Federal Ministry of Health

BASIC HEALTH CARE PROVISION FUND

TRAINING MANUAL ON THE BHCPF: A GUIDE FOR FACILITATORS

FEBRUARY 2021

Forward

Acknowledgements

To be completed.

Table of Contents

Forward ..... **iii**

Acknowledgements ..... **iv**

Table of Contents ..... **v**

Abbreviations ..... **vii**

Introduction **10**

Overview of this Guide **11**

Module 1: Opening **17**

Session 1: Introductions and Training Overview *17*

Module 2: Orientation to BHCPF **23**

Session 1: BHCPF Overview *23*

Session 2: Governance, Administrative Structure, and Roles and Responsibilities of BHCPF Stakeholders at the State Level *32*

Session 3- *Management of PHCs* *41*

Session 4: WDC Composition, Roles, and Responsibilities *49*

Session 5: BMPHS Overview *54*

Session 6: Gender and Equity Considerations in the BHCPF *57*

Module 3: Accreditation **67**

Session 1: Introduction to Accreditation and the Accreditation Processes *67*

Session 2: Accreditation of PHCs *74*

Session 3: Roles and Responsibilities of Accredited PHCs *87*

Module 5: Enrolment **90**

Session 1: Introduction to Enrolment *90*

Session 2: Enrolment Tools *96*

Module 6: Provider Payment Mechanisms **102**

Session 1: Overview of BHCP Provider Payment Mechanisms (PPMs) *102*

Session 2: Overview of Medical Claims Management *105*

Module 7: Essential Drugs and Commodities Management **112**

Session 1: Essential Drugs and Commodities Management *112*

Module 8: Quality Improvement **127**

Session 1: Overview of Quality Improvement *127*

Session 2: Quality Assessment and Scoring Under the BHCPF *131*

Session 3: Addressing Quality Challenges *137*

Module 9: Financial Management **155**

Session 1: Basic Concept of Funds Management *155*

Session 2: Processes and Tools for Planning and Reporting on the BHCPF *156*

Session 3: Bookkeeping for PHCs *179*

Module 10: Monitoring and Evaluation of the BHCPF **186**

Session 1: Introduction to Monitoring and Evaluation (M&E) *186*

Session 2: BHCPF Health Insurance M&E Tools for PHCs *189*

Session 3: M&E—Using Data at the Facility Level *195*

Session 4: Infractions and Sanctions in implementing the BHCPF *200*

Training Evaluation and Closure **204**

Final Training Evaluation Form *207*

Abbreviations

ACT	Artesunate-based combination drugs
AMC	average monthly consumption
ANC	Antenatal Care
API	application programme interface
ART	antiretroviral therapy
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
BP	business plan
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CRF	Consolidated Revenue Fund
CSM	Cerebrospinal Meningitis
DPT	Diphtheria Pertussis Tetanus
EmONC	Emergency Obstetric and Neonatal Care
EMR	electronic management records
EMS	Emergency Medical Services
EMT	emergency medical services
FEFO	first to expire first out
FGON	Federal Government of Nigeria
FIFO	first in first out
FMOH	Federal Ministry of Health
HCFs	Health Care Facilities
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMO	health maintenance organization
HP+	Health Policy Plus
IPT	intermittent presumptive treatment
IVA	Independent Verification Agent
IYCF	infant and young children feeding
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Authority
LGHA	Local Government Health Authority

LG HMIS	Local Government Health Management Information System
MOC	Ministerial Oversight Committee
MSQ	maximum stock quality
NAFDAC	National Food and Drugs Commission
NCDC	National Centre for Disease Control
NCH	National Council on Health
NEMSAS	National Emergency Medical Services and Ambulance Scheme
NEMTC	National Emergency Management Technical Committee
NGO	non-governmental organization
NHAct	National Health Act
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
NSC	National Steering Committee
OIC	Officer-in-Charge
OPD	outpatient department
ORS	oral rehydration salts
PAS	public announcement system
PHC	Primary Healthcare Centre
PDSA	plan do study act
PMTCT	prevention of mother-to-child transmission
PV	payment voucher
QBP	Quarterly Business Plan
QIP	Quality Improvement Plan
QTO	quantity to order
RDT	Rapid Diagnostic Test
RMNCH+N	reproductive, maternal, new-born, and child health + nutrition
SAH	stock at hand
SDG	Sustainable Development Goals
SEMTC	State Emergency Medical Treatment Committee
SHC	secondary health care
SHCC	Secondary Health Care Centre
SMOH	State Ministry of Health
SN	serial number

SPHCB	State Primary Health Care Board
SPFMU	State Project Financial Management Unit
SPHCB	State Primary Health Care Development Agency
SOC	State Steering Committee
SSHIA	State Social Health Insurance Agency
TOT	training-of-trainers
UHC	universal health coverage
UIN	Unique Identification Number
USAID	United States Agency for International Development
WDC	Ward Development Committee
WHO	World Health Organization

Introduction

Signalling Nigeria's commitment to achieving Universal Health Coverage (UHC), and as mandated by the 2014 National Health Act (NHAct), the Basic Health Care Provision Fund (BHCPF) is a large-scale reform effort, intended to increase resources for health and extend primary health care to all Nigerians through the provision of a Basic Minimum Package of Health Services (BMPHS) and emergency medical treatment. The BHCPF is financed by an annual grant from the Federal Government of Nigeria (FGON)—not less than 1 percent of the Consolidated Revenue Fund (CRF). The CRF comprises total government revenue before it is allocated to specific tiers of government. BHCPF financing also comes via grants from international donor agencies and funds from other sources. Five percent of this total fund is for operational costs, and the balance of 95 percent is disbursed through three main stakeholders, or 'gateways,' to disburse the fund to the states:

- National Health Insurance Scheme (NHIS) gateway will receive 50 percent of the fund to implement an agreed-upon minimum package of health services.
- National Primary Health Care Development Agency (NPHCDA) gateway will receive 45 percent of the fund to deliver essential drugs, maintain and provide equipment and transportation to eligible Primary Healthcare Centres (PHCs), and strengthen human resource capacity.
- Emergency Medical Treatment (EMT) gateway, under the Federal Ministry of Health (FMOH) will receive 5 percent of the fund to respond to health emergencies and epidemics.

Furthermore, individual states must buy into the BHCPF through their own counterpart funding.

The BHCPF represents a significant step forward towards revitalizing and strengthening primary health care service delivery in Nigeria and, further, achieving the goals of UHC. In response, training to properly implement the fund is critical, as is understanding roles and responsibilities, and the overall mandate.

Overview of this Guide

This document is the official guide for state-level stakeholders who have been trained as facilitators to use to competently and confidently facilitate the Facility/Ward Development Committee (WDC)-Level Training on the BHCPF.

Following BHCPF training content development, refinement, finalization, and previous workshops to collate and field test final training materials, the United States Agency for International Development (USAID)-funded Health Policy Plus Project (HP+), with the support of and in collaboration with the federal gateways, has trained master facilitators at a national-level training-of-trainers (TOT) workshop. The master facilitators were drawn from three groups: carefully selected individuals from the gateways who have content knowledge, interest, and motivation, as well as supervisor support for ongoing commitment to the BHCPF training rollout; representatives of selected non-government organizations (NGOs) with a related role in the BHCPF, who have participatory training experience and supervisor support for long-term engagement; and representatives of Nigeria's health sector donors and their implementing partners. Subsequent TOTs have begun, with the aim of training state-level stakeholders as facilitators who will roll out facility/WDC-level trainings on the BHCPF; this guide is aligned to those TOTs.

Structure

This guide is structured in a user-friendly manner. It is designed to maintain the highest levels of consistency when facilitating the facility/WDC-level trainings throughout Nigeria. The guide comprises nine modules, starting with an overview of the BHCPF, followed by modules on key BHCPF technical content areas required for implementation, arranged in a logical flow from the perspective of the facility staff. Each module is divided into sessions. Each session begins with information for the facilitators, including the session purpose and objectives, timing, any specific materials required, preparation, and a session overview listing the activities and timing for each. The guide also includes scripted instructions for each activity. After all activities and debriefs for the session have been completed, the guide provides a brief session summary and transition to the next one. Handouts are included at the end of each session. An annex is included at the end of this guide, with additional resources pertaining to the content of the workshop, such as the agenda template and workshop evaluation forms.

Numerous invested stakeholders have carefully designed, vetted, and pilot tested this training in several settings, and have made adaptations based on each experience, including feedback from WDC and facility staff. Thus, TOT facilitators should not skip or significantly shorten modules or sessions to save time; the guide provides an intentional progression of learning. It is important for facilitators to manage the flow and stay with the schedule and plans to ensure that participants experience a high-quality learning experience they can then translate into their work moving forward. Facilitators may choose to make small adaptations based on the context. For example, names used in the stories and case studies can be changed to more appropriate local names.

This training is highly participatory. The overall flow of the modules and session designs is based on the tenets of adult learning theory and the experiential learning cycle. As facilitators roll out the trainings, they should draw on the knowledge and experience that participants bring to the workshop. Participant involvement in the implementation of the workshop is essential. A key approach to involving participants is to have a workshop structure that gives them responsibility for their own learning. This involvement starts during the first session, when participants are all asked to sign up for facilitating daily ‘reflections,’ ‘recaps,’ and ‘energizers’ to allow every participant to be active in the learning process. Please note that the use of short (2–3 minute) energizers can be beneficial, particularly when energy may be low, but facilitators need to be mindful of when and how they are used so they do not take up too much time or disrupt sessions.

The language used in the session plans and participant materials is straightforward; complex terms have been broken down for clarity and to promote efficient and effective knowledge and skills development. However, to reinforce the concepts, and in some situations where language or specific terminology may be a barrier, facilitators should use the local language. Therefore, it is important that at least one of the trainers have a good grasp of the local language. Furthermore, some training participants may not be literate or have trouble reading certain prompts or instructions. Take note of these constraints at the beginning of the training and adjust (reading instructions for participants, pairing participants to aid in reading and comprehension, etc.).

The design assumes that the number of trainers engaged in delivering this training is three to four, preferably one each from each of the gateways involved in implementing the BHCPF. For the effective cohesion and success of the training, trainers should hold preparatory meetings to discuss

and plan for it, including a review of session plans and determining training roles and responsibilities.

Because the training is participatory and competency based, attendance is capped at 30 participants.

Preparation and Equipment, Materials and Supplies

As mentioned above, facilitators should plan to meet before the training to prepare (see Table 1):

Table 1. Things to Do Before the Training

SN	Tasks
1	Define overall roles and responsibilities.
2	Agree on norms and expectations for the training team (e.g., attending each other's sessions, ways of supporting, ways of seeking support, etc.).
3	Discuss the workshop process, review module and session topics, assign modules and sessions.
4	If relevant, invite federal- or state-level stakeholders at least two weeks in advance to participate in opening the workshop. Explain the nature of the workshop (no speeches) and provide guidelines for their remarks: 2–3 minutes long, focus on welcoming participants, supporting them as they engage in BHCPF, etc.
5	Tell training participants in advance that they will need to bring their health facility's completed National Health Management Information System (NHMIS) Monthly Summary Form for two months. These completed forms will be used during the monitoring and evaluation module on the last day of the training.
6	Develop a workplan with a timeline for key team activities.
7	Set a time and place for daily debriefings (for both trainers and administrative/logistics staff).
8	Agree on the purpose and expected outcomes of debriefings.

Facilitators should also assess the facility or site for the training to ensure that it meets training requirements (see Table 2).

Table 2. Key Criteria for Facility Selection

Location	Meets (Y/N)
Accessibility: easy transportation for participants coming from different locations	
Cost (per specifications below): 1. Venue (could be a Local Government Authority [LGA] hall, community centre, etc. of adequate size for the number of participants) 2. Meals (tea and snacks; group lunch; water) 3. Other equipment (public announcement system [PAS]) 4. Participants' travel costs 5. Payment policy (specify the requirement and cancellation policy—if there is a change in rooms needed, etc.) 6. Accommodation for trainers	
Room Specifications	
Shape of training room: a square or rectangular shape without pillars	
Size and capacity of the training room: dependent on the number of participants (in the estimate, include space for registration and meals if the meals are going to be taken in the room)	
Wall space: plenty of wall space for flipcharts	
Illumination: natural light is best; where not possible, artificial light that brightens the room well	
Round tables (accommodating six participants per table)—if not available, small tables that can be moved together to accommodate six participants	
Chairs: padded ones are better than plain metal folding chairs	
Additional Facility Criteria	
Restrooms: not too far from the training room	
Security: locks on doors, telephones, metal detectors at security gate of hotel, etc.	
Internet services available in the training and participant rooms	
Facility services: generator for alternative power source, photocopying and printing facilities within the training room at secretariat stand/table, etc.	
Equipment availability: functional public address, multimedia equipment, flipchart stands, extension cords, etc.	
Limited restrictions: policies about posting on the wall, timing for use of the room, access to the room the afternoon before the event to allow complete setup	
Onsite hotel personnel: technician for sound/media and designated staff attached to the training team	

Limited distractions: the facility should be in a quiet and safe environment (not on a large, loud, heavily trafficked road, etc.)	
Recreational facilities (swimming pool, games, exercise area, etc.)	

Each session includes a description of the specific materials required; however, there is a standard set of materials that all trainings should have; to avoid repeating the list of these materials in each session description, they are listed in Table 3 Quantities are suggested, but facilitators and logistics/administrative planners are encouraged to review this list a few days before the training to finalize the quantities and add or remove items. For the items below marked with two asterisks (**), the quantity should be enough for the number of participants and facilitators in the training, with some materials, such as evaluation forms, sufficient for participants only.

Table 3. Suggested Equipment, Materials, and Supplies for Facilitators

Equipment	Quantity
Printer	1
Photocopier, or identify local business able to produce high-speed/volume photocopying for workshop materials, where necessary	1
Public address system; projector/projector stand	2
Screen for projection if walls in the room are not white (not required)	1
Laptop	1
Flipchart stand	2
Camera	1
Extension cords	2
Scissors	2
Waste bins	2
Standard Workshop Materials	**Quantity**
Participant binders or folders	**
Notepads	**
Pens	**
Reams of photocopying paper	2
Extra toner for printer if budget permits	1
Final participant list	1
Daily sign-in sheets, disaggregated by sex, organization name or type, and phone #	Several
Daily evaluation/feedback form	**
Final training evaluation form	**

Name tags/name tents for tables	**
Index cards	5 packs
Sticky notes	5 packs
Bundles of flipchart paper	6
Different colours of dark markers (NOT Dry-Erase);limit the quantity of red, green	2 dozen
Rubber bands	20
Masking tape	3 rolls
Certificates	**
Cardboard paper	25 sheets
Stapling machine/stapling pins	2
First aid box	1
Others, specify: _____	

Module 1: Opening

Session 1: Introductions and Training Overview

Purpose:

To familiarize the participants with the workshop systems, structure, and processes, and its main objectives and content; to allow time to clarify expectations and set norms.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Clarify the objectives, content, and schedule of the training
- Start the process of getting to know each other
- Share their expectations/concerns for the training
- Agree on the norms for the workshop
- Explain the workshop logistics

Duration:**80 minutes**

Materials:

- Cardboard paper

Box 1. Instructions for Introductions

- Mill around the room, look for the person with the other half of the same diagram you have.
- Pair up with the person.
- Greet each other in your local language(s).
- Introduce yourselves to each other by name, the facility where you work, and the name you would like to be called at the workshop—write this name on the name tag provided.
- Concerning the workshop, share with each other the following:
  - One expectation you have for the training
  - One concern you have that may affect your participation
- Share one concern you have about health in your community.

Then introduce your partner and that person's expectations/concerns to the larger group.

- **Handout: '***Facility/WDC-Level Training on the BHCPF'* agenda[1] (copies for all participants and facilitators)

Preparation:

- Prepare blank flipchart pages with the following:
  - Label: 'Session Objectives'; write session objectives
  - Label: 'Training Goals and Objectives'
  - Label: 'Instructions for Introductions'; write out instructions (see Box 1)
  - Label: 'Expectations'
  - Label: 'Concerns'
  - Label: 'Concerns you have about health in your community'
  - Label: 'Norms'
  - Label: 'Recap'; draw a column for each of these categories with space below for participants to write their names

Draw diagrams of different objects—fruits, numbers, or letters of the alphabet—on pieces of cardboard. Ensure that there are enough cards for exactly half of the group. If there is an uneven number of participants, one of the facilitators will participate in this activity. Next, cut each diagram in half, reshuffle them so that pieces of the same diagram are not together, and place them in a container.

Session Overview:

- **Activity 1:** Welcome and Introductions (60 min)
- **Activity 2:** Training Goals, Objectives, and Content (5 min)
- **Activity 3:** Training Norms (5 min)
- **Activity 4:** Workshop Structure (10 min)

Activity 1: Welcome and Introductions

Time: 60 minutes

- **Welcome** participants to the training and thank them for their participation.

[1]The agenda is in Annex A.

- **Introduce** yourself and the other trainer(s).
  - If relevant stakeholders are present (i.e., representatives from the federal or state gateways), **invite** them to give opening remarks. Limit each to 2 minutes and try to fit their remarks into the allotted time for welcome and introductions.
  - If representatives of national bodies are present, they will make the remarks. If not, their state counterparts will give the remarks. (It is not necessary for both to speak.)
  - If they are not available, **continue** without the remarks.
- **Share** the agenda for the first day, noting that the first activity will be introductions—getting to know each other.
- **Ask** participants to look around the room. **Ask** how many of them already know everyone in the room (like no one will already know everyone else). **Tell** them that the group will be together for what is planned to be a positive and productive four days for everyone, and that they will be learning together and learning from each other.
- **Distribute** one piece of cardboard to each participant, ensuring that everybody has one.
  - **Ask** participants to walk around the room and find the person with the other half of their diagram, and pair with them.
- Once everyone finds their other half/pair, **display** the prepared flipchart paper with 'Instructions for Introductions' (see Box 1). (Note: An alternative method of introduction that promotes setting up an effective climate for the workshop can be substituted when possible.)
- **Read** through the instructions and allow time for questions or clarifications.
- **Give** the pairs five minutes to do their introductions with their partner. After five minutes, **invite** pairs to introduce each other and their expectations and concerns to the larger group of participants; continue until everyone has been introduced. As partners introduce one another, **refer** to your pre-labelled flipcharts to **record** the following:
  - 'Expectations'
  - 'Concerns'
  - 'Concerns about health in my community'

Activity 2: Training Goals, Objectives, and Content

Time: 5 minutes

- **Introduce** the overall goals, objectives, and content of the training, using the workshop agenda, which all participants should have. **Ask** if anyone has any questions about the flow or content.
- **Refer** to the list of expectations on the flipchart. **Compare** them with the workshop modules and sessions on the agenda and validate those expectations against what is planned. Be frank and discuss with participants any expectations beyond the scope of the training.
- **Collect** and **record** feedback on the flipchart page 'Training Goals and Objectives.'

Activity 3: Training Norms

Time: 5 minutes

- **Explain** that group norms are important for creating a positive learning environment. Everyone's understanding of agreement to group norms helps to facilitate participation and learning and ensures a safe learning environment.
- **Introduce** the activity by referring participants to the workshop content and schedule, and their expectations. **Note** that for both the training team and participants to work together to meet participants' expectations of the training and achieve workshop objectives, it is important that they all reach agreement on how to work together.
- **Ask** participants to suggest ideas on how they can work together—what the training 'norms' will be. **Record** ideas on the pre-labelled flipchart 'Norms. '**Facilitate** the process to reach consensus on the norms. Below are some norms that should be included:
    - Respect the training schedule
    - Respect and encourage everyone's participation
    - Listen to others—do not interrupt
    - Respect the confidentiality of what others share
    - Everyone is responsible for their own learning
    - No smoking in the training room
    - No mobile phone conversations in the training room
    - Keep focused on the training topics

- **Post** this list of norms in a strategic position in the training room where it will be seen by all. **Tell** them that the norms will guide how they work together.
- **Review** general housekeeping for the week (i.e., location of toilets, the importance of making sure they sign in every day, etc.). Also, **review** any logistics arrangements, such as transportation, accommodation, and meals, if provided.

Activity 4: Workshop Structure

Time: 10 minutes

- **Refer** to the agenda and **ask** participants to note the two terms— 'Recap' and 'Reflections'— at the beginning and end of each day.
- **Tell** participants that one of the principles of adult learning is that adults want to participate in the learning process. Explain that all participants are expected to be involved in activities to enhance their own learning. Some of the ways it can be done is through daily 'reflections' and 'recaps' to allow every participant to be active in the learning process.
  - *Daily Reflections.* **Explain** the following**:**
    - Daily reflections at the end of each day help reinforce learning and allow for feedback, suggestions, and the opportunity for participants to share their own interpretations of what they have learned with the group.
    - The facilitator will conduct the reflection for Day 1; thereafter, the facilitator will work with participants who signed up for this process to ensure they are prepared.
  - *Daily Recap*. **Explain** the following:
    - Recaps are done at the beginning of each day to encapsulate learning from the previous day; they should last no longer than 15 minutes. When people learn new material, they should reflect during their own time overnight; this process may invoke more insights (or more confusion) and perhaps conflict with previous knowledge. Recaps provide an opportunity for participants to share further insights, clarify meanings of key concepts, and clear up confusion.
    - **Caution** participants that the daily recap is not meant to reproduce the sessions of the previous day or give a full readout of the proceedings and breaks; rather, it provides an opportunity for participants to reinforce learning and create a common level of understanding as they enter the new sessions for the day.

- Invite participants to write their names on the ‘Recap/Reflection’ flipchart page to sign up for either.

Summary and Transition to Next Module

- **Thank** participants for sharing their information. **Say** that they are now a community ready to receive the training prepared especially for them and be full participants in the process.
- **Emphasize** the need to respect all of the training norms. Stress that one aspect of respect is addressing each other by preferred names and wearing name tags every day, which helps everyone to do so.

Module 2: Orientation to BHCPF

Session 1: BHCPF Overview

Purpose:

To provide participants with basic knowledge of the BHCPF.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Situate the BHCPF within the context of UHC
- Explain the rationale for establishing the BHCPF
- Explain the BHCPF governance structure and the roles and responsibilities of BHCPF stakeholders at the federal level

Duration: **60minutes**

Materials:

- **Handout** (copies for all participants and facilitators): **'***Definition of Terms'*
- **Poster** BHCPF Funds Flow
- 20 blank flashcards

Preparation:

- **Prepare** blank flipchart pages with the following:
  - **Label:** 'Session Objectives'; write session objectives
  - On one page, draw three columns, label them 'UHC,' 'NHAct,' 'BHCPF,' and write the definitions below:
    - UHC: Coverage of health services for all
    - NHAct 2014: Protects, promotes, and fulfils the rights of Nigerian citizens to access health services
    - BHCPF: Social security intervention, aimed at the achievement of UHC
  - **Hang** the BHCPF Funds Flow poster (see below) on the wall.
  - **Label**: '**Small Group Work Instructions'**; write the following instructions:

  - Discuss policy/strategy assigned to your group
  - Identify what you know about the policy or strategy
  - Use the flash cards provided and write one key thing you know about the policy/strategy on a card
  - You have 8 minutes for this activity
  - After 8 minutes, identify a representative from your group to post the flashcard under your assigned policy/strategy
- **Prepare** two signs on separate 5x7 inch pieces of cardboard paper: Label one 'Administration' and the other 'Governance.'

Session Overview:

- **Activity 1:** Rationale for the BHCPF (15 min)
- **Activity 2:** Clarification of Terms (15 min)
- **Activity 3:** BHCPF Funds Flow (5 min)
- **Activity 4:** BHCPF Governance and Administrative Structure (20 min)

Activity 1: Rationale for the BHCPF

Time: 15 minutes

- **Open** the session by commending participants for their desire to be part of the training. **Tell** participants that this session is meant to acquaint them with a basic overview of the BHCPF, the new federal intervention on primary health care.
- **Display** the flipchart page with 'Session Objectives.'
- **Read** the 'Story of Ona' (see Box 2) to participants. Facilitator's Note: Please substitute a more representative name in the story as appropriate for different regions.

Box 2. Story of Ona

Esther is a 28-year-old young woman married to Ojo. Esther works as a helper to a family for whom she does house cleaning on weekends, for which she is paid N8,000 per month. During the week, she roasts corn by the roadside when it is in season. Ojo is an artisan painter who does work whenever it comes along. They had only one child, Ona, who was almost 3 years old. When Esther works, she would usually leave Ona in the custody of kind neighbours.

Ona had been having fever on and off for about four days. Esther kept giving her locally made herbs because taking her to the hospital would cost money. One day, Esther received a frantic call at work telling her that Ona was having a convulsion and had been rushed to the hospital by neighbours. Esther immediately called her husband Ojo and they both rushed to the hospital. Luckily, the convulsion had been controlled. They spent two nights in the hospital, the child was discharged, and the family received a bill of N30,000. Esther would not be paid for that month for another week, so she pleaded with the family that employed her to pay her early and give her an advance for the next month. Her employer granted her the request, giving her N16,000. Ojo had not had much luck for work that month, so he sold his telephone handset for N5,000, adding up to N21,000 total. This amount was still not enough, but with assistance from the grandparents and some other friends, Esther and Ojo were able to raise N30,000 and pay the bill.

After discharge, they were given a form to do a laboratory test and bring back the child once they got the result. When they went to have the test done, they were told that it cost N6,000. Not having any more money, they went home with their child. The fever continued but they did not know what to do. Luckily, a concerned person found out and gave them the N6,000 for the test. They had the test done and took the results to the hospital. When the doctor saw the results, he was alarmed. He told Esther and Ojo that Ona's blood level was very low, and she had to have a blood transfusion or she would die. Esther and Ojo were shocked. Where would they get the money for this treatment? They again began running around to raise

- After reading the story, **ask** the following questions:
  - Why do you think Ona died? Expected response: She needed a blood transfusion but did not get it in time.
  - Why did Ona need a blood transfusion? Expected response: Her blood level was low.
  - Why was her blood level low? Expected response: She was sick.
  - Does everyone who gets sick die? Expected response: No.
  - So why did she die? Expected response: The parents did not take her back to the hospital as they were told.
  - Why were the parents not able to take her to the hospital? Expected response: They had spent all their money when she was first admitted, so they had no money for the transfusion.
  - Which of these factors may have contributed indirectly to the immediate cause of death?
- **Continue** to ask the 'why' questions and generate responses. The participants should come to the conclusion that Ona died because she had an illness, the parents did not take her to the hospital because they had no money, she was rushed to the hospital only when she started

convulsing, they had to spend all of their money to pay for treatment the first time and did not go back immediately because initially they could not pay for the laboratory test. Other causes may have included the following: ignorance about seeking health care, distance to the facility, and a lack of competence at the health care facilities (HCF).

- **Ask** the group if they have ever heard a similar story. Generate responses. **Say** that about one of every 10 children born every day in Nigeria will not live to celebrate a 5th birthday. (Update this information with the most current statistics from the state-specific data where the training is taking place.)
- **Ask** the group if they have ever heard of a woman who died because of pregnancy and/or childbirth. Generate responses.
- **Tell** participants that currently, more than 153 Nigerian women die every day as a result of pregnancy and childbirth because of similar circumstances (NDHS 2018). This figure varies among states and between rural and urban settings. In some states, it is much higher. (Trainer should use current national and state specific data where available.)
- **Ask** the group how many women died in their facility in the past year because of pregnancy and childbirth? **Generate** responses.

Conclude by saying that such circumstances are some of the reasons why the Nigerian government has committed to develop programmes to stop these preventable deaths. **Emphasize** that the BHCPF recognizes vulnerable population groups in the society.

Activity 2: Clarification of Terms

Time: 15 minutes

- **Tell** participants that as a means of addressing the poor health situation in the country, the FGON has developed and is implementing key health reforms: UHC, NHAct 2014, and BHCPF.
- **Say** that we will explore each element and identify the differences and similarities between them.
- **Divide** participants into four groups by requesting them to take numbers from 1 to 4, depending on the number of participants. Each group should have about seven to eight participants. **Assign** a strategy or policy to each group and provide a working space for each. Create a fourth group, if needed, and give two groups the same policy or strategy.

- **Display** the flip chart page labelled 'Small Group Work Instructions' and **read** the instructions out loud. **Ask** if anyone has any questions. **Tell** participants they have eight minutes for their groups to complete the task.
- **Keep** track of the time; after 6 minutes **inform** them that they need to begin writing on the flash cards and **call** time when the 8 minutes elapse. **Post** the prepared flipchart with the three columns: 'UHC,' 'NHAct 2014,' 'BHCPF.' I**nvite** groups to post their flash cards under the column bearing the name of their assigned policy or strategy.
- **Give** the group 2 minutes to review the cards and key elements, using the information in the '*Definition of Terms* 'handout below as a guide.
- **Explain** the link between the terms. UHC is a global initiative that seeks to make access to health services available to everyone. The NHAct is a law passed by the FGON to protect, promote, and fulfil the rights of the people of Nigeria to have access to health services. The BHCPF serves as a mechanism to operationalize the NHAct and help Nigeria achieve the goal of UHC.

Activity 3: BHCPF Funds Flow

Time: 5 minutes

- **Ask** participants to stand near the BHCPF Funds Flow chart (Figure1). **Describe** the flow, emphasizing the following:
  - Funds are pooled from three sources: The Federal Government—at least 1 percent CRF; donors; and others, including from taxation and individuals.
  - The funds are distributed as statutory transfers to the gateways:
  - 50% to NHIS—to purchase services
  - 45% to NPHCDA— Allocated as follows:
    - 20% for vaccines, essential drugs, and medical consumables,
    - 15% for provision and maintenance of health facilities, equipment, and transportation and
    - 10% for human resource development for PHC; and
  - 5% to National Emergency Medical Treatment Committee (NEMTC) —for emergencies
  - The funds that flow to the healthcare facilities come from the NHIS, NPHCDA and NEMTC

Activity 4: BHCPF Governance and Administrative Structure

Time: 20 minutes

- **Hold** the cardboard signs that say 'Governance' and 'Administration'—one on your left and the other on your right. **Ask** participants if these two terms are the same. If they answer 'yes,' **ask** why. If different, **ask** why. **Generate** responses.
- **Explain** that governance includes the creation of laws and policies that shape a nation or sector. Administration is concerned with implementing the products of policy and governance decisions. **Say** that institutions responsible for governance make laws and policies, and administrative institutions implement the laws.
- **Provide** this example: making changes to the Income Tax Act and related laws to make taxation more progressive and/or effective is one area of governance. Income tax officers are the public administrators who put those laws or regulations into practice.
- **Brief** participants on the governance and administrative structure for BHCPF at the national level (see Table 4).

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize** by emphasizing the following points:
  - UHC ensures equity in access to health services; quality of health services should be good enough to improve the health of those receiving services; and people should be protected against financial risk.
  - The NHAct sets the legal framework for operationalizing the BHCPF, and the BHCPF is a means of achieving UHC.
- **Ask** the group if they have any questions or comments.
- **Distribute** handout '*Definition of Terms'* for participants to review on their own time.

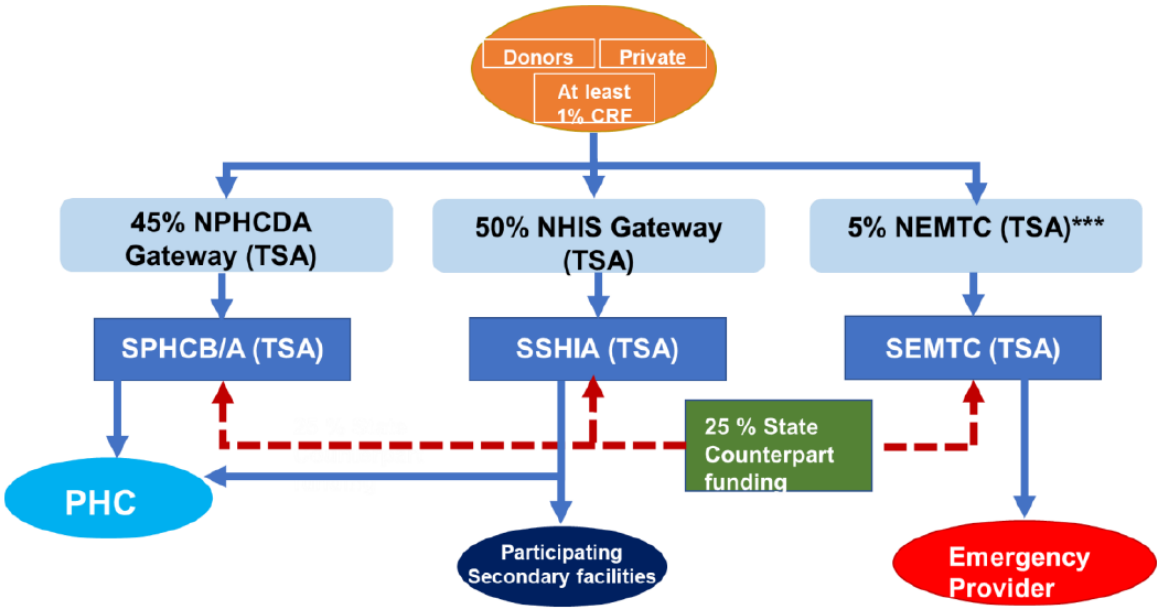
Handout: Definition of Terms

Universal Health Coverage (UHC): All people and communities can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It is firmly based on the WHO constitution of 1948 declaring health to be a fundamental human right, and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across 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 only those who can pay for them.
- The quality of health services should be good enough to improve the health of those receiving services.
- People should be protected against financial risk, ensuring that the cost of using services does not 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 and vulnerable, 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.



Legend:

- Blue line: Fund's flow
- Red dotted line: State counterpart funding

Figure 1. BHCPF Funds Flow

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 Organisations and Civil Society Organisations • NGOs and CSO shall continue to play their role of promoting social accountability as it relates to the implementation of the BHCPF through effective collaboration with all stakeholders **Note:** the full implementation guide for all partners is in the revised BHCPF Guideline 2020	**Non-Governmental Organisations and Civil Society Organisations** • NGOs and CSOs may choose to engage in programme monitoring, supervision based on their organizational mandates **Note:** the full implementation guide for all partners is in the revised BHCPF Guideline 2020

Table 4. National-Level Governance and Administrative Structure for BHCPF

Note: the full implementation guide for all partners is in the revised BHCPF Guideline 2020

Session 2: Governance, Administrative Structure, and Roles and Responsibilities of BHCPF Stakeholders at the State Level

Purpose:

To clarify the governance and administrative structure, and roles and responsibilities, of the state agencies in implementing the BHCPF: the SOC, State Social Health Insurance Agency (SSHIA), State Primary Health Care Boards (SPHCBs)LGHAs and PHCs.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Explain the BHCPF governance and administrative structure at the state and local government level
- Describe the roles and responsibilities of BHCPF implementation stakeholders

Duration:**20 minutes**

Materials:

- **Handout** (copies for all participants and facilitators): '*Governance, Administrative Structure, and Roles and Responsibilities of BHCPF Stakeholders'*

Preparation:

- **Prepare** blank flipchart pages with the following and post on the wall:
  - **Label:** 'Session Objectives'; write session objectives
  - **Label**: 'Summary of the Governance, Administrative Structure, and Roles and Responsibilities of the SMoH/SPHCB/SSHIA/LGHA/PHC/'
  - **Label**: 'Small Group Work Instructions'; write the following instructions:
    - Discuss the governance and administrative structure, and the roles and responsibilities of your assigned group's state-level BHCPF stakeholder
    - Choose someone to present the group work
    - Time:10 minutes
    - Presentation: 10 minutes (e.g., 2 minutes per group)

Session Overview:

- **Activity 1:** Introduce the Session and Small Group Work (20 min)

Activity 1: Introduce the Session and Small Group Work

Time: 20minutes

- **Introduce** the session by explaining that there are different partners involved in the governance and administrative structure of the BHCPF at the state and local government levels.
- **Say** that in this session, participants will explore the BHCPF governance and administrative structure, and the specific roles and responsibilities of the state and local government level stakeholders: SOC, SPHCB, SSHIA, LGHAs and the PHCs. **Share** the session objectives, referring to the posted flipchart page.
- **Tell** participants that they will now break into groups for small group work.
- **Divide** participants into four groups, with no more than six to eight persons per group, depending on the total number of participants. You can choose to allow them to work in their groups from the previous session.
- **Ask** each group to recall their previous knowledge and experience of the stakeholder group roles in healthcare delivery; **brainstorm**: Ask them to identify what they imagine the assigned stakeholder's roles would be in implementing the BHCPF.
- **Display** the 'Small Group Work Instructions' flipchart page and **review** the steps.
- **Provide** a blank flipchart page and markers to each group.
- After 10 minutes is up, **call** time. **Invite** group representatives to present the results of their group work to the larger group. **Remind** the groups they have only 2minutes to make their presentation.
    - **Refer** to the pre-labelled flipchart page with the different stakeholders and **instruct** each group's representative to share the outputs of their group work.
    - After each group has written the roles imagined for its stakeholder, **facilitate** discussion. **Ask** other groups for comments, questions; are there roles with which they agree or disagree, whether they have any additions, and so on. Limit overall report-outs and discussion to about 10 minutes.

