Federal Ministry of Health

BASIC HEALTH CARE PROVISION FUND

TRAINING HANDOUT ON THE BHCPF: A GUIDE FOR PARTICIPANTS

OCTOBER 2023

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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

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:

Clarify the objectives, content, and schedule of the training.

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.

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

Handouts:

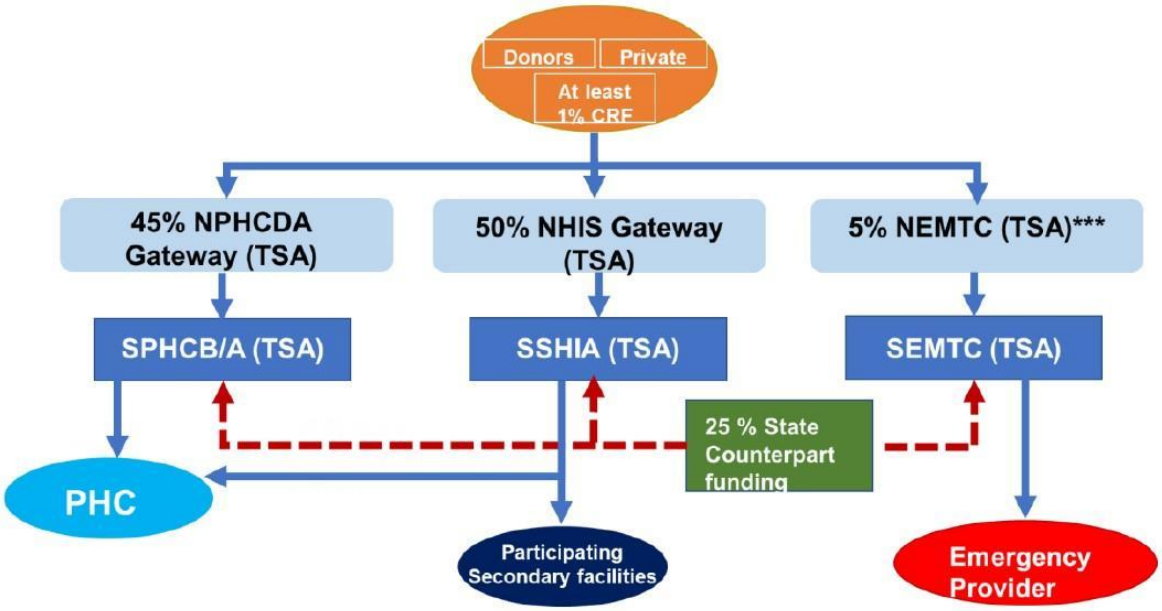
Universal Health Coverage (UHC): All people and communities can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. 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

National-Level Governance and Administrative Structure for BHCPF

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.

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 SOCBHCPF: 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 nonfinancial 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

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

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

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

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

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 program.

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.

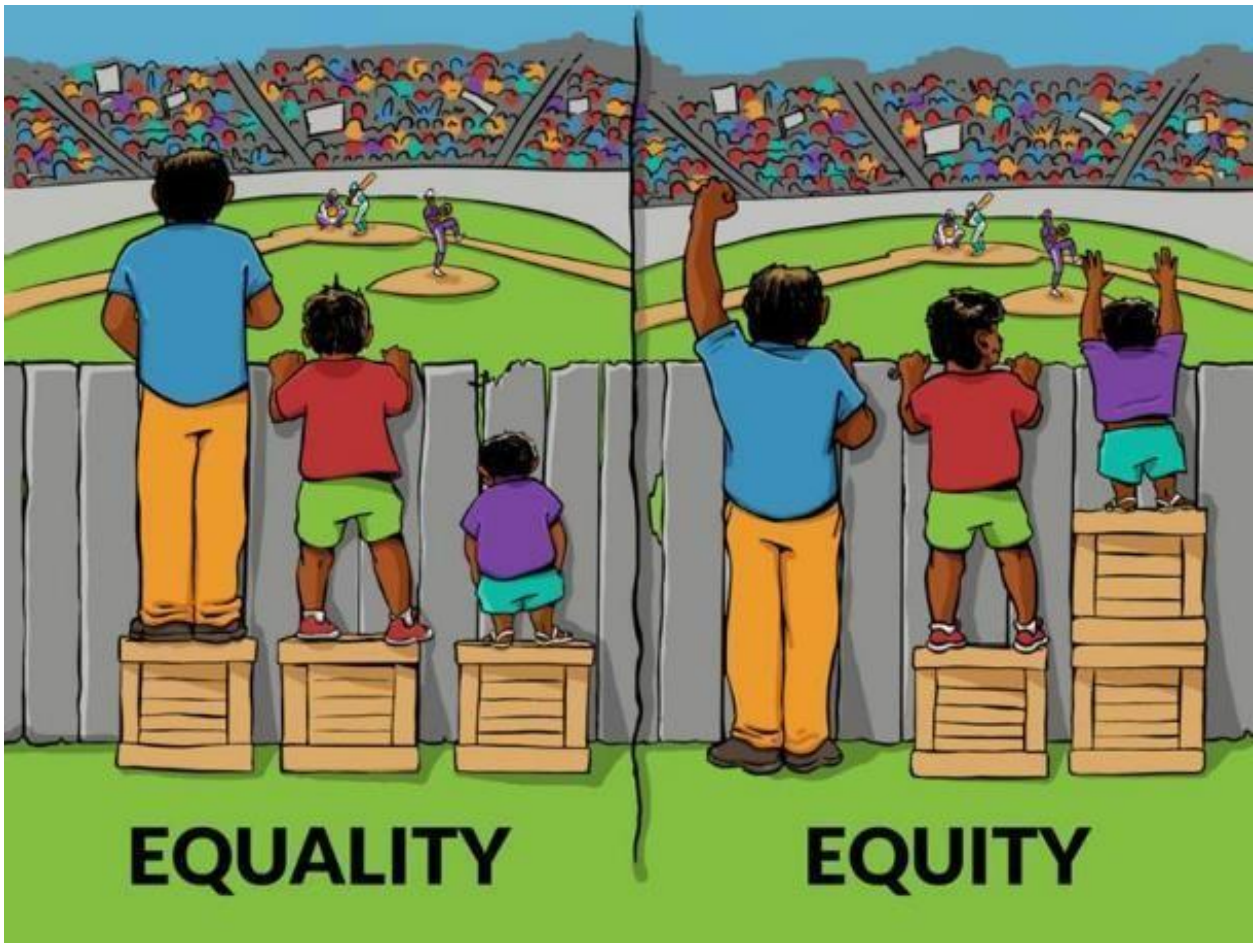
Session Objectives:

