NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

BUSINESS PLAN FOR PRIMARY HEALTHCARE CENTRES

BHCPF will be Financed Predominantly by the Federal Government and Disbursed through Three Gateways

Federal Ministry of Health

Funding sources

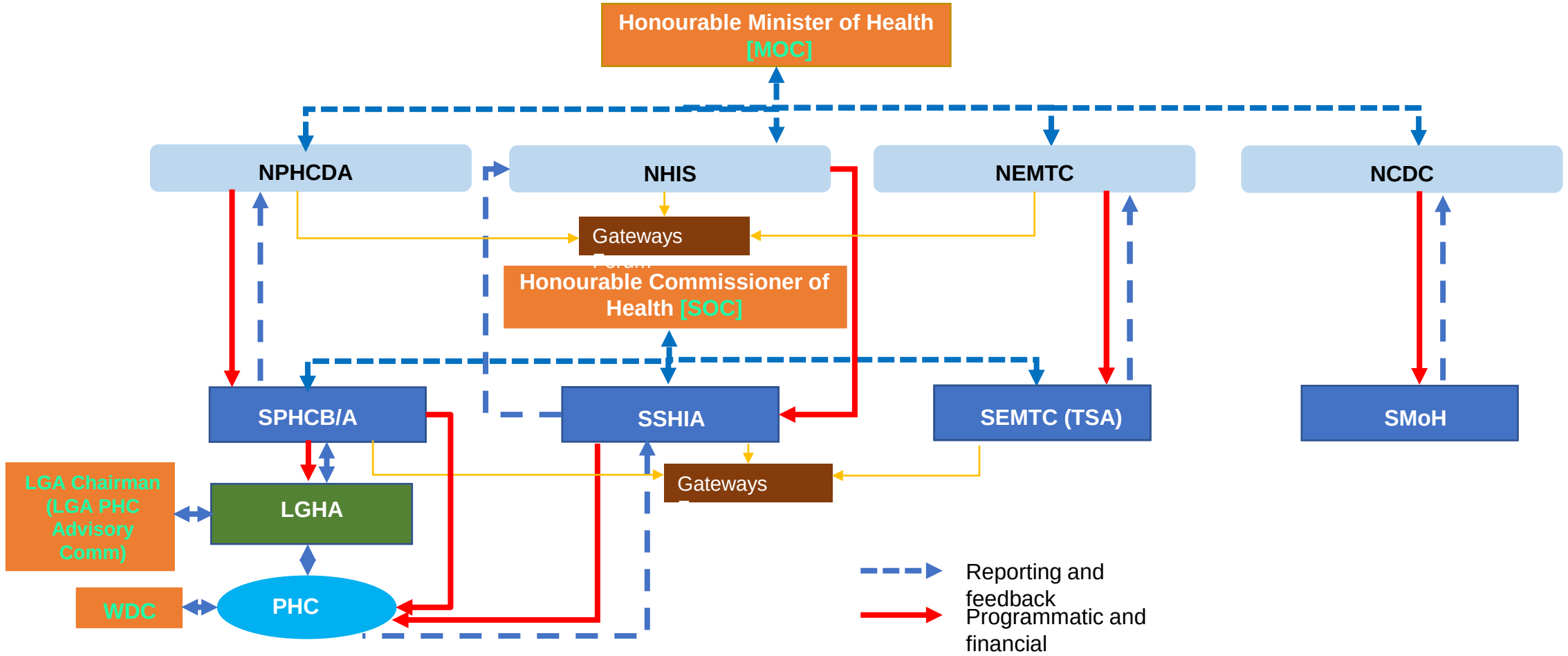
Grants from donors and partners + **1% Consolidated Revenue Fund** + **Funds** from any other source

Focus

Gateways	Proportion		Details
National Health Insurance Scheme (NHIA)	48.5%		▪ Half of the fund will be used to provide a basic package of services in PHC facilities through NHIA
National Primary Health Care Development Agency	45%	20%	▪ Essential drugs, vaccines and consumables in PHCs
		15%	▪ Provision and maintenance of facilities, equipment and transportation in PHCs
		10%	5% to support availability of Midwives ▪ 5% to support CHIPS Agent
National Emergency Medical Treatment Committee	5%		▪ This will be used for establishment of a national health emergency ambulance service in Nigeria
National Centre for Disease Control	1.5%		▪ This will be used to respond to public health emergencies in Nigeria

