our windows because I don't like mosquitoes, and other reptile can enter our rooms without it. But now we are safe. The school told us to report anything that is faulty in our rooms"

Foundation Year student

Improving Infrastructure

Since approximately 40% of the accreditation standards relate to the quality and appropriateness of infrastructure and building facilities, it was agreed early on that rehabilitation and new construction work would be a priority area for Women for Health.

A Buildings Needs Assessment highlighted the absence of some structures and the high level of disrepair and dilapidation of existing buildings and the basic equipment (e.g. furniture, computer equipment etc.) that would be required to ensure that the facilities were 'fit for purpose'. It identified that if training numbers were to increase in future, few of the institutions had the infrastructure and facilities to cope with the rising demand for training places.

A separate assessment looked at the accommodation needs of trained midwives once deployed to rural primary health care facilities, and identified considerable gaps in the provision of adequate, safe and secure accommodation options.

Women for Health successfully managed a large portfolio of construction works in a challenging and high-risk environment where fraudulent business practices are endemic Proactive risk management by the team meant that the programme was able to identify and address construction challenges without delay. Women for Health issued and managed 61 construction contracts for the Health Training Institutions and a further 35 for the construction of midwife accommodation. 19 institutions have planned rehabilitation and new construction works completed.

This construction work was used as proof of commitment from the programme to leverage other improvements, in some cases considerably increasing government expenditure on these Health Training Institutions.

Gender concerns were taken into account and the needs of female students, including those married with children, were paramount in the design and construction. A female architect was sought and contracted to assist in consulting female students and staff about their needs. Separate accommodation for married and unmarried female students was constructed, washing and toilet facilities improved, covered pathways and security fences were constructed or mended and crèches and staff rooms constructed.

Results to date

Over the past four years Women for Health has greatly improved living and teaching and learning environment for female students and tutors, including significant infrastructural developments to improve teaching and appropriate accommodation for single and married students.

- **171 infrastructure projects have improved the quality of accommodation in the training institutions and their suitability for female students**
- **Accommodation was constructed for 35 midwives across the intervention states to ease accommodation challenges and support their retention in rural areas.**

The infrastructure developments provide good value for money. They have a better quality finish and at lower costs than those contracts being awarded by the Government agencies, due to the competitive procurement process used by the programme.

Future actions

Women for Health is working hard to ensure that the new and rehabilitated buildings and facilities are maintained on an ongoing basis. This requires adequate planning and budgeting and the establishment of a maintenance system coupled with attitudinal change in a context where a maintenance culture is largely absent.

The Foundation Year Programme

"The Programme has brought great achievement into the community... members have really appreciated it because it has led to the development that the community are proud of"

Community Leader

Women for Health's main strategy to produce, recruit and retain midwives in rural areas was to develop a Foundation Year Programme. This initiative builds the academic, personal and social capital of young rural women so they can achieve the academic requirements to qualify for nursing or midwifery training, return to their communities as health workers, and be role models for others.

The Foundation Year Programme was designed to recruit young women from rural communities, improve their exam results and prepare them psychologically for entry into health training colleges. These women are supported throughout their training by providing them access to counselling, funding for books and other expenses, with the intention they will return to their communities to serve as health workers. They will be role models for other girls and women in their communities and demonstrate the benefits of delaying marriage and pursuing a vocation.

The original design of the Foundation Year Programme had two main components: a nine-month Bridging course, and a three-month Preparatory course. As the programme moves forward and states take on the ownership and implementation of the FYP, they may decide to run both phases, or just one, depending on the specific needs of the state.

In Borno, the reality that almost all people

"As we were coming back from farming, we saw them slaughtering men and it was frightening so we started crying".

Female student from Dikwa LGA

Secure accomodation for female students in Katsina

"I have changed even regarding my studies. I have really improved in English language.

Foundation Year Student

in the state have experienced, witnessed or participated in violence and live with its long-term impacts was important to consider. Women for Health conducted a trauma assessment of female students to inform the design and integration of mental health and pycho-social support into the design of the Foundation Year Programme for the Women for Health-supported Health Training Institutions in Borno.

