

**DHSC GLOBAL HEALTH WORKFORCE PROGRAMME
INTERIM ANNUAL REPORT**

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| Partner | World Health Organization Nigeria |
| Reporting Quarter | April 2023 – March 2024 |
| 1. Deliverables to date: | |
| <p>Marking the end of the first year of the project, WHO through funding and partnership with UK DHSC has made progress in supporting the Government of Nigeria to implement fit-for-purpose, gender-responsive and evidence-based interventions to change the landscape of the health workforce in Nigeria.</p> <p>WHO commenced by conducting consultation meetings with regulatory bodies, councils, and registration boards to understand their priorities and assessed the capacity of the state offices and regulatory bodies to review implementation and report to FMoH. As of March 2024, the project has inaugurated national and state-level HRH policy-making and strategic planning for HRH priorities. The National Strategic Direction on Nursing and Midwifery and The National Policy on Migration of Health Workers were approved by the Honorable Minister of Health and Social Welfare. The National HRH Annual Plan was reviewed and costed, The Medical and Dental Council of Nigeria (MDCN) received technical guidance from WHO to review its strategic priorities and support continues to finalize the strategic plan in 2024. The National PHC Development Agency was engaged to adapt the WHO guideline for the retention of Health workers in rural and remote places in Nigeria and development of a National Retention Policy for PHC health workers in rural and remote areas will commence in Q3 2024.</p> <p>WHO prioritized strengthening national and state HRH TWGs planning meetings as they will lead in policy making, the HRH strategic planning, monitoring and engagement with HRH donors to discuss technical and financial support. Accordingly, the national in addition to three out of the six targeted states have launched their HRH TWGs meeting series. Cross River state successfully developed the State HRH 2024/25 Annual Operational Plan (AOP) and Jigawa state HRH Policy and Strategic Plan were launched during the TWG meeting. For better coordination, WHO provided technical support to FMoH to convene the National HRH Partners Forum meeting to align with the Government’s priorities and will be held quarterly a month before the National HRH TWG quarterly meeting.</p> <p>WHO prioritized engagement with health leadership at national and state level and sustained advocacy for HRH interventions by providing technical consultations at policy level and training for health care workers. Capacity of FMoH officials has been improved to track functionality of State HRH units and improve communication. FMoH has now institutionalized a monthly coordination meeting with state HRH offices. This will ensure a coordinated implementation of national and state HRH policies and strategic plans. Further, each quarter has been earmarked for implementing HRH strategies and systems training.</p> <p>Moreover, Federal Ministry of Health in collaboration with the World Health Organization organized a 5-day training workshop for human resources for health focal persons from the 36 states and the FCT. The training was attended by 52 participants to equip the State HRH focal persons with the required knowledge, skills and attitudes necessary to effectively plan, develop and manage the human resources for health, understand the role of HRH in the context of the broader health systems in Nigeria, identify and demonstrate skills in the use of HRH tools for optimal performance and productivity, demonstrate leadership skills in monitoring and evaluating health service indicators.</p> | |

Nigeria is the first country where the new WHO Competency Standards for Health Workers Attending to Migrants and Refugees were used for training. National health stakeholders received orientation facilitated by a combined team of WHO experts from WHO HQ, Africa Regional Office, and Country Office Nigeria. The Nigerian stakeholders agreed that the training tool should be adapted in Nigeria for training health workers in humanitarian settings. Consecutively, 49 health workers and managers received this training in Cross River state and discussions are now addressing the expansion of this training to the emergency context in northeast states.

For improved evidence for policy generation, WHO provided support to the Government to strengthen the National Health workforce Registry. WHO supported collection and data entry of Health workers in tertiary and private sector in 8 states, and also held two workshops with State HRH officers and FMOH to clean up the data available in the NHWR, 17 States were supported to clean up their data to remove duplication, sort incomplete data with calls to the staff and sometimes their supervisors, and comparing with the nominal roll of staff from the states. However, the Registry still have issues of outdated data, some data were collected as far back as 2019 or 2020 and have not been updated since then. Therefore, WHO supported FMOH to develop a roadmap for finalising the National Health Workforce Registry (HWR) to be completed by December 2024. WHO provided technical support to government in the development and approval of the National Health Workforce Profile 2022, 2 meetings were held to review the profile and was validated in Q3 of 2023, it was eventually approved in Q2 2024 and it's been processed for printing and dissemination

WHO has also engaged with UK FCDO to extend support for the accreditation department of 3 Regulatory bodies (for Medical Doctors, Nurses/Midwives, and CHEWs) with equipment and visits to the health training institutions to enhance their performance and capacity to train more health workers in the 6 states. The support will also provide equipment, and WASH infrastructures for accreditation in at least 12 health training institutions and their PHC/hospital training centres in 6 states of Nigeria in addition to capacity building and set up of both IPC teams in the PHCs/Hospital training centres working with the health training institutions and health training institution's Maintenance and Accreditation committees. As part of the support to regulatory bodies, the DHSC funding will be used to strengthen the capacity of Regulatory bodies and engage them to conduct assessment of the health training institutions.