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

    - **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.
    - **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.

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.

Chart 1- Process of Full Accreditation

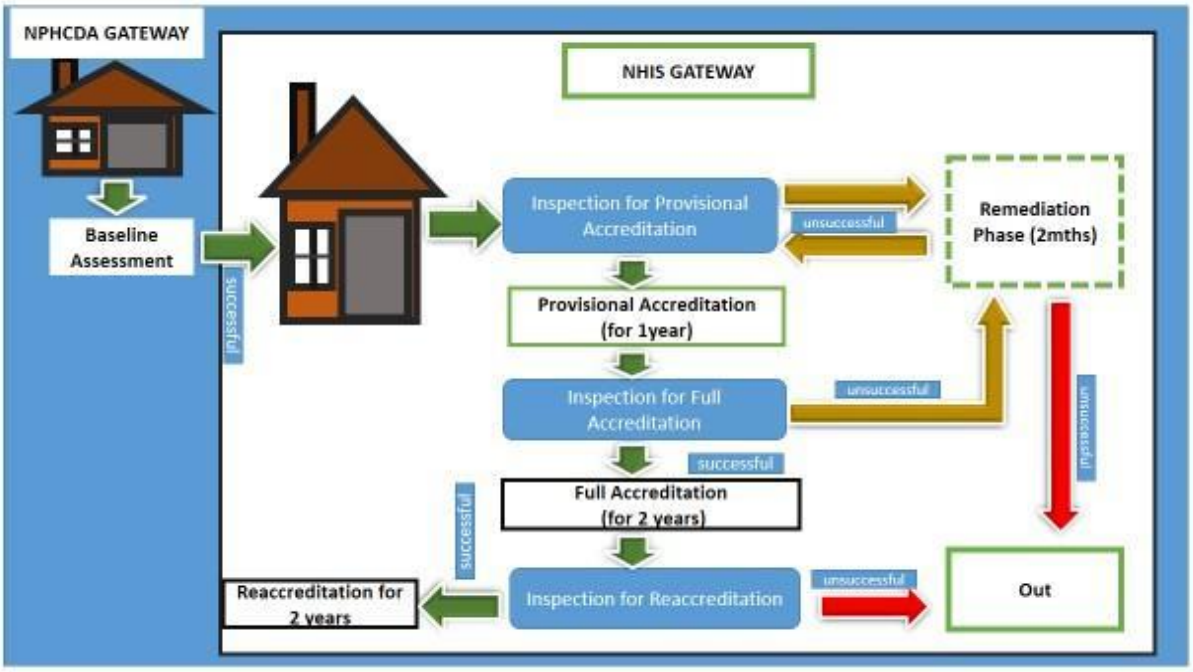
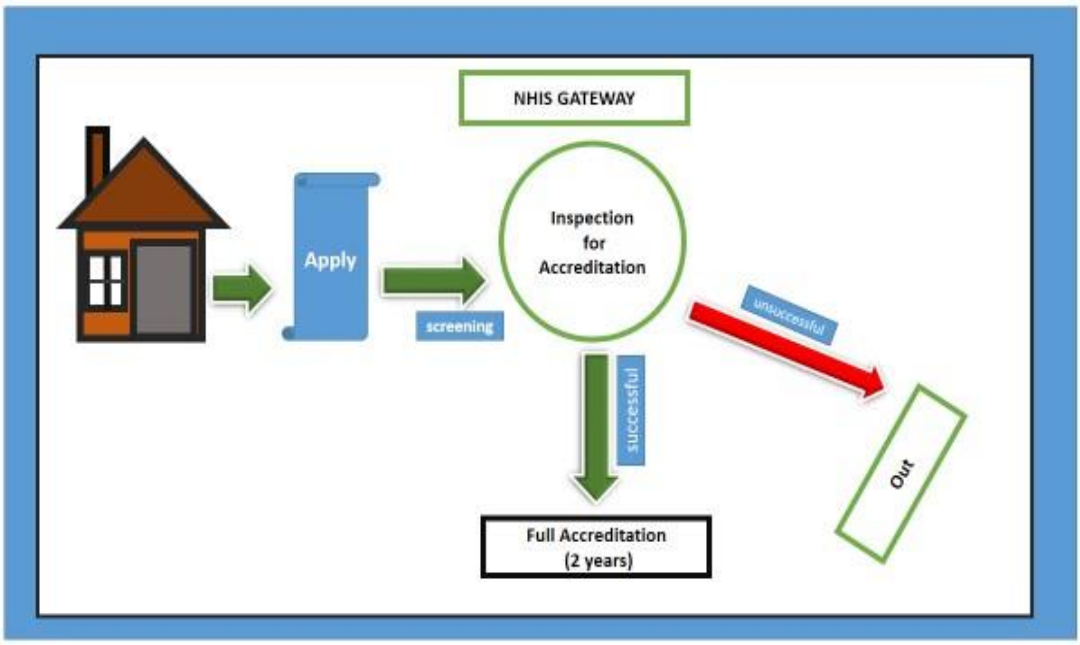


