



Original Article

Health Workers' Perception of Health System Strengthening by International Development and Non-Governmental Organizations in a Nigerian Setting

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ABSTRACT

Introduction: We used the WHO building blocks of Health Care Strengthening to assess the perception of Health care services providers and managers of HSS interventions by International Development Organizations (ID) and International Non-governmental organization (NGOs) carried out over a 5 year in a state in Northcentral Nigeria. **Methodology:** This cross-sectional study used questionnaire adapted from the WHO HSS building blocks. In addition to the six building blocks, community linkage was included. 120 health care workers from facilities in Kogi state were selected on the basis of high volume of deliveries from health facilities. Their perception of the overall community benefits arising from HSS interventions was assessed. **Results:** Respondents expressed satisfaction 272 (73.5%). Direct benefit to the health facilities were improved service delivery 168 (45.4%), Health workforce development leading to increase in number of Skilled Birth Attendants 115 (31.1%) and medical products, vaccines and technologies supply 75 (20.3%). The respondents believed that the health workforce and service delivery received the best benefits of HSS interventions. The overall perception of respondents was fair and supportive of HSS intervention by ID/NGO. Health workforce and service delivery were the areas most strengthened, followed by medical products, vaccines and technologies. **Conclusion:** Majority of respondents believed that HSS intervention by ID/NGOs has positive effects on the building block of sector strengthening especially on leadership, governance, service delivery, medical supplies, vaccines and technology.



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INTRODUCTION

Meeting the Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) would require Health System Strengthening (HSS). The WHO HSS is geared towards increasing access, quality and utilization of health services including sustainability in the health sectors^{8, 10}.

Health systems strengthening is the process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges or any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency. It was grouped by WHO into 6 components which are service delivery, health workforce, health information system, medical products, vaccines and technologies, health system financing, leadership and governance^{18, 19}. These are the building blocks of a strong health system. These blocks are interconnected such that failure in one affects the other(s). In Zambia, Mutale et al, found that failure in service delivery was linked to weak workforce, information system and the other blocks of the health system².

International Donors and Development Agencies have played key role in the Nigerian health system. They have been at the forefront in the prevention and management of HIV/AIDS, Polio, Malaria, vaccine preventable diseases including the promotion of Reproductive Maternal, Newborn Child and Adolescent Health (RMNCAH). Key among these organizations are United Nations Foundation, United States Agency for International Development (USAID), Department For International Development (DFID), Bill and Melinda Gates Foundation, Canadian International Development Agency (CIDA), Centre for Disease Control (CDC) of the United States of America, European Union (EU), Global Alliance for Vaccines and Immunization (GAVI) and the Government of Japan. Others are Rotary International, The Micronutrient Initiative, and Alexander Bodini Foundation⁴. The activities of these agencies span through many systems including health, agriculture, governance, policy amongst others. Their programs come under many

names and timelines all geared towards a system with improved quality and access.

The 2015-19 vision of USAID, a major contributor to global health on HSS is to ensure financial protection, essential services, population coverage, and responsiveness. The agency has contributed immensely in the area of Maternal Newborn and Child Health, HIV/AIDS and immunization¹⁴. Apart from reducing the prevalence and negative impact of HIV/AIDS, infectious diseases and improvement of sexual and reproductive health, HSS is a major goal of both USAID and the German Development Cooperation. In collaboration with WHO, it launched the Healthy Systems - Healthy Lives Initiative in 2015¹⁵. In 2017, health and humanitarian services accounted for 15% and 17% Official Development Assistance by DFID with Nigeria being the second highest recipient country¹⁷. Despite the presence of many players, donors and implementing partners have not being a defined protocol or guidance on what HSS⁹.

Nigeria's expenditure on health as a ratio of GDP is 3.7%. This is lower than the 5% average for low-income countries and 9.2% global average. Of the total expenditures on health, government accounts for 23.9%, Private 76.1% and external sources including donors accounts for 5.5%^{10, 20}. Despite the large funding into the health sector from multiple sources, corruption is real with no robust mechanisms to check it¹¹. Developing a framework to monitor multiple donor investment in the health sector as occur in Nigeria would require harmonization of the concept of HSS, contribution of health expenditures, classification of HSS, identification of programmatic and financial data for comparative analysis¹².

