



Supporting rural communities to train their health workers in fragile settings: the Women for Health experience

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Introduction: The Context

- Northern Nigeria has some of the worst health indices in sub-Saharan Africa (NPC and ICF International 2014; WHO 2017). The poor health outcomes are the result of multiple factors, one of which is the shortage of front-line health workers, particularly in rural and hard-to-reach areas of the region
- Roughly 75% of maternal deaths in Nigeria could be easily prevented with the help of a skilled birth attendant, but few women in northern Nigeria benefit from the support of a trained nurse or midwife. (W4H, RCA report, 2013)
- In light of this challenge, Women for Health (W4H), a UKaid–DFID funded programme was established in 2012 to support six states in Northern Nigeria, including Yobe and Borno ravaged by Boko Haram conflict, to produce their own front-line health workers.
- The aim of this presentation is to share W4H experience in working with communities to produce their own health workers and in the process holds the health system accountable. This is more relevant, in a fragile environment like Yobe and Borno within the “Built-Back-Better” context

Health indices in Yobe

Health indicators	Data	sources
Maternal Mortality Ratio	700/100,000 live births	DHS 2013
Infant Mortality Rate	77/1000	DHS 2013
Under 5 Mortality Rate	160/1000	DHS 2013
% receiving ANC from a skilled provider	33.2% (Yobe); 49.3% (NE)	DHS 2013
Proportion of pregnant women accessing SBA	10.2% (Yobe)	DHS 2013
Contraceptive Prevalence (any modern methods)	2.7 % (N.E); 0.5% (Yobe)	DHS 2013
% of children 12-23 month who received all basic vaccination	6.9 (all basic vaccine); Measles (10%)	DHS 2013
Proportion of under-five (6-59 Months) children suffering from stunting	57.2%	Nutrition and Health SMART survey, 2014 FMoH

HRH Situation at PHC facilities by LGAs in Yobe May, 2013 (Sources, SPHCMB)



LGA	Pop	Nurses	Midwive	LGA	Pop	Nurses	Midwive
Machina	61,606	0	6	Fune	300,760	2	6
Nguru	150,632	0	3	Tarmuwa	77,204	0	6
Yusufari	111,086	2	6	Damaturu	88,014	8	12
Yunusari	125,821	0	3	Gujba	130,088	0	6
Geidam	157,295	2	4	Gulani	103,510	0	4
Bursari	109,124	0	6	Fika	136,895	4	6
Karasuwa	106,992	0	5	Potiskum	205,876	8	10
Bade	139,782	4	6	Nangere	87,823	4	8
							103
Jakusko	229,083	2	6	Total			(1,672)
				(2006)	2,321,591	36	

The Intervention: Foundation Year Programme (FYP)



- FYP is designed to address regional (rural vs urban) and gender inequalities in the training of health workers by supporting rural girls academically, financially, socially and psychologically to gain the required qualification and right attitude to become a nurse or midwife and be deployed back to their communities to serve. The initiative has two strands - a bridging and a preparatory.
- To succeed, W4H brought together the communities and government agencies responsible for the production, employment and distribution of health workers in the health system. In the process, the legislative arm, the state assembly became the arbiter

Community level accountability

- Communities were engaged to address barriers within the communities such as;
 - Potential areas of cultural and religious conflict in the minds of husbands, families, and the wider community e.g.
 - Nominate and support their daughters for training rather than relying on health workers from urban areas. Community is therefore ultimately accountable for the production of a reliable workforce capable of meeting the needs of local women
 - Provide material, financial, moral and social support to nominated girls through community sponsorship and bonding system
 - The legislators (peoples representative) were sensitized and got involved in the implementation of the initiative
 - Religious leaders were also involved in the campaign especially during sermon in their respective mosques on the need to allow their girls to become health workers
 - Engage with the HTI to monitor the progress of the nominated girl.

Establishing Community- Health Training Institutions linkages



- The involvement of the communities has improved the collaborative ties with the health sector in general and the HTI's in particular. Prior to FYP implementation, there was limited communication and weak relationships between communities and the health sector. A tutor in Yobe state admits that
 - “previously there was a lot of gap between the communities and the health training institutions, but as of now, the initiative of Women for Health links a lot.”.
 - Another one in Jigawa said “Previously [the HTI was] waiting for people to come to us, now we are saying “Come!”” (Provost - Jigawa).

