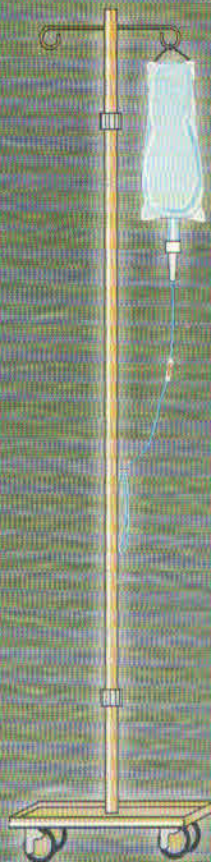
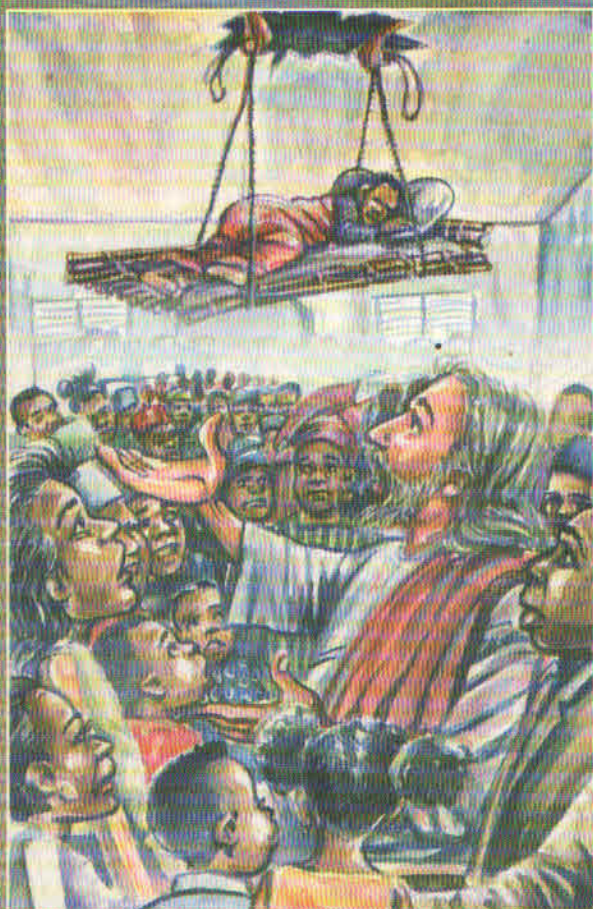


NIGERIAN CATHOLIC HEALTH POLICY



A Publication of Catholic Secretariat of Nigeria

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NIGERIAN CATHOLIC HEALTH POLICY

Catholic Secretariat of Nigeria

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NIGERIAN CATHOLIC HEALTH POLICY

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First Published, 2002

Printing of this Policy is Funded by
The Futures Group International
The Policy Project



Printed by Sovereign Ventures, 08023163181

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FOREWORD

The issue of health care delivery has become even more critical to Nigerians in recent times especially in the last years, which the country spent under military rule. The simple reason is that the regime made little provision for health care and where it did there was little planning and coordination of the efforts invested. All along, the Catholic Church has tried to provide health care for the populace alongside government and other providers, especially where no such services exist. Having been involved in providing such services the Church realizes that planning is critical to success in every enterprise. Policies are the codification of the planning process and they direct effective and sustainable action.

The Catholic Church carries out health care delivery in the spirit of love of the human person. She serves humanity seeing the sick as fellow wayfarers on earth with the same destiny and on the same journey towards God, the creator of all, and in empathy with the afflicted. Her mission consists in consoling the sick, finding ways and means of relieving corporal pain, healing of trauma, and giving new meaning to suffering, with an eye on the redemptive passion of the Lord Jesus Christ. This is the realization of the evangelical counsels taught by Jesus, the greatest consoler and reliever of the afflicted.¹ The Church will continue to respond to these counsels until the new regeneration when there shall be neither disease nor decay and death shall be swallowed up in victory.²

Such health care initiatives of the Catholic Bishops' Conference of Nigeria are coordinated by the Health Committee in the Department of Church and Society of the Catholic Secretariat of Nigeria (CSN). The Committee here presents the policy of the Church to inform the public about the aims, objectives, ethics and principles of instituting and running health care centers and hospitals and providing health services wherever necessary. The policy also attempts to show the organizational structures and operational guidelines for health workers in the health sector and what spirit ought to motivate them in the execution of their services to the sick.

Most Reverend Michael O. Fagun
Bishop of Ekiti
Chairman, Health Commission, CBCN

¹ Matthew 10:8

² 1 Corinthians 15:21-28, 54-55

ACKNOWLEDGEMENT

I would like to express my most sincere appreciation to the individuals and organizations who gave their invaluable time and wealth of experience to the formulation and publication of the Nigerian Catholic Health Policy.

My special gratitude goes to the Policy Drafting Team, whose members voluntarily accepted this difficult task and carried it out tirelessly to the end. I thank those who gave their comments and suggestions.

I am particularly indebted to the following organizations:

- Policy Project, Nigeria (USAID) The Futures Group International for great generosity in providing huge financial and technical assistance.
- The Centre for Development and Population Activities for initial technical assistance.
- Family Health International and Pathfinder International for financial assistance.
- Mr. Filippo Ciantia of Associazione Volontari per il Servizio Internazionale for sending us a copy of Policy of the Catholic Health Services in Uganda.
- Various Dioceses especially Abuja, Lagos and Makurdi for providing us with copies of existing Health & HIV Policies

I gratefully acknowledge the help of the staff of the Catholic Secretariat of Nigeria in the preparation of various documents.

I wish to thank also my husband, Dr Olasupo Alli-Balogun for his support, patience and understanding.

May God bless you all.

Dr Wanda Alli-Balogun
Secretary, Health Committee
Department of Church and Society
Catholic Secretariat of Nigeria

ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CBCN	Catholic Bishops' Conference of Nigeria
CSN	Catholic Secretariat of Nigeria
IEC	Information, Education, Communication
IUCD	Intra-Uterine Contraceptive Device
HIV	Human Immuno-deficiency Virus
NFP	Natural Family Planning
NGO	Non Governmental Organization
O.L.A.	Our Lady of Apostles
PHC	Primary Health Care
PLWHA	Person/People Living With HIV/AIDS
PPC	Parish Pastoral Council
TB	Tuberculosis
TBA	Traditional Birth Attendant
VHW	Voluntary Health Worker

PREAMBLE

The principles of Catholic Health Services are derived from the social and moral teachings of the Church deeply rooted in Scripture and the Church's Tradition. The Catholic Church in Nigeria is concerned about the health problems in the country. Increasing monetization of the health sector compounds these problems, such that health care has become progressively the privilege of the wealthy.

The Catholic Health Services is a continuation of the healing ministry of Christ. It is a manifestation of God's love and mercy and as such can describe its mission in Jesus' words: "*The blind see again, and the lame walk, those suffering from virulent diseases are cleansed, and the deaf hear, the dead are raised to life and the good news is preached to the poor*" (Matt. 11: 4-5).

The Catholic Health Services are a response to the Gospel values of love and compassion. It is a call to walk in the footsteps of Jesus, the Divine Healer, who came ".....*that they may have life, and have it to the full*" (Jn 10:10). It is to serve the human person in totality of body, mind and spirit from conception to death. It is to safeguard, recover and improve the state of health of all without any discrimination.

The Catholic Social Teachings that guide Catholic Health Services are:

- **Human dignity** – Every person is made in the image of God and possesses an inherent dignity that must be respected. All persons have a right to basic, quality, comprehensive healthcare.
- **Fundamental option for the poor** – It is a special mission of the Church to provide care for the vulnerable, powerless and disadvantaged in whose faces we see the suffering face of Christ himself.
- **The common good** – Riches must be considered a common good for all humanity, to be used in a way that fosters, without any discrimination of persons, a healthy and dignified life.

