STRATEGIES FOR STRENGTHENING THE SECONDARY HEALTH CARE (SHC) DELIVERY SERVICE

FEDERAL MINISTRY OF HEALTH, ABUJA
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The Committee developed strategies for strengthening the Secondary Health Care delivery service under the following areas of focus:

i. Strategies to improve Secondary Health Care Delivery based on the WHO guidelines and within the context of Health Sector Reform Programme (HSRP)
ii. Design basic indicators: Input (resources), activities output (performances) and outcome (quality)
iii. Guidelines for developing human resources for health at secondary health care level.

I. **Strategies to improve Secondary Health Care Delivery based on the WHO guidelines and within the context of Health Sector Reform Programme (HSRP)**

The Committee examined the existing frameworks and performance of SHC in Nigeria; based on WHO guidelines and within the context of Health Sector Reform (HSR) Programme. Its observed that Secondary Health Care Delivery System has not achieved the intended target and purpose, because the States are not paying enough attention and commitment to SHC services. This resulted in the establishment of a Task Force on SHC in 1990 to understudy the existing framework and recommend to the committee measures to improve SHC in Nigeria.

The Report of the National Task Force on Secondary Health Care (Vol.I) recommended the following:

(a) A minimum of 10% of the state annual budget should be allocated to the Health Care Delivery System.
(b) Reduction in infant mortality and maternal mortality rates by improving access to ANC and other healthcare facilities.
(c) Emphasis on the guidelines of instruments/equipments to be used at SHC level, as recommended in the guideline for equipment procurement to Nigeria.

The Committee highlighted the basic problems facing Secondary Health Care and recommended the following strategies to improve the Secondary Health Care Delivery System in Nigeria;

GOAL	PROBLEMS	STRATEGIES
To improve the Secondary Health Care Delivery System in Nigeria	(1) **LEGISLATION** Due to lack of legislation, all the stakeholders involved in providing	(a) To use National Health Policy & HSR documents as a "basic framework to develop & pass

GOAL	PROBLEMS	STRATEGIES
	the Secondary Health Service have not been performing their roles & responsibilities according to policy guidelines.	National Health Act. (b) The State Bill should be derived from the National Health Policy such that the Secondary Health Care System is given priority attention. (c) Bodies shall be set up for the implementation at both Federal & States levels and collaboration between the two should be encouraged. (d) Collaboration between the bodies responsible for monitoring and evaluation (M & E) at the Federal & States should be encouraged.
	(2) **STRUCTURES** • Most of the buildings are dilapidated • Uneven distribution of facilities • Inadequate maintenance culture • Abandoned projects • Lack of optimal use of facilities	(a) To develop a national standard design of a SHC facility in terms of physical structures to be used by the stackholders. (b) Classification of SHC facilities should determine minimum number of Departments in each faculty. (c) There should be at least one well equipped and functional SHC facility in each LGA in the state, and the location should be based on need; (d) Competent professionals to be involved in the design & building of these facilities; (e) Adequate funds should be provided for the completion &

GOAL	PROBLEMS	STRATEGIES
		commissioning of the projects.
	(3**) EQUIPMENT** • There is acute shortage of basic equipment; • Most of the equipment are obsolete; and not procured according to needs and technical specifications, • Poor maintenance culture.	• Facilitate the Development of National Health Equipment Procurement Policy. • The Implementation of the Health Equipment Policy & the standardized basic SHC equipment list will ensure: (a) Ensure procurement of the right quantity & quality of equipment (b) guarantee maintenance & proper use of equipment
	(4) **DRUGS & SUPPLIES** • unavailability of adequate essential drugs & consumables; • Inadequate funds; • Fake and sub-standard drugs; • Poor management of the DRF system.	• Improve funding; • Bulk purchase after due quantification of drugs at state level should be encouraged • Revitalization of Drug Revolving Fund at the SHC facilities. • Proper drugs storage facilities should be provided. • Purchase from NAFDAC-registered manufacturers & NAFDAC registered products only.
	(5**) HUMAN RESOURCES** • shortage of skilled staff • lack of continuing education (capacity building) • poor motivation/incentives • wrong distribution	• Recruitment should be based on location & needs of the various Hospitals. • On the job & in service training should be encouraged. • Incentives provided for rural posting; • Salaries & wages should be paid regularly. • Development of and adherence

