



Addressing the shortage of female health workers

Supporting Health Training Institutions to regain, maintain and upgrade their accreditation status

How-to Guide 2



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 2017, some 6,750 women have received training as health workers as a result 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 sets out an effective approach to supporting health training institutions through the process of gaining – or regaining – accreditation status for their health training programmes, and in establishing processes to ensure that accreditation is maintained. The guide also looks at how to help these institutions get funding for and carry out improvements in their physical infrastructure to meet accreditation requirements and provide suitable accommodation for female students.

The W4H programme worked with some 20 health training institutions in five northern Nigerian states – as well as regulatory and state bodies, and a wide range of other important stakeholders. This guide translates the lessons learned from the 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 improve training institutions in health or other sectors, and to contribute to progress on the Sustainable Development Goals. It is suitable for project and programme staff, development partners and non-governmental organisations.

While this Guide is focused on health training institutions, some elements of the guidance could be valuable for the provision of other social services, such as education and more technical support, such as agriculture and water and sanitation.

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, peer-reviewed articles, knowledge summaries and guidance related to accreditation. This guide has been organised into two main parts – the first relates to supporting institutions to regain, maintain and upgrade accreditation, the second is about how to help them upgrade their physical infrastructure to meet the required standards.

Part 1: Supporting HTIs through the accreditation process – provides guidance on how to identify accreditation gaps and support HTIs to regain, maintain and upgrade accreditation.

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- 4: Sample Stakeholders' interview guide
- 5: Terms of Reference for health training institutions and state accreditation committees

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 newborn health indicators in sub-Saharan Africa: in 2009 women faced a one in nine lifetime risk of maternal death; two in three girls were married before age 18; only 10% to 15% of deliveries in the north were attended by a skilled provider, compared to over 75% in the south. Moreover, rural deliveries in the north were three times less likely than those in urban areas to be attended by a skilled provider.



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 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 the career development of young women.

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

The government at state and federal levels had limited involvement in terms of funding, governance, and quality oversight of this, and there was low commitment by regulatory and professional bodies.

1. Chen L., Evans, T., Anand, S., et al. (2014). Human resources for health: overcoming the crisis. *Lancet*. 364: 1984–1990. Narasimhan, V., Brown, H., Pablos-Mendez, A., Adams, O., Dussault, G., Elzinga, G., Nordstrom, A., Habte, D., Jacobs, M., Solimano, G., Sewankambo, N., Wibulpolprasert, S., Evans, T., Chen, L. (2014). Responding to the global human resources crisis. *The Lancet*. 363, 1469–1472. World Health Organization (2006). *The World Health Report 2006: Working Together for Health*. World Health Organization, Geneva. 2006. World Health Organization (2007). *Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action*. WHO. Geneva. 2007. ISBN 978 92 4 159607 7. World Health Organization (2010). *Guidelines on Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions*. World Health Organization. Geneva. 2010. World Health Organization (2013). *Transforming and Scaling Up Health Professional Education and Training. Policy Brief on Regulation of Health Professions Education*. World Health Organization. Geneva. ISBN 978 92 4 150637 3.

2. Montagu D. (2003). *Accreditation and other external quality assessment systems for healthcare: Review of experience and lessons learned*. Department for international development health systems resource centre. [Accessed February 2017]. Available from: <https://www.wbginvestmentclimate.org/toolkits/public-policy-toolkit/upload/Accreditation-Review-Montagu-2003.pdf>

The crucial role of health training institutions

The shortage of female health workers in Northern Nigeria mirrors the critical shortage of health workers that exists globally¹. Health outcomes for populations are linked to the supply of competent, appropriately skilled health professionals. To address this shortage, educational institutions need to increase their capacity to teach not only in terms of physical infrastructure, but also in terms of numbers and quality of tutors and improved curricula. Accreditation is an essential part of improving health training institutions – it is a key mechanism for assuring quality and protecting public health and safety².

Unlike other tertiary institutions such as polytechnics and universities, the health training institutions (HTIs) in Nigeria are regulated by health regulatory bodies charged with ensuring that the public has access to competent health care providers. They are therefore responsible for ensuring that nurses, midwives, physicians and other allied health providers receive a quality education that prepares them to provide safe, competent and ethical care; are certified or licensed upon entry to professional practice; and maintain competency throughout their active clinical careers (Figure 1).

These regulatory bodies are responsible by law for the establishment, accreditation, and quality of teaching of the HTIs, as well as the registration/licensing of graduates to practice. They set criteria and develop procedures for evaluating institutions and programmes to determine whether they are operating at these basic levels of quality. In the Women for Health programme, the states own the HTIs, but they cannot determine what the schools do when it comes to the intake of students, the curriculum, the length of training, etc. It is therefore crucial that the HTIs maintain a strong relationship with the regulatory bodies, such as the Nursing and Midwifery Council (NMC), for schools of nursing and midwifery, and the Community Health Practitioners Registration Board (CHPRB), for schools of health technology, and that the regulatory bodies maintain an interest in the development of each of the HTIs in all areas of the country. Insufficient involvement of the regulatory bodies in helping to guide the state government in the affairs of the HTIs can lead to the institutions adopting the wrong priorities which can eventually make it difficult for them to achieve or maintain accreditation.

Figure 1: Responsibilities of regulatory bodies in the training of health professionals

