NPHCDA

MODULE 1: INTEGRATED SERVICE DELIVERY IN PRIMARY HEALTH CARE

February 2024

Learning Objectives

By the end of the training, participants will be able to;



1. Explain the concept of service integration: goal, objectives and guiding principles, approach and strategies
2. Describe the LGA Model and its components of service Integration and delivery and explain the principle of building synergy in PHC management systems
3. Describe the approach to managing health services in the LGA and the institutional arrangements that facilitate LGA service delivery
4. Understand people sensitivity and core values

Overview of Integrated Service Delivery In Primary health Care

Sessions	Components
1.1	Introduction to Integrated Service Delivery
1.2	Integrated Health Service Delivery Model
1.3	Governance of Primary Health Care Services at the LGA Levels
1.4	People Sensitivity

Learning Objectives

At the end of this session, Participants will be able to;

1. Explain the concept of service integration.
2. Learn the goal, objectives and guiding principles of service integration
3. Discuss the approach to service integration in PHC Facilities in Nigeria
4. Discuss strategies of integrating PHC services

Session Overview

The following content will be discussed in this session:

1. Definition
2. Goals, objectives and guiding principles
3. Approaches
4. Strategies

Brainstorming



What is integration?

Integration and Service Integration

What is service integration?

- Service integration means including either the elements of one service or an entire service into the regular functioning of another service
- A key pre-requisite to successful integration is the strength of the primary service into which elements of another service are to be incorporated



What is integration?

- Integration is the act of bringing smaller components into a single system that functions as one
- It enables the provision of comprehensive health services to well-defined communities daily, at the same time, under the same roof, by the same facility personnel



Goals & objectives of service integration

Goal

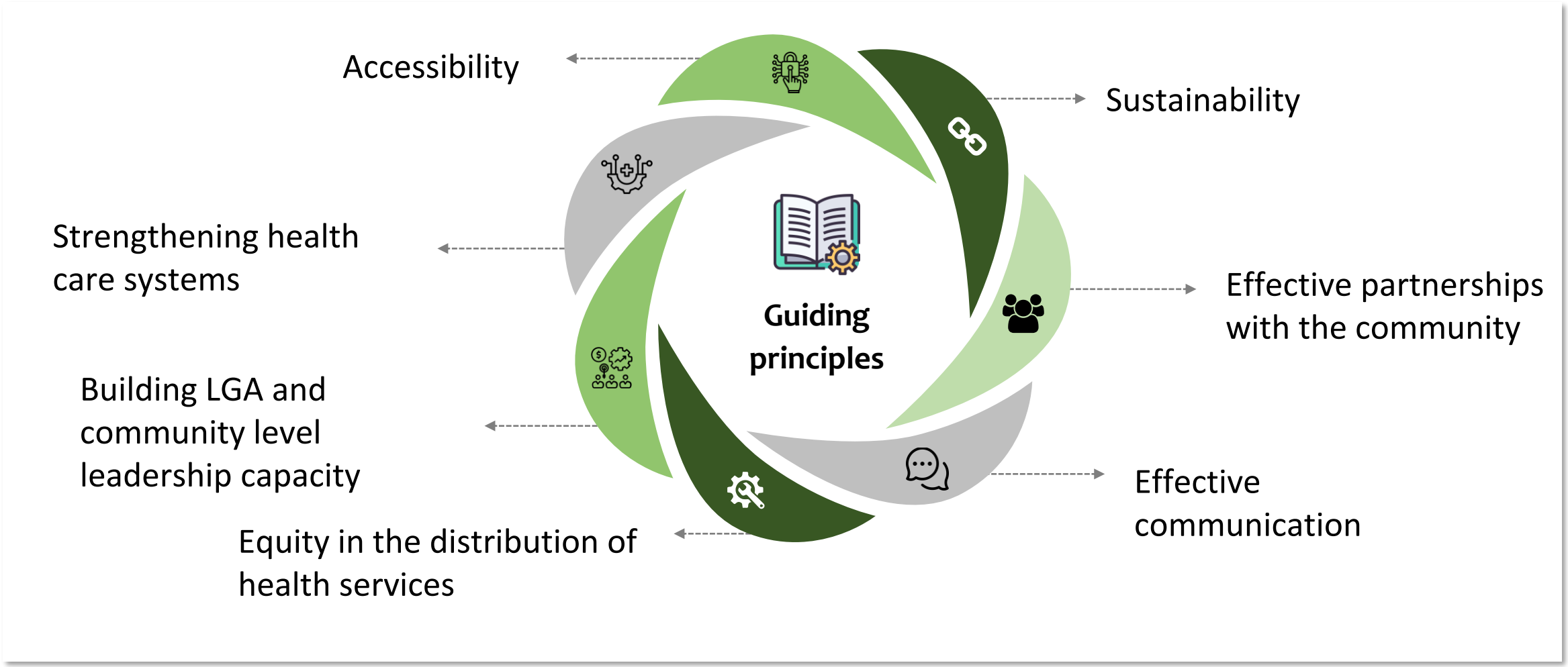
- Strengthen the primary health care sub-system
- Deliver quality, effective, efficient , equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians

