International Development Committee

Oral evidence: DFID's programme in Nigeria, HC 676

Tuesday 10 May 2016

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Watch the meeting – Tuesday 10 May 2016

Members present: Mr Stephen Twigg (Chair); Dr Lisa Cameron; Mrs Helen Grant; Pauline Latham; Jeremy Lefroy; Albert Owen; Mr Virendra Sharma

Questions 43-87

Witnesses: ***Dr Joanna Härmä***, Research Fellow, Centre for International Education, and ***Chris Horn***, Former Consultant, ICAI, gave evidence.

Q43 Chair: Good morning, everyone. Welcome to this public session as part of our inquiry into DFID's programme in Nigeria. Can I start by welcoming to the Public Gallery the delegation from the Nigerian Parliament? We are meeting informally later today, but it is lovely to see you attending our evidence session here this morning. We will be covering a lot of ground over the next hour and a half. We have three panels, and the aim is to spend half an hour with each of the three panels on the subject of education, women and girls, and health.

Can I welcome our two witnesses on education? As is customary, we will kick off with a question and then ask our witnesses, in answering the question, to introduce themselves. Let me start with a broad question to each of our two witnesses: what do you see as the biggest challenges that Nigeria faces in terms of education, in particular if it is to meet Sustainable Development Goal 4 on both access to and quality of education? Dr Härmä, would you like to go first?

Dr Härmä: My name is Dr Joanna Härmä and I have been working as an independent researcher and consultant for some time. I have spent just under three years in Nigeria working with DFID's Education Sector Support Programme in Nigeria—ESSPIN.

The biggest challenge, as I see it, is spreading access and quality in the northern half of the country. Access is a much smaller issue in the southern half of the country, although quality remains an issue throughout. There are many cultural barriers to families demanding secular education for their children, but there are many opportunities through the Islamic, Qur'anic and Tsangaya education schools. There are an estimated 28,000 in Kano State alone. There are some opportunities there, and ESSPIN and other programmes have been trying to integrate some of those schools with more secular education as well. But the northern half of the country is by far the biggest challenge. In Sokoto state alone, 69% of five to 16-year olds have never set foot in any secular school.

I do not think it is possible to meet SDG4 by 2030. There is a huge way to go. In January, Kaduna State started a school feeding programme, which has meant that schools have just been inundated with children. It has happened in other places, with 300 children in a class. One school reported 29,000 enrolments. That has happened as a result of starting that school feeding programme. The deep poverty in those areas is what is really stopping things. There has been a lot of research showing that people are not so resistant to secular education if it goes along with religious education as well, which is seen by most people as really essential to developing good moral values, etc. Poverty is a huge issue in the north in terms of getting children to forgo other types of activity to go to school, as witnessed by this new school feeding programme, with so many children coming in.

Q44 Chair: We will return to the issue of the Qur'anic schools in a moment. Can you expand briefly on why you think it is going to be so difficult to achieve SDG4 by 2030?

Dr Härmä: It is the remoteness of communities. Anybody who gets an education wants to leave, and nobody who is educated wants to be posted in those areas as a teacher. I know we are going to return to it, but there has been an interesting programme through ESSPIN of trying to bring secular education teachers into these Islamic and Qur'anic schools, which has relied on local people. It is not looked upon very favourably, but many of them are completely unqualified, with just 10 to 12 years of school-level education, and sent into intensive basic training. They are local people, so they are not so inclined to just leave as soon as they have an education. There are ways of managing it, but many of them are not very popular, and you run into problems with the teacher unions saying they need a professional profession where everyone is qualified and trained. It is a very difficult line, but it is about the remoteness: 91% to 95% of all children who are out of school, either having dropped out or never having been, are from rural areas. I am thinking of one study that was recently done by ESSPIN in Jigawa.

Chris Horn: My relevant experience is as an author of three Independent Commission for Aid Impact reports, including on Nigeria, and then following up over the following two or three years after that on progress. My background has been in education management in the UK as well as 20-odd years of international experience in a variety of countries.

I want to put a different slant on what you have heard so far. My reaction on going to Nigeria and listening and watching is that I am not sure the scale of the problem is fully recognised either by DFID or the state governments and the federal Government. For example, teacher training is still woefully weak. The local government sector for oversight and support for schools is still being built. Schools do not have enough classrooms. The classrooms they have are not furnished. Desks and chairs are a rarity. Learning materials are hard to come by. Water and sanitation are problems. People can say that all of these things should be done, but the issue is one of logistics. Where do you find all these teachers? Where do you find the money?

The two big programmes in Nigeria—the ESSPIN programme and the Girls' Education Project—really illustrate the scale of the problem. ESSPIN, as we said in the ICAI reports, is a very well managed and very comprehensive programme, and it is still not meeting its own expectations, though it is making significant progress. The UNICEF Girls' Education Project has never really got off the ground effectively, and therefore it is quite worrying that in 2015 the annual review still essentially rebukes the programme for offering an advocacy

approach—i.e. "This is what you ought to do; now go away and do it"—without offering any practical hard advice on logistics and getting things done.

That is the message I want to bring at this stage—one can talk about the need for access and quality, and so on, but how do you build the systems whereby these practical things get done? The female teacher training scholarship programme that UNICEF tried in the north was an excellent example, with high hopes, but it was badly organised from the UNICEF perspective. It was certainly weakly managed as far as the states were concerned, and it has collapsed. That is one of the tragedies: if you try something, you have to be sure that you are going to make it happen, because otherwise people become completely disillusioned.

Chair: Thank you very much. Those are great overview answers. We have five areas we want to try to cover in the next 20 minutes, so could you just bear that in mind in the length of your answers.

Q45 Albert Owen: Can I ask you to explain why there is a strong push away from public sector provision of education towards the private sector, particularly in Lagos?

Dr Härmä: I was curious about this question, because I am not quite sure I see it so much as a push institutionally. I am not quite sure whether that was the point of the question, or whether you mean people choosing private schools.

Q46 Albert Owen: Is it a choice?

Dr Härmä: Basically, in Lagos the Government has failed to keep pace in any way, shape or form. I have seen primary 4 classrooms of 200 children in a Government school, so there simply is not the access to Government places for all of Lagos's children. It is so far beyond that. As far as I am concerned it is past the tipping point, and there is no way that the Lagos state government would ever come back to a situation of being a majority provider. In the context of that population growing and growing, people just got the idea of establishing neighbourhood private schools.

Q47 Albert Owen: You asked about the reasoning behind this question. From our perspective, is DFID right to support this, and is it excluding the poorest children?

Dr Härmä: Interestingly, in Lagos there is not so much the problem of excluding the poorest. Of course, excluding them from what is another question—are they all getting quality? Of course not. But in supporting the Government to see the private sector as carrying a huge part of the burden of educating their children, yes, DFID is definitely right in the DEEPEN programme, and the work that we started under ESSPIN when I was there has gone a huge way to understanding that it has gone past that tipping point and they cannot do it alone. Therefore, it is about supporting the Government and engaging them constructively as opposed to seeing them as the enemy, because that is literally how it was—it was totally adversarial before, when they were shouldering a huge part of the burden.