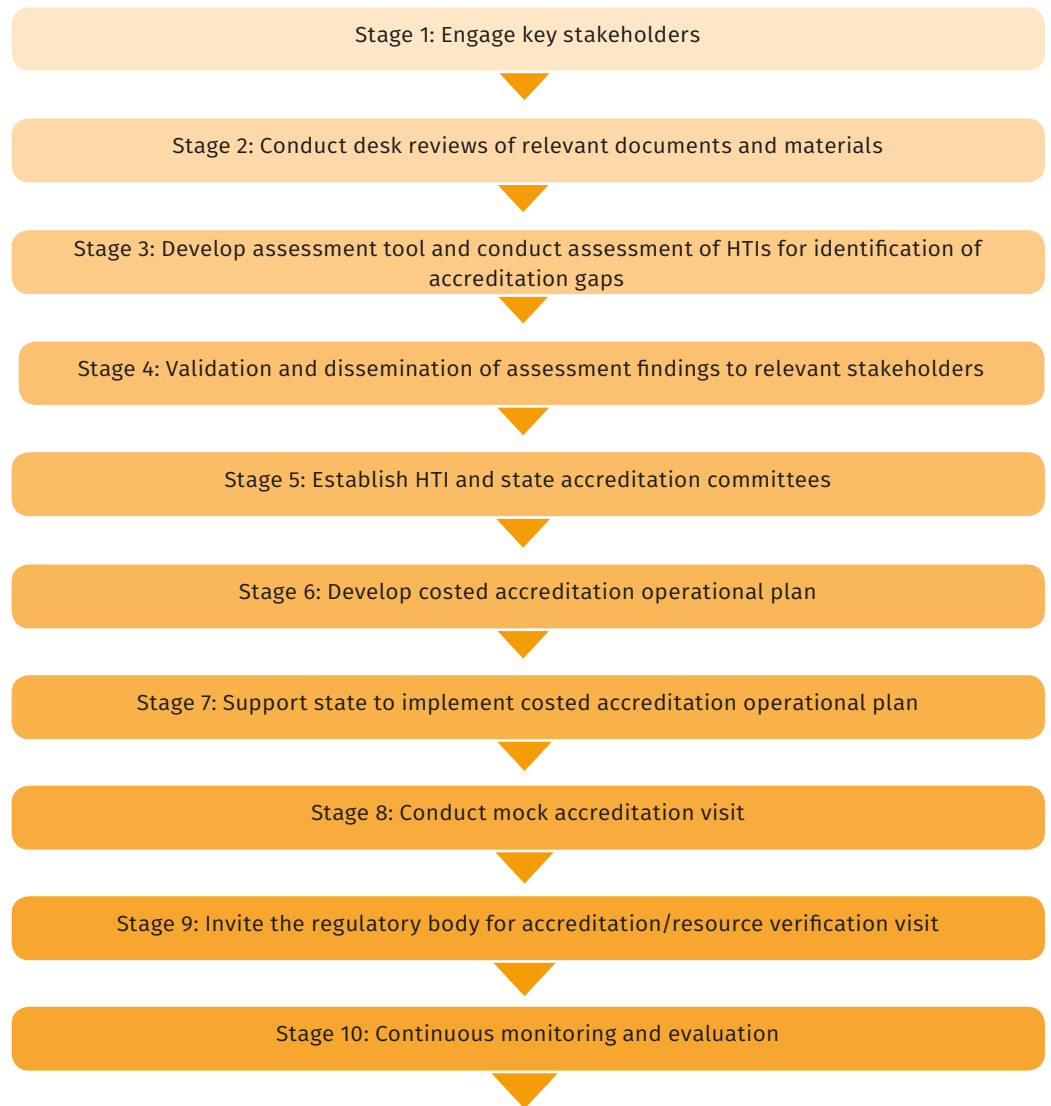


Part 1:

Supporting HTIs through the accreditation process

The following key stages will help to identify accreditation gaps and should be followed to support HTIs to regain, maintain and upgrade accreditation status (Figure 2).

Figure 2: Key stages to ensure HTIs regain, maintain and upgrade accreditation status



Stage 1: Engaging key stakeholders

This stage consists of three key steps: mapping and identifying relevant stakeholders critical to accreditation; engaging these stakeholders and working with them to raise their awareness and build support; and involving communities and opinion leaders.

Step**1****Map and identify relevant stakeholders**

Identifying key stakeholders and engaging with them are essential to successfully improving the accreditation of HTIs. With the Women for Health programme, we identified the relevant stakeholder organisations, taking into account all those affected by issues relating to the accreditation of HTIs, including shortages of human resources for health, those in the higher education sector, or with a stake in health system strengthening. We included those who have influence or power over these elements, or an interest in the effectiveness of HTIs (see Box 1, full list in Annex 1). We then developed a list of individual stakeholders within these organisations – as it is important to communicate directly with the right people. Taking the Ministry of Health as an example: we identified the following individuals: the commissioner for health, the permanent secretary, and the directors of nursing services, primary health care, clinical services, budgeting and planning, and hospital management board.

Step**2****Engage stakeholders and build support**

Having identified the stakeholders, it is important to engage with them to raise their awareness of the issues around accreditation of this and to enlist their support for addressing the issues. Prioritise your efforts by ranking stakeholders by: level of engagement and awareness; and their power to block or facilitate improvements in HTI accreditation. Note that for this initial engagement, you may need more than one visit to the stakeholders (See Box 2).

Step**3****Involve communities and opinion leaders**

Extend programme engagement to include community leaders, youth organisations and other relevant groups so they are aware of the HRH challenge in the state. Local groups can put pressure on the state to improve the access to and quality of preservice training, and they are well placed to encourage community members to train as health workers once HTIs are accredited and recruiting more students.

BOX 1**Example of Stakeholders mapping for accreditation**

For the W4H programme, we identified the following principal stakeholders:

1. State Government
2. Ministry of Health
3. State House of Assembly
4. Health Training Institutes
5. Nursing and Midwifery Council
6. Community Health Practitioners Registration Board
7. Development partners
8. The community

BOX 2**Tips for successfully engaging with stakeholders**

Communicate with key stakeholders early and frequently to ensure that they understand what you are doing, are aware of the issues, and are ready to support your efforts. Before meeting people, plan how to win their support and come armed with key HRH information such as data on: which professional cadres have known resource gaps; the links between quality of health care delivered and the quality and quantity of trained health workers; the type of HTIs in your state, their accreditation status, numbers of students enrolled and graduating each year; and on the role of HTI accreditation in increasing the number and quality of students trained.

Stage 2: Conduct desk review of accreditation documentation

Stage 2 is about understanding accreditation issues by reviewing relevant documents from the regulatory bodies and the HTIs. There are two key steps to do this comprehensively: firstly, a desk review of each regulatory body's accreditation processes, procedures and requirements; and, secondly, desk reviews of relevant documents from individual HTIs.

Step

1

Reviewing each regulator's accreditation processes and requirements

Search and collate all relevant documents related to accreditation of HTIs from the regulatory bodies. Relevant documents from regulatory bodies should include: accreditation checklists, documents, policies, including timelines for accreditation visits. Organise these documents by regulatory body and by programme (nursing, midwifery, Community Health Extension Workers (CHEW) and Junior Community Health Extension Workers (JCHEW)). Conduct a critical review of accreditation requirements for each regulatory body. Identify the core standards or criteria each HTI or health programme needs to achieve accreditation (See Box 3).

BOX 3

Tips for conducting a comprehensive accreditation review

- Ensure accreditation requirements are compiled by regulatory body and by programme.
- Be aware that some documents may not be available electronically, some are only available directly from regulatory bodies and you may need to pay for some of the documents.
- Be aware that accreditation requirements are regularly updated by the regulatory bodies. Get the most up-to-date version!
- Desk reviews can be done by one person or a team. For teams, ensure enough time is allocated for sharing, brainstorming and cross-fertilisation.
- Ensure that the same person or team conduct both desk reviews (regulatory bodies and health training institutions)

Step

2

Desk reviews of HTI accreditation documentation

Conduct a critical review of accreditation documents for each HTI, including: accreditation visit reports from the regulatory bodies; mock accreditation reports from peer reviews; minutes of accreditation committee meetings (if available); list of identified gaps and accreditation priorities as identified by the HTI, by clinical placement sites and by the Ministry of Health (See Box 4)*.

Outputs of this step should include: a clear understanding of an HTI's previous accreditation experience with each regulatory body; an understanding of accreditation gaps and priorities related to the classes provided by the HTI and at clinical placement sites; information on the HTI's accreditation status with the regulatory body, as well as any concerns, priorities and recommendations to the HTI.

Stage 3: Develop tools and assess HTIs for accreditation gaps

Standards for programme accreditation

All the regulatory bodies expected health training programmes to meet standards for accreditation in five areas:

Standard 1: Curricula

Standard 2: Faculty and staff

Standard 3: Facilities, equipment, supplies and other resources

Standard 4: Fiscal and administrative capacity

Standard 5: Student success with respect to mission-outcomes

Stage 3 is about developing appropriate assessment tools and using them to assess HTIs to identify accreditation gaps, barriers and bottlenecks.

Step

1

Develop assessment tools

In the W4H programme, the desk review of the regulatory bodies' accreditation processes, procedures and requirements revealed that they all expected the educational programmes responsible for training health workers to meet core standards in five areas relating to curricula, teaching standards, facilities and other resources, institutional capacity, and student success. All the regulatory bodies expected health training programmes to meet standards for accreditation in five areas.

Standard 1: Curriculum

A good curriculum prepares students to provide safe and high quality professional care in contemporary health care environments. (The NMC and CHPRB are responsible for designing and revising the education curriculum for nurses, and midwives (NMC); CHEW and JCHEW (CHRPB) in Nigeria). The regulatory bodies provide copies of the curricula to the training institutions. For nursing and midwifery, the curriculum is expected to be owned and adapted by the institutions to include individual school philosophy. Copies should be made available by each institution to academic staff and students. In schools of health technology, students are expected to pay for a copy of the curriculum when they register.

