HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Health Systems Strengthening OPEN HOUSE

A Diagnosis of Governance and Coordination of the CHIPS Program in Nigeria

Umar Kabo Idris[1,2], Abolade Oyolere[3], Djatougbe Dogbe[1,2], Linda A. Vanotoo[1,2]

[1] Results for Development, [2] Health Systems Strengthening Accelerator,
[3] Health Strategy and Delivery Foundation

INTRODUCTION

- Low- and middle-income countries (LMICs) face significant healthcare worker shortages, with a predicted shortfall of 30 million by 2030, hindering Universal Health Coverage.

- Community Health Workers (CHWs) are critical in addressing healthcare gaps, especially in regions with severe worker shortages and high disease burdens, (including many African countries), despite challenges like weak health systems and inadequate funding.

- Nigeria's Community Health Influencers, Promoters and Services (CHIPS) Programme, launched in 2018, aims to improve healthcare access and continuity by utilizing community volunteers and consolidating fragmented initiatives into a unified national effort. The programme operates at federal, state, local, and community levels.

- Initial engagements with USAID Nigeria and the CHIPS Program Implementation Unit (PIU) by HSSA have highlighted gaps in governance and coordination within the CHIPS Programme that need addressing.
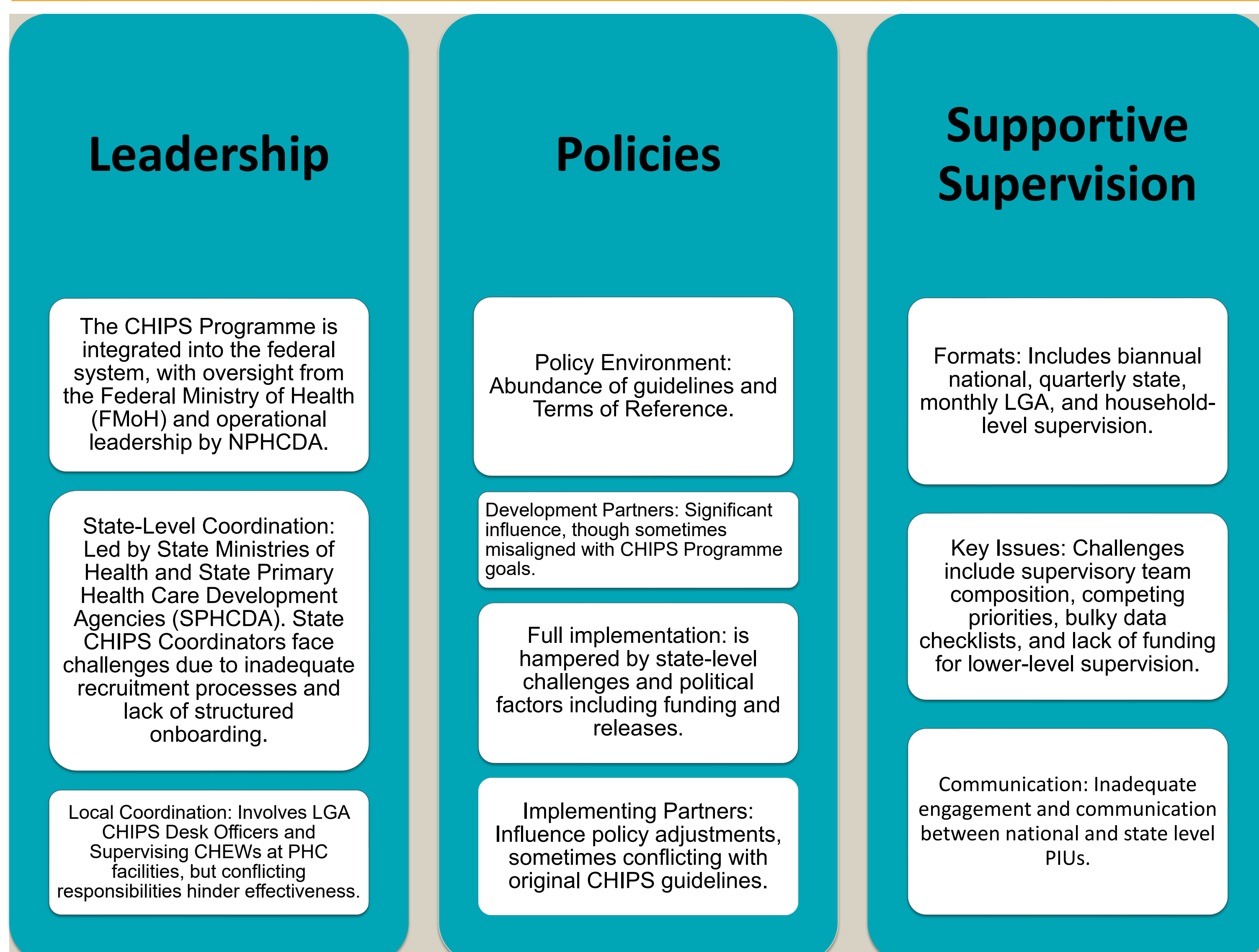
OBJECTIVES