Not only can past experience of trauma affect learning outcomes, but as Women for Health takes a holistic approach to students who pass through the Foundation Year Programme and Health Training Institutions, the aim is to meet student needs and help them overcome barriers and challenges to lead to empowerment as well as improved learning outcomes.

Results to date

The Foundation Year Programme has had a significant impact on the young women involved. From the time they were selected for the Foundation Year, their confidence grew. Meeting with other young women, especially those from urban areas, changed their whole perspective and re-oriented their life view. Attitudes towards them at home and in their communities have changed. They are now accorded greater respect, seen as role models for other young women and girls and invited to help make decisions.

The results of several Women for Health studies, such as a Women's Empowerment Survey and Students' Perception Survey provide evidence that attendance on the Foundation Year Programme has brought current and potential economic benefits to rural students, their families and their communities. They demonstrate how providing an opportunity for young women to study at this level brought a greater sense of hope for the future for themselves and their rural communities.

- Six cohorts (2488) students have now enrolled in the Foundation Year Programme across the original five states, with Borno admitting 120 female students into its first preparatory Foundation Year Programme.
- Foundation Year graduates are showing signs of high levels of achievement, with those carrying onto the midwifery courses coming top of their class. The combined national qualifying exam pass rate for 2018 was 77%, (female - 75%; and male - 82%).
- The second cohort of Foundation Year students graduated in 2018, with a total of 256 graduates completing professional training by March 2019.

Future actions

More work is required to gain additional support from all sectors to achieve full state-level institutionalization and sustainability of the Foundation Year Programme. The Foundation Year Programme provides a model, which may be useful for addressing the rural shortage of female professionals in a number of social services, such as education, in which women are under-represented and access to the service for girls and women is limited.

Previously the Foundation Year Programme only focused on increasing the admission rates of young rural women into Health Training Institutions. However, as the Foundation Year students graduate from professional training it has become increasingly important to focus on the whole journey of the Foundation Year student.This includes from recruitment through to graduation as a health worker, and even into job placement, because during this period, a range of circumstances, including financial constraints, emotional issues and the pressure to maintain the pace of learning, make independent decisions based on best practice and context, whilst managing competing child/ family priorities, impede the completion of professional training and could negatively affect students.

As the Programme continues to work in Borno state, new cohorts of women from rural areas and from the Internally Displaced Peoples camps will be recruited to the Foundation Year Programme to begin their training as frontline health workers.

"The monthly allowance has really helped me. It has reduced my burdens on my parents. I don't have to be asking my parents to send me money or provisions"

Unmarried student from a very rural area of Katsina

Women's Empowerment and Gender Equality

"As a result of the Foundation Year Programme I have performed a major role, in sensitising community members on the importance of educating a female child regarding health.

Unmarried student from a very rural area of Katsina

The Women for Health programme has been a powerful vehicle for empowering women, transforming discriminatory attitudes in the Health Training Institutions and in the home communities of the female students.

Early meetings with community leaders and families of students began a process of changing the social norms that constrain local women from training as health workers. Rural students on home visits to their communities raised awareness and mentored other young girls and women about the importance of completing their studies and possibly considering health careers.

While Women for Health was designed to address the barriers to women's participation in health training using an approach that empowers women as service providers, the strength of its potential for transforming gender norms became clearer as the programme progressed. To maximise these levels of empowerment, a Life and Leadership course was developed for Foundation Year students. The aim of the course was to further enhance the students' growing self-esteem and confidence, increased agency and leadership skills in order that they may become leaders and champions of change in their home communities.

Not all Foundation Year students were able to secure a place on the nursing, midwifery and community health worker professional courses. For these women, returning home without a qualification could have had a negative effect on their status and the levels of confidence and the self-esteem they gained through the programme. To ensure that their confidence and status were maintained, they were provided with life and leadership skills training, financial literacy, income-generation skills and start-up seed funding. This has enabled them to begin income generation activities so that they can support themselves, contribute to the

"I have become a role model. My friends too have developed an interest, praying that they will have a similar opportunity later in life."