However, it is not right that the UK taxpayer is providing money to a for-profit corporation—by which I mean the Bridge International Academies. Money has been given to that corporation—not loaned but given.

Q48 Albert Owen: The fees are relatively high, aren't they?

Dr Härmä: They claim that they educate children for about $6 a month. I presume they mean only their fee, because research has found that they charge around $15 a month in reality.

Q49 Albert Owen: That is bound to exclude some of the poorest families.

Dr Härmä: Definitely. They do not serve the poorest. They told me that they would never set up in Makoko slum because there is no market for them there. They are not interested in serving the poorest; they are interested in serving a large market, and there happen to be a lot of relatively semi-poor people. Giving money to Bridge will never reach the poorest people.

Q50 Albert Owen: Should this model be replicated elsewhere in Nigeria, or is it just a Lagos problem because of the population boom?

Dr Härmä: About 36% of children in Enugu State go to private schools, and in Kwara State, where I have personally done research, there is a huge spread between 13% of rural children going to private school and something like 60% of urban children going to private school. It is definitely not a Lagos issue; it is a southern Nigeria issue. I just did research—not for DFID but for CapitalPlus Exchange—in Abuja, where there are a huge number of private schools. It is definitely not a Lagos issue.

I do not think there is any issue of it being replicated elsewhere, because it has happened; that ship has sailed—it is going. However, I would not support giving money to a company like Bridge. I also want to say that it is not the fee that is around $15 per year at Bridge; it is everything. If the fee is $6, who cares? If the family has to pay $15 for all the materials and the uniform, that is the number that matters.

Q51 Chair: How does that compare with a low-fee school that is provided not by Bridge but locally?

Dr Härmä: They do market research, and they pitch their fee level to be almost exactly average or, as in the richer area where they have just established in Lagos, it is just a little bit below average. In the poorer area that they chose, it is almost exactly average. They do not charge a uniform fee because they are not interested in reaching the very poorest. They do careful market research.

Q52 Chair: We visited two private schools and, frankly, the Bridge one was really impressive and the other one was not. Would the other one be charging a similar amount to Bridge or does it vary massively?

Dr Härmä: Probably. They pitch it at the average, so there will be ones that are much cheaper. You might have visited a cheaper one.

Q53 Albert Owen: You are talking about relatively low fees there, but according to *The Economist*, they are about $35 per term. Do you recognise that figure?

Dr Härmä: At which school?

Albert Owen: It just says the average is around $35 per term.
Dr Härmä: That probably includes some richer schools.

Q54 Mrs Grant: You were talking about Bridge and being concerned about money. As Steve said, we saw a Bridge school and it looked good. Do you not accept that, while the Bridge school fees might be more, the level and standard of education provided to children, who are still in need, is good and perhaps better than cheaper alternatives?

Dr Härmä: They use some interesting approaches, and I hope we will have time to discuss how Government systems could borrow from those. They definitely use some interesting approaches in a context where teachers are very under-skilled right now. There are elements of scripting, but ESSPIN has been doing that by developing lesson plans for teachers to follow and through the IQT—the Islamic and Qur'anic programme—training up unqualified people. They have been using that similar approach as well, so there are elements that could be borrowed and rolled out to everyone without children having to pay $15 a year.

Chris Horn: It is very beguiling to think of the numbers that might now be in private education, but the question is still the same as if they were in public education: is learning actually taking place? While it can be attractive for a state government to have some of the burden shared by the private sector, someone still has to have the responsibility to ensure that children learn. From our community surveys with the ICAI reviews, it was very strongly expressed that, when you end up with disappointing results of children going to school, the challenge to get them back into school—or their neighbour's children or the children's children—is even greater. There is a heavy price to pay for not doing it well and not being seen to do it well.

Q55 Chair: I am instinctively uncomfortable with fees being charged for primary education, as well as secondary. Am I wrong?

Chris Horn: Part of me has some sympathy with that and part of me says it is a pragmatic point. If we are talking about, for example, the northern half of Nigeria, they need to double the number of classrooms and double the number of teachers if they are going to get anywhere near meeting the 2030 target. Someone has to map out how these numbers are going to add up, because there are so few finishing even junior secondary, and therefore you are back to the point that Joanna was making, which is about simplifying the curriculum and simplifying the teaching methods to make it manageable for those you can recruit. That is not an easy task, and I would still come back to the point that the other big challenge in education is simply getting enough money to where it is needed every year. Education is very simple, and the world over has had the same solution when it has been successful. It happens for

about 1,000 hours a year and, by and large, children attend for 90% and hopefully teachers attend for 95%, and it progresses term on term, year on year and it works. Interrupt any of those flows with 40% teacher absenteeism, higher levels among pupils, classrooms not being furnished and so on, and the outcome is not a surprise.

I will leave you with one figure on this. In 2012 the operational plan for the Girls' Education Project was predicting a learning target, after GEP 1, 2 and 3 had been in the north for over 12 years, whereby at the end of primary school 40% of those in primary 6 would be able to read a single sentence and add and subtract numbers between 0 and 10. That was the scale of the ambition because of what they were facing. We are not talking about a comparable situation to other countries that have been fairly successful, like Rwanda or Ethiopia. It is really difficult to comprehend. I blinked a number of times when I realised the scale of the challenge.

Q56 Jeremy Lefroy: We visited two schools in Kano supported by ESSPIN, and we were impressed by the work going on there. One of the primary schools had 13,000 pupils in it, which staggered us. Can I ask a couple of questions arising from the ICAI report back in 2012? I sat on the ICAI committee at that time. The report was quite clear that there was a qualitative difference between the Girls' Education Project and ESSPIN, with ESSPIN being praised and the Girls' Education Project seen as lacking. When we spoke with DFID in Nigeria recently, they acknowledged that the Girls' Education Project had made significant improvements and ESSPIN was still a good programme as far as they thought. Would that coincide with your dispassionate view of it, given that you were involved in both?

Chris Horn: I would say that ESSPIN continues to demonstrate very high levels of excellent practice, and it is therefore making progress in those states. But as it noted in its last quarterly report up to December 2015, in 2015 the amount of money that was available for school improvement programmes in their six states varied between two states having 65% and three states having 10% or less. Again, one has to remember that DFID in Nigeria is in fact ESSPIN and Girls' Education Project. Going back to the Girls' Education Project, basically the third phase started in 2012. The annual review for 2015 was still basically saying, "We are still trying to get everything sorted out". DFID has consistently been optimistic, lenient and at times myopic, and as yet there is no evidence to say that it is physically doing something better on the ground.

Dr Härmä: There is a lot of willingness in the partner state Governments to work with the ESSPIN approach, but there are difficulties in getting money released on time to do simple things like run the school census. Things get down to the final wire and just getting the money out is incredibly difficult.