- **Distribute** and **review** briefly the handout, '*Governance, Administrative Structure, and Roles and Responsibilities of BHCPF Stakeholders'* below, to build on the group presentations, if necessary.

Summary and Transition to Next Session

- **Say** that having a clear understanding of the governance and administrative structure, and the roles and responsibilities of various state and local government level BHCPF stakeholders will help participants know where to go to for information and resources, if necessary. **Explain** that the handout also includes the national- and federal-level stakeholders reviewed during the previous session.
- **Tell** participants that the next session will focus on the roles and responsibilities of the WDC.

Handout: Governance, Administrative Structure, and Roles and Responsibilities of BHCPF Stakeholders

LEVEL	GOVERNANCE	ADMINISTRATION
Federal	**National Council on Health (NCH)** • Protection, promotion, improvement, and maintenance of the health of citizens of Nigeria • Policy formulation	**National Health Insurance Scheme (NHIS)** • Provide BMPHS • Provide technical support to SSHIAs • Establish regulations covering accreditations and quality improvement (in collaboration with the NPHCDA) • Validate enrolment as carried out by SSHIAs • Contract through SSHIA with accredited health care providers for the provision of services under NHIS • Consolidate financial and service use report for review and onward submission to the MOC • Ensure that provider and enrolee rights and responsibilities are protected under the program Monitor and Evaluate implementation, conduct quality assurance to ensure optimal healthcare services under the NHIS gateway • Enforce sanctions for infractions and offences by stakeholders under the NHIS BHCPF Gateway
	Ministerial Oversight Committee (MOC) • Function as a national oversight group promoting true collaboration among implementing agencies in the evolution and implementation of the BHCPF • Coordinate the operations of the various stakeholders to ensure alignment with the overall objectives of the NHAct for BHCPF. • Review for endorsement annual work plans and budgets of Federal and State implementing entities as presented by implementing agencies. • Review updates on funds flow, performance management and verification of results, as presented by the implementing Agencies for feedback and guidance by the MOC.	**National Primary Health Care Development Agency (NPHCDA)** • Provide technical support to the SPHCB/A for the implementation of the Gateway at state, LGAs and community levels. • Receive, consider, and approve on an annual basis, consolidated state proposals from the SPHCB/A, for planned utilization of the portion of the BHCPF accruing to the state under the Gateway and forward same to the MOC for review and endorsement. • 3. Confirm the availability of state and LGA 25% counterpart funding for programme implementation as criteria for disbursement of NPHCDA Gateway funds to states. • 4. Disburse allocated resources of the BHCPF to the states through the SPHCB/A as at when due as stated in the financial sub-section of these guidelines. • Receive, analyse, and provide feedback on quarterly programme implementation reports from the SPHCB/A. • Receive, vet, and communicate recommendations/decisions on quarterly financial reports from the SPHCB/A. • Submit quarterly financial and programme reports of activities, progress, and achievements of the Gateway to the Honourable Minister of Health and present same during meeting of the Ministerial Oversight Committee. • Communicate with states and advocate for conformity standards for PHC facilities and service delivery by SPHCB/A and Local Government Health Authorities (LGHAs) and sanction non-compliance.

	• Evaluate periodic programme report presented by the implementing agencies (NPHCDA, NHIS and EMT). • Have the responsibility to ensure compliance of all participating agencies and entities with the Guidelines. • Review performance of the implementing entities based on a clear set of agreed upon Key Performance Indicators (KPIs) across the programme. • Ensure that monies have been disbursed, managed, and accounted for in a transparent manner and in accordance with the Guidelines. • Advocate and ensure the provision of the required resources for planning and delivery of the programme. • 10.Facilitate implementation of financial audits by external auditors. • 11.In exceptional circumstances, where the Honourable Minister may consider an independent report to be required, the MOC may direct the engagement of an independent entity to review programme implementation on a case-by-case basis. • 12.Prepare progress report to the NCH, NEC, NASS and other stakeholders as may be required from time to time • 13.Resolve disputes or issues arising from implementation of the BHCPF. Meetings of the MOC-BHCPF the MOC-BHCPF shall meet quarterly, or at the instance of the Honourable Minister of Health.	• Conduct routine supervision, monitoring and periodic evaluation of NPHCDA Gateway operations across the country, utilizing appropriate tools. • Build Capacity across all levels and amongst Partners and stakeholders for effective implementation of the NPHCDA Gateway. • Conduct implementation research to generate evidence for improvement in implementation of the NPHCDA Gateway and PHC. • Work with the SPHCB/A to determine the baseline of PHC services, prior to the commencement of state level operations and subsequently track progress in quality improvement. • Develop, publish and disseminate 'Handbook' of protocols, processes and tools for the NPHCDA Gateway to further guide PHC workers particularly at LGHA and Facility level. • Collaborate with all stakeholders to advocate, publicize and mobilize resources for the NPHCDA Gateways and BHCPF. • Conduct routine national review meetings on activities of the NPHCDA Gateway.
	BHCPF Gateways Forum	**NEMTC**

	• Ensure synergy, alignment and enable effective collaboration while implementing the BHCPF. • Address common challenges to the implementation of the BHCPF • Enable leveraging of existing institutional resources for the implementation of the Gateways.	• Creation of the National Emergency Medical Services and Ambulance Scheme (NEMSAS), and its early operationalization. • Establishment of Governance Structure and reporting lines, at the National, Zonal, State and Local levels. • Administer the stipulated 5% part of the Basic Health Care Provision Fund. • Set up and operationalize the fund management systems. • Integration of identified existing EMS & Ambulance Schemes of various Agencies, States and Private EMS operators into the NEMSAS. • Identify manpower requirements and undertake manpower development using an approved training curricula & Integration into the scheme. • Completion of ongoing nationwide resource mapping for emergency medical services. • Integration of the existing National Toll-free Emergency numbers for EMS & communication channels for all relevant stakeholders. • Development of infrastructural requirements, including equipment and ambulance requirements, PPEs, Uniforms, Dressing Codes, Development of SOPs, and Logos. • Collaboration in the establishment/ integration/upgrading of emergency care centres where required.

LEVEL	GOVERNANCE	ADMINISTRATION
State	**State Oversight Committee of BHCPF (SOC-BHCPF)** • Honourable Commissioner supported by the SOC shall conduct required advocacy and ensure budgetary appropriation and release of State and LGA 25% counterpart funding and any additional funding from other sources pursuant to the NHAct 2014. • Ensure that all onboarding criteria as required by the Gateways are met and in a timely manner. • Ensure that implementation and use of funds within the state comply with this Guideline, in a transparent and accountable manner. • Receive and review annual workplans and budgets from implementing Gateways • Receive quarterly briefing from all the Gateways at the State level on programme performance, fund utilization, program implementation & coverage. • Provide feedback to Gateways for strengthening implementation. • Coordinate operations of different stakeholders and resolve disputes or issues arising from implementation of the BHCPF that could not be resolved by the implementing Gateways within the state. • Ensure compliance Conduct periodic performance management, monitoring and supervision of activities of the Gateways within the state. Meetings of the SOC-BHCPF: The SOC-BHCPF shall meet quarterly or at the	**State Primary Health Care Board (SPHCB)** • Provide state level capacity and implementation of the NPHCDA Gateway activities within the state with support from and in collaboration with the NPHCDA. • Provide direct technical support to the LGHAs for the implementation of the Gateway at state, LGAs and community levels. • Collaborate with the NPHCDA for capacity building of all relevant actors within the state on the BHCPF. • Develop a consolidated state proposal from the SPHCB/A, for planned utilization of the portion of the BHCPF accruing to the state under the Gateway; and submit same to the Honourable Commissioner for Health for approval and onward forwarding to the NPHCDA. • Establish a Top Management Meeting (TMM) with all relevant Donors and Partners working on PHC in the state to support the work of the Gateway in the state. • Provide support to the State Honourable Commissioner for Health, State Oversight Committee, SMoH and all stakeholders to mobilize the pre-requisite 25% counterpart funding and any additional funding requirements for the Gateway at state level. • Submit quarterly financial and programme reports of activities, progress, and achievements of the Gateway to the Honourable Commissioner of Health for approval prior to transmission to the NPHCDA and present same during meeting of the State Oversight Committee. • Disburse allocated NPHCDA Gateway resources to benefitting PHC facilities, LGHA and projects in accordance with these guidelines. • Submit to The Honourable Commissioner for Health and present to the SOC on a quarterly basis programme implementation reports to the NPHCDA, inclusive of status of project implementation across the state, PHC service utilization, supervision, monitoring and administrative actions amongst others. • Submit to the Honourable Commissioner for Health and present to the SOC on a quarterly basis vetted financial reports to the NPHCDA. Inclusive of budgeting reports, status of funds disbursement at all levels across the state, statements of accounts at state level and statements of financial retirements/audit as appropriate; for onward transmission to the NPHCDA

	instance of the Honourable Commissioner for Health. **LGA PHC Advisory Committee** This committee is a statutory committee of the LGA and exists as an integral part of the Primary Health Care Under One Roof (PHCUOR) and Ward Health System (WHS). It's composition and functions are as stated in the WHS documents (NPHCDA 2018 and 2020 as revised In addition to its statutory function, the following will be required as part of implementation of the BHCPF, within the LGA. • Advocate & mobilize resources for 25% counterpart funding in cash or kind by the LGA as required by the NHAct 2014. • Ensure that health facilities are ready for NHIS/NPHCDA accreditation by providing technical support to the facilities • Ensure LGA budgetary allocation for supportive supervision, monitoring and mentoring	following approval by the Honourable Commissioner for Health. • Ensure adherence to prescribed standards for PHC facilities and service delivery as communicated by the NPHCDA, and to criteria for accreditation by the National Health Insurance Scheme. • Conduct routine monitoring, supervision and periodic evaluation of NPHCDA Gateway operations across the state using prescribed tools for the Gateway. • Identify (based on baseline/needs assessment) and forward a list of PHC facilities, at least one (1) per political ward to benefit from the NPHCDA Gateway Funds • Ensure all participating healthcare facilities open and maintain bank accounts with commercial banks that are part of the Nigeria bankers' clearing house system to enable electronic receipt of funds from the SPHCB/As. • Work with support from the NPHCDA in collaboration with NAFDAC and State Department of Pharmaceutical Services; to accredit local distributors and pharmacies inclusive of state central drug stores from which PHCs may procure NAFDAC certified drugs directly. • Sign a MoU with the NPHCDA and enter into service delivery contracts with PHC facilities •

		State Social Health Insurance Agency (SSHIA) • Conduct accreditation of facilities (in collaboration with NHIS) • Conduct quality improvement activities • Pay for services provided by Primary and Secondary Providers Ensure payment of claims • Implement monitoring and evaluation activities • Oversee grievance and redress mechanism • Ensure prudent management of funds

LEVEL	GOVERNANCE	ADMINISTRATION
Facility	Ward Development Committee (WDC) • Collaboration with the PHC facility leadership in identification of health and social needs of the ward and planning for them. • Prioritization of identified health needs for inclusion in the PHC facility's Business Plan and other related plans and documents. • Mobilizing additional community resources for the PHC facility and quality service delivery. • Serve as members of the PHC Facility Quality Improvement Committee • Provide a co-signatory to the PHC facility account in line with the financial management section of this guideline. • Continue to conduct all other business of the WDC as enshrined in the Ward Health System manual.	Local Government Health Authority (LGHA) The Local Government Health Authorities will work with direct support from the SPHCB/A for implementation of the NPHCDA Gateway. • Work with the LGA PHC Management and Advisory Committees to prioritize health and secure prerequisite counterpart funding from the Local Government Authority/Chairperson. • Provide direct technical support for implementation of BHCPF activities in the PHC. • Conduct routine supportive supervision and monitoring of PHCs in the LGA and ensure that: o PHCs are staffed, equipped and functional to deliver quality PHC services to Nigerians. o Community members have effective access to the BMPHS as defined in this guideline and at no additional cost. o Funds received by the PHC facilities from the SPHCB/A through the NPHCDA Gateway, the NHIS Gateway and other sources are utilized judiciously and transparently to supplement the operational budget of the PHC for improvement in quality of care. o Ensure that medicines purchased by PHC facilities are from state accredited pharmacies or distribution channels. o Provide technical support and mentoring to the PHCs for the development of Quarterly Business Plans and related plans and their effective transmission to the SPHCB/A for approval. o Ensure financial and non-financial records including routine service utilization

		data are maintained and transmitted as appropriate. Primary Healthcare Centres (PHCs) • Provide essential services (BMPHS) • Operate bank account • Keep records of patients and claims • Ensure functionality of the WDC • Implement patient referrals • Develop quality improvement plans (QIPs) • Create sensitization and demand in collaboration with WDCs

***Session 3**- Management of PHCs*

Purpose

To acquaint participants with the management tasks and roles of the PHC Facility Officer-In-Charge/ manager

Session Objectives

- Describe the concept of management
- Explain tasks and roles of management
- Determine how to prioritize activities of the PHC

Duration

60 mins

Materials

- FC
- Markers
- Flash cards

- Handouts (according to the number of participants)
- Case Study: Samina PHC activities

Preparation

Prepare blank flip charts with the following:

- Label 'Session Objectives' and write session objectives
- Label 'Definition of Management' and write down the definition.
    - The planning, organizing, leading, and controlling of human and other resources to achieve organizational goals effectively and efficiently
- Label 'Definition of a Manager' and write down the definition:
    - A Manager is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization.
    - These resources consist of human, financial, information and physical assets. Timely use of these resources is essential for effective management.
- Label 'Management functions' and write down
    - Planning
    - Organizing
    - Leading
    - Controlling

Session Overview

Activity 1: Introduction (5mins)
Activity 2: Review of roles and responsibilities of PHCs from Module 2, session 2 (10 minutes)
Activity 3: Management Tasks of the PHC Manager (40 minutes)

Activity 1: Introduction – 5minutes

- **Introduce** the session by explaining that just like is listed in the governance and administrative structure for the BHCPF, the PHC facility administers the day-to-day running the PHCs deals with so many things that ensures that the roles and responsibilities in the delivery of BHCPF and other services in the facility are done efficiently and effectively

- **Say** that in this session, participants will examine the different roles and responsibilities and determine which ones fall into management tasks or roles
- **Share** the session objectives, referring to the posted flipchart page.

Activity 2: Review of Roles and responsibilities of PHCs 10 minutes)

- **Refer** participants to Module 2 session 2: *Governance and Administrative Structure, the Roles and responsibilities of BHCPF stakeholders Across All Levels.*
- **Ask** volunteer participants to share what they think are OIC/manager f these roles and responsibilities at the PHCs
- **Record** the responses on flip chart.
- **Post** the flipchart with the roles and responsibilities at the PHC level to synthesize the output from the brainstorming session. Note that there are two major roles and responsibilities – governance which is the responsibility of the WDC and Administration, that of the LGA and the PHC.
- **Ask,** so now we have reminded ourselves of the administrative roles in PHC, is management different from administration? If so, what is management and who is a manager:
- **Take** a few responses and **post** the FC with the definition of management as below

  Management:

  "The planning, organizing, leading, and controlling of human and other resources to achieve organizational goals effectively and efficiently"
- **Ask**: who then is a manager? Take responses and record on F/C
- **Display** prepared flip chart with the correct definition of a manager
- **Explain** that a manager is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization. These resources consist of human, financial, information and physical assets. Timely use of these resources is essential for effective management.

Activity 3: Management Tasks of the PHC Manager - Case Study – Work in the Samina PHC – 15 minutes

- **Tell** participants that they will be required to work in small groups of 4-6 persons per group to study the case of the work in Samina PHC to help them examine what management is, who is a manager and what specific tasks and roles of the worker in Samina PHC.
- **Divide** participants into small groups using any group formation method described in the manual.
- **Assign** working space to each group
- **Distribute** the Case Study - Work in Samina PHC to all the groups in the handout section of the session plan
- **Read** the case study aloud and make any clarifications
- **Distribute** the task instructions
- In your groups, read and discuss the work in Samina PHC
    - Identify the work that you think are management tasks and roles and those you think are the routine day to day work of the OIC based on her professional training
    - List them out on separate FCs to share in the plenary
    - Time: 15 minutes
- **Allow** the groups to work independently but track the time and provide information as necessary.
- Presentation: 10 minutes- Request all the groups to post first, the list of management tasks and roles, side by side on the training room
- **Facilitate** to find out the commonalities, then discuss any outstanding and reach agreement on if they belong there.
- **Request** the groups to post the other FC again side by side and repeat the process.
- **Post** the FC of the Management Tasks of the PHC Manager as below: Use it to explain the management tasks.
- **Explain** that the management tasks can be categorized into 4 distinct categories
    - Planning
    - Organizing
    - Controlling
    - Leading
- **Post** the FC with the titles Planning, Organizing, Controlling and Leading in front of the training room.

- **Ask** participants to pick a blank flash card and write one management task they as agreed. When all the tasks have been written on flash cards, invite participants to post them under the different categories as they deem appropriate.
- When all the cards are posted, **ask** participants to review in the plenary and repost any card that they notice does not fit into the category it was posted. Facilitate to ensure that cards are posted appropriately.
- **Emphasize** the following
    - The tasks do not run as in a linear form but are all interrelated
    - **Reiterate** that a PHC Manager must manage plan, organize, control, and lead the work in the PHC so that the PHC will have enough funds in the facility, HRH, supplies, delivery of Quality of services, waste management, implementation of PHC programs etc.

Handouts

Case Study: Activities of PHC Samina

Amina/Funke/Ada is the manager of Samina PHC. She does the following work in the PHC – makes sure that the facility has all the required essential materials, equipment, drugs are available to run the facility and sometimes gives drugs/injections to patients, conducts ANC, care, looking after women in labor and deliver them when they are ready; supervising other facility staff conducting immunization and sometimes gives the immunization herself, growth monitoring and in addition. She is also a member of the facility management team that sets the goal for the PHC, quality improvement team and ward development committee.

She determines what needs to be done & how, and when, she looks at the overall work in the facility, writes report which is submitted to the LGHA office. Monitors all the work being done in the facility, decides how staff work and settles quarrels amongst other staff, etc.

Questions:

In your groups discuss:

1. Identify the management task among the series of what the PHC manager is doing
2. List on a FC

Handouts

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

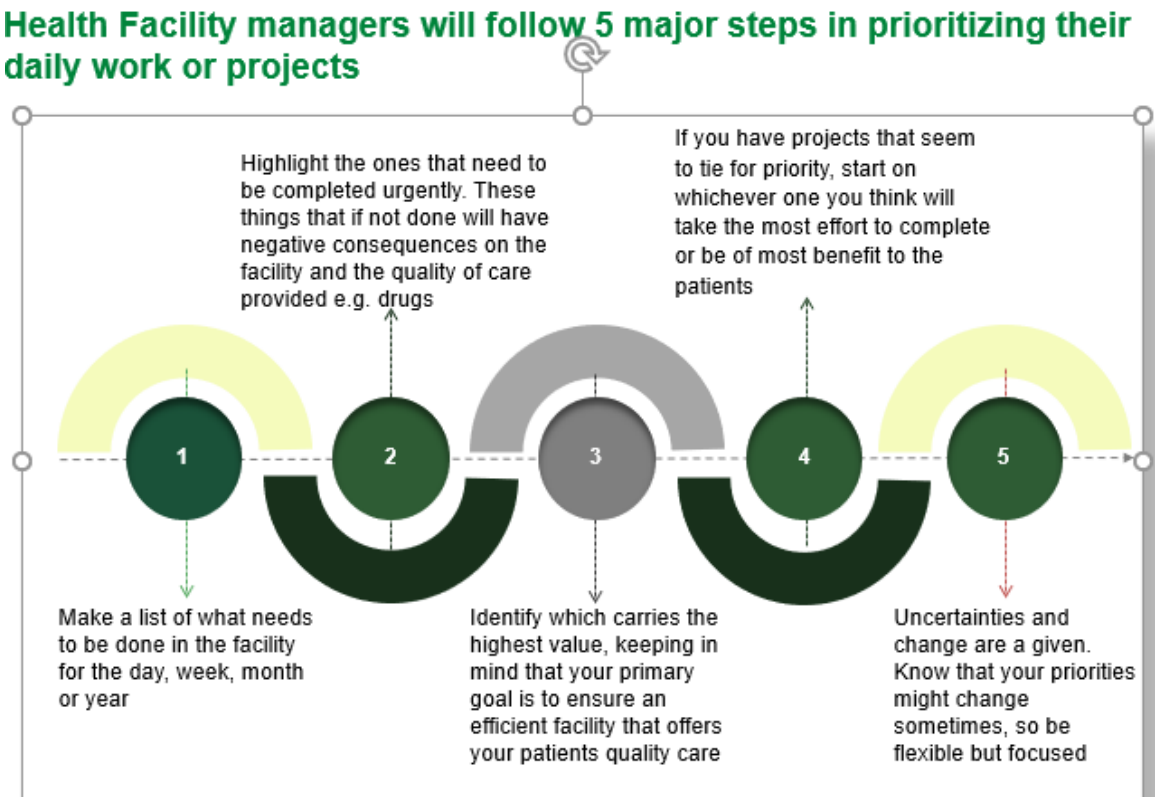
		the part they play in achieving PHC goals	• Outcome of leadership is highly motivated and committed workforce

Priority Setting

Prioritization-Introduction-One of the greatest problems of management and leadership is the art of setting priorities on daily work and on projects generally, because everything seems to be important and seeking attention and time.

However, the truth is that a lot of the work we do every day does not really need to be done, or at least not as important that needs to be done right away.

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.



Session 4: WDC Composition, Roles, and Responsibilities

Purpose:

To acquaint participants with WDC roles and responsibilities under the BHCPF rollout.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Describe the composition of a WDC
- Enumerate the roles and responsibilities of a WDC

Duration:**40 minutes**

Materials:

- **Handout** (copies for all participants and facilitators): '*WDC Composition, Roles, and Responsibilities'*

Preparation:

- **Prepare** a blank flipchart page labelled 'Session Objectives' and write the session objectives.
- **Identify** and request in advance four WDC members, preferably chairpersons, to serve as panel members during the panel discussion. After they agree to participate, share the main points of the panel discussion and elaborate on specific areas or topics you would like them to cover or emphasize.
- **Identify** the facilitator to moderate the session.
- **Arrange** the room to allow for the panel discussion. This arrangement should include five seats—one seat for the moderator and four seats for the panel members.

Session Overview:

- **Activity 1:** WDC Panel Discussion (20 min)
- **Activity 2:** Discussing WDC Roles and Responsibilities (20 min)

Activity 1: WDC Panel Discussion

Time: 20 minutes

- **Explain** that we will next review and examine the roles and responsibilities of WDCs as they relate to the BHCPF.

- **Introduce** the panel discussion and explain the topic of the discussion. **Introduce the** panel members and moderator.
- **Begin** the panel discussion and **ask** the set of questions below.
- **Ask** one question at a time, and ask a maximum of two panel members, giving them2 minutes each to answer and/or further probe a panel member's response. **Encourage** open discussion and interaction between panel members and participants. **Ask** the following:
  - How long have you been involved in the WDC and what is your role in it? Can you explain some of your day-to-day tasks and activities?
  - Whom do you work or interact with daily?
  - What has been your experience so far?
  - During the last session, you learned about the BHCPF. Considering the BHCPF mandate and overall scope, how do you see your role as fitting in?
  - Based on considerations of the BHCPF mandate and goals, do you have any concerns regarding your roles as a WDC chair/member?
- If a question is directed at a specific panel member, allow that member to answer and then **encourage** other panel members to weigh in or comment. **Check** your time to manage how many questions from participants you can take.
- **At** the end of the panel discussion, 'de-role' the participants by thanking them and allowing them to get back to their seats; ask for feedback, inputs, and questions from participants.
- **Summarize** the panel discussion by noting key points raised and discussed.
- **Thank** panel members and close the activity.

Activity 2: Discussing WDC Roles and Responsibilities

Time: 20 minutes

- **Distribute** the handout '*WDC Composition, Roles, and Responsibilities'* to build on the panel discussion.
- **Ask** participants to read the handout to themselves for a few minutes. If any participants are unable to read, talk through the handout as a group and read aloud about important roles and responsibilities.
- **Discuss** defined roles and responsibilities and **refer** to the panel discussion. **Ask** participants the following:
  - Are there specific roles or responsibilities that surprised them?
  - Was anything different than what came up during the panel discussion?

  - What do the roles and responsibilities mean to them? How are they important to the BHCPF rollout?
  - Are there any roles and responsibilities they see as potentially challenging? **Ask** for explanations.
- **Encourage** an open discussion of roles and responsibilities. As a second option, break participants into groups to discuss the handout together.

Summary and Transition to Next Session

- **Emphasize** the importance of WDCs in the successful rollout of the BHCPF and **highlight** key roles and responsibilities.
- **Tell** participants that this training, and the following modules, will prepare them to perform their roles better.

Handout: WDC Composition, Roles, and Responsibilities

The ward is regarded as a unit of political representation. It enables citizen participation in the political economy through a councillor. 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: • 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	What WDC Cannot Do: • 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.

Session 5: BMPHS Overview

Purpose

Introduce participants to the services covered under the BHCPF Basic Minimum Package of Health Services (BMPHS)

Session Objectives

By the end of the session, participants will be able to:

- List the basic services covered under the BMPHS
- Identify key primary and secondary services under the BMPHS

Duration

45 minutes

Materials

- Flipchart
- Handouts -Copies of the Detailed BMPHS Breakdown enough for all participants and trainers

Preparation

- Make a chart, listing the primary and secondary services under the BMPHS, on a flipchart:

S/N	Primary Level Care
1	General Consultation with prescribed drugs
2	Health Education for prevention of diseases
3	Primary Care Surgery
4	Primary Care Paediatrics
5	Primary Care Internal Medicine (Adult)
6	HIV/AIDS/STDs
7	Primary Care Mental Health Management
8	Primary Care Maternal, Neonatal and child health services (MNCH)
9	Primary Care Emergency Services

S/N	Secondary Level Care

1	Specialist Consultation with prescribed drugs
2	Emergencies occurring outside the usual residence
3	Admission for maximum of 15 days (medical) and 20 days (surgical) cumulative per year
4	Treatment and procedures that cannot be handled in PHCs
5	HIV/AIDS
6	Paediatrics
7	Internal Medicine (Adult)
8	Obstetrics and Gynaecology
9	Surgery
10	Dental Care
11	Ophthalmology
12	Ear, Nose and Throat
13	Physiotherapy
14	Laboratory Investigations

- On another piece of flipchart paper, **write out** the BMPHS definition:

Basic Minimum Package of Health Services (BMPHS) refers to the set of services that are covered in a facility. In respect of the BHCPF – It refers to the primary and secondary services under the BHCPF programme.

- **Cover** the definition and chart of service offerings with blank pieces of paper so that participants cannot see either.

Session Overview

- Introduction and Brainstorming (10 min)
- Plenary Discussion on the BMPHS (30 mins)
- Summary and Transition to Next Session (5 min)

Activity 1: Introduction and Brainstorming

Time: 10 minutes

- **Introduce** the session by **reminding** participants that the entire concept of BHCPF had been discussed in previous sessions and now, they will learn about the BMPHS.
- **Share** session objectives.
- **Invite** participants to recap what they have learned in previous sessions about the BHCPF. **Correct** any misinformation.
- **Create** two groups: one for primary services and the other for secondary services
- **Place** two flipcharts on the wall with primary and secondary services as headings
- The flipchart for primary services is to contain 10 thematic areas in table 1 above, while the flipchart for secondary services is to contain 14 thematic areas in table 2 above
- Participants from the two groups will paste the different services under each thematic area on the two flipcharts
- At the end of 10 minutes, the facilitator circulates the handouts containing the detailed BMPHS for participants to compare their pasted responses to the BMPHS

Activity 2: Plenary Discussion

Time: 30 minutes

- **Explain** that the BMPHS has primary and secondary services that are listed in the BHCPF Guidelines.
- **Refer** to the BMPHS in the handout. **Explain** each, service area covered under the BMPHS
- **Note** that all services listed under the BMPHS will be provided at no charge to the enrollee as it will be paid from the BHCPF funds
- **Pause** and check for understanding. **Take** questions posed by participants and **provide** further examples where needed

Summary and Transition to Next Session

Time: 5 minutes

- **Reiterate** that the BMPHS is the basic minimum package for Nigerians. It covers both primary and secondary services discussed during the session. **Emphasize** that the BMPHS is provided free of charge to beneficiaries
- **Tell** participants that the next module will provide details on how the PHCs can be part of the BHCPF

Session 6: Gender and Equity Considerations in the BHCPF

Purpose:

To enhance participants' knowledge and skills so they can apply a gender and equity approach to their work around the BHCPF rollout.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Define the differences between equality and equity, and sex and gender.
- Identify how they can apply gender and equity to their work around the BHCPF rollout.

Duration: **50 minutes**

Materials:

- Small pieces of blank paper (enough copies for all participants to get one each)
- **Training aid** (two copies): *Power Walk*
- **Handout**: **'***Equality vs. Equity'* (enough copies for all participants)

Preparation:

- Prepare blank flipchart pages with the following:
  - Label: 'Session Objectives'; write session objectives
  - Label: 'Defining Vulnerability'; write, vulnerable are defined as people who are disadvantaged in the society, this include but not limited to pregnant women, children under 5, the elderly, the disabled, and the poor'
  - Label: 'Sex vs. Gender' on two pieces of flipchart paper; write the following (leave room to the right of each example to write 'sex' or 'gender' later):
    - Women give birth to children, men do not
    - Girls are gentle, boys are rough
    - Many women do not make decisions independently and freely, especially regarding health-seeking behaviour and money
    - Men are less likely to use a primary health care facility than women
    - Women contribute to a significant proportion of agricultural production, yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition

  - Women have a higher HIV prevalence rate than men, yet men are more likely to be aware of how to avoid HIV infection than women
- Cut the examples of Power Walk identifiers into individual slips.
- Cut the small pieces of blank paper into squares (large enough to write two to three sentences)

Session Overview:

- **Activity 1:** Power Walk Exercise (25 min)
- **Activity 2:** Equality vs. Equity Discussion (5 min)
- **Activity 3:** The Gender Game (10 min)
- **Activity 4:** Applying our Learning (10 min)

Activity 1: Power Walk Exercise

Time: 25 minutes

- **Introduce** the session by explaining that as part of the BHCPF overview, it is important to understand gender and equity perspectives or considerations.
- **Show** participants the flipchart with the definition of 'vulnerable,' as defined by BHCPF, and read it out loud. **Explain** that ultimately, the BHCPF is targeted to the poor and vulnerable. Due to the devastating impacts of high out-of-pocket spending on health and poor health outcomes for women, Nigeria has one of the highest maternal death rates in the world; considering this reality, it is important to take a gender and equity approach to BHCPF rollout. **Tell** participants that we will spend this next session exploring some gender and equity concepts. **Explain** these concepts quickly and move into the exercise.
- **Introduce** the Power Walk exercise. Make sure to take about 5–10 minutes to explain this first before asking participants to do the exercise—do not rush the explanation!
- **Explain** that we are going to start with a role-playing exercise. Each person will be given a slip of paper with an individual described on it. **Tell** participants to watch what you will demonstrate now.
  - **Take** a slip of paper with one of the identifiers and read it aloud. For example, if you get this one 'grandmother, illiterate, poor, raising four grandchildren, '**say** 'Okay, if I were participating in this exercise, I would no longer be me, the facilitator, I would now think as if I were this grandmother.' **Ask** your co-facilitator to read a few of the statements; you debrief each one (limit of two to three) and explain your thinking and whether you would say 'yes' or 'no.' For example, if I can access health services if I need them' is read aloud, then you **say** 'Okay, I am a grandmother, I am illiterate, and I am poor. Does that mean I

can access health services? Probably not, because if I'm poor, I might not be able to afford transport to the health facility. And remember how I am taking care of four grandchildren? Well, then I cannot go to the health facility because I have no time—I am taking care of children!'

  - **Wrap up** the explanation by **saying** that if I were back in the role of 'me,' the facilitator, instead, then, yes, I could certainly access health services because I have an income for transportation, any service fees that may arise, and although I have children (if that is true), they are in school and have childcare, so I could find the time to go.
  - **Note** people's body language to assess whether participants understand the exercise. If you think they may feel uncomfortable with the exercise or feel shy, have participants pair up and give each pair a slip of paper for the exercise.
- **Ask** everyone to get out of their seats and stand in a straight line. If more room is needed, take participants out of the venue for more room, or perhaps even facilitate this exercise outside. Allow for everyone to take about 12 steps forward.
- Once they are in a straight line, **hand out** a slip of paper to each person, noting the identifier for each. Depending on the number of participants, some people may have the same person/role, or it may be necessary to pair people and give them one 'identity' to share. If any participants cannot read the slip, take them aside and quietly tell them their identifier. You may need to explain the exercise and what is meant by role playing again.
- **Tell** participants NOT to share their identifier with anyone else. They should not reveal their identifier until the end of the exercise.
- **Explain** the exercise:
  - **Explain** that you will read out 12 situations.
  - **Tell** participants to think and make decisions based on their identifier. They should think as they believe their identifier would do, not as themselves.
  - After reading each situation, if the participants can answer 'yes' that the situation is relevant to their identifier, **instruct** those participants to take one step forward. For participants who would answer 'no,' the situation is NOT relevant to their identifier instruct them to remain in place and not take a step forward.
  - **Read out** all of the situations and **repeat** the instructions to participants to evaluate the situation; then, after answering either 'yes' or 'no', they should take a step forward or remain in place.

