

Risk Factors and Opportunities in the Scale-Up of Basic Minimum Package of Health Services by the Basic Health Care Provision Fund in Kogi State

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ABSTRACT

The epidemiologic approach was used to conduct the cross-sectional survey to observe and identify supply-side risks qualitatively and quantitatively linked to the determinants of the outcomes for Basic Health Care Provision Fund (BHCPF) implementation.

The data analysis was conducted on survey datasets obtained from the stratified random sampling based on Integrated Supportive Supervision survey, (n=127) that received Decentralized Facility Financing (DFF) not after the 30th of September, 2022 from a population of 220 PHCs eligible for DFF) .

Evaluative research is crucial to improving systems and services at 220 BHCPF designated sites, to ensure that strengths are rewarded, weaknesses observed compared to the expectations for outcomes in the intervention linked to risk factors compared to SDGs targets

Key Words: Risk Factors, Basic Healthcare Provision Fund, Basic Minimum Package of Health Services, Integrated Supportive Supervisory Visit, Epidemiologic Approach, Kogi State Primary Health Care Development Agency (KSPHCDA)

INTRODUCTION

Background Information

The descriptive cross-sectional survey (3-Day Integrated Supportive Supervisory (*ISS*) process) was conducted through the epidemiologic approach to observe the performance of Financial Management, Funds Utilization, Service Delivery, Essential Drugs, Water Supply, Power Supply, Human Resources, Waste Management, and Governance practices. The data from the survey provided insight into identifying supply-side risks qualitatively and quantitatively linked to the determinants of the outcomes for Basic Health Care Provision Fund (BHCPF) in view of Kogi State 556/100000 MMR being higher than the National 512/100000 MMR according to Kogi State Health Sector MTSS 2022-2024 and NDHS 2018 respectively with an associated socio-ecological risk of 0.66/1000 HRH density at the basic obstetric care level in line with the NBS 2016 population estimates for the Kogi State.

The 2022 third quarter *ISS* survey, was focused on the identification and characterization of the supply and demand-side risks linked to the determinants of the optimization and integration of public health interventions at Basic Health Provision Fund Sites.

Justification

The cross-sectional analysis of *ISS* survey was designed to provide evidence for inference to indicate the performance and risks associative of the determinants that characterize Infrastructure, Financing, Inputs,

Service delivery, Outputs and Outcomes. The implications of non-performance as an associative risk factor of consequences of weaknesses in the scale-up of BMPHS and uptake by vulnerable and hard-to-reach population.

Objectives of the Study

The study has the following specific objectives: -

1. To identify risk factors responsible for non-performance of several indicators linked to the provision of Basic Minimum Package of Health Services.
2. To quantify the supply-side systems strengthening performance outcomes through descriptive cross-sectional analysis of data connected to integrated supportive supervisory visit/survey through epidemiologic approach.

Research Questions

1. What are the associative risk factors that determine the uptake of BMPHS by vulnerable and hard-to-reach population?
2. Does a risk factors such as lack of ownership by the community leadership, WDC and the health care provider of the BHCPF interventions contribute to non-performance of uptake of BMPHS?
3. What are the weaknesses in the intervention that reduce the level of the achievement of expected targets in all thematic areas cross-examined?

Research Hypothesis

There is no correlation between Decentralized Facility Financing (DFF) release (n=127) and the non-performance of set targets for infrastructure, improving skilled birth attendant availability, assessing essential drugs and also demand for Basic Minimum Package of Health Services by enrollee.

H₀: $r=0$ (the correlation coefficient is equal to zero in the population)

H₁: $r \neq 0$ (the correlation coefficient is not equal to zero in the population).

We reject null hypothesis if $\text{Sig} < 0.05$

Definition Of Key Terms

General

An **epidemiologic approach** characterizes the identification and quantification of the determinants of the health needs of a population or the collective health status of people rather than focusing primarily on managing individual cases, an approach aimed at ensuring the accessibility to and scalability of simplified and standardized approaches to the provision of equitable and high-quality services and medicines with optimization of uptake at the population level due to best practices and what is feasible on a large scale in resource-limited settings focused on a public health approach.

Integrated Supportive Supervisory Visit is a process by a multidisciplinary team to ascertain performance and standardization through research and to provide guidance and leadership in the strengthening of health systems and services through mentorship.

Risk Factors are weaknesses or gaps that determine the outcomes from interventions and when they are not observed and linked to priority action for mitigation could lead to non-performance.