Q57 Jeremy Lefroy: Federally allocated revenue has presumably fallen quite substantially as a result of the oil price. Is that noticeable in the current state contributions to the schools?

Dr Härmä: Yes, it is. Recently, Kwara State had not paid its teachers for months. Everything is probably being affected by that. It was always difficult getting money out, and now it must be even more difficult.

Q58 Jeremy Lefroy: Are the states able to do anything, in terms of local revenue raising, specifically about education? Are any of them showing commitment in saying, "This is so important to us, we are going to raise revenue locally to substitute for that federal revenue that we do not have"?

Dr Härmä: I cannot answer that.

Chris Horn: I was involved in an evaluation of the SPARC programme, which is very much about finance. It is probably too early to say how difficult it is going to become. My guess is that 2016 is going to be incredibly difficult. It takes time for states to generate alternative sources of income. They have all enjoyed easy money, in a sense, from the oil revenues, and therefore relatively few initiatives have been taken. One also has to understand the nature of the area. They are not rich. There are not too many people you can charge taxes to, and that will take time to set up. There is likely to be a real shortfall over a considerable period of time.

Q59 Dr Cameron: If DFID delivers on its goal of increasing primary education enrolment and completion rates, this will have a knock-on effect of increasing demand for secondary school places, although DFID has suggested that it is premature to be extending its focus to secondary and tertiary education. Is there sufficient forward thinking, planning and co-ordination among donors and the Governments regarding the development of secondary education?

Dr Härmä: As far as I understand, it was more the Governments that were pushing back a bit on working on the secondary level; they were very keen to get things going a bit more on the primary level. There is so much to do on the primary level that it would be premature to be doing too much, but you do have to start looking down the line because of the bottlenecks. If there is a growing ambition for children's education, it dents primary completion rates where it is perceived that there is no opportunity for onward study. Some effort could go in that direction, but there is so much to do on the primary level that that is where attention should stay.

Q60 Pauline Latham: What you have said this morning reinforces my view that we are putting all this money in and nothing is happening. No change is affecting people, and I find that very depressing. I know that DFID's theory of change is to improve the overall education system and the benefits are supposed to filter down to schools and pupils, but ICAI expressed concerns that this is not appropriate to tackle the most severe problems in the weakest schools. Should DFID be identifying and targeting the weak schools, or are they all weak?

Chris Horn: One has to appreciate that DFID can advise, but in the end it is the state government, local government and the schools that will do it. DFID has a very serious dilemma. It only offers advisory services, but the two programmes are about £250 million over the time period for each, and that is an awful lot of advice. How do you leverage the government—state, local and federal—to respond to the advice, given that they have all sorts of other demands as well? It is not the only demand they are trying to meet. There is a very real problem, and this is where there has to be more attention paid to the strategic relationship with the governor and the education commissioner at state and federal levels, because certainly when I was there I got the feeling that the two programmes were left to their own

devices. It is a problem if you are a governor and you have a relatively young state co-ordinator for a programme coming in. ESSPIN managed because it had one or two senior people with grey hair—like me.

I do think there is that relationship that needs to be established, and I was quite surprised that some of the memoranda of understanding were very general, rather than pinning people down whereby you could say, "Look, you said you were going to do this; it has not happened; how do we sort it out?" I tend to think that some of the conversations that go on are simply too general and do not really get to the heart of the matter.

Q61 Mrs Grant: What is your assessment of the Nigerian Government's efforts to bring children from the Qur'anic school system into the formal education system? Should donors be keeping well out of it or should they be involved?

Dr Härmä: Jigawa, I think, had aimed to integrate something like 280 new Islamic or Qur'anic schools per year, and they have managed to do about 10% of that. The state government's efforts have not been terribly successful. I know under ESSPIN they have worked with the mallams to agree to bring in secular education. It starts out with a lot of cultural resistance but then, in the face of incentives such as payments to the mallams or skills training to mothers who then bring their children into more secular education, there has been quite a bit of success. But, as Chris said, where are the funds coming from to keep those going? I see it as a necessary avenue to pursue, because huge numbers of children are going to religious education and usually the families have to pay something. So they are very willing to go into those schools. Apparently there is not a huge amount of clear cultural resistance to secular education in favour of religious education; it is just that everything has to fit around religious education. I do see it as a worthwhile avenue to pursue, because you need to go along with the carrot and the stick and you need to listen to local partners.

Touching on the last question of how you get the Governments to go along with the programme, it would be great if DFID could have a little more flexibility to do a tiny bit more quid pro quo, i.e. "If you want us to listen to you, can you help us a little bit with this other thing that you did not have in your logframe or plan for specifically?" I should probably stop there.

Chair: Can I say a big thank you to both of you? Half an hour is not a lot of time to cover such a massive area, and we are going to be conducting an inquiry on education more generally later in the year, when we will certainly be calling on you again for written evidence and perhaps for some informal conversations to help with that. Thank you both for your evidence, and please feel free to stay and listen to the other panels if you are able to.

Examination of Witnesses

Witnesses: **Georgia Taylor**, Director, WISE Development, and **Ojobo Atuluku**, Country Director, ActionAid Nigeria, gave evidence.

Chair: We move swiftly on to our second panel on the theme of women and girls. As with our first two witnesses, we will start with questions, but please do introduce yourselves when you answer the first question. Thank you very much to both of you.

Q62 Mrs Grant: Good morning. What are the major issues faced by women and girls in Nigeria today?

Ojobo Atuluku: Good morning and thank you for having me. My name is Ojobo Atuluku and I am Country Director of ActionAid in Nigeria. I was a Chevening scholar 22 years ago on women's rights. ActionAid Nigeria is currently a partner of DFID as well, and I am happy to see some of you who I met in Nigeria.

Chair: We met in Abuja, didn't we?

Ojobo Atuluku: Yes. We have implemented some DFID projects, and in the past I have also been a consultant reviewing DFID projects, so these are the experiences on which I base some of my responses.

In terms of the issues facing women in Nigeria, how much time do we have? The 12 critical areas we agreed on in Beijing are still critical today, including exclusion from power and decision making, lack of access to health services and lack of access to quality education. We have stereotyping of women in the media. There are environmental challenges that women face. We have issues of violence against women, as well as discrimination, cultural restrictions and barriers. In almost every sector you can think of, women face several challenges.

Incidentally, DFID has also been working in some of these areas. Unfortunately, the work DFID does sticks to the mainstream of women's rights, women's issues and so on. One of the experiences I have is that, once you mainstream issues of gender, they become invisible and difficult to target and to hold on to. DFID has a few programmes that are focused on women, like the Voices4Change programme, which targets violence against women and also works with the federal Government on issues of gender, trying to see how it can seek space for the Government's mandate in terms of working with women and so on. But on the whole, there are a lot of areas that still need work to be done.

Q63 Mrs Grant: What areas do you think DFID are doing particularly well in? Where is DFID's involvement having the most impact as far as women and girls are concerned?