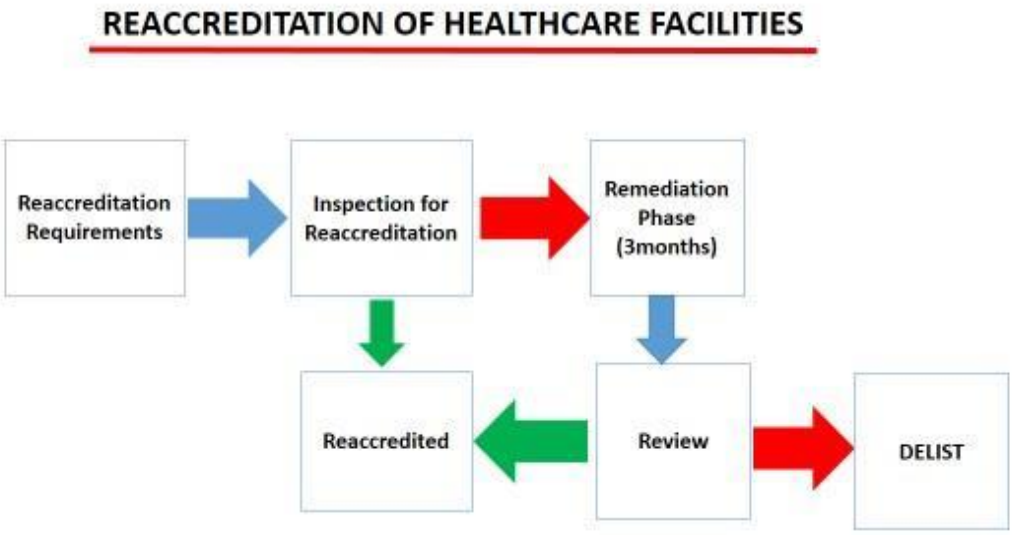
Chart 2-Private and Secondary Facilities



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.

