QUICK REFERENCE GUIDE

FOR

BASIC HEALTH CARE PROVISION FUND (BHCPF) OPERATIONALIZATION

FOR

PHC FACILITY MANAGERS

OCTOBER 2023

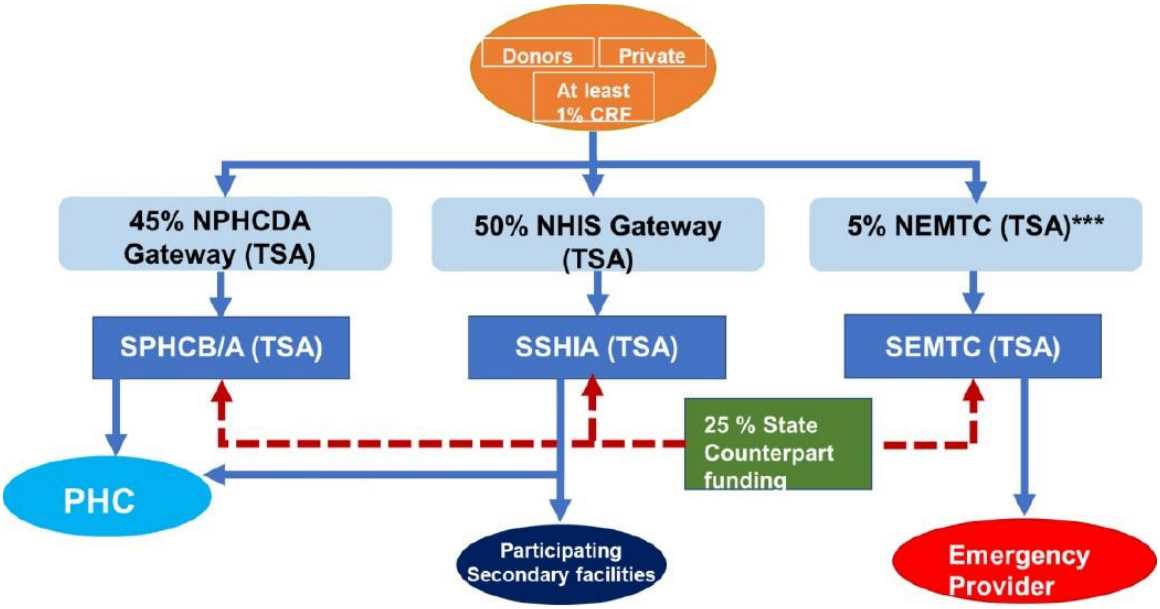
Overview of BHCPF

Universal Health Coverage (UHC): All people and communities can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality tobe effective, while also ensuring that the use of these services does not expose the user to financialhardship. It is firmly based on the WHO constitution of 1948 declaring health to be a fundamentalhuman right, and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cutsacross all of the health-related Sustainable Development Goals and brings hope of better health and protection for the world's poorest people. Key objectives include the following:

- Equity in access to health services—everyone who needs services should get them, not onlythose who can pay for them.
- The quality of health services should be good enough to improve the health of those receivingservices.
- People should be protected against financial risk, ensuring that the cost of using services doesnot put people at risk of financial harm.

2014 National Health Act (NHAct): Supports the effective delivery of primary health care services through the provision of a basic minimum package of health services and emergency medical treatment to all Nigerians. It protects, promotes, and fulfils the rights of the people of Nigeria to have access to health services and provides for the best possible health services within the limits of available resources. The NHAct is funded through the FGON and state governments.

Basic HealthCare Provision Fund (BHCPF): Established by the NHAct as a means of achieving UHC. It increases access to primary health care services for all Nigerians, especially the poor andvulnerable, through state health insurance schemes to purchase a set of services, as well as emergency treatment. Three gateways implement the fund; the BHCPF is funded by the FGON, international development partners, and other sources, which include the private sector and Nigeria's states.



