

# National Primary Health Care Development Agency

## Strategic Blueprint and Priorities for NPHCDA (2024-2026)



# Strategic blueprint for NPHCDA (2024 – 2026)

## Sector Strategic Goal

Save lives, reduce physical and financial pain, and produce health for ALL Nigerians

**PHC Strategic Objective:** Every Nigerian has **equitable access** to **quality** PHC services they need through a system that they **trust**

Reduced Maternal and Under-5 Mortality

Increase proportion of wards with functional PHCs and competent PHC frontline health workers

Increased utilization of PHC services and outpatient attendance

Increased coverage of Penta 3, fully-immunized children, antenatal care, and skilled birth attendants

Decreased zero-Dose children, stunting and wasting

## Strategic Pillars and Priorities

**1. Strengthened NPHCDA** positioned for effective and accountable implementation of the SWAp and NHA

- 1.1 Revamp organizational structure and top team** to effectively deliver on strategy
- 1.2 Update enabling law** to be fit-for-purpose and to enable stewardship of PHC in Nigeria
- 1.3 Digital transformation of core functions,** departments and programs
- 1.4 Strengthen brand and reputation of NPHCDA** with stakeholders and citizens
- 1.5 Engender a skilled, motivated and engaged workforce**
- 1.6 Provide collaborative leadership** to states and partners for the **implementation of SWAp and PHC development**

**2. Efficient, Equitable, Quality and Trusted Primary Health Care services**

- 2.1 Improve functionality of PHCs** across the country, starting with a minimum of 1 per ward and expanding to ~17,600 over 4 years
- 2.2 Reform NPHCDA BHCPF gateway,** in synergy with NHIA gateway, to **incentivize quality and accountability**
- 2.3 Establish sustainable framework for PHC workforce development, training and retention**
- 2.4 Improve coverage of routine immunization and reduce zero-dose children**
- 2.5 Scale up innovations that improve utilization and Quality of Care** for RMNCAHN services
- 2.6 Re-establish trust for the PHC system** among citizens and communities

**3. Effective frontline health security through PHC system**

- 3.1 Streamline and integrate non-polio SIAs** to maximize quality and reduce outbreaks of vaccine preventable diseases
- 3.2 Reorganize polio campaign strategy** to improve effectiveness and **interrupt cVPP2** transmission
- 3.3 Position PHC system to proactively detect and mount initial response to outbreaks** and other health emergencies

**Data for Decisions,** measurement and learning at all levels of PHC system

Strategic **people-oriented collaborations** with sister MDAs, States, development partners, health workers and communities

# Strategic Priorities and Initiatives

Priorities

Initiatives



## Pillar 1:

**Strengthened NPHCDA** positioned for effective and accountable implementation of the SWAp and NHA

**Revamp organizational structure and top team** to effectively deliver on strategy

1.1

**Update enabling law** to be fit-for-purpose and to enable stewardship of PHC in Nigeria

1.2

**Digital transformation of core functions,** departments and programs

1.3

**Strengthen brand and reputation of NPHCDA** with stakeholders and citizens

1.4

**Engender a skilled, motivated and engaged workforce**

1.5

**Provide collaborative leadership** to states and partners for the **implementation of SWAp and PHC development**

1.6

**1.1.1** Revise the NPHCDA organogram to align with the Agency's strategic objectives

**1.1.2** Build capacity of top team in top team effectiveness and leadership that is best fit-for-purpose

**1.1.3** Strengthen zonal offices to effectively support states, LGAs and health facilities

**1.2.1** Update and facilitate passage of the amended NPHCDA Act

**1.2.2** Domesticate the Act at national and sub-national levels

**1.3.1** Develop a digital strategy (including branding guidelines) for NPHCDA and PHC system

**1.3.2** Mobilize resources and implement the digitization strategy using an optimal implementation model and institute change management processes, capacity-building programs and accountability systems to ensure sustainable use

**1.3.3** Implement an electronic/digital medical records system for PHC service delivery (in conjunction with FMOH)

**1.4.1** Develop a holistic communications and stakeholder engagement strategy to support implementation of the PHC blueprint

**1.4.2** Establish a robust citizens' engagement and feedback mechanism

**1.4.3** Strengthen transparency in institutional processes to improve credibility among stakeholders

**1.5.1** Review and implement the recent staff optimization report to inform a workforce development plan

**1.5.2** Revise departmental, unit and individual job descriptions to align with strategy and roles

**1.5.3** Institute a robust performance management framework for staff with consequences and rewards

**1.5.4** Design and implement initiatives that will strengthen employee welfare and engagement

**1.5.5** Re-engineer organizational culture to foster professionalism, ethical conduct, and to enhance the reputation of the agency through its workforce

**1.6.1** Strengthen Leadership, Management and Coordination capacity of SPHCDA, including sub-national top team effectiveness improvements