  - After reading out all of the situations, **ask** participants to stop and look where everyone is standing in relation to them. Then **ask** participants to take turns reading their identifier out loud. For those who cannot read their identifier, read it for them.
- After all participants have revealed their identifiers, **ask** participants to think about where they are standing in relation to others.
- **Refer** to the participants standing furthest behind—those who did not take many steps. **Ask** them to state their identifiers again. Then **refer** to the participants in the front—those who took the most steps. **Ask** several of them to repeat their identifiers.
- **Ask** questions to **encourage** open discussion:
  - How did you feel during this exercise? What were you thinking, and why?
  - Is anyone surprised at where some people ended up (i.e., who was in the back, who was in the front)?
  - Select one or two participants and based on the identifiers, ask them to explain their thinking during the exercise. What was it about their identifier that led them to take steps or standstill?
  - Aside from being a man or a woman, what were other aspects of people's identifiers that led them to take more or fewer steps? Prompt participants that some identifiers were based on age, location, education level, or disability.
  - Why did we do this exercise? What does it have to do with the BHCPF?
  - How will you integrate what you have just learned into implementing the BHCPF in your facilities?
- **Wrap up** the exercise by explaining that it was meant to demonstrate that at birth, we are all more or less on the same level, but as we move through our lives, certain conditions beyond our control (i.e., sex, age, income, geographical location, disability status, education level) affect our ability to access services, seize opportunities, enjoy healthy lives, and use our voices to influence decision making—and many other things that help us move forward in life.

Activity 2: Equality vs. Equity

Time: 5 minutes

- **Ask** participants to return to their seats.
- **Distribute the** handout '*Equality vs. Equity.'* **Explain** that it is very important to define equity and equality, because their meanings often can be confused with one another.
- **Ask** participants to **look** at the pictures in the handout and think about the following questions:

  - What do you see in these pictures? Explain the difference between the two.
  - Looking at the smallest person, what groups or conditions might he represent? What about the tallest person?
  - Could the tallest person represent a woman or girl? Or could the smallest person represent a man or boy?
- **Explain** that if we think about each box representing 1,000 NGN, we could distribute the boxes evenly, for a cost of 3,000 NGN total; however, we see that this distribution will not work because not everyone has the same access/is able to see. Instead, we then consider and decide that the tallest person does not need a box because he can already see, the middle person needs a little extra help (one box), and the smallest person needs a lot of extra help (two boxes). We decide simply to redistribute the boxes based on need and end up with everyone being able to see for the same cost.
- After the explanation, **read aloud** the definitions of gender equity and gender equality and ask participants to jot down key words on their '*Equality vs. Equity'* handout under the two pictures.
  - **Gender equity** is the process of being **fair** to women and men, and boys and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys, and girls from operating on a level playing field.
  - **Gender equality** is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people.
- **Ask** participants, 'How do you think this applies to the BHCPF and your work specifically?'
  - **Answers may include the following:** to give better access to poor and vulnerable people and those who cannot afford to pay; to reduce financial risks in seeking healthcare
- **Take a few responses** and then transition to the next activity.

Activity 3: The Gender Game

Time: 10 minutes

- **Introduce** the activity and **explain** that we have just discussed two commonly confused terms—equality and equity. Two other terms that are often confused are 'sex' and 'gender.'

- **Explain** that we will now play 'The Gender Game,' which will explore the difference between what we mean by 'gender' and what we mean by 'sex.'
- **Ask** for a volunteer to first explain the difference between sex and gender. Make any corrections, if necessary, using the definitions below:
  - Sex: Classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics.
  - Gender: Culturally defined set of economic, social, and political roles; responsibilities; rights; entitlements; and obligations associated with being female or male, as well as the power relations between and among women and men, and boys and girls. Expectations of what it means to be a woman or girl, man, or boy, and sanctions for not adhering to those expectations, vary across cultures and over time. These expectations often intersect with other equity factors, such as race, class, age, sexual orientation, and disability status.
- **Refer** to flipchart pages 'Sex vs. Gender'; **read** through each example and **ask** participants whether it represents sex or gender. If there is disagreement, **facilitate** a discussion between participants but keep it brief and limit examples, if needed, to stay within the 10-minute limit. See examples below, along with the answers:
  - Women give birth to children, men do not [sex]
  - Girls are gentle, boys are rough [gender]
  - Many women do not make decisions independently and freely, especially regarding health-seeking behaviour and money [gender]
  - Men are less likely to use a primary health care facility than women [gender]
  - Women contribute to a significant proportion of agricultural production, yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition [gender]
  - Women have a higher HIV prevalence rate than men, yet men are more likely to be aware of how to avoid HIV infection than women [gender]
- To wrap up the activity, **ask** participants what they thought of this game and whether it provided any clarity or changed their viewpoint on what we mean when we say 'gender.'

Activity 4: Applying Our Learning

Time: 10 minutes

- **Refer** participants to the flipchart with the definition of 'vulnerable' and **read** it out loud again. **Ask** participants the following:

  - Considering the exercises, we have just done together, and hearing this definition again, is there more clarity? Do you read and interpret this definition any differently?
  - Let's look at the groups again. Is there anyone missing here?
  - Think back to the Power Walk exercise and how we defined equity—what else might we need to think about when addressing the needs of a pregnant woman or a person with a disability?
- **Ask** participants the following:
  - Think back to the '*Equality vs. Equity*' handout and the cost and organization of the boxes. How might we apply that approach to these different groups?
- **Wrap up** the session by referring to the session on BHCPF roles and responsibilities. **Hand out** a piece of paper to each participant and ask each of them to write one thing they will do in their work, considering their role under BHCPF implementation, to think about and/or address gender and equity. For example, if they are responsible for enrolment or community engagement, how will they factor in gender and equity thinking into their approach?
- **Display** these papers somewhere in the room, using tape, so everyone can see the responses and be reminded of them throughout the week.

Summary and Transition to Next Session

- **Summarize** by saying that by gender, we do not mean 'women only.' Instead, gender should include barriers, constraints, and opportunities that men, women, boys, and girls face. Also, remember that not all women, men, boys, and girls experience the same barriers, constraints, and opportunities.
- **Explain** that they should seek to apply this gender and equity lens to the session on BHCPF roles and responsibilities, and pinpoint areas where a more gendered and equity approach would be needed or could enhance implementation and outcomes.
- **Transition** to the next session on the BHCPF roadmap, where participants will learn about the steps for BHCPF implementation.

Training Aid: *Power Walk*

Cut out the following, written on individual slips of paper; these descriptions can be adapted to local situations:

University educated woman, age 30, living in a city

Male subsistence farmer, age 34, from a rural area

Girl, age 17, married with a child and living in a rural area

Young man, visually impaired, age 26, living in a rural area

Grandmother, age 59, illiterate, poor, responsible for raising four grandchildren

Male person with a disability, PHC Governing Board member, age 36, university educated, lives in an urban area

WDC Chairman, male, age 45, completed secondary school, lives in a rural area

Hon. member, State House of Assembly

Elderly man, age 74, illiterate, from a rural area

Councillor of a political ward

Male shopkeeper, age 38, lives in a town

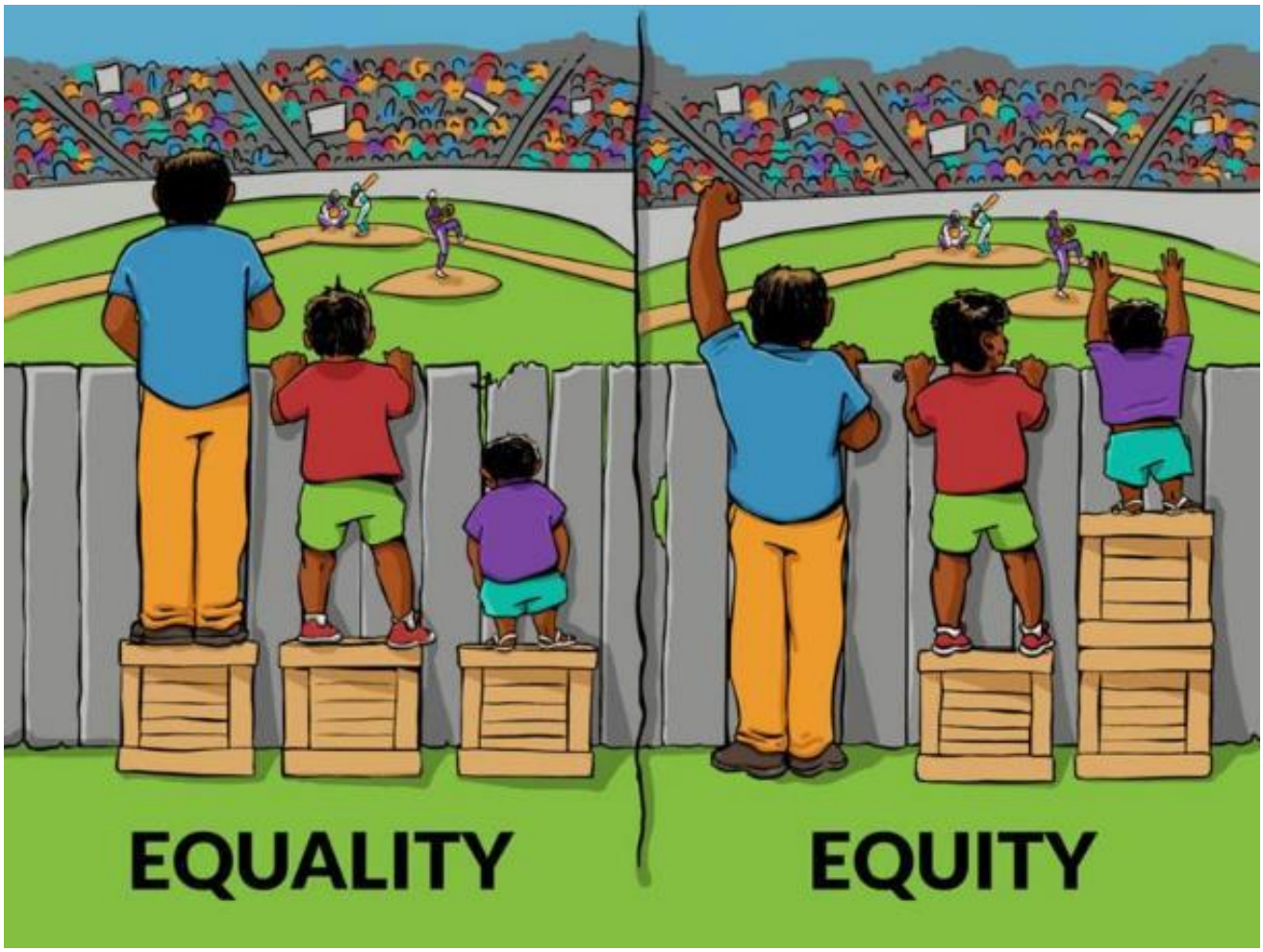
Female market vendor, age 46, five children, lives in a rural area

Suggested situations (for the facilitator ONLY; read them out loud during the exercise. They can be adapted to the local context):

- I have access to micro-credit or a bank loan
- I have access to health services when I need them
- I eat two full meals a day
- I am not in major danger of being sexually abused/assaulted
- I have a radio or TV
- I am sick or unwell for more than 40 days a year
- I have a mobile phone
- I can decide how my household income is spent

- I can/did go to school
- The traditional leader in my community listens to what I have to say
- I am treated well if I need to go to the police station or a government office
- If there is a meeting in my community, I am able to attend

Handout: Equality vs. Equity



Source: Interaction Institute for Social Change | Artist: Angus Maguire.

Module 3: Accreditation

Session 1: Introduction to Accreditation and the Accreditation Processes

Purpose

To guide participants to understand the basic concept and process of accreditation of health care facilities under the BHCPF.

Session Objectives

By the end of the session, participants will be able to:

- Describe the concept of accreditation under the BHCPF.
- Explain the process of accreditation under the BHCPF.

Duration: **45 minutes**

Materials

Nine pieces of cardboard paper

Handouts: *BHCPF Accreditation and Reaccreditation Pathways*

Preparation

- Prepare blank flipchart pages with the following:
    - Label 'Session Objectives' and write session objectives.
    - Label 'Accreditation of Health Care Facilities for the NHIS Gateway' and write: the detailed process of review that health care facilities participate in, to demonstrate that they meet predetermined criteria and standards, as established by the NHIS/NPHCDA.
    - Label 'Eligibility for Inspection for Accreditation and write: for facilities to be eligible for inspection for accreditation under the NHIS Gateway, they must satisfy the following criteria:

– Must have passed through Baseline Assessment under the NPHCDA Gateway (for public owned PHCs) and name submitted to NHIS by the Commissioner of Health

– Apply to the NHIS state Office (Private and Secondary HCFs)

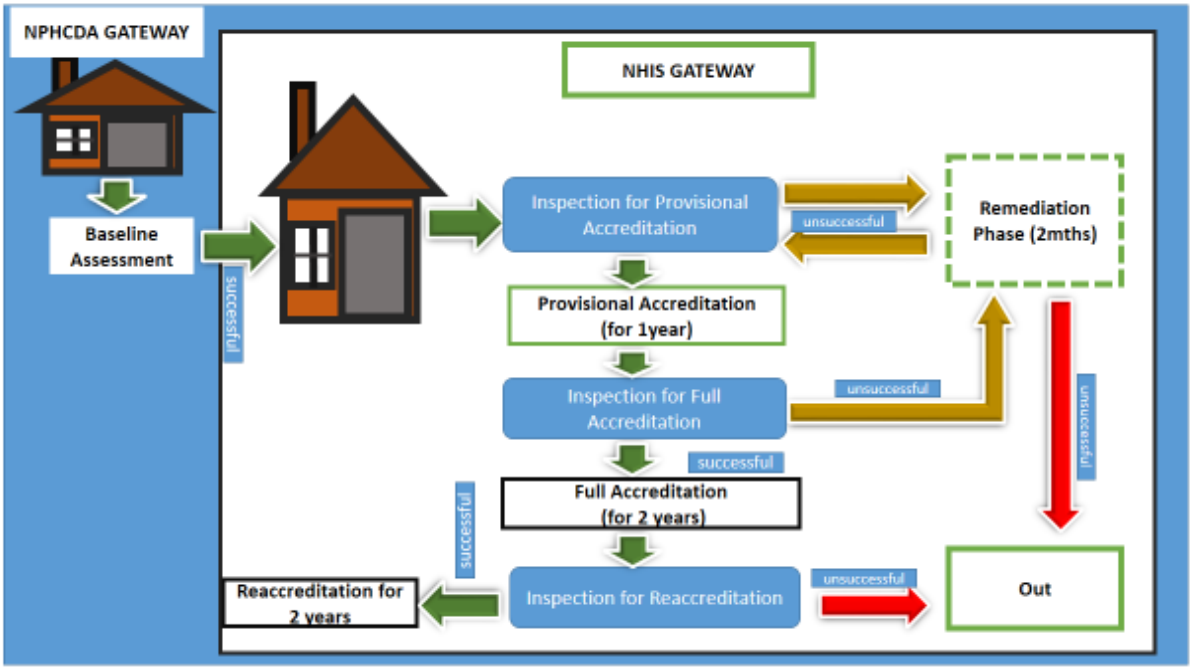
- Label 'Need-to-Know for Accreditation' and write the following points (bold or use different colors for provisional and full to highlight differences):
- Accreditation process timeline under BHCPF is 1 year for *provisional* accreditation and 2 years for **full Accreditation**.

- To secure *provisional accreditation*, facility must comply with accreditation requirements, as specified by NHIS.
- NHIS requirements for accreditation is a slight modification of requirements from NPHCDA
- 2-month 'remediation period' allowed for facilities that fail to comply with *'provisional accreditation'* requirements – after, they will be inspected again. If they fail again, they are removed from the system.
- For **full**, facility complies with NHIS requirements AND '*provisional accreditation'* requirements

  - Label *'provisional accreditation"* and write: limited set of criteria to begin BHCPF implementation, leads to 1-year *provisional* accreditation:
    - As PHCs receive funds from NPHCDA and NHIS → significant improvements in service delivery quality
    - Private facilities required to apply to NHIS State Offices, and have a separate pathway (chart 2) with relevant state registration/licensing requirements must be met

- Cut Nine pieces of cardboard paper into four pieces, making 36 pieces total. Prepare four sets of nine pieces with each step of the accreditation process written boldly on it. See below for reference:

Chart 1- Process of Full Accreditation



Session Overview

Activity 1: Introduction (10 min)

Activity 2: Concept of Accreditation (10 minutes)

Activity 3: Accreditation Eligibility Criteria (10 min)

Activity 4: Accreditation Pathway Exercise (15 min)

Activity 1: Introduction
Time: 10 min

- **Refer** participants to the last module–Orientation to BHCPF. **Ask** participants to take out their handout: *Governance and Administrative Structure, Roles and Responsibilities of BHCPF Stakeholders*. **Refer** them to the role of NHIS and the SSHIA**. Point** out that they both play a role in accreditation. **Tell** them that this session will focus on this role.
- **Introduce** the session and session objectives. **Remind** them that every facility will be accredited before being listed for the BHCPF intervention.
- **Ask** participants if anyone has ever voted in election? **Take** 2-3 responses. **Invite** those that had voted to explain what happened before they voted. **Responses** should include:
    - I registered during registration, they asked me my name, address, etc.
    - I was given a temporary voters' card, later a permanent voters' card.
    - On Election Day, I went with my voters' card to my polling station.
    - They checked and confirmed that my name was on the register.
    - They asked for my voters' card, they checked it through a machine
    - They painted my thumb, then I voted.
- **Ask** if they remember what they were told they were doing. Allow other participants to help if the volunteer is having problem remembering. **Say** that this is the process of accreditation for election

Activity 2: Concept of Accreditation

Time: 10 minutes

- **Display** the prepared flipchart page: 'Accreditation of Health Care Facilities for the NHIS Gateway'. **Ask** for a participant to read the definition of accreditation, written on the flipchart page, out loud.
- **Explain** that accreditation is carried out to improve access to and utilization of basic health services. It is the first step in ensuring that insured beneficiaries of the NHIS Gateway receive quality services.

- **Say** that Section 6 and 22 of the NHIS Act empowers the NHIS to accredit health care providers under the scheme. Explain that for the purpose of the BHCPF, accreditation shall be carried out by SSHIAs/NHIS.
- **Explain** that all public PHCs will develop a quality improvement plan, using a step-wise accreditation plan that enables facilities to improve the quality-of-service delivery. The next activity will describe the eligibility criteria and the process of accreditation under the BHCPF

Activity 3: Accreditation Eligibility Criteria

Time: 10 minutes

- **Remind** participants of the voting experience**.** After the participants went through the checking, or accreditation, they became eligible to vote. The eligibility criteria included their name on the list and possession of a voter's card. This is also the case for accreditation of health care facilities under the BHCPF. To be accredited, a facility must be eligible by meeting set criteria.
- **Ask** the group what they think the eligibility criteria for facilities under the BHCPF should be. **Generate** responses and record on a blank flipchart page. After collecting several responses, **reveal** the prepared flipchart, labeled 'Eligibility for Accreditation' and **read** through the main criteria listed. **Inform** participants that accreditation takes place in two phases: (1) provisional accreditation and (2) full accreditation.

Activity 4: Accreditation Pathway Exercise (for Public PHCs)

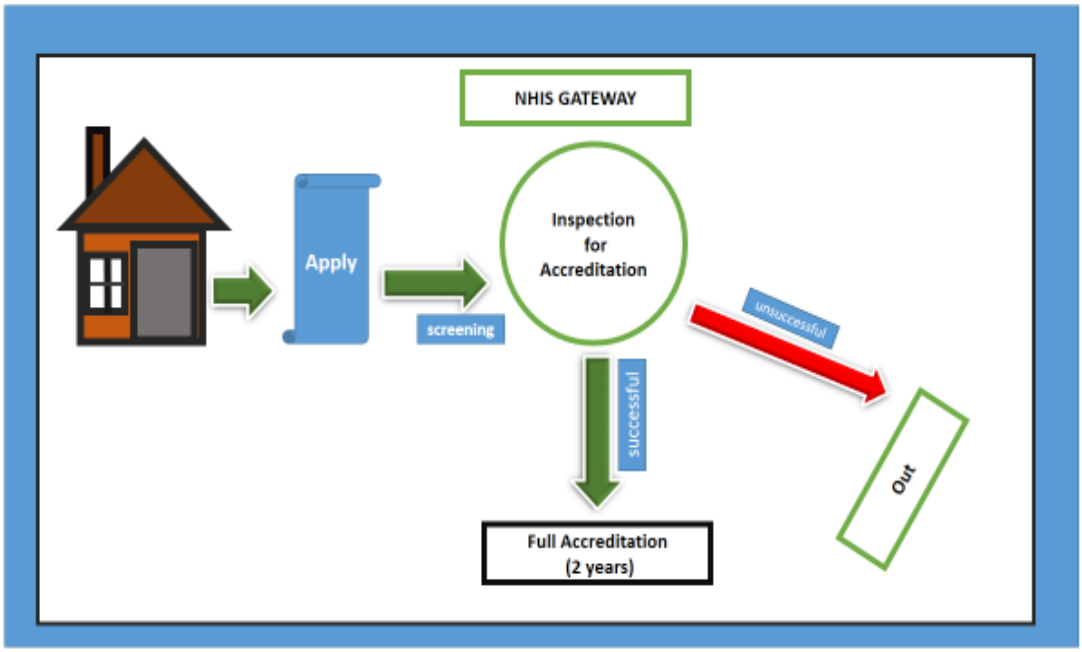
Time: 15 minutes

- **Tell** participants that they will now go through a small group exercise to learn the process for accreditation or the 'pathway', and the key steps that it entails. **Collect** the prepared pieces of paper with the accreditation steps. Make sure that you have four sets, arranged into four separate piles.
- **Divide** participants into four groups and ensure that WDC and PHC staff are represented in each group. **Assign** a working area to each group. **Provide** each group with a set of the accreditation steps and some masking tape for taping the pieces on the wall. **Tell** groups they have ten minutes to complete the exercise and **share** instructions for the exercise:
    - Review the pieces of paper with steps in the accreditation process. Read through them as a group.
    - Collectively decide what order the steps should go in, identifying the pathway for accreditation. What comes first, what comes next, last, etc.
    - Arrange the pieces of paper on the space provided on the wall in order of completion.

- After 10 minutes, **call** time and **invite** the groups to come closer to view all the group work.
- **Ask** one group to present their steps. **Review** their response by asking the following questions: Why have you placed the cards in this order?
- **Ask** the larger group if they agree with this order. If another group has a different order, **ask** them to explain why their order is different.

- Using one of the sets of the cards on the wall, **explain** each step and rearrange the cards where necessary. **Refer** to prepared flipcharts with 'Need-to-Know for Accreditation' and **talk** through the points on each page. **Ask** participants if they have any questions, following the exercise arranging the steps and the other points noted on the flipcharts.
- **<u>Accreditation Pathway Exercise</u>** (for privately owned healthcare facilities and secondary healthcare facilities). Quickly take refer to pathway below to explain the process

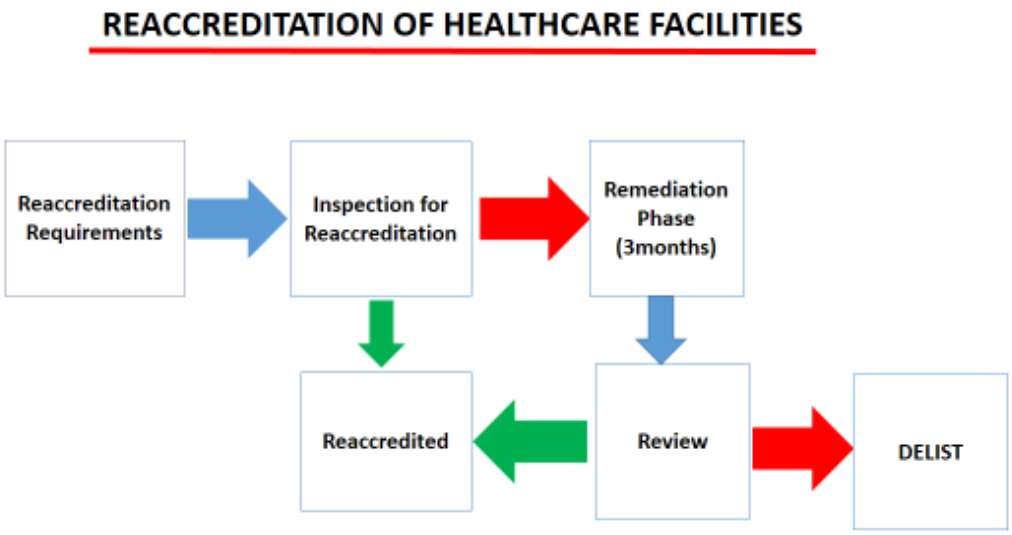
Chart 2-Private and Secondary Facilities



Note that there is a possibility of being de-accredited from the BHCPF if a facility fails to meet reaccreditation criteria. Accreditation may be suspended or withdrawn based on poor Quality Assurance-beneficiary feedback, complaints, and/or provider performance, etc.

If needed, **refer** also to reaccreditation process:

Chart 3- Reaccreditation of Healthcare Facilities



Summary and Transition to Next Session

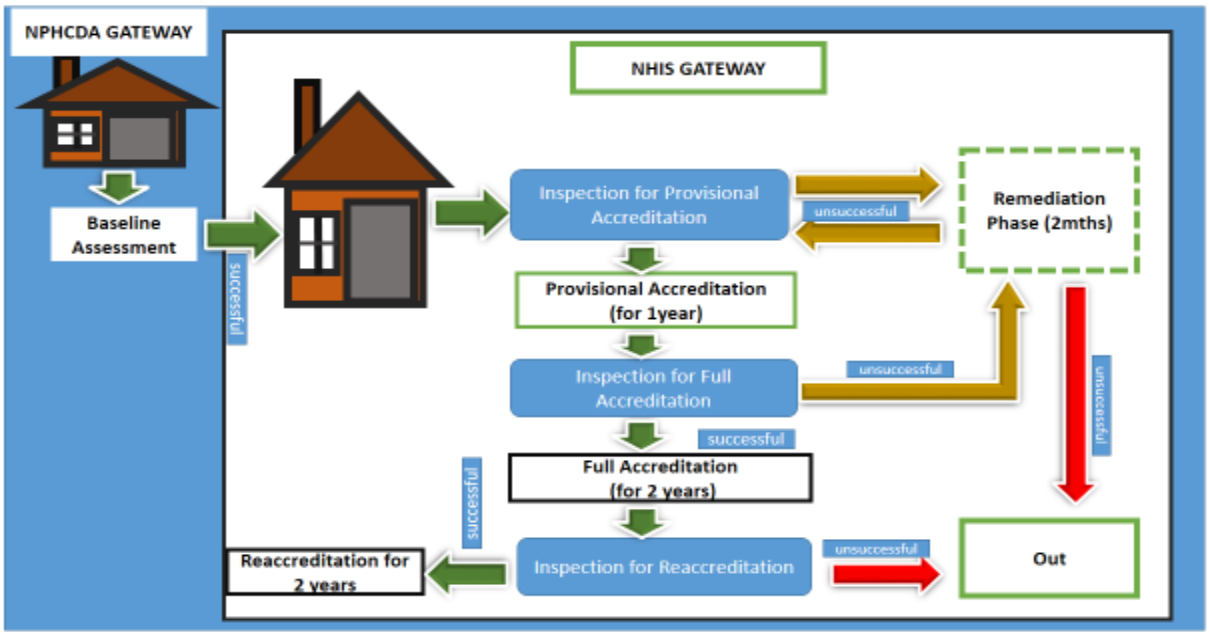
Summarize that while compliance with accreditation requirements ensures that health care facilities are enlisted to provide services, accreditation is not a one-time event. Facilities will be reviewed for reaccreditation after two years of full accreditation.

Distribute handout: *BHCPF Accreditation and Reaccreditation Pathways.*

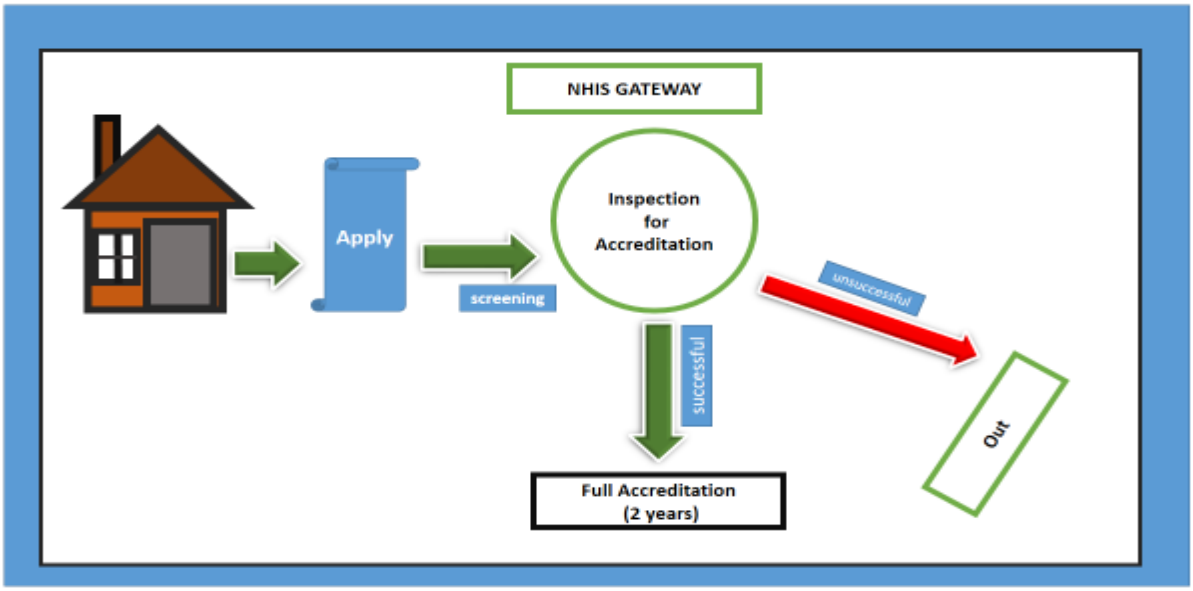
Explain that the next session will enumerate phase-specific requirements for accreditation.

Handout: *BHCPF Accreditation and Reaccreditation Pathways*

BHCPF Accreditation and Reaccreditation Pathways



For Public PHCs



Session 2: Accreditation of PHCs

Purpose

Participants to understand the requirements of facility accreditation for PHCs to better prepare for accreditation of their own facilities.

Session Objective
By the end of the session, participants will be able to:

List at least two specific requirements in each of the major accreditation subheadings for PHCs.

Duration
35 minutes

Materials

Flipchart

Handout: *Provisional Accreditation Checklist* and *Full Accreditation Checklist* (a copy for each participant)

Preparation

Prepare a blank flipchart page with the following:
Label 'Provisional and Full Accreditation – Areas for Improvement'

Session Overview

Activity 1: Accreditation Checklist Review (35 min)

Activity 1: Review of the Accreditation Checklist

Time: 35 minutes

- **Introduce** the session by noting that participants will begin with small group work. **Display** the prepared flipchart page 'Provisional and Full Accreditation – Areas for Improvement.'

- **Tell** participants that they will be reviewing the checklists that will be used by SSHIA/NHIS to accredit facilities.

- **Ask** participants to sit according to their facility teams–each team should have a WDC chairman, WDC Treasurer, OIC and deputy OIC.

- **Distribute** accreditation checklist to each team and **explain** the group task, noting that teams will have 20 minutes to complete the task:

    - Study the accreditation checklist provided
    - Use the information you have about your facility to complete the checklist o Score your facility objectively

- The table below shows the result of accreditation of their inspected facilities

Criteria 1 (Non-scoring)	Criteria 2 (Scoring)	Interpretation
√	=>70%	Full Accreditation
√	50-69%	Provisional
√	<50%	Remediation
X	=>70%	Remediation
X	<70%	**FAIL**

- Be prepared to share with the larger group

▪ After 20 minutes, call time. **Invite** groups to share their scores and explain why they gave their facility that score. **Tell** each group they have 2-3 minutes to present.

▪ **Debrief** by asking the following:
- Are there areas they may have overlooked in the past?
- Are there areas where they think their facility may fail?

▪ Based on responses to those questions, **suggest** the areas that can be improved through implementing the BHCPF. **Note** these suggested areas on the prepared flipchart page.

Summary and Transition to Next Session

- **Summarize** the session by saying that accreditation is one of the requirements for the BHCPF before facilities are enlisted in the intervention. Although at the onset, facilities may be given provisional accreditation, there is a need for PHCs to progress to full accreditation status after the 1-year provisional accreditation. Also, facilities can be delisted, even after accreditation, so they must make sure that they pay careful attention to all the items on the checklist to ensure their facility consistently meets these requirements.
- **Tell** participants that the next step in BHCPF implementation is to prepare for enrolment of beneficiaries, which they will explore in the next session.

