PATHS2

Review of Gender Equity & Social Inclusion In PATHS2 Activities: Jigawa State

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by

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ABBREVIATIONS

AHS	Annual Health Scorecard
ANC	Antenatal Care
ARFH	Association for Reproductive and Family Health
BCC	Behaviour Change Communication
BCIA	Big Common Impact Areas
BEOC	Basic Emergency Obstetrics Centers
BPT	Budget and Planning Team
CBHI	Community Based Health Insurance
CBHIS	Community-Based Health Insurance Scheme
CBO	Community-Based Organization
CEOC	Comprehensive Emergency Obstetrics Centers
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CHV	Community Health Volunteer
CHW	Community Health Worker
CMR	Child Mortality Rate
CMS	Central Medical Store
COMBEW	Community Birth Extension Workers
CONHESS	Health salary scale
CONMESS	Medical salary scale
CPH	Community Participation in Health
CSACEFA	Civil Society Action Coalition on Education for All
CSM	Community Sentinel Monitoring
CSO	Civil Society Organization
D&E	Deferral and Exemption
DCF	Development Cooperation Framework
DFID	Department for International Development
DHS	District Health System
DMA	Drug Management Agency
DQA	Data Quality Assessment
DRF	Drug Revolving Fund
ELSS	Emergency Life Saving Skills
EMC	Emergency Maternal Care
EOC	Emergency Obstetric Care
ERC	Expert Review Committee
ESP	Essential Services Package
ESSP	Essential Systems & Services Package
ESSPIN	Education Sector Support Programme in Nigeria
ETS	Emergency Transport Scheme
FBO	Faith Based Organization
FHC	Facility Health Committee
FMCH	Free MCH
FMOH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women's Association of Nigeria
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GESI	Gender Equity and Social Inclusion
GFATM	Global Funds to Fight AIDS, Tuberculosis and Malaria
GHC	Gunduma Health Council
GHSB	Gunduma Health Systems Board
GYF	Gadawur Youth Forum
GYM	Gumel Youth Movement
HCH	Honourable Commissioner for Health
HCP	Health Commodities Programme
HDCC	Health Data Consultative Committee
HE	Health Education/ Health Equity
HEIFOW	Health Education Initiative for Women
HERFON	Health Reform Foundation of Nigeria

HES	Health Equity Specialist
HF	Health Facility
HFC	Health Facility Committee
HMDGs	Health Millennium Development Goals
HMIS	Health Management Information System
HPD	Health Promotion Division
HR	Human Resources
HRH	Human Resources for Health
HRHD	Human Resources for Health Development
HSR	Health Sector Reform
HW	Health Worker
ICC	Inter Agency Coordinating Committee
IEC	Information, Education and Communication
IMC	Integrated Measles Campaign
IMR	Infant Mortality Rate
ISS	Integrated Supportive Supervision
JD	Job Description
JIMSO	Jigawa Medicare supply organization
JSSHDP	Jigawa State Strategic Health Development Plan
KAHDEV	Kamala Community Health Development Association
KDA	Kansakali Development Association
KM	Knowledge Management
KMS	Knowledge Management Strategy
LMIS	Logistics Management Information System
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MACBAN	Miyetti Allah Cattle Bearers Association of Nigeria
MCH	Maternal and Child Health
MCPDP	Mandatory Continue Professional Development Programme
MLSS	Modified Lifesaving Skills
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn & Child Health
MNCHW	Maternal, Newborn & Child Health Week
MOH	Ministry of Health
MOWA&SD	Ministry of Women's Affairs and Social Development
MSP	Minimum Service Package
MSS	Midwife Services Scheme
MTEF	Mid-Term Expenditure Framework
MTR	Mid-Term Review
MTSS	Medium Term Sector Strategy
NACA	National Action Committee on AIDS
NDHS	National Demographic and Health Survey
NGN	Naira (Nigerian currency)
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NMCN	Nursing & Midwifery Council of Nigeria
NNMR	Neo-Natal Mortality Rate
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NSHDPF	National Strategic Health Development Plan Framework
NTA	Nigerian Television Authority
NURTW Workers	National Union of Road Transport
NYSC	Nigeria Youth Service Scheme
OIC	Officer in Charge
OPD	Outpatient Department
OPV	Oral Polio Vaccine

PATHS	Partnership for Transforming Health Systems
PDPD	Policy Directorate and Planning Division
PEI	Polio Eradication Initiative
PEMR	Public Expenditure Management Review
PEPFAR	President's Emergency Plan for AIDS Relief
PFMCH	Partnership on Free Maternal and Child Health
PHCC	Primary Health Care Coordinator
PHCMIS	Primary Health Care Management Information System
PMV	Patent Medicine Vendor
PNNMR	Post Neo Natal Mortality Rate
POTHE	Popular Theatre and Health Education Association
PPFN	Planned Parenthood Federation of Nigeria
PPP	Public Private Partnership
PPRHAA	Peer and Participatory Rapid Health Appraisal for Action
PRRINN-MNCH	Partnership for Reviving Routine Immunization in Northern Nigeria – Maternal, New born & Child Health
PSA	Public Service Announcement
REF	Rural Education Foundation
REW	Reaching Every Ward
RINCOF	Ringim Committee of Friends
SAVI	State Accountability and Voice Initiative
SDSS	Sustainable Drug Supply System
SFH	Society for Family Health
SHCG	State Health Coordination Group
SIACC	State Inter-Agency Coordination Committee
SLP	State Level Programme
SMI-D	Safe Motherhood Initiative – Demand Side
SMOH	State Ministry of Health
SMS	State Medical Store
SMWA&SD	State Ministry of Women's Affairs and Social Development
SOCHAM	Society for Community Health Awareness and Mobilization
SOGON	Society of Gynaecologists in Nigeria
SOP	Standard Operating Procedure
SP&BT	State Planning and Budget Team
SPARC	State Programme for Accountability Responsiveness and Capability
SPHCA	State Primary Health Care Agency
SSHDP	State Strategic Health Development Plan
SPO	State Programme Officer
STL	State Team Leader
SUBEB	State Universal Basic Education Board
SWAAN	Society for Women & Aids in Africa Nigeria
TA	Technical Assistance
TBA	Traditional Birth Attendant
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
U-5MR	Under-5 Mortality Rate WHO World Health Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WMPC	Women's Movement for the Physically Challenged
YMYDA	Yakubu Memorial Youth Development Association
YUCAN	Youth Care for Nomads Development

PREFACE

This gender review was prepared from May-August 2011 with sporadic interaction between the international consultant and the PATHS2 office in Jigawa. There was no on-site consultation.

The final draft was circulated to the State Team Leader for comments, additions and/or corrections. Only Jigawa replied, providing additional information and offering to be the test case for on-site consultation with the consultant in January 2012.

The consultant will work with the Jigawa PATHS2 office in early 2012 to develop a model for how to improve reporting on the important GESI initiatives already underway in PATHS2 that are not easily communicated currently.

