

Gender and Human Resource issues

In December, 2011 work was initiated to build the capacity of the HRH Forums in Zamfara and Katsina States to include a gender perspective in the State HRH policy documents. HRH forum members were assisted to strengthen their inclusion of gender in the HRH policy documents and develop a work plan for operationalising the policy commitments. From this starting point the groups were able to explore more deeply the reasons for the shortage of female health workers and consider the strategic issues that have to be addressed and affirmative actions that need to be taken, in order to bring about the required changes.

For example, there is clearly a major problem with the completion and success rate at the health institutions, particularly the Schools of Nursing and Midwifery. Currently only an average of 12% of those admitted pass the exam. In Zamfara in 2011 only three out of a total cohort of 90 students passed the midwifery exam, while in Katsina the figures were little better as eight passed out of a cohort of 50. The schools face many challenges but if the quality of teaching and learning was improved to an acceptable standard, the numbers qualifying would go a significant way towards making up for the shortfall in female health workers. Planned tutor training support for the health institution tutors should include re-orientation of the role of tutor and their attitude to learners, mechanisms for monitoring learner progress, the development of remedial (learning) support for underachieving students and for building students' study skills.

In addition, a one year bridging course that covers essential skills in English, Maths and Science would help reduce the problems both for the students and the teachers and pave the way to greater percentage success rate in the final exams.

Other key issues focused on fast tracking the accreditation process, strengthening the midwives service scheme, ongoing support to the HRH forums on gender issues and ensuring that HRH data is disaggregated by gender.

The following key policy areas were addressed by the new plans:

1. Increasing the Number of Females Completing Training at Health Institutions
2. Increasing the Number of Skilled Female Front-Line Health Workers
3. Expanding the Female Workforce in Rural Areas
4. Improving the Motivation and Retention of Female Health Workers
5. Increasing the Number of Women in Management Positions