Funding Flows of BHCPF:

Governance	Administration
National Council on Health • Formulates policy for the protection, promotion, improvement, and maintenance of the health of citizens of Nigeria	NHIS • Purchase of the BMPHS
Ministerial Oversight Committee (MOC) • Provides strategic focus and coordinates the activities of the gateways • Approves annual workplans and budgets of federal/state implementing entities	NPHCDA • Health service provision; ensures human resources for health, logistics, supplies, drugs
	NEMTC • Emergencies including Medical Emergencies and National Ambulance System
Partners • All partners, local, international, and private corporate organizations	Partners Financial support for BHCPF implementation through provision of grants
	• Technical support at all levels for BHCPF implementation
Non-Governmental Organizations and Civil Society Organizations • NGOs and CSO shall continue to play their role of promoting social accountability as it relates to the implementation of the BHCPF	Non-Governmental Organizations and Civil Society Organizations • NGOs and CSOs may choose to engage in programme monitoring, supervision based on their organizational mandates.

through effective collaboration with all stakeholders. Note: the full implementation guide for all partners is in the revised BHCPF Guideline 2020	Note: the full implementation guide for all partners is in the revised BHCPF Guideline 2020

Essential Management Tasks for the PHC Manager

Management Tasks	Expected Competency	Definition	Steps
Planning	Ability to define goals clearly and establish sub plans to execute	Planning is the process of identifying and selecting appropriate organizational goals and courses of action	• Deciding which goals, the PHC will pursue • Deciding what courses of action to adopt to attain those goals • Deciding how to allocate PHC resources
Organizing	Ability to prioritize what needs to be done & how, in addition to delegating assignments	Task managers create a structure of working relationships that allow organizational members to interact and cooperate to achieve organizational goals	• Grouping people into teams according to the kinds of job-specific tasks they perform • Managers lay out lines of authority and responsibility • Decide how to coordinate PHC resources
Controlling	Ability to monitoring all activities to ensure outcomes are linked with plans	Evaluating how well the PHC has achieved its goals and to take any corrective actions needed to maintain or improve performance.	• The outcome of the control process is the ability to measure performance accurately and regulate organizational efficiency and effectiveness
Leading	Ability to direct and motivate staff. Having ability to resolve conflict	Articulating a clear PHC vision for its members to accomplish, energize and enable staff so that everyone understands	• Leadership involves using power, personality, and influence, persuasion, and communication skills

		the part they play in achieving PHC goals	• Outcome of leadership is highly motivated and committed workforce

Prioritization - While prioritization seems simple i.e., knowing what needs to be done, it can be a complex exercise. Simply defined, Prioritization is the action or process of deciding the relative importance or urgency of a thing or things.



The ward is regarded as a unit of political representation. It enables citizen participation in the political economy through a councilor. The Ward Development Committee (WDC) exists at the community level to enable mobilization and governance of community resources. In line with

NPHCDA's minimum standards for PHCs in Nigeria, WDCs are involved alongside health workers and local government primary health care department officials in co-managing PHCs at the ward level.

Composition:	Roles and Responsibilities:
• One representative from each Village Development Committee in the ward. • An elected member of the committee who shall serve as the committee chairperson. • An elected member of the committee who shall serve as the secretary of the committee. • A ward or autonomous clan head shall serve as the patron; where no such person exists, the most respected ward head or any other person so elected may serve as the patron. • The ward's Community Development Officer, if available. • Officers-in-Charge (OICs) of primary health care in the ward. • The committee, where necessary, can co-opt members of health-related sectors, such as secondary school principals and primary school headmasters, agricultural extension workers, Power Holding Corporation Nigeria/water works staff, or NGO staff. • At least 40 percent of membership should be women with effective roles in the WDC.	• Collaborating with primary health care leadership to identify and plan for the health and social needs of the ward. • Prioritizing identified health needs in annual workplans. • Identifying local human and material resources to meet needs enumerated in the health facility workplan. • Forwarding all health/community development plans (village, facility, and ward levels) to the LGA and other relevant entities. • Mobilizing and stimulating active involvement of prominent and other local people in the planning, implementation, and evaluation of projects. • Raising funds for community programmes, when necessary, in villages, facilities, and wards. • Providing feedback to the rest of the community on how the funds raised are disbursed. • Liaising with government and other voluntary agencies in finding solutions to health, social, and other related problems in the wards. • Supporting activities at ward-level health facilities. • Providing necessary support to Village Health Workers and Traditional Birth Attendants. • Nominating one member of the WDC, other than the representative(s) from the facility,
	to serve on the facility's Quality Improvement Committee.

Terms of Reference:	What WDC Cannot Do:
• Shall meet monthly • Record minutes of meetings • Recommend that minutes of meetings be signed by the chairman and secretary upon full adoption • Comply with a quorum of members (at least two-thirds of the members) • Authorize the treasurer to record and pay all monies into the appropriate bank accounts • Authorize the treasurer to spend money only after approval by the WDC • Instruct the treasurer to record all expenses	• The WDC is not the manager of the facility. • The WDC will provide only oversight of the running of the facility. • The WDC cannot take unilateral decisions concerning the facilities. • The money in the facilities account does not belong to the WDC. • All monies, including donations to the PHC, must be deposited into the facilities account. • The members of the WDC participate on a voluntary and merit basis. Apart from transport and refreshment allowances, they are not entitled to further compensation.