SOURCE: Team analysis, BHCPF guideline

BHCPF Governance structure

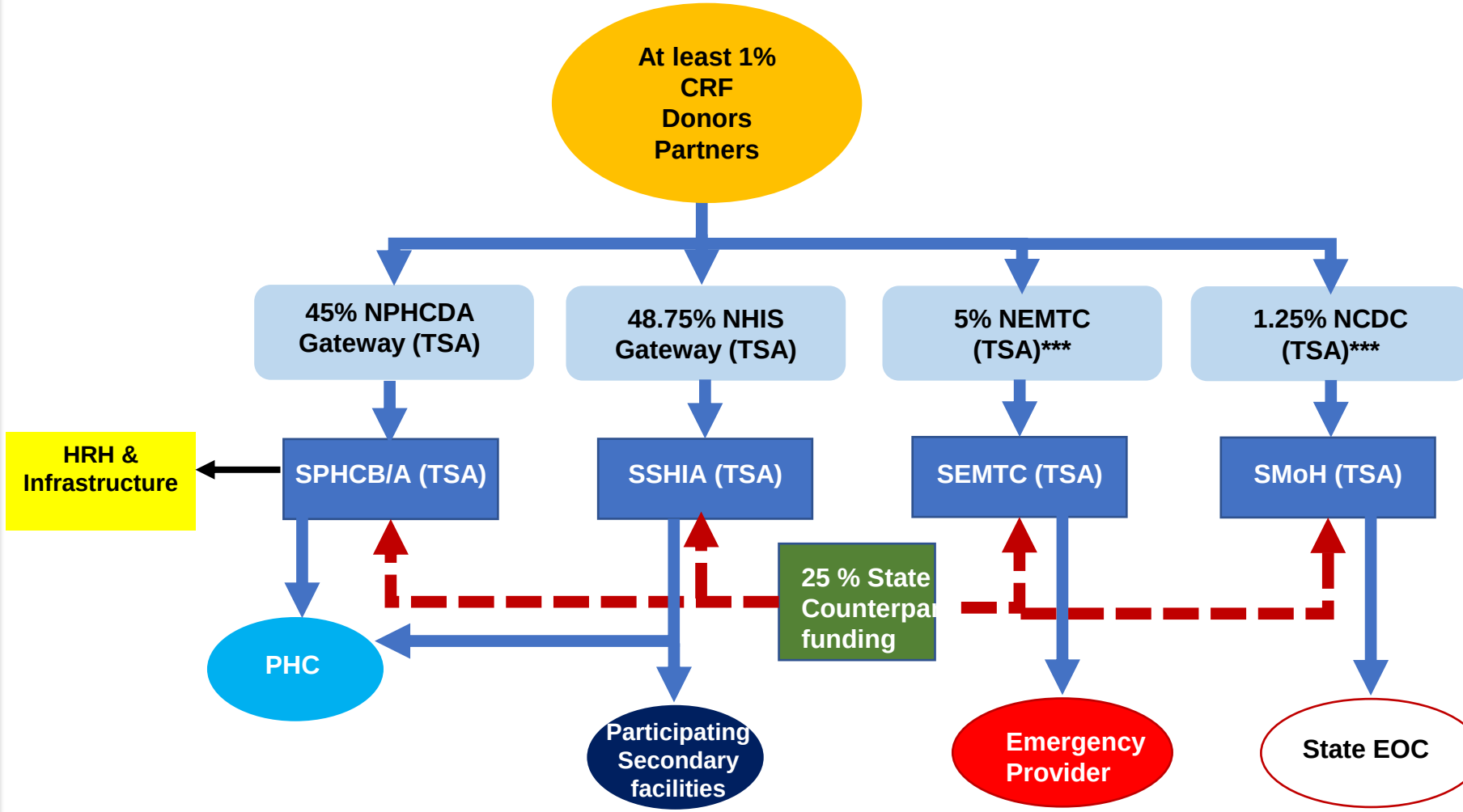


The Ministerial advisory and State advisory committees are to provide oversight functions to the BHCPF

SOURCE: Team analysis, BHCPF guideline

Fiduciary arrangements

- The NHIS, NPHCDA and EMT Gateways will each maintain a TSA BHCPF Account that is held at the CBN
- Disbursements from the Fund shall be made from the designated BHCPF Consolidated Revenue Fund Account as direct credits into the TSA sub accounts of the NHIS, NPHCDA and EMT at the CBN
- Each SPHCB and SSHIA shall set up a designated account for the BHCPF at the CBN
- PHCs are required to have operational accounts with Commercial banks that are part of the clearing house system.
- The PHCs going forward are expected to have only one bank account with ledgers that document source of funds
- 25% to be remitted by states as funding or prorated as new or scaled-up investments in HR, Infrastructure and Equipment
- Financial management to be based on FGN Public Financial Regulations



SOURCE: Team analysis, BHCPF guideline

Federal Ministry of Health

NHIS Pathway

- NHIS responsible for implementing the 'NHIS Pathway' i.e. 50% of the BHCPF
- The fund shall be used to purchase the Basic Minimum Health Services Package (BMHSP) for all Nigerians.
- BMHSP which covers the entire spectrum of care (preventive, promotive, curative and rehabilitative) has been updated to also include elements of emergency care at both primary and secondary levels.
- Purchase of PHC services will be via **CAPITATION** based on total enrollees; while for secondary care payments would be based on **FEE-FOR-SERVICE MECHANISMS**
- The benefit package i.e., BMHSP, has been actuarially valued at an estimated N12,000 per capita; which would be remitted as Premium per annum per covered member to SSHIAs by the NHIS.