Basic Healthcare Provision Fund is a three-pronged approach to the financing of the strengthening of health systems and services at basic obstetric care or primary health care level backed-up by the 2014 NHA and

derived from 1% of the consolidated revenue fund to promote Universal Health Coverage through the NPHCDA, NHIS and CDC Gateway

Basic Minimum Package of Health Services (BMPHS) refers to availability and scalability of standardized and equitable health services that are affordable at the basic obstetric care level covering RMNCEAH+N, Control of other Communicable Diseases, Nutrition, Emergency services, Health promotion and Education, morbidity,

LITERATURE REVIEW

Epidemiology Of Risk Factors Associative Of Determinants Of Outcomes At Phc

The transformational role of the PHC as the entry point to the promotion of health and prevention of morbidity in addition to diagnosis, treatment and care is a logical and crucial focus in primary care development. Primary care, particularly when established with a clear responsibility of empanelment or registration, for the population is the building block of and the appropriate location of public health interventions, WHO 2018.

The Kogi State milieu of 0.66/1000 health worker density at basic obstetric care compared to the WHO benchmark of 2.43/1000 within the scope of <24 hours services to clients is further exacerbated by several risk factors that determine maternal and child mortality globally since Nigeria is the second largest contributor with an estimated loss of 145 women and 2,300 children daily. In 2021, a population of 199, 862 infants (within the age of 29 days to 11 months) constituted the modal class of total facility attendance in Kogi State according to the DHIS 2 compared to 182, 349 women of reproductive age class in the contemporaneous period. The infant and under-five mortality rate in 2013 were 128 and 69 per 1000 respectively, NBS 2015. The infant and under-five mortality rate declined by 21% and 34% respectively between 1990 and 2013 which was considered slower compared to WHO expected under-five mortality rate of 105/1000 live births in 2015 or 760,000 mortality in Nigeria.

45% and 28% of Nigerians live on <\$2 and <\$1.25 respectively per day according to World Development indicators while average visit cost per child client is \$2.30 compared to \$3.20 average visit cost per adult in Kogi State, World Bank 2013. Also, Kogi State service delivery indicators shows that user registration fee was \$1.7, of which child consultation as part of user fees was \$1 compared to user fees of \$1.5 as part of adult consultation in 2013. The evaluation of provider competence in terms of capacity to manage maternal and neonatal complications in Kogi State at 2013 was 4% compared to a 50% capacity to correctly diagnose common conditions. The worker density in Nigeria of 2.52 per 1000 population is competitive compared to WHO benchmark of 2.43 however, the minimum equipment and infrastructure were 20% and 23% respectively, World Bank 2014.

The availability of essential drugs, availability of vaccines, the minimum equipment and minimum infrastructure were 46%, 80%, 17% and 10% respectively.

Determinants That Characterize Bhcpf Iss Indicators

Primary care worldwide has been shown to be associated with the capacity for enhanced access to health services by vulnerable and hard-to-reach population, better health outcomes, and a decrease in hospitalization and emergency department visit. The Basic Health Care Provision Fund (BHCPF) two approaches towards the improvement of service delivery at ward level is through the Decentralized Facility Financing (DFF) to support critical infrastructure, improving skilled HRH availability, assessing essential drugs and also demand for Basic Minimum Package of Health Services from supply-side or PHC at no cost by enrollees, vulnerable and hard-to-reach population in Kogi State a bid to achieve the Universal Health Coverage.

The 2014 National Health Act has over-arching goal in addressing salient health financing challenges and as such established the Basic Health Care Provision Fund to

be financed by grants from the Federal Government annual (not <1%) from its consolidated revenue fund; international donor partners; and funds from any other source. 50% allocation of the fund is to provide Basic Minimum Package of Health Services (BMPHS) to eligible citizens or enrollees, as required by the National Health Insurance Scheme (NHIS); 20% allocation of the fund is to provide essential drugs, vaccines, and consumables for eligible primary health care facilities; 15% allocation is for the provision and maintenance of facilities, equipment, and transport for eligible primary health care facilities; 10% allocation is to the development of human resources for PHC; and 5% is allocated toward emergency medical treatment. Jimoh A. 2014. Gaps in the infrastructure, drugs, equipment, and vaccines could partially be addressed through financing.

The National Primary Healthcare Development Agency (NPHCDA), BHCPF Gateway is focused on funding Basic Minimum Package of Health Services to improve the fiscal space for health, strengthen health systems particularly at the PHC level to ensure access for all especially vulnerable population. ₦132,330,220 was disbursed in May 2022 to 220 PHCs across Kogi State. The biannual Integrated Supportive Supervision covered 127 selected Basic Health Care Provision Fund (BHCPF) designated HCFs representative of at >57% of the 220 HCFs offering Basic Minimum Package of Health Services through the provision of qualitative and equitable RMNCAEH+N, Control of other Communicable Morbidities, Nutrition, Basic Emergency and Health Promotion and Education services to NHIS enrollees and non-enrollees that are vulnerable population who access services to cross-examine and proffer proactive recommendations on the challenges affecting processes in service delivery to clients that are risks factors affecting uptake of scale-up of services in the light of the “One-Health Approach” to reaching 70/100,000 live births maternal mortality rate SDGs target by 2030.