Objectives



- To ensure that PHC facilities are strengthened to provide integrated services
- To strengthen and facilitate community/home-based self-care of chronic illnesses
- To ensure adequate and effective mobilization of resources
- To increase community involvement, capacity and participatory care and support activities
- To harmonize data collection tools for various diseases to ensure holistic and standardized M & E System

Guiding principles of integration



Requirements of integration



Service delivery

Availability of routine PHC services



Infrastructure

Supportive infrastructure (Adequate space)



Health worker

Multi- tasked Health Care provider



Awareness

Client awareness of available integrated services provided



Support

Support linkages/referrals

Skills for integration

1 Multi-skilled health staff

2 Knowledgeable client

3 Integrated Supportive supervision

4 Referral



Approaches to integration

Opportunities for integrated care at all stages of health care, includes;

1. **Assessment or consultation**
2. **Treatment**
3. **Monitoring and evaluation level**
4. **Follow-up**



Benefits of integration

1	Increase uptake of services of all components
2	Reduce stigma and increase access to treatment, care and support services
3	Increase the case detection and cure rates
4	Increase follow-up and reduce defaulters (loss to follow up)
5	Reduces the cost incurred in provision and utilization of services
6	Prevent verticalization of individual disease programs at PHC levels
7	Address the human resource for health gap

Strategies of integration

- **Advocacy and Consensus building** on the concept of Integration
- **Effective communication** to disseminate the key principles of Integration
- **Collaboration** between Government at all levels and implementing partners in the analysis of the situation.
- **Capacity building** of health care workers at PHC level and communities for effective implementation of integrated services
- Application or revision of **new tools and guidelines** on integration in collaboration with respective national programs
- Social Behavioural Change Communication (**SBCC**)
- Adherence to the **national policy framework** of respective programs
- Mentoring and integrated **supportive supervision** of Health care workers and community volunteers
- Planned Preventive Maintenance (**PPM**) of facilities
- Capacity building of LGA to collect and analyse **service data** related to service uptake and treatment outcomes
- Monitoring of quality services through **regular community meetings** and facility on-site monitoring visits
- **Regular evaluation** of the effectiveness of the Health Service Scheme (HSS)
- Support to the **national initiative on special challenges** e.g MDR surveillance in the treatment of TB



Brainstorming

What are the practical examples of service integration in PHC ?

Examples of service integration



Family planning

- Maternal, neonatal and newborn services including family planning
- Providing family planning services to a mother that brought her child for immunization and other services



HIV treatment

- Co-management of TB and ART treatment on the same visit by the same provider



Logistics

- Using the same project vehicle/resource for every PHC activity in the community and LGA
- Distribution of LLINs and pre-packaged antimalarial medicines during outreach visits

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Sessions	Components
1.1	Introduction to Integrated Service Delivery
1.2	**Integrated Health Service Delivery Model**
1.3	Governance of Primary Health Care Services at the LGA Levels
1.4	People Sensitivity

Learning Objectives

At the end of this session, Participants will be able to:

1. Describe the LGA Model of service Integration and Delivery
2. Describe key components of the LGA Model of integration
3. Explain the principle of building synergy in PHC management systems
4. Explain the operational structures for facilitating service

Session Overview

The following content will be discussed in this session:

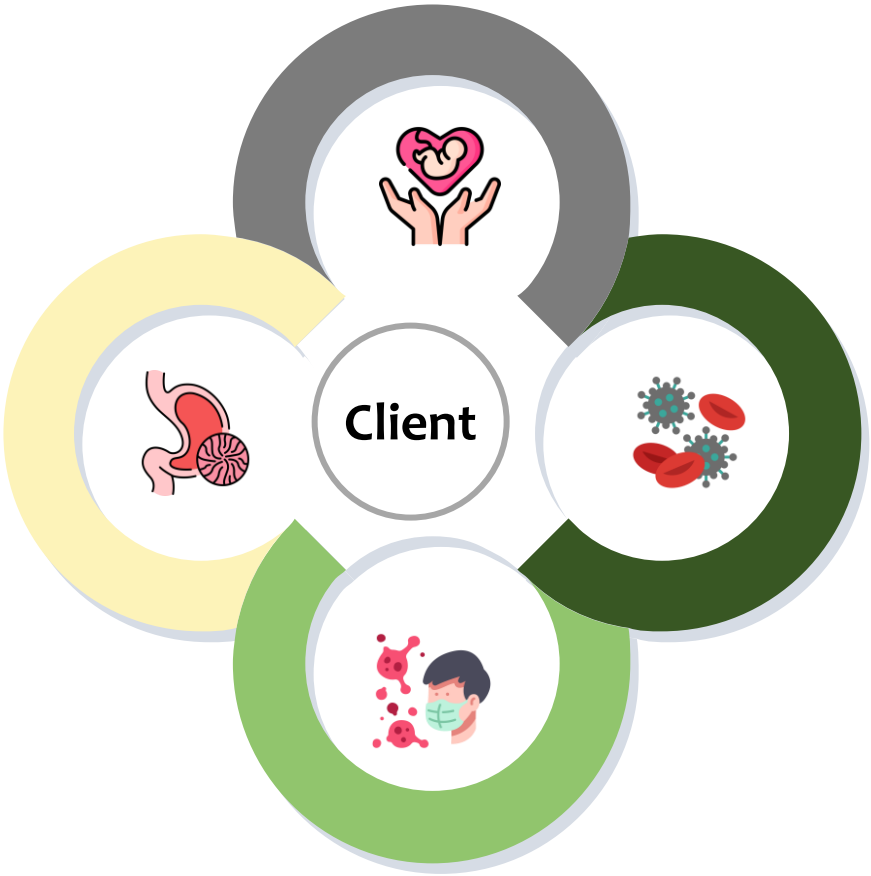
1. Model of service integration and delivery
2. Key components of integration
3. The LGA Model of integration
4. Principles of building synergy in PHC management systems
5. Operational structures for facilitating service integration