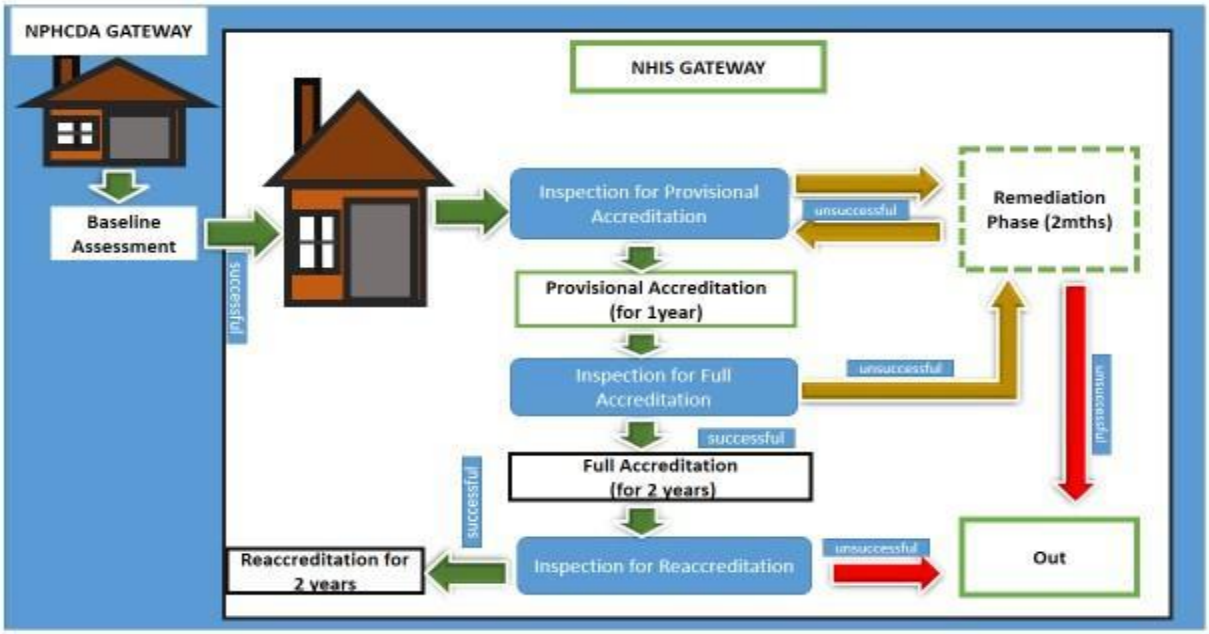
If needed, **refer** also to reaccreditation process:

Chart 3- Reaccreditation of Healthcare Facilities

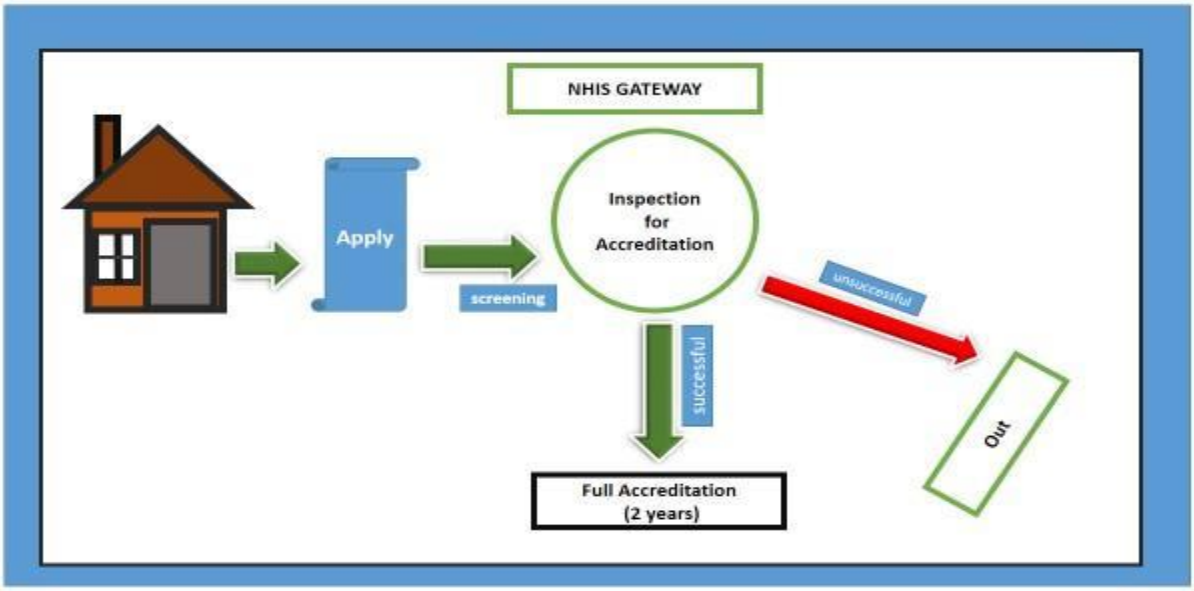


Handout: *BHCPF Accreditation and Reaccreditation Pathways*

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.

