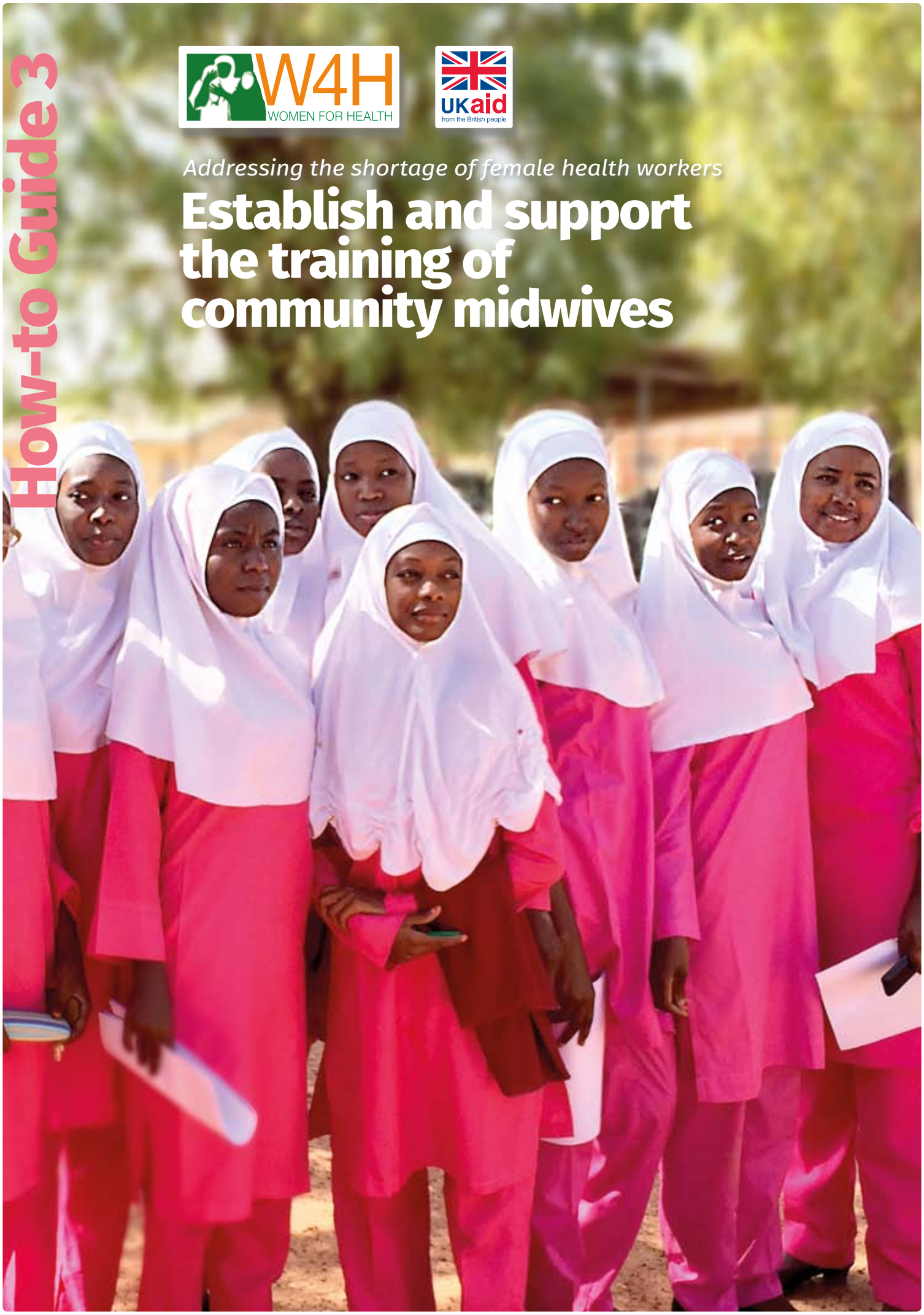
How-to Guide 3

W4H WOMEN FOR HEALTH

UKaid from the British people

Addressing the shortage of female health workers

Establish and support the training of community midwives



Since it began in 2012, the Women for Health (W4H) programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By the end of March 2018, 6,257 women received training as health workers because of the programme. Many are developing careers as rural health workers in their local communities – where they can have the greatest impact on maternal, newborn, infant and child mortality and act as role models and champions.