Essential Drugs and Commodities

Essential Drugs

Essential drugs and commodities are pivotal to the provision of the BHCPF BMPHS. Therefore, they must be familiar with the basic concepts for ensuring an optimal stock inventory.

Essential drugs are medicines that satisfy the healthcare needs of the majority of the population (WHO). Examples are Paracetamol, ACT antimalarial, Amoxicillin, Zinc, ORS, Misoprostol, Oxytocin

Essential Drugs Management

• Essential drugs management refers to the approach that ensures all processes involved in the selection, procurement, storage, use, and disposal of essential medicines are carried out with an appropriate degree of skill to derive the best possible value.

Why Essential Drugs Management?

• Availability or lack of drugs significantly impacts health outcomes.

• Poor drugs management leads to stockouts, overstocking, expiries, damages, waste, and/or pilferages (stealing).

• The way drugs are managed has important financial implications.

Who Manages Drugs in the PHC?

• Pharmacist

• Pharmacy technician

• OR a staff person with a health background trained in essential drug management (e.g., nurse, CHO, and/or CHEW)

ESSENTIAL DRUGS MANAGEMENT CYCLE

1. SELECTION

- Drug must be on the Nigerian essential medicines list for PHCs
- Meets the needs of the BMPHS
- Is generic, not a brand name
- Must align with the prevailing healthcare needs of the community

2. PROCUREMENT

Key considerations for estimating quantities of drugs to procure in a health facility include the following:

- Lead time: Refers to how long it takes an ordered drug to be delivered.
- Average monthly consumption (AMC): Average quantity of each stock item dispensed to clients in a given month
- Reorder level: Stock level at which new orders should be placed
- Stock at hand (SAH): Quantity of usable stock available
- Buffer stock: Reserve stock to guard against unforeseen circumstances that may lead to an increase in consumption
- Maximum stock quantity (MSQ): Highest stock level that would guarantee optimum availability while avoiding the negative effects of over- or understocking.
- Shelf life: The time remaining before a product expires

- Pattern: Pattern of health care needs in the community
- Quantity to order (QTO): The quantity of stock to order to bring the drug inventory to the maximum level
- PHCs must procure from pharmacies licensed by the Pharmacists Council of Nigeria and accredited by the SPHCB, with support of the SMOH
- Drugs must be NAFDAC certified
- Prices must be competitive
- Shelf life must be at least 1 year
- Where applicable or available, use mobile authentication codes or TruScan to verify quality

Table 10. Simple Template for Estimating the Quantities of Drugs to Order

SN	Name of Drugs or Commodities	Maximum Stock Quantity (MSQ)	Stock at Hand (SAH)	Quantity to Order (QTO) (= MSQ – SAH)
1.	Paracetamol 500mg tablets (1s)	13,335	8,000	5,335 tablets
2.	ORS (sachets)	1,250	700	550 sachets
3.	Zinc 20mg blisters (10s)	540	350	190 blisters

3. STORAGE

- Drugs should be stored in a clean, well-ventilated space
- Drugs should be kept on shelves made of steel or treated wood
- Drugs should be arranged according to therapeutic category or in alphabetical order
- Store within +2 to +8 degrees Centigrade (e.g., in refrigerator) for products that require cold chain
- The space should have sufficient lighting
- The space should have humidity/moisture control
- Liquids should be on a pallet on the floor or on the lowest shelf
- The store must be cleaned daily and mopped at least once a week

4. USE/DISPOSAL

Drug use should be based on prescription. A prescription should include the following:

- Name of the patient and age (especially if a child)
- Date
- Instructions about the prescribed drugs, including the following:
- Generic name and dosage form
- Dose
- Frequency of administration
- Duration of treatment
- Prescriber's signature and name of drugs dispensed should be based on the prescription.

Correct dispensing ensures the following:

- The correct patient is served.
- A desired dosage form of the correct drug is given.
- The prescribed dosage and quantity are given.
- The correct container for maintaining the potency of the drugs is used.
- The container is labeled appropriately.
- Clear instructions are delivered verbally to the patient.

➢ **Apply First-In-First-Out (FIFO) and First-Expired-First-Out (FEFO)** in drug handling, meaning that the most recently received drugs are placed behind old stock on the shelves, and old stock is dispensed first. Drugs with closer expiry dates also should be dispensed first.