GOAL	PROBLEMS	STRATEGIES
		to the scheme of service • The use of IT should be encouraged in the Health System
	(6) **BASIC AMENITIES (UTILITIES)** • Basic amenities are lacking in most of the facilities, especially in the rural areas.	• Provision of the basic amenities especially in the rural areas e.g. potable water, electricity, good road network, and conducive accommodations.
	(7) **FUNDING** • Poor funding of SHC • The untimely & irregular release of funds makes planning difficult. • Non-implementation of Budget	• The budgetary allocation to the SHC according to WHO guidelines (15% of total annual budget) should be encouraged. • Private Public Partnership (PPP) should be encouraged. • Capable individuals should be encouraged to invest in achieving the SHC Delivery System. • Voluntary Agencies/NGOs should be encouraged to assist.
	(8) **MANAGEMENT** • Lack of managerial skills for Health Professionals; • Limited available Health Human Resource is ineffective and inefficient for service delivery • Culture of corruption and self –interest in management.	• Potential officers to become heads of the Hospital should be encouraged to attend managerial training courses before they become heads of Hospitals • The culture of Due Process should be encouraged in all aspects of Hospital Management
	(9**) HEALTH MANAGEMENT INFORMATION SYSTEM** • Poor data collection; • Inadequate planning	• Establish a Health Management Information System Units (HMIS) with effective medical records.

GOAL	PROBLEMS	STRATEGIES
	• Where data is available it is not used in planning & decision making at the Hospitals • Lack of reliable data returns from facilities to SMOH.	• Encourage the use of data for evidence based planning and decision making • Ensure regular returns of adequate data to SMOH.
	(10) **COMMUNITY PARTICIPATION AND OWNERSHIP** • Lack of involvement of host communities in the establishment and running of facilities • Lack of awareness, commitment, enlightenment and knowledge on the part of the Communities and those involved in the management of facilities	• The establishment of Hospital Committee with adequate community representation • Develop the skills of the Health workers in community mobilization.
	(11**)** **PRIVATE SECTOR PARTICIPATION** • Inadequate involvement of private sector participation in SHC delivery.	• Develop closer cooperation with the private sector in terms of sharing of information; equipment standardization, and other standards etc; • To encourage PPP.
	(12) **REFERRAL SYSTEM** • Poor & uncoordinated referral system • Lack of feed back mechanism in the referral system	• Establish a two-way referral system in all tiers of Health care Delivery. • There should be guidelines to formalize referral system

II. The Committee developed the following action plan based on the seven thrusts of the HSRP:

S/N	ACTIVITIES	INPUT	OUTPUT	RESPONSIBILITY	TIME FRAME	M & E indicators
A.	**Improving Stewardship Role of the State Government**					
1.	Advocacy	- FMOH & SMOH - funds for traveling - secretariat support	No. of advocacy visits conducted	FMOH SMOH		
2.	Identify priority health needs of the state	Committee – Resource Persons	Report	SMOH		
3.	Development of State Health Policy & 5-year Strategic Plan	Committee to develop and review state health policy, drug policy etc. & strategic health plan. SCH - approval SEC – approval (State Executive Council) SASS – enactment	state health policy, Drug policy, essential drug lists etc and Strategic health plan prepared, approved and widely disseminated	SMOH		
4.	Enactment of State Health Act	Committee Funds for meetings SEC - approval SASS – enactment SEC – approval (SASS – State Assembly) SASS – enactment	State Health Act enacted	SMOH		
5.	Preparation of SEEDS. Approval by SCH & SEC.	Committee on HSR HSR-Implementation Committee Fund for meetings	SEEDS developed and approved	SMOH		
B.	**Strengthen the State Health System and its Management**					
1.	- Strengthening Health Management System -Revision of state health management structures & institutions.	State Health Policy State HSR State Health Act Fund for meetings	State health management systems strengthened	SMOH		
2.	Establish/ strengthen S.H. Management Board	State Health Policy State HSR	HMB established/ strengthened.	SMOH		