EMT Pathway – NEMSAS – DIAL 112

- National Health Act states that 5% of Basic Health Care Provision Fund shall be used for Emergency Medical Treatment (EMT) to be administered by a committee appointed by the National Council on Health: The National Emergency Medical Treatment Committee (NEMTC)

- NEMTC would operate through SEMTCs, working in synergy with any existing State level Emergency Agencies.

- Core focus of the EMT pathway would be the establishment and operationalization of a National Ambulance Service; and enabling capacity for emergency response at individual/client level inclusive of public health emergencies.

- NEMTC would work with states to identify, qualify and recruit emergency care providers (ECPs) and map emergency treatment centres at all levels of care.

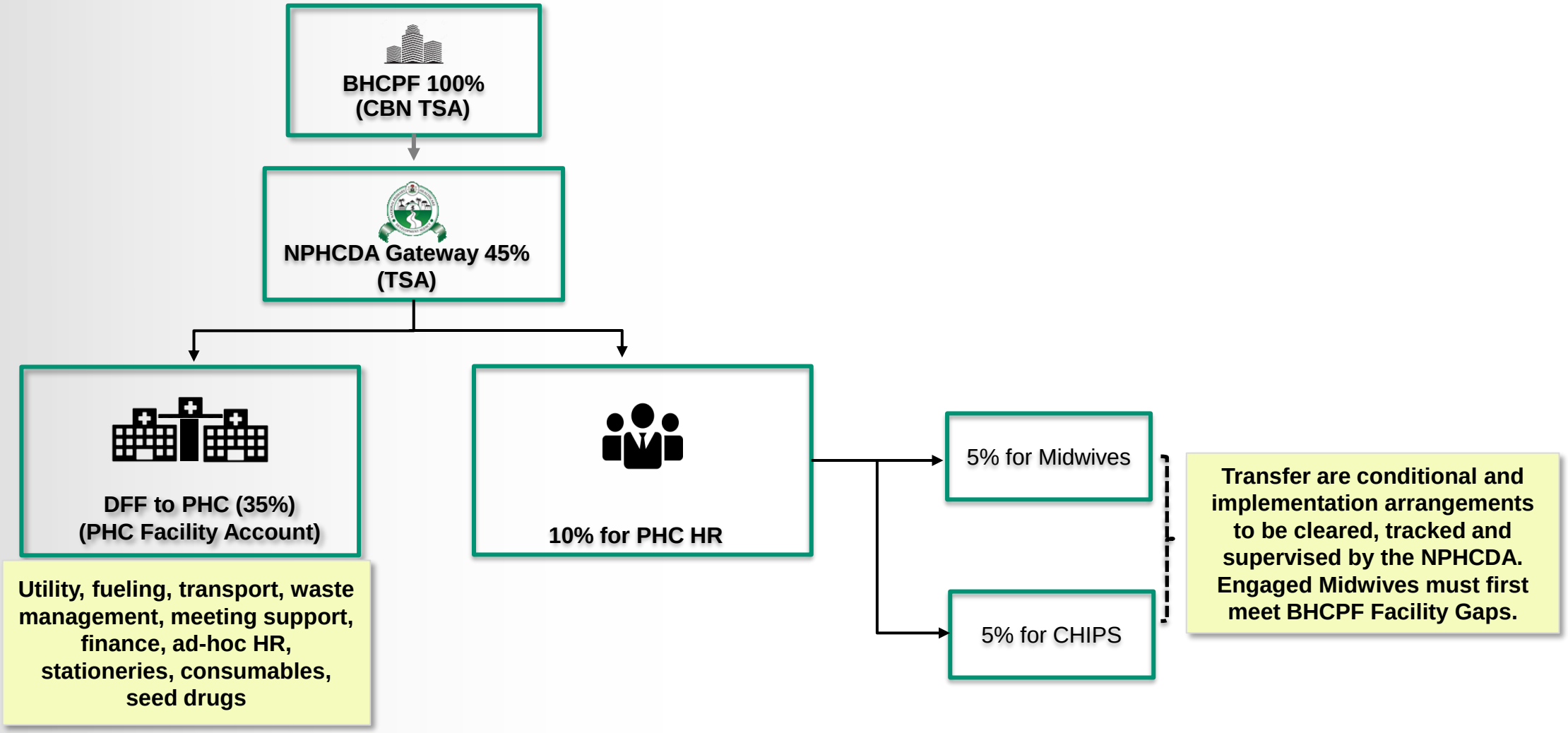
- Operations of the EMT Pathway would systematically de-centralized as state capacity and structures are developed and strengthened.

- ECPs would be reimbursed centrally using a Fee-for-Service tariff system verified by the states using the SSHIAs' mechanisms.