Foundation Year student

empowerment of other girls and young women in their communities and fund any further professional training if they so wish.

Increasing the gender responsiveness of the training institutions has created an enabling environment in which women can study successfully and safely and be reassured that their needs are taken account of. Attitudes of tutors and managers have gradually transformed so that they are more aware of the needs of female students and strategies to meet them.

"I love being in school because I have less responsibilities in school. I only take care of myself and my baby. Having fewer responsibilities has made me concentrate more on my studies" (Foundation Year student)

Results to date

Foundation Year Programme students are now acting as role models/champions and encouraging other young women to study, complete secondary education and follow a career. The students also have greater agency within their home and community and are increasingly called upon to help make important decisions.

Following completion of the Foundation Year[2]:

- 87% of students can confidently make decisions
- 98% feel more self-confident
- 86% are economically empowered
- 89% have effective leadership skills
- 93% feel supported by their families
- 78% feel supported by their community

Moreover 88%[2] of all nursing, midwifery and community health extension worker final year students felt that the Health Training Institutions are responsive to their needs.

Empowering young women from rural communities has created positive ripples of change, which impact on all community members, and especially on other young women in the community and their aspirations. The wider impact of the Women for Health programme is its contribution to shifts in attitudes to women, increased opportunities for economic empowerment for girls and women and encouragement for girls to complete secondary school. It will also contribute to increasing demand for reproductive health services, delaying first pregnancy and supporting safe childbirth.

Future actions

The social and economic empowerment of young women from rural areas will continue to be a significant focus of the programme. Future work will continue to strengthen female students' capacities to act as role models and strengthen the position of other young women in their communities. Operating in the conflict-affected Borno state will provide additional challenges for women's empowerment, such as displacement from home and disruption of social and power relations, trauma, and the increased burden of health disparities. However, there is also a huge potential opportunity for transforming traditional social and gender norms. Lessons learnt from the programme to date will help to guide activities. However, these lessons will be enhanced by conducting state-specific analyses and actions.

2. Women for Health 2016/2017 survey

Expanding the Number of Female Students

Women for Health invested significantly in supporting all the Institutions to gain and maintain accreditation

Women for Health has invested significantly in supporting all the health training institutions to gain and maintain accreditation in order to increase the number of female students in training.

Accreditation

A key aim of the Women for Health programme is to increase the number of female students in training. However, the number of students that health training institutions are allowed to enrol and index is dependent on the accreditation status awarded by the regulatory bodies. These awards in turn are dependent on the extent to which the institutions meet criteria reflecting basic levels of quality provision.

At the inception of the Women for Health programme, of the 16 Health Training Institutions involved at that time, only one had full accreditation, 10 had provisional accreditation and five had denied accreditation status. Three of the five institutions with denied accreditation status were Schools of Midwifery.

Implementing the aims of Women for Health required the 'buy-in' and commitment from the Nursing and Midwifery Council of Nigeria and the Community Health Practitioners Registration Board.

Women for Health invested significantly in supporting all the Institutions to gain and maintain accreditation. Once the need for the State Governments to engage with the health professional regulatory bodies was established and understood, the programme supported the States to conduct advocacy visits to all the relevant regulatory bodies.

Based on the suggestions by the regulatory councils, Women for Health supported the States to establish or re-activate State or Zonal council committees which provide a medium for communication between the Schools and Regulatory bodies.

With a good relationship and channel of communication in place, Women for Health provided financial support for the States to

All the new colleges have provisional accreditation

invite the Regulatory bodies to pay advisory visits to the Health Training Institutions. These visits successfully clarified and mitigated existing any misunderstandings and improved communication, and helped to identify any existing gaps in the Schools that could hinder achievement or maintenance of accreditation status. The gaps identified served as a baseline guide for negotiation between Women for Health and the States to develop implementation plans, which clearly stated which areas the programme would support and which the State Government was expected to implement.