The LGA Model

- The LGA model is holistic client-centred care acknowledging the linkage of all programmes and health concerns affecting a large number of people, rather than separate conditions.
- It is first and foremost about preventing these health concerns through preventive education, health promotion, screening and early detection.
- It aims to structure the provision of comprehensive health care services to clients who have these conditions as well as to those at risk
- The model is premised on the assumption that successfully integrated programs in the PHC services are more efficient, especially in resource-constrained environment such as the Nigerian public health system

Model of service integration

RMNCAEH+N

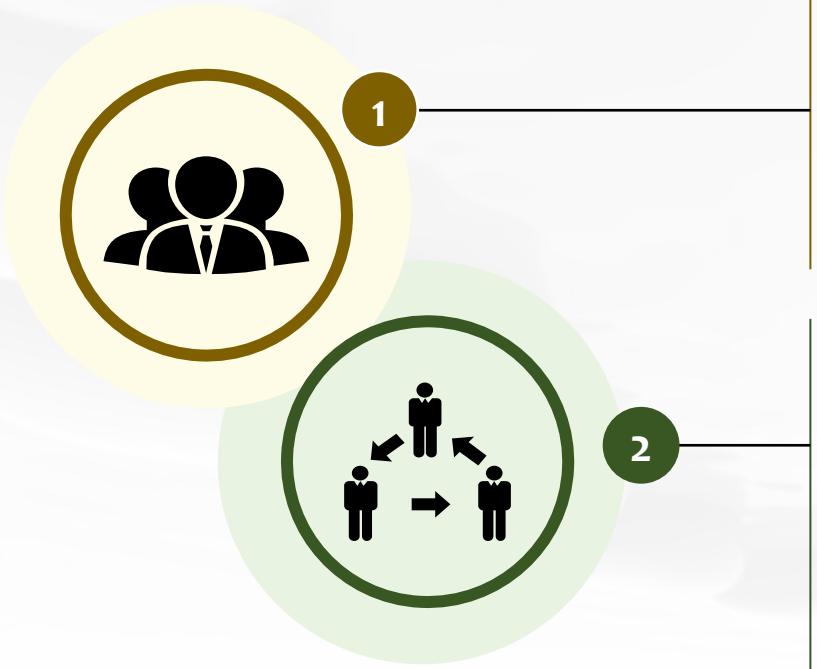


NTDs e.g. Buruli ulcer, lymphatic filariasis

TB, HIV ,Malaria, hepatitis, etc

Emerging and re-emerging diseases e.g. Lassa fever, COVID-19

Importance of the model

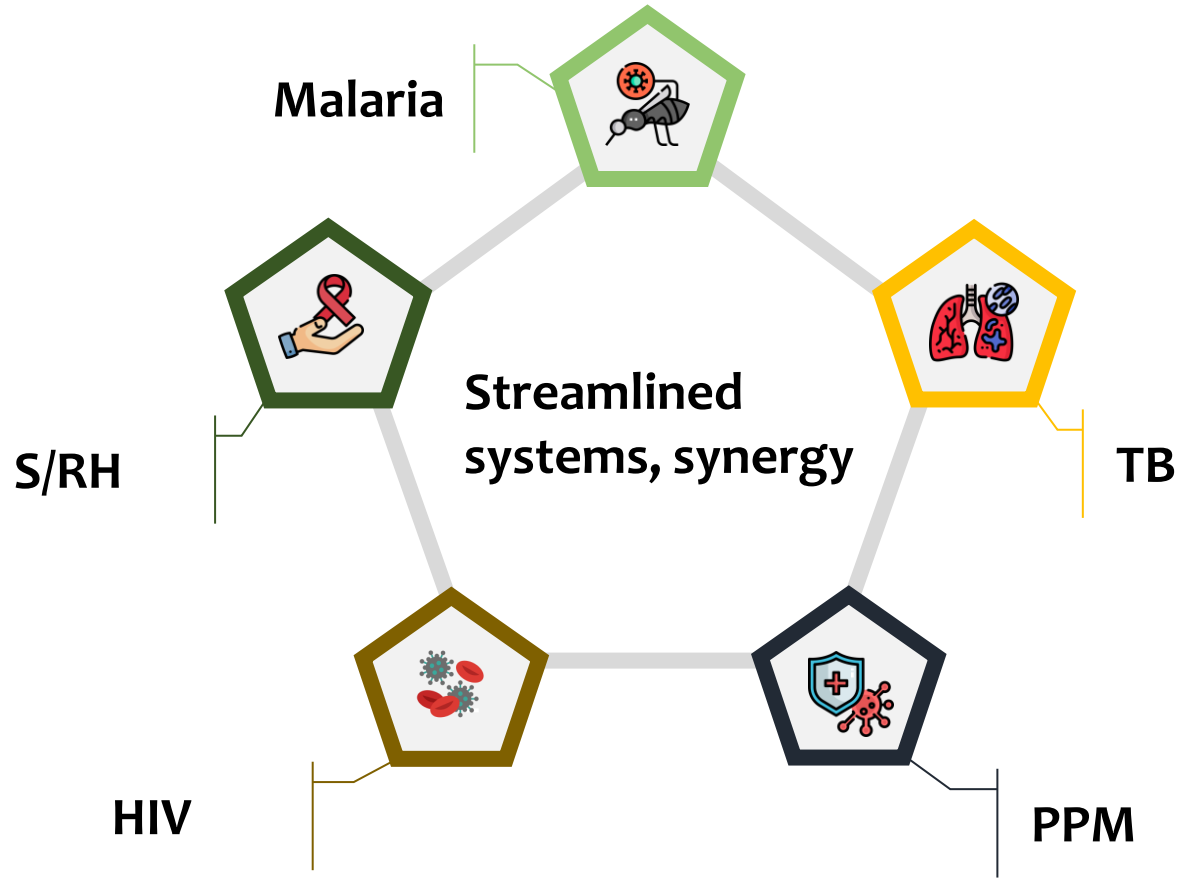


- It provides opportunities for meaningful involvement of patients and communities especially within the PHC program structure

- It is expected that efficiency will be brought about by:
  - Pooling of resources
  - Increased knowledge and competencies of personnel
  - Streamlined systems of procurement
  - Information management and community involvement and participation

Principle of building synergy in PHC management systems

Building synergies



Pooled resources: Health care worker knowledge, medicines & supplies, access to the lab, information, community volunteers

Key components of PHC service integration model

Service Delivery

- Refurbishment of PHCs
- Regular supply of drugs, commodities, consumables
- Training of HCWs on integrated services provision
- Support for regular supportive supervision

Health Workforce

- Support for regular supportive supervision
- Community volunteers/CHIPS personnel

Health Management Information System (HMIS)

- Provision of data tools, computers, accessories and power generating systems