This 'How-To' guide sets out a tried and tested approach to supporting health training institutions through the process of establishing and supporting a Community Midwifery Programme to ensure rapid scale-up of qualified midwives in the community. The guide translates the lessons learned from W4H into a series of practical, inter-connected steps to help similar projects, states and government initiatives in comparably challenging locations.

The W4H programme worked with 22 health training institutions in five northern Nigerian states – as well as regulatory and state bodies, and a wide range of other important stakeholders. Of these 22 training insitutions, six are Schools of Midwifery responsible for training midwives.

This guide is for anyone aiming to establish a Community Midwifery Programme, as an approach to quickly scale-up the number and quality of midwives trained specifically to work at home or at primary health care facilities, and to contribute to progress on the Sustainable Development Goals, specifically improving reproductive, maternal, newborn, child and adolescent health outcomes. It is suitable for health policy makers and planners, project and programme staff, government and development partners and non-governmental organisations.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available. For more please visit: www.women4healthnigeria.org

How to use this Guide

This How-To Guide builds upon W4H technical briefs, success stories, knowledge summaries and evaluation results related to establishing and implementing Community Midwifery Programmes (CMPs) in northern Nigerian states.

The Women for Health programme

In the north of Nigeria, a chronic shortage of female health workers converges with social, cultural and religious norms which impact on women's access to health care to produce some of the poorest maternal and new born health indicators in sub Saharan Africa: in 2013 women faced a one in nine lifetime risk of maternal death; 23.8% girls were married before age 18; only 19.5% and 12.3% of deliveries in the North East and North West were attended by a skilled provider, compared to 82% in the South East and South West. Moreover, rural deliveries in the north were three times less likely than those in urban areas to be attended by a skilled provider[1].

A massive underinvestment in pre-service education is the single greatest driver of the health workers shortage in Northern Nigeria

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.

Women for Health

In response to this challenge the UK aid funded Women for Health (W4H) programme focused on a sustainable approach – recruiting young women already residing in the rural areas for training so that they return to their home community to provide culturally appropriate quality health services for girls and women. At the same time, the programme empowered these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms. Working 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.

The challenges faced

The recruitment of young northern women for health professional training is challenging for a range of complex reasons including socio-cultural disadvantage and exclusion. Poor educational provision in rural areas means that most young women do not have the level of education to succeed in nationally accredited training courses. Moreover, restrictions on women's mobility and the deep-seated expectations around appropriate gender roles constrain opportunities for career development of young women.

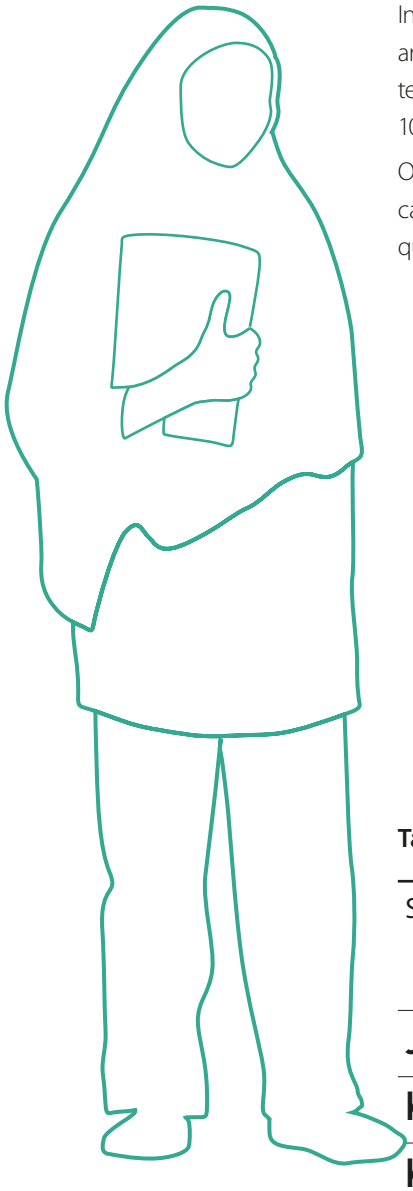
At the same time, the culture and environment at health training institutions is predominantly male. There are few, if any female tutors, or senior staff. Often, no consideration is given to the different and specific needs of female students; most accommodation is unsuitable for women, especially those for who were married, and there is little or no childcare provision. Many campuses are insecure and harassment of female students and staff has been reported. The quality of teaching and learning is often inadequate and student learning and personal support is virtually non-existent.

