

Strengthening the foundation of sustainable Primary Healthcare in Kaduna State: The ‘One Functional PHC Centre per Ward’ approach

The burden of disease profile in Nigeria indicates that more than 80 percent of health conditions affecting citizens could be effectively managed at the primary healthcare (PHC) level.

Access to quality health services at the PHC level guarantees the wellbeing of the majority of citizens. Furthermore, a functional PHC Centre is best positioned to fast track the attainment of access to a minimum service package that could ensure Universal Health Coverage (UHC).

This learning brief presents the Kaduna state’s journey of strengthening PHC through the One PHC Centre Per Ward approach under the Ward Health System.

BACKGROUND

In 1978, the Primary Healthcare (PHC) was declared the cornerstone of healthcare delivery around the world by the World Health Organisation. Forty years later, in October 2018, this commitment to PHC was reaffirmed in the Declaration of Astana. Through this declaration, PHC was further articulated as a keystone for achieving Universal Health Coverage (UHC) and the United Nation’s (UN) Sustainable Development Goals (SDG)¹.

In Nigeria, the Ward Health System (WHS) represents the current national strategic thrust for the delivery of PHC services in Nigeria. WHS was inaugurated in 2001 as part of other efforts to improve delivery of PHC services, it utilised the electoral ward with an electoral Councillor as the primary operational unit for PHC delivery.

Designed to improve the delivery of PHC services at the community level, the WHS also builds the capacity of Community Health Care Workers whilst harnessing grassroots political participation towards ownership of the health system.

In 2007, the Ward Minimum Health Care Package (WMHCP) was launched with the aim of strengthening PHC after a detailed cost analysis by the National Primary Health Care Development Agency (NPHCDA). The PHC Centres are the main channels for the delivery of the services identified in the WMHCP.



Signing of the Memorandum of Understanding between DFID and Kaduna State Government.



Trained service provider provides immunization services at Rido PHC, Kaduna South LGA.

THE WARD HEALTH SYSTEM AND THE WARD MINIMUM HEALTHCARE PACKAGE

'One Facility per Ward' was selected as the mode of delivery of PHC services in the implementation of the WHS. A fulcrum facility was required in each ward and designated as a "Model" PHC. These "Models" were also targeted for renovation by the NPHCDA and expected to serve as the upward referral facility in the ward. The selection of the PHC Centre would ensure the most geographical access for community members.

The WMHCP aims to improve and ensure access to sustainable, quality, acceptable, and affordable health services with the full participation of people at the community level and with the following objectives:

- To promote full and active community participation and ownership of community health interventions with sustainable, effective and efficient delivery of PHC services
- To improve access to quality health care and ensure equity
- To garner political commitment to PHC at the community and ward levels
- To reduce morbidity and mortality especially among the vulnerable

ONE FUNCTIONAL PHC PER WARD - A MINIMUM STANDARD FOR THE WARD HEALTH SYSTEM

The emphasis on PHC revitalisation was designed to make at least one PHC Centre fully functional in each of the approximately 10,000 political wards in Nigeria, thus enhancing the achievement of the target of UHC.

For this to happen, PHC facilities must attain the minimum standard in all areas of resource availability and service delivery. This involves infrastructural upgrade, improvement in human resource, and availability of essential medicines and other medical supplies.

KADUNA STATE MAKING STRIDES TOWARDS REVITALISING PRIMARY HEALTH CARE

In response to the NPHCDA strategic direction for PHC revitalisation, the Kaduna State Government with support from development partners, including the UK government-funded Maternal Newborn Child Health Programme in northern Nigeria (MNCH2), commenced efforts in implementing specific interventions towards revitalising PHC in the state.

Organisational and management structure of the Ward Health System

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The Medical Officer of Health (MOH) is a medical doctor who supervises a group of Primary Healthcare (PHC) centres in each Local Government.

4

A nurse/midwife heads a PHC centre and consults with the supervisory MCH in difficult cases. In Local Governments where there are no medical officers, the most senior nurse deputizes as supervisor.

3

Community Health Officers (CHOs) head the PHC centre in the absence of a nurse. CHOs initially train as CHEWs, but have received an additional year of training in a Teaching Hospital.

2

Community Health Extension Workers (CHEWs) receive their training from Schools of Health Technology for 3 years and qualify with a diploma in community healthcare.

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Volunteer Health Workers (VHWs) and Traditional Birth Attendants (TBAs) are informally trained ad-hoc staff to help the PHC centres with case findings and community engagement.

A RESTORATION MASTERPLAN DEVELOPED TO GUIDE KADUNA STATE'S RESPONSE TO PRIMARY HEALTH CARE REVITALISATION

The State Primary Health Care Development Agency (SPHCDA) law in Kaduna state, reviewed in 2015, commissioned a system audit of the State's PHC system. In 2016, the audit was carried out with a view to identifying gaps and proffering an evidence-based response to restructuring the system.