➢ **Expired drugs should be removed from the shelves and packed in a carton**. A list of the drugs should be made, including the name, strength, quantity, date expired, batch number, NAFDAC number, and name of supplier or source, and a report in writing should be sent to the LGA authority and the SPHCDA. The SPHCDA then should report to the NAFDAC in writing and move the drugs to the NAFDAC for destruction.

Selection	Procurement	Storage	Use/Disposal
1. On the Nigeria essential medicines list 2. Meets the needsof the BMPHS 3. Is generic 4. Aligns with the prevailing healthcare needs of the community	5. Lead time 6. Average monthly consumption (AMC) 7. Reorder level 8. Stock at Hand (SAH) 9. Buffer stock 10. Maximum stock quantity (MSQ) 11. Shelf life 12. Pattern of health care needs in the community 13. QTO 14. Competitive price 15. National Food and Drugs Commission (NAFDAC) registered 16. Sourced from an accredited pharmacy	17. Well-ventilated space 18. Shelves 19. Arranged in an orderly manner 20. Refrigerator 21. Cold chain 22. Bin cards 23. First In First Out (FIFO) 24. First Expired First Out (FEFO) 25. Stock receipt/issue registers	26. Based on a prescription 27. Labelled with clear direction 28. Do not use 29. Moved to NAFDACfor destruction 30. Clear instructions delivered to patients 31. Treatment registers

Quality Improvement

Introduction

Quality of services is one of the important requirements for full accreditation and reaccreditation of all PHCs so that they can continue their participation in the BHCPF programme. Therefore, sustaining the quality of services through continuous quality improvement is necessary because the assessment will be done by a team from outside of the facility; the facility must always be prepared and work towards improving its scores.

Developing Annual Quality Improvement Plans by Facility Managers:

- Planning is a crucial step in the quality improvement process, involving specific activities, targets, indicators, responsible parties, and timelines.
- The Annual Quality Improvement Plan (QIP) informs quarterly business plans (QBPs) and resource budgeting.
- Utilize the QIP template with sections for General Information, Key Priority Areas, and Survey Performance.

Priority Area: Maternal and Child Health (RMNCH+N) Services

Prioritized issues	Measure/ indicator	Target	Planned improvement and implementation	Responsible person(s)	Q1	Q2	Q3	Q4	Due date

- Key Priority Areas encompass thematic areas, percentage scores, prioritized issues, measures/indicators, targets, planned improvements, and responsible personnel.
- The plan should specify the quarter and due date for each improvement initiative.
- Teams are responsible for analyzing case studies and assessing priority areas, like resource or drug management.
- PDSA (Plan-Do-Study-Act) cycles are employed to test solutions for QIP priorities.
- Participants are encouraged to practice developing a QIP based on their facility assessment reports, selecting one priority area.
- Quality improvement plans are vital for healthcare facility managers to enhance service quality and drive continuous improvement.

Quality Improvement Team (QIT)

A Quality Improvement Team (QIT) needs to be constituted in health facilities to allow for the effective implementation of QIPs.

The membership of the QIT includes the following:

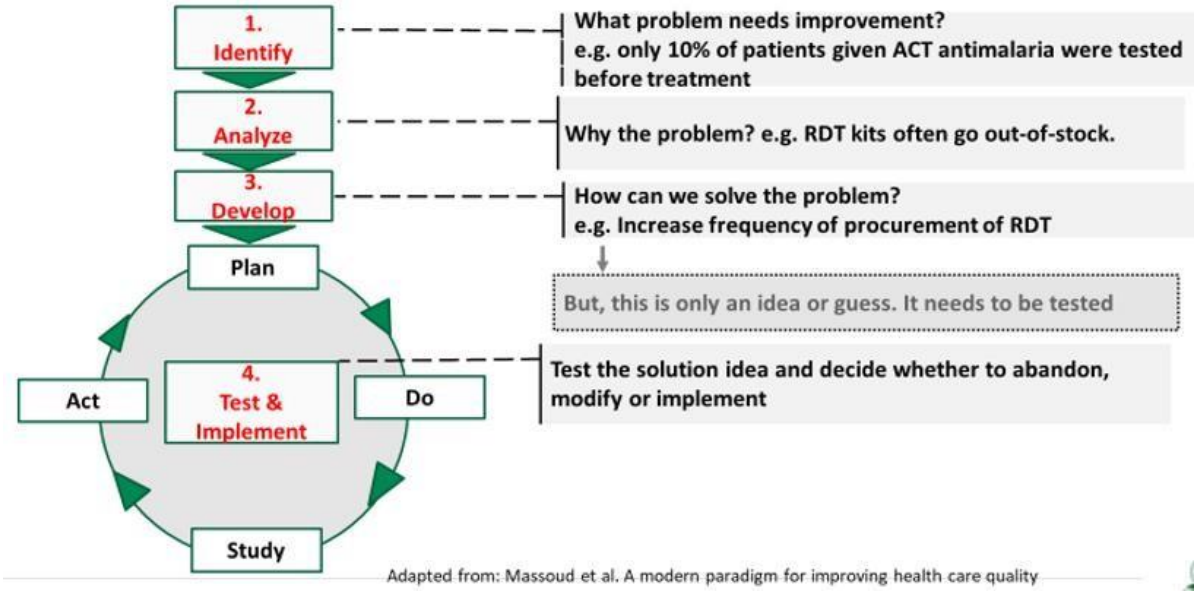
- OIC of the PHC
- Nurse/Midwife
- One member of the WDC
- Heads of the health facility Units
  - Pharmacy
  - Laboratory
  - One or two other non-

