Context

In Nigeria, the maternal mortality ratio is one of the highest globally, and the north-South and east-west sex ratios have the highest levels. Sokoto State has among the highest rates of maternal and child mortality in the country. The maternal mortality rate is 521/100,000 live births, the infant mortality rate is 98/1000 live births, and the under-five mortality rate is 118/1000 live births. In 2019, the National Primary Healthcare Development Agency (NPHDA) modelled that the Sokoto State National Emergency Maternal and Child Health Intervention Centre (COCINE) had a goal of achieving maternal and child health (MCH) outcomes through the implementation of an expansion of primary healthcare delivery system, enhanced health and adolescent health and nutrition (EHN) services at the primary healthcare level and community level. Building on “Thresholds” and “Stepwise Approach”, NOH/Borno reviewed the primary preventive health care services in the state.

Activity Description

The Sokoto State Cadre Conversion Initiative (CCI) is a locally designed and implemented solution, led by the Sokoto State Government and its stakeholders, quality, and innovative approach. In September 2011, USAG Nigeria and the United Nations Population Fund (UNFPA) launched the five-year, $19 million Human Resources for Health (HRH) Activity to support the production of a cost-effective, motivated, and well-trained health workforce through improved human resources for health (HRH) planning and management. The HWM Activity is designed to improve health outcomes, especially among women and children.

The CCI was led by the Sokoto State Ministry of Health, in collaboration with its partners, including the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), and the World Bank.

The CCI aimed to: (i) support the building of a robust human resources information system (HRIS) to keep track of recruitment, deployment, retention, and continuing education of HRH; (ii) engage more key stakeholders; and (iii) map the PHC facilities and communities in need as well as the staffing required to meet Nigeria’s minimum standards for SBAs.

Evidenec

As CCI is at a very early stage of implementation, the HWM Activity continues to monitor and assess results, while it is early to measure the ultimate success of the cadre conversion program. However, preliminary findings suggest that cadre conversion is an effective, efficient, and sustainable way to address the shortage of qualified health workers in Sokoto State.

Facilitators

The Sokoto State Cadre Conversion Initiative (CCI) is a locally designed and implemented solution, led by the Sokoto State Ministry of Health, in collaboration with its partners, including the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), and the World Bank.

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Challenges

The successful implementation of the CCI depends on several factors, including the availability of resources, the support of stakeholders, and the commitment of government officials.

Lessons Learned

The Sokoto State Cadre Conversion Initiative (CCI) has learned several lessons through the design and implementation of this activity.

USAID and partners have endorsed the need to capture the experiences of all stakeholders involved, as it is a complex task. The development of a theory of change helped to avoid the possibility of mission creep and tangential changes to the HWM’s original intent.

Despite the clarity of vision on what HWM wanted to achieve, reaching consensus on how to execute that vision proved to be challenging. The team was also able to leverage institutional memory to inform the HWM Activity’s approach.

Full understanding and comprehensively responding to stakeholder expectations slowed down the pace of implementation. However, the relentless focus of HWM on co-creation with stakeholders has proven essential to the success of joint efforts so far.

Competing priorities made convening stakeholder meetings more complicated than usual, and the subsequent delays in meeting and convening of stakeholders affected the CCI’s implementation.

At this point in the implementation phase, the CCI cannot yet attribute improved health outcomes in Sokoto State to the CCI.

HWM strongly encourages other implementing partners in Nigeria and other countries which might want to adapt this approach.

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Learning Question 1: What are the contributions of systems thinking approaches to change in health systems, and how do they affect health system outcomes?

How do systems thinking approaches affect health system outcomes?