Non-Governmental Organizations have been instrumental in poverty alleviation and have been credited with high degree of success and penetration in Nigeria. Some of the challenges are over relying on them with no prospect of self-reliance and initiative. Sustainability is also a problem when funding for activities stops³. Apart from the health system, other areas strengthened are rural development, capacity building, technical assistance, agriculture, research, monitoring and evaluation including conflict resolution and maintenance of peace⁵. Despite this, a few believe the contribution to the environment appear minimal⁶.

In monitoring health systems and their performance related to interventions, the World Health organization (WHO) categorized the health system into six building blocks viz: Service delivery, Health Work force, Health information system, access to essential medicines (vaccines and essential medical products), health care financing and health leadership and governance.

A study of the building blocks in Ethiopia related to Health System Strengthening efforts of ID/NGOs perceived by respondents showed that service delivery was most impacted (69%) followed by health care financing (62%), Leadership and governance (61%), medical products (58%), health work force (55%) and health information system (53%)⁷.

Nigeria's health sector has multiple challenges with governance and with the health workforce that has been described as crisis ridden¹⁶. Kogi, in the North Central geopolitical region of Nigeria border about 10 other states and has enjoyed the presence and activities of many donors since its creation in 1991. The programs of note by ID and INGOs in the state target RMNCAH + N, Immunization, HIV/AIDS, Malaria and Tuberculosis prevention and treatment. There are many local NGOs in the state like the Christian Relief Network, FOMWAN, Police Officers Wives Association, Pet projects of First Ladies, KOSACA and SOML. For the purpose of this study, the International Development, Donors, Implementing Partner/agencies and International NGOs and their programs are considered as ID/NGO for uniformity.

Despite years of multiple and continuous donor investment in the country, health indices are worst when compared to other nations globally. Except something is done differently, Nigeria would continue to decrease on the global scale of health indices. The need to investigate what is working well and what needs to be improved using standardized blocks/domains as identified by the WHO becomes very imperative to guide future policy and investment in health. Feedback and recommendation from the frontline health workers who manage health facilities and patients have been poor leading to repetitive trend in HSS and outcome, a study like this would help to streamline and summate efforts.

METHODOLOGY

This was a cross sectional study of health workers using a structured questionnaire adopted from the WHO HSS building blocks. In addition to the six building blocks, community linkage was included. Participants were recruited from 120 health facilities in Kogi state selected based on high volume of deliveries. All the tertiary and secondary health facilities including mission health facilities met the criteria and were included

Other criteria were consent, facilities with a minimum of 5 deliveries per month, working in the facility for at least 1 year, and being a CHEW, nurse, or doctor. Ethical clearance was obtained from the Kogi State Ministry of Health before the study. Privacy and confidentiality were ensured through anonymous questionnaires. Facilities were only identified as primary, secondary, or tertiary. Blocks assessed used the definitions adopted from the WHO Everybody business: strengthening health systems to improve health outcomes 2007 as outlined¹³.

Questionnaires were completed by health workers after understanding each of the blocks with all clarifications made and verbal consent obtained. For each question, blocks were arranged in hierarchical Likert scale of 5 to 1 with the best being 5. The best block selected for each question were computed in the results as percentages. Health workers assessed were those present on duties during the working hours (8am to 4pm). The health workers' perception of the performance using these blocks following HSS intervention(s) by ID/NGOs were sought using structured questionnaires focusing on:

Service delivery: those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

Health workforce: one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e., there are sufficient staff, fairly distributed; they are competent, responsive and productive).

Health information system: one that ensures the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance and health status.

Medical products, vaccines, and technologies: A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

Health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient. Leadership and governance: involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

Their perception of the overall community benefits arising from HSS interventions was also assessed. The data was analyzed and presented as shown in the results/tables 1-5.