Standard 2: Faculty and staff

Training institutions need qualified academic faculty and other staff to provide the leadership, teaching and support necessary to achieve the programme's goals. All faculty members – including clinical instructors in the core curriculum – must meet the qualifications established by the regulatory bodies (Box 4). The standard set by the NMC is to have one tutor for every 10 students and one clinical instructor for every 15 nursing or midwifery students. For CHRPB, the standard is 5 PHC tutors per school.

Standard 3: Facilities, equipment, supplies and other resources

The quality of physical teaching and learning resources clearly contributes to the programme achieving its goals and outcomes. There needs to be sufficient resources for the number and needs

of the students, as defined by the appropriate regulatory body (NMC and CHRPB) and as required by each type of programme (nursing, midwifery or community health), including:



- Classroom facilities, equipment, and supplies that meet the needs of students and faculty and meet safety standards.
- Clinical site facilities, equipment, staff and supplies of sufficient number to meet the needs of students and located in both rural and urban settings.
- Clinical site facilities, equipment, and supplies meet safety standards.
- Buses available, to facilitate access to hospitals and rural postings
- Library resources that meet the needs of students and faculty; and support advanced scholarship and research
- Administrative office facilities, equipment, and supplies meet the institution's needs.

Standard 4: Fiscal and administrative capacity

Fiscal and administrative capacity and resources are crucial to an institution achieving its learning outcomes. They also play an important role in achieving accreditation, which typically includes: a description of operations; financial planning and related documentation; a recruitment, development and retention plan; written policies and procedures on admission; well-maintained school records; student folders with records on tuition payments, practical postings and examination results, and a clearly defined management structure (organogram).

Standard 5: Student success with respect to mission-outcomes

To achieve accreditation, institutions will have to provide evaluation evidence to show that programme graduates achieve particular skills and competencies consistent with the institutional mission and associated professional standards. The standard also requires that the outcomes of the education programme are achieved. W4H used regulatory bodies' standards, criteria and the requirements for accreditation to develop two structured tools (NMC 2009a; NMC 2009b) - a rapid assessment tool; and a stakeholder's interview guide.

Rapid assessment tool

A structured tool was designed to assess the accreditation status and issues surrounding accreditation in all the HTIs. Questions were included based on standards set by the regulatory bodies. The standards are used to formulate criteria, which are statements that identify the variables that should be examined in evaluation of each standard.

As the requirements for accreditation for each programme varies, a structured tool should be developed for each programme. Sample tools for each health programme covered by W4H are in Annex 2 (for the nursing and midwifery institutions assessment tool) and Annex 3 (for CHEWs and JCHEWs institutions assessment tool).

Stakeholder interview guide

This consists of questions designed to explore accreditation issues and bottle necks. Sample interview guide is in Annex 4.

Box 4

Qualifications required by regulatory bodies for faculty and staff

For midwifery programmes:

- All Midwifery Tutors in the core curriculum must be qualified and: a Registered Midwife (RM) or Registered Nurse Midwife (RNM), Registered Midwife Tutor or Educator (RMT or RME).
- All other course instructors/lecturers must hold qualifications appropriate to their area of specialisation.
- All clinical instructors (including preceptors) must be qualified as RM or RNM.

For Nursing programmes:

- All Nursing Tutors in the core curriculum must be qualified as a RN or RM; RNT/RMT or RNE/RME.

- All other course instructors must hold qualifications appropriate to their area of instruction/specialisation.
- All clinical instructors (including preceptors) must be qualified as a RN or RNM.

For Community Health programmes:

- All community health Tutors/instructors in the core curriculum must be qualified as: Community Health Officer; or Registered Primary Health Care Tutor (PHC Tutor).
- All other course instructors must hold certificates or degrees appropriate to their area of instruction.
- All clinical instructors must be qualified as Community Health Officer or Community Health Extension Worker

Step

2

Conduct assessments of health training institutions

The aim of assessing HTIs is to consult relevant stakeholders on accreditation gaps and issues and should not be seen as primarily a research study. The rapid assessment tool should be used both in interviews and observations in each HTI. The stakeholder interview guide should be used to interview all stakeholders identified in Stage 1 (see Box 6).

At the end of the assessment, you should be clear about the accreditation status of each HTI and any issues and bottlenecks affecting accreditation. Some of the assessment findings from W4H are in Box 5.

One core finding related to physical infrastructure: most of the HTIs had inadequate infrastructure (hostel, library, classroom, skills laboratory, sick bay); for some HTIs, infrastructure was dilapidated and in some instances not habitable. As a result, W4H conducted a more detailed assessment that focused on physical infrastructure. (For more on infrastructure, see page 17).

Box 5

Findings of HTIs assessment for accreditation

At the inception of the W4H programme, of the 16 health training institutions:

- One HTI had full accreditation,
- 10 HTIs had provisional accreditation and five had denied accreditation status.
- Three of the five HTIs with denied accreditation status were Schools of Midwifery.

All the 16 HTIs, had various issues related to failure to achieve accreditation these issues included: lack of establishment of functioning committees; inadequate infrastructures (hostel, library, classroom, skills laboratory, sick bay); poor staffing; poor linkage between schools and clinical placement sites; insufficient number of practical sites; and poor students' outcomes.

Box 6

Tips for assessing HTIs

- As this is primarily not a research study, ensure all stakeholders are interviewed even when you think you have reached saturation – and allow enough time to build trust.
- Remember, most issues related to HTI accreditation are sensitive and can be politically charged. Issues related to number of students enrolled can be particularly sensitive and it may take time to get accurate figures.
- Reassure Heads of institution that you are not working for the regulatory bodies and information provided will be kept confidential and anonymised if shared.

Stage 4: Validation and dissemination of findings

This stage is about the steps needed after the desk review and assessment stages. Stage 4 is about firstly analysing and validating the data collected – and then disseminating the findings to principal stakeholders.

Step

1

Data analysis

For each institution and programme compile a list of the accreditation gaps and actions needed. Analyse findings of all stakeholder interviews by themes.

Step

2

Validation and dissemination meeting

Hold a validation and dissemination meeting with HTI stakeholders to agree on the accreditation issues your analysis has identified. Ensure all the stakeholders who were interviewed are invited to this meeting – as well as representatives of relevant groups including development partners, legislators etc. Ensure all partners who contribute directly or indirectly to achievement of accreditation are invited. This would include, for example, State Nursing and Midwifery Council Committee (SNMC), other sector Ministries, departments and agencies whose services may need to be in place to achieve the accreditation (see Box 7). Use stakeholders' feedback to revise and finalise assessment findings.

Box 7

Tips for validation and dissemination meeting with stakeholders

- Hold separate meetings for state stakeholders. Be careful not to include representatives of the regulatory bodies as this may meet with resistance from state stakeholders. State stakeholders may see the involvement of regulatory bodies in this meeting as a way of "being reported" to regulatory bodies.
- If budget allows, consider state specific validation and dissemination meeting. But validation and dissemination meeting can be centralised (across several states) if there are budgetary constraints.
- If a centralised meeting is held, be careful to only present general findings in plenary and allow each state and health training institution to review and validate health training institution specific findings as part of group work. Presentation of health training institution specific findings in open plenary can result in resistance from HTI and state stakeholders, as it may be construed as "being shamed".
- Remember, accreditation issues can be politically sensitive so ensure that interview quotes are anonymous to ensure confidentiality.
- Organising the validation and dissemination may take considerable efforts to ensure all stakeholders are invited and able to attend. The validation meeting should take place as soon as possible as the findings may be that HTIs need to make significant changes. Often, the process of collecting data on accreditation prompts both the HTIs and policy makers to work on filling accreditation gaps.