Ojobo Atuluku: GWIN—Growing Girls and Women in Nigeria—which is part of the Voices4Change programme, has a lot of potential. It is still very much a pilot across five federal agencies, but if that work can be deepened, a lot can be achieved, because it is looking at supporting Government to use its own resources and ensure that within its mandate women and girls are catered for. That is the way to go.

Georgia Taylor: My name is Georgia Taylor, and I have reviewed and worked on several programmes across different sectors, including private sector programmes—"Making Markets Work for the Poor", health, community engagement in health, and I have also recently done the Voices4Change annual review. Consultants I work with have also worked

on education; we seem to have touched on it but might not have had the depth that ActionAid have.

In relation to GWIN, there is a massive barrier in the leadership and commitment to really integrate gender into budgeting. Whilst there is a beginning and there are some pilot projects, they are very mini projects and it could even be a tick-box exercise. A lot more work needs to be done, and women within those organisations need to be given the chance to take leadership roles. There is a big issue around women in leadership, and it is another thing that the Voices4Change programme is trying to work on in terms of women in political leadership positions, which is really important.

It is incredibly challenging even working with political parties, and I would suggest that one of the things that they are not doing is funding mass movements and women's organisations, and that is absolutely crucial. Traditionally, donors have not been funding women's organisations and have not been strengthening them—there are all sorts of reasons why they do not do that, but there needs to be a start. With Voices4Change, they had started trying to focus on funding men's groups, and one of my main recommendations was that you cannot fund men's groups and not fund women's groups. That is absolutely crucial for some kind of mass movement and leadership from women.

Q64 Pauline Latham: DFID's *A Theory of Change for Tackling Violence Against Women and Girls* proposes four main types of intervention: first, building political will and legal and institutional capacity; secondly, changing social norms; thirdly, supporting women's and girls' empowerment; and fourthly, strengthening service provision in health, education and social services. What do you think DFID's priority should be, and in which of the areas do you think they are most likely to have an impact?

Ojobo Atuluku: The areas that you have listed are critical. One of the challenges we have in working on women's issues is the fact that women's rights and women's issues are not just in one box: there is a whole range across the space. You need to approach an issue from different angles. It is about the combination of how much of each ingredient you need to put into the pot to bring about the right results. DFID is working a lot on building the empowerment of girls and women and creating safe spaces for girls in the north. It has a health programme, an education programme and so on.

But in terms of the services for women and girls who are facing violence, that is a very weak area not just for DFID but for almost every actor, including the Government and other donors and development actors within the country. This is an area that needs to be strengthened, because you cannot just say that people should go to the police, even though DFID has an access to justice programme, because the police are just not the solution to an issue of violence against women. Once you go to the police, it becomes a criminal issue and you find that many women and girls who are victims of violence do not want a criminal solution; they want the violence to stop. How can we use both responses to not just criminalise the act but provide a service that responds to the needs of the women and girls?

The response to violence against women and girls needs to be holistic and not just about picking one item here and another item there. When you hide issues of violence against women and girls in a generic programme of women's rights, or even in a programme that is not covering women's rights, and you just target an aspect of violence against women, you

are likely to miss it. It is not just about creating awareness or saying that men and boys should stop perpetrating violence; it is about the services that are available and about where women can go for support and relief. What kind of psychological support can women receive? These are the gaps that still exist within the environment.

Georgia Taylor: Within the Voices4Change programme, we have done a lot of work to build awareness around violence, and it has been supporting the movement to get the Violence Against Persons Bill approved, so that was quite a step. But within the programme there does not seem to be any provision for these response services; so, whilst they are raising awareness and people might start to stand up even to family members and colleagues, they do not have anywhere to go with that, and it could be creating more dangers. There need to be corresponding response services. I know that the justice programme that DFID has just finished was funding response services to a very limited extent, but that was not connecting up. Voices4Change were not even providing information to the people they were working with in a rigorous way.

Q65 Pauline Latham: Is that one of the main barriers to women getting satisfactory justice?

Georgia Taylor: Not only justice, but services to be able to get out of the violent situation that they are in. There is nowhere to go. A community will possibly expel you if you leave your husband; or it might be your family who are being violent, so you do not have anywhere to go if there are no other services there. It is about being safe and being protected.

Q66 Pauline Latham: This is about social norms; it is about changing attitudes, isn't it? Is that not one of the problems with the Chibok girls and other girls who are being taken by various groups—that sometimes their own families will not take them back because they have been violated? Is that not a problem?

Ojobo Atuluku: It goes further than social norms, because when you are talking about the Chibok girls, it is about how you reintegrate women in areas of conflicts. The girls have been away with the enemy and they have been there for some time, and when they come back people do not trust them any more because they have been with this feared group of people and so on. They are stigmatised and they face discrimination even from their own families, especially when they come back pregnant or with a child. They become a physical manifestation against which people can express their negative feelings because they cannot see the insurgents. They become a symbol of the insurgents that people target.

There are a lot of barriers, not just the social norms. There are issues around how friendly women find the police station, for instance, to go into and report something. How friendly is the hospital? How friendly are different spaces? The federal Government instituted a family section of the police recently, but I think it is only seen at the federal level, so, by the time you go to the states, you do not see that. The judiciary in some jurisdictions have family law courts where a magistrate or judge is designated to a case relating to children or families, rather than having a professional space that they can have access to.

There is also the barrier of finance, and there is the barrier of people abusing the system. When you come and do a report, the officials who are supposed to help you instead traumatise you further. There are so many things going around there.

One of the things that you find women's rights organisations doing is training groups of women on paralegal issues, but this just creates an awareness; it does not really transfer the skills of how you can help yourself.

Q67 Mr Sharma: Do you think the training of decision makers, judges and lawyers on the new way of thinking and moving away from those cultural backgrounds needs to be taken on?

Georgia Taylor: There are some trainings happening, but how effective they are is another matter. Just going to one training, particularly if it is technical training, does not necessarily change people's minds and attitudes. I have done these trainings and I have watched other people doing the trainings, and sometimes you just will not get any change in attitude. People may know about the Beijing Platform for Action or they might know about the law, but they will still say, "I am in charge at home and I am the one who makes the decisions", and that feeds into all parts of your life as a man.

I am not sure how effective it is yet, but this programme of Voices4Change where they are really opening up the discussion with men is interesting in general, as a way of really starting that discussion and raising some of these issues with men and women together. I am not sure how effective one-off trainings are.

Ojobo Atuluku: There are parallel systems of governance in Nigeria whether we like it or not. You find the judges, the police and so on make up one system, while there are traditional systems in communities and so on. Usually programmes do not spend much time on them, and those are the places where the social norms are more difficult to break and those are the places where you need more time. Most DFID programmes are three years or five years at the most, maybe with an extension of several years, and you do not change social norms within that kind of window.