S/N	ACTIVITIES	INPUT	OUTPUT	RESPONSIBILITY	TIME FRAME	M & E indicators
	Re-define SHMB responsibilities	State Health Act Fund for meetings	Roles of SHMB defined	"		
3.	Strengthening the HMIS - provision of HMIS minimum package for SMOH & SHC facilities - effective coordination between the HMIS Unit and health facilities.	- Provision of HMIS minimum package at SMOH &health facilities - Design data base forms for collection of information. - Production of State health bulletin.	HMIS minimum package provided at the SMOH & SHC facilities Database from designed, produced & widely disseminated State health bulletin produced and disseminated	SMOH		
C.	**Reduction of Disease Burden**					
1.	Determine the disease burden of the state and develop strategic plan for combating each identified health problem.	Consultant/Resource Persons Conduct survey	State disease burden determined	SMOH		
2.	Promoting healthy life styles. - Health Education – advocacy, campaign for acceptance of immunization etc.	-community education - enlightenment programmes IEC, advocacy - educate the population on prevention & treatment of health problems	Awareness created for healthy life styles	SMOH NPI		
3.	Improving ANC attendance and delivery at health facilities.	-community education - enlightenment programmes IEC, advocacy educate the population in prevention and treatment of pregnancy related problems.	Increased ANC attendance and deliveries in health facilities	SMOH		
4.	Strengthening programmes/initiatives for reduction/eradication/ control of specific disease e.g HIV/AIDs, TB, Malaria and other major	Provide equipment Train staff	Programmes/ initiatives strengthened			

S/N	ACTIVITIES	INPUT	OUTPUT	RESPONSIBILITY	TIME FRAME	M & E indicators
	communicable & non-communicable diseases					
5.	Early detection and response to Epidemics, - strengthen the EPR Unit	Provide equipment, Capacity building in EPR for Staff.	An effective EPR Unit	SMOH		
D	**Improving availability of H. Resources & management**					
1.	Revitalize SHC facilities - improve infrastructure - facilities – equipment - adequate health human resources - availability of essential drugs and other consumables	Renovation/refurbishment of buildings, equipment Procurement of equipment Capacity building. Procurement of essential drugs and other consumables	Effective and functional health facilities	SMOH		
2.	Construction and institutionalization of state health accounts (SHA)	Consultants Provide equipment Training	SHA constructed and institutionalized Improved financial resource allocation	SMOH		
3.	Development and implementation of a comprehensive health care financing strategy in line with the NHIS, PFIs	Advocacy Payment of premiums	Healthcare financing strategy developed	FMOH, SMOH, Private Institutions		
4.	Development of a state health human resource policy and strategy in line with the National guidelines	Set up Committee	Motivated health personnel	HMB SMOH		
5a.	Strengthen the existing maintenance system to facilitate an enduring maintenance culture	- resource persons - adequate financing. - adequate provision of maintenance equipment	maintenance system strengthened	SMOH		
b.	Strengthen the facilities' Maintenance Units	Infrastructure – rehabilitated Provision of equipment in line with standard national	Effective & functional maintenance units			

S/N	ACTIVITIES	INPUT	OUTPUT	RESPONSIBILITY	TIME FRAME	M & E indicators
		equipment list				
6.	Collaboration with the National Maintenance Training Centres	- Training - Equipment repairs Technicians to visit for maintenance and on-the-job-training.	Improved technical know-how	Regional Maintenance Training Centrs FMOH		
7.	Revitalization of revolving funds for drugs, laboratories, mortuaries, theatres, radiology etc. that will ensure availability and sustainability of these services	- Funding - Improve revenue collection by establishment of Bank cash collection centres - Training of staff	Revolving funds revitalized	SMOH		
E	**Improving Access to Quality Health Services**					
1	Coordinate between primary, secondary & tertiary health care services	Strengthen the referral system Provide communication facilities, ambulance, vehicles, speed boats, motorcycles, bicycles etc. Rehabilitation&/or construction of roads	Effective referral system	FMOH / SMOH		
2.	Provision of access to minimum package of health services in line with national standards	Effective & functional health facilities	Minimum package provided to individuals at health facilities	SMOH Health facilities		
3.	Develop a strategy to improve health staff attitude, morale and commitment.	Enhanced remuneration & incentives for health workers	Committed health workers	SMOH SMOF / Establishment		
4.	Establish a M & E system and capacity to measure performance of health programmes & institutions	Develop a M&E manual with indicators	M & E system established.	SMOH		
F	**Improving Consumer Awareness/Community Involvement**					
1	Establish Community	Advocacy, mobilization &	Community	SMOH		