The systems strengthening focus of the survey provided the opportunity for synthesis of descriptive cross-sectional analysis of data obtained from integrated supportive supervisory visit. Mentorship of Local Government Health Authority HRH at the HCF was conducted to achieve the streamlining of the delivery of equitable and qualitative services with quarterly Decentralized Facility Financing release of ₦601,501 per PHC for the second and third quarter of 2022 from the BHCPF.

METHODOLOGY

Study Design

The non-exposure assigning cross-sectional survey was based on stratified random sampling (n=127) from a population of 220 PHCs that received DFF not after the 30th of September, 2022 as criteria with indicators that capture data on the performance of BHCPF Financial System, Fund Utilization/Capital Project, Meeting, Service Delivery, Water, Electricity, Human Resources for Health (HRH), Waste Management and Governance.

Study Area

The study was conducted in 14 out of 21 Local Government Areas LGAs of Kogi State, with a population of 127 HCF and a 0.66/1000 ratio for human resources for health (HRH) density at basic obstetric care or PHC in line with NPC/NBS 2016 population forecast of 4,473,490 for 2022. Kogi State was created on the 27th of August, 1991 and exists in the North Central geopolitical zone of Nigeria and occupies a land mass of 29,833 square kilometers located on 7°30'N and 6°42'E. The divisions in the state comprise of Igala, Ebira, Kabba, Kogi and Yoruba.

Method of Data Collection

The semi-structured checklist was revised at plenary by 30 Integrated State Supervisory team members. The questionnaire was pre-tested prior to administration at the HCFs during the Bi-Annual Integrated Supportive Supervision to 127 designated BHCPF HCFs which was conducted between the 28th to 29th November, 2022 to identify performance of indicators covering several thematic areas of focus which include; Financial System, Fund Utilization/Capital Project, Meeting, Service Delivery, Water, Electricity, Human Resources for Health (HRH), Waste Management and Governance.

Data Collection Procedure

The checklist was administered at the HCFs during the Bi-Annual Integrated Supportive Supervision of 127 designated BHCPF HCFs which was conducted through information disseminated to the officer-in-charge prior to the recording of subjective and objective responses of the respondents on the hard copy of the checklist during a 30-60 minutes period by 30 field data collectors and submitted for analysis after a two-day period.

Study Instrument

The semi-structured checklist covered 5 demographic and 36 categorical indicators which were used to capture the data from 127 HCFs each with unique ID assigned and returned within the eligibility criteria of date of receipt of funds. The checklist was designed to obtain data on BHCPF indicators earlier identified in 2.2 The study instrument was revised at plenary and pre-tested at Old market PHC in Lokoja prior to its administration at the HCFs for the identification and quantification of the performance of indicators

Sampling Technique

The semi-structured checklist was administered by 30 integrated supportive supervisory team members to selected 127 BHCPF HCFs that had received Decentralized Facility Financing on or before the 30th, September, 2022 as criteria for the stratified random sampling from a population of 220 BHCPF HCFs in wards across 21 LGAs.

Data Analysis

The datasets from the Integrated Supportive Supervision survey, (n=127) were collated on Microsoft Excel using idiosyncratic identification of indicator options or variables from dropdown method, followed by analysis of categorical indicators on SPSS 25 with output on tables as seen 3.0. The hypothesis was tested with Pearson correlation of 12 categorical indicators at a CI of 0.05 and 0.01 level of significance on SPSS 25

DATA PRESENTATION

Results

Financial Management

n=127 PHCs

S/ No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Have you received your DFF?	YES	127 (100%)	NO	0 (0%)				
2	Which Quarter have you received so far in this year	Q2 & Q3	127 (100%)	Q3	0 (0%)				

3	How did you get notification of your DFF?	BANK ALERT	23 (18.2%)	NOTIFICATION FROM BHC PF	97 (76.5%)	OTHERS	7 (5.3%)		
4	Amount received	601501	127 (100%)	NO	0 (0%)				
5	Have you utilized the last quarter DFF?	YES	127 (100%)	NO	0 (0%)				
6	Do you have annual quality improvement plan? Yes (If physically seen)	YES	122 (97%)	NO	5 (3%)				
7	Kindly present/show your QBP for the quarter under review?	SEEN	122 (96%)	NOT SEEN	5 (4%)				
8	Have you prepared and submitted your next QBP?	PREPARED AND SUBMITTED	122 (97%)	NOT PREPARED	5 (3%)				
9	Monthly Expenditure Form completely filled	COMPLETELY FILLED	79 (62%)	POORLY FILLED	14 (11%)	NOT FILLED	7 (6%)	NOT SEEN	27 (21%)

