

COLLABORATION WITH THE UNIVERSITY OF CALABAR FOR HUMAN RESOURCES FOR HEALTH MANAGEMENT TRAINING FOR BAUCHI AND CROSS RIVER STATES

INTRODUCTION

A pool of knowledgeable staff is required within middle and senior management for long-term human resources for health (HRH) planning and effective management at all levels of the health system—federal, state, and local.

The Population Council, in partnership with the World Health Organization (WHO) in Nigeria, was responsible for training 105 key personnel—from Bauchi and Cross River states as well as national—on HRH planning, management, policy dialogue, advocacy, and resourcing for the HRH project “Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria.”

BACKGROUND

In 1998 WHO’s Regional Committee for Africa adopted a Regional Strategy for HRH development¹, acknowledging HRH’s importance as a health system building block and key determinant of service provision and system efficacy². Many low- and middle income countries have inadequate numbers of required health workers and managers, in addition to serious capacity gaps within their existing health workforces. Training health workers and managers provides capacity-building necessary for achieving health system goals.

SELECTING THE TRAINING APPROACH AND STRATEGY

Population Council’s HRH project held discussions with officials from Nigeria’s Federal Ministry of Health (FMoH) as well as WHO about the best approaches for building the capacities of key staff from both Bauchi and Cross River states’ health systems for effective HRH planning and management. The options explored included:

1. Working with the HRH Collaborating Centre for Education and Training at the University of Calabar to train selected key personnel from Bauchi and Cross River HRH project areas
2. Sponsoring Bauchi and Cross River personnel to attend training institutions in neighboring African countries, and
3. Engaging qualified consultants in Nigeria to train the selected key personnel from Bauchi and Cross River.

This HRH project, *Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria*, is a health systems-strengthening project implemented in Nigeria by Population Council, Global Health Workforce Alliance (GHWA), and the World Health Organization (WHO).

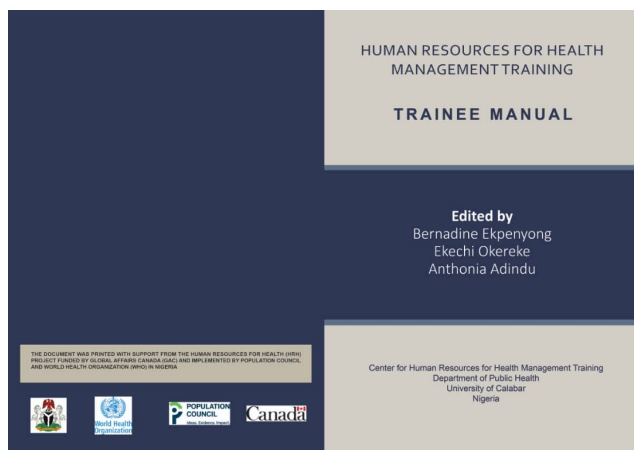
Funded by Global Affairs Canada (GAC), the project began in 2014 in two states, Cross River and Bauchi.

The HRH project works through the federal Ministry of Health and regulatory bodies, specifically NMCN and the Community Health Practitioners’ Registration Board of Nigeria (CHPRBN), in addition to the pre-service health training institutions in the project states.



After robust discussions and consultations, Option 1 was selected, as it provided the possibility of collaboration as well as the institutional strengthening of the HRH Collaborating Centre for Education and Training at the University of Calabar. The Centre is one of six collaborating centers established by FMOH at various federal universities in Nigeria to train health care workers and managers. The rationale for this collaboration was to strengthen existing HRH training institutions in Nigeria so HRH workers and managers across the country can continue to be trained beyond the lifespan of the HRH project, for sustainability.

Project staff visited the Centre to assess its capacity and preparedness to train HRH staff, including training content and focus, in accordance with the HRH project implementation plan. The Centre met the project's criteria, due to existing infrastructure, training equipment and materials, as well as the caliber of the Centre's trainers, who are lecturers from the University of Calabar's Department of Public Health. Both the Memorandum of Understanding (MoU) and contract between the University and the Council stipulated that a training manual would be developed. The training's content and scope includes HRH planning and management; resourcing for HRH plans, resource mobilization, HRH advocacy and policy dialogues, as well as health team supervision.



Trainee manual developed by the Centre for the HRH project

TRAINING OUTPUTS AND OUTCOMES

The first group of 26 trainees [14F/12M], in December 2017, were primarily from Cross River, with some FMOH staff. Mid-level and senior Bauchi health care managers were then trained in February 2018, with 24 participants (all male) including the state Ministry of Health Permanent Secretary. A second group of 29 [4F/25M] managers from Bauchi were trained in March 2019, and starting the last week of March 2019, 28 [9F/19M] key managers and officials from Cross River were trained.

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The Council exceeded its target of training 105 key personnel, with 107 [27F/80M] trained including staff from both states' ministries of Health as well as focal local government areas (LGAs).

In addition to building a pool of knowledgeable key personnel from Bauchi and Cross River, the training also led to institutional strengthening of the HRH Collaborating Centre for Education and Training, helping ensure more trainings at the center as a result of the HRH project and Council's sustainability efforts.



HRH project training at the University of Calabar

CONCLUSION

Critical HRH-related capacities was built among key Nigerian health system personnel and managers, most significantly in the states of Bauchi and Cross River and within their LGAs. These efforts should facilitate better long-term HRH planning and management in these areas, hopefully leading to improved health outcomes in these states. In addition, the institutional strengthening of a national center for HRH Training and Education, through the sustainability efforts of the HRH project, will continue to build the capacities of health care managers and workers throughout Nigeria.

CITATIONS

1. Nyoni, J, A Gbary, M Awases, P Ndecki, R Chatora. 2006. *Policies and Plans for Human Resources for Health: Guidelines for Countries in the WHO African Region*. WHO Regional Office for Africa. Brazzaville.
2. World Health Organization. 2002. *Human Resources for Health: Developing Policy Options for Change*. Discussion Paper. Draft. Geneva.