NPHCDA Gateway

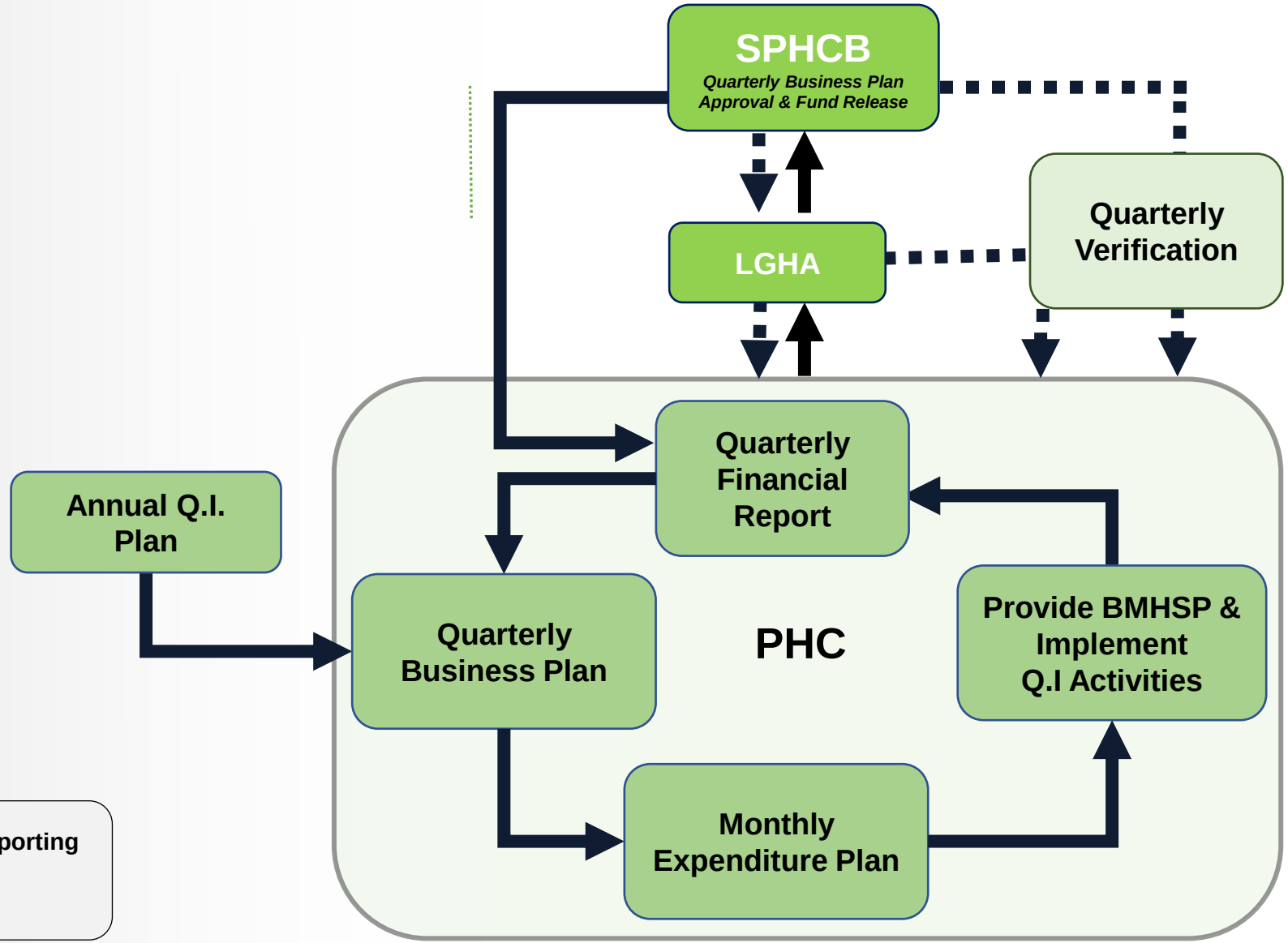
- NPHCDA is responsible for implementation of the 'NPHCDA Gateway' , which represents 45% of the BHCPF in line with the National Health Act 2014
- These funds are transmitted through the SPHCBs to eligible public PHCs as Decentralized Facility Funding (DFF) to meet operational costs, these includes:
  - Provision of essential drugs, vaccines and consumables;
  - Provision and maintenance of facilities, equipment and transport;
  - Community outreaches
  - Human resources
- Implementation of the gateway commenced in May 2019, following the presidential launch in January 2019

NPHCDA Gateway Operations: Fund Flow Pathway



SOURCE: Team analysis, BHCPF guideline

Implementation Cycle of the NPHCDA Gateway… 1/2



The National PIU perform certain quarterly verification exercise such as routine Q uarterly M&E data collection, Quality verification, DFF verification and monitoring etc

SOURCE: Team analysis, BHCPF guideline

Funds disbursed to PHCs as Decentralized Facility Financing (DFF) will be used for the following activities

Cost component	Description
1. **Drugs and commodities**	▪ Purchase of seed drugs, Laboratory reagents, treatment commodities (cotton wool and bandages) etc.
2. **Consumables**	▪ Purchase of detergents, disinfectants, and bleach etc.
3. **Ad-hoc Human Resources**	▪ Payment for hire of temporary staff i.e., midwife, cost of in-house facility-based training etc
4. **Transportation**	▪ Transport for out reaches and emergency referrals, collection of vaccines and returning of vails
5. **Utility and maintenance**	▪ Electricity, water, borehole maintenance, airtime, internet services, etc.
6. **Waste management**	▪ Procurement of waste bins, payment to professional waste management, maintenance of incinerator, movement of waste etc.
7. Fuelling	▪ Fuel for generator, motorcycle, and lamps, cooking gas, etc.
8. **Stationeries**	▪ Registers, writing materials, Envelope, Letter headed papers, Papers, etc
9. **Meeting Support**	▪ Management meeting, transport for WDC meeting, transport for community dialogue discussion etc
10. **Bank charges**	▪ Bank statement, cheque book, transfer charges, maintenance charges etc.