10	“Quarterly financial summary report.	COMPLETELY FILLED	75 (59%)	POORLY FILLED	18 (14%)	NOT FILLED	25 (20%)	NOT SEEN	9 (7%)
11	Which of the quarter have you retired/S pecify	Q2 & Q3	102 (80%)	Q2	12 (15%)	NONE	10(8%)		

Fund Utilization

n=127 PHCs

S/ No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Status of Projects/ funded on QBP	COMPLETED	239 (56%)	ON-GOING	178 (42%)	NOT-DONE	7 (2%)	POORLY DONE	1(0.2%)

Meeting

n=127 PHCs

S/No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %
1	Do you hold Meeting with your WDC Members?	YES	124 (98%)	NO	3(2%)
2	Evidence (Pictures, Attendance) of meeting with WDC	SEEN	118 (93%)	NOT-SEEN	9 (7%)

Service Delivery

n=127 PHCs

S/ No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	How many BHCPF enrollee’s do you	NUMBER	15,321(48%)						

	have in your facility								
2	Enrollee register seen	SEEN	124 (98%)	NOT SEEN	3(2%)				
3	Do you have any other categories of Enrollee's in your facility?	YES	27(21%)	NO	100(79%)				
4	Do you have any other categories of Enrollee's in your facility?	NUMBER	879	NO					
5	What is the total number of ANC cases seen in the last quarter	NUMBER	8901	ENROLLEE	124 (1.4%)				
6	What is the total number of Children immunized in Q3, 2022	NUMBER	859	ENROLLEE	35 (4%)				
7	What is the total number of Deliveries in Q3, 2022	NUMBER	1413	ENROLLEE	22 (1.5%)				
8	What is the total number of Elderly cases (>65 Years) in	NUMBER	2942	ENROLLEE	469 (16%)				

	Q3, 2022								
9	What is the total number of Family Planning cases (Women 15-45 Years) in Q3, 2022	NUMBER	5999	ENROLLEE	125 (2%)				
10	What is the total number cases provided with HIV Testing Services in Q3, 2022	NUMBER	2317	ENROLLEE	141 (6%)				
11	What is the total number of Children immunized with Penta 3 in Q3, 2022	NUMBER	6181	ENROLLEE	91 (1%)				
12	What is the total number of OPD Clients in Q3, 2022	NUMBER	11645	ENROLLEE	741 (6%)				
13	What is the total number of Clients referral in Q3, 2022	NUMBER	74	ENROLLEE	1(0.4%)				
14	What is the total number of Clients treated in Q3, 2022	NUMBER	204	ENROLLEE	1 (%)				
15	What is the	NUMBER	2582	ENROL	163(6%)				

	total number of U5 treated in Q3, 2022			LEE					
16	How do you access your drugs? (Show evidence)	DMA	97(76%)	PHARMACY	17(13%)	NO DRUGS	13 (10%)		
17	View drug utilization card by patients	SATISFACTORY	92 (72%)	NOT SATISFACTORY	13 (10%)	DRUG NOT AVAILABLE	9 (8%)	NOT SEEN	13(10%)
18	Availability of Drug Requisition Issue Report form	SEEN	34 (27%)	NOT SEEN	93 (73%)				
19	Availability of drug storage facility?	SATISFACTORY	83 (65%)	FAIR	15 (12%)	NOT SATISFACTORY	11 (9%)	NOT SEEN	17 (13%)
20	Availability of Drug Stock Card?	SEEN	31 (24%)	NOT SEEN	75 (59%)	NOT-IN-USE	21 (17%)		
21	If seen. Properly filled and updated?	FILLED AND UPDATED	19 (15%)	FILLED AND NOT-UPDATED	28 (22%)	NOT SEEN	60 (63%)		

Water
n=127 PHCs

S/ No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Sources of water	BOREHOLE	44 (35%)	WELL	19 (15%)	OTHERS	38 (30%)	NONE	21 (17%)
2	Adequacy of water	YES	79 (60%)	NO	53 (40%)				

	supply?								
3	Availability of water supply?	YES	77 (59%)	NO	55 (41%)				