New Colleges

An additional strategy for creating more student indexed places was the establishment of additional Health Training Institutions. Six new schools of midwifery, nursing and health technology were established between 2014 and 2019, including three in Borno State. The addition of these new Institutions and the Women for Health-led engagement and advocacy approach resulted in the approval of 415 new indexed places.

Results to date

Due to the increased involvement and commitment of the regulatory bodies, results to date include:

- The total number of approved indexed places for 2019 is 2097.
- 20 schools are fully accredited and a further 5 have provisional accreditation (including two new schools).
- No Women for Health-supported Health Training Institution is unaccredited.
- The relationships between the States and the Regulatory bodies have improved.
- The Schools are much clearer on what they have to do to gain accreditation.
- The State/Zonal council committees have become more functional.

Future actions

The Women for Health programme experience of working with regulatory bodies to date suggests that there is room for improvement in the capacity of individuals, internal organisation, supervision of activities at state level and consistency of policies, procedures and processes with emerging national policies and international best practice.

From Evidence to Action

Several studies conducted throughout the programme period provided evidence which has shaped approaches and activities, as well as translated into tangible outcomes.

Knowledge generation from research and translation into policy and practice is critical to support the strengthening of the health system and its relevant institutions. Gathering evidence of what does or does not work and sharing the insights generated with stakeholders to develop informed programme strategies has been a critical step in the success of the programme.

Baseline studies

When Women for Health began, baseline studies informed programme approaches to have maximum effect and to build a body of evidence to support advocacy and decision-making. These studies included:

Quality of Teaching Assessment – a full and detailed assessment of all aspects of the quality of teaching and learning and student-support in all the programme-focus Health Training Institutions.

Audit of infrastructure – to establish the scope of the building work required to bring all Institution facilities up to the standard required for accreditation. The audit also investigated what was required to provide appropriate accommodation for female students and classroom facilities to enable better quality teaching.

Gender Audit – highlighted the limited extent to which the Institutions considered the different needs of female students in their planning and day-to-day functioning.

Qualitative Research into Midwives Attitudes and Motivation – looked at the key factors that encouraged and motivated midwives to join and stay in the profession; the factors that shaped midwives' attitudes towards rural postings; and the hierarchy of constraints that undermined their ability to work effectively or to respond to rural staffing shortages.

Trauma Assessment – among Foundation Year Programme students in Borno to see how violence has affected them, the continued impact this has had and levels of mental health needs.

The Women for Health team has facilitated the translation of research into action or used it to effect policy change as demonstrated using the baseline studies.

As a result of the Quality of Teaching Assessment study:

A teacher capacity development scheme was implemented that:

– Re-oriented tutors to their role as facilitators

Gender Management Plans removed many of the barriers to women's participation, by encouraging better attitudes and increasing the 'female friendliness' of the institutions

The 'female friendliness' of the institutions has improved

of learning and increased their sense of responsibility for ensuring that all their students succeeded in their exams.

– Helped tutors to develop more student-centred approaches.

– Developed improved linkages between theory and practical sessions, ensuring that in practical/clinical sessions all students were more likely to practice procedures rather than rely solely on demonstration.

Based on the infrastructure audit a series of high quality, infrastructural development projects was implemented and completed on time and at a lower cost than government construction work.

Based on the results of the gender audit, the Institutions developed:

– Gender Management Plans, which addressed some of the barriers to women's participation, transformed attitudes and increased the 'female friendliness' of the institutions.

– An Institutional Gender Good Practice Checklist, against which the managers assess the progress of their institutions towards gender responsiveness on an annual basis.

The qualitative research into midwives attitudes and motivation helped inform programme strategies such as the improvement in support and practical living considerations and actions to address the social and cultural barriers to their retention.