S/N	ACTIVITIES	INPUT	OUTPUT	RESPONSIBILITY	TIME FRAME	M & E indicators
	associations	sensitization of communities through community leaders, associations, religious leaders, NGOs etc.	associations established and sensitized	Communities		
2	Define roles & responsibilities of communities	State Health Policy SEEDS (HSR document)	Roles & responsibilities of communities defined	SMOH Communities		
3	Community participation in provision & financing of health services	CBIS, community health projects				
4	Design Communication Strategies	Consultant/resource persons Funds for meetings	BCC developed			
5	Collaboration with Partners at community level.					
6.	Educational programmes to eradicate illiteracy	Conduct educational programmes in collaboration with SMOE	Community members educated	SMOH SMOE		
G.	**Priority Effective Partnership/Collaboration & Coordination**					
1.	PPP in non-clinical and some clinical services such as radiology, mortuary, laboratory & for non-clinical services security, cleaning, catering etc.	Outsourcing signing of MOUs and contract agreements	PPP established	SMOH Private individuals/ organizations/NGOs		
2	Design implementation strategy for strengthening coordination between primary & secondary healthcare	Consultant meetings	Strategies for strengthening coordination designed	SMOH Consultants		

III. GUIDELINES FOR DEVELOPING HEALTH HUMAN RESOURCES AT SECONDARY HEALTH CARE LEVEL.

INTRODUCTION

In any organization, the work force is one of the most important factors. More so in the health sector where sustenance of life is one of the most important functions.

The revised National Health Human Resource Policy (HHRP) also emphasizes the importance of manpower development in the health sector and also retains the workforce to realize the objective of a level of care consistent with achieving socially and economically productive lives.
Further impetus was given to the development of human resources for health in the 1988 National Health Policy as well as in the outcomes of the National Health summit of 1995, which led to a major policy review in 1996. Consequently the Health Human Resources Development Policy that was envisaged was designed to respond to the inadequacies of past plans and to facilitate effective delivery of health services now and in the future.

The present situation show that there exists a Draft Policy on Health Human Resources However, the following problems were identified:

a. Inadequate funding;
b. The relevant baseline data on health professionals are inadequate;
c. The structures and mechanism on ground are not yet institutional and that there is need for them to be strengthened;
d. Intersectoral collaboration among Ministries Agencies, Professional bodies and private sector organizations is weak.
e. The structure of health human resources is weak;
f. Lack of strategic planning for human resources development;
g. Lack of political will and administrative capabilities to implement Health Human Resources Development;
h. The Health Human Resources Development Institutions are unevenly distributed, or non existence or dilapidated;
i. The available administrative and management personnel are inefficient and too centralized;
j. In service and continuous education programme are not well organized;
k. Health professionals are mostly in urban areas at the expense of the rural areas; and
l. Integration of all other unorthodox health systems is minimal.

OBJECTIVES

The objectives of the National Health Human Resources for Health development as it relates to Secondary Health Care level are:

1. Provision of adequate qualitative and quantitative manpower through the active participation of formal channels of education and health training institutions;
2. Promotion of appropriate programmes and curricula for training of health human resources in universities and other health training institutions;
3. Provision of an enabling environment for equitable distribution of manpower for health in the under served areas;
4. Effective utilization of human resources for health and facilities at the Secondary Health Care level.
5. To control and regulate practice within health human resources sector.
6. To develop and maintain efficient information and data collection system.

GUIDELINES FOR DEVELOPING HEALTH HUMAN RESOURCES AT THE SECONDARY HEALTH CARE LEVEL.

The guidelines are as follows:

1. Ensuring adequate workforce planning and development.
2. Appropriate staff management and administration.
3. Establishing adequate data base for regular monitoring and evaluation.
4. Provision of conducive environment.
5. Strengthening the regulatory agencies for effective control of HHRD.
6. Ensuring implementation of policies through publicity and advocacy.
7. Ensuring adequate funding for all components of HHRD.
8. Networking to promote intersectoral collaboration in HHRD development.
9. Adapting commonwealth code of practice for international recruitment.

1. ADEQUATE WORKFORCE PLANNING AND DEVELOPMENT

The absence of planning has affected health human resources development in several ways:
Thus for effective health care at the secondary level, it is not only desirable to produce enough but the right quality of all cadres of health care professionals.
The Departments of Planning Research and Statistics in the States Ministries of Health should be responsible in carrying out the policies of health human resources development.
The policy should aim at:

1. Revitalizing and providing appropriate and quality HHRDs.
2. Ensuring adequate staff with appropriate training in line with the health sector development plans.
3. Strengthening the capacity of HHRD to comply with two way referral system whereby cases are referred to higher order facilities and also obtaining feedback on outcome.
4. Developing health human resources information system.
5. Promoting collaboration among HHRD across state and with those in Cognate Tertiary Health Care institutions where applicable.