Stage 5: Establish HTI and state accreditation committees

To ensure ownership and sustainability of the accreditation process it is important to establish accreditation committees in each HTI – as well as centrally at state level. It is important to build the capacity of these committees to evaluate their own accreditation plans and functionality, and be able to review and update their operational plans for accreditation. A self-evaluation tool, designed as a score sheet, should be developed to be used by accreditation committees to rapidly assess the accreditation status, gaps and needs of their institution. The score sheet should consist of questions based on the five core accreditation standards (see Box 3) as well as issues of gender and social inclusion. It should provide useful information on progress made by HTIs in filling accreditation gaps, addressing bottlenecks, challenges faced and actions planned.

State accreditation committees should meet regularly and in addition provide supportive supervision on a quarterly basis to the HTIs in their state to monitor progress on accreditation operational plans. It is important that these committees receive adequate technical and financial support. To enhance sustainability especially where funding is a challenge, these committees can transition into the SNMC. Where SNMC already exists, consider strengthening the committee's capacity to support accreditation rather than set up a separate committee. Ensure the two committees have clear Terms of Reference (TOR) and an operational guidelines (see Annex 5).



Testimony

We have now got a College of Nursing and Midwifery in Bauchi open for business. We have also conducted a feasibility study in the state towards establishing additional schools and colleges of technology, and also the possibility of another college of nursing and midwifery once the current one takes off.

Stage 6: Develop costed accreditation operational plan

This stage involves holding a planning meeting with each HTI to agree and prioritise accreditation gaps and issues; draft accreditation operational plans and timelines; clarify roles, responsibilities and expectations of all stakeholders; ensure accreditation operational plans are costed; develop and sign a memorandum of understanding.



Step

1

Hold a planning and costing meeting

Organise a stakeholder meeting to look at planning, costing and consensus building – allow three days for this. The meeting should be held in two stages: in the first, invite all provosts, principals, vice principals, heads of department, and those in charge of facilities to a two-day meeting. This session should provide an overview of the accreditation process identifying the benefits of full accreditation and the implications of losing accreditation to the institution, the state and its impact on health care. An overview of the costed accreditation plan process should be presented, followed by a detailed presentation and agreement of the accreditation gaps and issues.

Step

2

Develop an operational plan

An accreditation operational plan for each institution should then be developed. The plan should identify key accreditation issues, interventions needed, named individuals responsible for each, a timeline, resources needed, sources of resources and their cost (see Box 8). Costing of accreditation gaps should be done by an economic consultant. Ensure participants work in groups to harmonise their budgets and ensure all accreditation issues have been included and duly costed. The draft plan should be presented to senior policy makers in a strategic planning meeting.

Testimony

There is more funding coming from the government... presently the government is executing some interventions in some of the health training institutions worth more than 200 million Naira, and right now we are in the process of [planning] some more interventions in the institutions worth hundreds of millions.

BOX 8

Tips for the planning and costing meeting

- Agree identified accreditation gaps and issues
- Draft work plans and timelines
- Clarify roles, responsibilities and expectations of all stakeholders
- Ensure accreditation operational plans are costed
- Develop and sign a memorandum of understanding

Step

3

Hold a strategic planning meeting

This is a one-day session in which senior state policy makers join participants from the planning meeting to focus on strategic planning and consensus building. Senior policy makers should include: Commissioners of Health, Permanent Secretaries, Directors of Nursing of Ministries of Health; Permanent Secretaries of Ministries of Local Governments, Executive Chairmen and Directors of Nursing of the states' Hospitals Management Boards; as well as Principals and Provosts of all HTIs (from the planning meeting). Provide an overview of the costed accreditation plan activity, discussions of the output of the assessments and outputs from the first stage of the planning meeting. The outputs of the assessment and the first stage should be presented by Provost of each HTI to enhance ownership. After these presentations, divide participants into groups by state to finalise the costed accreditation operational plan. Ensure all stakeholders sign a memorandum of understanding on specific areas of their support and inputs (see Box 8).



Be aware that as senior policy makers attend the second meeting, they may want to include other HTI requirements into the plans which are not strictly related to accreditation but which stakeholders feel are important to the institution. Ensure next steps are agreed and that a report of the meeting is finalised and circulated immediately, to sustain momentum and to enable the costed accreditation operational plan to be included in the state budget.

It is important that the plans for each HTI are reviewed, revised and updated annually to ensure they are accurately costed and clearly prioritise the actions needed to obtain accreditation so it is easy to monitor progress. The annual updating and review of plans should be led by the HTI and state accreditation committees.

Stage 7: Support state to implement accreditation plans

Stage 7 consists of three key steps: advocacy towards state and regulatory bodies, implementing programme specific interventions for accreditation, and supporting states to develop and implement a plan to increase the number of and quality of course tutors.

Step

1

Advocacy on accreditation aimed at state and regulatory bodies

Advocacy directed towards state bodies involves engaging senior policymakers on HTI accreditation issues related to budgeting, fund release and physical infrastructure development. Advocacy efforts aimed at state government and legislators should also focus on training, recruitment and retention of qualified course tutors. Advocacy efforts should also focus on ensuring that HTIs have budget lines specific to accreditation and that the costs needed to achieve accreditation are included in the state's annual health sector plan. This will help schools request appropriate resources to fund their institutions.

It is also important that state governments are engaged and aware of the need to engage the regulatory bodies. Under the W4H programme, as soon as the accreditation needs were established, the states were supported to conduct advocacy visits to all the relevant regulatory bodies. These visits successfully clarified and mitigated existing misconceptions and reduced the communication gap that existed between the state, the HTIs and the regulatory bodies.

Based on the suggestions from the regulatory bodies, W4H supported the states to establish or re-activate state council committees or zonal council committees which provide a medium for communication between the HTIs and regulatory bodies. This also led to the regular submission of progress reports to the regulatory bodies.

Step

2

Implement programme specific interventions for accreditation

Key interventions implemented by the W4H programme included: establishment of accreditation committees for each HTI and state; developing costed operational plans on accreditation; construction and rehabilitation of physical infrastructure based on the accreditation needs of each HTI; supporting state governments to improve attraction, recruitment and retention of tutors (including: funding the training of midwives, nurses and community health officers to undertake a tutorial programme or Post Graduate Programme in Education to qualify as tutors; supporting registration of tutors with regulatory bodies; and recruiting additional tutors).

Other support was directed at improving the quality of teaching in HTIs, including: procurement of books and journals for the library; procurement of teaching aids and equipment; supporting the establishment of internet connectivity; capacity building of tutors on effective teaching skills; training of clinical instructors and preceptors on effective clinical teaching and supervision skills; and twinning of tutors with counterparts in the United Kingdom.

Step

3

Support state bodies to develop and implement tutor plan

A critical requirement for accreditation is to have adequate numbers of qualified tutors. Under the W4H programme, HTIs across all states suffered from a shortage of tutors. It was also particularly difficult to recruit suitably qualified tutors in the North. As a result, it was important that issue of tutors was given central focus as accreditation could not be achieved without this. The Ministry of Health in each state was supported to develop – and fund – a tutor training plan to address the shortage of trained tutors.

Stage 8: Conduct a mock accreditation exercise

Stage 8 is about making sure an HTI is prepared for the accreditation process and consists of three key steps: conduct a mock accreditation exercise, inviting the regulatory body for an advisory visit, and implementing any recommendations they make.