Handout: *Provisional Accreditation Checklist*

Provisional Accreditation Checklist

CHECKLIST FOR PROVISIONAL ACCREDITATION
Of PRIMARY HEALTHCARE CENTRES
(BASIC HEALTHCARE PROVISION FUND)

Name of facility……..
Location/address of facility…….
……
…..
Ward……
.
Local Government Area……..
State……
…
Phone No…….
E-
mail……
Date……
…
Bank ……Account No……. Sort Code……

NATIONAL HEALTH INSURANCE SCHEME

FACILITY INSPECTION REQUIREMENTS

PERSONNEL

The personnel requirements for accreditation are irreducible, and non-scoring. It should consist of a minimum of 5 healthcare personnel of which at least 2 must be Midwives. The personnel mix may include:

- Community Health Extension Workers (CHEWs)
- Registered Nurses/ Midwives
- Community Health workers (CHOs)

NB: Please tick (√) as appropriate

INFRASTRUCTURE			Max Score
	Yes	**No**	
Space for Screening			1
Space for Health Talk			1
Space for Consulting			1
Space for Treatment			1
Space for Effective Drug Storage			1
Space for Antenatal Care Clinic			1
Space for Delivery			1
Space for Observation			1

CORE SERVICES			**Max Score**
	Yes	**No**	
Reproductive Maternal New-born and Child Health			
Reproductive Health			1
Family Planning			1
Maternal Health			
Antenatal and Postnatal Care			1
Intermittent Treatment of Preventive Malaria			1
HIV Testing Services (HTS)			1
Immunization (Td)			1
Labour and Delivery			1
Neonatal Care			
Umbilical cord care with Chlorhexidine			1
Child Health			
Immunization			1
Growth Monitoring			1
Integrated Management of Childhood Illness			1
Control of other Communicable diseases:			
Malaria			1
Intermittent Preventive Treatment for Malaria (IPT)			1
Case management of simple, non-complicated malaria			1
NUTRITION			
Preconception:			1
Nutrition education			1
Early initiation of breastfeeding including consumption of colostrum			1
Promotion of Exclusive breastfeeding			1
Treatment of Minor Ailment and Injuries			
ENABLERS			
Health Education and community Mobilization			1
Formation and Reactivation of WDCs			1
PHC Facility based health education (talks and demonstration were possible			1

PHC Information System Forms for data submission			

PHC EQUIPMENT				**Max Score**
ITEM	**Minimum Number**	**Yes**	**No**	
Thermometer	1			1
Weighing scale	1			1
Paediatric weighing scale	1			1
Suction machine or Manual Suction Set (disposable)	1			1
Artery forceps	2			1
Episiotomy scissors	1			1
Bed pan	1			1
Foetal stethoscope	1			1
Forceps jar	1			1
Length measure	1			1
Stainless galipot	1			1
Scalpel blade	1			1
Stethoscope	1			1
Drip stand	1			1
Delivery couch	1			1
Plastic bowl with cover	1			1
Mackintosh sheet	1			1
Nail scrubbing brush	1			1
Gloves disposable pack	1			1
Tongue depressor	5			1
Cord clamps	10			1
Tape measure	1			1
Vaginal speculum	1			1
Plastic waterproof apron	1			1
Disposable gloves	2			1
5ml syringes	10			1
Protective goggle	1			1
Waterproof of hair covering / cap	1			1
Protective Foot Covering	1			1
Placenta Dish / Receiver	2			1
Catheter – Self Retaining	1			1
Mucus Extractor	2			1
Sphygmomanometer	1			1
Flash Light (Rechargeable)	1			1
Episiotomy Scissors	1			1
Korckers Forceps	1			1
Cord Scissors	1			1

Sharps Scissors	1			1
Needle Holder	1			1
Dissecting Forceps	1			1
Bracelets	2			0.5
Sponge Holding Forceps	1			1
Baby Ambu Mask / Face Mask	1			1
Rectangular Bowl for Instruments	2			1
Partograph	2			1
Angle Poise Lamp	1			1
Table	1			0.5
Benches	2			0.5
Beds for admission and observation	3			1
Stool specimen bottles	2			1
Urine specimen bottles	2			0.5
Urine dipstick	2			0.5
RDT (kit and/or evidence of knowledge of its use)	1			1
Suture needles	5			0.5
Weighing scale (adult)	1			1
Stitch removal/suture	1			1
Direct drive solar refrigerator	1			1

C. PHC ESSENTIAL DRUGS			**Max Score**
	Yes	**No**	
Evidence of recent access to and dispensing of essential drugs			
Artemisinin Combined Therapies			0.5
Sulphadoxine + Pyrimethamine Combinations			0.5
Amoxicillin suspension			0.5
ORS			0.5
Paracetamol suspension			0.5
Injectable ampicillin			0.5
Ferrous Sulphate			0.5
Ampicilin Capsules			0.5
Folic acid tablets			0.5
Paracetemol tablets			0.5
Magnesium Sulphate			0.5
Vitamin K Injection			0.5
Misoprostol			0.5
Oxytocin Injection			0.5
Mebendazole Tablets/Syrup			0.5
Albendazole Tablets/Syrup			0.5
Praziquantel Tablets			0.5
Clotrimazole Cream			0.5

Chloramphenicol eye drop			0.5
Gentamicin eye drop			0.5
Nitrofurantoin Tablets			0.5
Nalidixic acid			0.5
Mist Pot Citrate solution			0.5
Eusol Solution			0.5
Povidone Iodine			0.5
Calamine Lotion			0.5
Hydrocortisone Injection			0.5
Chlorpheniramine Injection/Tablets			0.5
Diclofenac Tablets			0.5
Acetylsalicylic Acid (ASA)			0.5
Sutures of all types			0.5

D. ENVIRONMENT			**Max Score**
	Yes	**No**	
Accessibility			0.5
Washable floor			0.5
Waste disposal			0.5
General cleanliness			0.5

Score……./100

Name of contact person…….
Sign/Date……..

Inspection Team:
Name…… **Sign/Date**…….
Name…… **Sign/Date**…….
Name…… **Sign/Date**…….
Name…… **Sign/Date**……

CHECKLIST FOR ACCREDITATION Of PRIMARY HEALTHCARE CENTRES (BASIC HEALTHCARE PROVISION FUND)

Name of facility……..
Location/address of facility…….
……
…..
Ward……
.
Local Government Area……..
State……
…
Phone No…….
E-mail……
Date……
…
Bank ……Account No…….Sort Code……

NATIONAL HEALTH INSURANCE SCHEME

FACILITY INSPECTION REQUIREMENTS

PERSONNEL

The personnel requirements with an Asterix (*) are prerequisites for accreditation, they are irreducible, and non-scoring.

Number	***Yes/No***	
• *At least 2 Community Health Extension Workers (CHEWs)**		
• *At least a Medical Records Staff**		
• *At least a Laboratory Assistant**		

• *At least a Pharmacy Assistant**	
• *Access to Medical Practitioner**	
• *Two registered nurses/ midwives**	
• *Hospital Assistants/Cleaners*	
• *Community Health workers (CHOs)*	
• *At least one Clerk/Secretary*	
• *At least one IT staff and ICT Infrastructure*	

NB: Please tick (√) as appropriate

INFRASTRUCTURE			Max Score
	Yes	**No**	
Space for Screening			1
Space for Health Talk			1
Space for Consulting			1
Space for Treatment			1
Space for Effective Drug Storage			1
Space for Antenatal Care Clinic			1
Space for Delivery			1
Space for Observation			1

CORE SERVICES			**Max Score**
	Yes	**No**	
Reproductive Maternal New-born and Child Health			
Reproductive Health			1
Family Planning			1
Maternal Health			
Antenatal and Postnatal Care			1
Intermittent Treatment of Preventive Malaria			1
HIV Testing Services (HTS)			1
Immunization (Td)			1
Labour and Delivery			1
Neonatal Care			
Umbilical cord care with Chlorhexidine			1
Child Health			
Immunization			1
Growth Monitoring			1
Integrated Management of Childhood Illness			1
Control of other Communicable diseases:			
Malaria			1
Intermittent Preventive Treatment for Malaria (IPT)			1
Case management of simple, non-complicated malaria			1
NUTRITION			

Preconception:			1
Nutrition education			1
Early initiation of breastfeeding including consumption of colostrum			1
Promotion of Exclusive breastfeeding			1
Treatment of Minor Ailment and Injuries			
ENABLERS			
Health Education and community Mobilization			1
Formation and Reactivation of WDCs			1
PHC Facility based health education (talks and demonstration were possible			1
PHC Information System Forms for data submission			

PHC EQUIPMENT				**Max Score**
ITEM	**Minimum Number**	**Yes**	**No**	
Thermometer	1			1
Weighing scale	1			1
Paediatric weighing scale	1			1
Suction machine or Manual Suction Set (disposable)	1			1
Artery forceps	2			1
Episiotomy scissors	1			1
Bed pan	1			1
Foetal stethoscope	1			1
Forceps jar	1			1
Length measure	1			1
Stainless galipot	1			1
Scalpel blade	1			1
Stethoscope	1			1
Drip stand	1			1
Delivery couch	1			1
Plastic bowl with cover	1			1
Mackintosh sheet	1			1
Nail scrubbing brush	1			1
Gloves disposable pack	1			1
Tongue depressor	5			1
Cord clamps	10			1
Tape measure	1			1
Vaginal speculum	1			1
Plastic waterproof apron	1			1
Disposable gloves	2			1
5ml syringes	10			1
Protective goggle	1			1

Waterproof of hair covering / cap	1			1
Protective Foot Covering	1			1
Placenta Dish / Receiver	2			1
Catheter – Self Retaining	1			1
Mucus Extractor	2			1
Sphygmomanometer	1			1
Flash Light (Rechargeable)	1			1
Episiotomy Scissors	1			1
Korckers Forceps	1			1
Cord Scissors	1			1
Sharps Scissors	1			1
Needle Holder	1			1
Dissecting Forceps	1			1
Bracelets	2			0.5
Sponge Holding Forceps	1			1
Baby Ambu Mask / Face Mask	1			1
Rectangular Bowl for Instruments	2			1
Partograph	2			1
Angle Poise Lamp	1			1
Table	1			0.5
Benches	2			0.5
Beds for admission and observation	3			1
Stool specimen bottles	2			1
Urine specimen bottles	2			0.5
Urine dipstick	2			0.5
RDT (kit and/or evidence of knowledge of its use)	1			1
Suture needles	5			0.5
Weighing scale (adult)	1			1
Stitch removal/suture	1			1
Direct drive solar refrigerator	1			1

C. PHC ESSENTIAL DRUGS			**Max Score**
	Yes	**No**	
Evidence of recent access to and dispensing of essential drugs			
Artemisinin Combined Therapies			0.5
Sulphadoxine + Pyrimethamine Combinations			0.5
Amoxicillin suspension			0.5
ORS			0.5
Paracetamol suspension			0.5
Injectable ampicillin			0.5
Ferrous Sulphate			0.5
Ampicilin Capsules			0.5

Folic acid tablets			0.5
Paracetemol tablets			0.5
Magnesium Sulphate			0.5
Vitamin K Injection			0.5
Misoprostol			0.5
Oxytocin Injection			0.5
Mebendazole Tablets/Syrup			0.5
Albendazole Tablets/Syrup			0.5
Praziquantel Tablets			0.5
Clotrimazole Cream			0.5
Chloramphenicol eye drop			0.5
Gentamicin eye drop			0.5
Nitrofurantoin Tablets			0.5
Nalidixic acid			0.5
Mist Pot Citrate solution			0.5
Eusol Solution			0.5
Povidone Iodine			0.5
Calamine Lotion			0.5
Hydrocortisone Injection			0.5
Chlorpheniramine Injection/Tablets			0.5
Diclofenac Tablets			0.5
Acetylsalicylic Acid (ASA)			0.5
Sutures of all types			0.5

LABORATORY			**Max Score**
	Yes	**No**	
Microscope			0.5
Rapid Diagnostic Test Kits for Pregnancy			0.5
Rapid Diagnostic Test Kits for Malaria			0.5
Rapid Diagnostic Test Kits for Blood Sugar			0.5
D. ENVIRONMENT			**Max Score**
	Yes	**No**	
Accessibility			0.5
Washable floor			0.5
Waste disposal			0.5
General cleanliness			0.5

Score……./100

Name of contact person…….
Sign/Date……..

Inspection Team:

Name…… **Sign/Date**…….
Name…… **Sign/Date**…….
Name…… **Sign/Date**…….
Name…… **Sign/Date**……

Session 3: Roles and Responsibilities of Accredited PHCs

To equip participants with the requisite information on the roles and responsibilities of accredited PHCs under the BHCPF.

Session Objectives

By the end of the session, participants will be able to list at least ten roles and responsibilities of accredited PHCs.

Duration

20 minutes

Materials

Flipchart

Handout: *Roles and Responsibilities of PHCs* (a copy for each participant)

Preparation

Prepare blank flipchart pages with the following:

- Label 'Session Objective' and write session objectives.
- Label 'Roles and Responsibilities of PHCs'

Session Overview

Activity 1: *PHC Roles and Responsibilities (20 min)*

Time: 20 minutes

Introduce the session and **ask** participants to share some of their roles and responsibilities at their respective PHCs. **Record** responses on prepared flipchart 'Roles and Responsibilities of PHCs.'

Ask participants share responses and inputs, **note** more common answers, and **encourage** discussion around fewer common answers by **asking** questions such as:

o This responsibility has not been cited as much, why do you think that is the case? o Do others think this responsibility is common or valid? Why or why not?

Distribute handout: *Roles and Responsibilities of PHCs* to all participants. **Ask** participants to review.

Highlight any roles and responsibilities that are in the handout but not noted during the discussion.

Refer to flipchart page, if needed, to note similarities and/or differences.

Handout: *Roles and Responsibilities of PHCs*

Roles and Responsibilities of PHCs

All accredited Providers operating under the NHIS Gateway shall ensure that they:

a. Maintain their accreditation status continuously.
b. Provide a high standard of healthcare services continuously in line with BMPHS.
c. Put in place a system that will ensure incremental improvements in infrastructure, human resource and service provision
d. Maintain records of all activities relating to the NHIS Gateway and be willing to share such to the SSHIA and NHIS
e. Provide free care within the BMPHS for all BHCPF enrollees
f. Do not refuse treatment to any patient under the BHCPF or charge user fees of any sort, either as a "Top-Up" or as "Co-Payment"
g. Comply with the BHCPF Guidelines and NHIS Implementation Protocol
h. Provide services that guarantees beneficiaries' satisfaction with the facility and services provided.
i. Provide data returns on utilization of services and other reports to SSHIA/NHIS as required
j. Report any complaints to the SSHIA and/or the NHIS
k. Limit delivery of services to accreditation status as PHC or SHCP
l. Carry out routine community outreaches and health education to beneficiaries
m. Institutionalize internal quality management systems
n. Avail the public of the telephone number and web address of the redress mechanism established under the BHCPF
o. Allow identified auditors and IVAs designated by MOC access to their records whenever required.
p. Develop and maintain a referral system for the management of emergency or complicated patients, so there is direct access between primary care provider and neighboring secondary health facilities with the capacity to manage such cases.
q. Refer any patient determined to require emergency promptly to ensure that the patient arrives at the secondary center within one hour (60 minutes) of the decision being made.
r. Consult with medical personnel in their assigned PHCP in line with prescribed standard treatment guidelines published or approved by the NHIS.
s. Avail beneficiaries with information about the treatment options available including drugs, necessary diagnostic tests, and access to needed specialist care by referral.

t. Treat beneficiaries with respect, dignity, and privacy, as well guarantee confidential management of their medical information.
u. Display a large poster in front of their building with the signage; BHCPF Facility

Summary and Transition to Next Session

Summarize the session and **note** that fulfilment of the PHC roles and responsibilities are part of the requirements for quality service delivery under BHCPF.

Module 5: Enrolment

Session 1: Introduction to Enrolment

Purpose

To prepare participants to be able to manage the enrolment process for the BHCPF

Session Objectives

By the end of the session, participants will be able to:

- Explain the concept of enrolment
- Describe the basic enrolment processes
- Explain the roles and responsibilities of enrolment officers
- Identify the roles and responsibilities of key stakeholders

Duration

50 minutes

Materials

- Flipcharts
- Sticker notes

Copies of the following for all participants and trainers:

- Story of Mrs. Ajala
- Practice Case Study for Completion of BHCPF Enrolment Process

Preparation

- Study the story for Activity 2 in advance
- Adapt the story to the local situation/context (e.g., name, location)
- Confirm that all materials listed above are available
- Identify a co-facilitator to help with pasting/documenting notes on flipcharts
- Prepare flipcharts for "Introduction", "The Enrolment Process", "Roles and Responsibilities of Enrolment Officers and "Roles and Responsibilities of Key Stakeholders"
- Print 35 copies of Handout 1

Session Overview

- Introduction: (5 min)
- The importance of BHCPF enrolment (10 min)
- Process of Enrolment (15 min)

- Roles and Responsibilities of Enrolment Officers (5 minutes)
- Roles and Responsibilities of Key Stakeholders (10 minutes)

Activity 1: Introduction- Time: 5 mins

- **Greet** participants and engage their attention. **Say** that the BHCPF enrolment is electronic and National Identification Number (NIN) will be required.
- **Explain** that enrolment will be done by SSHIAs at the community, facility and their state offices using suitable enrolment devices while validation will be done by NHIS. The data captured will be synchronized to NHIS central database while SSHIA and HCF retain a validated copy of enrolment register.
- **Introduce** the session and session objectives. **Explain** that the session is meant to introduce the participants to the BHCPF enrolment process and their roles in managing the process.

Activity 2: Importance of Enrolment/Reasons why it is important

Time: 15 minutes

Read or Tell the story of Mrs. Ajala below.

The Story of Mrs. Ajala

Following a community mobilization for the BHCPF in Ojo community, Mrs Ajala, a 23-year-old pregnant woman came to Osun SSHIA designated venue for registration. Mrs Ajala was not ill but wanted to register for BHCPF program since ANC services were covered and free.

On arrival at the registration venue, enrolment officer checked the state social enrolment criteria and the availability of National Identification Number (NIN). She was found to be within the state social criteria but had no NIN. Mrs. Ajala was surprised and got angry, asking why she was not qualified to be registered.

She asked “what does it mean to have a National Identification Number?

The enrolment officer replied, “ma, I will direct you to the nearest NIN enrolment center where you will be captured, and NIN generated for you.

A week later, Mrs. Ajala was seen at the PHC smiling and dancing that she had not only obtained her NIN but had been enrolled into the BHCPF.

- After reading the story, ask participants the following questions
    - What do you think happened here? Expected response: Mrs Ajala’s name was not in NIMC database

  - Why do you think Mrs Ajala's name was not on the database? Expected response: She has not been registered by NIMC
  - Why is it important for people's name to be on NIMC database? Expected response: It is a govt directive that ALL MDAs that capture citizen data must authenticate its database with NIMC to ensure 4.4.2 compliance
  - What other factor do you think would have disqualified Mrs. Ajala? Expected response: Absence of her name in the state social register.
- **Link** the responses received to the concept of enrolment
- **Explain** that beneficiaries of BHCPF service must be registered with NIMC to be eligible for enrolment

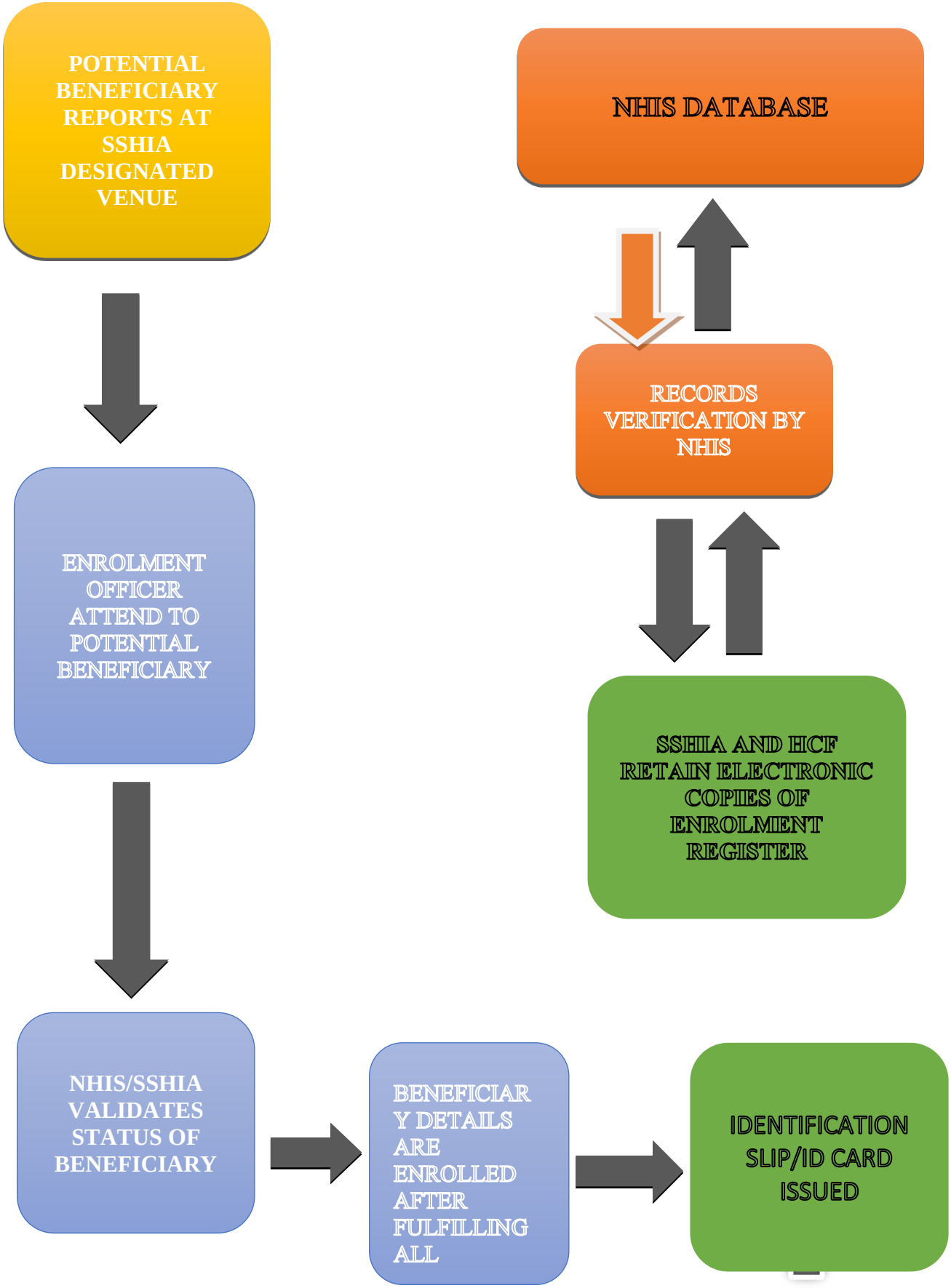
plain that everybody who will benefit from the BHCPF services must register at the t"

- **Tell** participants that enrolment is important because of the following:
  - To Identify the beneficiaries for the BHCPF who will have free services
  - Provide record for the facility to be paid, plan, monitor and evaluate service provision to enrollees.

Activity 3: The Enrolment Process (15 minutes)

Using this diagram, discuss the Enrolment Processes.

PROCESS OF ENROLMENT



1. The Facilitator draws up a blank enrolment flow chart on a flip chart.
2. The facilitator draws up eight A4 size card board containing the different steps of the process
3. The eight cardboards are randomly distributed to participants to paste at the appropriate positions for each of the steps involved in enrolment.
4. The facilitator unveils the correct enrolment steps and asks them to identify the mistakes.

Activity 4: Discussion: Roles and Responsibilities of Enrolment Officers

Time: 10 mins

- **Post the** prepared Flipchart - the Roles and Responsibilities of Enrolment Officers

Using this explain that the Enrolment Officers must:

- Appropriately and accurately complete the enrolment forms
- Beneficiary details are captured electronically
- Transmit enrolment data to NHIS at any frequency agreed with the NHIS
- Issue BHCPF enrolment cards to beneficiaries at no cost

Activity 5: Discussion: Roles and Responsibilities of key stakeholders

Time: 20 mins

The Facilitator gives handouts containing the roles and responsibilities of key stakeholders to participants.

The Facilitator asks five participants to volunteer to read the roles and responsibilities of each stakeholder to the participants**.**

The facilitator asks participants random questions to assess the participants' level of understanding

NHIS

1. Provision of Guidelines on criteria for beneficiary eligibility
2. Validation of enrolee records
3. Provide technical support during enrolment
4. Ensure compliance with NIMC enrolment standards
5. Provision of guideline on basic minimum ICT infrastructure requirements for SSHIAs and HCFs and ensure interoperability with NHIS/NIMC
6. Provide guidelines on enrolee fields to be captured for enrolment
7. Share enrolment information with relevant stakeholders

8. Provision of central enrolment platform including software solution for effective management and aggregation of enrollee register and support for registration of enrolees into BHCPF for SSHIAs

SSHIAs

1. Sensitization and Mobilization of HCFs, WDCs and enrolees for enrolment
2. Enrolment of beneficiaries
3. Provide enrollee register on a monthly basis to HCP
4. Provide at least monthly update on enrollee records to NHIS
5. Provide basic minimum ICT infrastructure for enrolment
6. Procure and install enrolment software solution for registration of enrolees into SSHIS
7. End-to-end automation of SSHIA's Enrolment Processes.
8. SSHIAs to carry out Training for their enrolment officers

HCPs

1. Provide the platform for Enrolment and verification
2. Keep enrolees register for verification during access to healthcare as received from SSHIA
3. Regular update of enrollee records in case of death, exit from community, etc

Ward Development Committee (WDC)

1. Sensitization and Mobilization of potential enrollees
2. Support the SSHIA in validating enrollee information
3. Help in providing enrollee information on deaths, relocation, etc

Beneficiaries

1. Ensure NIMC enrolment
2. Enroll into the programme

Summary and Transition to Next Session (5 minutes)

- **Pause** for questions.
- **Summarize** that this session provides an overview of what enrolment into BHCPF means, how it should be done, the roles of the Enrolment officers and other key stakeholders
- **E**xplaining that now the importance and process for enrolment have been established, the next session will discuss how to use the Enrolment Form.

Session 2: Enrolment Tools

Purpose

Familiarize participants with the BHCPF enrolment tools

Session Objectives

By the end of the session, participants will be able to:

- Identify the BHCPF enrolment tools
- Fill the BHCPF enrolment tools appropriately
- Populate BHCPF enrolment system with enrollee's information
- Generate register from automated enrolment system
- Synchronize generated register to NHIS database while SSHIA and HCF retain a validated copy

Duration

55 minutes

Materials

- Flipcharts
- Masking tape

Handouts:35 copies each of the following-

- HO 1 – The BHCPF Enrolment Form
- HO 2- The BHCPF Enrolment Application System (Screen Shot)
- HO 3 – Simulation Exercises for the Completion of Enrolment Form

Preparation

- Confirm that all materials listed above are available
- Identify a co-facilitator to help with pasting/documenting notes on flipcharts
- Print copies of the following enough for all participants and trainers
    - Enrolment Form
    - Enrolment Register (Screen Shot)
    - The story and scenario for the simulation exercise

Session Overview

- Introduction (5 min)
- The Enrolment Form (10 min)
- Filling the Enrolment Form (20 min)

- Capturing the Enrolment Details on the system (15 min)
- Generating the Enrolment Register (7 min)

Activity 1: Introduction Time: 5 mins

- **Introduce** the session and session objectives. **Explain** that the session will give participants an opportunity to see, discuss and practice the completion of the BHCPF enrolment tools discussed in the previous session.

Activity 2: Plenary Discussion – The Enrolment Form Time: 10 mins

- **Distribute** copies of the Enrolment Form (Handout 1) to all participants
- **Explain** each field in the Enrolment Form and how it should be completed
- **Request** participantsto read the scenarios and use the information it contains to complete the blank Enrolment forms

ENROLMENT FORM

NIN Number …….

PERSONAL DATA

1. **Name (First Name, Middle Name, Surname)**
   - **First Name…….**
   - **Middle Name……**
   - **Surname……..**
2. **Date of Birth (DD-MM-YYYY)**
   - **Day ……**
   - **Month ……**
   - **Year …….**
3. **Home Address……..**
4. **Location (State, LGA, Ward)**
   - **State…….**
   - **LGA……**
   - **Ward…….**
5. **Phone Number……**
6. **Email Address (Optional)……...**
7. **Marital Status (Married, Widow, Single, Widower, Single Parent, Divorced) ……**
8. **Sex (M/F)…….**
9. **Educational Status (Post-secondary, secondary, primary, no education, others)**
10. **Special Needs? (Physically Challenged, Pregnant Woman, CU5, Aged, NA) ……**
11. **Blood Group (Optional)**
12. **Genotype (Optional)……..**
13. **Facility Code ……..**
14. **Facility Name……..**

The Story and scenarios for the stimulation exercise

1. Mrs Morenike Ajayi, is a 35 year- old woman who lives at number 5 Olodo Street, in Osogbo, Osun state. She was born on the 15th of December. She stopped schooling at primary 6, recently she lost her husband and now sells fruits in the local market in her community. She does not have a phone but can be reached through her brother who is her closest relative. His name is Bolaji Adekunle, and his phone number is 08012345678. He works as a clerk with the state Ministry of Education but lives at number 22, Olujimi street also in Osogbo
2. On March 2, 2019, Mrs Aja a 28 year-old married woman living at Ward 2, Ijora LGA in Osun state came to the facility for enrolment, her phone number is 0804 473 5578. Her education stopped at JSS, she sells baby clothes at the market, while her husband is a teacher in the primary school in the Local Government Primary school in Ojo.
   Mrs Ojo also came with her 2 year - old son – Olu, and 4 year - old daughter Ife, living in the same address
3. On the same March 2, 2019, Mr Femi, a 36 year old labourer at the Community Primary School, in the Ward, in Ijora LGA, brought his wife 28 year old wife Funke, a seamstress in the market to the facility. Mr Femi nor Funke had any education, he wanted her to enrol so she could attend ANC and deliver in the facility. On getting there he decided to also enrol himself in case he has malaria. Neither Mr Femi nor his wife has a phone, they usually rely on the neighbour Mr Ooni whose number is 0905 235 7890
4. The following week, March 8th, 2019, Mr Femi came back to the facility with his 3 other children (Femi junior – 8 years, Tolu – 6 years old and Oke – 4 years to enrol them. They were all enrolled.



Activity 3: Simulation: Filling the Enrolment Form and capturing on the system

Time: 15 mins

- **Divide the** participants into groups of 4- 5 persons depending on the numbers
- **Distribute** copies of the simulation scenarios. Explain that the participants are going to practice the completion of the Enrolment Form

Task Instructions:

1. In your group, read the scenarios and use the information it contains to complete the blank Enrolment forms
2. Use the information contained in the enrolment forms to complete the Enrolment Application System
3. Pay attention to generating the register of the enrollees based on the information provided.

Time: 10 minutes

- **Ask** for volunteers (about 2 or as time allows) of the groups to share their generated register

- **Discuss** groups' presentations with participants and clarify/correct as necessary **(**5 minutes)

Activity 4: Plenary Discussion – The Enrolment Register

Time: 20 mins

- **Distribute** copies of the Enrolment Register to all participants
- **Explain** each field in the Enrolment generated Register**.**
- **Reiterate** that the Enrolment Register will be provided by the SSHIA to the facility on monthly basis.
- **Pause** and check for understanding and make clarifications if necessary.
- **Go a**round to supervise the exercise and correct as appropriate

Summary and Transition to Next Module (5 minutes)

- **Summarize** that this module has demonstrated how the Enrolment Officer will enroll beneficiaries in the BHCPF.
- **Confirm** that objectives listed for the two (2) sessions in the module have been meet by asking the participants to summarize what they have learnt.
- **Transition** to the next module by completing the enrolment forms correctly, capturing the enrollee details accurately will help the SSHIA/facility to get appropriate capitations as at when due and prepare their claim forms correctly so as to get the correct payments for the services they have rendered to clients under free for service which will be discussed in the next module. Introduce the Facilitators for Module 5 – Claims Management

Module 6: Provider Payment Mechanisms

Session 1: Overview of BHCP Provider Payment Mechanisms (PPMs)

Duration

50mins

Purpose

To familiarize participants, with the process of Provider Payment Mechanism (PPM) required for the implementation of the BHCPF

Session Objectives

At the end of the session, participants will:

- Identify provider payment methods
- Enumerate the methods of provider payment for BHCPF
- Describe the advantages and disadvantages of BHCPF Provider Payment methods
- Discuss the premium distribution under the BHCPF

Training Materials

- BHCPF Guidelines
- NHIS Gateway Implementation Protocol
- Flipchart, markers, paper tapes.

Preparation

- Label "Session objectives" and write the session objectives
- Label "Definition of Provider Payment Mechanisms (PPM)" and write "Simply means the mechanism of paying health care providers (Public or Private) for agreed services rendered"
- Label 2 blank flipcharts with headings: Prospective payment and the other Retrospective payment
- Label and cover flipchart with definitions of prospective and retrospective payment: Prospective payment is payment made to the provider before service is rendered; retrospective payment is payment made to the provider after service is rendered
- Make 2 T-shaped flash cards with bold inscription "Prospective and Retrospective"
- Make ten cards and write a different PPM on each – Salary, Capitation, Fee-for-Service, Budget, Per-Diem, Result Based Financing, Diagnostic Related Groups (DRGs), Commissioning, Line Item, Case Based Payment.

- Label a flipchart with definition of capitation and Fee-for-Service; "Capitation is a periodic payment made in advance to a provider for a given population for a defined benefit package over a period of time". "Fee-for-Service is the reimbursement made to a provider after services are rendered based on specified tariffs".
- Display a flipchart with three columns; the first column is PPM, second column **Advantages** and the third column **Disadvantages.** Each column has two rows for Capitation and Fee-for Service.
- **Label** a flipchart with the definition of "Gatekeeping". Gatekeeping are a set of rules designed to prevent abuse of a provider payment mechanism.

PPM	**Advantages**	**Disadvantages**
Capitation	Incentive to minimize cost Encourages Preventive care Ease of Administration	Prone to cream skimming Under supply Low quality of care
Fee-for Service	Incentives for high quality High level of patient satisfaction Minimal cream skimming	Requires high admin cost Requires high ICT Delay in claims and payment

Cut 12 cards with the different pros and cons of capitation and Fee-for Service as in the table above.

- Label 2 flipcharts with headings "Capitation Gatekeeping" and "Fee-for Service Gatekeeping"
- Label 2 flipcharts with heading "Premium Distribution"

Session Overview

Activity 1: Introduction (5 mins)

Activity 2: Provider payment methods (10mins)

Activity 3:Methods of provider payment for BHCPF as well as their pros and cons (20mins)

Activity 4: Advantages and disadvantages of BHCPF Provider Payment methods

Activity 5: BHCPF Premium Distribution (10mins)

Activity 6: Gatekeeping (10mins)

Activity 1: Introduction

The training session is designed to familiarize the participants with the concept of Provider Payment Mechanism (PPM) and healthcare financial risks. The PPM under the BHCPF operations is designed to ensure the delivery of quality health services and financial risk management. The PPM under the BHCPF are majorly capitation and Fee-for-Service.

Activity 2: Provider payment methods

- Introduce the session objectives
- Place two blank flipcharts with headings: Prospective payment and the other Retrospective payment
- **Take** 2 T-shaped flash cards with bold inscription "Prospective and Retrospective" and displays to the participants.
- **Ask** for volunteers to explain what prospective and retrospective payment is. Facilitator acknowledge the responses and post the flipchart containing the correct definitions.
- **Distribute** the ten cards randomly to the participants and ask them to paste on the blank flipchart where each of the PPMs handed over to them belongs.
- **Review** the pasted cards, identify the errors and ask participants to correct the cards.
- **Post** the covered flipchart containing the definition of capitation and Fee-for-Service. Get a volunteer to read and explain each definition.
- **Explain** further the two definitions and inform participants that for BHCPF, those are the two main provider payment systems.

Prospective	Retrospective
Salary	Fee-for-Service
Capitation	Per-Diem
Budget	Result Based Financing
Commissioning	Diagnostic Related Groups (DRGs)
Line Item	Case Based Payment

Activity 3: Methods of provider payment for BHCPF as well as their pros and cons.

- **Post** the flipchart with table on capitation and Fee-for-Service as well as its respective pros and cons.
- **Distribute** 12 cards containing the pros and cons of capitation and Fee-for-Service to participants
- Invite each participant to paste their card on the appropriate payment method on the flipchart and explain the reason for posting it there
- **Ask** other participants if he/she is correct, if not, why?
- Accept correct pasted card and explain why for each of the cards
- For wrongly pasted cards, reject, explain why and re-paste appropriately.
- Distribute the handout on pros and cons of capitation and Fee-for -Service

Activity 4: BHCPF Premium Distribution

- **Distribute** the handout on NHIS-BHCPF premium distribution
- **Request** 5 volunteers to read the different sharing percentages for the following; administrative fees, capitation, Fee=for-Service, Reinsurance and ICT
- **Ask** one of the volunteers to sum the percentages and the amount
- **Tell** the participants that the premium for NHIS-BHCPF is N12,000/person/annum

Activity 5: Gatekeeping

- Post the flipchart with the definition of "Gatekeeping".
- List the following gatekeepers;

a. Monthly referral shall not exceed 25% of total patients
b. PHC shall not score less than 60% on quality assurance assessment
c. There shall not be out-of-stock in PHCs
d. All claims for secondary services shall reach SSHIA within 30 days of incur and reimbursement shall be within 30 days. Claims received after 90 days of incur will not be paid.
e. No co-payment, no co-insurance
f. Referral shall be diagnosis related
g. Prescription limited to generic drugs
h. Hospitalization shall not exceed 21days per calendar year
i. On referral, primary provider pays for first 7 days bed space, SSHIA pays for 14 days
j. Orthopaedics and metal health shall not exceed six weeks of admission/year

- Explain the above listed gatekeepers
- Ask participants to ask questions and explain the answers to the participants based on the gatekeepers.