At state and federal government levels, there has been limited involvement by government in funding, governance and quality oversight of Health Training Institutions, and low commitment by regulatory and professional bodies.

1. 2013 Nigeria Demographic Health Survey, National Population Commission, Nigeria.

A root cause analysis of the health workers' crisis in northern Nigeria was conducted in 2011 by the W4H programme, revealing that those states had only 5,452 nurses and midwives available[1]. The rate of nurses and nurses and midwives per 1,000 population was only 0.16 to 0.27 – compared with World Health Organization (WHO) minimum ratio of 1.73 nurses and midwives per 1,000 population[2]. If the target ratio of 1.73 per 1,000 people is to be met then at least 44,873 would be needed. The study revealed that 'massive underinvestment in pre-service education is the single greatest driver of the health workers shortage in Northern Nigeria". For ongoing interventions to substantially close this gap, the study recommended "transformational investments' in Human Resources for Health and a paradigm-shift to strengthen pre-service education of health workers.

The scale of the shortage of midwives



In Northern Nigeria, the shortage of skilled personnel means that fewer than 15% of women giving birth are assisted by a skilled birth attendant. Jigawa, Kano, Katsina, Yobe, and Zamfara, have less than one-tenth the number of midwives they should according to the WHO global standard of 7.2 midwives per 10,000 persons[3] (Table 1).

One aspect of addressing this shortage, involves the need for educational institutions to increase their capacity to teach. This involves physical infrastructure, and also has implications for the numbers and quality of tutors, as well as the need for improved curricula.

WHO requirement for basic good health

1.73 nurses and midwives per 1,000 population

Northern Nigerian States on average had less than 10% of the trained nurses and midwives needed

Table 1: Number of midwives required compared with number available by state

State	Population	Number to meet the WHO standard	Current number of midwives	Shortfall
Jigawa	4,631,412	3,334	337	2,998
Katsina	6,715,185	4,835	335	4,500
Kano	9,993,847	7,196	784	6,412
Yobe	2,321,591	1,672	24	1,647
Zamfara	4,064,092	2,926	175	2,751

Source: Adegoke AA (2014). Factsheets on Midwives Shortages in Jigawa / Katsina / Kano / Yobe / Zamfara; More Midwives: More lives saved. Advocacy brief. Women for Health Programme Nigeria

1. Keller B, Musa M, Reinstadtler C and Walsh F. 2013. Root Cause Analysis of Northern Nigeria's Health Worker Crisis. Report to PRINN-MNCH. Assignment number: 2.2.2.2. October / 2013
2. World Health Organization (WHO). The World Health Report 2006: working together for health. Geneva: WHO, 2006. Available at: http://www.who.int/whr/2006/en/
3. Adegoke AA, Boudib SR, Findley S. (2015). Community Midwifery: Expeditious Response to the Midwifery Shortage in Rural Northern Nigeria. Knowledge summary. W4H Kano, Nigeria.

The community midwifery programme

The Community Midwifery Programme (CMP) was established by the national Nursing and Midwifery Council of Nigeria (NMCN) in 2012 with the aim of increasing the number of skilled birth attendants and thus significantly reducing maternal mortality rates. The CMP creates a new, middle cadre, midwife role – the 'Community Midwife' – who is expected to work as the community-based partner of the registered midwife at the health facility.

Zamfara State became the first state in Nigeria to begin implementing the CMP. This was done with the support of the Partnership for Reviving Routine Immunisation in Northern Nigeria/Maternal Newborn and Child Health Programme (PRRINN/MNCH) and the Women for Health programme. The Women for Health programme has since supported midwifery training institutions to establish CMPs in a further four northern states (Jigawa, Katsina, Kano, and Yobe).