Step

1

Conduct A Mock Accreditation Exercise

A mock accreditation (sometimes called peer review) involves clinical, management and faculty peers conducting an intensive review of the prepared materials and accreditation report before conducting a visit to the institution. A mock accreditation can be carried out by regional or state regulatory committees working under the guidance of the national regulatory body. SNMC and the zonal office of the CHPRB could be supported to visit HTIs and carry out a mock accreditation exercise, and to submit quarterly progress reports on the accreditation status to the national regulatory bodies. Mock accreditation exercises should be performed using nationally approved accreditation checklists. HTIs should act quickly to address recommendations for improvement.

Step

2

Invite regulatory bodies for an advisory visit

It is important to build good relationships and channels of communication between the regulatory bodies and the HTIs. Support the states to invite the regulatory bodies to pay advisory visits to the state HTIs. These visits will help HTIs assess their readiness for a formal accreditation visit and help identify any other gaps that could prevent them gaining or keeping accreditation.

Step

3

Implement recommendations from the regulatory bodies

Ensure any gaps or issues raised by regulatory bodies are immediately addressed. As soon as significant parts of the recommendations have been met, the regulatory bodies can be invited for an accreditation visit.

Testimony

Whatever we have on the ground, in terms of the deficiency, in terms of improvement, has to be communicated to the Nursing and Midwifery Council of Nigeria. The Council [will] say, 'Do you want us to come and assess you so you will increase your number of intake in relation to the students, we will change your accreditation status from provisional to full accreditation'

Stage 9: Invite the regulatory body for an accreditation visit

Stage 9 is about the accreditation visit itself and consists of two key steps: submitting a progress report, and paying and preparing for the regulatory bodies' accreditation team.



Submit progress report to regulatory body

Having addressed the regulatory bodies' recommendations from the advisory visit, write a detailed progress report to the regulatory bodies detailing their observations and interventions implemented by the HTIs.



Pay accreditation visit fee and prepare for the accreditation team

The HTI will pay the required accreditation visit fee to the regulatory body and must prepare to receive its accreditation team. During the accreditation visit, the regulatory body will tour the HTI to assess both human and material resources available in the school to award either provisional or full accreditation, depending on their assessment score.

Stage 10: Continuous monitoring and evaluation

Quarterly monitoring and supportive supervision should be conducted by the state accreditation committees to monitor the implementation of the costed accreditation operational plan. This monitoring by the accreditation committee should continue even after accreditation has been awarded to ensure any issues are promptly identified and solved so that accreditation status is maintained.

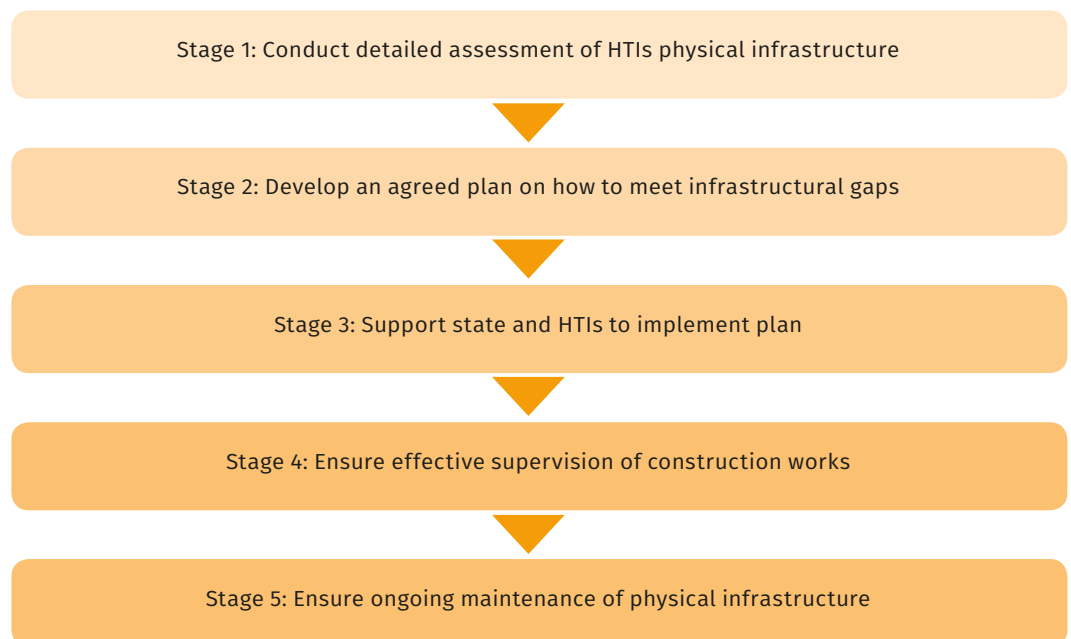
Part 2:

Regulatory bodies' accreditation requirements

Translating regulatory bodies' accreditation requirements for infrastructure

A major finding of the W4H programme inception phase was that many HTIs had inadequate and dilapidated physical infrastructure – a major barrier to accreditation. To overcome this, W4H prioritised construction and rehabilitation work at HTIs to ensure that accreditation requirements for infrastructure were met. In this section we look at how regulatory bodies' accreditation requirements for physical infrastructure can be met. We offer guidance on how to support HTIs and state governments to interpret the regulatory bodies' requirements. Figure 2, below, shows the key stages needed to do this effectively.

Figure 3: Key stages in translating accreditation requirements for infrastructure



Stage 1: Conduct detailed assessment of HTIs' physical infrastructure

This first stage is about assessing the condition of the infrastructure at each HTI and consists of three key steps: interpreting regulatory bodies' accreditation requirements for infrastructure; setting up an assessment team; and conducting a detailed assessment of physical infrastructure.

Step

1

interpreting regulatory bodies' accreditation requirements for physical infrastructure

Similarly to other accreditation standards, the standards set for physical infrastructure vary by regulatory body. Be aware that accreditation checklists and requirements are regularly updated – ensure you get the most up-to-date version! (See Box 10 for the standard requirements, 2016).

Step

2

Set up an assessment team

Set up an assessment team including: a facility planner (a senior architect); a senior surveyor; a junior surveyor; a junior architect; a quantity surveyor; representatives of the HTI including the principal, the vice principal, the librarian, the administration officer and/or the maintenance officer; and a representative of the project manager of the State Ministry of Health. Ensure the team is well briefed before the assessment on critical accreditation issues and the regulatory bodies' requirements for physical infrastructure as well as on the approach and methodology of the assessment.

Step

3

Assessment of physical infrastructures

The assessment should cover the HTI and clinical areas as well as equipment and furniture. Prior to the visit by the assessment team, an architect with two assistants can be sent to the HTI to take the physical measurement of all the existing buildings. These should be developed into preliminary sketches for the identification of each structure on the premises. These preliminary sketches should be given to the surveyors to guide them as they take inventory of each room in each block of the compound. The surveys can be conducted in three formats, namely:

a) School Compound Survey b) Building Survey c) Block Survey

Survey findings should be recorded immediately; and where possible they should be recorded on ipads with internet connection so information can go straight to the Facility Planner. (Recommended software is Device Magic Form (DMF), which was successfully used by W4H). This approach ensures speed and accuracy in data collection.

While the assessment is happening, a member of the team could interview the principal to gather pertinent information on the history of the school, numbers of staff and students, office space and classroom requirements as well as other questions that have to do with the general improvement required by the HTI. The combination of a rapid survey and interview with the principal ensures a comprehensive assessment of the HTI needs and requirements.