- Capacity building of service providers, Installation of HMIS software and training of LGA staff on its use
- Support for regular LGA health M&E meeting

Community systems strengthening

- Mapping CBOs in LGA and sub-agreement as a coalition
- Mapping out and support CHIPS agents in LGAs and Wards
- Technical and management capacity building of CBOs
- Support CBOs to enroll, train and use CVs for integrated community services
- Support for WDCs/VDCs

Leadership and stewardship

- Strengthening of LGA Health Authority Management committee (LGAHMC)
- (LGAHMC coordinates all activities – LGHA Secretary/MO of health as chairperson)
- Membership be expanded to include CBOs, FBOs, private practitioners, traditional rulers and community leaders
- Support regular (monthly) meeting of the LGAHMC

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1.4	People Sensitivity

Learning Objectives

At the end of this session, Participants will be able to;

1. Describe the approach to managing health services in the LGA
2. Explain the institutional arrangements that facilitate LGA service delivery
3. Understand the Key Stakeholders involved in managing health services at LGA level

Session Overview

1

- Approach to manage health services in the LGA
  - Sequence for starting LGA/PHC Service Programmes
    - Engagement of key stakeholders
    - Rapid/Baseline Assessment
    - Capacity building/Infrastructural upgrade
    - Implementation

2

- Institutional arrangements that facilitate LGA service delivery
  - Levels of Management of PHC services in the LGA
  - Ward health system

Sequence for starting LGA/PHC service programs

1	2	3	4	5
				
Stakeholder engagement	**Baseline assessment**	**Monitoring & evaluation**	**Capacity building**	**Implementation**
Strategic engagement of stakeholders (consensus building and sensitizations, MoU, sub-agreements, etc)	Assessment of existing services (survey on personnel, knowledge and infrastructure)	Development of M&E matrix or plan	Capacity building (curriculum, training, infrastructural upgrade, tools, developments, and procurements)	Implementation / service roll out