SECTION 1: EXECUTIVE SUMMARY

This Gender Review was devised to assess the level of gender equity and social inclusion (GESI) mainstreaming in the PATHS2 Project's strategies and implementation. PATHS2 was designed to reach a wide cross-section of men and women in Nigeria, including the poorest and most vulnerable. This intention is captured in the logical framework, at the purpose and output level. However, gender equity and social inclusion are not emphasized systematically in the day-to-day work of the project. A desired outcome of this Gender Review is a methodology for improving mainstreaming of gender equity and social inclusion for the remainder of the project.

1.1 Objectives

Objective One was to determine the extent to which Gender Equity and Social Inclusion (GESI) has been mainstreamed into PATHS2 strategies and activities in Jigawa State, based on a series of key questions, and to prepare a synthesis report outlining the level at which Jigawa State is factoring GESI into its work.

Objective Two was to propose a methodology and additional steps to improve mainstreaming of GESI into forthcoming project initiatives in Jigawa State.

The methodology involved a review of the documents, including Quarter 10 and 11 reports to DFID, the Jigawa State-specific MTR progress report, a consultant's report entitled *Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)*, reports on Training of Community Birth Extension Workers and the School of Midwifery, and the Year Three Work Plan, as well as correspondence with Jigawa State PATHS2 officers.

1.2 Objective One: Key Findings: Extent of Mainstreaming of GESI in Jigawa

In Jigawa, it is clear from available reports that concerted efforts are being made by PATHS2 at the State level to transform Jigawa's health system. From a GESI perspective, too, there are impressive achievements, though they do not appear in any consistent manner and must be gleaned from a variety of sources (e.g. GESI Action Plan, quarterly reports, consultant reports, log frame, Mid-Term Review, work plan), making it difficult to determine the actual extent of GESI mainstreaming.

1.3 Objective Two: Key Recommendations: Proposed Next Steps to Improve GESI in Forthcoming Initiatives

A series of general recommendations were offered, as it was difficult to identify specific recommendations with incomplete documentation and limited consultation. As a 'next steps' follow-up to this Gender Review, the PATHS2 Jigawa State Office

needs to conduct an on-site exercise, preferably with a GESI expert, with the following objectives:

- To review and confirm the findings about GESI in the report;
- To discuss implementation of the general recommendations;
- To identify additional emerging issues, lessons learned, and challenges; and
- To develop improved concrete specific recommendations for improved GESI mainstreaming.

1.4 Review Questions

The review was conducted based on the following general and specific questions:

General

- Does the PATHS2 Office have a GESI Advocate? A GESI Plan? Has it been updated?
- Is GESI mainstreamed into programmes? Is this apparent from documentation?
- Is there coordination between the various plans, programmes, and activities so that GESI is visible? For example, are the Activities related to GESI in the log frame transported into the work plans?
- Are both men and women consciously engaged in health programs, including related to reproductive health?
- Is there cross-fertilization on GESI amongst other SLPs in the State? Across PATHS2 programs in other States?

Specific

- Output 1: Stewardship role for health at State level strengthened
  - SSHDP: Does the SSHDP pay attention to GESI issues?
  - Health policies: Do the health policies mainstream GESI?
- Output 2: State systems to support appropriate health services improved
  - HRH: Is there an adequate gender balance in the health system to reach both women and men?
  - HMIS: Is the data disaggregated when it is collected? Into what categories (e.g. sex, age, disability, geographic location, income level)
- Output 3: Delivery of, and access to, sustainable appropriate health services and supplies improved
  - Supply side

        - Health Workers: Is there a balance by sex of health workers so that access is increased for women?
        - CHEWs: Are both women and men trained as CHEWs?
    - Demand side
        - Barriers: What are the barriers that limit access to health services? Are they different for various groups? Can they be overcome? If so, how?
        - FMCH: Is it clear that FMCH reaches the most vulnerable families?

- Output 4: Ability of citizens and civil society to increase the accountability and responsiveness of the health system improved
    - Work with LHCs: Are both women and men allowed and encouraged to be members? What about those who are often socially excluded?
    - Engagement with CSOs: Are they selected based on their approach to GESI, amongst other criteria? Are they trained in GESI concepts?
    - Community dialogue: Are the voices of the hard-to-reach heard? How does this happen?
    - Advocacy: Has Free MCH been adopted as a result of PATHS2?

- Output 5: Capacity of citizens to make informed choices about prevention, treatment and care strengthened
    - 'Ask Nigeria' campaign: Are the media approaches used appropriate for the hard-to-reach, such as women and the poor?

SECTION 2: INTRODUCTION

2.1 Background: Mainstreaming GESI in PATHS2

2.1.1 Partnerships for Transforming Health Systems (PATHS2)

PATHS2 is a six-year development initiative that aims to ensure that Nigeria achieves the health related Millennium Development Goals (MDGs). It is funded by UK Aid, through the Department for International Development (DFID). PATHS2 works in partnership with the Government of Nigeria and other key stakeholders to improve the planning, financing and delivery of pro-poor health care services.

In order to achieve the purpose and goal of the programme, PATHS2 developed five outputs:

- Stewardship role for health at national level strengthened;
- State systems to support appropriate health services improved;
- Delivery of, and access to, sustainable appropriate health services and supplies improved;
- Ability of citizens and civil society to increase the accountability and responsiveness of the health system improved; and

- Capacity of citizens to make informed choices about prevention, treatment and care strengthened.

PATHS2 is currently working at the Federal level and in five States (Enugu, Jigawa, Kaduna, Kano, and Lagos).

PATHS2 builds on and consolidates the gains of PATHS1. In addition, PATHS2 has incorporated the DFID-funded Health Commodities Programme (HCP).

2.1.2 Gender Equity and Social Inclusion in PATHS2[1]

In 2009, a team of four consultants was hired to support PATHS2 in developing gender equity and social inclusion action plans. In Phase One, in June 2009, the consultant team travelled to Enugu, Kaduna, Kano and Jigawa. In the field, the consultants met with PATHS2 technical experts, government officials, and civil society representatives to assess the extent to which national and State-level partners were considering GESI issues in their work.

Each PATHS2 State team then spent one-half day with the consultants, drafting 'Gender Equity and Social Inclusion Action Plans'. The planning was participatory, with the State teams focussed and engaged throughout the workshops. The plans were developed quickly, with PATHS2 teams who had limited technical knowledge of GESI, and relatively little knowledge of disaggregated health data or the main drivers of exclusion in Nigeria and their state.

Phase Two of the GESI assignment took place in September. It was focussed on providing an introduction to gender and social analysis for the 60+ technical staff in PATHS2. The training design was explicitly tailored to PATHS2: all the GESI concepts were framed in the context of health equity and relevance to PATHS2's own logical framework. The two-day course drew heavily on Nigerian health data, and used training exercises and case studies from lead states.

Health equity training was delivered through two workshops, the first in Kano for the PATHS2 technical teams in Jigawa, Kaduna and Kano, and the second in Abuja for the technical teams in Enugu and Abuja. During the workshops, State teams revised some of the ambitious goals in the earlier GESI Action Plans, drafted in Phase One in June, and strengthened them, building on the earlier foundation. 'Raising awareness of GESI with partners' was a theme common to many of the action plans. 'Screening all TORs for GESI potential' was another action that featured prominently.