Q68 Chair: You have both touched on the question I wanted to ask, but I will still ask it in case you want to add any additional points or develop them. In the written evidence that we have had from DFID, it says, "The main driver of change must be Nigerian decision-makers and the Nigerian people who together hold the key to achieving gender equality across Nigeria". We have talked a bit about training and other factors, but what do you think is the best way in which there can be influence on the attitudes of policy makers to secure gender equality?

Georgia Taylor: As I touched on before, women and men who are champions in Nigeria need to be supported in holding the decision makers to account. It cannot be voices coming from the UK. Therefore, organisations need to be funded. There is always this challenge of what it means for the UK to be funding something and whether that means the UK is influencing it. There is a big philanthropy movement in Africa, and potentially there could be some work with organisations to support some of the management processes and fund the technical areas that could be supported to bring that movement on, because indigenous funding for these issues could be quite effective. But in general, supporting political leadership and women's movements is important.

Ojobo Atuluku: One of the accusations we face as female activists in Nigeria is that we are driving a western agenda. My response always goes back to history. In 1929 women who had never heard about the West had riots against excessive taxation in a place called Aba. They succeeded and the tax was removed. We have women across our history like Hajiya Gambo Sawaba from the north, who never left Nigeria but was the epitome of women's rights. There are other such characters across the country.

Once Nigeria has signed up to any international commitment, the international community does have a responsibility to, in any way it can, facilitate each Government to be able to meet the responsibilities they have signed up to. That is the kind of role that I see DFID playing: facilitating. DFID cannot come in and change attitudes, but there are processes whereby local citizens and local influencers can be supported to bring about those changes. The problem is that if too much attention is focused on an individual, the system does not change—so how can you use the individual to work with others and change the system? It is a systemic and institutional change that we are looking for, not just a one-on-one individual change.

Q69 Jeremy Lefroy: Could we turn to considering the growth of employment in the states programmes? Georgia, I think you have been involved in them, particularly GEMS4. Do you think they have helped to bring growth that is more inclusive of women?

Georgia Taylor: I have worked on GEMS4 and on Propcom, which is more rural whereas GEMS4 tries to cover rural and urban. There has been a big struggle in trying to include women in these programmes, partly because the underlying analysis and research at household level is not happening well enough and there are all sorts of assumptions about what women do and do not do and their roles within the family. You cannot just make assumptions in terms of the family-based businesses. That has been a big barrier to doing effective work. Whilst there has been some progress and some interesting initiatives, there needs to be much more understanding; and also understanding about some of the barriers that are not related to markets, because women face barriers of unpaid care work and sexual and reproductive health—not having access to family planning or safe abortion is a massive issue for women trying to run businesses or go out to work. Some of those links are not being made for women within these markets programmes because they are just about the market.

We have had discussions with the programmes to try to get them to understand some of the non-market-related areas. We define women's economic empowerment as not just about earning money but about being in control of that money and being able to make decisions around assets and income, which means that you have to take into account these other issues. Because of the dogmatic approach to "Markets for the Poor", this is not happening and we are finding it very difficult to bring in these other aspects, such that if it is not a market-based solution you cannot do it. Some of these things need to be subsidised, and there needs to be a much greater understanding of the power that women can have over their own income even within home-based enterprises.

Q70 Jeremy Lefroy: Where is that dogmatic approach to "Markets for the Poor" coming from?

Georgia Taylor: It is partly the way people are applying it and possibly not understanding the depths of "Markets for the Poor". If you look at the "Markets for the Poor" framework, you

see "social norms". You see "working with civil society". You see all sorts of aspects in there, but the way it is being applied is not looking at the diversity of approaches.

Q71 Jeremy Lefroy: Applied by whom?

Georgia Taylor: By the programmes themselves. It is also partly to do with the social norms among the teams and the leadership. When I work with teams I say, "If your team leader is not behind this, you are not going to get the change that you need". It is about putting team leaders into these markets programmes who are really committed to gender equality and to understanding the multiple barriers that women face, and also the rather creative solutions that are much more locally driven and that you can get behind. If they are not willing to do that and they are just looking at the next big company to make a contract with, which is really what happens, you do not get the whole team behind them.

Ojobo Atuluku: We need to learn from the past. Overnight Nigeria became the biggest economy in Africa, and the reality was that poverty also grew bigger, so there was something wrong with the economic system that was being touted. The fact is that, once we start driving the economy, we lose sight of civil rights and political and social issues. If these are not right, there cannot be equality in the economic sphere as well. When you look at programmes that are training women, they tend to focus on dressmaking, crafts and so on. In certain places, if everybody is making clothes, who is going to buy from each other? There are new opportunities in ICT and so on. The primary business to start with is education, because education is supposed to be the equaliser. Once quality education is there, people have the opportunity to choose the kinds of jobs that they want to do and the kinds of careers that they want to follow on.

There are also other issues around the economy and altering the tax system so that the economy is not only for those who are able to use the system—the more you earn, the more you also give back to the community, and then those who are challenged can face it. For instance, you have tax relief for foreign companies but you do not have the same for local companies, which are even more challenged.

Q72 Jeremy Lefroy: In terms of education, it has often been said to us that you look at a curriculum, and even though most people are going to live the rest of their lives self-employed, working for themselves, there is nothing in the education curriculum at primary level to prepare them for being an entrepreneur, which in effect is what most people end up being—90% of them will end up working for themselves, whether that is farming or something else. Do you see any sign of that kind of thing getting into the curriculum even at a very basic level in terms of how to look after yourself and how to be self-employed?

Ojobo Atuluku: The Nigerian Government recently introduced some reforms in the education curriculum whereby it insists that secondary schools should provide some practical lessons like photography, cookery or other particular courses that you can use to survive even if they do not go further into university and so on. The problem is that developing a real academic curriculum has been a challenge, so now we are using the National Youth Service as a training ground where we are teaching basic skills of business and so forth. Really that is not the right space.

Q73 Jeremy Lefroy: Sorry—the National Youth Service?

Ojobo Atuluku: After university you spend a year in the National Youth Service.

Q74 Jeremy Lefroy: But this is not at primary level.

Georgia Taylor: We should not underestimate the amount that young children can learn from their own families and their own communities, and also from informal apprenticeships. We were doing research on girls' economic opportunities, and there were these informal apprenticeships. I myself learned from a family business. There is a huge amount you learn growing up in a business, as there is economic activity going on in the home, on farms and outside. I wonder whether building on that work that is already going on would be better rather than taking it into a school situation where you do not necessarily learn from real things. It needs to support and recognise what is going on already.

There are also examples like the Women for Health programme, where young women who are not getting the grades they need in secondary school are given extra support when they graduate to become health workers so that they can get into those colleges. They are addressing things like childcare within the colleges and stigma against women's employment within the communities they are coming from, so they are working with some of the rural communities to change their attitudes to women being employed and making sure that they have jobs afterwards. It is about looking at the whole trajectory right from education to higher education to employment, and even making sure there is more female leadership within the colleges. It is a really interesting example of how you can encourage people and address some of the barriers within each stage of the education and employment continuum.