- **Health care as a service** – Health care is a service to people in need and should never be considered a mere commodity, nor a prime means to provide returns to investors.
- **Responsible stewardship** – Health care resources are limited and must be managed prudently.
- **Subsidiarity** – The persons most affected by the decisions should have adequate input into the decision-making process.
- **Solidarity** - All persons should benefit from needed medical care and assistance, regardless of their resources.
- **Charity** – Finds its supreme expression in the life and works of Jesus, who “*went about doing good*” (Acts 10:38). The Church goes out to meet the sick and suffering, bringing them comfort and hope.

History of the Catholic Health Services in Nigeria

The Catholic Health Services in Nigeria started simultaneously from 1880 with preaching of the Gospel by the early Catholic missionaries in various parts of the country. Missionary activities considered the totality of the person and thus provided for the needs of body and soul with special attention to the sick, underprivileged and outcast.

The Sacred Heart Hospital at Abeokuta in Ogun State was the first of such institutions established in Nigeria by the Catholic Church in 1895. This was through the efforts of Rev.Fr. Francois S.M.A, Rev.Fr. Jean Marie Coquard S.M.A. and Rev. Sr. Maria Assumpta O.L.A, a nurse. In recognition of this, Sr. Assumpta’s name appears in the Nigerian History of Community Health Care as “The First Health Visitor in Nigeria”.¹ From then on, other Catholic Health Institutions, notably St. Luke’s Hospital, Anua and Holy Rosary Hospital, Emekuku in the Eastern part of the country, Our Lady of Apostles Hospital, Jos; St Gerard Hospital, Kaduna and St Louis Hospital, Zonkwa in the Northern part of the country came into existence. In addition to these, the services for people with special needs, Leprosaria and

numerous Primary Health Centres, were established.

Apart from providing qualitative and affordable health care services to the people, these Health Institutions also provided training facilities for health workers such as Nurses, Laboratory Technicians and Doctors.

As at the year 2001, there exists over 272 Catholic Health Institutions spread over 48 Archdioceses and Dioceses of Nigeria, most of which are run and managed by religious congregations.

Over the years some dioceses and religious congregations have developed policies for their health services. In order to harmonize the Catholic Health Service policies and provide impetus for needed action, the Nigerian Catholic Health policy was conceived.

MISSION STATEMENT

The mission of the Catholic Health Services in Nigeria is to share in the healing ministry of Jesus Christ through provision of health services that are based on a holistic approach and that affirm human dignity and respect for human life.

1.0 GOALS

The goals of the Nigerian Catholic Health Policy are:

- 1.1 To develop a health care organization that combines commitment to Gospel values with sound practice.
- 1.2 To attain the level of health that will enable all clients of Catholic Health Services achieve socially and economically productive lives.
- 1.3 To expand and improve quality of health care available to all.

2.0 OBJECTIVES

As health provider, employer and advocate, our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and soul. We work to bring alive the Gospel vision of justice and peace in answer to God's call to foster healing, act with compassion, and promote well being for all persons and communities. We pay special attention to our neighbors who are poor, under-served and most vulnerable. We strive to transform hurt into hope.

Therefore we are committed to:

- Providing effective preventive, curative and rehabilitative services.
- Promoting human dignity and respect for life.
- Caring for the marginalized and disadvantaged in the community.
- Optimal development and utilization of resources.
- Providing effective Primary Health Care (PHC) program.
- Providing pastoral care for patients, staff and their dependants.
- Promoting Natural Family Planning (NFP) as an important component of all Catholic Health Services.
- Providing services to people whose health condition predisposes them to societal discrimination (e.g. HIV, TB, Leprosy).
- Maintaining appropriate standards of practice for Catholic Health Institutions.
- Promoting basic training and re-training of health care professionals at all levels through formal and informal methods.
- Developing capacity of Catholic Health Services to respond to emergency/natural disasters.
- Maintaining a holistic and gender-sensitive approach to health care delivery.
- Collaborating with relevant government and non-governmental organizations to deliver effective health care.
- Ensuring that services provided are in conformity with the ethical and moral teachings of the Church.
- Ensuring that our services are in conformity with government regulations, which do not contradict Catholic ethical and moral teaching.

3.0 STRATEGIES

3.1. Preventive Services

- 3.1.1 Information, Education, and Communication (IEC) approaches to increase awareness at the individual and community level. IEC materials should strongly reflect Catholic ethics.
- 3.1.2 Orientation towards community based services.
- 3.1.3 Community mobilization.
- 3.1.4 Health promotion (water, sanitation, nutrition, etc).
- 3.1.5 Provision of health screening programs.
- 3.1.6 Provision of immunization services.
- 3.1.7 Intensification of the use of mass media in the dissemination of appropriate Moral/Health information based on Catholic Teachings.
- 3.1.8. Optimal utilization of services available at Directorate of Social Communication, Catholic Secretariat of Nigeria.

3.2 Curative Services

- 3.2.1 Provision and maintenance of welcoming and efficient health care facilities at all levels.
- 3.2.2 Establishing standards of care.
- 3.2.3 Ensuring prompt and adequate provision of staff, equipment, materials and drugs appropriate and relevant to each level of service.
- 3.2.4 Drawing up a policy on drugs based on the guidelines of the National Essential Drug list.
- 3.2.5 Ensuring availability of appropriate human and material resource in Catholic Hospitals to make them relevant for qualitative secondary and tertiary levels of patient care.

- 3.2.6 Adequate specialization of health personnel in all Catholic hospitals to cope with referrals at secondary and tertiary levels.

3.3 Rehabilitative Services

- 3.3.1 Identifying and meeting the special needs of people with disabilities in our communities.
- 3.3.2 Providing services (physical therapy and social rehabilitation) that will ensure that patients who have received care can be reintegrated effectively into society utilizing existing networks within the church and the larger society.
- 3.3.3 Ensuring designs of health facilities that improve access to services by those with disabilities.

3.4 Pastoral Care

- 3.4.1 Establishment of Chaplaincy services in all health facilities.
- 3.4.2 Development of an on going orientation program for all staff towards a more holistic and gender-sensitive approach to care, embracing the Gospel values enshrined in our mission statement.
- 3.4.3 Provision of pastoral health care programmes involving clergy, religious, laity and volunteers in our institutions and communities.
- 3.4.4 Provision of education on Catholic ethics in Catholic Health Institutions and the communities.

3.5 Capacity development

3.5.1 Human

- 3.5.1.1 Organization of activities, which will ensure that up-to-date knowledge and skills regarding Natural Family Planning (NFP) are available and accessible to the community.

- 3.5.1.2 Orientation of Staff to treat all persons visiting health facilities with love, care, respect, without discrimination regardless of these persons' condition.
- 3.5.1.3 Guarantee of the existence of in-service training and career enhancement opportunities for all staff.
- 3.5.1.4 Development the capacity of Diocesan tertiary health institutions to provide specialist training.
- 3.5.1.5 Promotion of adequate awareness of current medical research, technological advances and practices, and their ethical implications in relation to the teachings of the Church.
- 3.5.1.6 Training of volunteers in each parish under the Diocesan Health Authority to acquire skills to respond to various emergencies.

3.5.2 Institutional

- 3.5.1.1 Ensuring that PHC services are established and evenly distributed in all parts of each diocese.
- 3.5.1.2 Ensuring that PHC services are adequately funded through the active involvement of the Church and the communities.
- 3.5.1.3 Providing counseling services for staff and patients.
- 3.5.1.4 Providing adequate financial allocations to health services from the Proprietor's funds and community input.

3.6 Welfare Services

- 3.6.1 Establishment of functional welfare units in all health institutions.
- 3.6.2 Development of institutional and diocesan mechanisms for identification of the poor and marginalized.
- 3.6.3 Development of criteria for exemption from payment or provision of charitable health services for the poor and marginalized in conjunction with other sectors of the Church.

- 3.6.4 Provision of special services for women, children and the elderly.
- 3.6.5 Ensuring the provision of an enabling environment for staff to perform optimally.

