



HEALTH STRATEGY AND DELIVERY FOUNDATION

Healthcare Management Capacity Strengthening in Nigeria – A Case of Kaduna State Primary Health Care Board



Background

According to the World Health Organization (WHO), Universal Health Coverage (UHC) implies that all individuals and communities have access to the quality of healthcare services they need, when and where they need them, without financial hardship.¹ To achieve this ideal, establishing robust Primary Health Care (PHC) across countries is pivotal since it brings healthcare closer to individuals in communities without geographical, social, or financial barriers and forms the cornerstone of sustainable health systems.

Unfortunately, the state of PHC in Nigeria leaves a lot to be desired with only about 20 percent of the 30,000 PHC facilities across the country currently functioning.² In addition, most PHC facilities in Nigeria lack the capacity to provide essential healthcare services due to issues such as inadequate personnel and equipment, poor infrastructure, lack of essential drug supply, and so on. However, significant efforts are being made by the government to revitalize the PHC system in Nigeria, with varying results attained across the country.

One such effort is the recent attempt by the Kaduna State Government to revitalize and reposition its Primary Health Care system via the Kaduna PHC Management Strengthening Project [KPMSP]. According to the Executive Secretary of the Primary

Health Care Board (PHCB), ***“An assessment of the management capacity of PHC managers across all Local Government Areas revealed a huge gap leading to suboptimal systems and poor health service delivery in all PHC facilities across the***

Project Description

In 2016, the Kaduna State Government signed a 4-year tripartite Memorandum of Understanding (MOU) with the Department for International Development (DFID) and Bill & Melinda Gates Foundation (BMGF) to transform the PHC system within the state. It was under the umbrella of this MOU that the KPMSP was designed and implemented.

The overarching goal of the project was to strengthen the management capacity of PHC Managers and to improve operational efficiencies of PHC facilities through systems development and capacity-building interventions to address gaps in PHC management for quality service delivery. The intervention was designed to strengthen the management capacities of three (3) distinct levels of PHC managers cutting across 255 PHC facilities from all 23 Local Government Areas (LGAs) spread across three senatorial zones in Kaduna State. These PHC managers included:

- Facility Officers-in-Charge (OIC)
- Deputy OICs

1. Universal Health Coverage by World Health Organization

2. Primary Health Care in Nigeria: 24 Years After Olikoye Ransome Kuti's Leadership

1. LGA Directors PHC/ LGA health teams/ WDC representatives

The training cut across seven (7) different management domains including: (i) Data Management (ii) Planning/Community Relations (iii) Financial Management (iv) Human Resource Management (v) Supply Chain and Inventory Management (vi) Quality Assurance and (vii) Facility Management.

Program Approach /Methods

Stakeholder Engagement and Joint Planning

The KPMSP team engaged and obtained the buy-in of relevant stakeholders before the commencement of project activities. The engagements were conducted virtually using zoom teleconferencing due to the Covid-19 pandemic and involved several plenary sessions, focus-group discussions and breakout sessions. Key sessions included –

- **Technical Plenary Session:** Participants were introduced to the KPMSP concept, theory of change and key project outputs. They were placed in three groups comprising state and LGA officials as well as PHC Officers-in-Charge (OICs) to co-create activities, timelines and indicators across the project output areas.
- **Complementary Co-development Session:** A follow-on session was conducted where participants reviewed activities developed during the technical plenary session. Furthermore, they identified key milestones and feasibility of the activities given the Covid-19 pandemic.
- **Work Plan Harmonization and Finalization Session:** A preliminary workplan co-created with the state was then aligned with the DAI-KPMSP costed plan of activities to include exhaustive activities to ensure the accomplishment of all outputs.

Capacity Building

The capacity building phase of the intervention had had two key outputs: the in-class training of PHC Managers and on-the-job mentoring. At the beginning of this phase, the KPMSP team commenced the process of intervention facility selection, baseline assessment of the management competencies and operational efficiency at the selected PHC facilities.

- **In-Class Training:**
In-class training sessions were conducted for OICs and deputy OICs of all 255 (107 phase 1, 148 phase 2) priority facilities drawn from all the 23 LGAs of the State. The thematic areas covered include: (i) Data Management; (ii) Financial Management; (iii) Human Resources Management; (iv) Supply Chain & Inventory Management; (v) Planning & Community Relations; (vi) Facility Management; and (viii) Quality Management.

A blend of lectures, role play, group exercises and adult learning techniques were adopted in delivering the in-class training.

- **On-the-Job Mentoring:**
PHC Mentors were deployed to the intervention LGAs to provide post-training mentoring support to the PHC Managers to enable the facilities properly implement the learnings and utilization of concepts to improve facility level operations.

Program Outcomes/ Results

The first phase of the project was successfully implemented between March 2020 and August 2021. Most of the program targets and intended results were achieved including the following:

- Development of a job description and competency framework for PHC Managers
- Development of a consolidated PHC management handbook for use by PHC Managers
- Development of a PHC management curriculum for training of PHC Managers
- Trained 214 PHC managers from 10 focus LGAs. The training was conducted in six different batches
- Provision of on-the-job mentoring support for the trained PHC Managers across the phase 1 focused PHC facilities
- Strengthened the management capacities of PHC managers across five out of seven thematic areas which included: Data Management, Financial Management, Quality Assurance, Human Resource Management, Supply Chain and Inventory Management.