[1] From *Health and Equity Report,* by Sam Gibson, September 2009.

All State teams expressed the need for ongoing technical support in GESI, and requested assistance from a Health Equity Specialist (HES) who could spend time providing hands-on advice to the State programmes upon his/her recruitment. Many States spoke enthusiastically of then being able to provide 'step-down' training in GESI to their partners in civil society and government.

In August 2009, PATHS2 senior management agreed to recruit a Health Equity Specialist to ensure that issues of gender equity and social inclusion would receive the technical attention they require on the programme. One has since been hired on a short-term basis.[2]

After the two-day training course, the national team spent a day developing the foundations of a Health Equity Strategy and Action Plan for PATHS2.

GESI is cross-cutting and is a good entry point or common impact area for interlinking the various programmes and promoting integration between State-level programmes (SLPs).[3]

2.2 Review Objectives

The methodology for this Gender Review of Jigawa State involved a review of documents, including GESI Action Plans, Gender Mainstreaming Reports from 2009, the Health and Equity Report by Sam Gibson in September 2009, Quarter 10 and 11 reports to DFID, the Jigawa State-specific MTR progress report, a consultant's report entitled *Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)*, reports on Training of Community Birth Extension Workers and the School of Midwifery, and the Year Three Work Plan, as well as correspondence with Jigawa State PATHS2 officers, in order to achieve the following two objectives:

2.2.1 Objective One: Key Findings: Extent of Mainstreaming of GESI in Jigawa State

Objective One was to determine the extent to which Gender Equity and Social Inclusion (GESI) have been mainstreamed into PATHS2 strategies and activities in Jigawa, and to prepare a synthesis report outlining the level at which Jigawa State is factoring GESI into its work.

[2] Eleanor Nwadinobi, Author , GESI Review

[3] Other DFID SLPs include the Education Sector Support Programme in Nigeria (ESSPIN), the State Programme for Accountability Responsiveness and Capability (SPARC) and SAVI (State Accountability and Voice Initiative).

2.2.2 Objective Two: Key Recommendations: Proposed Next Steps to Improve GESI in Forthcoming Initiatives

Objective Two was to propose a methodology and additional steps to improve mainstreaming of GESI into forthcoming project initiatives in Jigawa.

SECTION 3: KEY FINDINGS: JIGAWA STATE

In Jigawa, it is clear from available reports that concerted efforts are being made by PATHS2 at the State level to transform Jigawa's health system.

From a GESI perspective, too, there are impressive achievements, though they do not appear in any consistent manner and must be gleaned from a variety of sources (e.g. GESI Action Plan, quarterly reports, consultant reports, log frame, Mid-Term Review, work plan). For example:

Under Output 1, PATHS2 helped the SMOH develop the Jigawa State Strategic Health Development Plan (2010-15), according to eight strategic health priorities. GESI mainstreaming is unfortunately not one of them.

PATHS2 also supported the Donor Coordination Forum, the Medium Term Sector Strategy, the State Planning and Budget Team, and the Drug Revolving Fund as well as facilitating a Public Expenditure Management Review (PEMR) of the health sector.

One very positive outcome of these interventions was an improvement in general attendance at health facilities from 1.2 million in 2008 to 2.5 million in 2010. There is no indication whose attendance improved, however.

Under Output 2, a study was conducted in July 2010, entitled *Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015).* PATHS2 subsequently agreed to support the establishment of a School of Midwifery to address the acute staff shortages, especially of women health workers.

Another category of workers was also created, called Community Birth Extension Workers, resulting in an increase in ANC attendance from 26% in 2008 to 53% and deliveries attended by skilled birth attendants from 7% in 2008 to 16% in 2010.

Under Output 3, 264 local community health focal persons were trained, with two males and two females from each community. In addition, 94 midwives and 3,000 TBAs were trained, increasing skilled birth attendance and reducing maternal mortality

A Maternal Newborn and Child Health Week campaign was launched, vaccines were given to numerous women and children; and women were counselled on exclusive breast feeding, hand washing and family planning.

LHCs have been tasked with seeking to find ways to overcome social and cultural barriers for women seeking health services as well as financial barriers stopping the poor.

Under Output 4, FHC training taught some important lessons, including the need for constant reinforcement to encourage women's participation as the main users of primary health services. However, in Jigawa state, strong barriers often prevent women's voices from being heard.

PATHS2 is supporting the SMOWA&SD to conduct an evaluation of the SMI-D to understand its outcomes in communities, particularly in relation to access to EOC and in reducing MMR. One important success already known is that the SMI-D program has assisted communities to modify their norms around obstetric emergencies as people see that maternal deaths can be prevented, thus increasing demand for services and boosting support for safe motherhood, a model that can be followed by other States.

LHC members (270) were trained in six LGAs, with 90, or one-third, women. LHCs have managed to get improvements in the health services, some directly related to women's needs (e.g. lack of a female health worker, lack of transport for women for ANC and/or hospital delivery). The result has been a reduction in infant and maternal mortality.

PATHS2 helped establish a coalition of CSOs to advocate for Free MCH, known as the Partnership on Free MCH, helping to get the bill on Free MCH passed by the Jigawa House of Assembly. Regrettably, there is no indication of the extent to which any FMCH schemes actually reach the poor, as there is no information provided about the socio-economic profiles of the users of FMCH services.

Under Output 5, a ToR has been developed for a program targeted to youth, including adolescent girls, to improve their 'health and well-being.

PATHS2 engaged 700 people in community dialogues and reached an estimated four million by radio with health messages with impressive results: 90% of the people in the PATHS2 target areas have participated in a health dialogue and 80% of those can identify five factors related to pregnancy and malaria with 30% aware of health service entitlements. These data were not disaggregated, however.

The updated Logical Framework lists quite a few proposed Activities that address GESI issues:

2.1: Support and facilitate the adaption and implementation of the gender- and equity-sensitive State HRH policy

2.3: Strengthen gender-sensitive and pro-poor state-level health planning and implementation processes in collaboration with SPARC and other state-level health programmes

3.1: Support the state government to provide pro-poor and gender-sensitive quality health services

3.2: Support state government in developing and implementing pro-poor and gender-sensitive Essential Package of care

3.7: Strengthen service providers' capacity for data management and utilisation, including the use of gender-disaggregated data to improve health service delivery

3.8: Promote financial, social and physical access of poor and vulnerable groups, especially women and children in collaboration with other SLPs

4.2: Develop and implement issue-based coalitions which deliver more responsive and accountable services and address the needs of women and the poorest, in collaboration with SAVI

4.3: Develop and implement mechanisms to enable citizens, especially women and the poorest, to claim their health entitlements

4.4: Support State and Local Governments to engage effectively with civil society on health policy and service delivery, especially for women and the poorest

4.6: Strengthen local capacity to monitor process and outcomes from Output 4 and other PATHS2 work, especially for women and the poorest, including through community sentinel monitoring and formative research

5.6: Strengthen and improve capacity of key State institutions and professionals to effectively design, implement, and monitor targeted, pro-poor health communications accurately and accessibly

However, a word search of the Jigawa draft Mid-Term Review report indicated NO mention of the words gender, gender equity, mainstreaming, or social inclusion, a recent review of gender mainstreaming in the HRH policy and plan. There is mention of women and men in some sections, but only as number counts, e.g. of staff trained or clients attending health facilities.

