



## COMMUNITY SPONSORSHIP IN JIGAWA STATE

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*Community sponsorship and bonding of rural women on the Foundation Year Programme contributes to increasing the female health work force and improving retention in rural facilities.*

### **The Challenge**

With 1:29 doctors and 10.84 nurse/ midwives per 100,000 populations, the ratio of doctors, nurses and midwives to the population in Jigawa State is significantly lower than the WHO recommendations of 72/100,000 populations. Furthermore, a rural imbalance of health care workers of only 20% of health care workers work in rural areas, means that much of Jigawa State faces a shortage of health workers.

The number of yearly female graduates in Jigawa is inadequate to cover the needs of various human resources for health categories. Male student admissions outnumber females by 3:1 and male graduates outnumber females by about 7:1 due to a variety of factors related to culturally dictated gender barriers to female enrolment and retention in schools.

The three Health Training Institutions in Jigawa adhere to the national admission policies of five credits in Sciences including English, Mathematics. The majority of rural girls who graduate from secondary school do not meet the criteria. Local criteria include age restriction of 17 to 25 years, indigenes 75%, non-indigenes 25% and equitable allocation to all local governments. In addition, with only three Health Training institutions (Nursing, Midwifery and Health Technology) Jigawa lags behind other states.

The state has an attractive package to encourage females to work in rural areas, but persistent inadequate training of sufficient numbers of female health workers; inequitable deployment and limited retention of female health workers to rural health facilities remains a major challenge.

### **The Response**

To address the challenges, one of the main strategies the Women for Health (W4H) programme introduced a Foundation Year Programme (FYP) that focuses on identifying and supporting

disadvantaged rural females to access the formal Health Workers Training programmes. The programme also implements a variety of interventions in a systematic manner to tackle the complex problem of poor retention of health workers in rural areas.

As part of the FYP, a community sponsorship programme targets rural communities where the FYP students reside to engage with a bonding scheme. The bonding scheme helps to ensure that the FYP students return to their local community on completion of their studies.

The key reason for the community sponsorship of the bonding scheme is to ensure that the community nominates the student and takes responsibility for supporting her through the training and out the other side, when she will provide health services for the community. Through the bonding process, the community holds the nominated woman and her family to account; if the student fails, they fail, so it is in the community's interest to contribute whatever they can to the training.

W4H supported communities in Jigawa to achieve this by:

- Engaging with 43 rural communities in which 54 FYP students reside.
- Inaugurating a State FYP Working Group to serve as the technical steering team to run the Foundation Year affairs, including bonding.
- Conducting several advocacy visits to the five Emirate councils to solicit support and gain permission to facilitate entry to communities to select FYP candidates.
- Facilitating community dialogue to brief the communities on the process of the FYP and to solicit their support towards sponsoring candidates in their respective communities.
- Involving village chiefs and traditional authorities in the selection and recruitment process.
- Inaugurating community sponsorship committees at the community level to track and monitor sponsorship support.

Three levels of bonding greatly increases the possibility of students fulfilling their commitments to complete the FYP programme and continue on to become health workers in their rural communities. Firstly, the entire community is involved, including the candidate, parents, guardian, religious leaders, traditional leaders and other community members. After thorough explanation, the Village Head signs on behalf of the entire community. This first level bonds the candidate to remain on the FYP and not to opt out for other courses other than health courses at Health Training Institutions after the FYP, and then to return to serve their community for two years.

Secondly, the student reports for the FYP course. At this level the candidate signs a form to say that they will endeavor to complete the course and continue on to health professional training. The forms are then countersigned by the provost of the school and the State Ministry of Health.

Thirdly, after the student is admitted into the Health Training Institution they are bonded as a female health worker in training. The bonding implies that the student is paid a monthly salary by the government and is expected to serve the state for two years after completion before disengagement. Students are sanctioned when they default; such sanctions include paying back all liabilities incurred by the government.

A database was developed both at the Health Training Institution and the W4H office to keep track of community support and follow-up.

## **Results**

- 47 communities actively participated in the community sponsorship and bonding activity to the enrolment of students into the Health Training Institutions.
- Of the 54 Foundation Year candidates from 47 communities, 100% of these candidates received various forms of support from their respective communities such as money, food stuff, toiletries, clothing's, advices and prayers.
- The amount of money reported to be received by candidates from communities during the first year is between N15, 000 and N80, 000.
- Most students with community sponsorship demonstrated high levels of punctuality and concentration in school and in class.
- Regular visits to students by designated community members and parents kept the students on track, thereby reducing truancy.
- The majority of the students made such statements as "I will be ashamed to return home if I do not pass the exams" and asserted that they would continue to work in their rural communities even after satisfying bonding requirement.
- In one instance the parents and the community leaders stood firmly in support of a married FYP candidate when the husband threatened to stop her attending the FYP course. The parents, with support from the community, vehemently refused to relent on their intended efforts by supporting the daughter to pursue the FYP academic program. As a result she was able to continue with her studies.

## **Lessons Learnt**

The W4H programme has learnt that active engagement with students' home communities greatly increases FYP students' commitment and motivation, while at the same time engendering community ownership and support for the rural students in the Health Training Institutions. Negotiating the various forms of sponsorship with community members also increases commitment of the community as a whole, because each community member can contribute whatever is within their capacity to provide. Engaging communities in this way increases the likelihood of female graduates choosing to



practice in rural areas. The three levels of bonding greatly increases the possibility of students fulfilling their commitments.

**Tag Words:** Student sponsorship, community support, retention scheme, rural retention, foundation year programme, FYP



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