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…….
Email……
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**	**N o**	
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…….
Email……
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

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

Module 5: Enrolment

Session 1: Introduction to Enrolment

Purpose

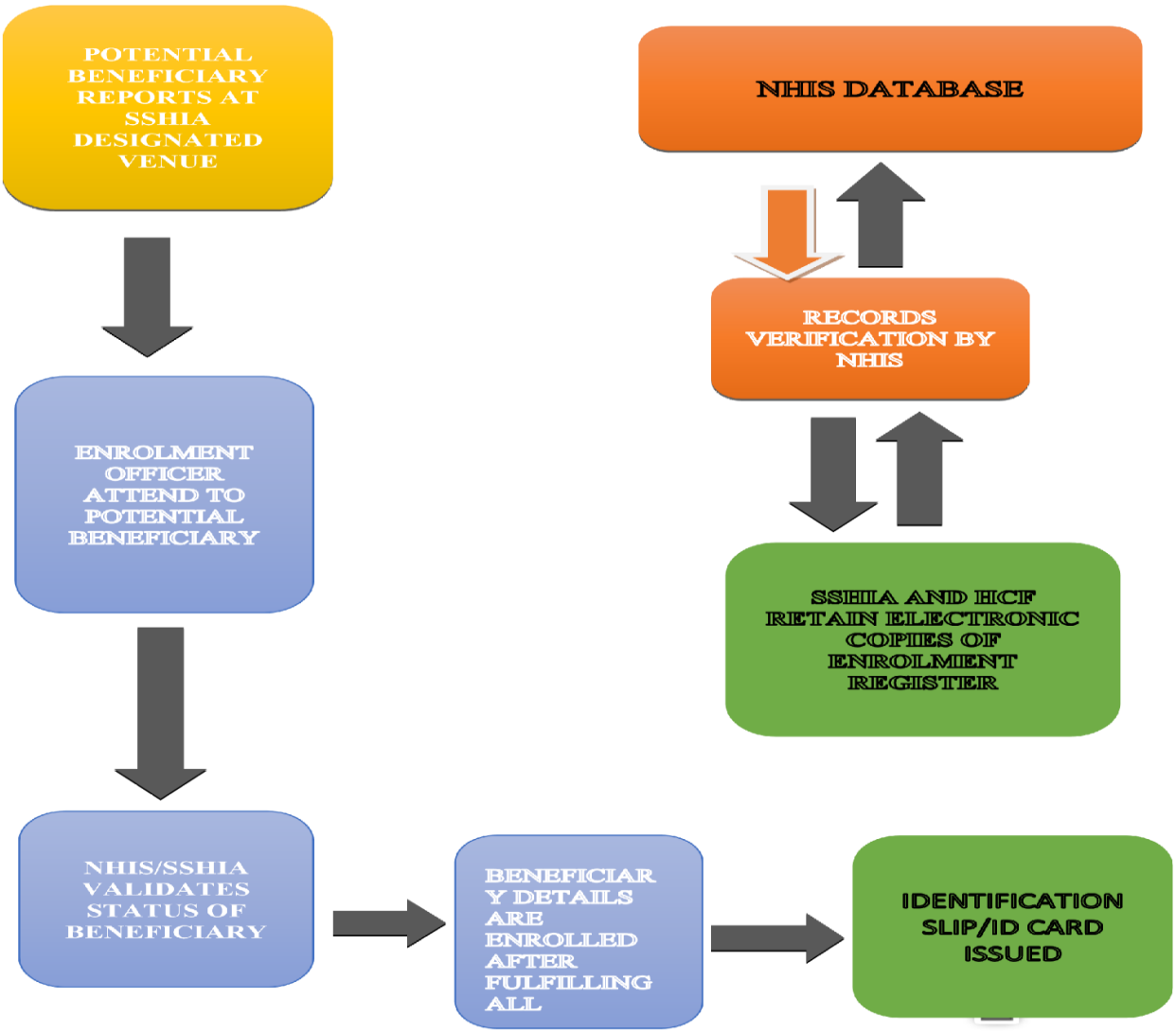
To prepare participants to be able to manage the enrolment process for the BHCPF

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

PROCESS OF ENROLMENT



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

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

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)