Furthermore, the Year Three Work Plan mentions gender only in one place under Output 2, and the poor are referenced only twice in the document, under Outputs 3 and 5. There is no mention of men or women, male or female, or equity.

3.1 GESI Action Plan

Jigawa State developed a GESI Action Plan, as did the other States, in June 2009, which was then revised in September 2009. It has not been updated again.

In the original Action Plan, the Jigawa State Office committed to the following actions:

- Support SMOH in development of State HRH Policy and Strategy.
- Provide TA support to HSSP to include health equity within each chapter.
- Review data collection tools for disaggregation, by sex (gender) and rural/urban; train data collectors on disaggregated data collection
- Strengthen pro-poor focus by including health equity emphasis in TORs for various programs (e.g. DRF, D&E, free MNCH, CBHIS)
- Develop a mechanism for mainstreaming GESI in V&A
- Integrate GESI into training manuals for service providers and community members

There has been no update on the status of these commitments.

Only the support to SMOH in the development of the State HRH Policy and Strategy has been achieved through the PATHS2-financed consultant report entitled *Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)*.

3.2 Q10 and Q11 Reports to DFID

In the latest reports to DFID, Q10 for October to December 2010, and Q11 for January to March 2011, there is only some attention paid to GESI. There are unfortunate glaring omissions in the reporting where good work has taken place.

Q 10 Report to DFID – October-December 2010

- In the Summary of Key Accomplishments in the Quarter, there are excellent accomplishments to report, including training 270 local health committee members around 18 Health Facilities, conducting an impact evaluation of the Safe Motherhood Demand Side Initiative, and supporting the new community-wide interaction known as "Haihuwa Lafiya A Karkara" or safe motherhood. In addition, MNCH Week was held from 27 November to 1 December. It would be helpful to make reference to GESI mainstreaming in connection with such activities.

- Under Output 2, a study was conducted in July 2010, entitled *Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)* (see later). Yet, this is not mentioned under Output 2 in the Q10 Report. It could appropriately have been included under *Strengthening Human Resources for Health.*

- Under Output 3, note is made of the training of local community health focal persons, this time with the numbers disaggregated by sex (264 in total, with two males and two females from each community), an excellent intervention.

- Under Output 4, under *Strengthening Facility Health Committees for service improvements and promotion of citizen health entitlements,* 35 FHC trainers have participated in the second part of the training methodology. It is not stated whether these trainers are women or men, or whether they represent the socially excluded.

- The FHC training, however, has already taught the Government and PATHS2 some important lessons, which have already informed the roll-out of FHC training in other PATHS2-supported states and will inform future planned

training in Jigawa state. These lessons are included in the Q10 Report, an example of excellent reporting on GESI.

  - The training highlighted the need for constant reinforcement to encourage women's participation, including as FHC trainers. As the main users of primary health services, women must be central to improving health services.
  - However, in Jigawa state, as in many other states in Nigeria, there are strong barriers that often prevent women's voices from being heard. FHC trainers' attitudes can have a strong influence on the role that women members eventually take in the FHC.
  - Despite the attention given to hearing women's voices in the FHC training, in the roll-out of the first part of the FHC training, trainers paid little attention to encouraging women's contributions. According to PATHS2, the staff monitoring the training were able to call attention to this and provide advice on how women could be encouraged to play a more active role. Notable improvements were reportedly observed during the roll-out of the Part 2 training.
  - The PATHS2 Office acknowledges that constant reinforcement of the need to specifically draw in women is likely to be necessary through the Initiative**.** (See 250)

- Unfortunately, there is no mention of what is planned for GESI in the next quarter.

Q 11 Report to DFID – January-March 2011

- Under Output 2, there is no mention of any attempt to collect disaggregated data under the DMIS system nor is the excellent HRH report on gender mainstreaming cited.

- Under Output 3, when the Integrated Measles and Polio Eradication Initiatives Campaign is described, there would have been an opportunity to highlight how PATHS2 used a GESI approach, if it did, to increase coverage, especially as this Output is entitled 'Pro-Poor Services'. In addition, sex disaggregation for the children immunised with the measles and OPV vaccines is not done. Disaggregating the data, at least by sex, allows for health practitioners to determine if boys or girls (usually girls) are being left

out of the campaign in a systematic manner, based on cultural patterns. (See Tables 6 & 7)

- Under Output 4, the Report notes that PATHS2 is supporting the State Ministry of Women's Affairs and Social Development to conduct an evaluation of the SMI-D to understand its outcomes in communities, particularly in relation to improving access to Emergency Obstetric Care and in reducing maternal mortality, MDG1 and one of the goals of PATHS2. Both quantitative and qualitative aspects were reviewed. These results will assumedly be included in a future Quarterly Report. (See below for results of evaluation, conducted in May 2011)

- Under Output 5, a ToR has been developed for a program targeted to youth, including adolescent girls, to improve their 'health and well-being'.

- There is no indication of GESI mainstreaming activities in the list of planned progress for the next quarter, except to note that advocacy for passage of the Free MNCH Bill will be intensified.

3.3 Gender Mainstreaming Consultancy for the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)[4]

In July 2010, a consultant (Nkechi Eke Nwankwo) was hired to undertake a study on Jigawa

State's Human Resources for Health and to provide recommendations for improving the

policy and system from a GESI perspective. Her report is entitled *Gender Mainstreaming of*

the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015).

Opportunities and Challenges

In her analysis, Nwankwo identified the following opportunities and challenges related to gender mainstreaming in Human Resources for Health in Jigawa State:

[4] Process Report by Nkechi Eke Nwanko, July 2010

Jigawa State, located in the north-Western Nigeria, has unacceptably high mortality rates and a burden of diseases profile. The maternal mortality ratio (MMR) is estimated at 2,000 deaths per 100,000 live births, more than twice the national average. For every 1000 children born, an estimated 166 die by the age of 5 years. These high maternal and child mortality ratios have been linked to multiple reasons, prominent among them being the acute shortage of trained, competent and skilled midwifery personnel and health professional in general. Statistics available indicate that in the overall there are fewer than 30 trained midwives currently in the service of the State with an estimated population at 4.9 million; or 1 midwife for 163.000 populations as compared to the African average of 20 midwives for each 100,000 people.

Jigawa State is undertaking reforms in the health sector with particular focus on HRH. The gender mainstreaming work came at a very opportune time when the highest leadership in Jigawa State seemed eager to make a visible change in governance. The State had just been listed by the World Bank as the best place to do business in Nigeria because of its relative transparency. Possibly buoyed by this assessment, there was reasonable support from government officials to find solutions to the gender issues in the State.