3.7 Research, Monitoring and Evaluation

- 3.7.1 Built-in monitoring and evaluation components to all services provided by Catholic health institutions.
- 3.7.2 Support and implementation of research to inform and improve the quality of planning and provision of health services.
- 3.7.3 Initiating and supporting research in the areas of new treatments and medical procedures guided by Catholic medical ethics.
- 3.7.4 Collaboration with other organizations in morally acceptable research towards improvement of quality of life and preservation of human dignity.

3.8 Networking and Collaboration

- 3.8.1 Collaboration with national, state, local government and international bodies and other relevant agencies working in health related areas for the provision of health services.
- 3.8.2 Influencing policy by advocating for the allocation and distribution of resources to Catholic primary, secondary and tertiary health facilities.
- 3.8.3 Establishment of a National Accreditation Committee to liaise with relevant bodies to facilitate accreditation of Catholic health institutions as appropriate.
- 3.8.4 Facilitating collaboration between and within provincial, diocesan and various sectors of the Church.

4.0 ETHICS AND HUMAN RIGHTS

- 4.1 Medical ethics requires that health professionals must treat, to the best of their ability, all persons seeking their medical attention without discrimination and without prejudice based on the origin or nature of the patient's illness or disability.
- 4.2 Provision of health services shall be according to moral and ethical guidelines developed by the Magisterium of the Catholic Church, which serves to protect the sanctity of human life.
- 4.3 There shall be Medical Ethics Committees at national and Diocesan levels to coordinate training and adjudicate on ethical issues related to the provision of health services.
- 4.4 Services that disrupt the development and sustenance of life in any form **must not** be undertaken in any Catholic health institution.
- 4.5 For Health service providers in Catholic health institutions to be able to practice with conviction and provide clients with information that allows informed decisions and choices, the health worker:
- Shall have comprehensive knowledge of Catholic medical ethics and practices as well as other ethics.
 - Shall be educated on the Church's teaching, which shows why it is not ethical to practice contraception, abortion, surrogate child bearing, infanticide, euthanasia, and some forms of assisted fertility.
 - Shall have theoretical knowledge of medical practices not allowed by the Church.
- 4.6 Health professionals should also understand comprehensively how to reverse complications resulting from interventions not approved by the Church (e.g. tubal ligation, IUCD, post-abortion).
- 4.7 Informed consent must always be obtained before services are provided.

5.0 LEGAL ISSUES

5.1 Ownerships and liabilities

At the present level of indigenization of the Catholic Church in Nigeria, there is the need for defining and formalizing ownership of all health institutions in each diocese according to the provisions of Canon and Civil law.

All proprietors are liable for their properties.

5.2 Registration of facilities

For the proper running of facilities it is important that they are registered with the relevant government authorities.

5.3 Breach of Confidentiality and other ethico-legal issues

5.3.1 Breach of confidentiality should be avoided in Catholic Health institutions especially as related to handling of patients' medical records, disclosure of patients' diagnosis and their identities, and violation of privacy or informed consent requirements of patients.

5.3.2 Other areas in which legal issues arise from health services delivery should be taken care of to reduce their occurrence and to avoid undue litigation. Examples of these include:

- Malpractice in the areas of Diagnosis, Treatment, Drugs, Surgery, Appliances, Mistaken Identities of babies/corpses, nosocomial infections and iatrogenic injuries resulting from negligence.
- Employer's vicarious liability.
- Occupiers/owners of premises liability.
- Private practice by health workers.

- Breach of contractual agreements of service employment, contract for service/supplies, professional consultancy.
- Unauthorized bank loans/overdrafts.
- Mortgages of properties.
- Dealings in capital markets.
- Employees'/Employers' tax liability.

6.0 ORGANIZATIONAL STRUCTURE

6.1 CATHOLIC HEALTH SERVICES NATIONAL OPERATING FRAMEWORK

CATHOLIC BISHOPS' CONFERENCE OF NIGERIA

This is the highest policy/decision-making body within the Catholic Church in Nigeria and is responsible for adjudicating and resolving all conflicts related to the Catholic Faith and the provision of Health Services as determined by secular authorities.

CATHOLIC SECRETARIAT OF NIGERIA

This is the administrative arm of the Catholic Bishops' Conference of Nigeria and consists of five departments, one of which is the Department of Church and Society.

DEPARTMENT OF CHURCH AND SOCIETY

This department has the following sub-divisions:

Health Committee

Justice Development and Peace Committee

Education Committee

Family and Human Life Committee

Relief Services Committee (Caritas)

The Health Committee of the Department of Church and Society acts as the main liaison between the Catholic Health Services in the country, the Federal Ministry of Health, and other organizations both local and international.

Catholic Health Services in Nigeria are either run by the Diocese or Religious Congregations within the Church.

Catholic Diocesan Health Advisory Board and Catholic Hospitals' Management Boards are usually non-governmental in composition. Representation on these bodies is also broad-based having membership from the local communities, parishes, private and governmental organisations.

6.2 ORGANOGRAMS OF CATHOLIC HEALTH SERVICES

- (a) National Structure (Fig. 1)
- (b) Provincial Structure (Fig. 1)
- (c) Diocesan Structure (Fig. 2)
 - Religious Congregations' Health Services (Fig. 3)
- (d) Health Units Structure:
 - Hospitals (Fig. 4)
 - Primary Health Care Units (Fig. 5)

6.2 (a) NATIONAL STRUCTURE

HEALTH COMMITTEE

This committee serves as the main advisory organ to the Catholic Bishops' Conference of Nigeria on all matters relating to health. It also carries out supportive activities and helps to coordinate the health activities of all Catholic health services institutions in the country.

Membership of this Committee is as follows:

- ❖ Bishop - Chairman
 - ❖ Another Episcopal member of the Committee
 - ❖ Medical Practitioner - Secretary
 - ❖ Specialists in various health-related professions – (3-4) Members
- Standby consultants are invited from time to time to provide expert opinions when necessary.

Roles of Health Secretary:

1. Develops and fosters the implementation of Church Health Policy.
2. Advises the CBCN through the Health Committee on relevant health matters.
3. Facilitates the co-operation with government health initiatives provided that they do not contradict the Church's teachings.
4. Identifies and reports on the areas of non-compliance of Health Units with established Government policies and standards.
5. Coordinates the activities of Catholic Health Units in the following ways:
 - 5.1 Periodic meetings with Provincial, Diocesan and Congregational Health Services Coordinators.
 - 5.2 Collation and evaluation of common statistical health related data. Maintaining Health Database for the Catholic Health Sector.
 - 5.3 Communicating the situation update to Health Coordinators nationwide by periodic newsletters.
 - 5.4 Setting up national guidelines for standardization of Catholic Parish Clinics.
6. Promotes the Church's healing mission by facilitating adequate training of Catholic Health personnel.
7. Represents the Church's Health Services to the Government and other relevant organisations when necessary or invited.
8. Monitors and evaluates compliance of Catholic Health Units with the Nigerian Catholic Health and HIV/AIDS Policy.
9. Organizes periodic meetings with Health Committee members to enhance performance of Catholic Health Services.
10. Supervises activities of various Catholic Health Professional Associations.

11. Initiates research and compilation of necessary information on health matters that may affect the Church.
12. Maintains cordial relations with funding agencies within and outside the country.
13. Keeps all records of the Committee.