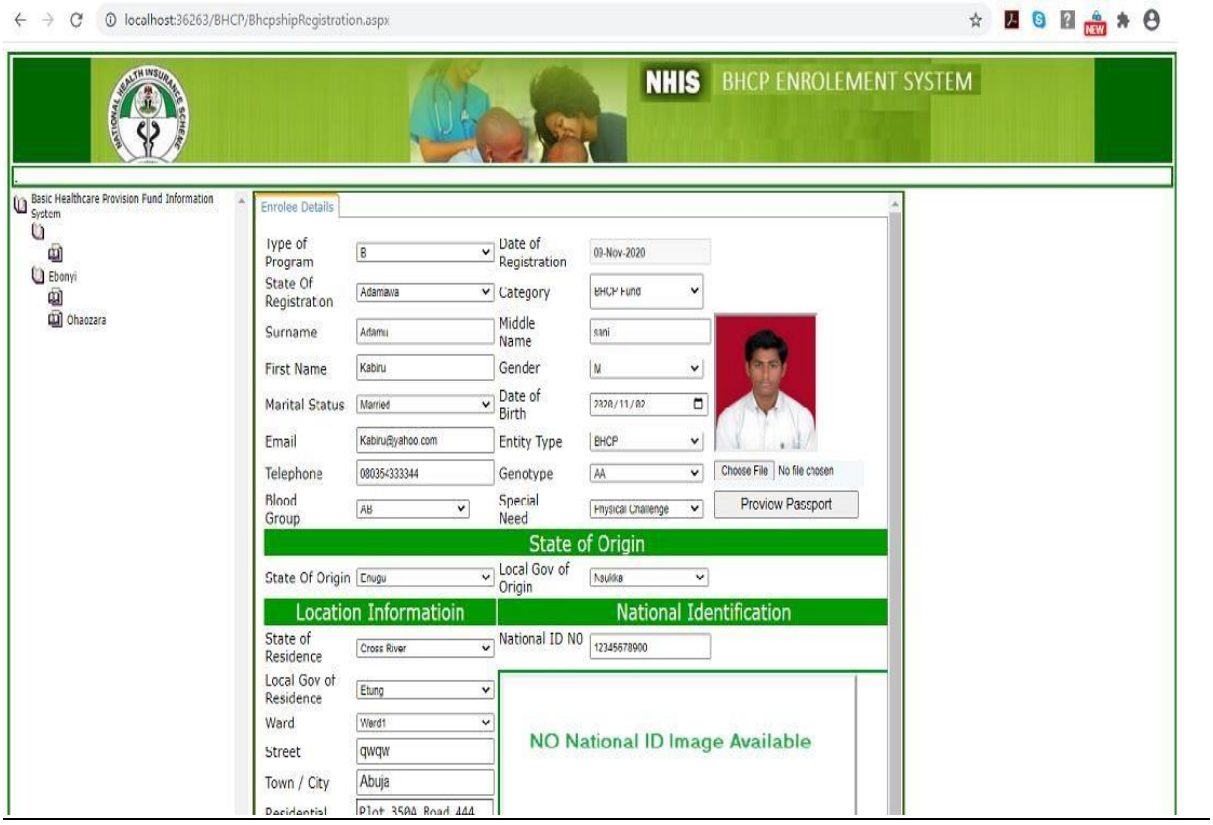
……

11. Blood Group (Optional)

12. Genotype (Optional)……..

13. Facility Code ……..

14. Facility Name……..



Module 6: Provider Payment Mechanisms

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

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

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

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

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**	Followup required YES / NO	Follow-up completed YES / NO

Facility/WDC-Level Training on the BHCPF

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

Handout:

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

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

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

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.		

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

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	✓				10Mar2021
Lack of laboratory technician	Number of required lab technician available in the facility	1	Request for Lab Technician from LGHA	OIC			✓		30Sep2021

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	✓	✓	✓	✓	30Dec2021
Lack of storage place for drugs	Availability of storage place for drugs	Completed	Build a metal shelve for storing drugs	Pharmacy Technician			✓		30Sep2021
None display of price list of drugs in facility	Price list of drugs displayed in facility	Completed	Paste copy of price lists of drugs on the wall	Pharmacy Technician	✓				10Jan2021

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:

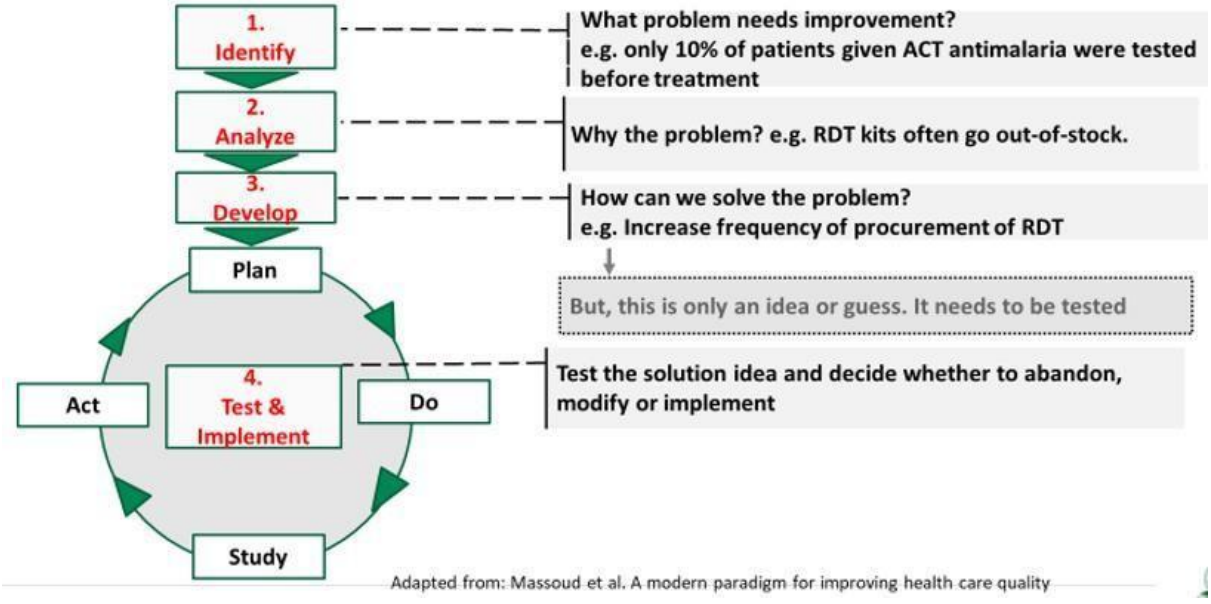
- OIC of the PHC
- Nurse/Midwife
- One member of the WDC
- Heads of the health facility Units ○ Pharmacy ○ Laboratory