In conclusion, the project continues to expand the HRH space in Nigeria and continue to build the capacity of the government and other stakeholders to implement evidence-based policies and strategies and convene meetings to discuss credible interventions to improve the HRH challenges in the country. There is high confidence that the project will be implemented on time and at cost, and there are minimal challenges and risks in the implementation of the project, mitigation steps are in place to overcome the challenges and risks.

2. Progress against outputs

Outcome 1: The health workforce's performance, quality, and impact are optimized through evidence-informed policies and strategies:

| Output | Progress | KPI | Achieved |
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| Output 1.1: Transformative strategies developed for scaling up quantity and quality of health workers, including competency-based curricula development and reviews | <ol style="list-style-type: none"> 1. Development of the National Strategic Direction on Nursing and Midwifery 2. Policy dialogue on improving coordination of midwifery in Nigeria | 1. Number of states that developed evidence-informed HRH | 1/6 Jigawa has developed, WHO supported the launching of the Strategic |

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| | <ol style="list-style-type: none"> 3. Development of a costed National HRH Annual Operational plan, this has strengthened coordination of HRH interventions in Nigeria. 4. Inauguration of the National HRH Partners Forum meeting for resource mobilization and improving coordination. 5. Regular National Human Resource for Health Technical Working Group quarterly meetings: 6. State-level HRH Technical Working Group meetings resuscitated in all the supported states 7. Development of State AOPs in Lagos state and strengthening implementation 8. Desk review for development of the MDCN strategic plan | <p>policy and strategic plan</p> <p>2. Number of regulatory bodies that developed strategic plan and implemented</p> | <p>Plan, Lagos has started the process, while we are working with other states to develop their Strategic plan. 3 States have identified priorities in their HRH Annual Operational Plan or as mainstreamed in their health sector AOP.</p> <p>½ Strategic direction for Nursing and Midwifery developed, ongoing work to develop a 5-year strategic plan for the Medical and Dental Council of Nigeria.</p> |
| <p>Output 1.2: Government's planning capacity is built to develop or improve HRH policy and strategies that quantify health workforce needs, demand, and supply</p> | <ol style="list-style-type: none"> 1. Training of HRH Focal persons from 36 +1 states of the Federation on HRH and Leadership 2. Baseline assessment of HRH units and interventions in the 6 States to refine the project logframe and determine intervention package for the states. 3. Capacity of FMOH HRH built on monitoring functionality of HRH units in states of the Federation: 4. Consultations held with FMOH and WHO Regional office on the conduct of Health labour market analysis, a concept note developed, full implementation to start in Q3 2024 | <ol style="list-style-type: none"> 1. Number of health managers or HRH officers trained in HRH management including WISN and HLMA 2. Health labour market analysis conducted and disseminated | <p>52/50</p> <p>0/1 at national level 0/2 at state level</p> |

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| Outcome 2: Investment in HRH aligned with the current and future needs of the population and health systems. | | | |
| Output | Progress | KPI | Achieved |
| Output 2.1: Investment case/p developed for HRH as a vital component of health financing investment towards UHC and SDGs | <i>Implementation of these activities in this outcome will commence in the 2nd year of the project.</i> | | Not yet implemen |
| Outcome 3: Capacity of institutions are strengthened for effective public policy stewardship, leadership, and governance on HRH | | | |
| Output | Progress | KPI | Achieved |
| Output 3.1: Scaling up and/or improving the effectiveness of PHC health workers especially CRISP (Community-based Health Research Innovative-training and Services Programme) | 1. Support the National PHC Development agency (NPHCDA) in the development of the CRISP training manual and tools for monitoring programmes | 50 CHEWs | 0/50 CHEWs |
| Output 3.2: Optimized health worker retention, equitable distribution, and performance. | 1. A concept note and roadmap were developed for the development of a National Retention Policy for PHC health workers in rural and remote areas which will commence in Q3 2024. 2. The National policy on migration of health workers developed and approved by the Honourable Minister of Health through the support of the project | HRH policies on migration and shifting were developed and implemented | 1/2 |
| Output 3.3: Strengthened capacity of HWF in emergency and disaster risk management including integration of HWF planning and management in emergency preparedness, response, and recovery | 1. National stakeholders' meeting to introduce the WHO Competency standards for health workers for refugees and migrants' health 2. Three days of capacity building on the WHO competency standards for Health workers attending to refugees and migrants (28 February to 1 March 2024) | Number of health workers and managers trained on global refugee and migrant health competency standards | 52/50 |
| Outcome 4: Strengthened management of HWF data for monitoring and accountability | | | |
| Output | Progress | KPI | Achieved |
| Output 4.1: Functional national registry of practicing health workforce and country health workforce profiles developed | 1. Data cleaning of the National Health Workforce Registry for 17 States through 2 meetings with the states to review and clean the existing data in the registry. | Number of the focus states with functional Health workforce registry | 5/6 Five of the states have at least their data in the National Health workforce registry, however |