These findings were picked up by:

– Participatory Action Research which engaged community members and their newly appointed midwives as researchers to discuss, identify and address the social and cultural barriers to their retention in rural areas.

– Midwife Recruitment and Retention Scheme which conducted operational research around the support received by new midwives in rural areas and the impact of newly constructed accommodation and other practical support on their retention.

The Trauma Assessment was followed by the design of approaches to integrate Mental Health and Psycho-Social Support into the design of the Foundation Year Programme for Women for Health-supported Health Training Institutions in Borno State, where many of the tutors and students suffer trauma from the ongoing conflict and violence in the area.

Annual Surveys

Some of these studies were implemented on an annual basis to assess progress of the Women for Health programme:

– A Student Perception Survey identifies final year students' perceptions of the Health Training Institutions: the facilities, the teaching and student support and assesses progress within the Institutions

– A Women's Empowerment Survey assesses the levels of empowerment of each cohort of Foundation Year Programme students and the extent to which they are now acting as role models and local champions in their home environment.

Midwife Mentoring Study

A Midwife Mentoring Study was implemented to assess the impact of mentoring on the performance of newly qualified midwives in rural areas. Twenty-five experienced midwives from across all the project states were trained in mentoring skills, and five mentees per mentor were selected; a total of 125 mentees. In a pre-posting test on a series of midwifery skills, the study found that there was a significant improvement in performance of the mentees as the average test score rose from 56% to 63%.

Future actions

The next phase of the Women for Health programme includes the establishment of a Human Resources for Health Learning Hub, hosted by Bayero University Kano, to:

- Consolidate the evidence generated to make it more accessible to policy-makers;
- Support scale up of successful Women for Health initiatives in more institutions and other states by sharing lessons learned and building the capacity of decision-makers and stakeholders by facilitating Learning Visits to successful intervention sites, online and face-to-face training, events and technical assistance; and
- Facilitate regular exchange between stakeholders.

In this new phase, Women for Health is expanding its efforts to institutions in Borno State. Due to the displacement of people and the on-going conflict between armed opposition groups, initiatives to strengthen the quality of teaching will include the introduction of a trauma-responsive, survivor- and student-centred curriculum for health worker training. In addition, the team will work to gain acceptance for the student-centred learning methodology and curriculum with the regulatory bodies.

The Journey Continues

The Women for Health programme has invested significantly in increasing the quantity and quality of female midwives and nurses in rural areas in northern Nigeria. So far, its multi-dimensional approach has laid a strong foundation for the sustained, increased production of frontline female health workers in rural areas and for the empowerment of women as health service providers and users. It has begun the process of transforming policies, strategy and transparency in the human resource production systems for female health workers. In summary, in the six years of implementation Women for Health has:

Maintaining a focus on women's empowerment at policy and practice levels, should significantly contribute to improvements in the maternal health indices in Nigeria

- Increased the physical, management and teaching capacity of 20 health training institutions and is strengthening a further five;
- Improved the quality of teaching and supported health training institutions to transition to a student-centred learning approach;
- Introduced and implemented a Foundation Year Programme for rural women to improve their academic credentials, study skills and confidence to enter professional health worker education;
- Engaged 912 underserved communities to promote positive attitudes towards and community sponsorship of women attending tertiary education and becoming health workers; and
- Engaged with government to ensure commitment, legislation and budgeted funding to sustain health training institutions and Foundation Year Programme activities into the future.

In the new phase, from April 2018 to October 2020, the programme is:

- Developing and implementing an integrated humanitarian curriculum which aims to equip in-service and pre-service health workers to better meet the needs of traumatized, conflict-affected communities in the area.
- Supporting students, tutors and all those involved in health training, including mental health service provision, with trauma-responsive approaches.
- Increasing appropriate and better-quality training (in-service and pre-service) for nurses and midwives with a focus on conflict-sensitive learning.
- Improving the quality of teaching by supporting capacity strengthening of tutors in student-centred and conflict-sensitive methodologies.
- In Yobe, advocating for timely release of funds by supporting state governments to deliver on their commitments to the training institutions.
- Building support for, and addressing the barriers to, the recruitment and retention of female health workers in rural areas.
- Improving the 'female-friendliness' of the health training institutions by increasing the gender sensitivity of staff, constructing female-friendly facilities, improving security, providing appropriate counseling, provision of child care facilities, and increasing the proportion of female tutors and managers.
- Increasing the number of students in training by supporting health training institutions to gain, retain and maintain accreditation, and helping states to establish new training institutions and Community Midwifery programmes.