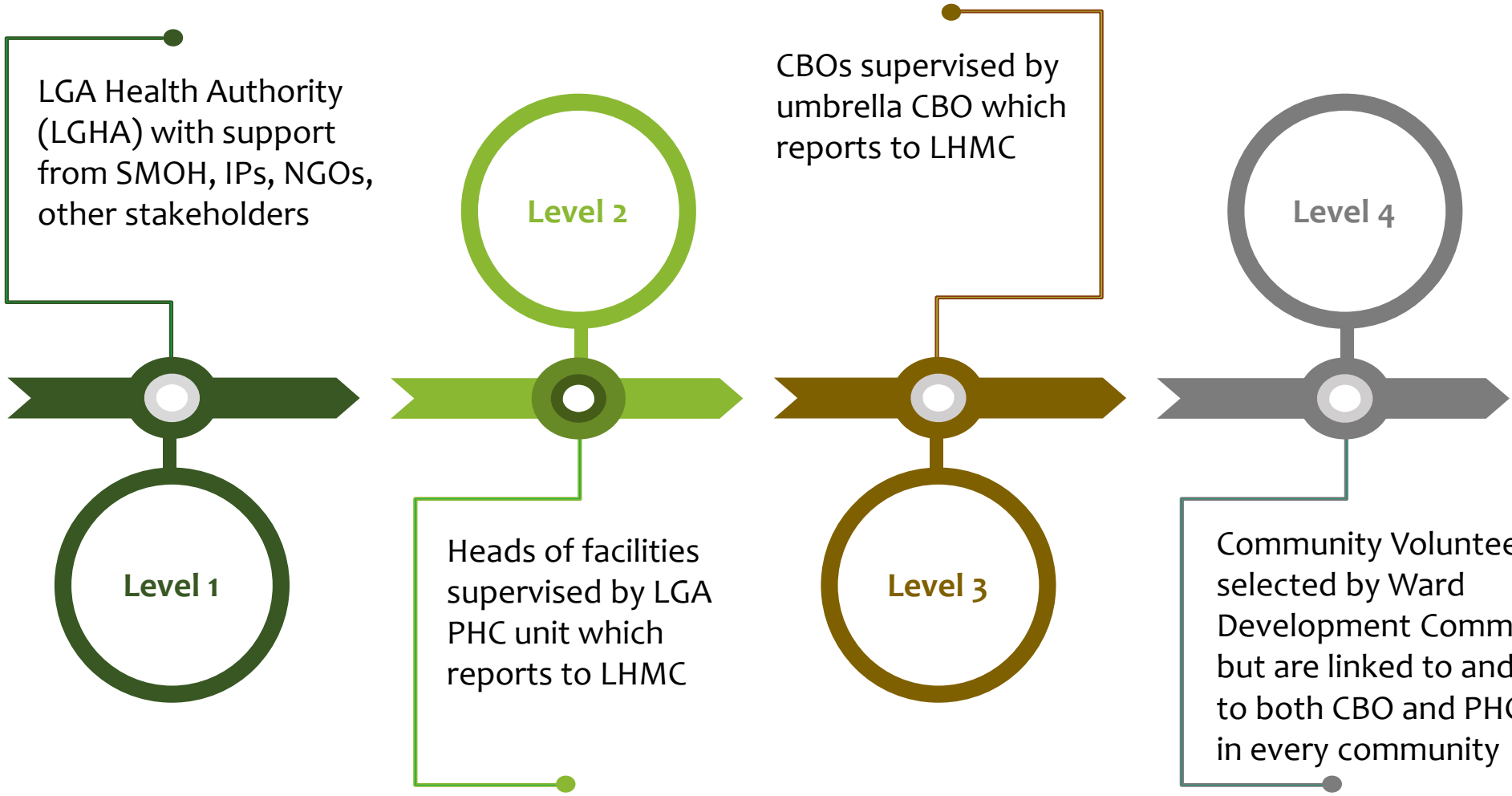
Sequence for starting LGA/PHC service programs (1/2)

Focus	Description
1 **Engagement of key stakeholders** 	▪ Engagement of relevant stakeholders directly involved in a particular service especially at State and LGA levels- State programs, line ministries, LGA, TRC, CSO, CBOs, Community volunteers, CHIPS Agents e.t.c. ▪ Engagement activities include advocacy, sensitization meetings, agreements and identifying responsibilities and getting commitment from stakeholders including approval for next steps
2 **Rapid baseline assessment** 	▪ Survey to determine capacity to provide services ▪ Availability of personnel and infrastructure ▪ Knowledge attitudes, and Practices, on health seeking behaviors, and existing service (informal and formal) ▪ Community health needs assessment ▪ Targets for the baseline assessment: Facility [formal and informal], community institutions- Gatekeepers, CBOs, CVS, schools etc