SOURCE: Team analysis

ESSENTIALS OF BASIC HEALTH CARE PROVISION FUND (BHCPF)

The business plan has various components

The general information page must contain the following;

1. The geo-political zone as recognized by the constitution of the Federal Republic of Nigeria
2. The state as recognized in the constitution
3. The local government council as recognized by the constitution
4. The ward as recognized by the constitution
5. The population of the ward
6. Quarter: Entails the start of a quarter to the end of the quarter

It also asks some other basic questions regarding key priority areas (Sections 1 to 10): These areas are as follows:

I. Administrative systems and infrastructure,
II. Financial systems,
III. Human resources management,
IV. Maternal and child health services (RMNCH+N),
V. Patient care management,
VI. Essential drugs and commodities management,
VII. Laboratory
VIII. Health management information system,
IX. Utilization and clinical outcomes
X. Community involvement and participation

Each priority area is examined in four boxes, categorized as follows



The maternal and child health services (RMNCH+N), and HR management priority areas contains additional information

The maternal and child health services (RMNCH+N), and human resources management are structured like this; the latter area has additional segments, created to better understand the human resources gap. The OIC is required to enter the following information into the business plan



Staff cadre:
Staff designation within the PHC

Number available
Number of staff within the PHC

Permanent and non-permanent staff
The number of ad-hoc and government-employed staff

Number required:
Number of staff required to service the demands made on the PHC

Gap:
Number of required staff minus the number available

Planned recruitment:
Number of staff the PHC plans to hire within the quarter

Justification for planned recruitment:
Reasons for validating the personnel recruitment/those hired

Cost:
Financial implications of the planned recruitment

Maternal and Child Health Services contents six(6) main segments

Maternal and Child Health Services (RMNCH+N): Unlike other priority areas, this area is divided into six segments (the last four of which are similar to the information collected for most of the other priority areas):



Last quarter achievements; What was achieved last quarter



Next quarter target Projected achievements for the next quarter; these targets come with segment-specific mathematical equations for the target population and from there to develop the PHC's target for that quarter



Challenges: Problems faced in that quarter



Strategies for improvement: Plans developed to overcome the challenges faced in the quarter



Needs and requirement: Items needed to achieve the target set



Estimated cost: Financial implications of the items procured to deal with the outlined problems for the quarter

Federal Ministry of Health

Snapshots of the business plan (1/5)

GENERAL INFORMATION

Health Facility		Zone	
Ward		Month	
LGA		Year	
State		Quarter	

Is the facility a referral centre for other health posts? Yes/No

If Yes, in the last quarter, how many patients were referred to the health facility from the health post?

How many patients were referred to a secondary health facility from the health facility?

Number of skilled health staff:

Number of non-health staff:

PROJECTED REVENUE

Figures should be obtained from those of the last quarterly financial reporting form.

Revenue Category	Projected Revenue for Quarter
NPHCDA gateway	
NHIS gateway	
Revenue from other services	
Voluntary donations	
Revenue from other sources	
TOTAL	

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Snapshots of the business plan (2/5)

Key service delivery priority areas, challenges, and strategies for improvement

1. **ADMINISTRATIVE SYSTEMS AND INFRASTRUCTURE** (Discuss issues involved in the management and administrative activities of the facility; challenges with the Local Government Authority (LGA); issues with the PHC facilities regarding their buildings, roofing, water and power supply, etc.; improvement plans and requirements; and their estimated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

2. **FINANCIAL SYSTEMS** (Discuss issues with PHC financial management processes and tools, such as receipts, payment vouchers, cash books, cheque issue register, store records, etc.; and improvement plans, needs, and associated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

3. **HUMAN RESOURCES MANAGEMENT** (Discuss issues relating to human resources management for health regarding shortages, recruitment, capacity building, and remuneration and retention strategies; and proposed improvement strategies, requirements, and costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Human Resources Gap (including non-health staff)

Staff cadre	Number available (NA)	Type		Number required (NR)	Gap (NR-NA)	Planned recruitment	Justification for planned recruitment	Cost (N)
		Perma-nent	Tempo-rary					
TOTAL								

Responsible Person: **Designation:**

Federal Ministry of Health

Snapshots of the business plan (3/5)

Key service delivery priority areas, challenges, and strategies for improvement

4. MATERNAL AND CHILD HEALTH SERVICES (RMNCH+N) (Discuss gaps in RMNCH+N, including service availability and utilization; quality of service delivery; patient safety; and improvement strategies, needs, and costs required.)