Findings from the audit revealed:

- low coverage of essential health interventions,
- poor quality of service delivery with limited PHC facility readiness,
- limited availability of primary health commodities and
- limited supply of human resources.

The findings informed the state's systematic and comprehensive response to PHC revitalisation in the state. A restoration master plan was developed by the State's Ministry of Health with support from development partners, including MNCH2. This plan outlines the scope of the restoration agenda.

Through the Restoration Master Plan and State Development Plan, the current administration of the Governor of Kaduna State- Mallam Nasir El Rufai showed renewed commitment to improving the Primary Health Care system.

A BILL PASSED TO GIVE IMPETUS TO THE REVITALISATION OF PRIMARY HEALTH CARE

A bill on SPHCDA was passed by the Kaduna State House of assembly and subsequently enacted by His Excellency the Governor of Kaduna State – Malam Nasir El-Rufai. By this law, the State Ministry of Health was saddled with the responsibility of:

- selecting one PHC per ward for infrastructure upgrade
- improvement in human resources and
- supply of essential medicine and medical supplies.

Implementation was initially sub-optimal until 2012 when the SPHCDA law was reviewed and it became fully operational. The law also clearly outlined the components of the WMHCP intervention.

Kaduna was among the first states in the country to implement the Primary Health Care Under One Roof (PHCUOR), improving the State's PHCUOR implementation scorecard from 46 percent (the poorest in the NW Zone) to the best at 66 percent.

IMPLEMENTATION OF THE PRIMARY HEALTH CARE UNDER ONE ROOF TO IMPROVE FUNCTIONS OF THE PHC SYSTEM

Before the implementation of the Primary Healthcare Under One Roof (PHCUOR), the PHC system in Kaduna State, as in all other states in the country, had multiple actors with parallel bodies implementing related tasks in an uncoordinated manner.

The existence of these multiple administrative frameworks – State Ministry of Health, Ministry for Local Government, Local Government Service Commission, SPHCDA – had concurrent and overlapping responsibilities, which constituted significant challenges to the delivery of high quality, efficient, and equitable healthcare services. The result was an ineffective PHC governance system with poor quality of service delivery.

The commitment of the state government to PHCUOR saw an executive proclamation by His Excellency the Governor Malam Nasir El -Rufai in September 2016, moving all PHC functions to the SPHCDA.

This proclamation, and the implementation of its recommendations, has greatly improved the PHC system governance and delivery of primary healthcare services in Kaduna state.

255 FACILITIES RENOVATED TO BOOST PHC SERVICE DELIVERY

The Kaduna State Government committed to renovating one PHC per ward; and in 2016, the State commenced the renovation of 255 health centers. As of October 2019, a total of 191 PHCs have been completed while others are at various stages of completion.

MNCH2, alongside other development partners, contributed to this process by providing support to:

- renovate a total of 81 facilities consisting of 46 PHCs,
- 17 Local Government Area (LGA) cold stores,
- 14 LGA medical stores,
- two SPHCDA stores/building,
- one Drug Management Agency (DMA) store and
- one Logistic Management Coordination Unit (LMCU) office.

Another UK Government supported programme, Solar Nigeria, provided support to install solar panels to power these renovated health facilities. These renovations improved the working conditions of the healthcare workers and improved utilisation of services.



Outreach Immunization, Degel Community, Sanga LGA, Kaduna State

IMPROVED HUMAN RESOURCE FOR HEALTH THAT GUARANTEES ACCESS TO DELIVERY OF QUALITY HEALTHCARE SERVICES

Adequate human resource for health, both in quantity and skill mix, is critical for the delivery of quality healthcare services. To address shortages of healthcare workers in the state, the State Executive Council in 2016 approved the recruitment of 1,000 nurses and midwives and other categories of healthcare workers.

Currently ongoing, newly recruited health workers are posted to rural and underserved communities and this holds promise to improving access to healthcare services in these areas.

Similarly, the Kaduna State Ministry of Health domesticated the task shifting and task sharing policy in 2016 to improve service delivery in the state.

The Federal Ministry of Health had earlier introduced the task shifting and task sharing policy to address shortages of human resource for health. This policy offers an opportunity to increase access to essential healthcare services through lower cadre of healthcare workers particularly the Community Health Extension Workers, in underserved populations..

IMPROVED SUPPLY OF ESSENTIAL MEDICINES AND COMMODITIES

To improve availability of essential medicines and other medical commodities, the State government established the Logistics Management and Coordination Units (LMCUs). These units are expected to harmonise all medicine and other commodity logistics in the state including those procured by the government and others received from donors and implementing partners.