Results

There were 370 respondents consisting of 315(85.1%) females and 55(14.9%) males from 9 (2.5%) tertiary hospitals, 64(17.5%) secondary facilities and 296(80.0%) PHCs. Table 2: General perception of building block strengthening by respondents.

Building Blocks	Strengthened very well	
	N	%
No Response	52	14.1
Community	22	5.9
Medical products, vaccines and technologies	34	9.2
Healthcare financing	21	5.7
Health workforce	110	29.7
Leadership and governance	14	3.8
Service delivery	117	31.6
Total	370	100

The health workers were from 19 different ethnic groups of the country but predominated by the indigenous population.

The tribes of the respondents are Ebira 111(20%), Igala 126 (34.1%), Yoruba 82 (22.2%) and others other tribes that constituted 51 (13.9%). 208 of the respondents were Community Health Extension Workers (CHEW) representing 56.2%, nurse/midwives 156(42.2%) and doctors 6(1.6%). Their average age-years of the respondents was 43.8 years; the youngest was 22 years while the oldest was 66 years. The average years post qualification and in employment were 17.8 years and 17.5 years respectively. The estimated mean years of international development activities were 5.2 years, and this ranged from 1 year to 27 years. The health workers predominantly expressed satisfaction 272 (73.5%).

Table 1: Perception of Benefits of ID/NGO interventions to Health facility and the health workers by respondents across Health system Blocks.

Health system building block	Direct Benefit to Health Facility		Direct Benefit to Health worker	
	N	Percentage	N	Percentage
Unspecified	1	0.3	10	2.7
Community	5	1.4	4	1.1
Information and research	3	0.8	2	0.5
Medical products, vaccines and technologies	75	20.3	11	3.0
Healthcare financing	1	0.3	5	1.4
Health workforce	115	31.0	195	52.6
Leadership and governance	2	0.5	4	1.1
Service delivery	168	45.4	139	37.6
Total	370	100	370	100

Based on their responses (Table 1), direct benefit to the health facilities were improved service

delivery 168 (45.4%), Health workforce development leading to increase in number of Skilled Birth Attendants 115 (31.1%) and medical products, vaccines, and technologies supply 75 (20.3%).

Table 3: Perception of Positive Impact of HSS by International Development/NGO and local NGOs by Respondents.

Building blocks	ID/NGO		Local NGO	
	N	%	N	%
No Response	38	10.3	222	60.0
Community	13	3.5	21	5.7
Information and research	1	0.3	0	0
Medical products, vaccines and technologies	128	34.6	47	12.7
Healthcare financing	2	0.5	1	0.3
Health workforce	95	25.7	17	4.6
Leadership and governance	2	0.5	2	0.5
Service delivery	91	24.6	60	16.2
Total	370	100	370	100

As shown in table 2, 318 (85.9) respondents perceived that that HSS was done very well especially in the service delivery 117(31.6%) and the health workforce 110 (29.7%) building blocks received. When compared with local NGOs (Table3), a cumulative number of the respondents 314 (84%) perceived that ID/NGOs have done better than local NGOs especially in the building blocks of Service delivery, medical products and vaccines and the health work force.

Table 4 shows the perception of the respondents on the effects of the withdrawal of ID/NGOs HSS interventions and which block would be most affected. They perceived that the health workforce will be most affected while the leadership and governance will be least affected. No respondent perceived that health information and research would be affected by such withdrawal.

Table 5 shows that 29% (109) of the respondents perceive that the block of medical products, vaccines and technology will have the greatest return on investment if further strengthened.

Table 4: Perception of the most affected block by withdrawal of ID/NGO interventions from the health facilities by Respondents

Building Blocks	Affected most	
	N	%
No Response	44	11.9
Community	39	10.5
Information and research	0	0
Medical products, vaccines and technologies	54	14.6
Healthcare financing	34	9.2
Health workforce	114	30.8
Leadership and governance	9	2.4
Service delivery	76	20.5
Total	370	100

Table 5: Perception of Best cost/benefit Effect of HSS interventions by respondents)

Block		
	N	%
No Response	118	31.9
Community	41	11.0
Information and research	1	0.3
Medical products, vaccines and technologies	109	29.5
Healthcare financing	15	4.1
Health workforce	51	13.8
Leadership and governance	4	1.1
Service delivery	31	8.3
Total	370	100

DISCUSSIONS

A potential threat to meeting the SDG is a weak health system. The inability of many low-income countries to meet the MDG is the weak health sector that could not provide the needed quality and quantity of services needed to curtail most morbidity and mortality². This study assessed HSS from perspectives of frontline health workers who are key stakeholders critical for the improvement of health indices in the country.