a. Antenatal Care Interventions

Last Quarter Achievement	Next Quarter Target *(total population x 4.8%)/12 x 3*	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

b. Labour and Delivery Care

Last Quarter Achievement	Next Quarter Target *(total population x 4.8%)/12 x 3*	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

c. Under-5 Interventions

Last Quarter Achievement	Next Quarter Target *(total population x 4%)/12 x 3*	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

d. Childhood Vaccinations

Last Quarter Achievement	Next Quarter Target *(total population x 4%)/12 x 3*	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

e. Family Planning

Last Quarter Achievement	Next Quarter Target *(total population x 25%)/12 x 3 x 22.5% x 3*	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

f. Community Outreach

Last Quarter Achievement	Next Quarter Target	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

g. Malaria and other Non-Communicable Diseases

Last Quarter Achievement	Next Quarter Target	Challenges
Strategies for Improvement	**Needs and Requirements**	**Estimated Cost (N)**

Federal Ministry of Health

Snapshots of the business plan (4/5)

Key service delivery priority areas, challenges, and strategies for improvement

5. **PATIENT CARE MANAGEMENT** (Discuss issues regarding clinical processes and delivery of quality services required for patient safety; and proposed plans for improvement, requirements, and associated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

6. **ESSENTIAL DRUGS AND COMMODITIES MANAGEMENT** (Discuss issues with the availability and affordability of basic drugs at the health facility; procurement and supply chain challenges; commodity quality and security; and plans for improvement, requirements, and costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

7. **LABORATORY** (Discuss challenges and gaps regarding laboratory testing; supply of commodities; quality control and assurance of test specimens; and plans for improvement, requirements, and estimated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

8. **HEALTH MANAGEMENT INFORMATION SYSTEMS** (Discuss challenges associated with data collection; data quality; tools and templates; reporting systems for planning and decision making; and improvement plans, needs, and costs required.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

Federal Ministry of Health

Snapshots of the business plan (5/5)

Key service delivery priority areas, challenges, and strategies for improvement

9. UTILIZATION AND CLINICAL OUTCOMES (Discuss issues regarding patient clinical outcomes; implementing outreach activities within the community; and plans for improvement, requirements, and associated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

10. COMMUNITY INVOLVEMENT AND PARTICIPATION (Discuss issues regarding WDC activities; demand creation; health promotion and awareness creation, and uptake of services, and their impacts on the health of the community; and plans for improvement, requirements, and associated costs.)

Challenges	Strategies for Improvement
Needs and Requirements	**Estimated Cost (N)**
TOTAL	

Responsible Person: **Designation:**

ADDITIONAL IMPROVEMENT PLANS

(Elaborate on any additional plans for improving the overall quality of services within the health facility/ward, considering all of the thematic areas for the current quarter.)

GRAND TOTAL	

Name of Facility OIC:_____ **Signature & Date:**_____
Phone Number:

Name of WDC Chairman:_____ **Signature & Date:**_____
Phone Number:

LGHA Approval

Name of Staff Member: _____ **Designation:**_____

Signature & Date:_____

Copies: Three copies should be sent to the LGHA for approval; after approval, a copy will be sent back to the Health facility, the LGHA will keep a copy, and the last copy will be sent to the SPHCB.

The PHCs are expected to retire expenditure of all funds from all sources quarterly

PHC

Retirement documents required and expected from PHC's through LGHA to SPHCDA/B includes:

- Completed Expenditure Form (analysis sheet)
- Bank Statements as obtained from PHC facility bank reflecting balance at the end of each quarter
- Copies of receipts for all expenditure incurred within the quarter (to be reviewed as basis for clearing PHCs.
- Signed Honor certificate by OIC where receipt cannot be obtained for a very minor expenditure or reasonable circumstances

RETIREMENT DOCUMENTS TO BE KEPT AT PHC

- **All original copies of payment receipt**
- **Original copies of schedule of payments**
- **Original copies of Honor Certificates**
- **Acknowledgement copy of forwarded letter of retirement to LGHA.**
- **Routine accounting books**

BHCPF Facilities will use the quarterly financial template to report how funds where used at the end of the quarter

Federal Ministry of Health

Health Facility Quarterly Financial Reporting Form

Health Facility		**State**	
Ward		**Zone**	
LGA		**Date**	

Last Quarter			
From		**To**	

Revenues Category	**Projected revenue for last quarter (N)**	**Actual revenue for last quarter (N)**
NPHCDA gateway		
NHIS gateway		
Revenue from other services		
Voluntary donations		
TOTAL		

Expenses Category	**Actual expenditure for last quarter (N)**
Utility and Maintenance	
Fuelling	
Transportation	
Waste Management	
Meeting Support	
Bank Charges	
Ad-hoc Human Resources	
Stationaries	
Consumables	
Drugs and Medical Consumables	
Others:	
GRAND TOTAL	

- The quarterly financial report allows visibility into the health facility's finances and allows for accountability of use of the BHCPF
- It captures all projected and actual revenues and expenses of the health facility
- The facilities will attach statement of accounts and photocopies of receipts to all transactions reported
- The facilities will ensure the hardcopy of the template is sent to the LGHA by the 1st week of the proceeding quarter
- LGHAs who are assigned as mentors will ensure that they review the form before submission

HANDOUT FOR ESSENTIAL DRUGS AND COMMODITIES MANAGEMENT

What are Essential Drugs?