Sequence for starting LGA/PHC service programs (2/2)

Focus	Description
3 **Capacity building/ infrastructure upgrade** 	▪ Involve stakeholders to address gaps identified in the rapid/baseline assessment ▪ Employment and deployment of staff ▪ Staff emoluments ▪ Training and retraining ▪ Community education: demand creation ▪ Infrastructure upgrade and maintenance: community, facility, LGA management office, warehouse etc. ▪ Public private partnership
4 **Implementation** 	▪ Service roll out ▪ Best practice ▪ Integrated supply chain management ▪ Supervision ▪ Mentoring ▪ Data management ▪ Reporting

Levels of management of PHC services in the LGA



Local Government Health Authority Advisory Committee

- Every LGHA should have an Advisory Committee whose role is to oversee and ensure the provision of PHC services in accordance with established Standards, Guidelines and Procedures
- The Advisory Committee needs a balanced inclusion of voices to:
  - Advise the SPHCB and the LGHA Management Teams on broad PHC issues to focus on to ensure adherence to policy, accountability, community participation/involvement, PHC financing and quality as well as access to PHC services
  - Ensure a focus on the health needs of the entire population in the LGA
  - Drive an integrated PHC approach that addresses the LGA health needs
  - Influence and take responsibility to address LGA health needs
  - Strive to improve health outcomes and hold implementers accountable

Roles and responsibilities of the LGHA Advisory Committee

1	Support the overall vision and mission of the LGHA
2	Provide strategic direction to LGHA management team
3	Mobilize and allocate resources including the shared state/LGA percentage contribution for PHC in the state
4	Hold implementers accountable for effective and efficient use of resources
5	Develop effective working relationship with the management team and communities
6	Receive and deliberate on health reports of LGA and advise LGHA MT on decisions to improve health outcomes
7	Support LGHA MT on implementation of PHC in the LGA
8	Identify and fund the PHC capital projects

Composition of LGHA Advisory Committee

Honourable Chairman of the LGA
(Also the Chairman of the Advisory Committee)

Health Secretary
(Also the secretary of the advisory committee)

WDC Forum
(Chairman of LGA WDC)

Health Secretary
(Also the secretary of the advisory committee)

Directors of other departments in the LGA
(Works, Agriculture, Finance, Education, Personnel, e.t.c)

National Orientation Agency (NOA)
(One representative)

Head of referral public hospital
(One referral hospital)

Private Health Sector
(One representative)

Women leader
(One representative)

Health Training Institution
(Works, Agriculture, Finance, Education, Personnel, e.t.c)

CSO/CBO
(One representative)

Transport Union
(One representative)

Religious leader
(One representative)

Traditional Council
(One representative)

Terms of Reference (ToR)

The ToR to guide the Advisory Committee include:

- Meet quarterly
- Record minutes of meetings
- Adopt minutes of meetings and ensure that the Chairman and Secretary sign them
- Comply with the quorum set for starting meetings

The LGHA serves as the secretariat and is responsible for convening the quarterly meeting in consultation with the LGA Chairman

LGHA Management Team composition (LGHA MT)

- **Health Secretary**
  (Head of management team & two deputy secretary)
- **Planning, Research, & Statistics**
  (Programme Officer)
- **Disease Control**
  (Programme Officer)
- **Immunization**
  (Programme Officer)
- **Essential Drugs & Logistics**
  (Programme Officer)
- **Health Promotion**
  (Programme Officer)
- **Nutrition**
  (Programme Officer)
- **Reproductive, Maternal, & Child Health**
  (Programme Officer)
- **Administrative officer**
- **Finance and Accounts Officer**

The establishment of the LGHA MT is one of the key PHCUOR reforms

Roles and Responsibilities of LGA Health Management Team

1	Ensure that health system performance gaps (clinical and management/administrative) identified during supervision are addressed through appropriate capacity building and quality improvement interventions
2	Enable and encourage community members to participate in initiating, devising, implementing and monitoring decisions and plans based on their local health needs, priorities, capacities and resources
3	Provide LGA-wide partner coordination and alignment with priorities and planning to prevent duplication
4	Work with partners in other sectors (e.g. education, agriculture, infrastructure) on initiatives aimed at promoting health
5	Advocate for, identify and mobilize resources to address current and future gaps in health service delivery
6	Provide technical and management support to WDCs and facilities to achieve better health outcomes
7	Supervise the LGHA staff

Terms Of Reference for The LGHA MT

The ToR to guide the Advisory Committee include:

- Meet monthly
- Record minutes of meetings
- Adopt minutes of meetings and ensure that the Chairman and Secretary sign them
- Comply with the quorum set for starting meetings
- Ensure that an account is opened for the LGHA with all the signatories from the LGHA MT and in accordance with the BHCPF Guidelines
- Keep records of all financial transactions at the LGA
- LG Health Secretary shall be a compulsory signatory to the LGHA account
- Report to the SPHCB on its day-to-day operations and to the LG Advisory Committee on broad policy issues, planning, implementation and PHC outcomes

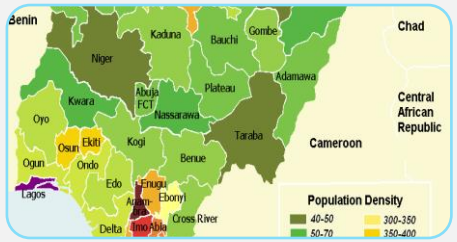
Brainstorming





What do you understand by ward health system?