**1.6.2** Implement the 2024 National PHCUOR Scorecard 7 Assessment nationwide

**1.6.3** Strengthen platforms for technical collaboration, coordination and communication between NPHCDA, SPHCDA & partners

**1.6.4** Expand TA delivery to states by the TSU to include requisite technical support on SWAp and PHC development

# Strategic Priorities and Initiatives

 **Pillar 2: Efficient, Equitable, Quality and Trusted Primary Health Care services**

Improve **functionality of PHCs** across the country, starting with a minimum of 1 per ward and expanding to ~17,600 over 4 years **2.1**

Reform **NPHCDA BHCPF gateway**, in synergy with **NHIA gateway**, to **incentivize quality and accountability** **2.2**

Establish sustainable framework for **PHC workforce development, training and retention** **2.3**

Improve **coverage of routine immunization** and **reduce zero-dose children** **2.4**

Scale up **innovations that improve utilization and Quality of Care** for RMNCAHN services **2.5**

Re-establish **trust for the PHC system** among citizens and communities **2.6**

**2.1.1** Establish standards for PHC functionality and stratify existing PHCs accordingly

**2.2.1** Propose reforms of the NPHCDA BHCPF gateway, to enhance accountability and quality of services, to the MOC through joint memo with NHIA

**2.3.1** Upskill 120,000 frontline HWs in integrated service delivery in 2024

**2.4.1** Facilitate the identification, enumeration and vaccination of zero dose and all eligible children in priority areas

**2.5.1** Optimize ongoing RMNCAHN initiatives with a focus on integration with routine services

**2.6.1** Develop and implement a holistic Advocacy, Communication and Community Engagement strategy

**2.1.2** Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status

**2.2.2** Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework

**2.3.2** Support FMOH HRH strategy to increase production of frontline workers

**2.4.2** Implement a fit for purpose demand generation strategy in collaboration with relevant stakeholders

**2.5.2** Identify and implement at scale evidence-based solutions and best practices for RMNCAHN

**2.1.3** Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)

**2.3.3** Establish sustainable technology-enabled mechanism for in-service skills acquisition for PHC frontline workers

**2.4.3** Implement existing initiatives for vaccine forecasting, storage and logistics

**2.5.3** Develop and Implement a PHC Quality of Care (QoC) framework

**2.3.4** Implement financial and non-financial incentives to improve retention of PHC workers

**2.4.4** Optimize vaccines and health commodity supplies and management across health facilities, including last mile delivery and waste management

**2.5.4** Deploy initiatives for maternal and neonatal deaths tracking and response

**2.3.5** Implement a sustainable community health workforce model for community-based service delivery and demand creation

**2.4.5** Implement targeted RI Intensification activities to increase coverage

**2.3.6** Strengthen PHC HRIS for effective PHC workforce management and planning at national and sub-national levels

**2.4.6** Integrate proactive AEFI Monitoring and Case Management into routine immunization interventions

# Strategic Priorities and Initiatives

## Pillar 3: Effective frontline health security through PHC system

**Streamline and integrate non-polio SIAs** to maximize quality and reduce outbreaks of vaccine preventable diseases **3.1**

**Reorganize polio campaign strategy** to improve effectiveness and **interrupt cVPV2 transmission** **3.2**

Position PHC system to proactively **detect and mount initial response to outbreaks** and other health emergencies **3.3**

**3.1.1** Work with health campaign effectiveness (HCE) partners to improve planning and quality of NPSIAs, with a focus on rationalization, integration and improved planning and implementation

**3.2.1** Work with states and partners to reach all unreached children based on accurate microplanning – *Identify, enumerate and vaccinate*

**3.2.2** Reestablish Village Selection Committees (VSCs) and strengthen vaccinator selection, training and accountability in priority locations

**3.2.3** Incorporate new partners in polio program – NBS for enumeration, NCDC for surveillance, universities for LQAS

**3.2.4** Deploy a multi-pronged approach to assess campaign quality (LQAS, tally sheet, independent monitors, community gatekeepers, CSOs etc)

**3.2.5** Foster accountability for results by both Government and Partners

**3.3.1** Equip PHCs and frontline health workers to detect, report and respond to public health emergencies

## Enablers

**Data for decisions**, measurements and learning at all levels **4.1**

Strategic **people-oriented collaborations** with sister MDAs, States, Development Partners, Health Workers, and communities **4.2**

**4.1.1** Leverage digitization agenda to establish a central PHC database for analysis and evidence-based decision making at all levels of the PHC system

**4.1.2** Establish problem solving routines with states and partners to improve coordination and accountability

**4.1.3** Re-establish and build capacity of an Implementation Research unit to enable evidence-based decision-making and continuous improvement

**4.2.1** Develop, implement and track a comprehensive stakeholder and partner collaboration matrix