Session 2: Overview of Medical Claims Management

Purpose:

To participants provide the overview the concept of claims management and the procedures for claims under the BHCPF

Session Objectives:

By the end of the session, participants will be able to do the following:

- Explain the terms "medical claims" and "claims management" in the context of the BHCPF
- Identify the processes involved in claims management in the context of the BHCPF
- Describe the roles of the different BHCPF stakeholders in the claims management process
- Enumerate the requirements for medical claims
- Explain the medical claims requirements at the facility level in the context of the BHCPF
- Identify the components of a claims form

Duration: **40minutes**

Materials:

- **Handout: '***Claims Requirements'* (copies for all participants and facilitators)

Preparation:

- Prepare blank flipchart pages with the following:
    - Label: 'Session Objectives'; write session objectives.

Session Overview

- **Activity 1:** Module Introduction and Concept of Medical Claims (20 min)
- **Activity 2:** Claims Requirements (20 min)

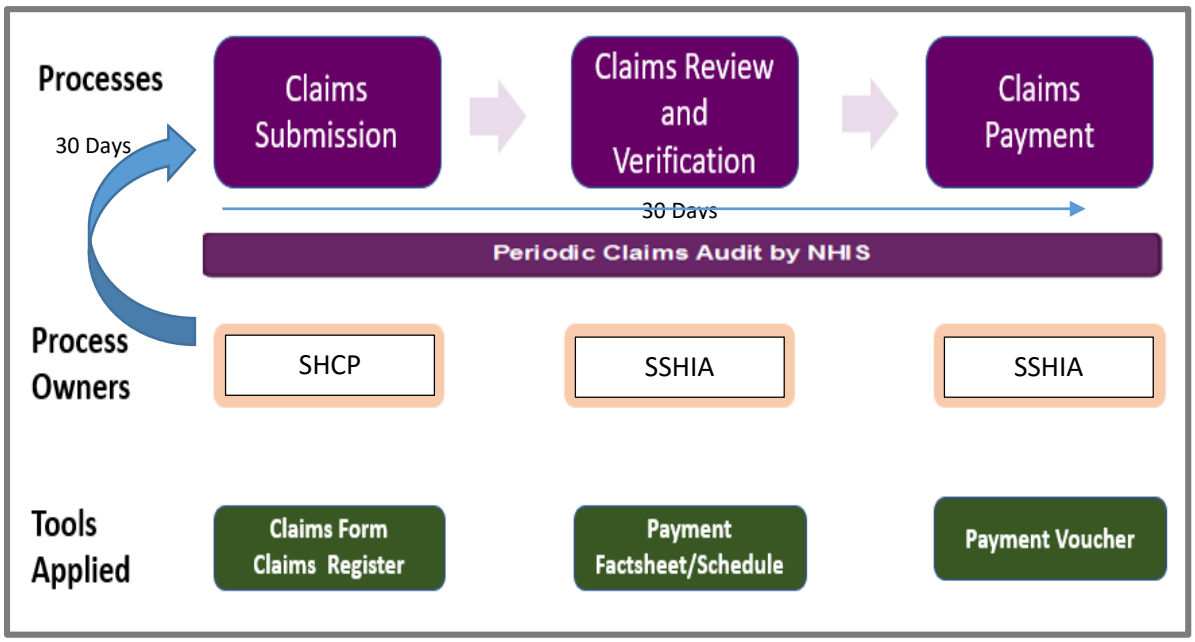
Activity 1: Introduction and Concept of Medical Claims/Management

Time: 20 minutes

- **Introduce** the session and **explain** that it will provide an overview of medical claims management, including the meaning and key concepts of claims management as they relate to BHCPF, the various steps involved in claims management, and the groups of people responsible for implementing those steps.
- **Refer** to the prepared flipchart with the session objectives and **read out** the objectives.
- **Tell** participants that medical claims will help to address issues on referrals to secondary providers.
- **Explain** that for a provider to participate as a secondary provider under BHCPF, the facility will be accredited by NHIS**.**
- **Explain** that referrals from primary providers will be authorized by SSHIA upon diagnosis from the PHC.
- **Explain** BHCPF medical claims and claims management:
    - For the BHCPF, it refers to the claims for BMPHS provided to BHCPF beneficiaries by accredited Secondary providers upon referral from PHC

- Claims management refers to processes that enable SHCPs to be reimbursed for services provided to patients enrolled under the BHCPF.

- **Use** the example below to elaborate on the concept of what is meant by medical claims and claims management.
    - 'A pregnant woman enrolled under the BHCPF scheme comes to a PHC to deliver her baby. After examination by the OIC, it was found that the presentation was breech at 36 weeks gestation. The OIC contacted SSHIA then got a referral code and referred the patient to a nearby accredited SHCP. The woman presented her referral form to the SHCP and was seen by the doctor. The SHCP requested for a code for caesarean section upon confirmation of diagnosis. At term, the woman was successfully operated and a live baby delivered. The SHCP prepares a medical claims bill based on the approved tariff and transmits to the SSHIA within one month. SSHIA acknowledges receipt with a stamp, vets the bill and pays the facility within 30 days of receipt.
- Explain that Medical Claims must meet requirements for them to be accepted for reimbursement. Claims should be done using an appropriately filled referral form, submitted using a prescribed channel within a timeframe
- Tell them that management of Medical Claims has to pass through major processes: Claims submission, Claims verification/review and Claims payment. (Refer to the claims form, referral form and the claims register)



Activity 2: Claims Requirements

Time: 20 minutes

- **Ask** participants to discuss in their table groups what they believe some of the requirements are for submitting medical insurance claims.
- After 5 minutes, **ask** each table to share one requirement until all of them have been shared.
- **Explain** that the SHCP ensures that all fields on the claims form are completed:
    - Beneficiary name, age, sex, phone number, address
    - Referral code
    - Name of doctor/care provider
    - Name of the hospital providing the service
    - The date of service
    - The diagnosis, investigation, and therapy, as applicable
- **Explain** that enquiries regarding the status of providers' claims can be made in the following ways:
    - Calling the SSHIA contact centres
    - Web-based provider portal
    - Mobile provider application
    - SMS claims status short code
    - Other channels, as determined by SSHIA, NHIS and the SOC
- **Explain** that charges should be in line with the approved BHCPF reimbursement schedule. The SHCP must send completed claims forms physically or electronically to the SSHIA within 30 days following the month in which the claims were incurred. Submission must be acknowledged by SSHIA and defrayed by same within 30 days of submission.

Summary and Transition to Next Session

- **Emphasize** that BHCPF medical claims refers to request for reimbursement for secondary services within the BMPHS provided to enrolees by accredited SHCPs.
- **Explain** that a good understanding of the claims requirements is very important to ensure the smooth processing of medical claims under the BHCPF. Thus, health facility staff must be knowledgeable about the specific requirements.
- **Ask** for any final questions or comments.

Handout: Referral Form for BHCPF

Basic Health Care Provision Fund (BHCPF) Referral Form							
Referred by:	Name:			Designation:			
Initiating Facility Name and Address:				Date of referral:			
Any telephone arrangements made by initiating facility?	YES	NO	Facility Tel. No.	Any transportation arrangements made by initiating facility? YES / NO			
Referred to Facility Name and Address:							
Client Name							
Identity Number				Age:	Sex:	M	F
Client Address							
Clinical History							
Findings/Diagnosis							
Treatment Given (if any)							
Reason for Referral							
Any other documents accompanying referral from initiating facility?	YES/NO (please state)						
OIC of Initiating Facility	Name:		Signature:	Date:			
Note to receiving facility: On completion of client management, please fill in and detach the referral back slip below and send with patient or by other means.							

----------✂----------receiving facility - tear off when making **back referral**----------✂----------

Back Referral from Facility Name		Location	Telephone no.		
Reply From (person completing form)	Name:		Date:		
	Designation:	Specialty:			
To Initiating Facility: *(enter name and address)*					
Client Name					
Identity Number		Age:	Sex:	M	F
Client Address					
This client was seen by: *(give name and specialty)*		on date:			
Patient History					
Special Investigations and Findings					
Diagnosis					
Treatment/Operation					

Medication Prescribed			
Please Continue with: *(meds, Rx, follow-up, care)*			
OIC of Secondary Facility	Name:	Signature:	Date:

Handout: BHCPF Referral Register

Name of facility

: _____

BHCPF – Primary Health Care Level – Register of Referrals OUT

Date referral made	**Client name**	**Sex (M /F)**	**Age**	**Identity No.**	**Referred to *(name of facility / specialty)***	**Reason for referral**	**Date back referral received**	Follow-up required YES / NO	Follow-up completed YES / NO

Name of facility: _____

BHCPF – Secondary Health Care Level – Register of Referrals IN

Date referral received	**Client name**	**Sex**	**Age**	**Identity No.**	**Referred from *(name of facility / specialty)***	**Reason for referral**	**Summary of client management / actions taken**	**Bundle**	**Cost**	**Date back referral sent**

Module 7: Essential Drugs and Commodities Management

Session 1: Essential Drugs and Commodities Management

Purpose: To acquaint participants with the concept of essential drugs and commodity management.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Explain the concept of essential drugs and commodity management
- Explain how drugs and commodities are managed
- Practice estimating the quantities of drugs to procure for a health facility

Duration: **80 minutes**

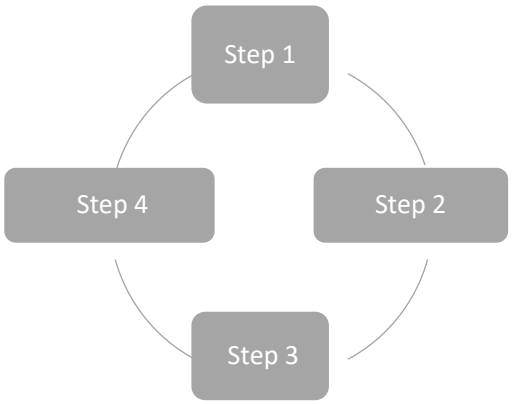
Materials:

- **Training Aid:** *Role Play Instructions* (six copies)
- **Handouts:** (copies of each form for all participants and facilitators)
  - *'Exercise on Samina PHC on Essential Drugs Management*'
  - *'Responses to Samina PHC Questions and Template for Estimating Quantities of Drugs to Procure'*
  - *'Essential Drugs Management'*

Preparation:

- Prepare blank flipchart page with the following:
- Label: 'Session Objectives'; write session objectives.
- Select four participants for the role play/skit in **Activity 2.** Before the session begins, give the *Role Play Instructions* training aid (at the end of the session guide) to the four participants. Allow skit participants 5 minutes to review their roles and familiarize themselves with the skit.
- Prepare flipchart pages with the following:
  - Label: 'Essential Drugs'; write 'medicines (including commodities) that satisfy the health care needs of the majority of the population (WHO).'
  - Label: 'Drugs vs. Commodities'; draw two columns, labelled 'Drugs' and 'Commodities.'

Figure 7. Essential Drug Cycle



  - Label: 'Essential Drug Management Cycle'; draw the simple diagram to the right.
  - Label: 'Simple Template for Estimating Quantities of Drugs to Order'
- Prepare four pieces of cardboard paper (6x8 inches) and write on each: Selection, Procurement, Storage, and Use/Disposal.
- Arrange these cards in a circle in a spacious part of the wall of the training room.
- Using a different colour of cardboard, cut pieces of cardboard sheet into 31 flash cards (4x6 inches). On each card, write one subcomponent from the list of steps for the Essential Drug Management Cycle, as shown in Table 12 at the end of this session; reshuffle the pieces of cardboard.
- Prepare a flipchart labelled 'Simple template for estimating the quantities of drugs to order'; copy from the table in Table 10.

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)

Session Overview:

- **Activity 1:** Session Introduction (5 min)
- **Activity 2:** Concept of Essential Drugs and commodities (25 min)
- **Activity 3:** Essential Drugs and Commodities Management (25 min)
- **Activity 4:** Estimating Quantities of Drugs to Procure for a Primary Health Care Facility (20 min)

Activity 1: Session Introduction

Time: 5 minutes

- **Introduce** the session by **explaining that there is a simple method to help** facilities determine the amount of medicines to keep in stock at any given time so as to be able to attend adequately to all potential patients.
- **Ask** a volunteer to read the objectives from the prepared flipchart page 'Session Objectives.'

- **Refer** to the previous session, highlighting key learnings and topics covered—how beneficiaries can receive free treatment based on the BMPHS.

Activity 2: Concept of Essential Drugs

Time: 25 minutes

- **Tell** participants that this next activity will be a role play/skit in which selected participants will act out some of the relevant roles in a health facility. **Request participants** to pay close attention while the skit is being acted out so they can address questions based on their observations, comments, and feedback.
- **Arrange** the setting of the role play/skit at the front of the training room so all participants can observe it comfortably. The setting should provide space for Amina, the FP client; William, another client; Mrs. Badamosi, the health care provider; and Abdul, the pharmacy staff person.
- When skit participants are comfortably sited, **call** the participants to act out their roles. Allow the skit to run for 10 minutes or stop when all of the key messages have been acted out in the role play.
- After the skit, **debrief** by **asking** the following questions:
  - *First, to the skit participants*: How did you feel about acting this out? This question is designed to get them to come out of their roles.
  - *Then ask other participants the following questions, stressing that answers should be based on their observation of the role play/skit:*
    - What did you see happen here?
    - Why did Amina and William not receive the services they came for?
    - What reason did the health facility staff give for why these services were unavailable?
    - Have you or anybody you know had a similar experience? If yes, give examples.
- **Ask** participants to suggest what they believe the implications are for Amina and her daughter. Take two to three responses, which may include the following:
  - Amina may have an unintended pregnancy.
  - Amina may not have money to buy antimalarial medications at the private pharmacy.
  - Her daughter's malaria may become complicated, or she may contract measles and possibly die.
- **Present** the prepared flipchart page labelled 'Essential Drugs' with the WHO definition. Draw on the observations made by the participants from the role play/skit to explain the definition.

- **Tell** participants that Shine-Shine (the drug given to William) is not an essential drug, and the use of facility money to buy it is not allowed. Notice how spending the facility money to buy it contributed to the experience of Amina and her daughter not getting their required medications.
- **Tell** participants that it is important to ensure attention is paid to the availability of 'commodities' as well as 'essential drugs.' **Refer** to the role play/skit showing that the lack of a commodity (gloves) deprived Amina of the family planning services she needed. **Draw** participants' attention to the flipchart page labelled 'Drugs vs. Commodities.'

Table 11. Drugs vs. Commodities

Drugs		Commodities
PCM Antimalarial Amoxicillin Ibuprofen Misoprostol Oxytocin Chloramphenicol		Gloves Needles Cotton wool Prescription forms Treatment register

- **Read** through the list in Table 11 *(categorized here for facilitator reference)* and **ask** participants to which category each item belongs—drugs or commodities.
- **Write** the item under the appropriate category on the flipchart.
- **Summarize by telling participants** that essential drugs and commodities must always be available in the facilities; it is primarily the responsibility of the facility to ensure their continuous availability to meet the needs of the population it serves. **Tell** them that the next activity will discuss the management processes for ensuring optimum stock inventory.

Activity 3: Essential Drugs and Commodities Management

Time: 25 minutes

- **Tell** participants that this activity will help PHCs to manage essential drugs/commodities effectively.
- **Ask** two to three participants to identify what they imagine are the key steps in managing essential drugs and commodities; write them on the flipchart 'Essential Drug Management Cycle.' **Take** their responses and **clarify** so as to bring out the following key steps: selection, procurement, storage, and use/disposal.
- **Tell** participants that each step of the cycle represents a component of essential drugs and commodities management.
- **Post** the caption 'Essential drugs and commodities management cycle' and ask four participants to place the pieces of cardboard labelled Selection, Procurement, Storage, and Use/Disposal in their logical order to show a cycle below the caption.
- **Make** corrections if the placement is not in the proper order: Selection, Procurement, Storage, and Use/Disposal.
- **Ask a volunteer participant** to read the following definition: 'Essential drug management refers to the practice of ensuring that all processes involved in the selection, procurement, storage, use, and disposal of essential medicines are carried out, thus ensuring that the best possible value is derived.'

- **Ask** participants why they think essential drugs and commodities management is important.
- **Write** their responses on the flipchart and add the following, if they were not already mentioned:
  - The status of drugs (both availability of/or lack of drugs) significantly impact health outcomes. **Use the example of what happened to Amina** in the role play/skit and the identified possible effects on Amina and her daughter.
  - Poor drug management leads to stockouts, overstocking, expiries, damages, wastages, and pilferages (stealing).
  - The way drugs are managed have important financial implications—drugs are often one of the major cost drivers in health care.
- **Tell** participants that the next exercise will help them to identify the key activities for each step of the drugs management cycle.
- **Distribute** the prepared pieces of cardboard that show the subcomponents of the essential drug management cycle to the participants (Table 12).
- **Ask** the participants to study the card(s) provided and determine to which subcomponent they belong within the appropriate steps in the essential drug management cycle.
- **Refer** to the main steps of the cycle by pointing to the flipchart and requesting that the participants paste the subcomponent provided to them under the appropriate step.
- After the participants have pasted all of the subcomponents of the essential drug management cycle, **invite** all of them to come to the front of the room and position themselves closely around the cycle. Make sure that everybody can see it. Collectively but critically review and determine whether the subcomponents are under the correct step (selection, procurement, storage, use/disposal); facilitate rearrangement of the subcomponents if necessary.
- **Refer** to Table 12 to determine whether the subcomponents are in the correct spot and **facilitate** a discussion with participants to move them to the correct placement, as follows.

Table 12. Subcomponents of the Steps for the Essential Drug Management Cycle

Selection	Procurement	Storage	Use/Disposal
1. On the Nigeria essential medicines list 2. Meets the needs of the BMPHS 3. Is generic 4. Aligns with the prevailing health	5. Lead time 6. Average monthly consumption (AMC) 7. Reorder level 8. Stock at Hand (SAH) 9. Buffer stock 10. Maximum stock quantity (MSQ)	17. Well-ventilated space 18. Shelves 19. Arranged in an orderly manner 20. Refrigerator 21. Cold chain 22. Bin cards	26. Based on a prescription 27. Labelled with clear direction 28. Do not use 29. Moved to NAFDAC for destruction

care needs of the community	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	23. First In First Out (FIFO) 24. First Expired First Out (FEFO) 25. Stock receipt/issue registers	30. Clear instructions delivered to patients 31. Treatment registers

- **Request** that the participants return to their seats and discuss each of the steps of the essential drug management cycle in more depth.
- **Explain** that the **Selection** component refers to the drugs to be stocked at the health facilities. Such drugs must be on the Nigeria essential medicines list for the facility type, meet the needs of the BMPHS, be generic, and align with the prevailing health care needs of the community.
- **The second component** of the essential drug management cycle is **Procurement**.
- **Ask** the participants to describe some of the basic considerations for estimating quantities of drugs to procure. Take two to three responses and document them on a flipchart.
- **Explain** some of the key considerations for estimating the quantities of drugs to procure, as follows:
  - **Lead time:** How long it takes an ordered drug to be delivered. It can also be called 'delivery time.' **Explain** that lead time is important in deciding on the quantity of stock to buy, especially for PHCs in rural areas that are hard to reach. For example, if a rural PHC located 200 kilometres from the next large town usually sends orders of drugs to a supplier through public transporters and the order takes 2 months to be delivered, the lead time is 2 months.
  - **Average monthly consumption (AMC):** Average quantity of each stock item dispensed to clients in a given month. The data for determining AMC can be obtained from the bin card or dispensary register. Write the formula for calculating AMC as follows:
    - *AMC = Total quantity consumed in a specific no. of months ÷ no. of months in question*
  - **Reorder level**: Stock level at which new orders should be placed. Explain that the lead time is important in establishing a reorder level. For example, if the lead time for a drug is 2 months, a new order of that drug should be placed before the stock level goes below a 2-month supply.
  - **Stock at Hand (SAH)**: Quantity of usable stock available.
  - **Buffer stock**: Stock kept in reserve 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:** Time remaining before a product expires.
- **Quantity to order (QTO):** Quantity of stock to order to bring the drug inventory to the maximum level (i.e., MSQ). It should be decided by considering certain factors listed above: e.g., AMC, the lead time, the shelf life, etc. For example, the person ordering would not want to buy a drug with a **shelf life** of 2 years without considering the **AMC**, because the drug would not be used up even in 3 years and would expire. In another vein, setting an MSQ at less than the quantity adequate to cover the lead time would lead to stockouts.

- **Tell** participants that during the next activity, they will use some of these concepts to estimate the quantity of stock to procure for a facility.
- **Explain Storage as the third step** of the essential drug management cycle. **Explain** that drugs procured by health facilities must be stored on shelves in a well-ventilated space in the facility. Thermolabile or cold chain drugs are those destroyed in temperatures outside a range of 2–8 degrees centigrade and so **MUST** be stored in a refrigerator. Participants should endeavour to check required storage temperatures on product packages. Stock management tools such as bin cards and stock issue and receipts registers should be used to keep records for inventory control and decision making. Stock issue must be based on First-In-First-Out (FIFO) and First-Expired-First-Out (FEFO).
- **Explain** that the **last step** in the essential drug management cycle is **Use and Disposal**. Drugs dispensed to clients must be based on a prescription. Before giving a drug to a client in a facility, it must be labelled with clear directions for use. All dispensed drugs must be recorded in a treatment register. If a drug is expired, it should not be used. A list of expired drugs should be compiled and sent through the LGHA to the SPHCB. The SPHCB will organize collection and destruction by NAFDAC.
- **Explain** that in a health facility, essential drugs are managed by a pharmacist or a pharmacy technician and, where unavailable, anyone designated under the FGON Task Shifting/Task Sharing Policy who has undergone training or skills building on essential drugs management.

Activity 4: Estimating Quantities of Drugs to Procure for a Primary Health Care Facility

Time: 20 minutes

- **Explain** that in a health facility, often many drugs are purchased at the same time. Post the flipchart 'Simple Template for Estimating Quantities of Drugs to Order.' **Explain** each column header. **Remind** participants of the definitions of Maximum Stock Quantity (MSQ), Stock at hand (SAH), and Quantity to Order (QTO). Write the formula for calculating QTO as follows:
  - QTO = MSQ – SAH
- **Divide** the participants into three groups by requesting them to take colours of blue, green, or red.
- **Distribute** the information on Samina PHC.

- **Distribute the** template for estimating the quantity of drugs to order.
- **Instruct** the groups to study the information on Samina PHC and the QTO formula provided to their group, and use the information to respond to the following questions:
  - According to the records of this PHC, 3 months go by between the time it places orders for drugs and the time it takes delivery. What is the lead time?
  - What is the average monthly consumption of each drug?
  - The PHC decides that the time to order new stocks of paracetamol is at the point where the remaining quantity in stock is just enough to cover the lead time for the delivery of any new orders. What is the reorder level?
  - As at the end of June, the stock remaining is as follows: Paracetamol – 8,000 tablets, oral rehydration salts (ORS) – 700 sachets, zinc blisters – 350. What is the stock of each drug at hand as of the end of June?
  - The facility has established that the maximum quantity of each of the drug needed in the facility at any point in time is 5 months' stock. What is the MSQ of each drug?
  - The facility wants to procure a new stock of drugs at the end of June; what quantity should they order?
  - Present your answer using the 'template for estimating the quantity of drugs to order.'
- **Inform** the groups that they have 10 minutes to complete the group work.
- **After** 10 minutes, request two groups to present their group work, allowing them 3 minutes each.
- **Distribute** the handout, '*Responses to Samina PHC Questions and Template for Estimating Quantities of Drugs to Procure*.'

Summary and Transition to Next Module and Session

Time: 5 minutes

- **Conclude** by saying that essential drugs and commodities are pivotal to the provision of the BHCPF BMPHS and it is therefore important that they be familiar with the basic concepts for ensuring an optimal stock inventory.
- **Distribute** the handout '*Essential Drug Management*.'

Training Aid: *Role Play Instructions*

Roles:

William: A 56-year-old man who believes he needs to take certain nutritional supplements to maintain a youthful appearance.

Amina: A 25-year-old woman who is visiting a health facility called the Samina Health Centre to seek treatment for her 9-month-old daughter who has a fever. She also wants the child vaccinated against measles. During the same visit, she wants a family planning service.

Mrs. Badamosi: A health worker in the facility.

Abdul: A Pharmacy staff person.

Role Play/Skit

Mrs. Badamosi: Calls in Abdul and says, 'My friend told me of a very good supplement called Shine-Shine that is trending. I learnt it makes the skin looks fresh. Can you order some'?

Abdul: 'I know that product. It is N12000 per pack. If we buy it, we will not have enough money to buy some other drugs that many people need to get well from common illnesses. For instance, we do not have any ACT antimalarial in this facility.'

Mrs. Badamosi: 'Well, a drug is a drug, and people who want to look good also deserve some attention. Make sure you buy at least five packs of Shine-Shine when you plan the next procurement.'

Abdul: 'Okay, madam.'

Abdul purchased five packs of Shine-Shine and did not have enough money left for ACT antimalarial.

William: Walks into the facility and complains about his changing looks. He wants a supplement that would make him look younger and more handsome.

Mrs. Badamosi: Welcomes William and says: 'You are lucky. Just last week, we purchased a drug for skin radiance.' She hands over Shine-Shine and says, 'Please make sure you use it as instructed.'

Amina: Walks into the facility and says 'I have come here to seek treatment for my 9-month-old daughter, Zainab, who is has a fever. I would also want her immunized against measles.'

Mrs. Badamosi: Welcomes them. She tests for malaria and finds Zainab has it. She tells Amina that ACT antimalarial is the best drug for her daughter, but it is not available in the facility and asks her to get some

from a private pharmacy on her way home. ‘With respect to your request for immunization, our measles vaccine ran out a few days ago and we are short of funds to buy more. Please come back next week.’

Amina: ‘Hmm, that’s disappointing. I cannot come back next week because I spent N500 for transport to come today. I will have to wait until I can get transport money to come back.’

‘Since I’m here now, can I please use this opportunity to get a family planning service in this facility? I want an IUCD.‘

Mrs. Badamosi: ‘Oh yes, I can get that done for you quickly.’

She then tries to set up for the IUCD but finds out that although IUCDs are available, there are no gloves to use when inserting it. She says ‘Sorry, I do not have gloves, but I can provide you with another family planning method.’

Amina: ‘I am sorry, but I do not want any other method. Haba! You do not have anything in this health centre? Why are you open’? She walks out of the clinic.

Mrs. Badamosi calls a meeting with **Abdul**. They end up blaming each other for why the facility does not have ACT antimalarial and other drugs and commodities. Later, they agree to do something—they will avoid purchasing those drugs that would prevent them from meeting the priority medicine needs of the majority of the population.

Handout: Exercise on Samina PHC on Essential Drugs management

The table below shows the monthly consumption of paracetamol 500mg tablets, ORS (sachets), and zinc 20mg tablets (10s) in Samina PHC.

Month	Quantity Consumed		
	Paracetamol 500mg Tablet (1s)	ORS (sachets)	Zinc 20mg Blister (10s)
January	2,000	200	80
February	4,000	200	70
March	2,000	180	60
April	2,000	210	80
May	3,000	300	140
June	3,000	410	220

Questions:

1. Observations of the records of this PHC shows that 3 months elapses between the time the PHC places orders for a drug and the time it takes delivery. What is the lead time?
2. What is the average monthly consumption of each drug?
3. The PHC decides that the time to order a new stock of paracetamol is at the point where the remaining quantity in stock is just enough to cover for lead time for the delivery of new orders. What is the reorder level?
4. At the end of June, the remaining stock is as follows: Paracetamol – 8,000 tablets; ORS – 700 sachets; zinc blisters – 350. What is the stock at hand of each drug as at the end of June?
5. The facility has established that the maximum quantity of each of the drugs for the facility at any point in time is 5 months' stock. What is the maximum stock quantity (MSQ) of each drug?
6. The facility wants to procure a new stock of the drugs at the end of June. What quantity should they order?
7. Present your answer using the 'Simple Template for Estimating Quantities of Drugs to Procure' below

Handout: Responses to Samina PHC Questions and Template for Estimating Quantities of Drugs to Procure

Responses to Questions:

1. 3 months
2. AMC

   Paracetamol = (2,000+4,000+2,000+2,000+3,000+3,000)/6 = 2,667 tablets

   ORS = (200+200+180+210+300+410)/6 = 1,500/6 = 250 sachets

   Zinc = (80+70+60+80+140+220)/6 = 650/6 = 108 blisters
3. Reorder level = 2,667 x 3 = 8,000 tablets
4. SAH: Paracetamol = 8,000 tablets; ORS = 700 sachets; Zinc = 350 blisters
5. MSQ: Paracetamol = 2,667 x 5=13,335 tablets,

   ORS = 250 x 5 = 1250 sachets

   Zinc = 108 x 5 = 540 blisters
6. QTO = MSQ – SAH. Because Katako PHC based its MSQ on the AMC and the number of months, QTO = (AMC x no. of months) – SAH

   Paracetamol = 13,335 – 8,000 = 5,335 tablets

   ORS = 1,250 – 700 = 550 sachets

   Zinc = 540 – 350 = 190 blisters

Simple Template for Estimating Quantities of Drugs to Procure

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

Handout: Essential Drugs Management

Essential Drugs

- Essential drugs are medicines that satisfy the health care 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 on 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 health care 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

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 labelled 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.

Module 8: Quality Improvement

Session 1: Overview of Quality Improvement

Purpose:

To familiarize the participants with the concept of quality improvement for BHCPF health care services.

Session Objectives:

At the end of this session, participants should be able to do the following:

- Explain what quality in health care means
- Describe the dimensions of quality health care
- Identify common quality challenges in health care

Duration: **55 minutes**

Materials:

- **Handout**: '*Dimensions of Quality in Health Care'* (copies for all participants and facilitators)

Preparation:

- Prepare blank flipchart pages with the following:
  - Label: 'Session Objectives'; write session objectives.
  - Label: 'Quality'; use to record responses.
  - Label: 'Examples of Good Health Care Received'; use to record responses.
  - Label: 'Definitions of Quality in Health Care'; write these two definitions:
    - WHO definition: 'The extent to which health services provided to individuals and patient populations improve desired health outcomes'
    - Simple definition: 'Doing the right thing at the right time for every client every time'
  - Label: 'Common Quality Challenges'; use to record responses.
  - Label: 'Common Quality Challenges in PHCs'; and write down:

  Lack of professionalism in clinical care | Poor adherence to standard operating procedures | Inadequate drugs and poor drug management practices | Poor waste disposal practices | Insufficiently skilled staff | Poor attitude of health workers | Excessive waiting time | Lack of referral | Barriers within facility that keep providers from implementing evidence-based care (e.g., pharmacy locked at night) | Unclear roles and responsibilities among providers | Poor communication among providers (e.g., sending test requests to the lab, receiving lab results) |

Session Overview:

- **Activity 1:** Introduction to Quality Improvement (5 min)
- **Activity 2:** Concept of Quality in Health Care (30 min)
- **Activity 3:** Common Quality Challenges (15 min)

Activity 1: Introduction to Quality Improvement

Time: 5 minutes

- **Refer** to the agenda and note that the previous modules have addressed the accreditation of PHCs to determine their status to provide quality health services to beneficiaries as prescribed by the BHCPF. The quality gaps identified in these facilities must be addressed for them to continually improve on their performance and become fully accredited or retain their accreditation status.
- **Tell** participants that in the Quality Improvement module, they will be learning the concept, process, and tools for quality improvement at the facility level. This information will help prepare them to consistently identify quality gaps and develop plans to address the identified gaps and sustain the quality of services.
- **Refer** to the prepared flipchart on the session objective and present it.
- **Ask** volunteer participants to remind the group what they learnt in Module 2—orientation to the BHCPF. Acknowledge three to four responses and facilitate discussion to bring out the reasons for the BHCPF: adequate and sustainable funding is in place; funding is used efficiently and equitably to provide quality health care services; and financial risk protection is in place for accessing health care services for all Nigerians, especially the poor and vulnerable.

Activity 2: Concept of Quality in Health Care

Time: 30 minutes

- **Ask** participants to individually think of what immediately comes to their minds when the word ‘quality’ is mentioned (3 minutes).
- **Take** four to five responses and **record** them on a blank flipchart page.
- **Ask** participants to think of a time when they received health care they were happy with and recall the things that made them feel happy with the service (3 minutes).
- **Take** four to five responses and **record** them on the flipchart ‘Examples of Good Health Care Received.’
- **Present** the flipchart ‘Definitions of Quality in Health Care’:
  - ‘The extent to which health services provided to individuals and patient populations improve desired health outcomes.’
- **Present** the second, simple definition of quality:
  - ‘Doing the right thing at the right time for every client every time.’

- **Explain** that quality happens when all of the inputs (such as trained health workers, commodities, medicines, lab tests, etc.) come together consistently at the right time to ensure that every client has what they need when they need it.
- **Distribute the** handout: '*Dimensions of Quality in Health Care*' and collectively discuss it as a group.
- **Discuss** each dimension by giving an example. Ask for more examples from the participants.
- **Refer** participants to the flipchart generated from their 'Examples of Good Health Care Received.' **Emphasize** that these dimensions are some of the things considered when measuring the quality of health care provided.

Activity 3: Common Quality Challenges

Time: 15 minutes

- **Ask** participants to use their previous knowledge and experience to identify some of the quality challenges they may have encountered in health care**.**
- **Take** three to four responses and record on the flipchart labelled 'Common Quality Challenges.'
- **Display prepared flipchart '**Common Quality Challenges in PHCs' to reinforce knowledge of participants

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize** the session by asking two to three participants to share what they have learned so far about the quality of health care, dimensions of quality, and common quality challenges.
- **Correct** any misconceptions and end by **reiterating** that ensuring quality health care is a very important component of the BHCPF. Every facility that is part of the intervention must work continuously to improve the quality of the services they provide.
- **Explain** that a quality improvement approach to guide these efforts will be introduced in the next session.
- **End** with a quotation from the previous Director-General of WHO, Margaret Chan, from the World Health Assembly in May 2012: 'What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?'

Handout: Dimensions of Quality in Health Care

Dimensions of Quality in Health Care	Examples
Safety Avoiding risks and harm to patients from care intended to help them	• Patients are not given the wrong drugs • Wastes are safely disposed
Person Centeredness Providing care that is respectful or responsive to individual needs and values	• Patients are treated with courtesy • Extra help is provided to those with physical disabilities
Efficiency Maximizing resources use and avoiding waste	• Avoiding drug expiry
Effectiveness Services based on scientific knowledge and produce a clear benefit	• Use of diagnosis and treatment guidelines in standing orders
Timeliness Reducing waiting time and sometimes harmful delays	• Promptness in the diagnosis and treatment of ailments
Equity Providing care that does not vary in quality because of a person's characteristics	• The right treatment for rich and poor, male and female, rural and urban dwellers
Technical Performance	• Adequate competencies and skills of health providers
Access and Affordability	• Access to care without the barriers of distance or cost
Availability and Appropriateness	• Availability of needed laboratory investigations
Physical Infrastructure/Amenities	• Indirect features that contribute to patient satisfaction

Source: Adapted from World Health Organization. *What is Quality of Care and Why Is It Important?"* Available at *https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/*.

Session 2: Quality Assessment and Scoring Under the BHCPF

Purpose:

To familiarize participants with the BHCPF assessment and scoring for health care quality.