The overall perception of respondents was fair and supportive of HSS intervention by ID/NGO. A total of 318 (85.9%) of the participants identified an area strengthened well. Health workforce and service delivery were the areas most strengthened, followed by medical products, vaccines, and technologies. This was a recurrent trend when seen from either the health workers' perspective or facility perspective. This success was also observed by Yusuf et al³. In the study of Manyazewalet al, all the blocks performed almost equally that is to say that the respondents perceived that ID/NGOs had very significant impact on the building blocks of the health systems⁷. Development of the health workforce including high quality service delivery would improve the pool and ratio of health workers with the requisite knowledge and skills necessary to save lives in maternal and child health care delivery services. The reasons for intervention by these agencies or organizations include widespread variations that were observed in the skills and capacity of health workers who were designated as skilled in the management of leading causes of maternal and newborn mortality^{1, 8, 9}.

Capitalizing on the task shifting policy of the Nigerian Federal Ministry of Health, donors and implementing partners by their interventions tried build the capacity of many frontline health workers particularly Community Health Extension Workers with the requisite knowledge to meet the criteria for the definition as Skilled Birth Attendants (SBA) and also with knowledge needed to prevent most causes of Maternal and Newborn Mortality. Delivery under SBA in Nigeria is about 36% (NDHS)^{20, 21}. Low quality of care (service delivery) which has been at low ebb in the health delivery system in Nigeria was perceived by the respondents to be strengthened by ID/NGO interventions.

Health information, finance, leadership, and governance were perceived by the respondents

to receive less impact from ID/NGO interventions. This may be due to the complex nature of these blocks as the benefits of interventions to them are indirect. This is because most donors and implementing partners usually concentrate in service areas that have measurable indicators like maternal mortality, infant mortality, service uptake that have overarching effect of the health status of communities and nations. They are relatively easier to implement and are also easily measurable deliverables by donors and implementing partners. Health workers are also more likely to remember these as they affect them more directly. Awareness of health workers (respondents) and the inability health systems to put enabling structures of measuring HSS may also be reasons while respondents have least perception of the impact of IDs/NGOs on these blocks⁹.

Despite the presence of many local NGOs, their activities were recognized by only 40% of the participants when compared to 89.7% by ID/NGOs. The need to build the capacities of these local NGOs is imperative as Nigeria may soon cease to qualify from funding from ID/NGOs as her economy improves.

The respondents perceived that the health workforce, Service delivery, medical products, vaccines, and technologies would be more affected by the withdrawal or absence of ID/NGOs in our health care strengthening interventions.

One of the significant limitations to a study of perception like this is recall bias. It is hoped that more studies on this subject would further bring to the fore more information that will guide policies and investments in Health system strengthening by IDs/NGOs.

Conclusions

Majority of respondents in the health sector believe that HSS intervention by ID/NGOs has positive effects on the building block of sector strengthening especially on leadership, governance, service delivery, medical supplies, vaccines and technology. However, HSS is not an absolute prerogative of ID neither is it a magic wand as the varied perceptions of the respondents would show.

Many determinants of poor health within and outside the health sector are still predominant in the study clime implying the need for a more holistic approach that would include the

community, health facilities, government, and other stakeholders. Investment in the health information, leadership and governance would drive HSS built on sound evidence and ownership.

Corruption in the health sector is an issue¹³. Good financial management and transparency needs to be strengthened as many projects started by ID partners are not sustainable when funding stops³. When this happens, the gains of the project are reversed. There is also the need to build the capacities of local NGOs to guarantee sustainability.

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