USAID FROM THE AMERICAN PEOPLE

HWM USAID HEALTH WORKFORCE MANAGEMENT

TECHNICAL BRIEF SERIES **June 2023**

Photo: HWM Activity

Sokoto State Cadre Conversion Initiative

Context

In Nigeria, the North-West and North-East Zones have the highest maternal mortality rates. Sokoto State has among the country's highest maternal, infant, and child mortality rates, with 1,576 deaths per 100,000 live births, 78 deaths per 1,000 live births, and 119 deaths per 1,000 live births, respectively.

In 2019, the National Primary Health Care Development Agency (NPHCDA) established the National Emergency Maternal and Child Health Intervention Centre (NEMCHIC) to reduce preventable maternal and child deaths by 50 percent by 2021 through oversight of reproductive, maternal, and newborn, child, and adolescent health and nutrition (RMNCAH+N) services at the primary health care (PHC) and community levels.[2]

Building on Thaddeus' and Maine's Three Delays model,[3] NEMCHIC identified four primary drivers of Nigeria's high maternal mortality rate:

1. Delay in deciding to seek maternal health care
2. Delay in locating and arriving at a medical facility
3. Delay in receiving skilled maternal care upon arrival at the facility
4. Delay in receiving advanced care

NEMCHIC has prioritized seven interventions to address the four delays, one of which is the Reaching Every Ward with Skilled Birth Attendants (REWSBA) strategy.[4] REWSBA seeks to mobilize, train, equip, deploy, support, and retain skilled birth attendants (SBAs) for PHC delivery in every ward in Nigeria and to measure their impact. REWSBA promulgated the goal that at least one PHC facility in every ward in the country should have a minimum of two midwives and two community health extension workers (CHEWs). As of the first quarter of 2022, 81 percent (194 of 240) of the "one PHC facility per ward" PHC facilities in Sokoto State did not meet this standard. Residents of rural communities are disproportionately affected.

At the same time, Sokoto State has an abundance of other non-SBA health workers. Compared to minimum national standards for various cadres of health workers, the Sokoto State Government employs 'excesses' of 3,743 environmental health technicians, 643 environmental health officers, and 462

Photo: HWM Activity

medical records officers. This imbalance in health worker qualifications can be attributed to several factors, including a dearth of current health data to inform planning for HRH training and distribution; inadequate State financial resources to employ the higher-skilled staff, i.e., SBAs; and, consequently, a lack of health workers with the requisite skills to serve as SBAs.

In recognition of this challenge and opportunity, the Sokoto State Government solicited the support of the USAID/ Nigeria Health Workforce Management (HWM) Activity in converting these 'excess' health workers into SBAs through training as community nurses, community midwives, and CHEWs. The HWM Activity (2020-2025) supports the establishment of a cost-effective, well-trained, and motivated health workforce, particularly in targeted rural and remote areas of Sokoto, Bauchi, Ebonyi, and Kebbi States and the Federal Capital Territory (FCT).

Activity Description

Activity Design: Through the Cadre Conversion Initiative (CCI), HWM is supporting the Sokoto State Government to upskill existing cadres of health workers through community nursing, community midwifery, and CHEW programs at pre-service health training institutions (PSHTIs) in the State.

HWM is providing technical support to the Sokoto State Government to identify and enroll health care workers from the pool of environmental health technicians, environmental health officers, and health records officers currently working in PHC facilities within communities with the greatest need for SBAs. HWM is also providing technical support to the Sokoto State Government to build and strengthen its human resources for health information system (HRIS) to enable data-driven decision-making around HRH planning and distribution.

Stakeholders Engagement Process: HWM has partnered with the Sokoto State Government from the beginning of the CCI to ensure smooth collaboration, shared visions and resources, and alignment with best practices. HWM also provided technical assistance to the Sokoto State Government to conduct context analysis, identify problems, and develop the theory of change. The Sokoto State Government then (1) established a Cadre Conversion Steering Committee, (2) identified and engaged key stakeholders, (3) mapped the PHC facilities and communities in need as well as the staffing required to meet REWSBA minimum standards for SBA, (4) designed a screening process for the potential cadre conversion candidates, and (5) conducted due diligence on the PSHTIs where participants will be trained.

HWM has worked with the Nursing and Midwifery Council of Nigeria (NMCN) and the Community Health Practitioners Registration Board of Nigeria (CHPRBN) to improve the quality of training for nurses, midwives, and community health workers. HWM also engaged other stakeholders during the development and implementation of the CCI including the Sokoto State Ministry of Higher Education, the Sokoto State Office of the Head of Service, the Environmental Health Officers Registration Council of Nigeria (EHORECON), the Pharmacists Council of Nigeria (PCN), the Center for Comprehensive Promotion of Reproductive Health (CCPRH), and NANA Girls and Women Empowerment Initiative, which has received grants under contract (GUCs) from HWM, and other USAID Health, Population, and Nutrition (HPN) Office implementing partners.