2. SUPERVISION AND THE REGULATORY BODIES

In order to develop and sustain the policy in HHRD, the Federal Ministry of Health should play a coordinating role in the setting of standards, collating, and disseminating of data on them. At the State Government level, States Ministries of Health should ensure the implementation of the approved guidelines in its areas of jurisdiction.

- States Ministries of Health should monitor and evaluate annually, the status and quality of HHRD in private and public sector facilities in the state and impose sanctions where appropriate.
- The States Ministries of Health should co-ordinate and collate information on the number, distribution of Health Human Resources for Health in the State.
- The States should transmit data on HHRD to the Federal Ministry of Health quarterly and it should disseminate data on HHRD annually.

The Regulatory Bodies should;

(a) Guarantee adequate training and re-training of HHR;
(b) Determine the appropriate curricula for the training of HHR to meet the needs of the states.
(c) Ensure that training institutions maintain the minimum standard in staffing and facilities in line with establishment of guideline for HHRD training.
(d) Issue licenses and certificates of registration promptly, and provide necessary data to FMOH.
(e) Monitor and control the activities of HHRD in Private and Public Sector, and impose sanctions where appropriate.
(f) In collaboration with FMOH, review the registration and distribution of health facilities all over the country in line with the provision of the National Health Policy.

3. MANAGEMENT AND ADMINISTRATION OF HEALTH HUMAN RESOURCES

Effective and efficient delivery of health care services demands proper management and administration of Health Human Resources. It is paramount to ensure that services are accessible to all and sundry.

This implies that they are equitably distributed and within easy reach of the population. Efforts should be made to create an enabling environment for retention of highly trained health personnel who otherwise will seek opportunities in other parts of the world where their services are also needed and are likely to enjoy better working conditions.

The State Government in collaboration with Federal Government and other relevant bodies should implement;

a. Appropriate schemes of service for different categories of health workers.
b. Appropriate conditions of service particular to health workers
c. Put in place personnel policies to ensure conducive atmosphere for the proper performance of functions.

The state government should:

a. create conducive atmosphere that will induce health workers to serve anywhere their service are required in the states and contain brain –drain:
b. Improve production and quality of HHRD.

c. Ensure that the Health Human Resources Development (HRHD) Branch /Unit shall be headed by professionally trained Health Planner/Health Administrator.
The State Government should comply with rules and regulation from both the Federal Government and professional regulatory bodies. They should in addition ensure that welfare package and incentives are provided for their health workers within available resources.

4. FINANCING HEALTH HUMAN RESOURCES

The implementation of any programme depends to a large extent on the availability of the financial resources needed to carry out approved activities. It is therefore vital for states government to provide adequate funding for the implementation of HHRD policy without which the aims and objectives may not be realized.
The policy prescribes the following for increased funding.

a. The budgetary allocation for health in the states shall not be less than 15% of the annual budget.
b. Minimum of 15% of the health allocation shall be devoted to HHRD.
c. All health training institutions under the State Governments shall make financial provisions in their annual budgets for training and re-training of their staff.
d. States shall be encouraged to create special inducement funds for health workers posted to rural areas.
e. Private-sector establishments shall be encouraged to fund HHRD activities and this shall be tax deductible where it is not statutory binding on them.
f. Private sector participation in HHRD through foundations, philanthropies, and endowments shall be encouraged.

5. MONITORING AND EVALUATION

The State Ministries of Health (SMOH) shall be responsible for the Monitoring and Evaluation of HHRD norms and standards with associated materials and equipment in state health services and health care institutions.

5.1 There shall be monitoring and evaluation branch/unit in every SMOH.
5.2 There shall be cooperation between the State Ministries of Health and Professional Regulatory Bodies on Monitoring and Evaluation.
5.3 State Institutions for health personnel training and health care shall submit annual monitoring and evaluation reports and work plans to the SMOH.
5.4 SMOH, relevant professional regulatory bodies and training institutions shall review curricula to ensure compliance with HHRD norms and standards.
5.5 Monitoring and Evaluation reports shall contribute significantly to personnel training, placement and reward.
5.6 SMOH shall, through research and other means determine and ensure HHRD standards in health services, personnel education and training.
5.7 All health care facilities, personnel and services in the state shall be subject to monitoring and evaluation by the SMOH annually.
5.8 SMOH shall ensure compliance with HHRD norms and standards by Local Government Councils.
5.9 SMOH shall submit annual workplans and Monitoring and Evaluation reports on HHRD to Federal Ministry of Health.