CMPs are designed to run within existing Schools of Basic Midwifery, making them easy to establish. Once a school has accreditation (either provisional or full) to run basic midwifery courses it can then establish a CMP. The duration of the basic midwifery programme is three years and graduates of the programme are referred to as 'Registered Midwife'. The entry requirement for 'Community Wife' is lower than that of basic midwifery and the duration of the training is two years, followed by six months of a mandatory supervised practice. For rural women, who have lower levels of access to secondary school level education, or even the required science credits, this is a more accessible educational and career option. The shorter length of the course also makes it more attractive to already working women or married women, who are key candidates for the course because they are more likely to return to their husbands and rural communities, as they will be away from their communities for a more feasible amount of time.

As per the NMCN requirement all community midwives and midwives are female. A community midwife is based in a rural community and is affiliated with a rural Primary Health Care (PHC) facility. Typically community midwives tend to be women. She identifies pregnant women and visits them in their homes to provide routine maternity services, managing antenatal care and normal deliveries in homes or at the PHC within the community. She is expected to manage minor disorders of pregnancy, labor and post-partum care, including newborn care, but to refer any major disorders to the nearest health facility with a registered midwife capable of providing basic emergency obstetric care. She follows-up with post-surgical care when they return home. In addition, the community midwife can administer essential life-saving drugs, counsel on family planning, and lead educational sessions.

Establishing and supporting the training of community midwives

A CMP must be established in a School of Basic Midwifery that has at least secured provisional accreditation status. In developing CMPs in five northern states, the Women for Health programme adopted the key stages set out in this guide.

Stage 1: Establish the need for a Community Midwifery Programme

This stage involves three steps: conducting a situational analysis to provide data for decision-making and advocacy, building support among key stakeholders and specifically involving communities.

Conduct a situational analysis

It is important to conduct a situational analysis to determine the total number of skilled birth attendants and health facilities in the state. This will help to identify the human resources for health gaps. Then compare the data with the rate of production by the health training institutions. This will provide an insight into the number of years needed to produce enough health workers, the need to expedite training, establish more programmes and/or establish more health training institutions.

Build support

Build support among key stakeholders through sensitisation and advocacy. Identify relevant stakeholders e.g. Ministry of Health, members of the state house of assembly, etc. Present them with the findings from the situational analysis and highlight the gaps in human resources for health in the state and its implication on the quality of health care delivery.

Involve communities

Specifically involve communities in the process of building support by engaging community leaders, youth organisations and other relevant bodies to raise their awareness of the human resources for health challenges faced in their state. Raise awareness around the importance of skilled birth attendants in reducing maternal and child death. Raise awareness about the importance of communities helping themselves. This will also help to encourage community members to train as health workers. Refer to W4H How-to Guide 1: Empowering young women from rural areas to become health workers for more information.

Tips for involving local communities

- Through meetings and sharing the rationale and logic of the intervention
- Through developing and implementing a robust advocacy strategy
- Through changing minds with evidence and hearts with stories of personal struggle
- By following through on promises made, and negotiating 'matched' funding for specific initiatives, such as the building of midwives' accommodation
- By contributing technically and financially to some of the required changes and demonstrating their value

Stage 2: Engage and sensitise all key stakeholders

The training, recruitment and deployment of community midwives requires the active participation and involvement of the Local Government Council. After completing Stage 1, the following Stage involves setting up mechanism to ensure continued consultation and engagement of all stakeholders in the state – relevant ministries, departments and agencies –to ensure their support for the programme and acceptance of the community midwives after graduation. This can be done by inviting representatives of groups relevant to the sector to take part in a stakeholder meeting to establish a state working group. Arranging this participation may take time, but the process of building support and developing a strategic plan for CMP cannot be hurried. It usually takes one to two months.

The W4H National Programme Manager meets with the Director General, Yobe State Primary Health Care Management Board, to advocate for more female health workers in rural areas

Step 1

Hold a stakeholder meeting

It is important that a stakeholder meeting is convened where the human resources for health situation of the state, and the importance of establishing a CMP is discussed. It will be important to reach an agreement amongst this forum to establish the CMP and to use this forum to set up a state working group.

Partners who contribute directly or indirectly to the achievement of accreditation should be involved in planning. This would include the state Nursing and Midwifery Council (NMC) Committee, the national Nursing and Midwifery Council of Nigeria (NMCN), and other sector ministries, departments and agencies whose services may need to be in place to achieve at least provisional accreditation.