Box 10

Accreditation requirements for physical infrastructure by regulatory body**Nursing and Midwifery Council requirements for Schools of Nursing and Midwifery**

- A minimum of three large, adequately furnished and well ventilated classrooms seating 50 - 100 students comfortably
- A minimum of three tutorial rooms
- A large auditorium seating at least 250 people
- Adequately furnished Principal's office with an attached Confidential Secretary's office
- Adequately furnished staff offices with a maximum of two educators per office
- Adequately furnished staff common room
- Adequately furnished student common room
- A library with all principal textbooks
- A practical demonstration laboratory
- An adequately equipped basic sciences laboratory
- A computer room with at least 24 work stations
- An adequately equipped and staffed hospital-based clinical experience area
- An adequately equipped and staffed community-based clinical experience area

Community Health Practitioners Registration Board requirements for CHEW and JCHEW programme

- An adequately equipped and staffed community based clinical experience area
- A minimum of ten large, adequately furnished and well ventilated classrooms that can seat 50 students comfortably
- A large assembly hall
- Adequately furnished Principal's office with an attached Confidential Secretary's office
- Adequately furnished Vice - Principal's office with an attached Confidential Secretary's office
- Minimum of 2 offices for Admin Staff
- Staff offices for 10 tutors
- Adequately furnished staff common room
- Adequately furnished student common room
- A library with all principal textbooks
- A school demonstration clinic
- An adequately equipped basic Sciences laboratory
- A computer room with at least 24 work stations
- Toilet facilities
- Demonstration room / ground
- Hostel accommodation with 2 in a room
- Recreational facilities

Stage 2: Develop an agreed plan on how to meet physical infrastructural gaps

Once all drawings are prepared using the DMF software, it is easy to have drawings (floor plan sketches only) prepared rapidly for the survey team to use. The survey team should record all repairs and improvements needed, using DMF to collate them so they can be converted into quantities that will appear in the final Bill of Quantities and Estimates.

Stage 3: Support state and HTIs to implement plan

Stage 3 consists of a series of advocacy activities to gain support for implementation of the required works. The advocacy efforts should involve engaging senior policy makers on issues related to budgeting and fund release and ensuring support for improving the physical infrastructure of the HTIs. Advocacy efforts should also focus on ensuring that HTIs have budget lines specific to accreditation and that these costs are included in the annual state health sector plan. Technical support can also be provided as needed during the tender process including for: the prequalification stage; the selection and invitation of qualified bidders to tender; awarding the contract to and commencement of handing over of sites to the contractors.

Stage 4: Ensure effective supervision of construction works

Effective supervision is needed to ensure that the construction work is of sufficient quality to meet accreditation requirements, and to manage progress and payments. Ensure qualified professionals (architects and surveyors) are appointed as consultants to supervise the work. Female architects should be included so that the infrastructure is suitable for female students. Regular inspection dates should be set for site visits. Valuations for payment should be prepared as agreed with contractors when works begin. Payments should never be delayed beyond one week from the date of payment request.

Stage 5: Ensure ongoing maintenance of physical infrastructure

One of the findings of the HTI surveys was that there was no existing maintenance policy in most cases. This policy is essential if the refurbished infrastructure is to remain at accreditation standard. To ensure sustainability, an effective maintenance system must be put in place. This should be done by ensuring a Memorandum of Agreement providing clear assurances of how physical infrastructure will be maintained. There should be support to develop and implement an HTI-specific maintenance policy and manual.

Last Words

Supporting accreditation of HTIs is an important element to strengthening the health workforce and critical to HRH development. This document provides a step-by-step, comprehensive guide on how to support HTIs and state governments to identify accreditation issues, and to develop and implement costed accreditation operational plans to achieve full accreditation. It was developed to support and provide guidance to other states in Nigeria and similar countries in accelerating efforts to achieve accreditation and improve quality of health training. It provides an outline for government officials, HTI managers, and development partners to develop a more comprehensive and integrated approach to strengthening HTIs and building both HTI and clinical placement site capabilities to sustainably improve pre-service education of health workers.

This 'How-To guide' illustrates a framework for other states and similar countries to follow to support achievement of accreditation. It is both specific and adaptable, describing the stages and steps that are required to organise, prepare, implement and scale up HTI accreditation. Its flexibility recognizes that each state and country are at different stages of development and should adapt the guidance to its own needs.

This guide emphasises the importance of intersectoral and multi-sectoral stakeholders' collaboration and how it is critical to improving health workers' training and achieving accreditation. It also recognises that context specific interventions are needed to solve the HRH crisis in developing countries to ensure the achievement of the global goal of universal health coverage.



Testimony

We are encouraging more women to be health workers and then we fill the gap that is in our workforce because you find that women from this part of the country would like to be seen by women.

Annex 1: Detailed list of relevant stakeholders for accreditation under the W4H programme

State government

State Governor

State secretary

Ministry of Health

Commissioner for health

Permanent secretary

Director Nursing Services

Director Primary Health Care

Director Clinical Services

Director Budgeting and Planning

Director Hospital Management Board

State house of assembly

Speaker State House of Assembly

Secretary State House Committee on Health

Health training institution

Provost/Executive Directors of College

Principal of HTI

Heads of relevant departments e.g Community Health, Midwifery etc

Nursing and Midwifery Council

Registrar

Deputy Registrar

Head of Accreditation

Head of Indexing

Chair of relevant state Nursing and Midwifery

Council committee

Community Health Practitioners Registration Board

Registrar

Deputy Registrar

Head of Accreditation

Head of Indexing

Chair of relevant zonal offices

Development partners

All development partners supporting HRH and health training institutions

The community

Community Head

Chair Facility Health Committee

Annex 2: Sample Assessment Tool for Nursing and Midwifery institutions

| Criteria for accreditation | Standard | Findings | Gap | Remarks |
|---|-------------|----------|-----|---------|
| Accreditation status | Full | | | |
| Last accreditation visit | Every 2 yrs | | | |
| Functional school committees | | | | |
| Nursing Education Advisory Committee | Yes | | | |
| External Disciplinary | Yes | | | |
| Internal Disciplinary | Yes | | | |
| Procedure manual review | Yes | | | |
| Continuing Education | Yes | | | |
| Research Committee | Yes | | | |
| Curriculum review | Yes | | | |
| Welfare | Yes | | | |
| Institutional protocol policies and procedures | | | | |
| Practical manual | Yes | | | |
| Curriculum | Yes | | | |
| Admission policy | Yes | | | |
| Staff recruitment policy | Yes | | | |
| Guidance and Counselling | Yes | | | |
| Staff welfare/incentives | Yes | | | |
| Schools Records | | | | |
| Admission | Yes | | | |
| Staff list | Yes | | | |
| Students' list | Yes | | | |
| Timetable | Yes | | | |
| Year plans | Yes | | | |
| Students clinical rotation | Yes | | | |
| Staff schedules | Yes | | | |
| School's budget | Yes | | | |
| Academic records | Yes | | | |
| Graduation records | Yes | | | |
| Communication | | | | |
| Telephone system | Yes | | | |
| E-mail address/internet | Yes | | | |
| Infrastructure | | | | |
| Classrooms | 3 | | | |
| Classroom capacity | 50 | | | |
| Condition of seats | Good | | | |
| Tutorial rooms | 2 | | | |
| Auditorium | 1 | | | |
| Auditorium capacity | 300 | | | |
| Condition of seats | Good | | | |

| | | | | |
|---|-----------|--|--|--|
| Library seating capacity | 50 | | | |
| Library Magazine stand | Yes | | | |
| Library Books | 500 | | | |
| Library Journals/research articles | 100 | | | |
| Library Reference books | 100 | | | |
| Science Laboratory | 1 | | | |
| Equipped Laboratory | Yes | | | |
| Laboratory Reagents | Yes | | | |
| Practical demonstration room/laboratory | 1 | | | |
| Equipped for demonstrations | Yes | | | |
| Computer units | 24 | | | |
| Toilet for staff | Yes | | | |
| Toilet for students | Yes | | | |
| Staff common room | Furnished | | | |
| Students' common room | Furnished | | | |