The gender mainstreaming of the HRH Policy and Plan is also coming at a time when it can be used to effect changes as the State has just approved a plan to employ some additional HRH personnel. With all the key stakeholders open to the addition of the National Gender Policy as part of the guiding principles for the HRH Policy and Plan, there is a huge opportunity to use that to make a change toward better gender balance. The need to align with the National Gender Policy can be used to increase the political will for gender affirmative action in the HRH in terms of both numbers and decision-making positions.

From the consultations during the gender mainstreaming process, it was clear that PATHS 2 is a respected and valued partner of the Jigawa State government. That partnership gives PATHS2 clout and voice especially within the Health System. There is opportunity to harness that position for the promotion of gender equality as is being done through the support for the gender mainstreaming of HRH Policy and Plan. Such support will need to be extended to the implementation level of the Policy and Plan to ensure that the gender inclusions are followed through and PATHS 2 is well positioned to do that.

The collaboration and mutual support between International Development Partners in the state is laudable. For instance, SAVI offered to make the arrangements for the Focused Group Discussion, getting together the women's groups they work with at very short notice. SAVI also took a lead role in organising the third stakeholders' meeting in Dutse. These are illustrative of the huge opportunities for collaboration and synergy among organizations, especially around such cross-cutting issues as gender.

One challenge ...for the gender mainstreaming process is that many government officials are unaware of the huge gender disparities in Jigawa's human development indicators,....[creating] a link between the dearth of female healthcare workers and the low female literacy rate on the one hand, and the impact of that on healthcare delivery on the other... So, there is a huge need for capacity building and sensitization as the government officials will be the main implementers of gender equality actions.

Another challenge to the promotion of gender equality is the lack of a critical mass of women's human rights organizations. That makes the demand for gender equality more difficult and will likely mean that progress will be slow if that is not addressed in some way.

Recommendations

Nwankwo then made the following recommendations:

1) *The successful implementation of the gender inclusions in the HRH Policy and Strategic Plan is linked to the improvement of the overall status of women in Jigawa State. To build the support that would be required to make that change happen, the Jigawa State government would need to develop a* ***strong communication strategy*** *targeted at its various publics. Among others, the strategy would need to include community sensitization and mobilization with a strong focus on ways to work with men, religious and community heads to promote gender equality.*

2) *The gender mainstreaming process has underlined the need for the State in general, and the SMOH in particular, to* ***institute a mechanism for wider consultations with and participation*** *of women, civil society and other vulnerable groups in development. Not only will this strengthen state planning and implementation, it is also a matter of accountability and credibility of both the process and results.*

3) *There is an obvious need to support those who will implement the HRH Policy and Strategic Plan to gain a better understanding of the gender issues. This will involve* ***gender skills capacity building*** *for key SMOH, GHSB and Health Facility managers and would need to be part of the immediate next steps to be taken by the SMOH with the support of PATHS 2.*

4) *For effective implementation of the HRH Policy and Strategic Plan to take care of the gender inclusions, there is need for the SMOH to* ***strengthen collaboration with key line ministries*** *– especially the Ministry of Education and Women's Affairs. The collaboration with the Ministry of Education will be geared towards increasing the pool for intake into Health training institutions as well as providing guidance and support to students, particularly girls, for the uptake of careers in healthcare. On its part, the Ministry of Women's*

Affairs would be required to support the capacity building and awareness creation efforts to promote gender equality.

5) *There is need for the SMOH to immediately shore up the numbers of women in its decision-making bodies. The SMOH should consider using a fast-track method in the short term, such as drawing women from other related sectors and giving them the requisite training to enable them perform well. For the long term, the State would need* ***a well thought-out gender strategic plan****.*

6) *While the gender mainstreaming work has seen to the inclusion of gender-sensitive indicators in the Policy and Plan, it calls for vigilance to ensure* ***stronger gender–sensitive monitoring systems*** *and the understanding that effective implementation is inextricably linked to the larger goal of advancing of women's rights and gender equality in the state.*

7) *Jigawa State and the SMOH would require ongoing support and capacity building to translate commitment into action and to foster ownership of a gender- sensitive HRH Policy and Strategic Plan. In order to move commitment to gender mainstreaming beyond rhetoric, the Jigawa State government would need to* ***adopt gender budgeting****. That way, it would be possible to ensure that money is set aside to support gender mainstreaming.*

8) *PATHS2 should collaborate with SAVI to* ***build the capacity of civil society groups*** *to work in the area of women's human rights and gender equality. That way there will be a stronger demand for inclusion of gender considerations and equal participation of women and other vulnerable groups in state processes and systems. Similarly, women health workers should be encouraged and supported to organise in some way to enable them provide mutual support to themselves and mentoring support to younger women and girls to join the healthcare profession.*

9) *PATHS2 should explore the possibility of working with other International Development Partners to* ***form a Gender Theme Group*** *to share resources, link and strengthen the gender equality work in the State.*

PATHS2 Office Response

In response to the recommendations in the Nwankwo study, the PATHS2 Office reported the following actions taken related to Recommendations 1-4. No comments were provided for Recommendations 5-9.

- The BCC & COM components of PATHS2 are working through the Health Communications Group to address the need to develop a strong

communications strategy that promotes GESI, especially with regard to having more girls enroll in health training institutions in order to increase the pool of female health care service personnel. (Recommendation 1)

- The State HRH Steering Committee now includes representatives from the State Ministry of Education, the State Ministry of Women's Affairs and CSOs. (Recommendation 2)

- PATHS2 is providing technical support to the CSO Coalition on Free MCH, spearheading the adoption of free MCH care to pregnant women and children under 5. (Recommendation 3)

- In its Year Three Work Plan, PATHS2 includes an intention to train HRH managers on gender issues in the context of HR planning, development and management. (Recommendation 3)

- The Permanent Secretary of the State Ministry of Women's Affairs is now included in the State HRH Steering Committee. (Recommendation 4)

- A woman has recently been appointed as the Jigawa State Commissioner for Health. It is hoped that, with this role model, more girls will be encouraged to enrol in schools, thus increasing the pool for intake into health training institutions. (Recommendation 4)

- The State Government has built a new School of Midwifery to be commissioned in the fourth quarter of 2011, at a cost of N2 billion, in order to increase the number of female health workers. PATHS2 is supporting this effort. (Recommendation 4)

- A State programme aimed at boosting HRH was introduced in the School of Health Technology called 'Community Birth Extension Workers' *COMBEW). PATHS2 is supporting this effort. (Recommendation 4)

3.4 Proposed Log frame for Jigawa State – February 2011

In 2009, during the preparation of the original PATHS2 log frame, a gender expert[5] participated in the planning session and offered the following comments and recommendations:

Recommended Gender Mainstreaming Strategy (Bloom Report, 2009)

The PATHS2 Project recognizes that achievement of the three health-related Millennium Development Goals (MDGs) at the Goal level of the PATHS2 Logical Framework rests in part on the effectiveness with which a gender mainstreaming approach is applied so that both women and men are reached by the health services and that they can and will access them.