These units have since served as databases for items received and distributed to all health facilities. They have also ensured transparency in commodity distribution, prevented pilferages and ensured overall accountability for these commodities.

MNCH2 also supported Kaduna state with free MNCH commodities, consisting of:

- equipment,
- drugs, and
- laboratory reagents/chemicals for 3-4 years cycles with items worth over NGN1.2 billion.

MINIMUM SERVICE PACKAGE, INTEGRATED TRAINING AND SUPPORTIVE SUPERVISION FOR SERVICE PROVIDERS TO IMPROVE QUALITY PHC SERVICES

The Kaduna State PHC system audit identified several gaps in PHC service delivery. To address these gaps, a Minimum Service Package (MSP) assessment was conducted in 2016.

It was estimated that to achieve the MSP, a sum of 62 Billion Naira would be needed. A Kaduna State Service Delivery Plan (SDP), which had graded implementation in-line with available financial resources was developed as a four-year plan to achieve the MSP.

To ensure that quality services and essential services are available at the healthcare facilities, the State Ministry of Health provided training to the PHC workers on the integrated MNCH training manual.

This ensured that services were made available to clients in a **“one stop shop approach”**. This entails essential services such as immunisation, family planning, nutrition and treatment of common ailment and diseases being made available at PHCs and provided in an integrated manner.

Furthermore, the State Ministry of Health led the harmonisation and institutionalisation of Integrated Supportive Supervision (ISS) for healthcare providers in the state.

This intervention focuses on mentoring and coaching healthcare providers on service provision, infection prevention and strict adherence to quality of care protocols to acceptable proficiency levels.



Training demonstration on the use of the IMCH Booklet in Kaduna State



Kushe Fada PHC before and after renovations.

The State and LGA Quality of Care (QoC) Steering and Technical Working Committees were established in-line with national guidelines and Community Scorecards (CSC) were introduced in the state.

The CSC, a tool designed to jointly review and solve healthcare delivery challenges by engaging communities and health providers, also provided opportunities for community members to provide feedback on quality of services they receive at PHCs.

The introduction of the CSC contributed immensely to improved quality of services at the health facilities and also strengthened community participation in health decision making.

Furthermore, strengthening outreach teams and scaling -up integrated outreach services has improved delivery of essential services at the health facility level.

The Community Scorecards and Outreach teams were largely supported by MNCH2.

Outreach services now incorporate and integrate more live-saving interventions such as:

Integrated Management of Childhood Infections (IMCI), Child Spacing (FP), Antenatal Care unlike before when outreach services were conducted for immunisation services only.

IMPROVED GOVERNANCE FOR HEALTH

MNCH2 supported the Kaduna State Government in planning and development of Annual Operational Plans for the health sector. This has resulted in progressive improvement in the forecasting, planning and budgetary allocation to health interventions.

The programme has also provided technical support, in collaboration with FMOH, NHIS and development partners, for sustainable health care financing through the establishment of the Kaduna State Contributory Health Scheme. Kaduna State, with support from MNCH2 and other implementing partners, met the eligibility criteria for the Basic Health Care Provision Fund under the Federal Government of Nigeria and is one of the 16 states benefiting from the Fund.

COMMUNITY OWNERSHIP FOR IMPROVED PRIMARY HEALTH CARE

In the WHS, community involvement and ownership is key and with MNCH2's support, the State established Facility Health Committees (FHCs) in 115 facilities.

In some of these facilities where FHCs were already in existence, FHCs were only reconstituted.

The FHC members were trained and mentored on their roles as community accountability advocates and the objectives the platform serves.

These FHCs have enabled more community involvement and participation in healthcare decision making and they have proven to be an essential platform for improving quality of care and accountability at the PHCs at community level.

FHCs are local accountability committees made up of 15 community representatives, of which at least 30% are women.



At the LGA level, FHC Alliances (incorporating FHC representatives from the community level) were established to drive accountability for quality healthcare services. Similarly, the State-led accountability platform, Kaduna Maternal Accountability Mechanism (KADMAM) was inaugurated at the state level. KADMAM as a platform brings together government, Civil Society Organizations (CSOs), and media to make decisions on improving healthcare delivery in the state.

PRIMARY HEALTH CARE - A PATH TOWARDS UNIVERSAL HEALTH COVERAGE

As declared by the WHO, PHC is the bedrock for sustainable and equitable healthcare in any society. It determines how individuals connect with the health system; and a functional PHC system ensures that families and individuals are able to access the care they need in an equitable manner. This informed the efforts of the Kaduna State government towards the path to Universal Health Coverage for its citizens.

With the current efforts by Kaduna State Government, the objectives of achieving Primary Healthcare Under One Roof towards making available and accessible primary healthcare services at the PHCs and of achieving Universal Health Coverage are well within sight.