Session Objectives:

At the end of the training, participants should be able to do the following:

- Describe the BHCPF priority areas of focus for quality assessment
- Explain how scoring of health facilities is conducted
- Interpret the facility quality scorecard

Duration: **45 minutes**

Materials:

- **Handouts**:
  - *'Priority Areas for Determining the Quality of a Facility's Health Care Services'* (copies for all participants and facilitators)
  - *'Scoring Range Scale and Illustrative Facility Quality Scorecard'* (copies for all participants and facilitators

Preparation:

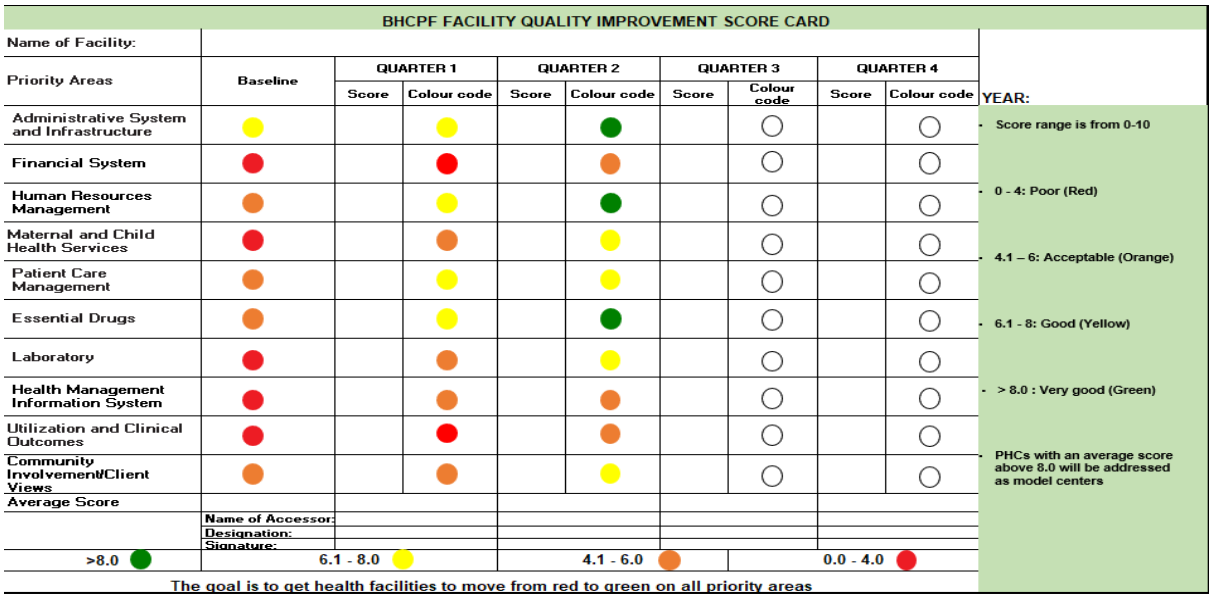
- Prepare blank flipchart pages with the following:
  - Label: 'Session Objectives'; write session objectives.
  - Label: 'Scoring Range Scale'; write the scale for the scoring range as in Table 13.

Table 13. Scoring Range Scale

Scale (Range is 0–10)	Colour	Description
0–4	Red	Poor
4.1–6	Orange	Fair
6.1–8.0	Yellow	Good
> 8.1	Green	Very Good (Model Centre)
The QIP focuses on gaps identified during the assessments		

- Label: 'Illustrative Facility Quality Scorecard'; draw as shown in Figure 7.

Figure 7. Example of Facility Quality Scorecard



BHCPF FACILITY QUALITY IMPROVEMENT SCORE CARD

Name of Facility:

Priority Areas	Baseline	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		YEAR:
		Score	Colour code	Score	Colour code	Score	Colour code	Score	Colour code	
Administrative System and Infrastructure										- Score range is from 0-10
Financial System										
Human Resources Management										- 0 - 4: Poor (Red)
Maternal and Child Health Services										- 4.1 – 6: Acceptable (Orange)
Patient Care Management										
Essential Drugs										- 6.1 - 8: Good (Yellow)
Laboratory										
Health Management Information System										- > 8.0 : Very good (Green)
Utilization and Clinical Outcomes										
Community Involvement/Client Views										- PHCs with an average score above 8.0 will be addressed as model centers
Average Score										
	Name of Accessor:									
	Designation:									
	Signature:									

>8.0 6.1 - 8.0 4.1 - 6.0 0.0 - 4.0

The goal is to get health facilities to move from red to green on all priority areas

Session Overview

- **Activity 1**: Introduction (5 min)
- **Activity 2**: BHCPF Priority Areas for Determining a Facility's Quality of Health Care Services (15 min)
- **Activity 3**: Scoring Facility Quality (20 min)

Activity 1: Introduction

Time: 5 minutes

- **Tell** participants that this session will focus on assessing the quality of health care.
- **Ask** participants to give reasons why it is important to assess quality.
- **Acknowledge** responses and **tell** participants that measurement would help to indicate how well a facility is doing in promoting the highest standards of health care.
- **Present** the flipchart of the session objectives and read them aloud.

Activity 2: BHCPF Priority Areas for Determining a Facility's Quality of Health Care Services

Time: 15 minutes

- **Tell** participants that 10 priority areas have been identified that would help to determine the quality of health care under the BHCPF. Each priority area has several indicators to measure a facility's performance in that area.
- **Inform** participants that assessors will be visiting their facilities every 3 months with a checklist comprising questions that address all of the indicators for each priority area. This checklist will be

administered to facilities and points will be awarded for each indicator based on the level the facility has attained against expected standards in each priority area.

- **Stress** to the participants that in addition a quality assurance checklist will be administered to assess the delivery of BMPHS as explained in accreditation module.
- **Ask** participants to recall some of the key areas the assessors evaluated during the facility readiness assessment under the BHCPF. Take two to three responses and record them on a flipchart.
- **Distribute** the handout '*Priority Areas for Determining the Quality of a Facility's Health Care Services*' to all participants.
- **Explain** the different priority areas one by one, defining what each indicator means and providing examples.
- **Provide opportunity for** questions, concerns, and clarification on the 10 priority areas.
- **Tell participants** that the next activity will address how these areas will be measured and scored.

Activity 3: Scoring Facility Quality

Time: 20 minutes

- **Tell** participants that the next flipchart explains how to interpret the facility's performance as presented in a scorecard.
- **Refer** to the flipchart 'Scoring Range Scale' and explain the different ranges of scores, their scales, and the interpretation of each of the colours. Emphasize that using this scale is how the facility's score is generated from the baseline facility assessment.
- **Present** the flipchart labelled 'Illustrative Facility Quality Scorecard' but cover the second and third columns containing the assessment scores for the post-baseline assessment. Explain that the first column has the baseline scores. Then progressively reveal the second and third columns to show the differences.
- **Reiterate** that assessments are done every 3 months; it is expected that health facilities would progressively move from red to green for all priority areas as they start to receive funding to address quality gaps.
- **Stress** that facility scorecards must be posted on the wall of the health facility in a clearly visible spot.
- **If available, share** the baseline assessment scorecards of each facility with the respective participants from that facility.
- **Distribute** the handout '*Scoring Range Scale and Illustrative Facility Quality Scorecard.'*

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize** by emphasizing that quality assessment involves a systematic way of looking at the quality of services provided by a facility by identifying priority areas and assessing these areas using a pre-determined tool with weights for scoring.

- **Ask** volunteer participants to provide examples of priority areas and explain how the result from an assessment would be presented.
- **Tell** participants that the next session will prepare them to develop plans for addressing any quality gaps shown in the assessment of their facilities. Handout: Priority Areas for Determining the Quality of a Facility's Health Care Services

Priority Areas	What constitutes the priority area
Administration System and Infrastructure	• Availability of 24-hour service • Availability of guidelines for waste management • Existence of arrangements for emergency transportation • The current state of the facility infrastructure (Roofs, floors, ceilings, doors, windows, curtains, toilets and bathrooms, perimeter fence etc) • Availability of functional equipment (stethoscope, sphygmomanometer, delivery beds, mucus extractor, fetoscope, thermometer, weighing scale, MUAC strip etc)
Financial System	• Availability of financial management tools, such as receipts, payment vouchers, cash books, cheque issue registers, store records, etc. • Timeliness of submission of quarterly financial reports • Availability and appropriate use of quality improvement and business plans
Human Resources Management	• The cadre and number of staff • The type of training received by each staff member • Availability of written procedures for contract staff engagement • Timeliness of payment of staff salaries (for the contract staff) • Level of staff absenteeism
Reproductive Maternal, Child, and Adolescent Health Services, plus Nutrition	• Provision of ANC services • Provision of labour and delivery services • Provision of basic emergency obstetric care services • Availability of PNC services • Provision of family planning services • Availability of nutritional and growth monitoring services
Patient Care Management	• Availability of equipment such as a weighing scale, delivery bed, autoclave, stethoscope, fetoscope, steamer, sterilization equipment, or partogram • Evidence of the treatment protocols being followed (e.g., history taking, physical examination, tests, and diagnosis before treatment)
Essential Drugs and Commodities	• Availability of all essential drugs and consumables • Availability of staff responsible for medicines • Availability and use of drug management tools, such as bin cards, treatment registers, etc.

	• Whether or not a price list is displayed
Laboratory	• Availability of lab staff • Whether or not the lab opens daily • Whether or not a price list is displayed • Availability of services for malaria diagnosis, haematology, packed-cell volume (PCV) test, pregnancy test, HIV screening
Health Management Information System	• Availability of relevant National Health Management Information System (NHMIS) form and registers including partographs • Whether or not the previous month's summary form was sent to the LGHA
Utilization and Clinical Outcome	• Number of general outpatient visits, deliveries, etc. • Number of readmissions, deaths, etc.
Community Involvement /Client Views	• Frequency of outreach efforts • Evidence of community involvement in outreach planning, implementation, and reviews • Availability of WDC • Whether or not WDC meeting has been held in the last year • Client views, feedback

Handout: Scoring Range Scale and Illustrative Facility Quality Scorecard

The scale for scoring range is 0–10		
Scale	**Colour**	**Description**
0–4	Red	Poor
4.1–6	Orange	Fair
6.1–8.0	Yellow	Good
> 8.1	Green	Very Good (Model Centre)
The Quality Improvement Plan focuses on gaps identified during the assessments.		

Facility/WDC-Level Training on the BHCPF

BHCPF FACILITY QUALITY IMPROVEMENT SCORE CARD										
Name of Facility:										
Priority Areas	Baseline	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		YEAR:
		Score	Colour code	Score	Colour code	Score	Colour code	Score	Colour code	
Administrative System and Infrastructure										• Score range is from 0-10
Financial System										
Human Resources Management										• 0 - 4: Poor (Red)
Maternal and Child Health Services										• 4.1 – 6: Acceptable (Orange)
Patient Care Management										
Essential Drugs										• 6.1 - 8: Good (Yellow)
Laboratory										
Health Management Information System										• > 8.0 : Very good (Green)
Utilization and Clinical Outcomes										
Community Involvement/Client Views										• PHCs with an average score above 8.0 will be addressed as model centers
Average Score										
	Name of Accessor:									
	Designation:									
	Signature:									
>8.0	6.1 - 8.0			4.1 - 6.0			0.0 - 4.0			
The goal is to get health facilities to move from red to green on all priority areas										

Session 3: Addressing Quality Challenges

Purpose:

To introduce participants to the steps in improving the quality of services and quality improvement plan (QIP) under the BHCPF

Session Objectives:

At the end of the training, participants should be able to do the following:

- Explain the steps of the quality improvement methodology
- Practice developing a QIP

Duration: **85 minutes**

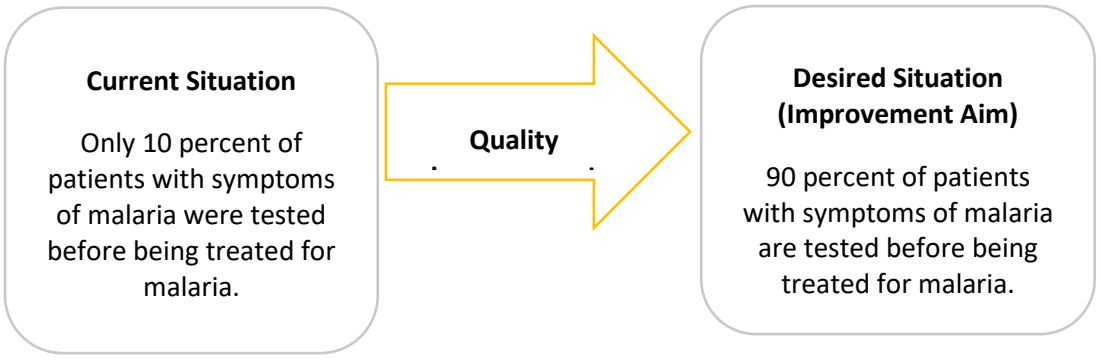
Materials:

- **Handouts:**
  - *'Quality Improvement—Case Study'* (copies for all participants and facilitators)
  - ***'****Composite Scores for Samina Health Centre'* (copies for all participants and facilitators)
  - ***'****Tool for Quality Improvement Plan'* (copies for all participants and facilitators)
  - ***'****Summary of Quality Improvement Concepts'* (copies for all participants and facilitators)

Preparation:

- Prepare blank flipchart pages with the following:
  - Label: 'Session Objectives'; write the objectives
  - Label: 'Definition of Quality Improvement'; write the definition of quality improvement:
    - 'Quality Improvement is a way a facility continuously assesses the quality of services it provides against the set standards and target interventions to address any identified gaps. Quality improvement can be a systematic step to correct or bridge any quality gaps observed during monitoring.'
  - Label: 'Current and Desired Situations' and write as in Figure 8

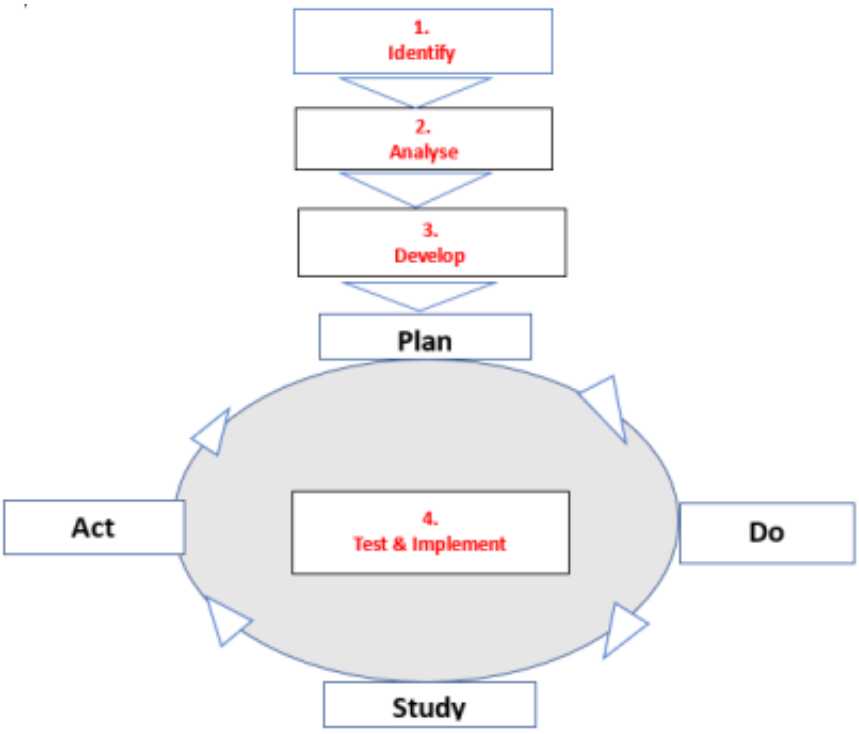
Figure 8. Current and Desired Situation in Quality Improvement



- Label: 'Why QI Is an Important Part of the BHCPF'; write the following bullets:
  - Saves lives
  - A prerequisite for full accreditation and renewal of accreditation
  - A vital tool for ensuring provision of quality health care services to beneficiaries of the BHCPF
  - An important tool for ensuring patients' satisfaction

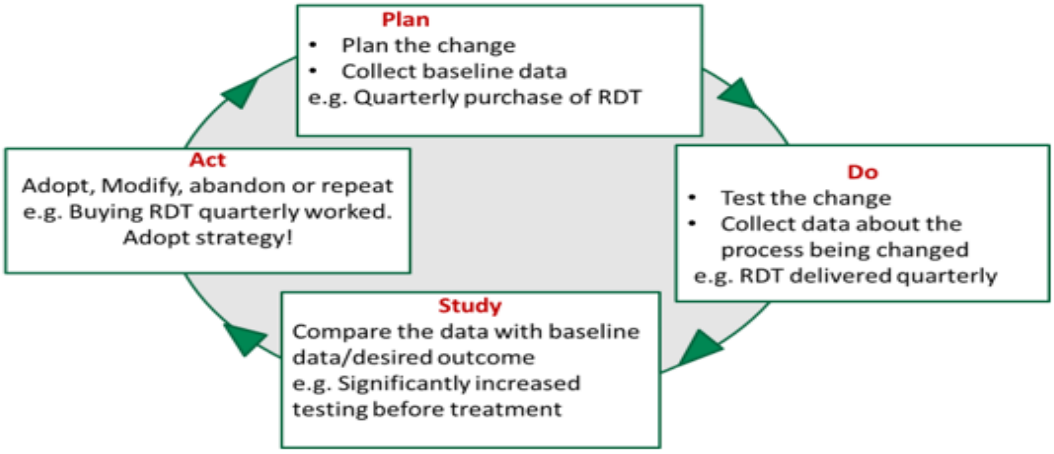
- Label: 'Quality Improvement Methodology'; draw the basic steps shown in Figure 9

Figure 9. Quality Improvement Methodology



- Label: 'Plan, Do, Study, and Act (PDSA) Cycle'; draw the cycle showing the steps in Figure 10

Figure 10. PDSA Cycle



- Label: 'Task for the Samina Case Study'; outline as described in Activity 3 below.

- Request actual Assessment Scorecards for all participating PHCs from the State BHCPF Steering Committee.

Session Overview

- **Activity 1:** Concept of Quality Improvement (15 min)
- **Activity 2:** Steps of the Quality Improvement Cycle (25 min)
- **Activity 3:** Developing Annual QIPs Using PHC Baseline Assessment Scores (40 min)

Activity 1: Concept of Quality Improvement

Time: 15 minutes

- **Introduce** the session and refer to the session objectives on the flipchart.
- **Ask** participants, to reflect on the discussions so far regarding quality of care and use them to explain the term 'quality improvement.'
- **Take** two to three responses and record them on a flipchart.
- **Refer** to the prepared flipchart, 'Definition of Quality Improvement' and **request** that a participant read it aloud: 'A way a facility continuously assesses the quality of services it provides against the set standards and target interventions to address any identified gaps. Quality improvement can be a systematic step to correct or bridge any quality gaps observed during monitoring.'
- **Highlight** the key words using any of the information from the previous explanation of quality improvement to provide further illustration.
- **Refer** to the flipchart, 'Current and Desired Situations' to explain that the change from a current situation to a desired situation is referred to as 'quality improvement.' E**xplain further** that this is one critical step in improving outcomes for malaria treatment.

- **Highlight** that identifying the current situation and determining the desired situation both are based on data. **Emphasize** that using data to identify a facility's performance is at the heart of quality improvement.
- **Ask** participants why quality improvement is important. **Take** two to three responses and then **refer** to the flipchart, 'Why QI Is an Important Part of the BHCPF' to discuss its importance.

Activity 2: Steps of the Quality Improvement Cycle

Time: 25 minutes

- **Explain** that one of the first steps for when a facility begins quality improvement is that it must set up a quality improvement team. This team should comprise the OIC (Head) of the facility, a WDC, a nurse/midwife, and either a pharmacy technician or laboratory staff person available in the facility.
- **Ask** participants why working in teams is important; acknowledge two to three responses and include the following additional answers if not already mentioned:
  - Everyone brings different knowledge and understanding about how work in the facility is done.
  - Together, the team presents a complete picture.
  - The team can develop better solutions by considering all of the needs of providers and clients.
- **Stress** that quality improvement team meetings must be held at least once every month and minutes taken and kept securely for future reference. Team meetings should begin with a review of priority indicators and facility performance. Teams should review the solutions they chose to implement to ensure they really are making a difference in performance. When they do not, the team must develop new solutions.
- **Display** the prepared flipchart, 'Quality Improvement Methodology' (see Figure 9 previously) and explain each step.

Step 1. Identify: **Explain** the 'Identify' step, which identifies the problems that need solutions.

- **Ask** participants about ways they might determine what things need improvement and take two to three responses. **Emphasize** some of the following sources of information:
  - Indicators of health outcome performance from routine data collection (such as monthly reports); prioritize problems associated with certain causes of deaths or many cases of particular diseases (such as malaria) so they can be made a priority
  - Information reported in the BHCPF facility assessment
  - Feedback from supervisory visits
- **Explain** that in an earlier example, the team identified the issue that only 10 percent of patients were being tested for malaria before treatment. This is a problem because it does not follow clinical guidelines. Patients are to be tested and confirmed as having malaria before receiving treatment. This approach rules out the presence of other disease conditions that present symptoms similar to malaria which otherwise could be missed.

- **Stress** that once a problem is identified, the team should set the goal for improvement. The goal should indicate what they are trying to improve, the magnitude of improvement they want to achieve (for example, a percentage increase), and when the team expects to make the improvement. These aims can be included in their QIP.

Step 2. Analyse: **Explain** that the 'Analyse' step is focused on establishing the cause of the problem.

- **Ask** participants how they might analyse the problem and take two to three responses.
- **Describe the** tools and approaches they could use to analyse the problem, such as the following:
  - Describe all of the steps of a patient visit and outline what should happen at each step
  - Ask multiple questions (for example: Why don't we test? If there are stockouts of medicines and commodities, why are the stockouts happening? Is it because we aren't tracking how many of them are used and ordering on time?)
  - Analyse all aspects of a problem (staff resources and knowledge, commodities, equipment, leadership, etc.)
  - Look at the frequency of different types of issues to prioritize what to do first (for example, what is the most common problem or barrier to testing for malaria? Is it related to staff time? Availability of test kits? Patients not wanting to wait for the test? Something else?)

Step 3. Develop: **Explain** that having a good understanding of the problem will help develop solutions to address the specific barriers or problems. **Remind** participants of the need to address how work is organized within the facility. Think about the following:

  - How are tasks and responsibilities divided (within appropriate boundaries of each cadre)? Is everyone clear on what they should do?
  - What is the process for registering, examining, diagnosing, and treating the client? Does everyone understand all of the steps? Is there a barrier or confusion we need to fix?
  - How is information shared? Is there a clear process for giving instructions to the laboratory or pharmacy, or getting the results of tests to the provider?
  - Staff knowledge may be only a small part of the problem.
  - Emphasize that training cannot solve all problems; therefore, there is a need to examine barriers to implementing the correct kind of care.

- ***Step 4. Test and Implement***: **Explain** that this step deals with RAPIDLY testing changes or solutions on a small scale to see their effect BEFORE implementing them as a permanent solution in the facility. This approach provides an opportunity for testing the solution with a few patients for a few days to determine whether it works. **Ask** participants why they would want to test a solution before implementing it across the facility and take a few answers. **Highlight** some of the main reasons:

  - The solution may have bad side effects. It is important to know this before making it a routine method of working.
  - The solution may not work, which means that we would waste time and resources if we implemented it as a permanent solution.
  - The solution may need some adjusting before it is implemented across the facility.
  - There is a need to ascertain clients' reactions to the new way of working and confirm whether they are comfortable with it.
- **Explain** that rapid tests are done using a Plan, Do, Study, Act (or PDSA) cycle.
- **Refer** to the flipchart **'**Plan, Do, Study, and Act (PDSA) Cycle' (see Figure 10 previously).
- **Explain** each step of the cycle as follows:
- **Plan:** Choose one solution to test and create a plan for it. This plan should include the following: What is the solution? Who will implement it? What will they need to do? How long will they do it? How will they know whether it works?
  - Example: Providers do not test because the test kits are locked in the pharmacy. The plan will include having RDT in the exam area for 3 days. Each morning, the provider will sign out 10 test kits from the pharmacy and keep them in the exam area. They will determine whether it works by finding out if patients presenting with malaria symptoms at the facility are tested.
- **Do:** The team conducts the test according to the plan for the specified amount of time and collects information on the results.
- **Study:** The team discusses the results of the testing soon after it is completed.
  - Example: Assuming that the team tested the solution for 3 days, they review the records for those days to determine the test results. If, during the 3 days, only 30 out of the 45 patients who came to the facility with symptoms of malaria received tests before a diagnosis was made, the team should determine whether the provider reported running out of the 10 test kits each day but was too busy to get more from the pharmacy.
- **Act:** If the team decides this solution is a good one, they have several options for how to act: they could *adopt* and *implement* the change or solution; *adapt* or *modify* the change if it worked only partially but could be improved, or finally, *abandon* or *end* the change if it did not work.
  - **Ask** the participants: 'Based on the example above, what should this team do? Did their change work? Do they need to modify it? What ideas should be considered for modifying the change?
  - **Emphasize:** There is no one correct answer. It would be important to see the team make some modification that better predicts the number of tests kits the provider had available each day, or one that made it easier to get additional kits as needed.
- **Ask** the participants to describe some of the benefits of continually improving quality for facilities. Take two to three responses and use the list below to provide additional information if those items are not mentioned.

- PHCs that improve quality are empanelled on the NHIS gateway, thus perhaps receiving an additional stream of sustainable financing.
- Improvement in the quality and quantity of health care delivered to the communities would lead to increase in utilization.
- Improvement in patient satisfaction and community health would improve the providers' image and reputation.
- Improved quality could mean more job satisfaction and career advancement for facility staff.

Activity 3: Developing the Annual Quality Improvement Plan

Time: 40 minutes

- **Explain** to participants that planning is an important step in the quality improvement process because it is the stage at which a quality improvement team has to consider the specific activities to be done, the targets and indicators to measure progress or success, who will implement the activities, and their timelines.
- **Explain** that the annual QIP is the main tool that will inform the development of quarterly business plans (QBPs), including how resources are budgeted.
- **Distribute** copies of the handout '*Tool for Quality Improvement Plan*.'
- **Describe** the QIP template and explain the following fields:

General Information Table: Captures the basic data of the health facility—name of health facility, ward, LGA, state, geopolitical zone, and the date the plan was developed and/or finalized. It also captures the average percentage score from the quality survey.

- **Key Priority Areas Table**: Each of the 10 key priority areas is structured such that relevant quality improvement details are captured. The tables are structured in the following way:
  - ***Thematic Area*:** Indicates the priority area under review.
  - ***Percentage Score***: Indicates the performance score of the health facility in the priority area under review from the quality survey/assessment.
- ***Prioritized Issues***: Captures a list and highlights of pressing aspects from several issues identified in the quality survey.
- ***Measure/Indicator***: Describes the degree of seriousness of the issue as the reason it is prioritized. The measure/indicator will be monitored regularly to see whether performance is improving.
- ***Target***: Shows the projected/expected level of performance in the priority area regarding the prioritized issue.
- ***Planned Improvement and Implementation***: Describes the strategies and implementation process to meet the target described.
- ***Responsible Person(s)***: Indicates the health facility staff responsible for implementing the improvement strategy.

- ***Quarter***: Indicates the quarter of the year for planned implementation.
- ***Due Date***: States the date within the selected quarter for proposed plan to be completely implemented.

Survey Performance Table: Shows the performance score in percentages for each of the 10 priority areas and an average percentage score for the health facility. These data are pooled from the baseline/annual quality survey/assessment.

- **Divide** the participants into groups of four people, with each group having an OIC and WDC representative.
- **Distribute** copies of the handout, '*Quality Improvement—Case Study*' (case study on Samina PHC) to the groups.
- **Refer** participants to their handout '*Priority Areas for Determining the Quality of a Facility's Health Care Services*.'
- **Distribute** copies of the QIP template to the groups.
- **Instruct** the groups to review the case study on Samina PHC and '*Priority Areas for Determining the Quality of a Facility's Health Care Service,*' and use the information to develop an annual improvement plan for either of the following priority areas:
  - Resources management
  - Essential drugs and commodities management
- **Inform** the groups that they have 15 minutes to complete their group work.
- **After** 15 minutes, request four groups to present their work. Allow 4 minutes each and provide corrections when necessary.
- **Explain** to participants that PDSA cycles are used to test the solutions for the priorities in their QIPs.
- **Give** participants an assignment for the evening. **Ask** PHC teams to select one priority area from their actual facility assessment report and practice developing a QIP.

Summary and Transition to Next Module

Time: 5 minutes

- **Summarize** by asking participants to reflect on the key learnings from this quality improvement module and how they would apply them in their facilities. Emphasize that 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.
- **Inform** participants that, in addition, a team comprising staff from the LGHA/SPHCDA/SSHIA will be visiting their facility every 3 months to conduct integrated supportive supervision to help them improve the quality of the work they do. Provide an opportunity for questions, comments, and clarifications.

- **Tell** participants that the next module will be on financial management, which will help them to prepare their budgets for operationalizing the QIP and how to disburse the budget funds.
- **Distribute** the handout, '*Summary of Quality Improvement Concepts*.'
- Request that participants keep their copies of the Samina PHC case study from the quality improvement sessions.

Handout: Tool for Quality Improvement Plan

Explanatory Notes

- **General Information Table**: This table captures the basic data of the health facility—name of health facility, ward, LGA, state, geopolitical zone, and the date the plan was developed and/or finalized. It also captures the average percentage score from the quality survey.
- **Key Priority Areas Table**: Each of the 10 key priority areas is structured such that relevant quality improvement details are captured. The individual priority area tables are structured as follows:
  - *Percentage score*: Indicates the performance score of the health facility in the priority area under review from the quality survey/assessment
  - *Prioritized issues*: Captures a list and highlights of pressing aspects from several issues identified in the quality survey
  - *Measure/indicator*: Describes the degree of seriousness of the issue regarding the reason it is prioritized
  - *Target*: Shows the projected/expected level of performance in the priority area regarding the prioritized issue
  - *Planned improvement and implementation*: Describes the strategies and implementation process to meet the target described
  - *Responsible person(s)*: Indicates the health facility staff responsible for implementing the improvement strategy
  - *Quarter*: Indicates the quarter of the year for planned implementation
  - *Due date*: States the date within the selected quarter for the proposed plan to be implemented completely
- **Survey Performance Table:** This table shows the performance score in percentages for each of the 10 priority areas and an average percentage score for the health facility. These data are pooled from the baseline/annual quality survey/assessment.

Health Facility		State	
Ward		Zone	
LGA		Date	
		Average % score	

Priority Area: Administrative Systems and Infrastructure **Percentage**

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

Priority Area: Financial Systems

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

Priority Area: Human Resources Management

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

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

Priority Area: Patient Care Management

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

Priority Area: Essential Drugs and Commodities

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

Priority Area: Laboratory

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

Priority Area: Health Management Information Systems

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

Priority Area: Utilization and Clinical Outcomes

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

			and implementation						

Priority Area: Community Involvement/Client views

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

Name of Facility OIC		Signature & Date		Phone number	
Name of WDC Chairman		Signature & Date		Phone number	
LGHA Supervisor		Designation		Signature & Date	

Handout: Quality Improvement—Case Study

You are the manager of the Samina PHC. The facility lacks ACT antimalarial and is poorly staffed, having only one nurse/midwife and one JCHEW, both with poor clinical skills. A baseline assessment of your facility has just been conducted; the result is shown below. Develop a quality improvement plan for the Human resources management and Essential drugs priority areas

Name of Facility: Samina Health Centre	
Priority Areas	**Baseline Assessment**
Administrative System and Infrastructure	
Financial System	
Human Resources Management	
Maternal and Child Health Services (RMNCH+N)	
Patient Care Management	
Essential Drugs	
Laboratory	
Health Management Information System	
Utilization and Clinical Outcomes	
Community Involvement/Client Views	
Composite Quality Score	**1.8**
Key: > 6.1 4.1 – 6.0 0.0 – 4.0	

Handout: Solution to case study for Samina Health Centre

Priority Area: Human Resources Management

Prioritized issues	Measure/ indicator	Target	Planned improvement and implementation	Responsible person(s)	Q1	Q2	Q3	Q4	Due date
Lack of required midwife	Number of required midwife available in the facility	2	Recruit ad-hoc midwife	OIC	✓				10-Mar-2021
Lack of laboratory technician	Number of required lab technician available in the facility	1	Request for Lab Technician from LGHA	OIC			✓		30-Sep-2021

Priority Area: Essential drugs and commodities

Prioritized issues	Measure/ indicator	Target	Planned improvement and implementation	Responsible person(s)	Q1	Q2	Q3	Q4	Due date
Lack of essential drugs	% of essential drugs available	100%	Procure essential drugs from accredited pharmacies/DRF	Pharmacy Technician	✓	✓	✓	✓	30-Dec-2021
Lack of storage place for drugs	Availability of storage place for drugs	Completed	Build a metal shelve for storing drugs	Pharmacy Technician			✓		30-Sep-2021

None display of price list of drugs in facility	Price list of drugs displayed in facility	Compl eted	Paste copy of price lists of drugs on the wall	Pharmacy Technician	✓				10-Jan-2021

Handout: Summary of Quality Improvement Concepts

Quality Improvement Team (QIT)

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

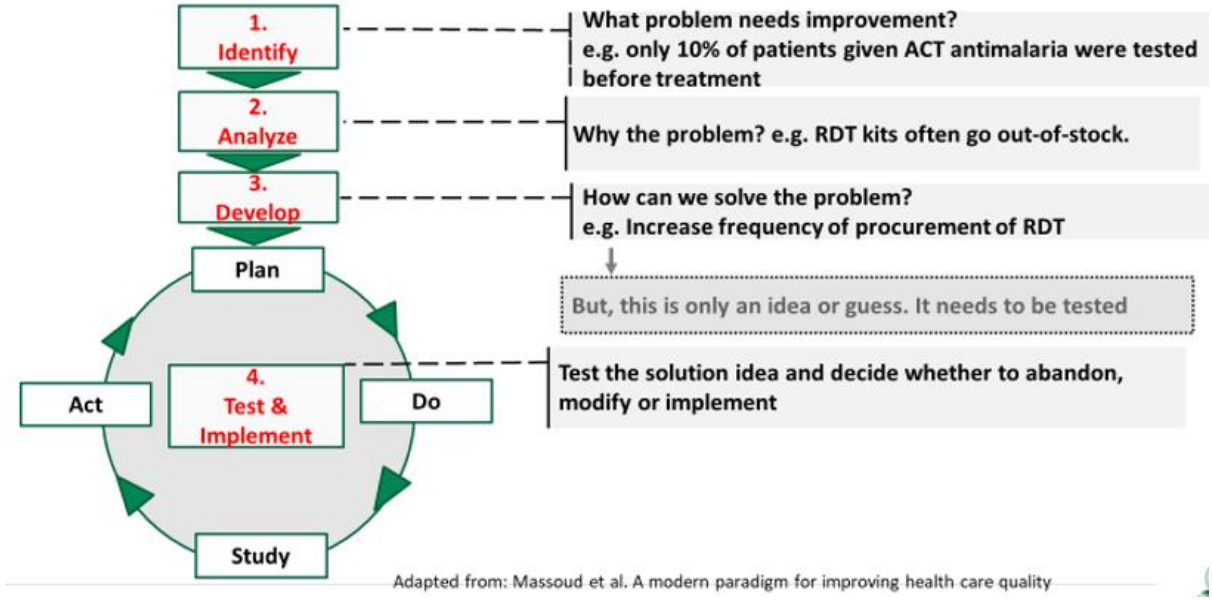
The membership of the QIT includes the following:

- 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 staff

The OIC will be the team lead.