- Conduct in-depth interviews and surveys with CHIPS Programme stakeholders to gather perspectives on existing gaps and needs.

- Analyze current policies and leadership structures within the CHIPS Programme to identify areas for enhancement.

- Explore examples of best practices in supportive supervision to understand successful approaches.

- Facilitate collaborative discussions and brainstorming sessions to refine ideas for addressing identified challenges.

- Create visual aids and data representations for the poster to effectively communicate key findings and proposed solutions.
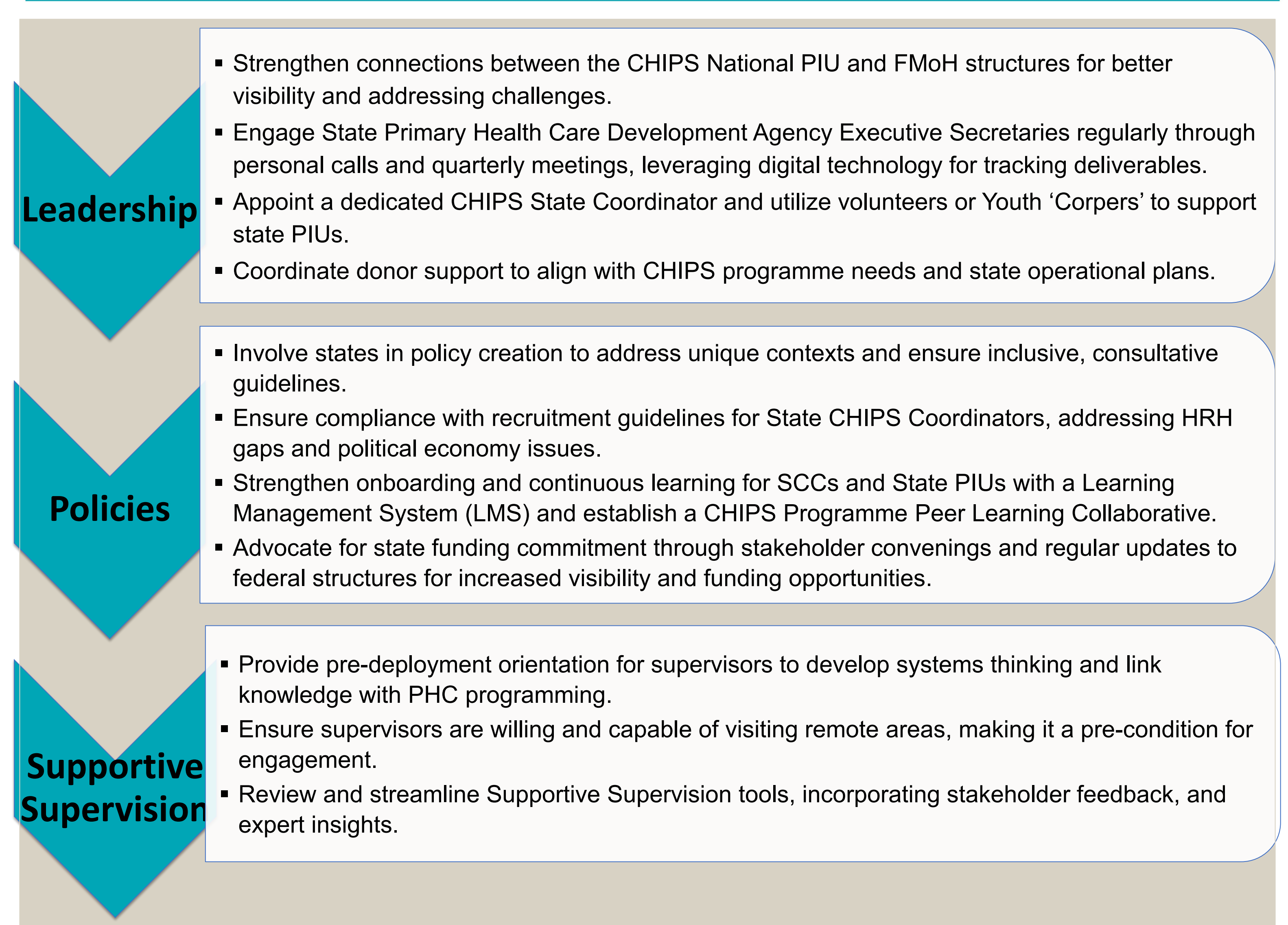
METHODS