MDG 4 – Reduced Infant and Child Mortality (IMR / CMR)

MDG 5 – Reduced Maternal Mortality (MMR)

MDG 6 - Reduced Incidence of TB and Malaria

If all of PATHS2 supply-side interventions succeed, and policies, systems, and delivery are strengthened, but the demand-side fails, so that insufficient numbers of persons, especially women, take advantage of these newly strengthened systems, then infant, child and maternal mortality will not be reduced and the incidence of TB and malaria will not be affected. Cultural norms and practices that affect the status of women present challenges to achieving health objectives.

This concern was captured in the following PATHS2 assumption at the Output to Purpose level in the log frame:

Women and disadvantaged groups are able to utilize opportunities to access health care and participate in civil society activities.

The following generic logical framework was developed and proposed by the gender expert to help mainstream a gender perspective in the project.

[5] Gretchen Bloom, Report, 2009

Table: Gender Mainstreaming Strategy Logical Framework – PATHS2 – Proposed in 2009 (G. Bloom)

Level	Objective	Indicators
Purpose	Gender Equality Achieved in Sustainable and Replicable Pro-Poor Health Services	X% increase in number of women and children attending Maternal and Child Health (MCH) service by End of Project (EOP) (disaggregated by sex for children, wealth quintile and rural/urban location) Number of states and national level institutions that develop and implement PATHS2 systems-strengthening approaches to increase access to quality health services by EOP
Output 1	Commitments to Gender Equality in National-level Policies, Plans and Strategies for Health Stewardship Supported and Strengthened	All new and revised health policies and legislation that meet minimum standards at national level are evidence-based, gender sensitive, pro-poor, increasingly responsive to citizen views, and consistent with the achievement of the MDGs by EOP
Output 2	Pro-Poor Responsive Health Systems Modified to Address Gender Inequality	All new and revised health policies and legislation meet minimum standards at national [or state] level are evidence-based, gender sensitive, pro-poor, increasingly responsive to citizen views, and consistent with the achievement of the MDGs by EOP X% increase in capacity of States, Local Government Authorities (LGAs) and Health Facilities (HFs) for HMIS (data capture, analysis and utilization) by EOP X% increase in the number of skilled health workers with greater equity in terms of sex and geographical distribution by EOP

Output 3	Equality to Access to Gender-Sensitive Sustainable Efficient Pro-Poor Health Services Improved	X% increase in the proportion of clients reporting satisfaction with health services by EOP disaggregated by sex and rural/urban location X% of communities with functioning and sustainable community mechanisms to overcome financial, social and cultural barriers to access emergency obstetric care by EOP
Output 4	Participation in Voice for Accountability Improved for Women	X% increase in the number of Facility Health Committees (FHCs) in primary and secondary health settings meeting an agreed standard for community participation by EOP At least one established and functioning system for defining and enforcing health rights and entitlements per state, with demonstrated access for women and excluded groups by EOP
Output 5	Capacity of Both Men and Women to Make Informed Choices about their Health Strengthened	X% increase in the number of people (disaggregated by sex, age and urban/rural location) who have heard and/or participated in public dialogue on key health issues in the last two months by EOP X% increase in the number of people (disaggregated by sex, age and urban/rural location) who know and follow the correct protocols for preventing and/or managing selected health conditions from X at baseline by EOP X% increase in the number of people (disaggregated by sex, age and urban/rural location) who can correctly identify at least three health service entitlements by EOP

GESI Elements in New Log Frame

The new Log frame proposed to DFID in February 2011 for the PATHS2 programme in Jigawa State includes GESI-disaggregated Indicators at the Goal, Purpose and Output levels, capturing some of the above recommendations, as follows:

Indicators

Goal Level:

G1. Under-5 mortality rate (disaggregated by location [urban, rural], sex, and wealth quintiles)

G2. Proportion of births attended by skilled health personnel (disaggregated by location [urban, rural], and wealth quintile)

Purpose Level:

P5. Number of LGAs implementing systems strengthening approaches to increase access to quality health services for women and the poorest

Output Level:

3.3 Percentage of clients in Jigawa State reporting satisfaction with primary health care services (disaggregated by LGA, location [urban, rural], and wealth)

5.1 Percentage of people in PATHS2 supported LGAs who have heard of and/or participated in public dialogue on public health issues (disaggregated by LGA, location [urban, rural], and sex)

5.2 Number of people in PATHS2-supported LGAs who participated in public health dialogue events with good recall of public health issues (disaggregated by LGA, location [urban, rural], sex, and age group)

5.3 Percentage of people in PATHS2 supported LGAs who have adequate knowledge on the signs and prevention of common health conditions (disaggregated by LGAs, location [urban, rural], and sex)

5.4 Percentage of people in PATHS2 supported LGAs who can correctly identify health service entitlements (disaggregated by LGAs, location [urban, rural], and sex)

In addition, there are quite a few proposed Activities that address GESI issues:

Activities

2.1: Support and facilitate the adoption and implementation of the gender- and equity-sensitive State HRH policy

2.3: Strengthen gender-sensitive and pro-poor state-level health planning and implementation processes in collaboration with SPARC and other state-level health programmes

3.1: Support the state government to provide pro-poor and gender-sensitive quality health services

3.2: Support state government in developing and implementing pro-poor and gender-sensitive Essential Package of care

3.7: Strengthen service providers' capacity for data management and utilisation, including the use of gender-disaggregated data to improve health service delivery

3.8: Promote financial, social and physical access of poor and vulnerable groups, especially women and children in collaboration with other SLPs

4.2: Develop and implement issue-based coalitions which deliver more responsive and accountable services and address the needs of women and the poorest, in collaboration with SAVI

4.3: Develop and implement mechanisms to enable citizens, especially women and the poorest, to claim their health entitlements

4.4: Support State and Local Governments to engage effectively with civil society on health policy and service delivery, especially for women and the poorest

4.6: Strengthen local capacity to monitor process and outcomes from Output 4 and other PATHS2 work, especially for women and the poorest, including through community sentinel monitoring and formative research

5.6: Strengthen and improve capacity of key State institutions and professionals to effectively design, implement, and monitor targeted, pro-poor health communications accurately and accessibly

3.5 Mid Term Review – Jigawa – April 2011

A thorough Mid Term Review was conducted in April 2011 in all four States.

The MTR notes, in the introduction, that the Purpose of PATHS2 is "to improve the planning, financing and delivery of sustainable and replicable pro-poor services for common health problems in up to 6 states." The log frame lists five indicators to measure achievements against this Purpose.

One of these indicators, #5, will allow attention to both gender and poverty. It is 'Number of States implementing systems strengthening approaches to increase access to quality health services for women and the poorest'.

Unfortunately, however, a word search of the Jigawa report indicated NO mention of the words gender, gender equity, mainstreaming, or social inclusion. There is mention of women and men in some sections, however, but mostly only with regard to number counts

In the section reporting Progress against Outputs, under each Output, there is also a report against the log frame indicators.

Output 1: Stewardship role for health at State level strengthened

PATHS2 helped Jigawa State develop its Jigawa State Strategic Health Development Plan (JSSHDP 2010-15), according to eight strategic health priorities. GESI mainstreaming is not one of them.

PATHS2 also supported the Donor Coordination Forum (DCF), the Medium Term Sector Strategy (MTSS), the State Planning and Budget Team (SP&BT), and the Drug Revolving Fund (DRF) as well as facilitating a Public Expenditure Management Review (PEMR) of the health sector.