○ One or two other non-clinical staff

The OIC will be the team lead.

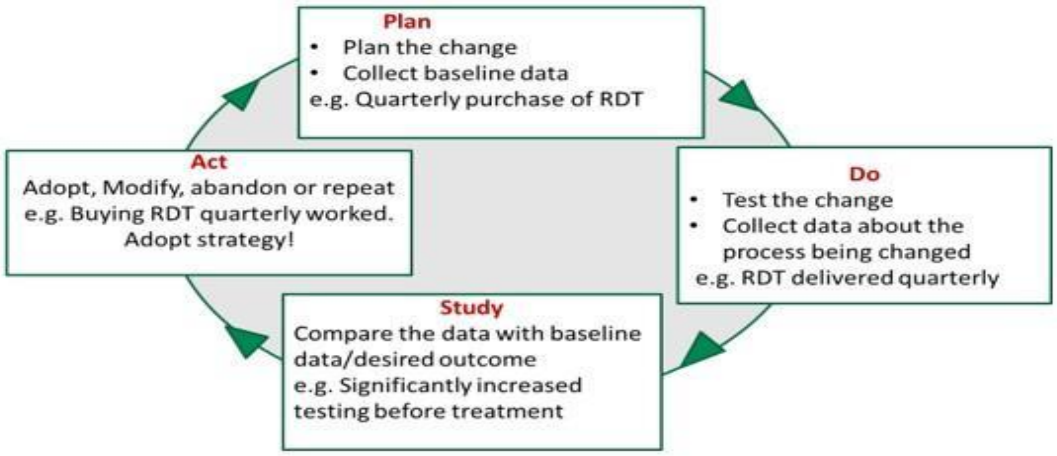
The Nurse/midwife will be the secretary of the team.

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'

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)

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

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 segmentspecific 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)
		Permanent	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		
Cash at Hand at the End of the Quarter		

Bank Balance at the End of the Quarter	[redacted]	
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:** _____

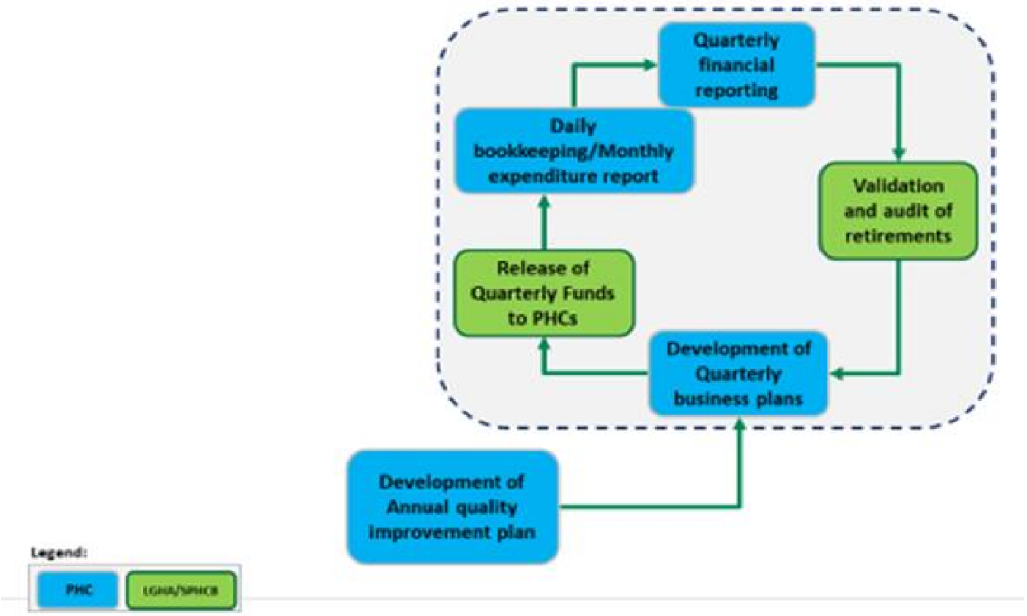
_____

Signature & Date: _____

Handout: Auditing of retirements

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)
		Permanent	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

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

Facility/WDC-Level Training on the BHCPF

			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					

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

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	CONDITIO OF ASSET

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.