Administrative block

| | | | | |
|---|-------------------|--|--|--|
| Furnished with computer and photocopier | Yes | | | |
| Principal's office | Yes | | | |
| Tutor's office | 2 per office | | | |
| Teaching aids | Adequate | | | |
| Store | Yes | | | |
| Hostel condition | Good | | | |
| Number/room | 2 students | | | |
| Cafeteria/cooking area | Yes | | | |
| Laundry area | 1 | | | |
| School bus/shuttle | 1 | | | |
| Safety devices | Fire Extinguisher | | | |

Students

| | | | | |
|---------------------|-----------------------------|--|--|--|
| Student number | 50 per class (Total no=150) | | | |
| General Performance | Good | | | |
| Sickbay | Yes | | | |

Staffing

| | | | | |
|-------------------------------------|------|--|--|--|
| Total number of Midwife tutors | 1:10 | | | |
| Public Health Nurse Tutor | 1 | | | |
| Total number of clinical instructor | 1:15 | | | |
| Tutor: student ratio | 1:10 | | | |
| Clinical instructor: student ratio | 1:15 | | | |

Practical Experience facilities

| | | | | |
|---------------------------|-----------------|--|--|--|
| Type: | | | | |
| Hospital based | Min. 1 | | | |
| Community based | Min. 1 | | | |
| Staffing: | | | | |
| Staffed by Midwife | 1:3 patients | | | |
| Staffed by Nurses | 1:3 patients | | | |
| Staffed by Specialist Drs | 1:3 patients | | | |
| Clinical facilities: | | | | |
| Total number of beds | 150 | | | |
| Maternity beds | 60 | | | |
| Delivery beds | 6 | | | |
| Cots | 2 | | | |
| Flooring of units | Non-porous | | | |
| Nursing care approach | Nursing process | | | |

Annex 3: Sample Assessment Tool for CHEW and JCHEW programmes

| Criteria for accreditation | Standard | Findings | Gap | Remarks |
|----------------------------|-------------|----------|-----|---------|
| Accreditation status | Full | | | |
| Last accreditation visit | Every 4 yrs | | | |

Location of school

Rural \semi urban area

Infrastructure

| | | | | |
|---------------------------------|-------------------------------------|--|--|--|
| Admin block | | | | |
| Principal's office | Furnished with toilet & PA's office | | | |
| HOD's office | Yes | | | |
| Computer, cabinets | Yes | | | |
| Staff common room | Furnished | | | |
| Classrooms | 5 | | | |
| Capacity | 75 | | | |
| Condition of seats | Good | | | |
| Tutorial room | 2 | | | |
| Tutor's office | 2 per office | | | |
| Auditorium/assembly hall | Big | | | |
| Library | Yes | | | |
| Seating capacity | 50 | | | |
| Book | 5000 | | | |
| Science laboratory number | 1 | | | |
| Capacity | 75 | | | |
| Equipped | Yes | | | |
| Reagents | Yes | | | |
| Computer laboratory | 25 units | | | |
| Toilet for staff | Yes | | | |
| Toilets for students | Yes | | | |
| Skills demonstration laboratory | 1 | | | |
| Capacity | 75 | | | |
| Equipment: | | | | |
| Steriliser | Yes | | | |
| Anatomical models | Yes | | | |
| Instruments | Yes | | | |
| Charts | Yes | | | |
| Beds and bedding | Yes | | | |
| Screen and side locker | Yes | | | |
| Reagents | Yes | | | |
| Hostel: | | | | |
| Male | 2 per room | | | |
| Female | 2 per room | | | |
| Cafeteria/cooking area | 1 | | | |
| Students' common room | TV & games | | | |

| | | | | |
|--------------------------------|-------------|--|--|--|
| Laundry | 1 | | | |
| School/bus shuttle | 1 x 18 seat | | | |
| Schools demonstration clinics: | | | | |
| PHC model | | | | |
| CHOs | 1 | | | |
| CHEWs | 3 | | | |
| JCHEWs | 6 | | | |
| Services: | | | | |
| Immunisation | Yes | | | |
| ANC | Yes | | | |
| Home visiting | Yes | | | |

Student

| | | | | |
|---------------------|---------|--|--|--|
| Student number | Max 300 | | | |
| Student Performance | Pass | | | |
| CHEW | | | | |
| JCHEW | | | | |

Staffing

| | | | | |
|--------------------------------------|---|--|--|--|
| Total number of Midwife tutors | 5 | | | |
| Total number of clinical instructors | 1 | | | |

Practical Experience facilities

| | | | | |
|----------------------------------|----------------|--|--|--|
| Rural | 4 | | | |
| PHC model: | | | | |
| CHOs | | | | |
| CHEWs | | | | |
| JCHEWs | | | | |
| Services: | | | | |
| Immunisation | | | | |
| ANC | | | | |
| Home visiting | | | | |
| Urban | Minimum 1 | | | |
| PHC model: | | | | |
| CHOs | | | | |
| CHEWs | | | | |
| JCHEWs | | | | |
| Services: | | | | |
| Immunisation | | | | |
| ANC | | | | |
| Home visiting | | | | |
| Practical experience coordinator | 1 | | | |
| Approach to care | Standing order | | | |

Annex 4: Sample Stakeholders' interview guide

Interview guide for Director Nursing Services (DNS), Director Hospital Services Management Board (HSMB), Director Primary Health Care Directors, Permanent Secretaries and Director of Finance

The following questions aim to gather information on barriers to full accreditation of health training institutions in Jigawa, Katsina, Yobe and Zamfara states and to facilitate a shared approach to developing action plans to overcome these barriers. Please ask all questions. Take notes and digitally record all interviews.

Questions:

1. What is your position in this state?
2. How many health training institutions are there in this state?
3. When was the last accreditation visit to these institutions?
4. What is the current accreditation status of these health training institutions?
5. What are the specific barriers to full accreditation of your health training institutions?
 - a. Probe to elicit: economic or financial barrier, governance or leadership barriers from the health training institution or MOH, inadequate skills in the institutions management to develop accreditation budget, inadequate advocacy skills to follow up or persuade policy makers on the importance of accreditation, lack of available resources within the state to meet accreditation needs
6. For each barrier identified please give a suggestion to overcome it.
7. Are there any current plans (other than the W4H project) to resolve specific gaps in accreditation of your health training institutions? Yes [] No [] if yes, please give details.
 - a. Probe for governmental plans to achieve accreditation
 - b. Probe for interest from donors and other agencies within the state to support accreditation
8. Who are the key stakeholders in the process of developing and maintaining full accreditation of your institution? Please list names/types of agencies/organisations
9. Which of these stakeholders need to be:
 - a. Influenced to support accreditation;
 - b. Informed about accreditation;
 - c. Involved in accreditation process;
 - d. Other – please give details
10. How would you plan to :
 - a. Influence?
 - b. Inform?
 - c. Involve?
 - d. Other activity?Please give as much detail as possible.
11. What do you think will be the main drivers/enablers for accreditation?