clinical staffThe OIC will be the

team lead.

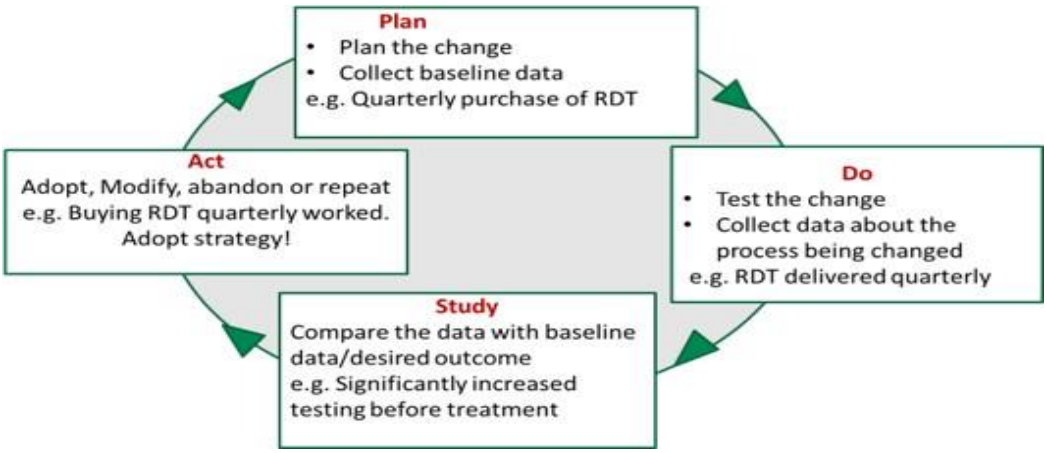
The Nurse/midwife will be the secretary of the team.

Quality Improvement Methodology



PDSA Cycle

The plan-do-study-act (PDSA) cycle is a four-step process for the testing and implementation stage of a qualityimprovement intervention.



Benefits for PHCs that keep improving their quality:

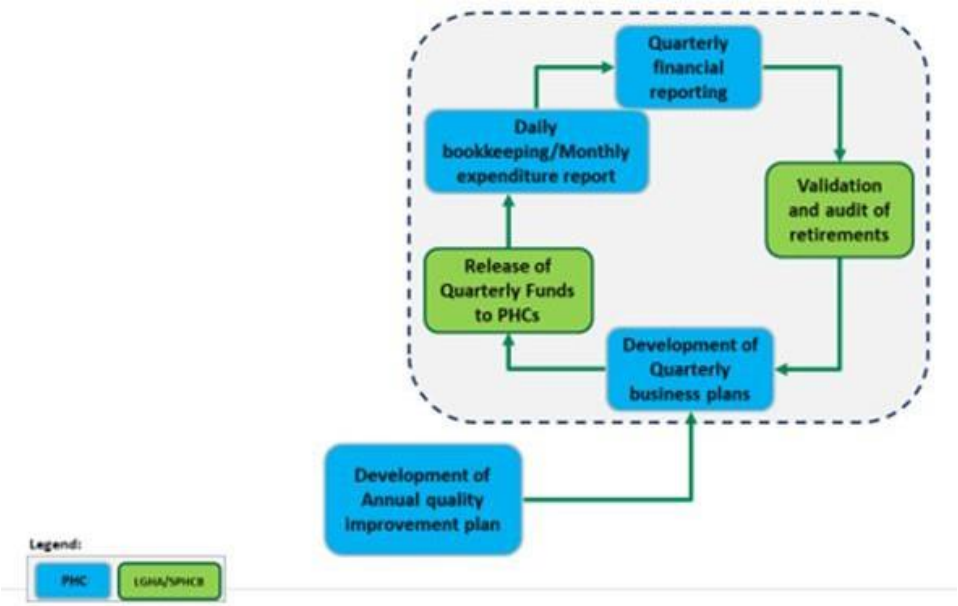
1. These PHCs remain beneficiaries of BHCPF, thus possibly receiving an additional stream of sustainable financing.
2. Improvement in the quality and quantity of health care delivered to the communities could lead to an increase in utilization.
3. Improvements in patient satisfaction and community health could enhance providers' image and reputation as well as commendation