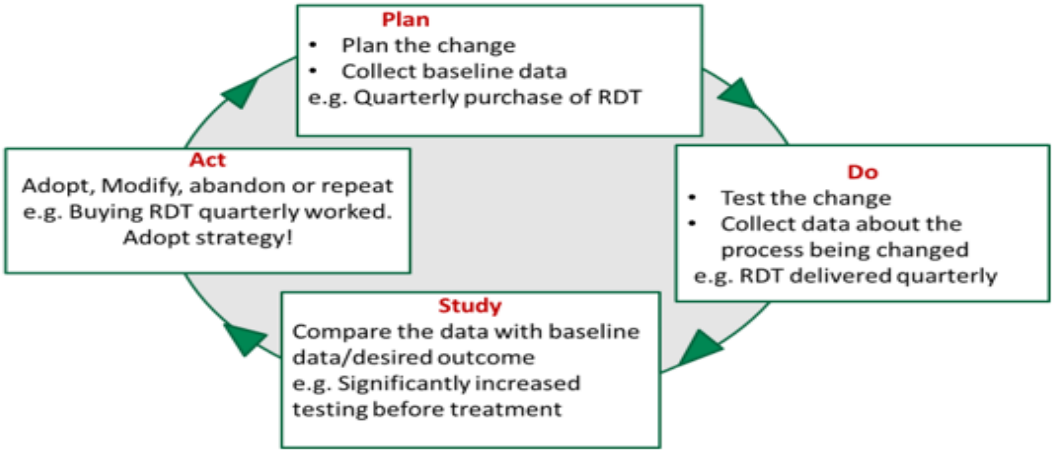
The Nurse/midwife will be the secretary of the team.

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 quality improvement 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 increase in utilization
3. Improvements in patient satisfaction and community health could enhance providers' image and reputation as well as commendation
4. Improved quality could mean increased job satisfaction and career development for facility personnel

Module 9: Financial Management

Session 1: Basic Concept of Funds Management

Purpose:

To enhance participants' knowledge about the basic concept of financial management for effective BHCPF implementation.

Session Objectives:

By the end of the session, participants will be able to explain the terms 'financial management' and 'bookkeeping'.

Duration: **35 minutes**

Materials:

The poster showing 'BHCPF Funds Flow' used in Module 2
Blank flipcharts/markers

Preparation:

- Make available the poster that shows the 'BHCPF Funds Flow' used in Module 2
- Prepare a blank flipchart page with the following:
  - Label: 'Session Objectives'; write session objectives
  - Label: 'Financial Management' but leave it blank
  - Label: 'Financial Management'; write the definition of financial management: 'All activities and steps taken to plan, organize, direct, and control the financial affairs of an organization'

Session Overview:

Activity 1: Introduction (5 min)
Activity 2: BHCPF Funding Sources and Funds Flow (15 min)
Activity 3: Financial Management Concepts (15 min)

Activity 1: Introduction

Time: 5 minutes

- **Tell** participants that the BHCPF will be disbursing funds to support facilities in improving the quality of services they provide. It is therefore important that these funds are used efficiently, appropriately, and in an accountable way. Consequently, it is important to strengthen the ability of facilities to manage their funds.
- **Explain** that the financial management module will equip them with the requisite knowledge, skills, and tools to do so.
- **Tell** participants that the first session will focus on how BHCPF funds flow from the national level to the PHC and for what the funds should be used.
- **Refer** to the flipchart 'Session Objectives' and read through it.

Activity 2: BHCPF Funding Sources and Funds Flow

Time: 15 minutes

- **Refer** participants to the orientation sessions, in which the sources of BHCPF funding were discussed. Ask participants to recall what was discussed during Module 2.

- **Invite** a volunteer to explain the sources and funds flow of the BHCPF; invite other participants to add to or correct any misinformation.
- **Refer to** the poster on funds flow and use it to summarize or clarify any misconceptions on the sources of funds and their flow within the BHCPF.
- **Tell** participants, having been reminded of the sources and funds flow for the BHCPF, that the next activity will focus on how the funds are managed.

Activity 3: Financial Management Concepts

Time: 15 minutes

- **Ask** participants what comes to mind when the topic of financial management is mentioned?
- **Take** responses from four to five participants and record them on the blank flipchart page provided.
- **Facilitate** discussion to elicit participants' responses.
- **Refer** to the flipchart 'Financial Management' and build on the responses received to explain in simple terms what financial management is.
- **Illustrate** the definition with this example: A household with a budget of N50,000 for one month needs to buy food costing about N20,000 for the month; pay school fees of N35,000 for a child because it is the beginning of a new school term; and buy *aso ebi* (partying cloth) for N20,000 for a family friend's event. The family decides to prioritize its needs by paying the school fees and using the remaining money to buy some prioritized foodstuffs. **Say**: In simple terms, this is an example of financial management.
- **Explain further**: When a household keeps track of its income and expenses—for example, the date different food items were purchased and their purchase prices—it is called 'bookkeeping.' This approach helps households to use information about their finances to make decisions regarding their spending.
- **Explain** that in organizations, financial management is important because it helps organizations prioritize, plan, and spend money on the right things.

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize:** In this session, the source and flow of BHCPF funds and the concept of financial management have been discussed. The next session will build participants' skills regarding processes for planning, use, and reporting of the funds provided under the BHCPF.

Session 2: Processes and Tools for Planning and Reporting on the BHCPF

Purpose:

To familiarize participants with the tools for financial management in primary health care facilities under the BHCPF.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Identify for what the BHCPF money can and cannot be used
- Describe the funds operations, disbursements, retirements, and validation of the BHCPF fund
- Identify the BHCPF financial management tools and templates to be used in the facilities
- Practice completing BHCPF financial management reporting tools and templates used at the facility level

Duration: **85 minutes**

Materials:

Handouts:

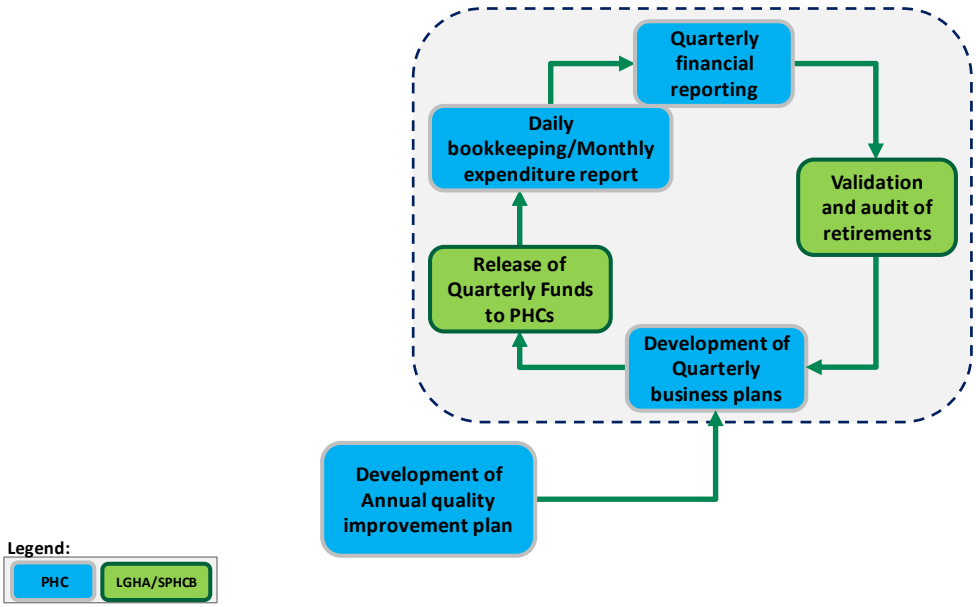
- '*Business Plan for Primary Health Care Facilities*'
- '*Health Facility Monthly Expenditure Report Form*'
- '*Health Facility Quarterly Financial Reporting Form*'
- '*Health Facility Intervention Form*' (one per facility)
- '*Requirements for Funds Disbursement, Use, and Retirement*' (copies of each for all participants and facilitators)
- '*Audit: (Validation) of Retirements 2/2*'

Participants' copies of the Quality Improvement—Case Study (for the Samina Health Centre) from the quality improvement module (Module 7).
Flipchart papers/markers

Preparation:

Prepare blank flipchart pages with the following:
Label: 'Session Objectives'; write session objectives
Label: 'Financial Management—Planning and Reporting Cycle,' and draw the diagram in Figure 11

Figure 11. Financial Management—Planning and Reporting Cycle



Label: 'What BHCPF Funds Can Be Used For'; write the following:
Utility and maintenance | Fuelling | Transportation | Waste management | Meeting support | Bank charges | Ad hoc human resources | Stationery items| Consumables | Drugs and medical commodities
Label: 'What BHCPF Funds **Cannot** Be Used For'; write the following:
Payments in cash or kind to employed government staff of the health facility | Hiring contract workers below the level of midwife before having adequate personnel at the midwife level and above | Air conditioning equipment | Payments to any officials of local, state, or federal governments

Session Overview:

Activity 1: Introduction (5 min)
Activity 2: Requirements for Funds Disbursement, Use, and Retirement (20 min)
Activity 3: Business Plan Development and Financial Reporting (60 min)

Activity 1: Introduction

Time: 5 minutes

Open the session by reminding participants that the previous session discussed the sources and flow of BHCPF funding; this session will focus on the process and tools used for managing BHCPF funds at the facility level.

Refer to the session objectives and request that a volunteer participant read them out loud.

Activity 2: Requirements for Funds Disbursement, Use, and Retirement

Time: 20 minutes

Ask if any facility represented in the training group has opened a bank account. Acknowledge the responses. If yes, request one person from the facility to explain the process for opening the account. Clarify any misinformation and summarize the process. If no, use the handout '*Requirements for Funds Disbursement, Use, and Retirement*' to explain the process.

Refer to Table 14 and **explain** that the BHCPF funds given to PHCs MUST be used only for approved types of expenditures.

Ask participants for examples of what unapproved expenditures might be.

Table 14. List of What BHCPF Funds Can Be Used For

Category	Comment
Utility and maintenance	Electricity, water, borehole maintenance, airtime, internet services, etc.
Fuelling	Fuel for a generator, motorcycle vehicle, or ambulance assigned to the facility; fuel for lamps, cooking gas
Transportation	Transport for outreach, cost of drug and vaccine collection and returns, and emergency 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-based training, 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 (cotton wool, bandages)

Take three to four responses and record them on a flipchart. Refer to the flipchart with the list of what BHCPF can be used for and exclusions for the use of those funds. **Inform** participants that the handout showing the list of what funds can and cannot be used for under the BHCPF will be shared at the end of the session.

Explain incentives and sanctions for any financial infractions by PHCs.

Incentives: The NPHCDA will work with SPHCBs to assess and rank each PHC, based on indicators on financial management, quality of service, and patient satisfaction. PHCs and/or PHC staff that perform excellently will be recognized by yearly awards.

Sanctions: In situations involving infractions (in which a facility fails to follow the stipulated guidelines), the following will apply:

First default: The facility will be cautioned via a written document to the facility

Second default: The LGHA will engage the HF management committee of the PHC and the WDC to take necessary action. The PHC will be given 3 months to make amends, after which a reassessment will be made.

Third default: The facility will be delisted from the BHCPF; and a new facility within the ward will be enlisted instead.

Activity 3: Business Plan Development and Financial Reporting

Time: 60 minutes

- **Remind** participants of the handout '*Quality Improvement—Case Study'* for the Samina Health Centre discussed during the quality improvement module. **Ask** participants to bring out the QIP they had developed previously.
- **Tell** participants that the QBP is prepared from the annual QIP. This next exercise will provide an opportunity to practice business plan (BP) development for their facilities using the Samina annual QIP developed in the QI module.
- **Distribute** blank hard copies of the BP template.
- **Explain** the fields in the BP template.
- **Emphasize** that the QBP is intended to assist facilities in identifying activities to be implemented during a quarter and preparing the budget for the associated cost of each activity. For example: If the facility has a leaking roof, it will need to hire a local carpenter to mend the roof at a cost of N10,000; this amount becomes the activity cost.
- **Provide** an opportunity for questions or clarifications and respond appropriately.
- **Tell** participants that they will be working in facility groups to practice developing a BP.
- **Instructions** for small group work on BP development:
- **Ask** participants to go back to the same groups in which they worked during the quality improvement module.
- **Ask** them to work in their groups to prepare a BP, using the Samina QIP developed earlier in Module 7.
- **Provide** ongoing support during the group work, providing clarifications as needed, but track the time.
- **Call** time after 25 minutes and **invite** groups to share their BPs.
- **Invite groups** to present their BPs. Allow 3 minutes for each. Invite the facilitator and participant to comment, and give feedback and corrections, if necessary.
- **After the group presentations**, **ask** participants to return to their seats.
- **Refer** to the flipchart 'Financial Management—Planning and Reporting Cycle' (see Figure 11) and explain it as follows:
    - All facilities must submit an annual quality improvement plan every year
    - The facilities will then submit quarterly business plans every quarter to the LGHA showing how they intend to utilize their funds
- Funds will be disbursed to the facilities after the business plan has been approvedtransmit a QBP to the LGHA for onward transmission to the SPHCB.
    - Funds will be disbursed to the facilities after the business plan has been approved
    - The facility will commence utilizing the funds while ensuring all bookkeeping processes are in place
    - At the end of the quarter, the facility submits the quarterly financial reporting form and commences the development of another quarterly improvement plan
    - The cycle will repeat again till the end of the year when the facility commence the development of another annual quality improvement plan
- **Tell** participants that the next tools to be discussed are used for reporting.
- **Distribute** the handouts '*Health Facility Monthly Expenditure Report*' and '*Health Facility Quarterly Financial Reporting Form*,' and explain the fields.
- **Emphasize** that 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.

- **Explain** the retirement process as follows:
  Retirements must be accompanied with attachments, including approvals for BPs
- Invoices (if any)
  - Receipts (if any)
  - Invitation letters/letters of admission
  - Certificates of attendance for training
  - Bus fare tickets
  - Meeting minutes and attendance lists
  - Reports
- **Refer** to the planning and reporting cycle, and tell participants that staff of the NPHCDA, SPHCB, and LGHA will, during monitoring and supervisory visits, conduct some level of physical and financial auditing to verify that purchases reported from previous quarters had been made. They would include but not be limited to the following:
  - Verification of physical infrastructural work
  - Monitoring of staff engaged and expenditures from the bank account
- **Conclude** the session by distributing the handout '*Health Facility Intervention Form*'; explain that this tool is used for special requests arising from emergency or unusual occurrences, such as serious damage to buildings due to storms, losses from burglary, etc.
- **Explain** the fields as detailed in the explanatory notes on the form.

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize** the session by **reminding participants that in this session, they have become familiar with the tools** to help them manage the funds they will receive under the BHCPF. Practicing the use of the tools in their facilities will help participants become familiar with their use.
- **Provide** an opportunity for questions and offer clarifications.
- **Distribute** the handouts for the session.
- **Tell participants** that the next session will introduce the tools they will use to record financial information for the facility.

Handout: Requirements for Funds Disbursement, Use, and Retirement

Definition:

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

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.
Fuelling	Fuel for a generator, motorcycle vehicle, or ambulance assigned to the facility; fuel for lamps, cooking gas
Transportation	Transport for outreach, cost of drug and vaccine collection and returns, and emergency 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-based training, 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 (cotton wool, 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.

Handout: Business Plan for Primary Healthcare Facilities

Explanatory Note:

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: 1) administrative systems and infrastructure, 2) financial systems, 3) human resources management, 4) maternal and child health services (RMNCH+N), 5) patient care management, 6) essential drugs and commodities management, 7) laboratory, 8) health management information system, 9) utilization and clinical outcomes, 10) community involvement and participation.

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

- Challenges: Entails the problems faced by the PHC during the quarter
- Strategies for improvement: Entail the plans engaged by the PHC to deal with the problem confronting it, as highlighted in the 'Challenges' column.
- Needs and requirements: Entail the items required by the health facilities to help them tackle their problem.
- Estimated cost: The financial value of the items purchased to address the challenges of the PHC for the quarter.

All priority areas except 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 (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

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	

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:**

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)**

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:**

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.

Handout: Health Facility Monthly Expenditure Report

Explanatory Notes

General Information Table: This table captures the basic data of the health facility, such as its name, ward, LGA, state, and zone. It also captures the month of the year under review and the date the plan was developed.

Plan of Activities Table: This table captures the relevant information regarding any activity planned for the month. Explanations for the required fields are as follows:

- ***Needs/Requirements***: Include all items and services required for the planned activity to be conducted as part of the strategy implementation process
- ***Description of Activity***: Involves a brief narrative of the planned activity
- ***Cost***: Indicates the amount required for executing the activity
- ***Beneficiary***: Indicates the vendor/individual to which the amount indicated will be paid to render some service/make procurements to execute the activity
- ***Beneficiary's Contact Details***: Include the home/business address and phone number(s) of the vendor/individual to which money is paid to render some service/make procurements

General Information

Health Facility		Zone	
Ward		Month	
LGA		Year	
State		Date	

Plan of Activities

Needs and Requirements		Description of Activity *(Please describe the planned activities)*	Cost (N)	Beneficiary	Beneficiary's Contact Details	
					Address	Phone
TOTAL						

Note: The OIC does not submit this plan of activities to the LGHA; it is kept at the facility and will be signed by LGHA supervisors during monthly supervision.

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

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

LGHA Approval

Name of Staff Member:_____ **Designation:** _____ **Signature & Date:** _____

Handout: Health Facility Quarterly Financial Reporting Form

Explanatory Notes

General Information Table: This table captures the basic data of the health facility, such as its name, ward, LGA, state, and zone. It also captures the months and year of the last and current quarters under review, and the date the report was developed/finalized.

Revenue Table: This table captures all of the sources of revenue for the health facility:

- ***NHIS Gateway***: Total capitation received from the NHIS
- ***NPHCDA Gateway***: Total operational advance expected from the NPHCDA
- ***Voluntary Donations****:* Total expected funds from voluntary donors
- ***Revenues from Other Services***: Revenues from charges for patients for services not covered under the BMPHS, etc.; this field captures the projected and actual revenues for previous quarter and the projected revenue for the current quarter under review

Expenses Table: This table captures all of the expenses incurred by the health facility across the 10 priority areas.

Summary Table: This tables summarizes the total revenues and expenses of the health facility. It captures total projected and actual revenue and expenses for the previous quarter, and total projected revenue and expenses for the current quarter under review. It also shows the balances at the end of the previous quarter and the balance brought forward into the current quarter by indicating the total bank balance and cash at hand.

General Information

Health Facility		State	
Ward		Zone	
LGA		Date	

Previous Quarter			
From		To	

Revenue Category	**Projected Revenue for Last Quarter (N)**	**Actual Revenue for Last Quarter (N)**
NPHCDA Gateway		
NHIS Gateway		
Revenue from Other Services		
Voluntary Donations		
Revenue from Other Sources		
TOTAL		

Expenses Category	**Actual Expenditure for Last Quarter (N)**
Utilities and Maintenance	
Fuelling	
Transportation	
Waste Management	
Meeting Support	
Bank Charges	
Ad hoc Human Resources	
Stationery Items	
Consumables	
Drugs and Medical Consumables	
TOTAL	

Summary	**Projected for Last Quarter (N)**	**Actual for Last Quarter (N)**

Revenue		
Expenditures	[redacted]	
Cash at Hand at the End of the Quarter		
Bank Balance at the End of the Quarter		
Cash Balance at Hand Plus Bank Balance at the End of the Month		

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

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

Verified by:_____ **Designation:_____**

Signature & Date:_____

This form should be submitted to the LGHA every quarter for verification.

Handout: Health Facility Intervention Form

Explanatory Notes

Facility Details Table: This table captures the basic information of the health facility, such as its name, ward, LGA, state, zone, and date the form was completed.

- **Issue:** Captures the detailed description of the issue, its impacts, and justification for immediate intervention
- **Proposed Intervention:** Highlights the immediate steps to be taken to mitigate the issue described above
- **Requirements:** Highlights the services and items required to implement the immediate steps for mitigation highlighted above
- **Cost Estimate:** Indicates the corresponding cost estimates associated with each of the services or items highlighted and the total cost required

Health Facility's Details

Health Facility	
Ward	
LGA	
State	
Zone	
Date	

Issue *(Describe the issue, its impacts, and why it required immediate intervention.)*

Proposed intervention *(Describe what can be done to address the identified issue.)*

Requirements (Discuss what is required to resolve the identified issue.)

Cost estimate (Categorize and sum all of the costs associated with resolving the identified issue.)

Description of Cost Items	**Amount (N)**
TOTAL	

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

Phone number:_____

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

Phone number:_____

LGHA Approval

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

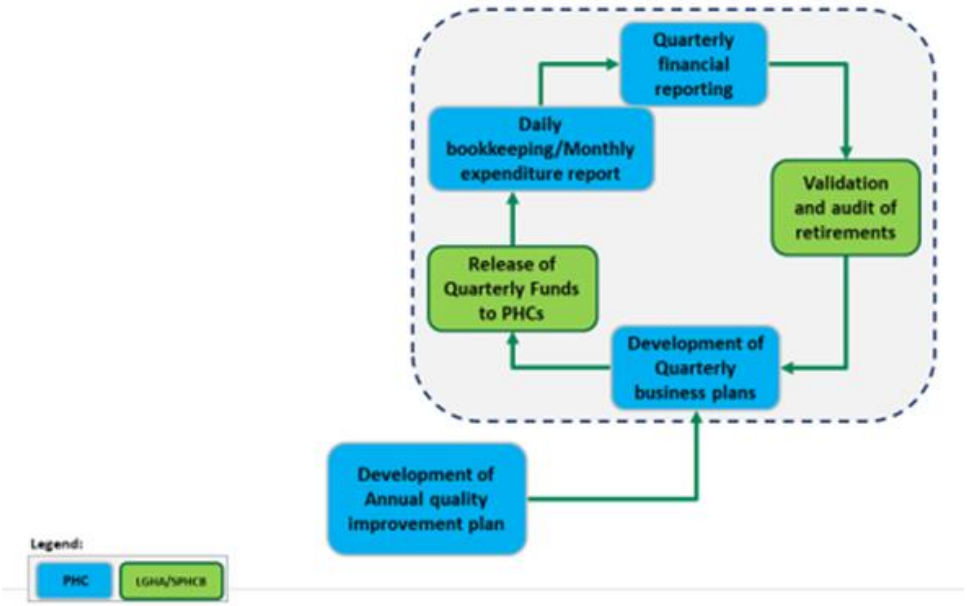
Signature & Date:_____

Handout: Auditing of retirements

The auditing process will go through a 4-step approach

Approach	Description	Responsible
Retirement verification	▪ Validation of financial retirements submitted by PHCs workers to confirm that PHC activities were conducted as claimed in the report ▪ This is to be completed by the 2nd week of the proceeding quarter	LGHA Health Secretary
Retirement counter-verification	▪ At the end of each funded quarter, the validated financial retirements submitted by facilities to the LGHA will be forwarded to the SPHCB for counter-verification ▪ The SPHCB will ensure that all financial reports submitted by facilities in the state are counter verified ▪ This is to be completed by the 4th week of the proceeding quarter	DFA, SPHCB
Internal auditing	▪ The SPHCB will ensure that 25% of facilities in the state are visited and have their financial reports verified biannually ▪ The internal auditing will involve visiting the facilities and verifying all original receipts and activities carried out	DFA, SPHCB/NPHCDA
External auditing	▪ The Office of the Auditor General of Nigeria shall audit the accounts of the NPHCDA Gateway across the whole levels of implementation at the end of every financial year	Office of Auditor General of Nigeria

Handout: Financial management cycle



Handout: Samina Health Business Plan Solution

HUMAN RESOURCES MANAGEMENT

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					
Midwife	1	1	0	2	1	Recruit Ad hoc midwife	Lack of midwife to meet NHIS accreditation criteria	90,000 (30,000 per quarter)
Lab Technician	0	0	0	1	1	Request for lab technician from LGHA	Non-functional lab in facility	0
TOTAL								90,000

Responsible Person: Mr Dan Designation: OIC

ESSENTIAL DRUGS AND COMMODITIES MANAGEMENT

Challenges	**Strategies for Improvement**
Lack of essential drugs Lack of storage place for drugs	Procurement of drugs from DRF programme Procurement of storage shelve for drug
Needs and Requirements	**Estimated Cost (N)**
Folic acid tablet Paracetamol Zinc Metal storage shelve for drugs Transport of shelve to facility	3,000 5,000 2,000 50,000 10,000
TOTAL	70,000

Responsible Person: Mrs Asabe Designation: Pharmacy Technician

Session 3: Bookkeeping for PHCs

Purpose:

To familiarize participants with the basic financial management requirements for PHCs implementing the BHCPF.

Session Objectives:

By the end of the session, participants will be able to do the following:

- Identify bookkeeping documents in the facilities
- Practice completing the bookkeeping tools and templates used at the facility level

Duration: **90 minutes**

Materials:

- **Handouts**:
  - 'Cash Book Case Study' (35 copies)
  - 'Bookkeeping Tools: Cash Book; Cheque Release Register; and Fixed Assets Register (35 copies of each)

Preparation:

- Prepare flipchart pages with the following:
  - Label: 'Session Objectives'; write session objectives.
- Cut one cardboard piece of paper into two and boldly write **'**Income' on one and 'Expenditure' on the other; post them on the wall of the training room.
- Use 19 index cards and write the following examples of income or expenditure on each (see Table 15).

Table 15. PHC Income and Expenditures

Income	**Expenditure**
• User fees • Income-generating activities • Government payments • Insurance (NHIS gateway) • Private donations • Partner and donor donations	• Payment of salaries to ad hoc staff • Purchase of drugs, equipment, and medical consumables • Renovation and rehabilitation of infrastructure • Vehicle maintenance • Stationery/computer consumables • Postage and courier services • Bank charges • Cleaning and office supplies costs • Water and electricity • Maintenance of generator set • Transport costs • Generator fuel cost • Communications

Session Overview:

- **Activity 1:** Introduction (5 min)
- **Activity 2:** Income and Expenditure in Facilities (10 min)

- **Activity 3:** Bookkeeping Tools in the Health Facility (30 min)
- **Activity 4:** Case Study—Cash Book (40 min)

Activity 1: Introduction

Time: 5 minutes

- **Ask** participants to recall what was discussed in the last two sessions. Note that they focused on the sources and flow of BHCPF funding, and facility financial management processes and approaches.
- **Ask** participants to briefly describe the funds flow process, from national to facility levels, and explain the key steps in BHCPF funds management. **Emphasize** that this session will provide an opportunity to learn how to manage funds at the facility level.
- **Refer** to prepared flipchart, 'Session Objectives,' and read the objectives aloud.

Activity 2: Income and Expenditure in Facilities

Time: 10 minutes

- **Introduce** participants to these two financial terms—'income' and 'expenditure'—in the facility. **Ask** volunteer participants to share what they think is the difference between the two. *For reference:* income is money received or earned; expenditure is money spent.
- **Tell participants that** the next activity will help them further distinguish the difference between income and expenditure. Randomly **distribute** index cards with the examples of 'income' and 'expenditure.'
- **Refer** participants to the wall where the pieces of cardboard with 'income' and 'expenditure' on them are posted. **Ask** the participants with the index cards to read what is on their cards, decide if it belongs to income or expenditure, and place it under the appropriate heading.
- **After** all index cards have been placed, review them with the participants and make corrections when necessary. **Ask** participants to check whether anything is missing. If yes, **write** additional examples on a flipchart.



Activity 3: Bookkeeping Tools in the Health Facility

Time: 30 minutes

- **Ask** participants to explain the meaning of 'accounting records and documents' in the facility.
- **Acknowledge** the responses. **Clarify** if necessary and explain that the terms refer to tools used to record the day-to-day financial activities of the facilities.
- **Ask** for examples of the tools and correct any misinformation.
- **Distribute** copies of the bookkeeping management tools, one by one, in this order:
  - Cash book
  - Cheque release register
  - Fixed assets register
- **Explain** each field in the forms and how they should be completed**,** using participants' own examples.

  - Cash book: Records receipts and payments of both cash and cheques, and all financial transactions of an organization (health facility). All money that comes into the facility in the form of cash or cheques, as well as expenses incurred, are recorded in the cash book.
  - Cheque release register: Records all cheques paid and received by the organization.
  - Fixed asset register: Records all assets bought by the organization. The register spells out the type of asset, cost price, quantity, condition of the asset, and location.
- **Encourage** participants to ask questions, seek clarification, and provide examples from their work experiences to complete these tools.

Activity 4: Case Study—Cash Book Statement

Time: 40 minutes

- **Ask** participants to go back to the same groups from the previous session (Module 8, Session 2) in which they developed a business plan for the Samina PHC.
- **Distribute** the handout **'***Cash Book Case Study*.'
- **Instruct** participants to prepare the cash book using the transactions in the case study and prepare a bank reconciliation statement, as of 31/7/2018, after the bank statements have been received.
- **Give** participants 30 minutes to complete the case study.
- After 30 minutes, **call** time and **request** that groups (depending on time remaining) present their group work.
- **Correct** any errors or mistakes using the portion of the case study titled 'Solution to cash book case study.' If any of the groups have trouble with the correct answers, **walk** everyone through the case study and process. **Ask** participants to the mark correct answers on their handouts as you review them so they can use them as a resource later.

Summary and Transition to Next Module

Time: 5 minutes

- **Summarize** the session and module by **noting** the importance of financial management and the utility of having the tools on hand, along with an understanding of how to use them.
- **Distribute** the remaining handouts: '*Bookkeeping Tools*' and '*Financial Management.'*

Handout: Bookkeeping Tools

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

ABC (organization name)

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

Fixed Assets Register (FAR)

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

Handout: Cash Book Case Study

From the books of XYZ PHC, with an opening balance, as of 1/7/2018, at N567,500.00, the following transactions took place in the month of July 2018:

- 2/7/2018 Printing of OPD card, from Ali Musa N50,000.00
- 2/7/2018 Payment for Renovation of Facility Laboratory and Pharmacy N70,000.00
- 3/7/2018 Purchase of Fuel for Generator from Musa Mohammed N7,000.00
- 4/7/2018 Fuelling of Motor Vehicle N3,000.00
- 4/7/2018 Purchase of Furniture for the Waiting Area N25,000.00
- 9/7/2018 BHCPF Quarterly Disbursement N1,500,000.00
- 9/7/2018 Purchase of Airtime Credit Cards for Facility Communication N2,000.00, from MTN
- 9/7/2018 Sales of Drugs N45,000.00
- 12/7/2018 Purchase of Clinical Consumables N6,000.00 from Grace Samuel
- 13/7/2018 Payment of Servicing and Repair of Generator N3,500.00
- 18/7/2018 Purchase of Treatment from ALH. Dan'agalan Pharmaceutical Stores N100,000.00
- 18/7/2018 Purchase of Laboratory Reagent from ODK Stores N100,000.00
- 18/7/2018 OIC Paid Sterlink Nig Ltd for Renovation Work Done in the Facility N100,000.00
- 18/7/2018 Purchase of Drugs from Lineage Pharmaceuticals Ltd N70,000.00
- 18/7/2018 Payment for Printing of Financial Reporting and Retirement Tools from Onisky Enterprises N50,000.00
- 18/7/2018 Ronke Bamidele Purchase of Stationery Items (A4 papers and others) N5,400.00
- 25/7/2018 Sales of Drugs N25,000.00
- 25/7/2018 Payment of Salary to 3 Contracted Staff N30,000.00

Instructions:

- Prepare cash book to record the above transactions.

Solution to Cash Book Case Study

	XYZ PHC						
DR	**CASH BOOK FOR THE MONTH OF JULY 2018**						
DATE	**DESCRIPTION**	**AMOUNT**	**DATE**	**PV NO**	**PAYEE**	**DESCRIPTION**	**AMOUNT**
		N					N
01/07/2018	Balance B/f	567,500.00					
			02/07/2018		Ali Musa	Printing of OPD Cards	50,000.00
			02/07/2018		Elite Nig Ltd	Payment for Renovation of Facility Laboratory and Pharmacy	70,000.00
			03/07/2018		Musa Mohammed	Purchase of Fuel for Generator	7,000.00
			04/07/2018		Ali Musa	Fuelling of Motor Vehicle	3,000.00
			04/07/2018		Jeez Int.	Purchase of Furniture for the Waiting Area	25,000.00
09/07/2018	BHCPF quarterly Disbursement	1,500,000.00	09/07/2018				
			09/07/2018		MTN	Purchase of Airtime Credit Cards for Facility Communication	2,000.00
09/07/2018	Sales of drugs	45,000.00					
			12/07/2018		Grace Samuel	Purchase of Clinical Consumables	6,000.00
			13/07/2018		Ali Musa	Payment for Servicing and Repairs of Generator	3,500.00
			18/07/2018		ALH. Dan'agalan Pharmaceutical Stores	Purchase of Treatment Commodities	100,000.00
			18/07/2018		ODK Stores	Purchase of Laboratory Reagent	100,000.00
			18/07/2018		Sterlink Nig Ltd	Renovation Work Done in the Facility	100,000.00
			18/07/2018		Lineage Pharmaceuticals	Purchase of Drugs	70,0000.00
			18/07/2018		Onisky Enterprises	Payment for Printing of Financial Reporting and Retirement Tools	50,000.00
			18/07/2018		Ronke Bamidele	Purchase Stationery Items (A4 papers & Others)	5,400.00
25/07/2018	Sales of drugs	25,000.00	25/07/2018				
					Ezekiel Yahanna & 2 Others	Payment of Salary to Contracted Staff	30,000.00
			31/07/2018			Balance cd	1,515,600.00
		2,137,500.00					**2,137,500.00**
31/07/2018	Balance bd	1,515,600.00					

Module 10: Monitoring and Evaluation of the BHCPF

Session 1: Introduction to Monitoring and Evaluation (M&E)

Purpose:

To prepare participants to perform the specific M&E tasks required for implementing the BHCPF

Session Objectives:

At the end of this session, participants will be able to do the following:

- Differentiate between the two key concepts of monitoring and evaluation
- Describe the purposes and benefits of monitoring and evaluation

Duration: **20 minutes**

Materials:

- Flipchart paper/markers

Preparation:

- Study the session plan and instructions for the structured exercise.
- Ensure that all supplies for the session are available.
- Prepare blank flipchart pages with the following:
-
    - Label: 'Session Objectives'; write session objectives.
    - Label: 'Defining M&E'; write the definition: 'Monitoring' is the routine process of data collection and measurement of progress towards programme objectives.' 'Evaluation' is a 'collection of activities designed to determine the value or worth of a programme or project.' Cover up the flipchart page.
    - Label: 'Why Conduct Monitoring and Evaluation?'; write the description (see Box 5). Post on a wall and cover.

      Box 5. Why Conduct M&E?

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 project staff

- Label: 'These Are **NOT** the Purposes of M&E'; write the following description (see Box 6). Post on a wall and cover.