One very positive outcome of these interventions was an improvement in general attendance at health facilities from 1.2 million in 2008 to 2.5 million in 2010. There is no indication whose attendance improved, however.

Output 2: State systems to support appropriate health services improved

Three interventions were provided by PATHS2 under Output 2: support to HRH, HMIS, and the logistics system for health commodities.

With regard to HRH, PATHS2 agreed to support the establishment of a School of Midwifery to address the acute staff shortages, especially of women health workers. Another category of workers was also created, called Community Birth Extension Workers (COMBEWs) as skilled birth assistants. The result of these interventions was an increase in ANC attendance from 26% in 2008 to 53% in 2010. At the same time, deliveries attended by skilled birth attendants rose from 7% in 2008 to 16% in 2010. These are commendable results with an obvious direct impact on women.

Under HMIS, PATHS2 supported the SMOH as it reconstituted its Health Data Consultative Committee (HDCC), developed data collection tools, and trained data collectors. It is not mentioned whether the improved tools can collect disaggregated data, important for understanding the profile of the users of the health system. The HMIS data reporting rate by percentage of health facilities reporting went from 51% in 2009 to 72% in 2010.

PATHS2 also provide support to strengthen Jigawa State's logistics systems for health commodities through the establishment of the Sustainable and Pro-Poor Drug Supply System (SDSS). As a result, in 2010, 67.5% of Jigawa's health facilities had at least 90% essential drugs consistently available, important for attracting clients.

Output 3: Delivery of, and access to, sustainable appropriate health services and supplies improved

PATHS2 supported both the supply and the demand sides of health care in Jigawa State. On the supply side, PATHS2 helped alleviate the gap in Essential Services Package provision: at the start, none of the State's 600+ health facilities had either an ESP capability or could even provide a Minimum Service Package (MSP). Training and posting of health workers (94 midwives, 3,000 TBAs) increased skilled birth attendance and reduced maternal mortality. Local health committee members (270) were also trained in 18 Health Facilities. It is obvious which of these are women, but not for the community members.

A campaign was launched, entitled Maternal Newborn and Child Health Week (MNCHW); vaccines were given to numerous women and children; and women were counselled on exclusive breast feeding, hand washing and family planning.

On the demand side, LHCs were tasked with seeking to find ways to overcome social and cultural barriers for women seeking health services as well as financial barriers stopping the poor.

Now drugs are consistently available in 67.5% of health facilities; the percentage of health facilities with basic emergency obstetric care services (BEOC) has increased from 5% in 2008 to 17% in 2010. Many more clients are satisfied with the health services, up to 77% in 2010 from 62% in 2009; and 285 communities have identified effective mechanism to overcome barriers to EOC.

Output 4: Ability of citizens and civil society to increase the accountability and responsiveness of the health system improved

The most important initiative under Output 4 was support to the LHC system to promote active community participation in health. LHC members (270) were trained in six LGAs; of these, 90 or one-third, were women. Now all the FHCs in the 12 PATHS-supported LGAs are functional compared to none in 2008.

As a result, LHCs have managed to get improvements in their health services, some directly related to women's needs (e.g. lack of a female health worker, lack of transport for women for ANC and/or hospital delivery). The result has been a reduction in infant and maternal mortality, where improvements were made.

PATHS2 has also supported CSO involvement in the MTSS, helping to improve their advocacy abilities. In this process, PATHS2 collaborated with SAVI, another DFID SLP, to help establish a coalition of CSOs to advocate for Free MCH, known as the Partnership on Free MCH (PFMCH). The effort succeeded as the bill on Free MCH passed the Jigawa House of Assembly.

Output 5: Capacity of citizens to make informed choices about prevention, treatment and care strengthened

Under Output 5, as a result of PATHS2 support for community participation, 700 people were engaged in community dialogues and an estimated four million were reached by radio with health messages. The results are impressive: 90% of the people in the PATHS2 target areas have participated in a health dialogue and 80% of those can identify five factors related to pregnancy and malaria with 30% aware of health service entitlements. Unfortunately, these numbers were not disaggregated in any manner (e.g. sex, age, geographic location, disability).

In addition, the MTR reports against three areas of work: service delivery, health financing and demand creation.

One important success is that the SMI-D program has assisted communities to modify their norms around obstetric emergencies as people see that maternal deaths can be prevented, thus increasing demand for services and boosting support for safe motherhood, a model that can be followed by other States.

Serious challenges and omissions were also highlighted in the MTR:

- Funding for MCH services in Jigawa is highly fragmented, leading to inefficiencies.
- There is no indication about the extent to which any FMCH schemes actually reach the poor, as there is no information provided about the socio-economic profiles of the users of FMCH services.

3.6 SMI-D Evaluation

In 2003, with support from PATHS, the Jigawa State Government began the Safe Motherhood Initiative to address high levels of maternal mortality in the State. The demand side of the initiative (SMI-D) consists of a community-based programme to address the barriers at household and community level that prevent women from receiving timely EOC services. The work was led by the SMWASD. In Jigawa, PATHS2 agreed with the State Government that it will continue to work with the SMWASD in consolidating, scaling up and further developing the SMI-D.

The goal of the SMI-D is to reduce maternal mortality, in line with Nigeria's commitment to the Millennium Development Goals (specifically MDG 5: to improve maternal health, but also MDG 4: to reduce child mortality) and to the PATHS2 project goals.

SMI-D consists of several elements, designed to address the factors that lead to delays in seeking and obtaining care during obstetric emergencies, including lack of knowledge of danger signs; the need for women to ask male permission to seek health care; and financial barriers to obtaining transport or medical care. The SMI-D also promotes socio-cultural norms that were not previously prevalent, such as donating blood and promoting the belief that it is possible to take collective action to prevent avoidable maternal and neonatal deaths.

In 2011, PATHS2 was asked to conduct an evaluation[6] to determine the effectiveness of the SMI-D program. The results were impressive. The number of communities participating in the SMI-D has risen from 36 in 2004 to 285 in March 2011. Of these, 188 Emergency Maternal Care (EMC) teams (local SMI-D volunteers) provided data from their registers in March 2010, showing that under the SMI-D, since 2004:

- 8 397 women have been transported to EOC through
- 2578 pints of blood have been donated for mothers requiring EOC by other community members
- Over 3.6 million Naira are held in savings schemes for maternal emergencies

The SMI-D has also contributed to raising awareness about danger signs in pregnancy, and what actions should be taken in the event of obstetric complications. Social norms around obstetric emergencies are changing, as communities witness that maternal deaths can be prevented. SMI-D has also helped to raise the political profile and prioritisation of safe motherhood in Jigawa.

Women's participation is high, forming parallel EMC teams that function in tandem with male EMC teams. Women EMC team members are an active part of community mobilization activities and interpersonal communication with other women. Older women are accorded more respect and therefore have a stronger voice in taking such decisions.

Men are also more involved in women's health issues than in the past, as evidenced by male involvement in EMC teams, particularly in communities where SMI-D is well established. Men are more inclined to donate blood and mobilise for transport for a woman who is facing a maternal emergency during labour than in the past.