Improved quality could mean increased job satisfaction and career development for facility personnel.

Financial Management

DEFINITION:

Financial management means planning, organizing, directing, and controlling financial activities, such as the procurement and utilization of funds, of an organization.



Financial Management Cycle

WHY IS FINANCIAL MANAGEMENT IMPORTANT?

- Provides proper recording of funds received
- Provides transparency, accountability, and proper utilization of funds
- Reallocates unused funds to where they are needed, subject to approval
- Provides proper planning, budgeting, and policy formulation
- Provides complete, accurate, and timely reports to stakeholders for decision making

SOURCES OF INCOME AT HEALTH FACILITIES

- User fees
- Income-generating activities
- Government payments
- Insurance (NHIS gateway)
- Private donations
- Partner and donor donations

LIST OF WHAT BHCPF FUNDS CAN BE USED FOR

Category	Comment
Utility and maintenance	Electricity, water, borehole maintenance, airtime, internet services, etc.
Fueling	Fuel for a generator, motorcycle vehicle, or ambulance assigned to the facility; fuelfor lamps, cooking gas
Transportation	Transport for outreach, cost of drug and vaccine collection and returns, andemergency referrals
Waste management	Procurement of waste bins, payment to a professional waste management company,maintenance of an incinerator, movement of waste, etc.
Meeting support	Management meeting, transport for WDC meeting, transport for community dialogue discussions, etc.
Bank charges	Bank statement, cheque book, transfer charges, maintenance charges, etc.
Ad hoc human resources	Payment for hiring temporary staff (i.e., midwife, cost of in-house facility-basedtraining, etc.)
Stationery items	Stationery (registers, writing materials, envelopes, letterhead, paper).
Consumables	Procurement of detergents, disinfectants, and bleach
Drugs and medical commodities	Procurement of seed drugs, laboratory reagents, treatment commodities (cottonwool, bandages)

ACCOUNT OPENING

- Open a current account in the health facility's name at a commercial bank
- Obtain documents that some banks may require for account opening include the following:
  - Letter of Introduction—Obtained by the PHC from the SPHCB
  - A valid means of identification for the person opening the account (national ID card, international passport, national driver's license or voter card)
  - Choose the most convenient bank for your facility (staff may seek guidance from the LGHA, if necessary)
  - Identify account signatories: A combination of signatory 'A' and signatory 'B' will be needed to initiate a transaction:
- 'A' signatory: Health facility category—OIC (main). Another health worker in the facility (alternate)
- 'B' signatory: WDC category—WDC chairman, WDC treasurer (alternate)

BHCPF FUND DISBURSEMENTS TO FACILITIES

- All facilities must transmit an approved annual quality improvement plan (QIP) and a quarterly business plan (BP) to the LGHA for onward transmission to the SPHCB.
- The LGHA will collate all approved QIPs and BPs and forward them to the SPHCB.
- The SPHCB will disburse funds directly to the PHC on a quarterly basis.

- All retirements will be sent to the state through the LGHA to ensure accountability for all disbursed funds.
- All facilities must submit retirements before the next tranche of funds is disbursed.
- Funds Operations
- All funds belonging to the facility shall be paid into the account, and all expenses relating to day-to-day operations and general maintenance of the facility should be paid from the same account.
- All payments must be made by bank transfer following the transmission of a payment instruction to the bank, accompanied by a duly signed cheque or mandate for the total amount on the instruction.
- When cash withdrawal is unavoidable, it should not exceed N50,000 per month. All payments using cash should not exceed this limit.
- All expenses must be in the approved business plan.
- The WDC must meet and approve expenditures.
- All cheques shall be written in the name of the beneficiary.