Defining of M&E '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.

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.

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

Elements of Data Quality

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

Importance of Data Use for Decision Making

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

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

Problem Identification and Analysis

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

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

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

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

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.
  - o Demonstrate a comprehensive and accurate understanding of the tools **Primary/** .
  - Demonstrate to participants how to complete the BHCPF M and E tools
  - o Understand the BHCPF data reporting flow among key stakeholders

- Describe the roles and responsibilities of NHIS-BHCPF stakeholders in the M&E processes

PHC Data Collection Tool

Facility/WDC-Level Training on the BHCPF

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

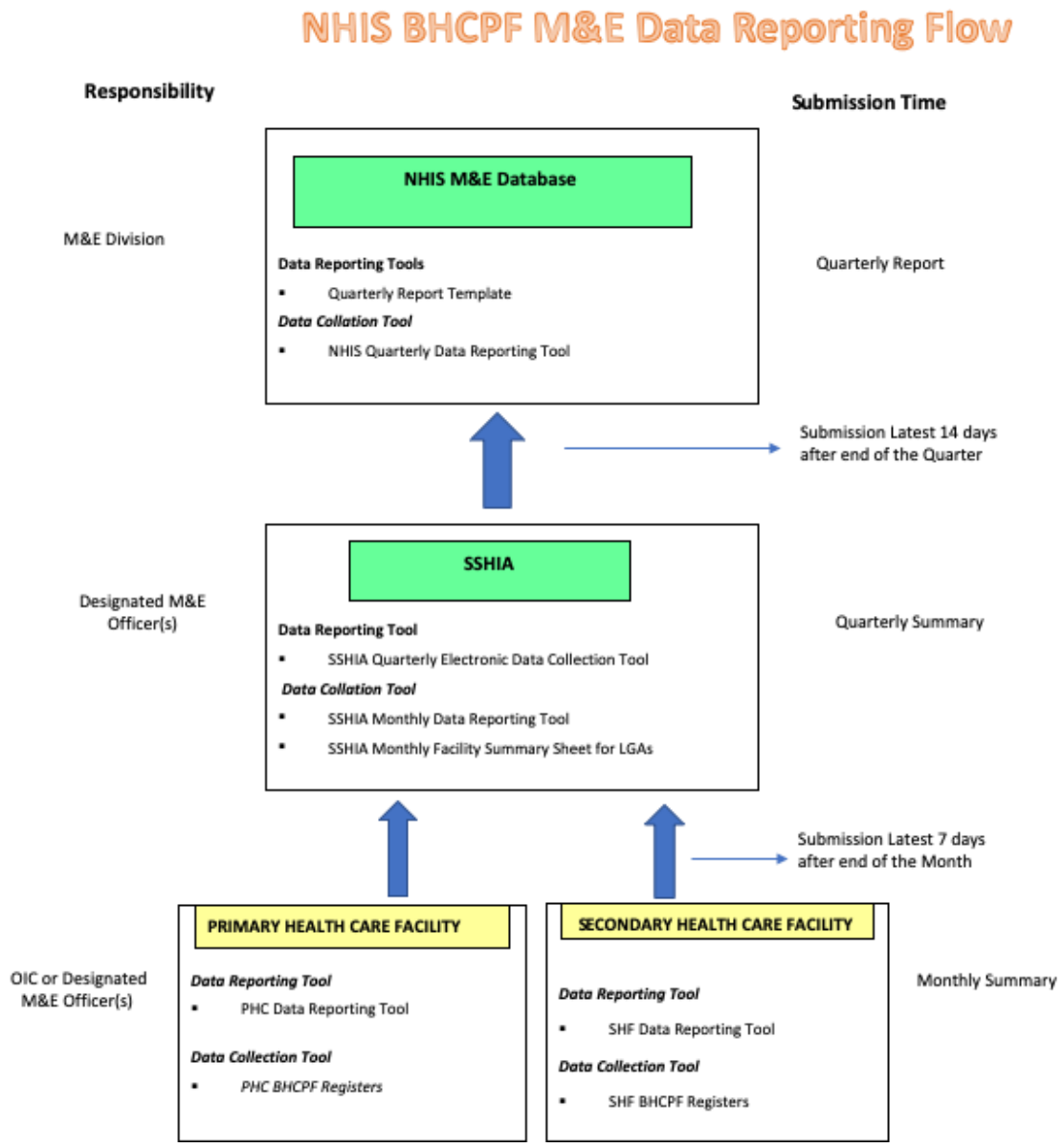
Instructions: Please record findings under the column marked 'Findings'. Please record the numbers in the boxes provided and tick either "YES" or "NO" for questions that apply.

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

Problem Identification in Health Facility

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

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.

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