6.2 (b) PROVINCIAL STRUCTURE

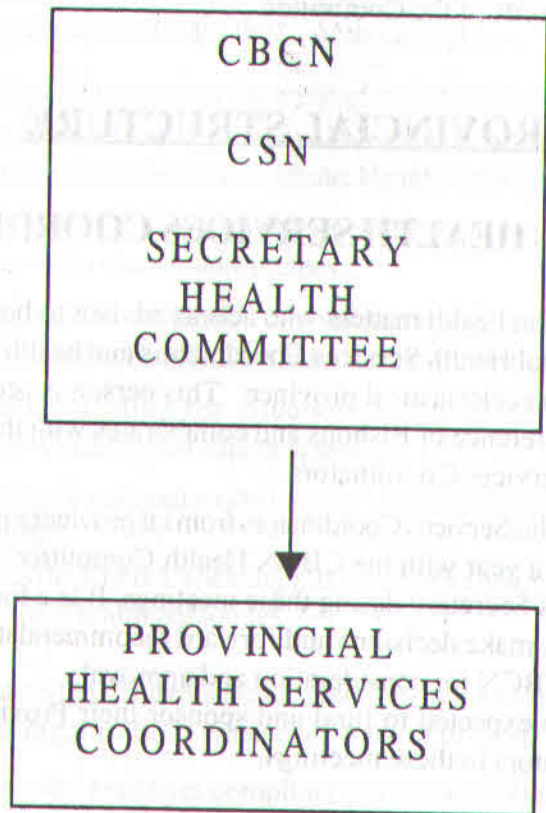
PROVINCIAL HEALTH SERVICES COORDINATOR

This is a specialist on health matters who acts as advisor to both the Diocesan, Congregational Health Services Coordinators and health service providers, within each ecclesiastical province. This person is accountable to the Provincial Conference of Bishops and collaborates with the provincial group of Health Services Coordinators.

The Provincial Health Services Coordinators from all provinces in the country meet at least once a year with the CBCN Health Committee. The Health Secretary serves as Secretary during these meetings. It is a forum to share experience, report, make decisions and forward recommendations regarding policy to the CBCN for consideration and approval.

The Provinces are expected to fund and sponsor their Provincial Health Services Coordinators to these meetings.

FIGURE 1



CATHOLIC HEALTH SERVICES NATIONAL/ PROVINCIAL STRUCTURE

6.2 (c) DIOCESAN STRUCTURE

DIOCESAN HEALTH ADVISORY BOARD

Composition:

- ❖ Bishop – Chairman
- ❖ Diocesan Health Services Coordinator - Secretary
- ❖ Diocesan Church and Society Coordinator
- ❖ Diocesan Religious Congregation Health Services Coordinator
- ❖ Two members representing all the health units in the diocese
- ❖ Representatives of the Catholic professional health associations within the diocese
- ❖ Senior Officer working with the Ministry of Health

For efficient functioning, a maximum of 15 members is recommended. The tenure of Office apart from that of the Bishop and Health Services Coordinator, should be three years. The members may be eligible for re-appointment for another 3 years only. The Diocesan Health Advisory Board should meet at least twice a year.

Roles of the Diocesan Health Advisory Board:

1. Advises on any health-related matter as may be requested by the Local Ordinary.
2. Defines the Catholic Health Policies for effective development and functioning of the health services in the diocese.
3. Advises on the establishment of health facilities (creation, sites, number, profile, etc), and major projects/programs in the Diocese.
4. Serves as the appellate organ on all disciplinary matters for senior staff of health institutions in the Diocese.
5. Facilitates the implementation of the decisions of the CBCN and Health Committee of CSN.

DIOCESAN HEALTH SERVICES COORDINATOR

- The Diocesan Health Services Coordinator is appointed by and is accountable to the Local Ordinary. He/she must be professionally competent in health services management and is the key person for coordination and communication on all health matters.

Roles of Diocesan Health Services Coordinator:

1. Advises the Proprietor on health matters in the diocese.
2. Serves as Secretary to the Diocesan Health Advisory Board.
3. Represents Diocese at national health-related meetings.
4. Networks with other Coordinators, Governmental and Non-Governmental organisations and agencies.
5. Serves as a resource person for all health matters in the Diocese.
6. Receives and forwards reports including financial reports and statistical data from Catholic Health units in the diocese to the Health Secretary.
7. Administers funding for health projects under the direction of the Proprietor.
8. Monitors Diocesan and Religious Congregation's Health Units to ensure compliance with Nigerian Catholic Health Policy with cooperation of Congregation's Health Services Coordinator.
9. Convenes meetings of the Project Coordinators of all Catholic Health Units in the Diocese.
10. Evaluates periodically the activities of the Diocesan and Congregational Health Services and programs.
11. Fosters particular concern for the Catholic character and spirit of each health unit.
12. Collaborates with the Provincial Health Services Coordinators.

13. Monitors the standard of Parish Clinics in the Diocese.
- Provincial, Diocesan and Congregational Health Services Coordinators meet at least once a year with the Chairman of Health Committee serving as Chairman. The Health Secretary serves as Secretary during these meetings.

The meetings are fora where information, reports on health-related matters are shared and suitable training is provided. Decisions related to internal health matters are made and recommendations regarding policy are forwarded to the CBCN for consideration and approval. Province/Local Ordinary/Congregation is expected to fund and sponsor Provincial/Diocesan/Congregational Health Services Coordinators to these meetings.