Step 2

Establish or join a state working group

The state working group does not need to be a new working group, and can use the mechanism of existing working groups in the state. For example if there is a Foundation Year Programme Working Group in the state, the Group's functions could be expanded to include the establishment of a CMP. Alternatively, a sub-committee within the human resources for health forum could be set up to focus on CMP specifically. Whatever form the working group takes, it should seek to include partners working on human resources for health programme within the state.

This working group should ensure that a clear CMP strategic plan is developed. The strategic plan should include how long the state will run the CMP to fill the identified gaps, based on the number of midwives needed, as well as clear training, recruitment and deployment plans.

The Terms of Reference of the CMP Working Group should include:

- Liaising with the Nursing and Midwifery Council at state and national levels to identify standards, process and procedures for setting up a CMP;
- Developing a detailed timeline and action plans;
- Assessing existing Schools of Midwifery to identify gaps using Nursing and Midwifery Council standards (e.g accreditation status, adequate hostel, classrooms and practical sites). This assessment should be conducted with technical support from the NMC state committee;
- Liaising with stakeholders in the state to ensure gaps are filled;
- Re-assessment of each School of Midwifery to ensure all standards have been met;
- Getting approval from the NMCN for the commencement of the programme; and
- Support the recruitment of candidates for the CMP.

Testimony

"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."

Community leader, Yobe state

A visit from the Yobe State Commissioner of Health to the School of Nursing and Midwifery, Damaturu

Stage 3: Conduct detailed assessment

The state NMC committee should conduct a detailed assessment (also called pre-verification assessment) of the Schools of Midwifery to identify gaps that need to be addressed in preparation for the CMP. Active engagement of the NMC at state level will ensure this is possible. The assessment should use the checklist containing the NMCN minimum requirement for accreditation of a School of Midwifery and the NMCN checklist on the requirement for establishing a CMP. These are available from the NMCN website. This will ensure that the School of Midwifery meets the minimum requirement for provisional accreditation as well as the capacity for additional resources needed for new CMP programme[1].

The minimum requirement for accreditation covers five core areas including: curricula; faculty and staff; facilities, equipment, supplies and other resources; fiscal and administrative capacity; and student success with respect to mission-outcomes. Whilst the additional resources should take cognisance of the processes needed to cater for the additional students that will be enrolled in the CMP ensuring adequate hostel and classroom accommodation.

The state NMC committee should submit a detailed report of the assessment detailing the gaps needed to establish the CMP and the level of preparedness of the school to start a new programme.

Detailed guidance on how to support a health training institution to achieve accreditation is offered in 'Women for Health How-To Guide 2: Supporting Health Training Institutions to regain, maintain and upgrade their accreditation status'[2].

A copy of the NMCN requirements for accreditation and for establishing a CMP are available on the NMCN website at: www.nmcn.gov.ng

A midwifery lecturer demonstrates a palpitation technique with students during a practical session

1. NMCN 2016. Minimum requirements for General Nursing and Midwifery Education in Nigeria. December 2016. Available from http://www.nmcn.gov.ng/docs/standards/Requirement_for_General_Nursing_&_Midwifery_in_Nigeria.pdf

2. Adegoke AA, Gaya I, Sada A, and Manga R. (2017). Women for Health How-To Guide 2: Supporting Health Training Institutions to regain, maintain and upgrade their accreditation status. April 2017. W4H Kano. Nigeria

Stage 4: Develop and implement an operational plan

An operational plan should include identifying strategic priorities with resources, timelines and responsibilities.

Stage 4 involves two steps to develop a CMP operational plan and then monitor its implementation.

Step 1

Step 1: Convene a sector-wide session

Significant effort and input may be needed to ensure the School of Basic Midwifery achieves provisional accreditation, which qualifies the school to run a CMP. To systematically address the gaps identified, an operational plan needs to be developed. This will involve setting strategic priorities with resources, timelines and responsible persons and organisations identified.

For the purpose of developing an operational plan, the State NMC committee or an accreditation committee (where such exists) need to arrange a preliminary sector-wide session. This session will bring together a range of partners, representative stakeholders and technical staff. The group will either make suggestions for revision of the operational plan if one already exists, or develop one from scratch. It is suggested that the following should be invited to participate:

- Sector Ministries Department and Agencies;
- State House of Assembly (because of their oversight function)
- Unions (to serve as advocates)

An accreditation team visit to monitor implementation

Step 2

Step 1: Monitor implementation and conduct mock accreditation

To help ensure the achievement of targets outlined in the operational plan, the state accreditation committee should monitor its implementation. Then the state Nursing and Midwifery Council Committee should conduct a mock accreditation visit using the NMCN approved checklists. Any gaps identified at this stage should be addressed quickly.