Ward Health System



The ward is the smallest political structure, consisting of a geographical area with a population range of 10,000 to 30,000 people



One LGA is made up of an average of ten (10) wards, each represented by an elected councillor



A ward is selected as an operational area for delivering a minimum health care package to mobilize political commitment to health service delivery as a requisite for social development

Ward Development Committee

- The WDC/VDC is constituted by the community, and responsible for the organization and management of health and development activities in a ward/village.
- The WDCs are recognized by the National Health Act 2014 as the fourth level of health care delivery in Nigeria.
- Members of the committee will be between 15-20 (maximum), of which 40% must be women
- The executive officers (WDC Chairman, the WDC Secretary, the WDC Assistant Secretary, the WDC Treasurer and the WDC Women Leader) are to be elected by the members. One of the executive posts must be held by a woman.
- The elected executive officers shall be in office for a period of three years in the first instance and are eligible for re-election for a second and final term of three years in the same posts

Composition Of WDC

- **Oldest Traditional Ruler**
  (Serves as a patron to the committee)
- **Chairman of Each VDC**
  (One representative)
- **Councillor of Each Ward**
- **Ward Focal Person**
- **Community Engagement Focal Person**
- **Ward Community Development Officer**
- **Religious Leader**
  (One representative from each major religion)
- **Occupational Group**
  (One representative from one occupational group)
- **Health Related Sector**
  (One representative – School, Agriculture extension worker)
- **NGOs/CSOs**
  (One representative)

Roles and responsibilities of WDC

1	Identification of health and social needs of the Ward and suggest appropriate intervention strategies
2	Mobilization of resources (human and material)
3	Supervision, monitoring and evaluation of health activities in the Ward
4	Mobilization for community participation in health, and other health related programmes
5	Liaison with Government, NGO and other partners in the implementation of health programmes
6	Forwarding plans from villages and the wards to LGA/PHC Development Committee and providing feedback
7	Supervision and support to TBA/VHW/CHEW
8	Support the establishment of health facilities and overseeing their functions at ward level

Roles of Management Team for engaged CBOs (Partnership in PHC)

1	Responsible for coordination and supervision of day-to-day activities of CBOs
2	Responsible for management and technical leadership of all participating CBOs under an umbrella CBO
3	Work closely with communities to explore options for sustainability and development of a realistic action plan
4	Meet periodically to review activities and plan
5	Ensure accountability/transparency of project funds
6	Ensure M&E activities are implemented in line with guidelines and standards

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1.1	Introduction to Integrated Service Delivery
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1.4	**People Sensitivity**

Learning Objectives

At the end of this session, participants will be able to;

1. Identify participants' roles/objectives in their organization in comparison with that of other organizations
2. Discuss the core values for people sensitivity
3. List the different people sensitivity skills

Session Overview

The following content will be discussed in this session:

1. Roles of participants' organization
2. Core values
3. Different people

Exercise

Who are you at work?



If we know who we are at work, i.e., what defines us? What guides us and what values anchor us, then we are better able to understand our motives as well as our actions

Who Am I at Work ?