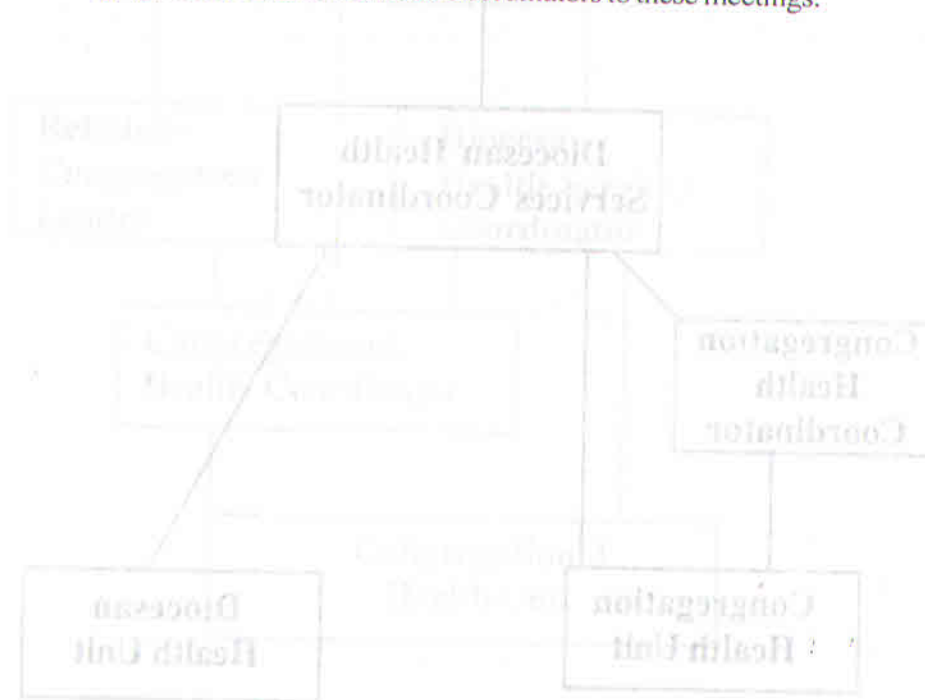
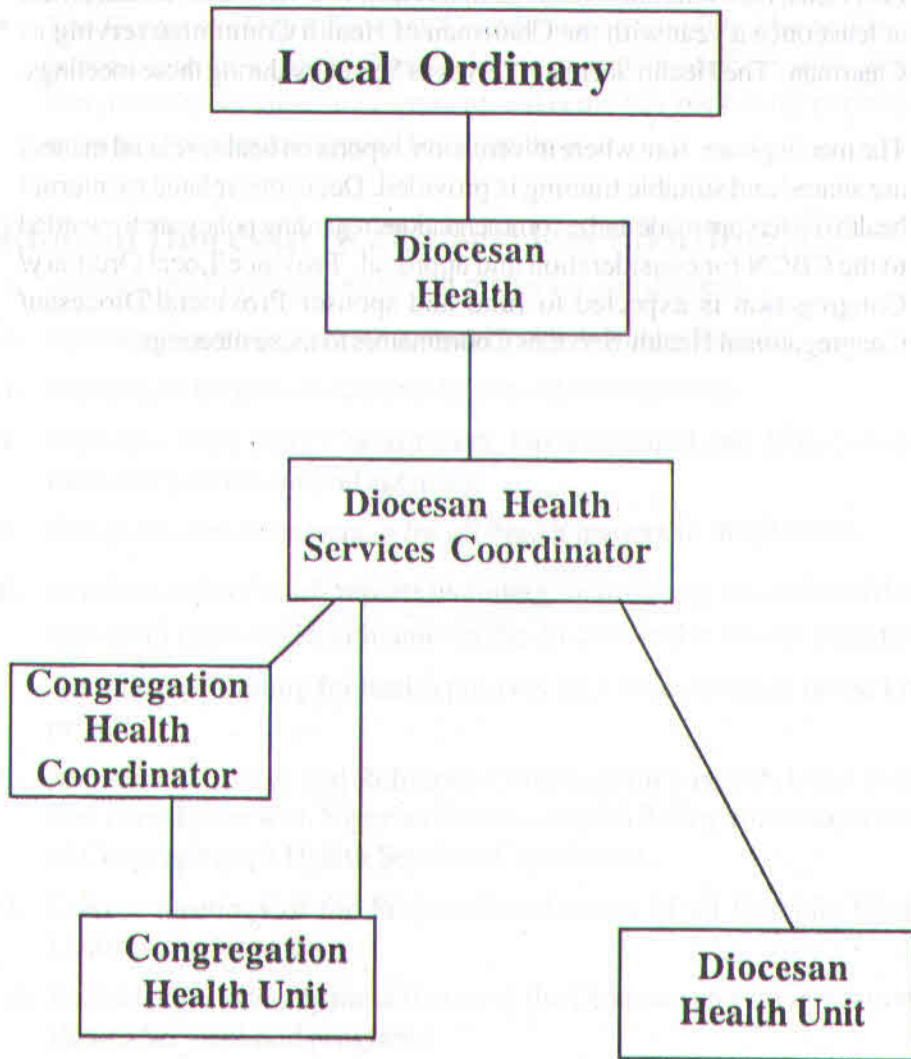
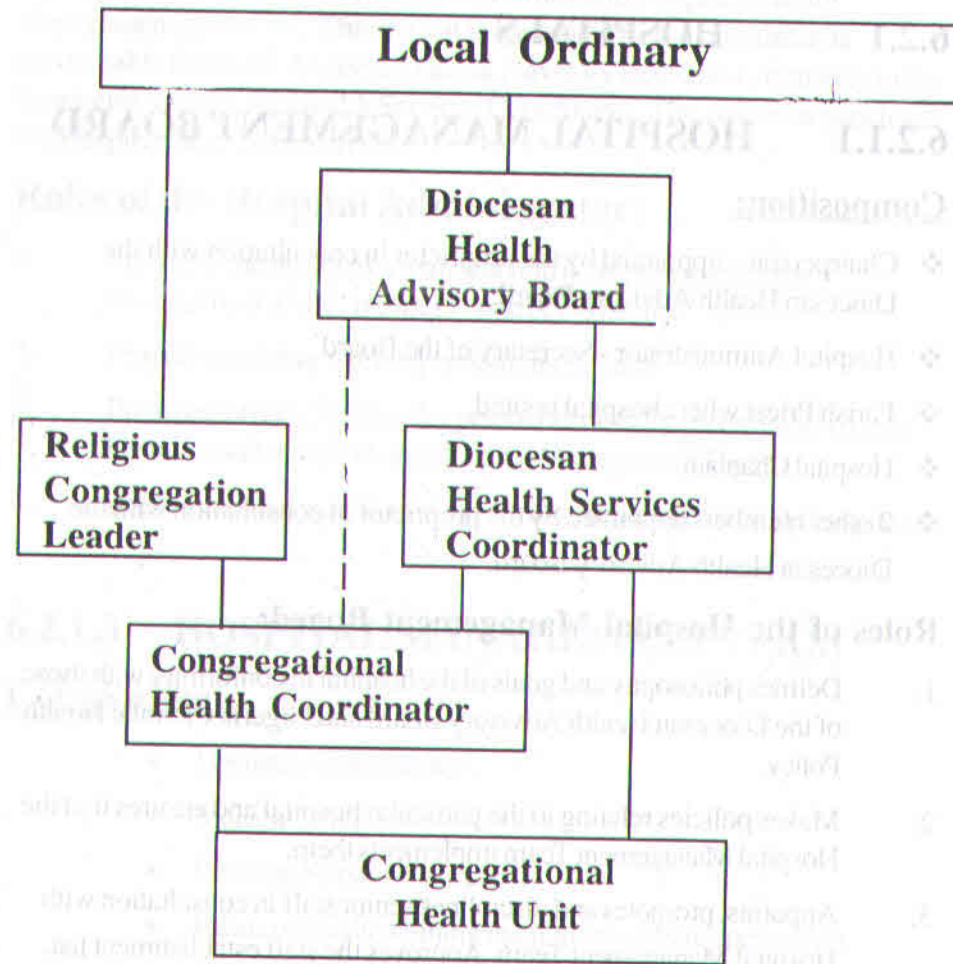


FIGURE 2



CATHOLIC HEALTH SERVICES - DIOCESAN STRUCTURE

FIGURE 3



CATHOLIC HEALTH SERVICES - DIOCESAN STRUCTURE
RELIGIOUS CONGREGATIONS' HEALTH SERVICES

6.2 (d) HEALTH UNITS STRUCTURE

6.2.1 HOSPITALS

6.2.1.1 HOSPITAL MANAGEMENT BOARD

Composition:

- ❖ Chairperson - appointed by the proprietor in consultation with the Diocesan Health Advisory Board.
- ❖ Hospital Administrator - Secretary of the Board.
- ❖ Parish Priest where hospital is sited.
- ❖ Hospital Chaplain
- ❖ 2 other members appointed by the proprietor in consultation with the Diocesan Health Advisory Board.

Roles of the Hospital Management Board:

1. Defines philosophy and goals of the hospital in conformity with those of the Diocesan Health Advisory Board and Nigeria Catholic Health Policy.
2. Makes policies relating to the particular hospital and ensures that the Hospital Management Team implements them.
3. Appoints, promotes and disciplines senior staff in consultation with Hospital Management Team. Approves the staff establishment list.
4. Approves the annual budget of the hospital prepared by the Hospital Management Team.

6.2.1.2 HOSPITAL ADMINISTRATOR

The Hospital Administrator must be a qualified and competent health management personnel. This person is appointed by the proprietor, is accountable first to the Diocesan Health Advisory Board and ultimately to the Proprietor through the Health Services Coordinator. The Administrator leads the Hospital Management Team.

Roles of the Hospital Administrator:

1. Performs the duties of a manager and is responsible for the management of the "business" side of the facility.
2. Provides enabling working conditions for staff.
3. Prepares job descriptions for personnel directly accountable to him/her in consultation with the Hospital Management Team.
4. Coordinates the activities of the various departments of the hospital.