- In the initial phase, our methodology involved conducting a thorough desk review where we meticulously examined program documents, guidelines, and tools while also delving into online databases to access CHIPS governance and coordination documents.

- Subsequently, we proceeded to conduct key informant interviews with senior PIU management personnel. These interviews were instrumental in identifying the existing gaps, needs, challenges, and best practices associated with CHIPS Program Governance & Coordination.

- Following the data collection phase, we undertook a rigorous synthesis of findings by performing thematic analysis on the information gathered from both the desk review and key informant interviews. This approach allowed us to extract valuable insights and subsequently formulate well-considered recommendations to enhance the governance and coordination of the CHIPS program.

- Facilitate collaborative discussions and brainstorming sessions to refine ideas for addressing identified challenges.

RESULTS

Leadership

The CHIPS Programme is integrated into the federal system, with oversight from the Federal Ministry of Health (FMoH) and operational leadership by NPHCDA.

State-Level Coordination: Led by State Ministries of Health and State Primary Health Care Development Agencies (SPHCDA). State CHIPS Coordinators face challenges due to inadequate recruitment processes and lack of structured onboarding.

Local Coordination: Involves LGA CHIPS Desk Officers and Supervising CHEWs at PHC facilities, but conflicting responsibilities hinder effectiveness.

Policies

Policy Environment: Abundance of guidelines and Terms of Reference.

Development Partners: Significant influence, though sometimes misaligned with CHIPS Programme goals.

Full implementation: is hampered by state-level challenges and political factors including funding and releases.

Implementing Partners: Influence policy adjustments, sometimes conflicting with original CHIPS guidelines.

Supportive Supervision

Formats: Includes biannual national, quarterly state, monthly LGA, and household-level supervision.

Key Issues: Challenges include supervisory team composition, competing priorities, bulky data checklists, and lack of funding for lower-level supervision.

Communication: Inadequate engagement and communication between national and state level PIUs.

RECOMMENDATIONS

Leadership

- Strengthen connections between the CHIPS National PIU and FMoH structures for better visibility and addressing challenges.
- Engage State Primary Health Care Development Agency Executive Secretaries regularly through personal calls and quarterly meetings, leveraging digital technology for tracking deliverables.
- Appoint a dedicated CHIPS State Coordinator and utilize volunteers or Youth 'Corpers' to support state PIUs.
- Coordinate donor support to align with CHIPS programme needs and state operational plans.

Policies

- Involve states in policy creation to address unique contexts and ensure inclusive, consultative guidelines.
- Ensure compliance with recruitment guidelines for State CHIPS Coordinators, addressing HRH gaps and political economy issues.
- Strengthen onboarding and continuous learning for SCCs and State PIUs with a Learning Management System (LMS) and establish a CHIPS Programme Peer Learning Collaborative.
- Advocate for state funding commitment through stakeholder convenings and regular updates to federal structures for increased visibility and funding opportunities.

Supportive Supervision

- Provide pre-deployment orientation for supervisors to develop systems thinking and link knowledge with PHC programming.
- Ensure supervisors are willing and capable of visiting remote areas, making it a pre-condition for engagement.
- Review and streamline Supportive Supervision tools, incorporating stakeholder feedback, and expert insights.

CONCLUSIONS

- The establishment of the CHIPS Programme in 2018 reflects Nigeria's dedication to enhancing access to equitable healthcare and attaining Universal Health Coverage (UHC).
- Although governance and coordination present challenges, this assessment highlights critical areas for enhancement.
- Strengthening communication and interaction between the National PIU and stakeholders, coupled with securing state ownership and funding, is paramount.
- Future actions may involve the introduction of CHIPS Programme 2.0, backed by full state commitment, supported by evidence, and formal agreements for counterpart funding.

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