Q75 Dr Cameron: During our visit to Nigeria, many members of the Committee were very struck by the fact that we met people at all levels of the political spectrum but very few women were within that sphere. My colleague Pauline raised it a number of times in the many meetings that we attended. How important is increased representation of women in Parliament—the Senate and the House of Representatives—to achieving gender equality? What can DFID do to facilitate that?

Ojobo Atuluku: I do not know if you saw the lady who was sitting here. She is one of the rare species as a Member of the Nigerian House of Representatives. Year on year, there has been a reduction. We have been having more women contesting and fewer women winning positions. I see it as the fightback of patriarchy, because there is an active agency of actors who keep women out of politics, out of power, out of decision making and so on.

DFID has been funding work around democracy, and ActionAid are implementing a project funded by DFID that is looking at citizens' engagement in the electoral process. In terms of the focus on women, DFID was recently working with the NDI, starting a specific strand of work on women in politics in Nigeria. Without women in the leadership, it is very difficult for anyone to focus attention on issues as women experience them. Yes, men may feel benevolent and they may feel kind, and a few men understand it as an issue of rights, but unless we are able to get more women in appointed positions at the national and local level, we will not be able to have the kinds of policies needed to bring about change. Men and

women are victims of the patriarchy, so there is also a need to work with them—especially with women's organisations and the women's movement—to lead them out of that patriarchy and to be able to see things as individual rights and as a collective society's progress.

Q76 Dr Cameron: To what extent was the rejection of the Gender and Equal Opportunities Bill a major blow to the advancement of gender equality? What do you think the Nigerian Government's next steps should be?

Georgia Taylor: It is a blow. I was surprised that it was brought to the House so quickly. When I was there, only in November, it seemed that there was a longer timeframe planned and there was an awful lot of preparatory work that needed to happen. I don't know; I am assuming that a lot of that preparatory work had not been possible. But it is also about using the word "gender". There seems to be such a problem with it, and also with putting women at the centre. It is a big issue until people accept that something needs to happen, and it is a lot to do with lack of knowledge and understanding of what the issues really are. That is why I say this preparatory work is absolutely essential, and there is still potential and a bit of a groundswell, with people fighting back.

The issue around women's leadership within Parliament is that there are barriers as well, so even though more women might be coming forward, there are all sorts of challenges—as you will find in this House as well—around women participating within these kinds of spaces. What is enabling about it, and do we understand what some of the challenges are and the attacks that people might be under? That needs to be addressed before the Act can move forwards.

Q77 Dr Cameron: I was informed, when I was in Nigeria and when I was speaking less formally with some of the groups that we met, that access to economic empowerment is very important in terms of being able to access political empowerment. I wonder if you think that there is a connection between those.

Ojobo Atuluku: There is a big connection between the economic wherewithal of a woman and her access to politics. The political parties have set it such that, if you want a position, it is up for sale to the highest bidder. Unfortunately, the Independent National Electoral Commission has decided that it is independent and it cannot interfere in internal party issues. Even though we talk about the constitutional provision of protection from discrimination on the grounds of sex, the position is that, if it steps in, it is discriminating against men for protecting women's rights.

Yes, there is a massive correlation, and that is why a lot of programmes around women and politics are not working, because they build their capacity and understand the environment but they do not have the money to be able to do the kinds of activities that politicians need. Party financing is a grey area that we are talking about where we are advocating for transparency and limitations, which will go a long way to help. The gender equality Bill is something that was taken on from the last Assembly, which is why there was little work done on it. It has shown the women's movement the picture of the fundamentalism that the women's rights movement is facing in Nigeria and how there is a huge barrier, especially when you look at the statements by some of the male senators when it was being considered.

Chair: I am afraid we are out of time but thank you both for being superb witnesses. We have covered a lot of ground in just over half an hour, so thank you very much. We are going to move to the third panel on health. Feel free to stay in the Gallery to listen if you would like to. Thank you very much indeed.

Examination of Witnesses

Witnesses: **Dr Titilola Banjoko**, Founder, Africa Recruit, and **Dr Prudence Hamade**, Technical Advisor, Malaria Consortium, gave evidence.

Chair: Good morning and welcome. Thank you both for being with us. You have been in the Gallery, so you know the format: we will go straight to questions, but please do introduce yourselves when you are answering for the first time.

Q78 Albert Owen: Good morning. I have a very general question to start this session: what are the main challenges that Nigeria faces in providing its citizens with basic health provision, given that it has some of the worst health indicators in the world?

Dr Hamade: My name is Dr Prudence Hamade. I am a medical doctor and I worked for 10 years with Médecins Sans Frontières in the field, and I have worked for eight years now with the Malaria Consortium. When I was with MSF, I was leader of the Malaria Working Group, which is the international working group of the five sections, and I also served on the paediatric and reproductive health working groups, because I am a paediatrician by background.

I am not Nigerian, but I have visited Nigeria a lot of times and spent a lot of time there, particularly working with the SuNMaP programme from DFID. During the course of that, I did the first capacity needs assessment in Jigawa, Katsina, Lagos and Niger States, and the situation with regard to malaria control was pretty dire at that time. We also did a capacity-building approach in the federal national malaria control programme.

The challenges faced are many, but a lot of them are to do with the number of health workers available and the type of facilities and the equipment in the facilities. It was interesting to listen to the education department, because exactly the same problem exists in basic health facilities. I am sure that, if you have visited them when you have been to Nigeria, you have seen that there are very few health workers, often with a very low level of training. Their training is often not reinforced once they leave their pre-service training. They do not know the latest guidelines and the latest policies from the federal Government. The national malaria control programmes were extremely weak. For example, in Niger State, there was just one very brave and noble woman who was running the whole programme.

The equipment in health centres is broken and they have no drugs in storage. People do not come, because if you walk five or 10 kilometres with your baby to a health centre and find

there is no equipment or drugs and, very often, not even any staff—or only the cleaner or outreach worker—you will not go. Instead they go to the patent medicine vendor and buy some drugs.

Those are the challenges that still face Nigeria despite the big input from DFID and other funders. The health system does not really work. The new National Health Act is trying to put a functional primary healthcare facility in each ward at the LGA level, but that will take an awful lot of investment.

Q79 Albert Owen: You are painting a very depressing picture here. Moving forward—and of course we have some targets and Sustainable Development Goal 3 on health provision—do you think the national Government is taking this seriously? It has signed up to it, but is it moving forward?

Dr Banjoko: My name is Dr Banjoko. I am a Nigerian. I trained and worked in Nigeria as a doctor. Like most Nigerian people, I assumed the occupation that my parents had—my dad was a doctor who worked in the public sector and then went private because of course the income meant he could better sustain his family in Nigeria. We also support a clinic in a rural village in Nigeria where a doctor goes in to provide basic medical services.