Stage 5: Apply to establish the Community Midwifery Programme

Stage 5 involves a four step process to apply to the NMCN.

Step 1

Declare interest in establishing a community midwifery programme

The proposed School of Midwifery will declare its interest in starting a CMP by submitting a written application to the NMCN.

Step 2

Meet the minimum requirements

On receipt of this written declaration of interest, the NMCN will send the minimum requirements for a CMP to the proposed School and will direct the School to notify the NMCN when 75% of the minimum requirements are met.

Step 3

Prepare for a pre-accreditation visit

Once the School has notified the NMCN that they have met the requirements, the NMCN will ask the State NMC Committee to go for pre-accreditation visit and report their observations and recommendations to the NMCN. If the report from the pre-accreditation visit is satisfactory, the NMCN will go for an advisory visit to the proposed School. However, if the deficiencies observed by the State NMC Committee are many, the NMCN will ask for these to be rectified and that the School notify the NMCN to arrange for an advisory visit once they are addressed.

Step 4

Prepare for an advisory visit

The advisory visit by the NMCN is intended to provide further information on the requirements for establishing a CMP. Recommendations on critical gaps will be provided to the state government for consideration.

Stage 6: Invite resource verification

Further to implementing the NMCN recommendations, invite the NMCN to conduct a resource verification visit to the School of Midwifery to assess the human and material resources available in the school to see if they meet the minimum standard for provisional accreditation and be eligible to establish a CMP. Ensure all payments for the resource verification exercise are paid to the NMCN.

After this visit, the NMCN will give feedback on whether all of the requirements have been met or if there are further gaps for the state to consider. As soon as significant parts of these recommendations have been met, the NMCN can be contacted for approval to commence establishing the CMP.

A School of Nursing and Midwifery bus, Katsina State

Stage 7: Request final approval

Continue advocacy with the state government and the NMCN to ensure timely approval of the CMP. This may include writing reminder letters to the NMCN from the State Commissioner of Health and strategic meetings at NMCN headquarters.

Entrance to the School of Nursing and Midwifery, Zamfara State

Stage 8: Commence the recruitment process

Stage 8 consists of two steps:

Step 1

Identify and recruit eligible students for the CMP

While awaiting formal approval of the CMP by the NMCN, begin the process of recruiting candidates for the programme. The selection criteria given by the Nursing and Midwifery Council for CMP are:

- An entry requirement of a senior secondary school certificate with at least five passes which must include Biology or Health sciences and English language at not more than two sittings.
- A minimum of two students selected from every Local Government Area (LGA) in the state up to an overall total of 30 students.
- Evidence of sponsorship and an agreement to retain from the LGAs for each candidate.

To ensure that points 2 and 3 are met, it is important that candidates are selected by each LGA. This process should involve each LGA identifying potential candidates for the CMP. To fulfil the aim of the CMP, it is important that candidates reside in the LGA, be married, or ready to get married within the area, and therefore more likely to return to the LGA to work. Preference should be given to candidates already working within the LGA.

Entrance examinations and interviews can be used to ensure these criteria are met.

Step 2

Ensure a robust selection committee

It is important that a committee is established to help with the selection of students for the CMP. The membership of the selection committee should include representatives of the LGA and the community. Members can be drawn from the following: Director Primary Health Care; Ministry of Local Government; Ministry of Women's Affairs; Ministry of Health officials; Principal and Vice Principal of the School of Basic Midwifery; and leaders and members of the community.

Our experience

Student recruitment

In all three W4H supported states (running the CMP), the state working groups indicated that they face some difficulties in the selection of the students especially with regards to the identification of those who are likely to be able to cope with the programme. Both principals and coordinators indicate that poor exam results during the selection process, low intake numbers, high demand and pressure from politicians and the communities make the selection process challenging. However, all the students admitted to date meet the selection criteria set by the regulatory bodies

Community Midwifery students in class

Testimony

"I will change the minds of women who do not go for ante-natal care or deliver in health facilities. I will offer guidance and counselling to women. I will also enlighten them on personal hygiene. We often have cholera outbreaks in this town, I will educate them on how to take care of their children to prevent cholera"

Community midwifery student

Last Words

Closing the gap between the need and supply of qualified midwives is an important first step in ensuring access to good quality health care. Efforts to strengthen midwifery training institutes to become fully accredited and expand their capacities is critical. However, just having accredited midwifery schools is not enough to meet the need for midwives, particularly in rural areas where the need is most keenly felt.