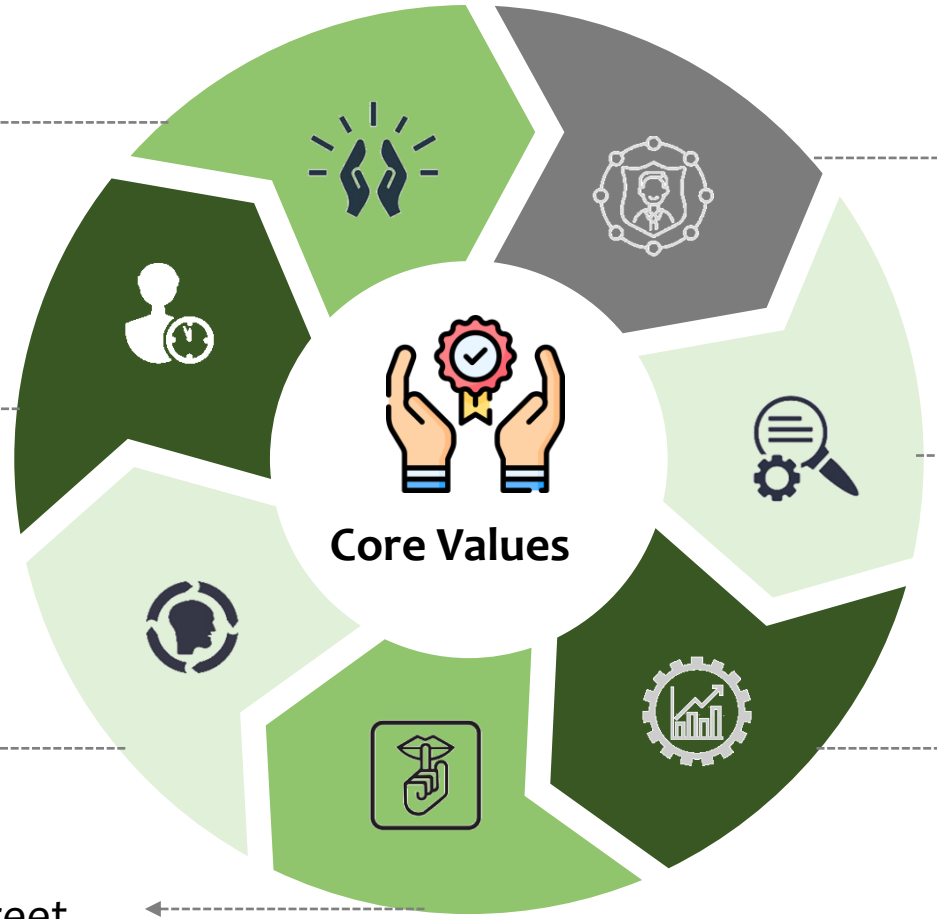
Your answers explain the essence of who you are at work

- Who you are not only impacts you but it also impacts your:
  - Colleagues
  - Subordinates
  - Bosses
  - The external people you relate with on the job

Being people sensitive

- As people who interface with our colleagues as well as a lot of external people, we need to be very people sensitive
- Being people sensitive means that we are known to be amiable and yet professional
- We are therefore known to behave in line with generally acceptable professional core values

Core values



Respectful/ courteous

Accountable/ integrity/ transparent

Patient/ tolerant/ accommodating

Dedicated/ diligent/ tenacious

Responsive/ sensitive/ understanding

Excellent/ qualitative productivity

Discreet

Other useful skills required

- Active listening – this requires that you listen attentively to what is being said and you talk less 
- Use open ended questions rather than closed ended ones (use closed ended questions only when appropriate) 
- Be an encourager 
- Avoid unhealthy debates 
- Acknowledge emotions (anger, distress, agitation) 
- Maintain impartiality 
- Respect the cultural values of others and be aware of the different levels of sensitivity 
- Repeat what has been said in their words to be sure you both understand what is being communicated 
- Maintain confidentiality 
- Summarize in your own words 
- Keep appropriate records 

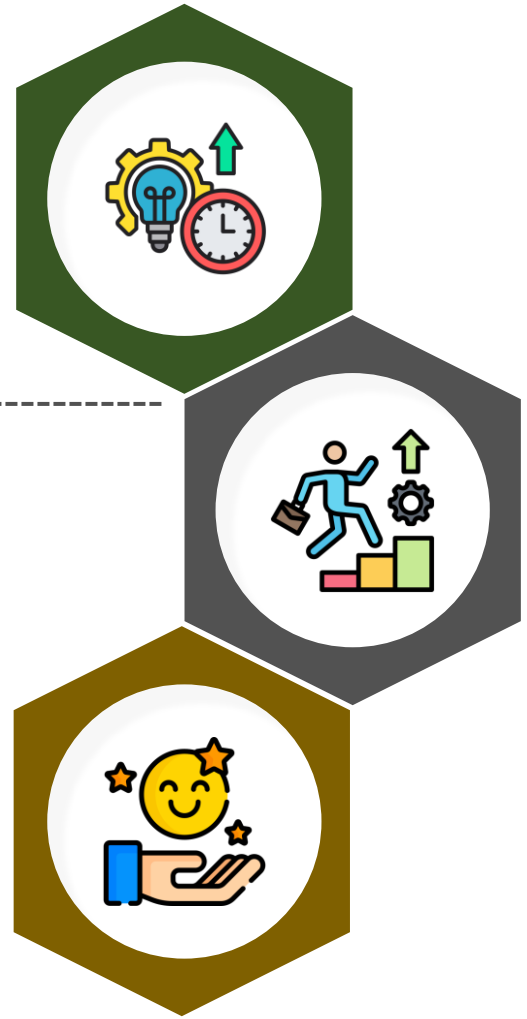
Exercise

Why is it important to be people sensitive?



Why be people sensitive

1. It enhances your excellent productivity
2. It positively impacts your career
3. It helps support positive patient outcomes



KEY MESSAGES

Key messages

- As people who interface with our colleagues as well as a lot of external people, we need to be very people sensitive.
- Being people sensitive means that we are known to be amiable and yet professional.
- We are therefore known to behave in line with generally acceptable professional core values




Thank
you