“Essential drugs are medicines that satisfy the healthcare needs of the majority of the population”

— WHO



Examples of essential drugs

- Paracetamol
- A.C.T.antimalaria
- Amoxicillin
- Zinc
- ORS
- Misoprostol
- Oxytocin, e.t.c.

Essential Drugs Management

WHAT IS ESSENTIAL DRUGS MANAGEMENT?



The art of ensuring that all processes involved in the **selection, procurement, storage, use and disposal** of essential medicines are carried out with a degree of skill to ensure the best possible value is derived

WHY ESSENTIAL DRUGS MANAGEMENT?

1. Availability or lack of drugs significantly impact on health outcomes
2. Poor drugs management leads to stock outs, overstocking, expiries, damages, wastages and pilferages (stealing)
3. The way drugs are managed have important financial implications

Personnel Authorized to Manage the Drugs in a PHC



Who manages drugs in a PHC?

- A Pharmacist
- A Pharmacy Technician
- If not available, a staff with health background trained on essential drug management e.g Nurse, CHO and CHEW

Steps In Drug Management Cycle

STEPS

1



SELECTION

2



PROCUREMENT

3



STORAGE

4



USE/DISPOSAL

Steps In the Selection Process

1. Be on the Nigerian essential medicines list for PHCs
2. Meet the needs of the BMPHS
3. Be generic and not in brand names
4. Must align with the prevailing healthcare needs of the community

Key questions on the Procurement Process



Key questions for the participants

- How would you determine the quantity of drugs to order?
- How would you know the prices of drugs?
- How would you determine the quality of the drugs that you order?

The Procurement Process

How to estimate drug quantity to order

Estimating Drug Quantities to Order

Delivery (Lead) time - Refers to how long it takes to have an ordered drug delivered

Delivery or lead time may be days, weeks or even months

Lead time may vary from season to season. For instance, road condition may worsen during raining reasons and limit access to transportation

Monthly consumption- Refers to the average number of each stock item used or dispensed to clients in a given month

- **AMC =** $\frac{\text{Total quantity consumed in a specific no. of months}}{\text{No. of months in question}}$
- **Re-order level -** Stock level at which new orders should be placed
  RL = AMC x Delivery (lead) time
- **Quantities to Order (QTO)** - This is the quantity of stock to order to bring the stock inventory to the maximum level
- **QTO= Max stock quantity – Stock At hand**
- **Maximum Stock Quantity:** Refers to the highest stock level that would guarantee optimum availability while avoiding the negative effects of overstocking or understocking. For instance, this could be 3 months stock + 2 months buffer stock (i.e. AMC X 5)
- **Stock At Hand (SAH):** Quantity of usable stock available

Buffer stock - To cover for unforeseen circumstances, buffer stock may be added to orders. This is also called "reserve" or "security" stock. For instance, the buffer stock may be **AMC X 2**

Checking for quality of drugs

1. Sourcing your Drugs
2. Criteria for Accreditation of Pharmacies
3. Meet regulatory standards on premises
4. Meet regulatory standards on personnel
5. Geographic Proximity to PHC
6. Competitiveness of price

Things to watch out for in purchasing drugs



Shelf life of drugs: Must be 1 year and above

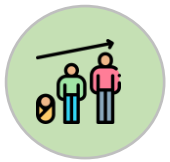


Condition of packaging

- Intact
- Not broken
- Untampered seals
- Mobile authentication pin etc.



Plastic containers preferred over bottle



Consider formulation and strengths for all age group (e.g. is there dispersible tablet for children?)

The Storage system

- Costing/Pricing –
  - PHCs should compare drug prices between different sources to determine the best source
  - SPHCB to conduct periodic pricing surveys to get recommended price list for PHC drugs
  - How would you determine prices of drugs?

- All drugs for Basic Minimum Package of Health Services (BMPHS) under BHCPF are provided alongside services at no cost to the beneficiaries

- For drugs and services that are not covered under BHCPF, the price list must be conspicuously displayed in the health facilities

- Markup should take into consideration:
  - Cost price of the drug
  - Transportation charges
  - Administrative and other costs e.g. inflation
  - Drug price should not be higher than that of the local pharmacy within the community

Drug Use and Disposal



A prescription is a set of instructions written by a qualified prescriber to a dispenser for supply of drugs after counselling the patient on how to use the drug



It is very important that the content of a prescription is clearly written



A prescription should have the following:

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

Drug Dispensing

Dispensing of drugs should be based on prescriptions and correct dispensing should ensure the following

- The right patient is served
- A desired dosage form of the correct drug is given
- The prescribed dosage and quantity are given
- The right container that maintains the potency of the drugs is used
- The container is appropriately labelled
- Clear instructions are delivered verbally to the patient