Both the entrance requirements and lengthy training required to become a Registered Midwife are major barriers for rural women. With fewer rural women accessing this level of training, fewer return to serve their communities after completing training. Establishing a Community Midwife cadre drawn from the rural communities themselves through a CMP is an appropriate solution to this problem, with a shorter training programme of two years followed by 6 months of a mandatory supervised practice.

This guide has provides a step-by-step, comprehensive guide on how to support Schools of Midwifery to establish a CMP. It has been developed to support and provide guidance to other states in Nigeria and similar countries on accelerating and scaling up midwifery training. It provides an outline for government officials, Health Training Institution managers, and development partners on how to develop a more comprehensive and integrated approach to strengthening Schools of Midwifery and to sustainably improve pre-service education of health workers.

While this 'How-to guide' offers a framework for other states and similar countries to follow to establish and support the training of Community Midwives, it is also flexible. We recognise that each state and country are at different stages of development and will need to adapt their approach to their own context and needs.

Students pose for a photo at the School of Basic Midwifery, Kano

Check List

Stage 1: Establish the need for a Community Midwifery Programme

- [ ] Conduct a situational analysis
- [ ] Involve communities
- [ ] Build support

Stage 2: Engage and sensitise all key stakeholders

- [ ] Hold a stakeholder meeting
- [ ] Establish or join a state working group

Stage 3: Conduct detailed assessment

Stage 4: Develop and implement an operational plan

- [ ] Convene a sector-wide session
- [ ] Monitor implementation and conduct mock accreditation

Stage 5: Apply to establish the Community Midwifery Programme

- [ ] Declare interest in establishing a community midwifery programme
- [ ] Meet the minimum requirements
- [ ] Prepare for a pre-accreditation visit
- [ ] Prepare for an advisory visit

Stage 6: Invite resource verification

Stage 7: Request final approval

Stage 8: Commence the recruitment process

- [ ] Identify and recruit eligible students for the CMP
- [ ] Ensure a robust selection committee

Acknowledgements

This guide 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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Glossary of key terms

Accreditation – External quality review process by peers or an agency to assure that basic standards are met. Accredited schools receive a time-limited recognition for their programmes.

Approval – A review process by which an institution or programme is judged to have met the prescribed minimum standards set by the appropriate body. Unlike accreditation, approval is not usually voluntary, and the standards setting body is usually governmental.

Assessment – A systematic procedure for collecting qualitative and quantitative data to describe progress, practice and achievement.

Regulatory body – A formal organisation designated by a statute or an authorized governmental agency to implement regulations and consistency within a profession and its practice.

Standards – Agreed upon criteria to measure the performance and quality of health professionals' education. The desired level of performance against which actual practice is compared.

Acronyms

CMP – Community Midwifery Programme

DFID – UK Department for International Development

HTI – Health Training Institution

LGA – Local Government Area

NMCN – Nursing and Midwifery Council of Nigeria

PHC – Primary Health Care

PRRINN/MNCH – Partnership for Reviving Routine Immunisation in Northern Nigeria/Maternal Newborn and Child Health programme

RM – Registered Midwife

W4H – Women for Health Programme

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By the end of March 2018, 6,257 women received training as health workers because of the programme. Many are developing careers as rural health workers in their local communities – where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

This 'How-To' guide is about the process of establishing a Foundation Year Programme to enable young women from rural areas to improve their education qualifications and empower them for entry into the Health Training Institutions. It translates the lessons learned from the Women for Health programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme teams, government departments, development partners and non-governmental organisations.

While this Guide is focused on health, some elements of the guidance could be valuable for the provision of other social services, such as education, to increase the supply of female teachers in rural areas, and agriculture/livelihoods, to increase the availability of more female agricultural extension workers.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available.
For more please visit www.women4healthnigeria.org

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