The women's empowerment aspects of Women for Health will contribute to communities' resilience and support peacebuilding and stability

- Providing an appropriate environment for high quality professional training by strengthening management systems, improving teaching facilities and access to digital technologies in the training institutions.
- Establishing a Foundation Year Programme in Borno to recruit and build the academic, personal and social capital of young rural women so they can gain access to professional training, return to their communities as health workers, and act as role models.
- Engaging with community and religious leaders and parents/husbands to gain support for women undertaking training and working as health service providers.
- Increasing the number of tutors by funding midwives, nurses and community health extension workers to undergo tutor training.

The key focus in Kano, Katsina, Jigawa and Zamfara during the new phase is to institutionalise learning, and scale up successes achieved at State and Federal levels to maximise the impact of the current investment. This is to ensure sustainability of the successful initiatives such as the Foundation Year Programme, while transitioning from direct support to government support.

To sustain the successes achieved in these states and support long-term impact, W4H is:

- Strengthening the capacity, policy and systems of state governments to sustain the Foundation Year Programme, and the quality of teaching to improve and maintain accreditation in schools.
- Engaging Federal agencies to institutionalize commitment to provide better and more equal, gender-sensitive human resources health practices, including effective oversight of the health training institutions and coordination with regulatory bodies.
- Curating knowledge and evidence of what works by establishing a Human Resources for Health Learning Hub, hosted by Bayero University in Kano, to facilitate learning across the region and locally-led scale up.
- Supporting the six state governments to lead on mentoring Foundation Year Programme graduates. In the five original states, 157 Foundation Year Programme Graduates are providing health services back in their rural communities.

W4H's approach acts on multiple parts of the health system. It has increased women and children's access to health services in rural areas where there is high unmet need by increasing the number of female health workers, thus contributing to achieving Universal Health Coverage in Nigeria. The women's empowerment aspects of W4H will contribute to communities' resilience and support peacebuilding and stability in the area. Maintaining the focus on strategies to produce and deploy more female health workers to rural areas, transforming attitudes to women's reproductive health, women as frontline health professionals and women's empowerment at policy and practice levels, should significantly contribute to improvements in the maternal health indices in Nigeria.

Acknowledgements

This publication represents a synthesis of knowledge, lessons from adaptive programming and expertise from decades of work in health, education and development. It is based on the wealth of expertise of the Women for Health programme staff and technical advisers who have been involved in adapting ideas and strategies to specific contexts from the outset.

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This report tracks the evolution of the implementation phase of the Women for Health programme. It notes specific achievements to date and highlights the critical factors that have contributed to its success. It reflects on important lessons that have been learned over the course of the programme and suggests steps for future action which can be used to inform scale up of future initiatives.

Gender Management Plans removed many of the barriers to women's participation, by encouraging better attitudes and increasing the 'female friendliness' of the institutions

"As a Traditional Ruler, I am ready and willing to take the lead as a champion for girl child education and specifically for their entrance into health training institutions."

Alhaji Magaji Kaura,
Community Leader, Dagacin Panteka

"The Programme has brought great achievement into the community... members have really appreciated it because it has led to the development that the community are proud of"

Community Leader

"If I finish my school successfully other women will develop interest in going to school, because they will see the importance and impact in me"

Foundation Year student

"The monthly allowance has really helped me. It has reduced my burdens on my parents. I don't have to be asking my parents to send me money or provisions"

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Save the Children.

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