I think the Government is committed. About a month ago there was a statement by the Vice-President about revitalising primary healthcare centres, and "revitalising" was very crucial: it is not about building new centres but rather revitalising the ones that already exist. When I trained in Nigeria in the 1970s and 1980s, the healthcare was good. Sadly, I have watched the quality drop to a level where even people who can afford healthcare will not use those healthcare facilities in the country. That really is the challenge, but I think the Government is committed.

As has been pointed out, there are issues around human resources, and it is not that there are no human resources but rather its distribution. The healthcare system in Nigeria is mainly private, as much as we like to believe it is public. The PwC 2015 report said that 27% of 3,500 healthcare facilities are public, with the rest being private secondary and tertiary care, and that is where most of the income is generated. As a result, you can imagine the deficit that exists.

Healthcare insurance is something that the last Government and most Governments have tried to drive, but it is only 5% of the population. You therefore have constraints in terms of generating money privately. Again, access is the key thing, and that is where the challenge is, because it is not just the direct access financially for people who need it the most but also indirect access. If you think about the distance that people have to travel for healthcare, that means they are not going to access it.

Q80 Albert Owen: I have got two supplementary questions, one linked in to what was said earlier about the status of health workers; and, again in the previous session, we heard about the status of educationalists in Nigeria. Is that being taken seriously? I have met many Nigerian doctors in this country, where we value our medical profession. Is that improving in Nigeria?

The other question is about universal health provision and the issues in the north. How are we going to get the best healthcare to the north of Nigeria, and how is the Government going to achieve that?

Dr Hamade: We have to take a different approach in the north, because access is extremely difficult. We have to start off by looking at a continuum of care. I do think that all of these vertical programmes that have been promoted under the Millennium Development Goals have been very good and have achieved, for example, a big drop in malaria cases even in Nigeria and even in the north; but we have to start looking at care across the board, and that includes the status of women and access for women as well as the overall health of a child.

I am a paediatrician. If a person brings a child to me with a fever, I should not just say "Well, it must be malaria". That may have been so in the past, but it is not the case any longer. You need to look at the whole child. Maybe the child has HIV. Maybe the child has pneumonia as well as malaria. Maybe the child has malnutrition, which is extremely common in the north. We have to have a much more integrated approach, and to improve access we also need to take care right down to the community level, especially where women do not have the ability to move away from their homes or even to go to the health centre very often.

The SuNMaP malaria programme has been extremely successful in reaching its aims, but we now have to start looking at a more integrated approach and we have to bring care down to the community more, both for women and for children. We can train community health workers to treat pneumonia, diarrhoea and malaria and to diagnose malnutrition. Even in our programme in South Sudan, which we could use as an example, we can provide care for malnourished children right within the community. We have to start doing that where access is so poor.

Q81 Albert Owen: Would you like to comment on the status of the medical profession?

Dr Banjoko: It is not in a good state in terms of the way it is recognised by society, because generally speaking most people in the healthcare profession are struggling and therefore it does not prove attractive to people. Going into the healthcare profession is seen as going down the route of poverty. That was not the case years ago, but unfortunately that is what it is now.

In terms of the model to adopt, we need to understand the ecosystem of Nigeria. When I said we run a primary healthcare centre in a rural area, it is using a religious institution because the networks and infrastructure are there, rather than starting a new infrastructure. In the north, as an example, you already have a number of religious institutions. It is about bringing in the community leaders and religious leaders to participate in healthcare service delivery so that people begin to understand their role in terms of accessing health rather than reacting when there is a crisis, at which point, more often than not, it is too late.

How do you bring about that prevention agenda? We found it successful to use a religious leader who could talk in church about there being a clinic on a certain day and why people should go. By and large, even in the north, that is where it has been successful. It is more about partnership with the infrastructure that is already on the ground rather than trying to set up a new structure with the assumption that people will access that service.

Q82 Mrs Grant: You mentioned that the Vice-President wants to revitalise the health clinics, which sounds great, but in reality is the money there? They are not going to be revitalised on thin air.

Dr Banjoko: Everybody knows the fall in oil prices has obviously affected the budget. This government is more to the left in terms of their commitment to social investment programmes, so there is the willingness to do that. The feedback that I have received numerous times is: how does DFID work with other donors and philanthropy so that you gain a greater impact? The impact and scale will be much better than everybody running their individual programmes. That would possibly be something where the Government would welcome support from donors.

Q83 Jeremy Lefroy: Dr Hamade, you have already referred to SuNMaP and the success of that. Perhaps you could say a few words about that? You have also talked about the future. Do we need to have SuNMaP II? You were describing a more horizontal rather than vertical programme. How do we ensure that a more horizontal or inclusive health system does not lose the gains that have been made against malaria, and indeed other diseases under SuNMaP?

Dr Hamade: The SuNMaP programme, led by DFID, made DFID a real leader in malaria control, but it had a very novel approach in the sense that it was done entirely through the federal and state government programmes. It supported federal Government in its improvements and it supported the state governments. It had six outputs. The first one was capacity building, which involved building the capacity of state governments in planning, in finance, in budgeting and in making annual plans against which they could measure their progress. It also strengthened the federal Government in doing supervision of the state government. That was a really important and innovative approach from DFID that was done through the SuNMaP programme.

It also focused on prevention and case management, but it had a particular focus on social and behavioural change and communication, which Dr Banjoko talked about in terms of involving communities at the community level and mobilising communities. Just telling people what to do is not good enough: you have to understand the constraints within a community and how to best work with communities to mobilise them. SuNMaP was very strong in that.

The other area that was very important was operational research, and bringing the research community into the Government, so that the research community and the Government now hold annual meetings to exchange information about the way forward and applying research into policy. Those were very important aspects of SuNMaP. Some of those things would be good to continue. The malaria programme is now moving from control towards elimination, or pre-elimination. They have an aim to eliminate malaria by 2030, which would release a huge amount of funds etc. in health to the community, because malaria is still one of the major causes of mortality and morbidity in Nigeria.

To move towards elimination, they have to change their way of operating. They have to put much more emphasis on data collection and surveillance. Surveillance is very important for all sorts of reasons and Nigeria, amazingly, managed to not have Ebola. That was a really

important thing that Nigeria did, and it did that because it had labs that could diagnose very quickly. It very quickly took action to stop Ebola spreading and we really need to strengthen that surveillance system, both for health security but also for the elimination of malaria. That is one of the things that we really need to focus on if we want to eliminate malaria.

Looking at general delivery of healthcare, we have to take the patient as a whole person, not a disease. We have to see what influences health right from childhood through adolescence, through maternity, through delivery, through infant care. Nutrition is one of my major interests, and I recently went to Sokoto State in the north of Nigeria to look at the services provided through DFID's strategic funding and the provision for children. In some of the northern states, 70% of the children are stunted and 20% are severely malnourished. In that situation you cannot produce a healthy child, and so that child is much more likely to get malaria, pneumonia and diarrhoea, and we have to focus on those. It is about the continuum of care and looking at the whole person.