Establishing Community- Health Training Institutions linkages, cont...



- A Provost of a College of Nursing and Midwifery noted that prior to FYP he had a couple of visits from community members, but he now receives visitors on a weekly basis. District Heads and representatives of community organizations visit the college regularly to ask for details of admission opportunities and process.
- Community school are contacting health training institutions to groom their female students for HTI entrance examination

State Chief Executive addressing the FYP students



Establishing Community- Health Training Institutions linkages, cont...



- The FYP students become a crucial link/ lever in an evolving accountability relationship between the health services, HTI's and health users
 - When asked what is the link between a community and her school, an FYP student said “we are the links we are here.”.
 - A student posited, “people ask many questions when we return home.”
 - An FYP student training in one of the school's of Nursing said “I have become a role model. My friends too have developed an interest, praying that they will have a similar opportunity later in life.”

Linkage with Ministries

- In order to ensure the successful transition of FYP students into HTIs, and into full-time employment, a bonding agreement has been devised in consultation with stakeholders. The bonding agreement sets out the responsibilities of each partner as follows:
 - 1) SMOH to accept all FYP students who pass the entrance examination into nursing, midwifery, or CHEW training at an HTI upon completion of the FYP;
 - 2) SMOH and Ministry of Local Government to offer a full-time, pensionable appointment to the student upon completion of training; and
 - 3) student to commit to returning to work within her community/LGA upon completion of training.
 - 4) Involvement of the community members in monitoring and supervision of the girls while in training

Testimonies

“I was inspired into this profession because of difficulties my people are facing over the years when it comes to child delivery... Since I joined the programme I have become a local champion with many young girls looking up to me as their role model. They always see me as their saviour, meeting me at home, morning and night, for advices and services”. (FYP midwife graduate in Kunchi)

“I am encouraged by this initiative (FYP), especially as it relates to the issue of girl-child education. We do not take girl-child education seriously, perhaps that explains why we are facing a lot of difficulties. We don't have women to attend to our wives on our health facilities and in schools no teachers”. (Ngbokai 2017: 29)

W4H achievements

- 98 communities were involved in the implementation of the FYP initiative
- 296 FYP students are undergoing training to become health workers supported by W4H
- 356 FYP students supported & funded by the Govt. as part of the sustainability/exit plan
- 103 midwives graduates and deploy them to rural areas in 2017
- 18 female newly graduate nurses recruited and deployed to rural areas
- 30 FYP students graduated as midwives were recruited and deployed to rural areas in 2018
- 35 retired and senior midwives were engaged to provide mentorship to the health workers working in rural areas
- The programme facilitated the formation of Facility health committees to provide support to the health workers deployed to their communities

W4H achievements, cont...

- Community ownership of the FYP programme
- Community support to their girls while in training
- Increased zeal and willingness of rural girls to become health workers
- Government support towards improving the accreditation of the HTI's
- Increased students pass rate
- Automatic employment of the graduates and deployment to their communities

Lessons Learnt Working in Humanitarian setting



- Need to be careful not to perpetuate inequalities within the state and between states that either caused or sustained the conflict. Efforts needed to engage and be inclusive e.g. north & south Borno
- Adopt different approach to identify and reach out to the right girls, including IDPs and conflict affected communities.
- More investment needed, e.g. many of the girls have not been to classroom for past 3 years
- Need to factor in the traumatic experiences of the girls such as rape, domestic violence, sexual exploitation etc

Advocacy to the State Chief Executive by W4H mgt.



One idea to stick and one action to take from the session



One idea you want to stick with participants post the session:

- ✓ Utilizing indigenous trained female health workers increases trust and confidence of the community members and subsequently increase uptake of reproductive health and Family Planning services

What is one action you hope they are inspired to take from your session

- ✓ Support communities to train their girls as health workers who will go back and provide the reproductive health and Family Planning services

Conclusion

“The FYP has given communities a strong argument in favour of educating girls, and through the example set by FYP graduates, has opened up new professional aspirations”. Adamu, F (2018)



Thank you for listening



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