THE FUNDS SHOULD NOT BE USED FOR THE FOLLOWING:

- Payments in cash or kind to the employed government staff of the health facility
- Hiring contract workers below the level of midwife
- Air conditioning equipment
- Payments to any officials of the local, state, or federal government

ATTACHMENTS FOR RETIREMENT:

The following documents must be attached to payment vouchers, depending on the nature of the transaction:

- Approvals
- Invoices (if any)
- Receipts (if any)
- Invitation letters/letters of admission; certificates of attendance for training
- Bus fare tickets
- Minutes of meeting and attendance list
- Reports, etc.

Key Takeaways for Conducting PHC Bookkeeping by Facility Managers:

1. Funds Flow Understanding: Facility managers should comprehend the flow of funds in Primary Healthcare Centers (PHCs), starting from national to facility levels. This understanding is crucial for effective financial management.

2. Income vs. Expenditure: Facility managers need to distinguish between income (money received or earned) and expenditure (money spent). This differentiation is essential for tracking and managing finances accurately.

3. Bookkeeping Tools: Facility managers should be familiar with essential bookkeeping tools in a health facility. These tools include the cash book, cheque release register, and fixed assets register.

4. Cash Book: The cash book is a critical tool for recording receipts and payments, including cash and cheque transactions. It provides an overview of all financial activities within the facility.

5. Cheque Release Register: This register keeps a record of all cheques paid and received by the organization. It ensures transparency and accountability in financial transactions.

6. Fixed Asset Register: Facility managers should maintain a fixed asset register to document all assets purchased by the organization. This register should include details such as the asset type, cost price, quantity, condition, and location.

7. Hands-On Practice: Facility managers can engage in practical exercises like the Cash Book Case Study to reinforce learning. This exercise involves preparing a cash book and a bank reconciliation statement based on real-life transactions.

8. Group Collaboration: Collaborative group work allows facility managers to collaborate, share insights, and learn from one another's experiences. It enhances their understanding of financial management practices.

9. Review and Correction: After practical exercises, reviewing and correcting any errors or mistakes is essential. This process helps facility managers improve their bookkeeping skills and ensure accuracy in financial records.

Overall, effective bookkeeping in PHCs is vital for maintaining financial transparency, accountability, and ensuring that available resources are used efficiently for the delivery of quality healthcare services.

Accounting Books and Documents at Health Facilities

The following are examples of the bookkeeping tools:

- Cash book
- Cheque release register
- Fixed assets register

Cash Book

CASH BOOK

FOR THE MONTH OF 20

DR (INCOME) CR (PAYMENT)

DATE	PAYER	DESCRIPTION	AMOUNT	DATE	PV NO.	PAYEE	DESCRIPTION	AMOUNT

Cheque Release Register

S/NO.	PURPOSE	BANK	PAYEE	PV NO.	CHQ NO.	DATE	TEL. NO.	AMOUNT	BENEFICIARY SIGNATURE

Fixed Assets Register (FAR)

TEMNO.	NAME AND ADDRESS OF SUPPLIER	DESCRIPTION OF ASSETS	LOCATION	ASSET REF. NO./TAG NO.	PURCHASE PRICE	DATE OF PURCHASE	QUANTITY	CONDITION OF ASSET