Drug Packaging and Labelling

Tablets and capsules 	Do not use fingers to count tablets as this can lead to contamination of drugs
	Use a spoon to put tablets and capsules onto a counting tray
	Count and put them in a labelled drug container or pack
	Use a different labelled drug container or pack for each drug
	Do not mix different drug items in one container
	Close stock containers (e.g. tins, bottles) tightly after dispensing
	Keep the spoon clean at all times
Liquids 	Provide appropriate plastic/bottles with caps for repackaging liquid preparations
	Dispense liquid preparations in suitable containers
	Do not use patients' own bottles
	Dispense each drug in a different bottle

Procedure for Drug Disposal

DRUG DISPOSAL



- Date on containers indicates the 'Expiry date' on how long the contents will remain effective
- After the expiry date, potency of medicines is reduced and may have adverse or no effects on patients
- At regular intervals check all stocks in your store for expiry dates. Put items with shorter expiry dates in front of those with longer expiry dates
- **As a general principle, do NOT use expired products**

PROCEDURE FOR DRUG DISPOSAL



- Remove all expired drugs from the shelve and pack in a dry container or carton
- Line-list all the drugs, stating name strength, quantity, date expired, batch no, NAFDAC no and name of supplier or source
- Report in writing to LGA authority and SPHCDA
- SPHCDA will report to NAFDAC in writing and move the drugs to NAFDAC for destruction

Drug Stock Management Tools

Some of the commonly used drug stock management tools are seen below;



Order form



Invoice



Stock receipt register



Bin cards



Stock dispensed register



Treatment register



Stock taking form

Summary of drug procurement at facility level

- SPHCB/A in coordination with the state department of pharmaceutical services accredit and publish list of pharmacies, distributors, and drug stores where PHCs procure drugs. This is to ensure that products endorsed for procurement by PHCs are genuine, from verifiable manufacturers and are NAFDAC certified.
- The SPHCB are expected to conduct drug price surveys to provide guidance to PHCs on the best market prices per time to ensure their competitiveness with private pharmacies



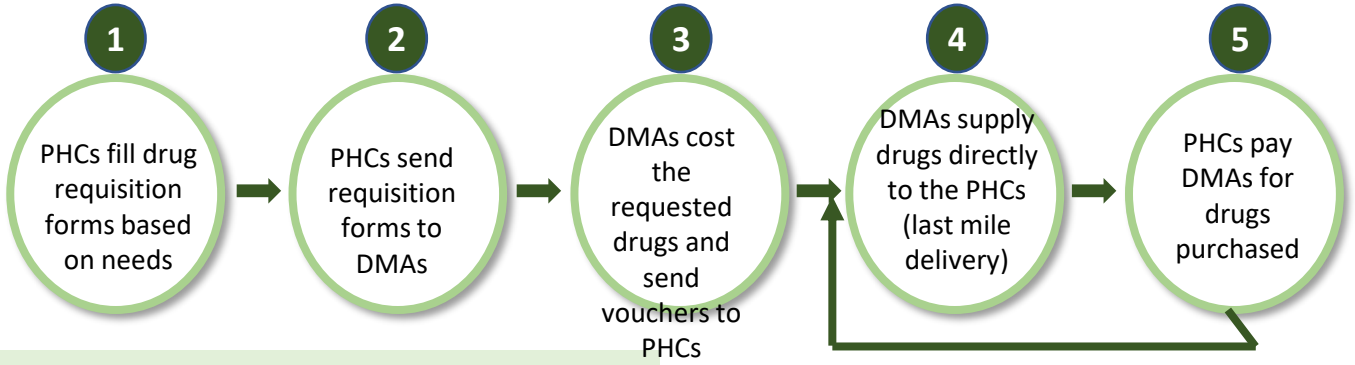
1. HF must ensure that drugs procured from the approved list of accredited premises are generic and NAFDAC certified

2. All drugs procured must reflect the certified source on the invoice and receipt

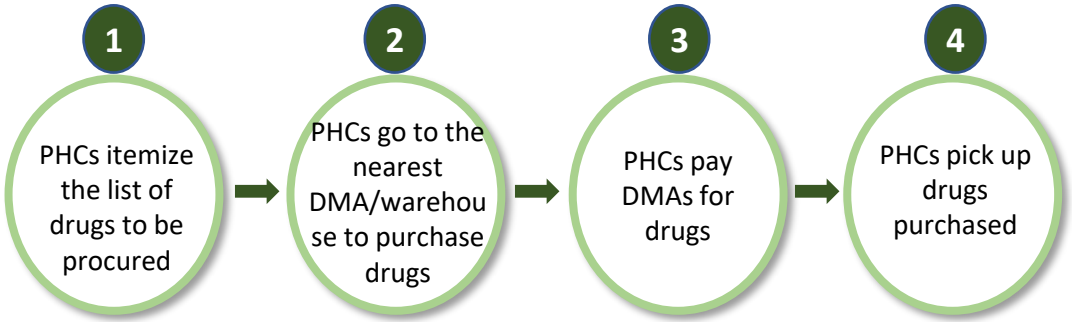
3. Facilities to comply with guidelines as stated in the EDM module of the BHCPF training

Summary of drug procurement in states that operate DMAs

DMA states that deliver drugs directly to the health facilities



DMA states that PHCs pick up drugs from the DMA warehouses




Thank
you