6.2.1.3 HOSPITAL MANAGEMENT TEAM

Composition:

- Hospital Administrator
- Medical Director
- Director Nursing Services
- Heads of Health training institutions (where applicable)
- 1 or 2 other senior staff appointed by the Hospital Management Board

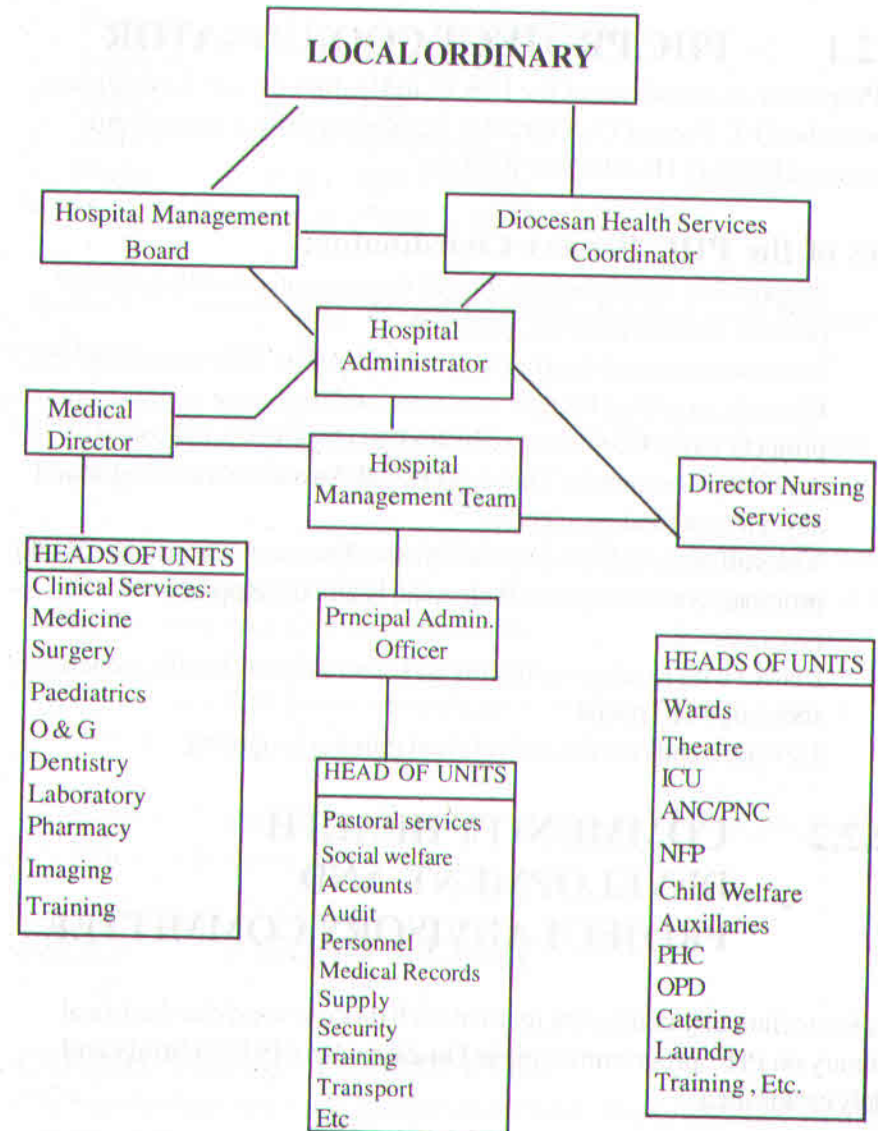
Roles of the Hospital Management Team:

All decision-making should be through team approach and consensus management.

The Team:

1. Is responsible for the day-to-day running of the hospital.
2. Engages and terminates the services of middle management and junior staff, according to staff establishment list.
3. Recommends candidates for senior staff appointment/promotion/discipline by the Hospital Management Board.
4. Approves the job descriptions of staff.
5. Prepares annual budget to be approved by the Hospital Management Board within the last quarter of every year.
6. Ensures that policies of the hospital are adhered to.
7. Ensures that all staff maintain a high degree of discipline and devotion to duty.
8. Suggests any major changes necessary for the efficient and effective running of the hospital to the Hospital Management Board.
9. Prepares the annual reports.

FIGURE 4



HEALTH UNITS STRUCTURE - HOSPITAL

6.2. PRIMARY HEALTH CARE UNITS

6.2.2.1 PHC PROJECT COORDINATOR

The Proprietor on the advice of the Diocesan Health Services Coordinator appoints the PHC Project Coordinator. He/She must be a trained and experienced Primary Health Care Worker.

Roles of the PHC Project Coordinator:

1. Responsible for implementation of the integrated health program/policies within each PHC program.
2. Promotes sustainable programs in cooperation with team members.
3. Presents an annual budget, accounts, and reports of ongoing and new projects to the Community Health Development and Project Advisory Committee, Diocesan Health Services Coordinator and any relevant funding agencies.
4. Visits all geographical areas within the diocese to identify needs and promotes community involvement in health development programmes.
5. Liaises with local governments and other relevant health agencies for securing PHC needs.
6. Develops and coordinates relevant training programs.

6.2.2.2 COMMUNITY HEALTH DEVELOPMENT AND PROJECT ADVISORY COMMITTEE

This is a technically competent team in each diocese to advise the Local Ordinary on PHC programmes in the Diocese where PHC is firmly and widely established.

Composition:

- PHC Coordinator - Secretary
- Community Leaders – Elected by communities
- Representative of PHC team leaders
- Representatives of parishes
- Local Government representatives
- Professional/Technical representatives
- Relevant PHC interest groups in the Diocese

Roles of Community Health Development and Project Advisory Committee:

1. Advises the Local Ordinary through the PHC Project Coordinator on the scope, distribution and involvement of the Diocese in PHC.
2. Provides technical assistance to Village Health Development Committees for the development of their programmes/projects and provides oversight functions for monitoring and evaluation.
3. Ensures that PHC programmes supported by the Church promote Catholic values.
4. Assists PHC programs with resource mobilisation, capacity building and capacity utilisation.

6.2.2.3 PARISH CLINIC

PARISH CLINIC COMMITTEE

The members are appointed by the Parish Priest. The Committee should consist of 7 people.

Composition:

- Chairman of PPC (Parish Priest)
- Matron
- Chairperson Laity Council
- Relevant interest groups
- Representative of PPC
- 1-2 parishioners, preferably with Community Health training/knowledge/concerns

Roles of Parish Clinic Committee:

1. Advises the Parish Priest on the management of the Parish Clinic.
2. Employs the Clinic's Staff.
3. Supervises the Clinic.
4. Cooperates with Diocesan Health Coordinator.
5. Cooperates with PHC Projects Coordinators in the locality.
6. Networks with Local Government and NGOs.
7. Collaborates with Catholic/Government Health Units in Home-Based Care Services.
8. Initiates the formation of Home-Based Care Teams in the Parish.
9. Initiates the formation of Support Group for PLWHA.

6.2.2.4 VILLAGE / PARISH HEALTH DEVELOPMENT COMMITTEE

The lowest level at which all PHC activities will take place.

Composition:

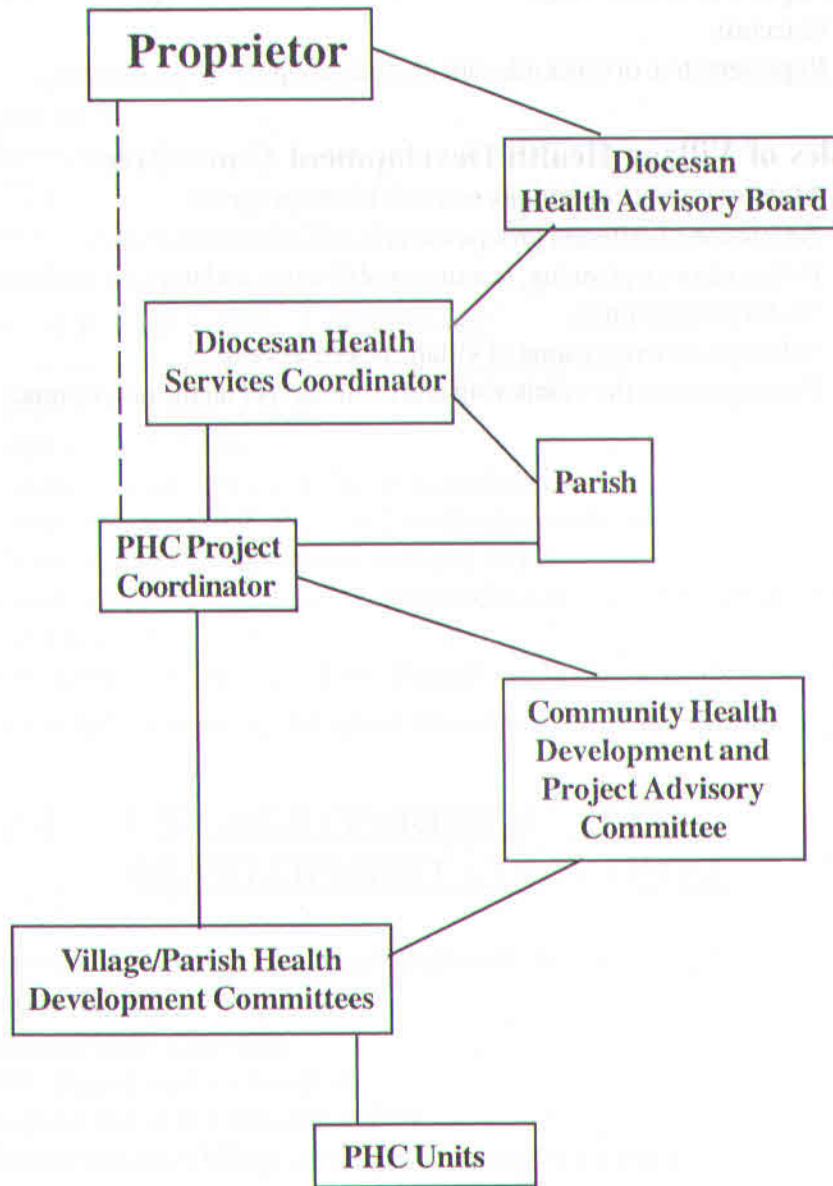
- Village Head – Chairman
- PHC Team Leader – Secretary
- Representative of TBAs and VHWs
- Representative of Village Development Union/Association

- Representatives of Women Groups
- Representatives of Youth
- Catechist
- Representative of other relevant interest groups

Roles of Village Health Development Committee:

1. Mobilisation of community towards health programs.
2. Animation of different groups towards self-reliance activities.
3. Participation in planning, resource mobilisation and implementation of health programmes.
4. Selection and motivation of village health workers.
5. Participation in the monitoring and evaluation of all the programmes.

FIGURE 5



HEALTH UNITS STRUCTURE - PRIMARY HEALTH CARE UNIT

7.0 OPERATIONAL GUIDELINES

7.1 PERSONNEL MANAGEMENT

*“The work of health care persons is a very valuable service to life. The health care worker is the Good Samaritan of the parable, who stops beside the wounded person, becoming his neighbour in charity (cf. Lk 10:29-37). He/she is called to be guardian and servant of human life”.*²

7.1.1 Dignity of the Worker

- ❖ The aim of Catholic Health Institutions is to provide a forum where dignity of work in a variety of professions is recognised; *“where workers have a right to a chance to develop their qualities and their personalities in the exercise of their professions.”*³ Authority of work is exercised in a spirit of humility and in acknowledgement of the fact that just wages be provided according to different levels of responsibility.
- ❖ *“The Church insists that an employed person is a human being, not a commodity to be bought and sold according to market requirements. Workers have rights, which the Catholic teaching has consistently maintained are superior to those of the state. These include the right to decent work, to just wages, to security of employment, to adequate rest and holidays, to limitation of hours of work, to health and safety measures, to non-discrimination ...”*⁴

- ❖ We should adopt Participatory Management based on truth, openness and transparency. Workers should be given the written conditions of service at the commencement of duty.

7.1.2 Staff Discipline

Appropriate procedure should be observed in the discipline of Staff to ensure effective personnel management with fairness, mercy and justice to all concerned

7.1.3 Training

- ❖ All health institutions shall have training and manpower development programmes to improve the knowledge, skills and job performance of staff. Training can be on the job, in-house, local, within and outside the country when necessary.
- ❖ Succession planning should be made for training of young people to replace the older generation of workers. More Schools of Nursing and Midwifery as well as for other Health Professionals should be established.
- ❖ *“Ongoing training in” Catholic Bioethics according to the teaching of the “Magisterium should be available for Health Care Workers to achieve a solid” ethico-religious formation,” which promotes in them an appreciation of human and Christian values and refines their moral conscience.”²*

7.2. FINANCIAL MANAGEMENT

- 7.2.1 Considering the importance of health to the total well-being of the individual, family, and the community, each proprietor is responsible for providing adequate financial allocations to health programmes within its annual budgets.

- 7.2.2 Priority should be given to Primary Health Care programs, especially those that reach the underserved.
- 7.2.3 Each diocese/congregation, in consultation with the health units shall continuously explore suitable mechanisms to finance health services.
- Viz. - User Fees
 - Health Project Grants
 - Health Insurance Schemes
 - Planned Programme for Maintenance and Replacement of equipment
 - Retainers
 - Donor Contribution
 - Revolving schemes
- 7.2.4 As much as possible, assistance shall be provided to the socially and economically disadvantaged groups in the population.
- 7.2.5 In the spirit of participation and ownership, parishioners and communities shall be encouraged to contribute (intellect, labour and money) towards the sustenance of health services.
- 7.2.6 Health facilities' management should ensure that adequate financial control mechanisms are in place and operational.
- 7.2.7 Health Week should be organised annually around 11th February (The World Day of the Sick) in each Diocese as a forum to create awareness on health within community and a means of fund-raising for the health institutions. The Catholic Bishops' Conference of Nigeria can provide the Theme for the Week and link health units with donor agencies.

7.3 MATERIAL MANAGEMENT

7.3.1 Supply Management

- Effective procurement system
- Appropriate storage
- Stock monitoring
- Avoidance of wastage
- Prevention of pilferages
- Control of funds

7.3.2 Maintenance of Equipment

- Understanding and use of equipment Manual
- Prompt repairs of equipment
- Regular and effective maintenance of property, plant, transport. Use of Logbook
- Adequate fire-fighting equipment and regular fire drills for workers
- Insurance of equipment

7.3.3 Drugs Supply

- Judicious selection and procurement of drugs
- Adequate storage
- Stock and expiry date monitoring
- Appropriate costing of drugs including mark up before sales

7.4 HEALTH MANAGEMENT INFORMATION SYSTEM

- 7.4.1 Effective Database for health must be established at the national level.

- 7.4.2 Notification of diseases should be in accordance with Government Health requirements.
- 7.4.3 Medical Statistical Data Returns should be compulsory, prompt, standardised and compiled from community through Health Units to Diocesan and to the national level.
- 7.4.4 Awareness among health workers must be created on the benefits of the system for planning, budgeting, costing and financial control in the health institutions.
- 7.4.5 Special attention should be given to Medical Records and Filing System to facilitate prompt attention to patients and confidentiality.

8.0 PASTORAL CARE

Pastoral Care in Catholic Health Institutions is provided and coordinated by a Chaplain appointed by the Local Ordinary. The aim of this apostolate for the sick is *“to visit the faithful so as to be at their side, thereby reinforcing the bonds among all members of the parish community, in order to accompany them in their spiritual lives and sustain them in their trials.”*⁵

For effective Pastoral Care:

- Hospital Chapels should be central to in-patients
- Patients should have access to the Sacraments
- Regular Morning Prayers should be kept
- Networking with Ministers of other faiths should be encouraged
- Services of suitable Volunteers should be incorporated

9.0 POLICY REVIEW AND EVALUATION

9.1 EVALUATION

- 9.1.1 *Internal evaluation at the instance of Diocesan Health Advisory Board should be carried out periodically at Diocesan level to ensure that the policy is being implemented.*
- 9.1.2 *A team appointed by the Health Committee of Catholic Secretariat should carry out external evaluation using random sampling.*

9.2 REVIEW

- 9.2 *Where Diocesan policies are already in place, they should be reviewed to ensure that they are in agreement with the National Health Policy.*
- 9.2.2 *After a period of 5 years the Nigerian Catholic Health Policy should be reviewed.*

10.0 REFERENCES, BIBLIOGRAPHY & APPENDIX

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Appendix I

UNIVERSAL PRECAUTIONS FOR INFECTION CONTROL IN HEALTH CARE SETTINGS

Current evidence shows that the risk of transmitting HIV and other viruses from health care workers to patients or from patients to health care workers is extremely small if proper procedures are followed. These proper procedures are what are otherwise called the “**UNIVERSAL PRECAUTIONS.**”

Since Health workers can get accidentally infected during the course of their duties through needle pricks, or via broken skin; ulcers/wounds and the mucosa of the eye, nose or mouth, it is safer to keep in mind the following salient points:

- Many people with HIV infection look and feel normal; so neither you nor they will have any idea that they are infected and thus could be infectious to others.
- Do not attempt to guess who is infected or not. Take appropriate precautions with ALL patients.
- Assume all blood and general body fluids are infectious since the HIV virus can be present in blood, seminal fluid, vaginal secretions and other body fluids.