Q84 Jeremy Lefroy: I know we are very short on time, but I would like to ask one very quick question. Last week the Global Fund indicated that there had been severe corruption in its programme in Nigeria, which was being tackled, to be fair, by the Global Fund and the Nigerian Government. Is corruption a major problem within the health system of Nigeria?

Dr Banjoko: Yes. Obviously, you cannot take things out of the system in which they operate. It is a massive issue and challenge even in terms of contracts being awarded for large-scale healthcare procurement, which is in the media quite often. There is a role for civil society. There is a very active and vibrant civil society in Nigeria, with the programming and planning to become watchdogs of the funding that is given to the Nigerian Government and its budget. It is also about making it more transparent in terms of going down to local government level and making spending more visible and accountable so that the public themselves can see. Most citizens only became aware of the fact that something was not right when it came out from the Global Fund, whereas if there was a process by which this was transparent in terms of how much was given and where the money was going, and if people had seen it, we might have started making noises much earlier.

The way the system is set up at the moment is that they mark their own homework, so in terms of quality there is not an independent healthcare body like we have here, where someone assures the quality of the service provision that is given. Only when you read horror stories do you realise that nobody is doing that. The healthcare providers trumpet their own successes in terms of the spend and the impact, but it is time for a totally independent watchdog that holds the Government to account. Citizens can also report malpractices that they see at every level.

The corruption is not only at the top; it is down to the bottom, even in primary healthcare. When you say that primary healthcare is free at the point of access, more often than not they might have to pay for the drugs. Some parts of the service are free and other parts are not free; hence the need for an independent body.

Q85 Pauline Latham: You touched on malnutrition and the fact that there are a lot of under-five deaths and maternal mortality: the worst in Sub-Saharan Africa and the second worst in the world. What should DFID do to help that? Should they prioritise more systemic

issues—for instance, hospital infrastructure—or should they focus more on tackling specific causes of maternal and infant mortality?

Dr Hamade: There is room for both, to be honest. In a recent study we did a survey in Katsina State and 79% of the people were not able to read a sentence. I do not know how you can make changes to women's lives unless they have access to education. The education part was very interesting.

We need to look more at the continuum of care. Why are girls getting married at 13 and 14? I recently went to a feeding centre and most of the mothers there were very young, aged around 15. They cannot breastfeed properly; they cannot feed the child properly. We need to focus on adolescents and, if adolescents are not in school, we need to have some intervention at the community level. We need to look at antenatal care. If women cannot come to antenatal care, we need to do something to bring the antenatal care down to them.

We need to focus on the whole of the woman. We need to look at HIV, malaria, TB and the sexually transmitted diseases that affect women, but we also need to look at nutrition and at their access to safe delivery so that, if they cannot come to deliver in a centre, perhaps we need a flying midwife service that would go out and allow them to deliver in their own homes. We have to think outside the box. We have to teach family planning. Family planning is really important. The average number of children in the north is six, and if there is no food, how can they feed six children? We need to look at immunisation. We need to look at all of those things across the board, but we need to think in general about how we can bring the service down to the people rather than expect the people to come up to us.

Dr Banjoko: It is important to look at what already works. In Ondo State, for example, the governor happened to be a medical doctor, so they prioritised health, and they delivered excellent gains and used different technology such as mobile phone access. It is about looking internally within Nigeria to see what is already working and whether that can be done at scale across Nigeria.

Q86 Chair: Can I ask about HIV and, in particular, the areas that DFID should be working on both in seeking to stop the further spread of HIV but also, crucially, in supporting those who are living with HIV in Nigeria now?

Dr Banjoko: My experience of HIV in Nigeria is that many people do not have it, by which I mean there is a stigma around having HIV. A lot of people would not admit to having HIV and would not admit to spreading HIV. There is a massive cultural norm around HIV that presents a barrier where things spread rapidly. Of course there are a lot of cultural norms around multiple wives or multiple partners, which further exacerbates the problem.

There needs to be a lot more mass awareness of what HIV is, bearing in mind how you can still protect people so that the implications of having HIV do not affect their livelihoods. If people do come out and say that they have HIV, there are implications for family, work and everything else. It is about protecting people while creating mass awareness, including the fact that it does not lead to death. It is about the perception.

Nigeria is a very religious country. People would listen to the religious leaders, and there is a perception among the religious leaders that it does not exist or that it can be cured. You spoke

about Ebola. One of things about Ebola and the success in combating Ebola was that the governor came out and categorically made a statement that no religious statement should be made about curing Ebola, which dispelled any informal process of people going to seek help from religious leaders. There needs to be a lot more leadership at state government level in terms of mass awareness and communication of what HIV is and what it is not, so that people are aware and can seek help and support.

Q87 Dr Cameron: In written evidence submitted to the Committee, DFID explained that its approach in Nigeria is about influencing how Nigeria uses its own resources. In your assessment, how can DFID ensure that the strengthening of health systems is prioritised by both the federal and state governments in Nigeria?

Dr Banjoko: There has been a lot of talk about public-private partnership in Nigeria and the fact that healthcare is mainly private in terms of the percentage of healthcare providers that offer services. There has also been a lot of talk about how they can use a private-public partnership to be able to do things at scale. This is an area that DFID should look at. It is estimated that Nigeria loses about US$1 billion annually to medical tourism as a direct and indirect cost of people who can afford it leaving the country to seek healthcare abroad. We need to think about how we can retain that money in the country, such that institutions can build and deliver better services for the population. The Government can also use some of those facilities if there are incentives to deliver healthcare to those who cannot afford private care. That really calls for a public-private partnership and the role that the Government can create in enabling the framework for that to happen.

Dr Hamade: Ensuring quality of care in the private sector is also very important, because the private facilities that I visited are of very poor quality. People see them as better because, for example, they might have an echogram but they do not know about malaria care or about diagnosing HIV. The people providing that care are often poorly trained and are not involved in any Government training or capacity-building programmes because they say they do not have time to spend on a training course and they need incentives to go to training.

Public-private partnerships have worked in other places, particularly around malaria, because if you want to eliminate malaria you need the data from the private sector. SuNMaP, in fact, worked with the private commercial sector in producing nets, for example, so that nets were available. We have also worked with the private sector in training patent medicine vendors to test for malaria before treating. These things are really important to engage the private sector, but I do think that, if the quality of the public health sector improved, people would go less to the private sector. Although there is a perception that quality in the private sector is better, it often is not.

Dr Banjoko: It is better than the public sector, but it is not up to standard, and that again calls for an independent person to quality-assure services and for people to understand the implications of that. Additionally, the public who are receiving the services know what is not working, but there is nowhere for them to go. Nobody has data on harm in hospitals in Nigeria but rather will tell you individual stories. Here, I know that there is data; you can see where harm is happening and you can investigate and bring an end to it, but there is nothing like that in Nigeria. People are left to seek compensation themselves and, more often than not, it does not happen.

Chair: Thank you so much for your evidence today. You have been great witnesses and, again, as in the previous two panels, we have covered a lot of ground and we are really grateful to you for joining us today. Thank you, everyone.