The second phase of the project was implemented between October 2021 and June 2022, with the following key achievements:

- Trained 148 PHC managers from 13 focus LGAs. The training was conducted in four different batches
- Provision of on-the-job mentoring support for the trained PHC Managers across the phase 2 focused PHC facilities on all 7 thematic areas.
- Orientation of staff of Local Government Health Authority, Zonal Offices and representatives from the Ward Development Committees.

Reflecting on the overall impact of the capacity-building program, the Executive Secretary of the Kaduna State Primary Healthcare Board stated:

“I have learned a lot more from the KPMSP than the OICs themselves. This entire exercise has created an avenue for us to engage directly with the Facility Managers. It has shown us that the Primary Health Care Under One Roof [PHCUOR] as we previously implemented it, did not percolate down to the PHC facilities. It was essentially limited to the Zonal and LGA levels. The new insight gained has informed the SPHCB to conduct “Management Team Leg Work” – We have

- ***made it a case in point for Management at both Headquarters and Zonal offices to visit a series of PHC facilities every quarter to do a makeover of Human Resources, Service Delivery & Infrastructure.***

When asked about the relevance of the entire intervention to the improvement of the Kaduna State Primary Health Care Board, the Director of Administration and Human Resources commented:

“I most sincerely consider this intervention a timely one. This is because I see it as a very big ‘make-up’ for the OICs. Make-up in terms of making up for lost knowledge or knowledge that was mostly not even there in the first place. I like the fact that the modules targeted real deficiencies that have bedeviled the PHC system for years and I look forward to our regular interactions to review the results of the intervention.”

Key Success Factors

Reflecting on the key success factors for the KPMSP, one of the Project Managers highlighted four main factors which included:

I. Government Support

This was perhaps the most critical success factor in achieving the project results. While the funding came from the Bill and Melinda Gates Foundation, the Kaduna State Government was the project host, and showed keen interest and commitment to the success of the project.

According to the Project Manager, “HSDF enjoyed massive support from the Kaduna State Government, especially from the Executive Secretary of the SPHCB, which in turn helped him to gain more understanding of the entire PHC system.”

“What surprised me most was the level of engagement of the ES”, he added. “What is common in this type of intervention is that key government officials usually send their representatives. But the ES was physically present during all the training sessions. He did not only attend but was fully engaged. In fact, he was more engaged than most of the OIC being trained!”

II. Quality of Personnel

HSDF also had very resourceful personnel on the project team. According to the Project Manager, ***“We had the best of two worlds – both HSDF and SCIDaR. For example, the SCIDaR team had people who were very good with analytics, reviewing documents, and preparing PowerPoint presentations. While on the HSDF side, we had personnel who were great at stakeholder engagement, information sourcing, etc.”*** This helped in making our approach to the project very organized and effective.

III. Collaboration

The project team not only comprised individuals with top-notch skillsets, knowledge, and experience, but also had individuals who were willing to work together as a team to achieve the core objectives of the project.

Commenting on this, the Project Manager stated, ***“We had a strong team from both organizations who displayed a high level of team spirit. This ensured seamless information sharing and was also reflected in our interaction with external stakeholders during the project.”***

IV. Scope of Training

Another important success factor was the scope of the KPMSP. The program did not only focus on building the clinical capacities of the PHC managers. It covered non-clinical themes which were critical to the overall effectiveness of the PHC facilities.

According to one of the program managers, ***“Running a PHC facility is more than having good clinical expertise. As a manager, you need to know how to manage the financial and human resources at your disposal. You also need to be able to manage information and other material resources such as drugs, equipment, etc. So, the entire program scope was rich and holistic.”***

Challenges and Mitigation

• Unavailability of relevant stakeholders

There was difficulty in getting some key stakeholders to review project documents due to competing activities. For instance, SPHCB mentors were preoccupied with their routine duties and responsibilities at the Board which constituted a risk to their availability for facilitation during the in-class training sessions.

According to one of the Project Managers, ***“Mentors often had difficulty gaining the attention of the PHC Managers due to their competing work obligations, participation in other training activities within and outside the PHC facility, visit by partners and state supervisors, etc. We had to obtain their respective schedule of activities and schedule our visits around periods when the facilities were less congested.”***

• Insecurity

Some of the selected PHC facilities were in LGAs that were prone to attacks and banditry, which hindered intervention implementation in these facilities. Commenting on this, the Project Manager stated, “To keep making progress, we had to constantly reassess the security status of these areas before deploying to the PHC facilities.”

- **COVID-19 Pandemic**

The outbreak of the Coronavirus and the subsequent lockdown constituted another major challenge during the project. The restrictions in movement and social gatherings affected the implementation of activities such as in-class training, which resulted in major alterations to the initial capacity-building approach.

“We had to review our initial work plan, adjust the timelines of key activities and adopt a hybrid model to allow for continuous implementation of project activities. We also had to roll out the training in batches to comply with the State’s policy limiting the number of persons for social gatherings.”

Key Priorities and Next Steps

- I. Going forward, it is important to consolidate the gains from the first phase of the KPMSF by ensuring continuous mentoring and coaching of OICs and other facility staff. There is also a need to institutionalize the capacity-building process by producing management handbooks for PHC Managers. These handbooks will be distributed to all PHC facilities within the State and be kept as part of the State’s “Institutional Memory”.



Data Management for Officers-in-Charge and Deputy Officers-in-Charge of PHCs



Participants at the OIC Management Capacity Training



Orientation Workshop for Ward Development Committees (WDCs)



Train the Trainer Session: Supply chain training team and other participants



Train the Trainer Session: Data management training team and other participants



Stakeholder engagement meeting [HRH-TWG, OHoS, BPSR, SPHCB, SMOH]