THE PRECAUTIONS

- 1.0 PREVENTION OF INJURIES FROM SHARPS (i.e. NEEDLES, SHARP INSTRUMENTS):
 - 1.1 Do not bend, break or recap disposable needles. They should be disposed of immediately after use with their attached syringe into a thick puncture resistant cardboard, plastic, glass, or metal disposal container called SHARPS BOX. These containers should be boldly marked with the danger sign and be positioned as near as possible to the work area, preferably at arm's length.

- 1.2 Other used disposable sharp objects should also be placed in the containers as described above. The full containers should be carefully sealed for burning or buried in sanitary landfills. The housekeeping or clean-up staff should be especially made aware of the risk in the containers when disposing of them and as such should wear heavy protective gloves.
- 1.3 Re-usable sharps such as scissors, should be carefully placed in the designated containers after use. Thick protective gloves, should be worn by those, whose job it is to clean them before disinfection or sterilization.

2.0 PREVENTION OF INFECTION THROUGH OPEN WOUNDS AND EXPOSED MUCOUS MEMBRANES:

- 2.1 Clean and cover all skin wounds and sores with waterproof dressings and plaster. Staff with skin conditions such as weepy dermatitis should refrain from direct patient care or the handling of patient care equipment.
- 2.2 Gloves should be worn at all times when contact with blood or body fluids containing blood or pus is expected. The following are some examples:
- Performing vaginal examinations.
 - Delivery of babies; the obstetrician/midwife and assistants should be equally gloved and gowned. Eye protection may also be worn.
 - Intubations for anaesthesia, naso-gastric feeding or oro-pharyngeal suctioning.
 - Incision and drainage of abscesses.
 - Catheterisation of the urethra.
 - Cleaning up of spilled blood on a work area.
 - Disposing of used instruments.
- 2.3 Wash hands and other skin surfaces with soap and water immediately after an accidental exposure or direct contact with blood and body fluids.
- 2.4 All blood and other body fluid specimens should be collected in containers with firm-fitting lids to prevent leakage. Ensure that the outer surfaces of containers are not stained, if stained wipe with

- disinfectant. Label all specimens carefully.
- 2.5 Clean up all blood spills promptly, using approved disinfectants such as sodium hypochlorite or household bleach. Work surfaces should also be cleaned with hot water and soap after completing a procedure and at any time there is contamination with potentially infectious body fluid.
- 2.6 Protective eye gear should be worn where splashes are expected e.g. at surgeries.
- 2.7 Newborn babies should be resuscitated with plastic or mechanical devices. Avoid mouth to mouth resuscitation in the delivery suite or emergency room. Resuscitation bags should be made available.
- 2.8 All laboratory personnel should replace mouth pipetting of specimens with mechanical or electrically controlled pipettes.
- ## 3.0 PREVENTION OF INFECTION VIA CONTAMINATED INSTRUMENTS:
- 3.1 Clean and decontaminate all instruments before sterilizing them.
- 3.2 Sterilization by Boiling/High level disinfection: Boil all instruments in a closed container for 20 minutes without interruption.
- 3.3 Sterilization by Dry Heat: This can be done in an ordinary cooking gas or electric oven at a temperature of 170°C. This is not suitable for plastic objects.
- 3.4 Steam sterilization: Sterilize in an autoclave/pressure cooker for 20 minutes after the load achieves a temperature of 121°C.
- 3.5 Other instruments, which can not be boiled or autoclaved, should be sterilized by immersion in any of the following fluids for at least 30 minutes.

- 1.2 (i) Sodium hypochlorite or household bleach (0.1-0.5% solution). This should be freshly prepared. Bleach however is corrosive and deteriorates in hot climate.
- (ii) Chloramine 2%
- (iii) Ethanol 70% (Methylated spirit)
- 1.3 (iv) Gluteraldehyde
- (v) Hydrogen peroxide
- (vi) Polividone Iodine 10% making 2.5% solution (1 part of 10% to 3 parts of water)
- 2.0 Note: LYSOL AND DETTOL DO NOT KILL HIV.
- 3.6 Avoid giving unnecessary injections when effective oral medications are available. Patients who prefer injections should be counselled and educated about the risks and advantages of their choice.
- 2.0
- 4.0 DISPOSAL OF WASTE:
- 2.0
- 4.1 Blood or fluid-soiled linen should be transported in leak proof bags or folded with the soiled parts inside. They should be washed with hot water and detergent separate from unsoiled linen.
- 4.2 Liquids such as blood or amniotic fluids should be flushed into sanitary sewers or pit latrine.
- 4.2 Carefully bury or burn blood-soaked dressings, sanitary pads, placentae or biopsy specimens. Avoid placing these materials in open dumps where animals and children could reach them. Do not also bury them in places where water sources can be contaminated.

Appendix 2

"Charter For Health Care Workers" by Pontifical Council for Pastoral Assistance To Health Workers as a Manual on Bioethics for Catholic Health Institutions in Nigeria.

These drafts of the "Nigerian Catholic Health and HIV/AIDS Policy" were prepared in consultation with a special committee set up by the National Diocesan Health Services Coordinators during the meeting held at Owerri, Imo State on May 8, 2001. Few experts in various health related fields were invited to join the committee. The Team worked on the drafts from June - December, 2001.

The members of the Policy Drafting Team:

1. Most Rev. M. O. Fagun - Bishop of Ekiti, Chairman, Health Committee, Department of Church and Society, Catholic Secretariat of Nigeria.
2. Rev. Fr. Theo Odukwe - Health Services Co-ordinator, Archdiocese of Onitsha
3. Rev. Fr. Femi Akintolu - Health Services Coordinator, Diocese of Abeokuta, Administrator, Sacred Heart Hospital, Abeokuta
4. Sr. Jane Frances Chioke - Administrator, Annunciation Hospital, Emene, Enugu
5. Sr. Bernadette Etuk - Health Services Coordinator, Diocese of Minna
6. Sr. Geraldine Henry - Health Services Coordinator, Archdiocese of Abuja
7. Sr Rosemary Mamman - Health Services Coordinator, Diocese of Makurdi
8. Rev. Sr Bibiana O. Ovwigho - Health Services Coordinator, Archdiocese of Lagos
9. Mr. Peter Nanle - Health Advisor, Provincial Health Services Coordinator, Archdiocese of Jos
10. Mr Michael Apesin - Health Planning & Management Consultant, Michael Apesin & Associates, Lagos
11. Prof. Micheal Asuzu - Professor, Community Medicine, College of Medicine, University College Hospital, Ibadan
12. Sr. Anastasia Njoku - Medical Director, Ancilla Catholic Hospital, Iju, Lagos
13. Sr. Francisca Osih - Matron and Administrator, Our Lady of Apostles Catholic Hospital, Oluyoro, Ibadan
14. Sr. Jacinta Roche - Administrator, St. Catherine Medical Centre, Mafoluku, Lagos
15. Dr. (Mrs.) Wanda Alli-Balogun - Secretary, Health Committee, Department of Church and Society, Catholic Secretariat Of Nigeria.