12. For each driver identified how do you consider it to be influenced /used to best effect?
13. Are you aware of any major resistance/opposition to full accreditation of your health training institutions?
Yes No if yes, please give details.
14. Are you familiar with the accreditation process of the regulatory board of your health programmes?
15. What is the process for preparing the budget for accreditation in of Health Training Institutions?
16. To what extent are health training institutions involved in budget preparation?
17. Is there a budget line in either capital or recurrent estimates for accreditation for your institution?
18. How much was budgeted in 2012 for accreditation of health training institutions?
19. From the amount budgeted in 2012, how much was released?
20. What is the 2013 budget estimates for accreditation?
21. Who determines what goes into the HTI budget in your state?
22. What is the procedure for realising funds for accreditation activities by the SMOH?
- Probe to know:
- a. Who submits the budget, and to whom is it submitted
 - b. How often funds are released and how long it takes to release funds
 - c. Proportion of funds released (as a % of total budget)
 - d. Bottlenecks encountered in the release of funds
23. Do you think health training institutions have the capacity to manage the financial aspects of accreditation?
Yes No Please give as much detail as possible.
24. What areas do you think your institutions will require external support towards accreditation?
Probe to elicit information on: number of tutors, development of training curriculum, infrastructures, effective teaching and assessment skills to improve students' outcome?
Please give as much detail as possible.
25. Are these resources readily available? Yes No If yes, please give details. If no, why?
26. How would you plan to find the resources required to develop and maintain full accreditation of your programme? Please give details
27. Are there enough qualified tutors in your state to fill in shortfall in tutor: student ratio?
28. Had the state/institution ever reached out to Partners/MDA/Institutions for support towards efforts to achieve accreditation?
29. Any other comments on any aspect of accreditation.

Thank you for your time

Annex 5: Terms of Reference for health training institutions and state accreditation committees

a. Terms of Reference for HTI Accreditation Committee

- Plan for and maintain accreditation (full) for its programme (s)
- Plan activities leading to the achievement and /or maintenance of full accreditation of programme (s)
- Ensure the establishment of all school committees (procedure manual, examination, disciplinary, curriculum review etc) including writing their terms of reference
- Assess and identify the issues with regards to infrastructure, staffing, policies, protocol, etc against the minimum requirement by the board/council
- Select/review appropriate facilities for hospital based and community based practical experiences for students including ensuring upgrading and staffing of the facilities where necessary.
- Report findings to State Accreditation Committee at its quarterly meetings.
- Draft the quarterly/biannual HTI progress report required by the NMC and submit draft report to State Accreditation Committee.

b. Terms of Reference for State Accreditation Committee

- Plan and implement appropriate strategies to address the gaps identified by the HTI Accreditation Committee
- With support from the HTI Accreditation Committees periodically review the Accreditation Operational plans for HTIs in the state
- Ensure that adequate provision is made in the budget to cover capital provision and recurrent estimates to address the accreditation gaps.
- Liaise with the State NMC Committee to provide technical support in organising a mock accreditation visit before inviting the National NMC for accreditation visit.
- Periodically review the situation of the training facilities with the aim of ensuring that they keep to the expected minimum standard in terms of staffing and infrastructures.
- Finalise quarterly/biannual HTI progress report and submit to the NMC (National).

c. Membership 1. Proposed Membership of accreditation committee at the HTI:

- Provost and Director of College
- Head of Health Training Institution
- Vice Principal Academic
- Head of Computer laboratory
- Head of Science laboratory
- In charge of all practicum sites where students are sent for clinical experience
- Heads of Department Community Health (for Schools/Colleges of Health Technology)
- Bursar

2. Proposed Membership of accreditation committee at the state level:

- Director Nursing Services MOH
- Director Planning SMOH
- Director Primary Health Care MOH (for Schools of Health Technology)
- Director Primary Health Care, Local Government Inspectorate (for Schools of Health Technology)
- Chairman of the Health Committee of the State House of Assembly
- Provost/Director of College/School
- Vice Principal academic
- College Registrar
- Representative of NANNM
- Community representative who is a Nurse or Midwife or Community Health Officer
- Representative of Partners supporting the schools

d. Frequency of meeting:

HTI Accreditation Committee: Once every two months.

State Accreditation Committee: Quarterly.

e. Relationship between HTI Accreditation Committee, State Accreditation Committee and the State NMC Committee:

The primary function of the HTI Accreditation Committee is to periodically review the accreditation needs of the HTI in line with standards set by the regulatory bodies and to submit these findings to the State Accreditation Committee. The State Accreditation Committee is responsible amongst other functions for identifying and implementing strategies to ensure that gaps are filled and the accreditation status of the HTI is maintained. The State Accreditation Committee can liaise with the State NMC Committee (a committee set up by the NMC and primarily accountable to the NMC) to provide technical support for assessment of accreditation gaps and provide updates on accreditation requirement set by the NMC. The functions of the State NMC Committee are described below.

- Periodic verification of licenses and certificates of practicing nurses in order to check quackery
- Monitor appropriately the standards of nursing practice in the state
- Keep and update the record of all trained nurses in the state
- Investigate, discipline and report any unprofessional conduct among practicing nurses
- Conduct preliminary investigations in to reported cases of malpractices and report findings to the Council
- Work with the Council as need be in carrying out research on current nursing issues
- Compile and maintain a list of public, private hospitals and clinics for effective monitoring
- Conduct pre – accreditation visit for the establishment of new training institutions
- Conduct periodic inspections of training institutions and students clinical experience sites twice a year and make recommendations to the NMC

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Glossary of key terms

Accreditation body – A national semi autonomous statutory body responsible for accrediting health 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 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.

Evaluation – A planned, systematic process of collecting information and comparison of this information with specific standards.

Faculty development – Planned workshops, trainings, mentoring, and other similar activities conducted to develop teaching, assessment, leadership and management skills of faculty.

Programme or health programme – Programme of study in health training institutions which has its own curriculum, standards and resources and is implemented to produce graduates in a distinct profession category and level.

Quality assurance – Planned systematic process of assessing, guarding, improving, nurturing quality of education.

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

ANC – Antenatal Care

CHEW – Community Health Extension Worker

CHO – Community Health Officer

CHPRB – Community Health Practitioners Registration Board

DFID – UK Department for International Development

DMF – Device Magic Form

DNS – Director Nursing Services

HOD – Head of Department

HRH – Human Resources for Health

HSMB – Hospital Services Management Board

HTI – Health Training Institution

JCHEW – Junior Community Health Extension Worker

MDA – Ministries, Department and Agencies

NMC – Nursing and Midwifery Council

PA – Personal Assistant

PHC – Primary Health Care

RM – Registered Midwife

RME – Registered Midwife Educator

RMT – Registered Midwife Tutor

RNM – Registered Nurse Midwife



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 2017, some 6,750 women have received training as health workers as a result 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 sets out an effective approach to supporting health training institutions through the process of gaining – or regaining – accreditation status for their health training programmes, and in establishing processes to ensure that accreditation is maintained. The guide also looks at how to help these institutions get funding for and carry out improvements in their physical infrastructure to meet accreditation requirements and provide suitable accommodation for female students.

The W4H programme worked with some 20 health training institutions in five northern Nigerian states – as well as regulatory and state bodies, and a wide range of other important stakeholders. This guide translates the lessons learned from the 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 improve training institutions in health or other sectors, and to contribute to progress on the Sustainable Development Goals. It is suitable for project and programme staff, development partners and non-governmental organisations.

While this Guide is focused on health training institutions, some elements of the guidance could be valuable for the provision of other social services, such as education and more technical support, such as agriculture and water and sanitation.

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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