Box 6. NOT Purposes of M&E

These Are NOT the Purposes of M&E

- To criticize your colleagues and their work
- To please international donors (and spend more donor money than needed)
- To exert power by keeping other people running around, compiling tables, and writing up reports

- Cut pieces of cardboard paper into smaller squares and write the M&E statements shown below:
  - Periodic assessment
  - Continuous assessment
  - Answers the question 'Are we doing things, right?'
  - Answers the question 'Are we doing the right things?'
  - Asks whether project is on track/stays on track
  - Asks whether objectives have been met/successful
  - Usually conducted by the internal members of the team/project
  - Usually conducted by external members (experts)
  - Focuses on inputs, activities
  - Focuses on results from outputs, outcomes, impact
  - Results in minor action to correct fault
  - Results in major change or stopping of work

Session Overview:

- **Activity 1:** Defining Monitoring and Evaluation (10 min)
- **Activity 2:** Purpose of Monitoring and Evaluation (5 min)

Activity 1: Defining Monitoring and Evaluation

Time: 10 minutes

- **State** that this is the 9th and final module for the training; it ties together everything that has been discussed under the other modules—Orientation, Accreditation, Enrolment, etc. **Remind** participants that during the different modules, they were introduced to the various record forms.
- **Tell** participants that this module is on monitoring and evaluation. The session ties together all the record forms introduced during the other sessions.
- **Refer** to the flipchart page with session objectives and read them aloud.
- **Tell** participants that some folded pieces of paper will be passed around; request that volunteer participants unfold and read them, and then decide whether they refer to monitoring or evaluation. The group should listen and say what they think.
- **Pass** around the folded pieces of paper and **request** that volunteers pick a paper, unfold it, read the M&E statement, and decide whether it refers to monitoring or evaluation.
- **Invite** comments from the other participants to confirm the answer or suggest what it should be.
- **Summarize** by explaining the following:
  - 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.'

Activity 2: Purpose of Monitoring and Evaluation

Time: 5 minutes

- **Ask** participants what they think is the purpose of M&E. **Take** two to three responses and then **reveal** and the prepared flipchart, 'Why Conduct M&E?' and 'These Are NOT the Purposes of M&E' and **refer** to it (see Boxes 5 and 6previously).
- Using the flipcharts pages, **build** on the responses to answer the question.
- **Provide** an opportunity for participants to ask questions or seek clarification and address them as appropriate.

Summary and Transition to Next Session

Time: 5 minutes

- **Summarize** the session by stating that M&E is central to the success of any programme/project.
- **Inform** participants that this session has highlighted the key concepts of M&E, differences between 'monitoring' and 'evaluation' and the benefits of M&E. **Remind** them that to derive these benefits, health care workers need to document the services rendered to beneficiaries via the prescribed data collection and reporting forms.
- **Thank participants and inform** them that the next session will equip them with the skills they need to analyse and use data for decision making.

Session 2: BHCPF Health Insurance M&E Tools for PHCs

Purpose

- Familiarize participants with the BHCPF M&E tools and to clarify the roles and responsibilities of Stakeholders
- Session Objective
- By the end of this training, participants will be able to:
  - Identify the NHIS BHCPF M&E tools.
  - Demonstrate a comprehensive and accurate understanding of the tools **Primary/** .
  - Demonstrate to participants how to complete the BHCPF M and E tools
  - Understand the BHCPF data reporting flow among key stakeholders
  - Describe the roles and responsibilities of NHIS-BHCPF stakeholders in the M&E processes

Duration

- 40 minutes

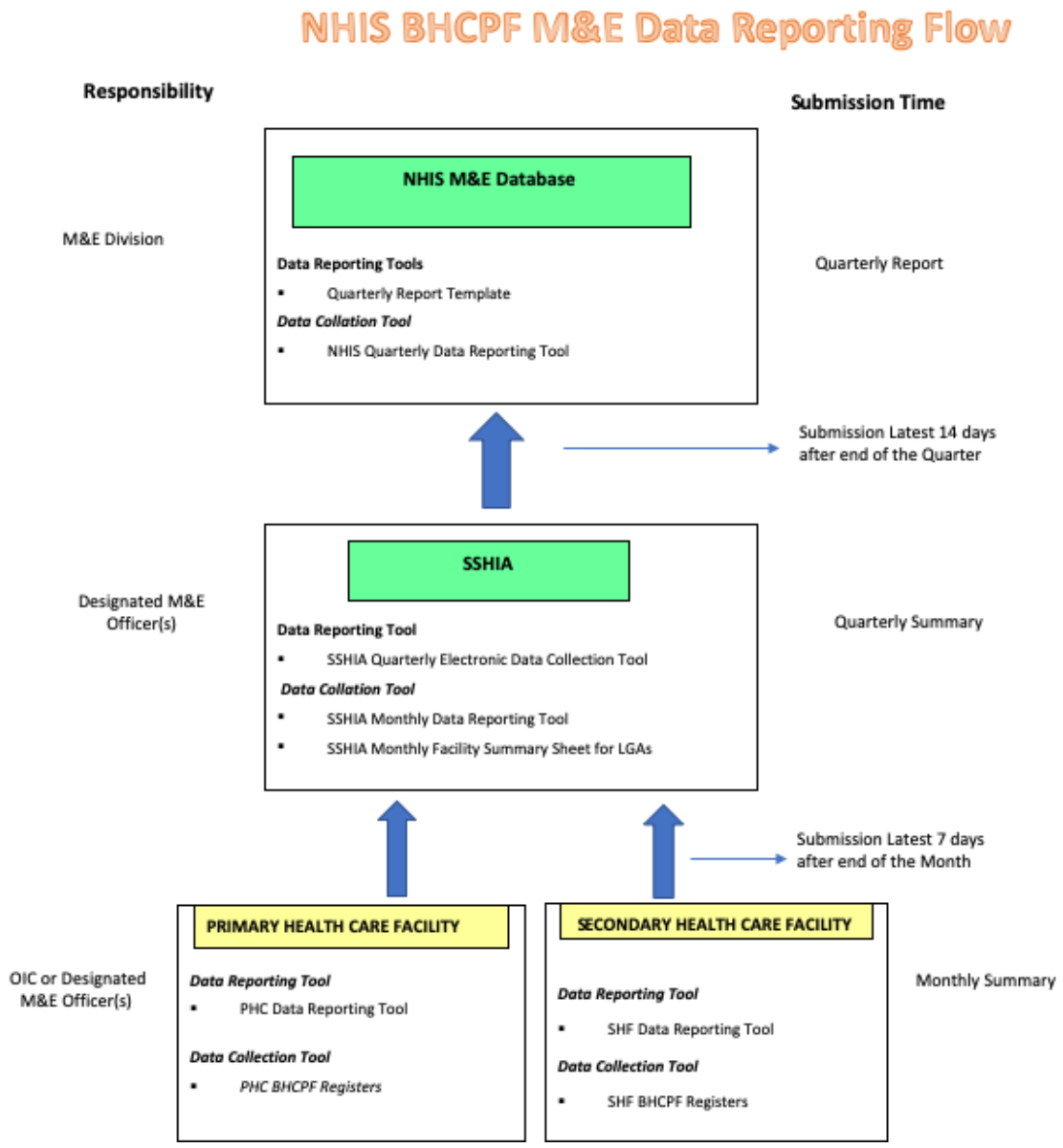
Materials

- Flip chart
- Markers
- A Copy of Blank PHC Data Collection tool for all participants
- A Copy of Blank Secondary Facility Data Collection tool for all participants
- A Copy of Blank SSHIA Monthly Facility Summary Sheet for all participants
- A Copy of Blank of SSHIA Data collection tool for all participants

- **Handout:** Copies of NHIS M&E roles & responsibilities of BHCPF stakeholders for all participants

Preparation

- Confirm that all materials listed above are intact
- Identify a Co – facilitator and clarify roles
- Obtain copies of Primary/Secondary Healthcare Facility Data Collection tools, SSHIA Monthly Facility Summary Sheet for LGA and SSHIA Data Collection tool.
- Prepare a blank flipchart with heading 'existing M&E data reporting tools'
- Prepare 4 blank flipcharts with heading 'Role of NHIS, SSHIA, PHCs in the NHIS BHCPF M&E'
- Prepare flipchart pages with the following:
    - Label 'Session Objectives' and write session objectives.
    - Label 'BHCPF M&E Data Reporting' and Draw Data flow chart (see the box below).



Session Overview

- Activity 1: Identification and appropriate filling of NHIS BHCPF M&E tools (5 minutes)
- Activity 2: NHIS BHCPF M&E Data Reporting flow (15 minutes)
- Activity 3: Group Work on NHIS BHCPF M&E Stakeholders' Roles & Responsibilities (20 minutes)

Introduction and Session Objectives

- **Introduce** yourself and the co-facilitator and give a brief of the session.
- **Explain** that the session is designed for participants to have a good understanding of the NHIS-BHCPF M&E tools and how to complete it accurately

Discuss the learning objectives of the session by stating that at the end of the session participants should be able to identify and use the NHIS-BHCPF M&E tools correctly

Activity 1: Identification and appropriate filling of BHCPF M&E tools

- **Ask** 3 participants to mention some of the existing tools currently in use at the health facility and document on a flipchart.
- **Emphasize** that all NHMIS tools currently in use at the health facilities should remain in use.
- **Distribute** copies of the BHCPF M&E tools to all participants (the Primary/Secondary Facility Data forms, SSHIA Monthly Data Form and SSHIA Monthly Facility Summary Sheet).
- Engage 2 or 3 participants in each tool to read out the different fields while the facilitator explains correctly on the responses.
- **Clarify** that the NHIS Primary/Secondary Health Facility tools are strictly for BHCPF enrollees.
- **Ask** if there is any field that is not clear and provide clarification where necessary.

Activity 2: BHCPF M&E Data Reporting flow

- **Display the M&E Data flow reporting flipchart** to the participants and explain flow of Data from the facility level up to the National level and explain the data collection and reporting tools to be used.
- **Explain** the timing for each of the reporting units
- **Reiterate** the unit or persons responsible for the reporting

Activity 3: Group Work on BHCPF M&E Stakeholders' Roles & Responsibilities

- **Say** that participants will explore the M&E of the BHCPF specific roles and responsibilities of the stakeholders: (NHIS, SSHIAs, PHCPs and SHCPs).
- **Tell** participants that they will now break into 4 groups for group work.
- **Ask** each group to draw upon their previous knowledge and experience of the stakeholder group roles in healthcare delivery, and to brainstorm and identify what they imagine their assigned stakeholder's roles would be in implementing the BHCPF M&E.
- **Provide** a blank flipchart page and markers to each group.
- **Display** the 'Group Work Instructions' flipchart page and **review** the steps.
- **Tell** participants they have ten minutes to work in their groups. **Ask** if anyone has any questions before starting.

- After the ten minutes is up, **call** time. **Invite** group representatives to present the results of their group work to the larger group. **Tell** the groups they have a total of three minutes to share so they must be brief.
- **Refer** to the pre-labeled flipchart page with the different stakeholders and **instruct** each group's representative to share the outputs of their group work.
- As each group writes the imagined roles for the stakeholder, **facilitate** discussion.
- **Ask** other groups if they agree or disagree, is anything missing? etc. Limit overall report-out and discussion to about ten minutes.
- **Ask** the large group if they have any questions or comments.
- **Distribute** the handout copies of the M&E NHIS-BHCPF *Roles and Responsibilities of Stakeholders,* to clarify on the group presentations.
- Ask each group to compare and contrast different roles and responsibilities

Summary and Transition to Next Session

- **State** that now that participants are familiar and know how to complete the various NHIS-BHCPF M&E data collection tools
- **Say** that having a clear understanding of the M&E of the NHIS-BHCPF roles and responsibilities will help participants know where to go for information if need be.
- **Thank** the participants for listening

Handout 1: PHC Data Collection Tool

BASIC HEALTH CARE PROVISION FUND
National Health Insurance Scheme Gateway

PHC DATA COLLECTION TOOL

PHC name and NHIS code: **Month:**

LGA: **Ward:**

To be filled by the Officer-in-charge
Instructions: Please record findings under the column marked 'Findings'. Please record the numbers in the boxes provided and tick either "YES" or "NO" for questions that apply.

S/No	Questions	Findings
A	**Enrollment**	
1	Did you receive the list of BHCPF enrollees for this facility in the reporting month?	YES ☐ NO ☐
2	Total number of BHCPF enrollees in your facility	
B	**Financial Mangement**	
3	Have you received payment for capitation for the reporting month?	YES ☐ NO ☐
4	Date you received the payment for capitation for the reporting month	
5	Amount received for capitation for the reporting month	
C	**Service Delivery**	
6	Number of BHCPF enrollees that visited your facility during the reporting month	
7	Number of BHCPF enrollees that were referred from your facility in the reporting month	
8	Number of BHCPF enrollees that registered for ANC in this facility in the reporting month	
9	Number of BHCPF enrollees that accessed immunization services in this facility in the reporting month	
10	Number of BHCPF enrollees that were treated for malaria in this facility in the reporting month	
11	Number of BHCPF enrollees that were treated for hypertension in this facility in the reporting month	
12	Number of BHCPF enrollees that were treated for diabetes in this facility in the reporting month	
13	Number of BHCPF enrollees that were treated for typhoid in this facility in the reporting month	
14	Number of BHCPF enrollees that were treated for respiratory tract infection in this facility in the reporting month	
15	Number of BHCPF enrollees that were treated for diarrhea in this facility in the reporting month	
16	Number of BHCPF enrollees that were treated for urinary tract infection in this facility in the reporting month	
17	Number of BHCPF enrollees that were treated for gastroenteritis in this facility in the reporting month	
18	Number of BHCPF enrollees that had normal delivery in this facility in the reporting month	
19	Number of deaths (in relation to BHCPF beneficiaries) that you recorded in this facility in the reporting month	

Page 1

Thank You

Name & designation of enumerator: **Phone Number:**

Session 3: M&E—Using Data at the Facility Level

Purpose:

To familiarize participants with basic knowledge on the analysis of data for improving health care services at the community level.

Session Objective:

By the end of this session, participants will be able to do the following:

- Identify health problems from health facility data

Duration:**65 minutes**

Materials:

- **Handout:** Participants refer to their own health facility's completed'*NHMIS Monthly Summary Form'* for two months

Preparation:

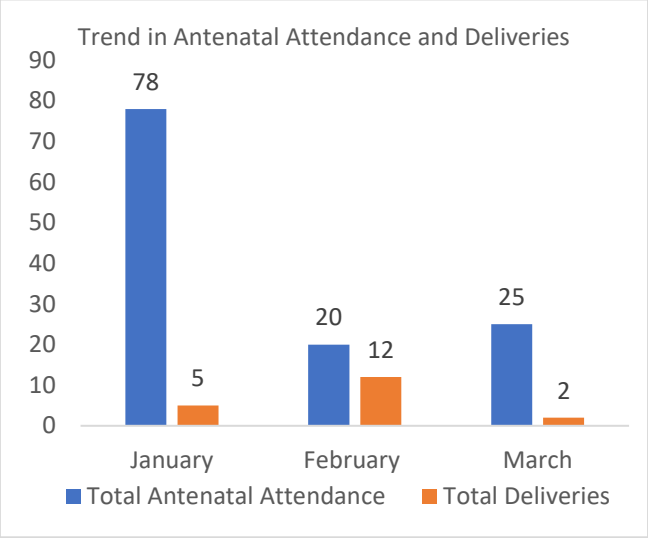
- The day before, remind participants to bring their health facility's completed NHMIS Monthly Summary Form for two months.
- Study the session plan.
- Prepare blank flipchart pages with the following:
  - Label: 'Session Objective'; write the session objective
  - Label: 'Problem Identification'; draw a copy of Table 16

Table 16. Problem Identification in Health Facility

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

  - Label: 'Parking Lot'
  - Label: 'What Is Happening in Our Facility'; draw the graph shown in Figure 12

Figure 12. What Is Happening in Our Facility?



Session Overview:

- **Activity 1:** Elements of Data Quality (10 min)
- **Activity 2:** Importance of Data Use for Decision Making (10 min)
- **Activity 3:** Simulation Exercise on Problem Identification and Analysis (40 min)

Activity 1: Elements of Data Quality

Time: 10 minutes

- **Introduce** the session and refer to the flipchart page with the session objective. **Explain** that the session will equip participants with the necessary skills to identify health problems from health facility data.
- **Explain** that for health facilities to make quality decisions based on data, such data must be free of errors.
- **Ask** participants what makes data of good quality.
- **Take**two to three responses and record them on a flipchart.
- **Refer to Box 7;** provide additional information not already mentioned and explain each element.

Box 7. Elements of Data Quality

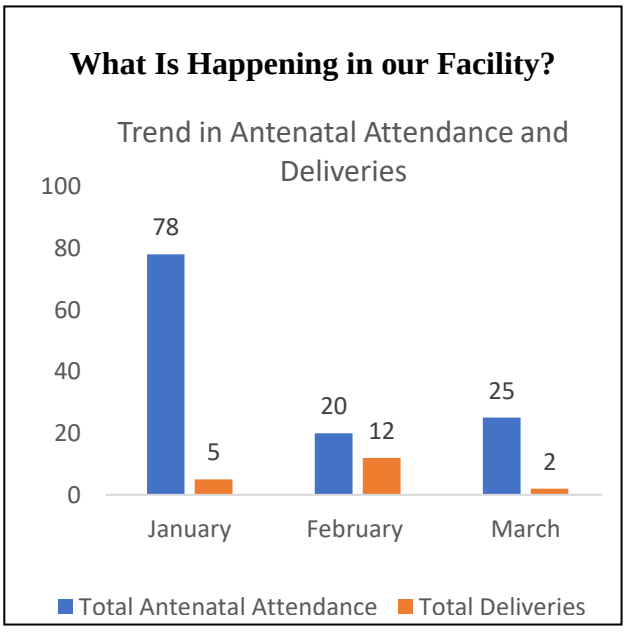
- **Accuracy**: Data that are recorded in reporting forms, are accurate, and reflect no inconsistency between what is in the registers and what is in the summary forms at the facility level.
- **Validity:** Each data field contains entries that comply with the given instructions; e.g., when instructed to enter numbers, do not indicate X.
- **Reliability**: Refers to consistency in how data are collected, processed, and analyzed.
- **Precision:** Refers to whether the data reflect the full details of the original observation.
- **Timeliness:** Refers to data collected, transmitted, and processed according to the prescribed time, and available for making timely decisions.
- **Integrity:** Data have not beenmanipulated, skewed, or biased from the point of data collection, analysis, and reporting.

- **Ask** participants where they think they will have the most difficulty in collecting and reporting data that maintain these aspects of data quality.
- After several responses, **explain** that they will understand more fully how important data quality is for decision making as the session continues.

Activity 2: Importance of Data Use for Decision Making

Time: 10 minutes

- **Explain** the importance of data use, and how participants can identify a problem(s) and interpret the problem(s) for decision making.
- **Review** the information summarized below; begin by asking how the participants interpret the graph on the flipchart 'What Is Happening in our Facility?' (See Figure 12 previously, shown again just below.)
- **Clarify** any misperceptions.
- **Ask** the key questions below and **build** on the responses from participants, using the bullets.



What do we lose when we don't use data?

- We will not know whether we are succeeding or failing.
- We will waste time and resources doing the wrong thing or using wrong solutions.
- We will miss opportunities for correcting our errors or mistakes early on.
- We will not be able to serve our patients well.
- We will not be able to plan early on.

What are simple ways of identifying health needs from data?

- Inspection of trends over time that indicate an unusual rise or fall in the records, e.g., a sharp drop in ANC attendance or a sudden rise in cases of diarrhea.
- An unexpected "non-zero," e.g., a single report on stockouts is enough to prompt the question "why"? ***Don't wait for a trend before you ask "why"?***
- "Unexpected zero," e.g., no single case of malaria in a whole month. ***Don't wait for a trend before you ask "why"?***
- Not all contradictions point to data inconsistency, e.g., 20 new deliveries in a facility and zero recorded for OPV 0. Ask why—it may be due to the following:
  - A problem in the cold chain
  - Truancy of the staff in charge of immunization
  - Ignorance of a newly employed staff
  - Parental resistance arising from a rumour in the community that immunization is harmful to new borns
- **Move** to the next activity to help participants learn how to identity issues by reviewing data.

Activity 3: Simulation Exercise on Problem Identification and Analysis

Time: 40 minutes

- **Ask** the participants to sit as teams according to their health facility.
- **Instruct** the groups to study their own health facilities completed 'NHMIS Monthly Summary Forms' and identify three problems by comparing indices across the 3 months.
- **Reveal** the prepared flipchart on problem identification.
- **Inform** the teams that a member of the WDC in each team should be given the responsibility of leading the discussion on the 'why' for the problems in the community and what should be done to overcome them; the OIC in the group will **present** the group work (encourage active participation of all participants).
- **Ask** if there are any questions on the instructions and **provide** clarification.

- **Inform** the groups that they have 15 minutes to complete the work.
- **Provide** ongoing support during the teamwork.
- After 15 minutes, **invite** a few teams to present their work in plenary. Allow 3 minutes for each. **Determine** the number of groups that can present based on the time remaining.
- **Provide** feedback and **make** corrections to the group presentations if necessary.
- **Emphasize** that problems existing in the community can only be accurately identified if the health facility data are accurate and complete and truly represent the services provided, i.e., data are not falsified or fabricated.

Summary and Transition to Next Session

Time: 5 minutes

- **Request** that participants seek clarification; note their questions and respond appropriately.
- **Summarize** the session by stating that it is important for participants to be able to use the data generated from their facility to identify problems and be able to analyse such data to inform what should be done to address the identified problems.
- **Remind** participants that this session is linked to the 'identify' step in quality improvement.
- **Transition** to the next session by noting that part of good data collection and review is tracking progress on their QIPs over time; the next session will show them how to do that.

Session 4: Infractions and Sanctions in implementing the BHCPF

Purpose:

to acquaint participants with the infractions and consequent sanctions under the BHCPF implementation.

Session Objectives

At the end of the session, participants will be able to:

- Differentiate between infractions and sanctions
- State the modalities for enforcing the sanctions under BHCPF.

Duration: 30 mins

Materials

- BHCPF Operational Guidelines
- NHIS Gateway Implementation Protocol
- Flipchart, markers, colored A4 paper with cellotape/masking tape.

Preparation

- Study the session plan and instruction for the structured exercise
- Use materials to prepare for the session
- Prepare blank flipcharts pages with the following headings:
  1. Label 'Module Objectives' and write the objectives.
  2. Label 'Key Stakeholders in BHCPF'
     Label 'Regulation' and write: for proper regulation of the BHCPF, all stakeholders are to adhere to the laws and guidelines. In breaches/violation of the laid down guidelines of the BHCPF, there are provisions on infractions and sanctions.
  3. Leave a blank flipchart for the participants definition of Infractions and Sanctions
     - Label 'Infractions' and define: An infraction is a violation or infringement of a law or agreement. Infraction is the violation of an administrative regulation.
  4. Label 'Sanctions' and define: Sanction (in this context) means to penalize or to punish.
     Sanction is an authority's reaction against organizations or persons found to be in violation or breach of rules, regulations or guidelines. It is a coercive intervention annexed to a breach as a means of enforcement.
  5. Label 'Types of Sanctions' and list the types of sanctions

- Warning
- Fine

6. Label 'Offences, Sanctions and Enforcement' Applicable to PHCs– Share handout as in the table below.
7. Label 'Scenarios for the simulation exercise to identify the infractions and enumerate consequent sanctions' The participants divided into 3 – give each group a scenario to identify the infraction, enumerate the consequent sanctions and enforcer of the sanction.

Session Overview

- Activity 1: Introduction to Infraction and Sanctions 15mins
- Activity 2: Scenarios for the simulation exercise to identify the infractions and enumerate the consequent sanctions 20mins

Activity 1: Introduction to Infraction and Sanctions

- **Greet** participants and welcome them to the module.
- I**ntroduce** session and session objectives, **read** out the objectives.
- **Explain** that the session is to bring to focus the strict compliance required by all stakeholders. There are different actors in the enforcement of the sanctions. These sanctions are to act as deterrents for going against guidelines under the BHCPF. By so doing the management of the BHCPF services provided will be qualitative, efficient, and equitably accessible to all beneficiaries, thereby scaling up coverage towards universal health coverage in Nigeria.

Activity 2: Scenarios for the simulation exercise to identify the infraction and enumerate the consequent sanctions

- Group the participants into3. Nominate a participant in each group to read each of the scenarios.
- The facilitator discusses each of the scenarios with the participants with the correct answers

Scenario1

A man who was very ill came to the PHCP to access care. He presented a BHCPF registration card in order to enable him to receive the care he needed. As he was quite ill, he was quickly taken to the healthcare practitioner in order to receive prompt treatment. After he had been administered some care. The card was taken to record his information, it was noted that the picture on the card looked older and different from him. He was asked his name and date of birth. he responded "My name is Emeka Eniola Ishaku, I am 34 years old". However, the name on the card read Chukwu Abiola Ishaku, Date of Birth: 18th October, 1947. The card presented belonged to his father! What do you think should happen next?

Scenario 1:

S/No	Offence	Penalty	Enforcement
1	Allow usage of identity card by unauthorized persons	• 1st default – Warning and Pay back cost of treatment. • 2nd default - Pay a fine of N20,000 in addition to the cost of treatment.	SSHIA

Summary and Transition to Next Session

Ask participants if they have any final questions and respond accordingly.

Summarize the session by stating that it is important for the participants to adhere to the guidelines under BHCPF.

In addition, participants should be able to identify the infractions and consequent sanctions under the BHCPF.

Thank the participants for their active engagement.

INFRACTIONS AND SANCTIONS

S/No	Infractions	Sanctions
1	Discriminates and/or refuses to treat or manage the enrolees registered with the facility.	**1st default** – Warning letter to the provider and pay the cost incurred according to the programme tarrif. **2nd default** – Suspension for not less than three months. **3rd default** – Withdrawal of accreditation of the provider.
2	Receives, consults or manages any enrolee as a fee- paying patient for services covered under the programme.	**1st default** – Warning letter to the provider and refund the amount collected. **2nd default** – Suspension for not less than three months. **3rd default** – Withdrawal of accreditation of the provider.
3	Failure to refer an enrolee where secondary/tertiary service is required.	**1st default** – Warning letter **2nd default** - Suspension for not less than three months.
4	Referring an enrolee without clinical justification.	**1st default** – Warning Letter **2nd default** - Suspension for not less than three months.

		3rd default – Withdrawal of accreditation of the provider.
5	Failure to keep records and make quarterly returns of prescribed data.	**1st default** – Warning letter and the requisite data shall be forwarded within 7 days. **2nd default** - Suspension for not less than three months
6	Where a healthcare provider makes false claims for a treatment or procedure not carried out.	**1st default** – Payment of the monies collected and suspension for not less than three months. **2nd default** – Withdrawal of accreditation of the provider and report appropriate regulatory body.
7	Where a healthcare provider operates against medical ethics and undermanages an enrolee	Report to the appropriate regulatory body
8	Diversion of BHCPF funds for purposes other than provision of healthcare	**1st default –** Warning letter and refund of the monies back to the account. **2nd default –** Suspension for not less than 3 months. **3rd default -** Withdrawal of accreditation of the provider and notification of NHIS
9	Where the healthcare provider fails to provide the prescribed drugs for the enrolee and the enrolee pays out-of-pocket for drugs covered under the programme	**1st default** - Warning letter **2nd default** – refund to the enrolee the cost of the medication based on the program tariff

Training Evaluation and Closure

Purpose

To formally bring the workshop to a close and present certificate of participation to participants.

Session Objectives

By the end of the session, participants will be able to do the following:

- Recap their experience and key learnings in the training and celebrate their participation
- Evaluate the training

Duration: **60 minutes**

Materials

- **Handout: '***Final Training Evaluation Forms'* (35 copies)
- BHCPF Workshop Certificate Template

Preparation:

- Post the training goal and objectives, participants' expectations, and concerns, and all of the flipcharts of the different modules sequentially along on the wall.
- Use the list of preferred participant names generated earlier to print all certificates with all names filled in.
- Prepare a list of all participants and contact information so they can stay in touch.

Session Overview:

- **Activity 1:** Gallery Walk (15 min)
- **Activity 2:** Evaluation (15 min)
- **Activity 3:** Closure (30 min)

Activity 1: Gallery Walk

Time: 15 minutes

- Begin by quickly **reviewing** the overall training goals and objectives (from the agenda) to **allow** participants to consider whether the course met their expectations.

- **Point** to all of the key flipcharts and materials used throughout the week that are posted around the room.
- **Ask** the participants to stand up and walk around the room for 5–10 minutes, stopping to chat with colleagues about the sessions as they wish. It is a chance for them to remember what they learned during the entire week.
- **As they walk around, encourage** them to recall what they think is most important for them to address when they return to their facilities.

Activity 2: Evaluation

Time: 15 minutes

- **Say** that we have now come to end of the training and would like participants to evaluate the training. The evaluation will enable facilitators to better plan and prepare for the next training.
- **Explain** that they should read the questions carefully and provide candid responses.
- **Distribute** the evaluation forms and tell them that they have 10 minutes to complete them.
- ***Facilitators Note:*** *During this time, it is important to keep the room quiet and respectful of the participants' need to think and complete the forms. Refrain from setting up the room for the closure until all participants have completed their evaluations.*
- After 10 minutes, **call** time and **collect** forms from participants.
- **Assure** the participants that their feedback will be very useful as we continue to adapt and improve the training.
- **Transition** to the closure. **Enlist** everyone's help in setting up the room for closure.

Activity 3: Closure

Time: 30 minutes

- **Invite** participants to sit in a circle (see Figure 13).

Figure 13. Circle of Trust



- **Welcome** participants to this session and ask each person to briefly share one thing they appreciated most about the training and their fellow participants.
- **Invite** relevant government representatives to give closing remarks. **Limit them** to 2 minutes each, as feasible.
- **Invite** officials or other government representatives to present the certificates.
- **Cite** the national prayer.
- **Close** with a song that has been sung during the training which the facilitators would have learned at the TOT—or another fun activity that may have arisen during the training to celebrate the end and a sense of team spirit going forward.
- **Ask** the participants to stand up and circulate amongst themselves and the facilitators, thanking others for their contributions and opportunities to learn together.
- **Take** a group photograph with all officials, facilitators, and participants showing their certificates.

BHCPF Health Facility Staff/WDC Training

Final Training Evaluation Form

Please respond to each question honestly and objectively. Your evaluation will help improve future workshops in the country

1. *For you personally, how well did the workshop succeed in achieving each of the objectives listed in the table below? Write the number that reflects your opinion, using the scale.*

4 = Exceeded **3 = Met** **2 = Partially Met** **1 = Not Met**

Workshop Objectives	
Clarify the rationale for establishing the BHCPF and its governance and administrative structure and systems.	
Clarify the roles and responsibilities of different stakeholders, the intervention packages for the beneficiaries, and the roadmap to guide effective implementation of the BHCPF	
Ensure that facility staff and WDCs can efficiently and effectively enrol beneficiaries into the BHCPF in their respective facilities	
Ensure that facility staff and WDCs can manage the finances provided by the BHCPF in their facilities	
Ensure that facility staff and WDCs can plan for improving the quality of care for BHCPF beneficiaries	
Ensure that facility staff and WDCs can collect, collate, report, and use data generated through BHCPF services for decision making	

2. *Think about this training.*

How do you rate your confidence to apply skills in the following? (Scoring: 1= low; 2=moderate; 3= good; 4=excellent)	**Status now**	**Status BeforeWorkshop**
Roles and responsibilities for implementing the BHCPF		
Selecting intervention packages for the BHCPF		
Enrolling eligible beneficiaries into the BHCPF		
Effective management of essential drugs and commodities		
Accurately completing and submitting claims to the SSHIA		
Identifying and resolving issues related to quality of care at the facility		
Managing financial resources provided for the BHCPF in the facility		
Collecting, collating, reporting, and using data generated through BHCPF services for making decisions		

3. *To what extent do you feel prepared to perform your roles in the rollout and implementation of the BHCPF in your respective facilities/communities?(Tick the appropriate box.)*

Level	**Tick theappropriate level)**	**Please describe your need to feel more prepared (if you chose "Not prepared" or "Somewhat prepared")**
Not prepared		
Somewhat prepared		
Well prepared		

4. *Please answer the following questions to help us improve future training opportunities.*

Overall, please rate this training by indicating the appropriate scores. **How would you rate the following?**	**Ratings**			
	Low 1	**Moderate 2**	**Good 3**	**Excellent 4**
Usefulness of the content for your daily work				
Hands-on activities				
Facilitator's knowledge in the subject				
Facilitator's style of teaching				
Pace of the sessions				
Helpfulness of materials distributed				
Sufficiency of time allocated for the sessions				
Comfort of the training venue or room				

5. *Please share any other comments or suggestions you have that would help us improve subsequent trainings.*

THANK YOU!

Annex A: Facility cascade agenda

TIME	Day 1	Day 2	Day 3	Day 5
8:30	Registration	Recap	Recap	Recap
9:00	**Module 1: Opening** *Opening, Welcome, Introductions, Expectations, Training goal/objectives/content/ Ground Rules* *Group Formation* (1 hour 20 minutes) **Module 2: Orientation to BHCPF** (3hrs5min) ▪ **Overview of the BHCPF (35 minutes)**	**Module 4:** Enrolment ▪ Enrolment Tools (1hr 15 min) **Module 5:** Provider Payment Mechanism Actual: 1 hr 30min ▪ Provider Payment Mechanism (45 min)	**Module 7**: Quality Improvement (cont.) ▪ Addressing Quality Challenges (1 hr) **Module 8:** Financial Management Actual: 3 hr 30 min ▪ Basic Concept of Financial Management (35min)	**Development Annual quality improvement plan and quarterly business plan**
11:00	*Break*	*Break*	*Break*	*Break*
11:30	Module 2: Orientation to BHCPF (cont'd) ▪ **Governance, Administrative Structure, Roles and Responsibilities of BHCPF Stakeholders at the State Level (20 min)** ▪ **HF Management: (20 min)** ▪ **WDC Composition, Roles, and Responsibilities (40 min)** ▪ **BMPHS Overview (40 min)**	**Module 5:** Provider Payment Mechanism (50min) ▪ Overview of Medical Claims Management (40 min) **Module 6:** Essential Drugs and Commodities Management Actual: 1 hr 20 min Essential Drugs and Commodities Management (30 min)	**Module 8:** Financial Management ▪ Bookkeeping for PHCs (90min) **Module 9:** Monitoring and Evaluation of BHCPF Actual: 3 hr 10 min ▪ BHCPF Health Insurance M&E (40)	**Development Annual quality improvement plan and quarterly business plan**
1:30	*Lunch*	*Lunch*	*Lunch*	*Lunch*

Facility/WDC-Level Training on the BHCPF

TIME	Day 1	Day 2	Day 3	Day 5
2:30	**Module 2: Orientation to BHCPF (cont'd)** ▪ **Gender and Equity Considerations in the BHCPF (30 min)** **Module 3:** Accreditation Actual: 1 hr 40 min Introduction to Accreditation and the Accreditation Process (45 min) Accreditation of PHCs (35 min) Roles and Responsibilities (20 min)	**Module 6:** Essential Drugs and Commodities Management ▪ Essential Drugs and Commodities Management (cont'd 50 min) **Module 7**: Quality Improvement Actual 3 hr 5 min ▪ Overview of Quality Improvement (55min)	▪ Using Data at the Facility Level (65 min)	**Development Annual quality improvement plan and quarterly business plan**
4:30	**Module 4:** Enrolment Actual: 1 hr 45 min **Module 4:** Enrolment Introduction to Enrolment Activities 1–3 (30 min)	**Module 7**: Quality Improvement (cont.) Quality Assessment & Scoring under BHCPF (45min)		**Development Annual quality improvement plan and quarterly business plan**
5:00	*Reflection and Closure*	*Reflection and Closure*	*Reflection and Closure*	*Reflection and Closure*