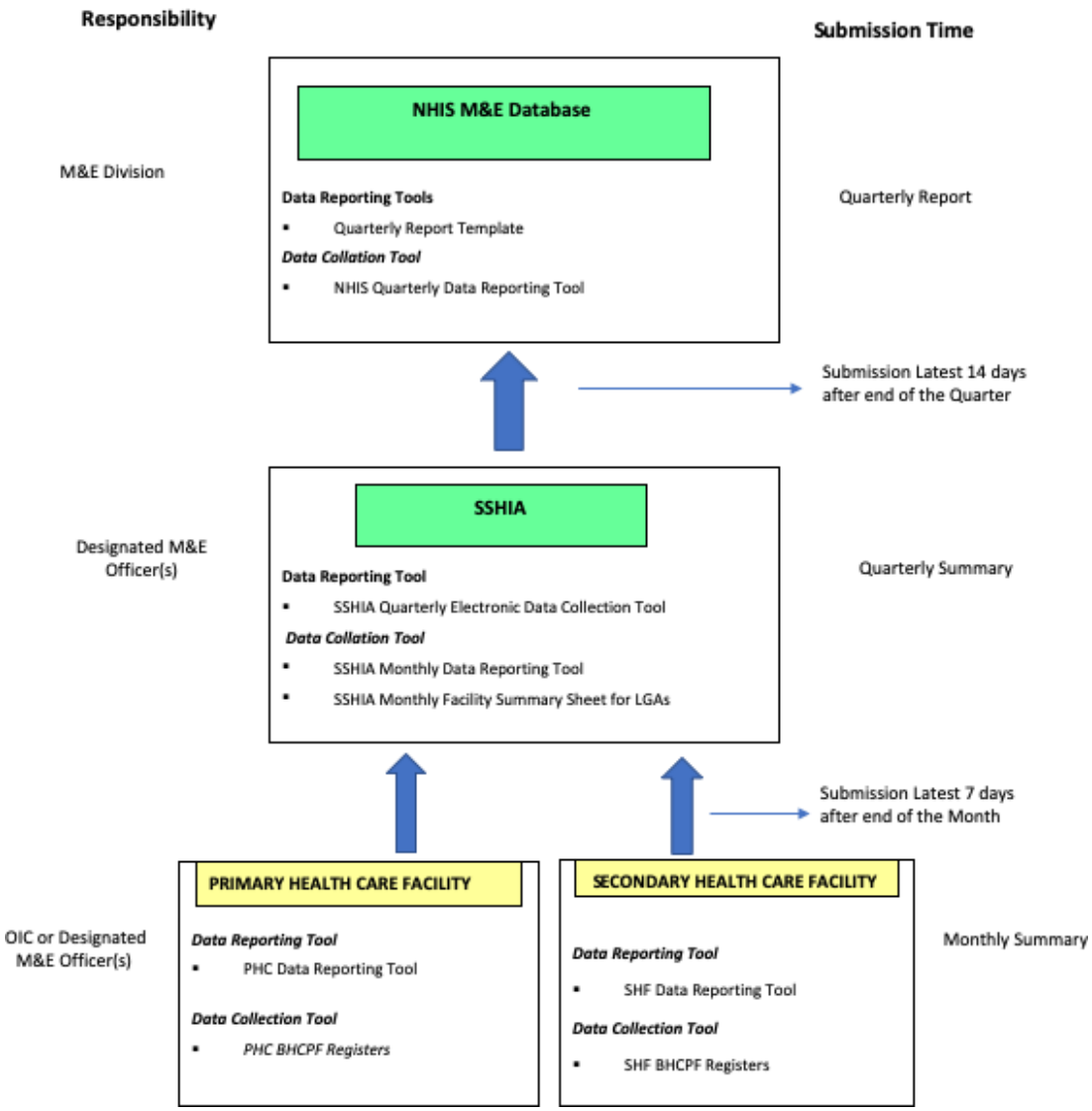
Monitoring & Evaluation of the BHCPF

Monitoring is 'the routine process of data collection and measurement of progress towards programme objectives.' Evaluation is simply a 'collection of activities designed to determine the value or worth of a programme.'

Why Conduct Monitoring and Evaluation?

- Check whether the work is on track, determining what changes are needed.
- Learn whether objectives have been met.
- Improve service delivery.
- Gain information for improved planning and resource allocation
- Provide accountability to government, donors, beneficiaries, and projectstaff.

NHIS BHCPF M&E Data Reporting Flow



Key Takeaways from the Session on M&E: Using Data at the Facility Level:

Elements of Data Quality

Data used for decision-making must be free of errors and maintain aspects of data quality, such as accuracy, completeness, timeliness, and consistency.

Importance of Data Use for Decision Making

1. Data Use Significance: Using data is essential as it helps to assess whether health facilities are succeeding, prevents wasting resources on ineffective solutions, identifies opportunities for early error correction, enhances patient service, and facilitates early planning.

2. Identifying Health Needs: Simple ways to identify health needs from data include inspecting trends over time, noting unusual rises or falls, addressing unexpected "non-zero" or "zero" figures, and understanding data inconsistencies that may arise due to various reasons.

Problem Identification and Analysis

1. Problem Identification: Participants should analyze their health facilities completed 'NHMIS Monthly Summary Forms' and identify problems by comparing indices across months. Accurate and complete data are crucial for accurately identifying community issues.

2. Teamwork: Teams organized by health facility, should identify problems, and discuss the reasons behind these problems and potential solutions, promoting active participation of all members.

3. Accurate Data: Problems in the community can only be accurately identified if health facility data are accurate, complete, and representative of the services provided, without falsification or fabrication.

S/N	Problems	Why are there problems?	What should be done to overcome the problems?
1			
2			
3			