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| | <ol style="list-style-type: none"> 2. Development of a roadmap for finalization of the National Health Workforce Registry (HWR) 3. Development of the National Health Workforce Profile 2022: data collection, review and validation supported by the project. | | <p>data has issues including being outdated (some as far back as 2019/2020), a lot of duplicates and data not useable for the system. The first step was clean up the existing data, further actions were articulated in the roadmap</p> |
| <p>Challenges</p> | <ol style="list-style-type: none"> 1. There were competing activities at the end of the year for most of the states and thus they could not develop their AOP in the last quarter of the year. Review and planning meetings will be held in Q2 2024 for most of the states. 2. Some of the planned activities in the outcome could not take place due to lull in activities at the beginning of the new year. 3. Training of PHC health workers on modified Life-Saving Skills 4. (mLSS) could not take place due to changes in the management of NPHCDA and uncertainties in the continuity of some of the programs. At the beginning of the implementation of the project, CHIPS was replaced with CRISP - a new initiative of NPHCDA, but this has been jettisoned by the new administration of the agency. The new priority is now training 120,000 health workers, WHO is working with NPHCDA to provide the support. 5. The data cleaning has shown a lot of gaps in the data collected for the states, some are unusable, these issues have been captured in the roadmap for strengthening the HWR. 6. The poor capacity of most of the state HRH focal persons on updating the National Health Workforce Registry, most of the HRH focal persons are appointed newly. There is an ongoing discussion for a national training and followed by mentoring. 7. For a fully functional National Health Workforce Registry, all states need to upload their data on the Registry. Some states that were not covered by the project need support on data collection and cleaning. DHSC has approved provision of support to other states for data collection. WHO continues to work with FMOH to coordinate support from other partners in these states. | | |
| <p>Learning</p> | <ol style="list-style-type: none"> 1. As the project is dedicated to strengthening policy and planning for a strengthened HRH landscape, dedicating enough time for dialogues and capacity building of stakeholders (including FMOH, state MoHs, and partners) is essential for sound implementation at country and state level. 2. Early planning of HRH TWG meetings and training activities with focus on activities scheduled around the end of the year or other pre-defined engagements to ensure availability of participants. This will ensure timely planning and monitoring of HRH plans in addition to ensuring HRH personnel are equipped to lead on activities. | | |

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| | <ol style="list-style-type: none">3. Uncertainties in implementing some activities due to leadership change can be addressed by proactive engagement with the new leadership to bring these activities at the top of their agenda.4. Ongoing training and standard data collection and verification tools for updated national and state HWF registries are essential to guarantee quality evidence for policy making.5. Strengthened partnerships and coordination in states that are not covered by the project facilitate the update of the national health registry. |
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Annex:

1. Photos:



Photo 1: Physical participants at the Validation of the National Strategic Direction of Nursing and Midwifery in Nigeria.



Photo 2: Participants at the development of the AOP 2024 and Q4 National HRH TWG



Photo 3: Participants at the training of HRH officers from 36 states and FMOH



Photo 4: Group picture of participants at the stakeholders' workshop to review and validate the National policy on migration of Health workers



Photo 5: Participants working in pairs at the workshop on data cleaning, standardization, and upload into the National Health Workforce Registry



Photo 6: Participants of national policy dialogue/stakeholders meeting agreed on policy priorities to manage the issues around the migration of health workers in Nigeria.



Photo 7: group work on costing of the National Plan for Health Security Workforce



Photo 8: Group work for review and costing of the National HRH Annual Operational Plan (AOP)



Photo 9: Members of the newly inaugurated Cross River State HRH TWG



Photo 10: Launch of the State HRH Policy and Strategic Plan during the TWG meeting – Jigawa state



Photo 11: Cross section of participants at the National stakeholders meeting to introduce the WHO Competency standards



Photo 12: Group picture with participants at the National training of Health workers on the WHO Competency standards for refugees and migrants health

2. Human interest stories:

UK Commits £ 2 Million to Strengthen Health Workforce in Nigeria. [Read more.](#)

Nursing students in classroom