The SMI-D has also been a mobilising force at the political and health sector level through successful advocacy to elected representatives to prioritise safe motherhood as a health issue, and to integrate safe motherhood messages into demand-side actions. Jigawa is now becoming a 'go-to' State for people interested in how to develop community based maternal health programmes, which in itself provides further encouragement and opportunities to learn for the SMWASD.

The evaluation also outlined areas that require further strengthening. Gaps still exist in people's awareness of the danger signs in pregnancy. There are still delays in care seeking as people wait until danger signs become critical. Savings schemes are not sustained; lack of access to transport schemes remains an important barrier to care.

[6] The report was prepared by Joanne Hemmings, Options Consultancy Services.

The evaluation apparently also investigated a number of process level issues, including equity of participation and inclusion in the SMI-D, but a word search in the evaluation did not identify any use of equity, gender, participation or inclusion.

3.7 Year Three Work Plan for Jigawa State

The Year Three Work Plan for Jigawa State provides content for only Outputs 2, 3, 4 and 5. Output 1 is handled at the Federal level

Three of the Outputs have been modified from the original project, as follows:

Output 2 has changed from *State systems to support appropriate health services improved* to *State and LGA/District governance and management systems to support appropriate health services improved.*

Output 3 is no longer *Delivery of, and access to, sustainable appropriate health services and supplies improved* but rather *Replicable model to deliver quality MCH services demonstrated in selected LGAs.*

Output 4 is slightly different, shifting from *Ability of citizens and civil society to increase the accountability and responsiveness of the health system improved to Ability of citizens and civil society to demand responsiveness of health system improved.*

Output 5 remains the same as *Capacity of citizens to make informed choices about prevention, treatment and care strengthened.*

Gender is only found in one place in the Year Three Work Plan, under Output 2, as below:

- *Sub-Output 2f. Capacity for human resources for health planning strengthened*
    - *Strategic Activity 2f.1 Facilitate development, adoption and implementation of state HRH policy and strategy including gender mainstreaming*

The poor are referenced twice in the document, under Outputs 3 and 5:

- *Sub-Output 3b. Mechanisms developed and demonstrated to facilitate private sector delivery of pro poor MNCH services*
- *Strategic Activity 5a.1: Strengthening individual, state/LGA capacity to implement and monitor pro-poor health communication*

There is no inclusion of men or women, male or female, or equity.

SECTION 4: LESSONS LEARNED / CHALLENGES

- The PATHS2 Office expresses its commitment to addressing gender issues in health but it is concerned about destabilizing current good relations with stakeholders by pushing GESI too aggressively, given the socio-cultural and religious context.
- According to the gender consultant, one challenge for the gender mainstreaming process is that many government officials are unaware of the large gender disparities in Jigawa's human development indicators. As a result, there is a need for capacity building and sensitization for government officials as they will be the main implementers of gender equality actions.
- According to the author of the *report Gender Mainstreaming of the Jigawa State Human Resources for Health Policy and Strategic Plan (2010-2015)***,** Jigawa State is currently undertaking reforms in the health sector with a particular focus on HRH. Work on gender mainstreaming thus comes at a very opportune time when the highest leadership in Jigawa State seems eager to make a visible change in governance. With all the key stakeholders open to the addition of the National Gender Policy as part of the guiding principles for the HRH Policy and Plan, there is an opportunity to use that to make a change toward better gender balance.
- From the consultations with the consultant, it was clear that PATHS 2 is a respected and valued partner of the Jigawa State government, giving PATHS2 clout and voice especially within the Health System. There is opportunity to harness that position for the promotion of gender equality through the support for the gender mainstreaming of HRH Policy and Plan.
- The Jigawa PATHS2 Office is not consistent in how it portrays the work it is doing in GESI, making it difficult to understand if GESI is mainstreamed and, if so, how and where.
- There is no overlap between the updated Jigawa State Log Frame and the Year Three Work Plan related to GESI.

SECTION 5: KEY RECOMMENDATIONS

General

- Assign one staff member to follow GESI, as a GESI Advocate, preferably a senior staff member with authority to make GESI mainstreaming happen.
- Update the GESI Action Plan annually according to the new log frame.
- Report on GESI on a quarterly basis in the Quarterly Reports, for greater visibility and accountability.
- Explain in detail how GESI activities mentioned in the log frame will be achieved in the annual work plans.
- Share 'Lessons Learned' and 'Success Stories' on GESI across States.

Jigawa Specific

- *The Jigawa State government would need to develop a **strong communication strategy** targeted at its various publics, including community sensitization and mobilization with a strong focus on ways to work with men, religious and community heads to promote gender equality.*
- *Jigawa State needs to **institute a mechanism for wider consultations with and participation** of women, civil society and other vulnerable groups in development.*
- *Those who will implement the HRH Policy and Strategic Plan will need to gain a better understanding of gender issues through **gender skills capacity building** for key SMOH, GHSB and Health Facility managers.*
- *There is need for the SMOH to **strengthen collaboration with key line ministries,** especially the Ministry of Education, geared towards increasing the pool of girls for intake into health training institutions, and with the Ministry of Women's Affairs to support the capacity building and awareness creation efforts to promote gender equality.*
- *The State needs **a well thought-out gender strategic plan** with gender-sensitive indicators that would be monitored vigilantly through a **strong gender–sensitive monitoring system** linked to the larger goal of advancing of women's rights and gender equality. Jigawa State and the SMOH need ongoing support and capacity building to translate commitment into action and to foster ownership of a **gender- sensitive HRH Policy and Strategic Plan.***

- *In order to move commitment to gender mainstreaming beyond rhetoric, the Jigawa State government would need to* ***adopt gender budgeting****.*
- *PATHS2 should collaborate with SAVI to* ***build the capacity of civil society groups*** *to work in the area of women's human rights and gender equality to create a stronger demand for inclusion of gender considerations and equal participation of women and other vulnerable groups in State processes and systems.*
- *PATHS2 should work with other International Development Partners to* ***form a Gender Theme Group*** *to share resources, link and strengthen the gender equality work in the State.*

SECTION 6: CONCLUSIONS / NEXT STEPS

Conclusions

The two objectives of the Gender Review have been achieved, although at varying levels:

- **Objective One**, to determine the level of GESI mainstreaming in PATHS2 programs in Jigawa State, was easier, although still not conclusive, as many of the documents are not clear on the approach to GESI.
- **Objective Two**, to make recommendations for improved GESI mainstreaming in the future in Jigawa State, is difficult to achieve with incomplete documentation and limited consultation. The recommendations thus still need to be strengthened through on-the-ground work with the State Office.

Next Steps

As a follow-up to this Gender Review, the PATHS2 Jigawa State Office needs to conduct an on-site exercise, preferably with a GESI expert, with the following objectives:

- To review and confirm the findings about GESI in the report;
- To discuss implementation of the general recommendations;
- To identify additional emerging issues, lessons learned, and challenges; and

- To develop improved concrete specific recommendations for improved GESI mainstreaming.

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