Power

n=127 PHCs

S/ No	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Source of power supply?	NATIONAL GRID	45(34%)	GENERATING SET	38 (26%)	SOLAR	32 (25%)	NONE	22 (17%)

Human Resources for Health

n=127 PHCs

	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Categories of staff 1	NURSE/MIDWIFE	40 (10%)	MIDWIFE	6 (1%)	NURSE	2 (0.6%)	CHEW	127 (30%)
2	Categories of staff 2	JCHEW	67 (15%)	CHO	9 (2%)	LABORATORY TECH	25 (6%)	PHARMACY TECH	1 (0.4%)
3	Categories of staff 3	ATTENDANT	127 (30%)	SECURITY	23 (5%)				
4	Was a BHCPF midwife posted there?	YES	60 (47%)	NO	67(53%)				
5	Performance of the BHCPF midwife posted there	SATISFACTORY	59(46%)	NOT SATISFACTORY	68 (54%)				

6	Do you have selected CHIPS agents attached to the Health Facilities	YES	14(11%)	NO	80 (54%)				
7	Performance of the BHCPF CHIPS agents	SATISFACTORY	67(53%)	NOT SATISFACTORY	60 (47%)				

Waste Management
n=127 PHCs

	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Waste segregation and disposal	YES	116 (91%)	NO	11 (9%)				
2	Availability of sharp bin	YES	104 (82%)	NO	23 (18%)				
3	Method of waste disposal ? (List)	BURN AND BURRY	84(66%)	INCINERATOR	24(29%)	OTHERS	19(15%)		

Governance

n=127 PHCs

	INDICATOR	VARIABLE 1	FREQUENCY %	VARIABLE 2	FREQUENCY %	VARIABLE 3	FREQUENCY (%)	VARIABLE 4	FREQUENCY %
1	Number of facility management	NONE	0(0%)	1	15(12%)	2	57 (45%)	3 & Above	55 (43%)

	meetings held in the last quarter								
2	Number of WDC meetings held in the last quarter	NONE	12 (9%)	1	12 (9%)	2	38 (30%)	3 & Above	65 (51%)

DISCUSSION

The role of epidemiologic approach in improving systems and services at 220 BHCPF designated sites is to ensure that strengths are rewarded and weaknesses observed in the intervention for action linked to risk factors that have been cross-examined to identify and quantify evidence of effectiveness and efficiency in the planning, guidance and policy with outcomes representing a 100% receipt of Decentralized Facility Financing (DFF) by the HCFs visited. The survey also indicated 56% and 42% level of completed and on-going strategic projects respectively, while 2% had not implemented the strategic focus in the 2022 approved workplan. 18% lacked sharp bins while only 43% and 51% conducted >3 management and ward development committee (WDC) members meetings respectively at for all PHCs visited.

A Skilled Birth Attendant staffing gap of 90% in the 127 HCFs visited exists and 47% level of engagement of ad-hoc Midwives in 3 wards for LGAs visited. Electricity and water non-availability were 17% respectively and 10% of the HCFs visited had no drugs while 73% had no requisition and report form for drugs streamlining.

Supply and demand-side implications need to be considered in the discretionary measures to be taken towards the improvement of the efficiency and effectiveness of scale-up of the uptake of Basic Minimum Package of Health Services (BMPHS) by vulnerable and hard-to-reach population of which 15,321 were enrollees at the 127 HCFs or 48% of the registered enrollees by the Kogi State Health Insurance Agency (KGSZIA) for the National Health Insurance Agency (NHIA) Gateway representing 16% of 2,942 elderly clients treated, 6% of 2,582 under-five years old treated and 1.4% of 8,9401 ANC cases seen in quarter three of 2022.

CONCLUSION

Evaluative research is crucial to improving systems and services relative to reduction of several demand and supply-side risk factors that affect the uptake of the scale-up of Basic Minimum Package of Health Services (BMPHS) at 220 BHCPF designated sites by vulnerable and hard-to-reach population across the 21 Local Government Areas of Kogi State. The associated effect of the DFF release to 127 HCF and non-performance of Infrastructure, Financing, Inputs, Service delivery, Outputs and Outcomes indicated a Pearson correlation coefficient of -0.97 at a 0.05 CI and statistically significant at 0.01 (2-Tailed).

The evidence-based process towards achieving the management of knowledge on the BHCPF interventions ensures that strengths be rewarded, and action be taken on observed weaknesses from the comparison of the results obtained to the expectations for outcomes to enhance the prioritization of options in the process of the amelioration and reduction of identified risk factors for the delivery of BMPHS to vulnerable and through planning, guidance and policy development effectively and efficiently towards the achievement of SDGs target of 70/100,000 live births maternal mortality ratio by 2030.

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