Adaptation and Change Management: Initially, the Sokoto State Government requested that HWM help design a specialized training to help convert the health cadres to SBAs as quickly as possible. Early engagements with stakeholders made it clear that a short-term single

Photo: HWM Activity

specialized training would compromise the quality of production and ultimately not comprehensively or sustainably address the problem. Therefore, HWM and other stakeholders expanded the approach to leverage existing training programs within PSHTIs and strengthen planning, management, and governance systems to bolster sustainability after HWM.

Design for Scale, Spread and Sustainability: The CCI is both a pilot and proof-of-concept. HWM will monitor both the implementation and outcomes of efforts with the hope of further refinement and scale-up. The multi-pronged, multi-level approach to health systems strengthening increases the ability to meet the challenges of working in a rapidly evolving and dynamic environment, and this approach increases the potential for ownership, continuity, and sustainability.

Beyond this initial pilot, scale-up will involve working with stakeholders to increase the number of health workers enrolled in subsequent training cycles. Based on the CCI, the NMCN and the CHPRBN have approved the PSHTIs in Sokoto State to increase student admission quotas for the community nursing, community midwifery, and CHEW training programs. Through the CCI, HWM will help Sokoto State increase the production of these three cadres and sustainably address the shortage of SBAs. HWM will continue to advocate for the Federal and State Governments to increase funding for HRH at both levels. HWM will explore cadre conversion in the other 3+1 HWM States, drawing on lessons learned from Sokoto State.

Activity Impact

It is too early to measure the ultimate success of the CCI; however, preliminary findings suggest that cadre conversion is an effective, efficient, and sustainable way to address the shortage of SBAs in a State like Sokoto.

Resource Optimization: The CCI will assist the health system in Sokoto State to become more effective and efficient through the enhanced utilization and improved productivity of its health workforce. The Sokoto State Government will better utilize its existing health workers rather than having to hire more workers.

Quality and Equity: Improving HRH optimization will result in improvements in both quality and equity.

- As more health workers are trained as SBAs, the provider-to-patient ratio will decrease. In turn, the average demands on and stresses of each provider will decrease. Health workers who experience less stress can provide higher-quality care to their patients.
- The Sokoto State Government has chosen to incentivize participation in this program by requiring SBA credentials for health workers to serve as Officers-in-Charge at PHC facilities. Increasing numbers of SBAs will also allow the Sokoto State Government to distribute these workers across previously underserved communities, which will in turn drive improvements in equity for women in rural areas. In addition, more SBAs mean more women can use the facilities for delivery, which will increase revenue for the facilities through health insurance schemes.
- Health workers with multiple skill sets (i.e., as Pharmacy Technicians and SBAs) translate to greater health system resiliency since workers can be moved around and called upon to fill different roles in emergencies.

Evidence

As the CCI is still in the early phase of implementation, HWM cannot yet attribute to it changes in health outcomes in Sokoto State. However, the CCI theory of change posits that if HWM empowers the Sokoto State Government to:

1. Optimize its health workforce through training of the excess lower-cadre PHC facility workers to a cadre with life-saving skills,
2. Build capacity for effective HRH governance,
3. Have a functional HRIS, and
4. Improve the quality of health worker training,

then the output will be a resilient health system positioned to produce better maternal and child health outcomes.

HWM is confident that the enhanced government capacity and commitment to resource optimization, quality, and equity will increase the government's responsiveness to community health needs and improve trust in public health services.

One accomplishment from the ongoing stakeholder engagement process is the decision of the Sokoto State Government to transition the management of the community midwifery and community nursing training programs from the State Ministry of Local Government to the State Ministry of Health for better supervision and coordination. This transition also enhances health worker motivation and retention as it guarantees the promotion of the converted health workers in the State's civil service and their deployment to underserved communities after completing the training.

Facilitators

The success of the CCI has been possible due to the strong commitment and collaboration of the Sokoto State Ministries of Health and Education, the NMCN, and the CHPRBN.

Challenges

The Sokoto State HRH Technical Working Group (TWG) has facilitated coordination with partners and has helped to identify the resources available to support the CCI. HWM has worked to strengthen Sokoto State's HRH governance and management system. HWM has collaborated closely with the NMCN and the CHPRBN to support the PSHTIs. HWM has built upon the previous work of the USAID Integrated Health Program (IHP) to identify the HRH gaps among PHC facilities in Sokoto State and the World Health Organization (WHO) to develop a functional State Health Workforce Registry (SHWR).

Collaborating, Learning, and Adapting (CLA): The first major challenge was for HWM to determine the critical stakeholders to engage. While aiming to be inclusive, HWM was cognizant that including too many stakeholders may lead to "scope creep," which would put the success of the CCI at risk. Fully understanding and comprehensively responding to stakeholder expectations slowed down the pace of implementation. HWM leadership has continued to provide an enabling environment for learning, sharing, and innovating. Despite the clarity of vision on what HWM wanted to achieve, reaching a consensus on how to execute that session proved to be a complex task. The development of a theory of change helped to avoid the possibility of mission creep and tangential changes to the CCI.

Culture, Process, and Resources: Stakeholders had different working cultures, organizational processes, and resource availabilities. Competing priorities made convening stakeholder meetings more complicated than usual, and the subsequent delays in meetings led to lags in implementation. However, the relentless focus of HWM on co-creation with stakeholders has proven essential to the success of joint efforts so far.

Lessons Learned

HWM worked with partners to embrace the core elements of the CLA approach and has learned several lessons through the design and implementation of the CCI. After the kick-off meeting, HWM and partners spent 243 days

Photo: Population Services International

designing, negotiating, iterating, and redesigning their approach to the CCI before reaching agreements with the NMCN and the CHPRBN. As previously mentioned, stakeholders had competing priorities. There were also disruptions due to political and civil unrest in Sokoto State. Altogether, it was difficult for partners to maintain focus; designing the interventions, interacting with the stakeholders, and coordinating the activities required HWM to remain agile and adaptive in its approaches. There were several iterations and consultative conversations, and many times, HWM had to pause and reflect on the best approach to achieve its goals. HWM revisited its theory of change several times as it received feedback from multiple stakeholders. The HWM leadership continued to intentionally create an environment of transparency, learning, and improvement. The leadership modelled proactive and open engagement with the partners, which allowed HWM to correct false or incomplete assumptions about stakeholder interests and organizational processes.

In scaling up cadre conversion to other States, HWM will apply the lessons learned from Sokoto State. To other implementing partners in Nigeria and other countries which might want to adopt this approach, HWM strongly encourages them to build CLA elements into the program design from the beginning and ensure that the leadership intentionally creates a similar enabling environment.

Sources

1. National Primary Health Care Development Agency (NPHCDA) National Emergency Maternal and Child Health Intervention Centre (NEMCHIC). "Reach Every Ward with Skilled Birth Attendants Strategy (REWSBA) Implementation Guideline," 2021.
2. National Primary Health Care Development Agency, https://nphcda.gov.ng/nemchic.
3. Thaddeus S, Maine D. "Too Far to Walk: Maternal Mortality in Context. Social Science and Medicine." 1994 Apr 1;38(8):1091–110. https://pubmed.ncbi.nlm.nih.gov/8042057/.
4. National Primary Health Care Development Agency (NPHCDA) National Emergency Maternal and Child Health Intervention Centre (NEMCHIC). "Reach Every Ward with Skilled Birth Attendants Strategy (REWSBA) Implementation Guideline," 2021.

This Cadre Conversion Initiative is a program of the Sokoto State Government to upskill existing cadre of primary health care workers through enrolment into specific pre-service health training programs. These programs will equip these HRH with requisite skills to serve as birth attendants in communities with the greatest need for skilled HRH towards improved maternal and child health outcomes.

For more details please contact: Emmanuel Aiyenigba (eaiyenigba@ihi.org), Naomi Waziri (nwaziri@banyanglobal.com), and Olufolake Akeju (oakeju@banyanglobal.com)

The Health Workforce Management (HWM) Activity is a USAID/Nigeria task order under the Integrated Health Systems (IHS) indefinite delivery, indefinite quantity (IDIQ) contract. HWM supports the establishment of a cost-effective, well-trained, and motivated health workforce in targeted rural and remote areas of Bauchi, Ebonyi, Kebbi, and Sokoto States and the Federal Capital Territory (FCT).

HWM strengthens the pre-service training learning environment and in-service training programs; supports the development of a robust HRIS to keep track of recruitment, deployment, retention, and continuing education; strengthens governance and management of the health workforce; and supports HRH research to improve HRH practices and retention mechanisms.

Banyan Global implements HWM in collaboration with Abt Associates, the Institute for Healthcare Improvement (IHI), and Solina Health.