

**SOKOTO STATE CONTRIBUTORY HEALTHCARE  
MANAGEMENT AGENCY  
[SOCHEMA]**

**SERVICE CHARTER AND CONFLICT RESOLUTION  
MANUAL  
(COMPLAINTS MANAGEMENT PROCEDURES, PROVIDER,  
TPA, ALL ACTORS OBLIGATIONS, RIGHTS AND REDRESS  
MECHANISMS)**

**2018**

## TABLE OF CONTENTS

Table of Contents .....	2
Definition of terms.....	3
Section 1: Introduction/Background .....	4
Section 2: Purpose of the service charter.....	5
2.1 Service Delivery Principles.....	5
Section 3: Rights of Beneficiaries under the Scheme.....	6
Section 4: The mandate, functions and obligations of SOCHEMA.....	7
Section 5: The mandate, functions and obligations of TPAs.....	10
Section 6: The mandate, functions and obligations of Healthcare Providers.....	11
Section 7: SOCHEMA service pledge.....	13
7.1 Services and Standards from SOCHEMA, TPAs and facilities.....	13
7.2 Monitoring and Reporting.....	16
Section 8: Complaints / Redress Mechanism.....	17

## DEFINITION OF TERMS

**Service Users:** This refer to:

- a. People who use health and social care services as patients; carers, parents and guardians;
- b. Organisations and communities that represent the interests of people who use health and social care services;
- c. Members of the public and communities who are potential users of health services and social care interventions.

The term ‘service user’ also takes account of the rich diversity of people in our society, regardless of age, colour, race, ethnicity or nationality, religion, disability, gender or sexual orientation, who may have different needs and concerns. We use the term service user in general, but occasionally use the term patient or enrolee where appropriate.

**Health:** a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948).

**Charter:** a Statement of Commitment by the SOCHEMA on healthcare expectations and responsibilities. Outlining what service users can and should expect every time that they use health services and what service users can do to help deliver safer and more effective health services under the Scheme.

**Expectations:** what service users expect to experience when they use health services under the Scheme.

**Health responsibilities:** the duty of people to do their best to maintain and improve their health, to respect the health of others and to support SOCHEMA health and social care services to run efficiently.

**Predictable:** knowing what to expect from a procedure, treatment and all the benefit packages of the Scheme.

**Health services:** all SOCHEMA health and social care services delivered within its select, accredited and contracted facilities.

## **SECTION 1**

### **INTRODUCTION/BACKGROUND**

SOCHEMA service charter shall represent beneficiary's awareness of their rights and responsibilities under the Contributory Scheme. It shall further enhance the participation of the individual in the management of their health by promoting disease prevention, quality medical management, promotive, rehabilitative, and palliative care, timely referral of patients to higher healthcare facilities for specialist attention. This shall therefore engender improved service delivery, greater responsiveness of all actors in the delivery of healthcare, improve the overall health outcome of management of illnesses and guarantee greater public satisfaction for the scheme.

It is part of a series of quality improvement initiatives designed to involve service users in influencing the quality of healthcare under the Scheme. SOCHEMA is actively inviting service users to get involved in enrollee forums and quality improvement initiatives and invites service users to contact the Agency to find out about how they can become involved in improving the quality of healthcare in Sokoto State.

This Service Charter is a Statement of Commitment by SOCHEMA describing what service users can expect when using health services under the Scheme, and what they can do to help SOCHEMA to deliver more effective and safe services. It is based on **eight principles** which underpin high quality, people-centred care. These principles have been identified through a review of national and international patient charters.

It aims to inform and empower individuals, families and communities to actively look after their own health and to influence the quality of healthcare.

#### **What the Service Charter shall do.**

- i. It outlines supporting arrangements for a partnership of care between everyone involved in healthcare – patients/service users, families, carers and healthcare providers, TPAs and the Agency.

- ii. It supports a healthcare culture that delivers health and social care services in a predictable, preventative, personal and participatory way.
- iii. It recognises that there are different roles and responsibilities for both service users and healthcare providers.
- iv. It promotes the importance of service users as individuals with diverse needs and not just a medical condition to be treated.

## **SECTION 2**

### **PURPOSE OF THE SERVICE CHARTER**

The purpose of this service charter is to empower health consumers in their demand for quality health care, to promote the rights of patients and improve the quality of life of all individual participating in this scheme.

The charter shall communicate SOCHEMA core functions and values to beneficiaries and provide information on the spectrum of services rendered, principles, obligations, beneficiaries' rights and obligations as well as mechanisms for seeking redress. It is a process through which beneficiaries' rights are protected in the course of seeking health services. The charter and its constant review processes will enable service users and providers of health care contribute to the development of the overall health care system. Its implementation will enhance community participation as individuals take responsibility for their health.

#### **2.1 Service Delivery Principle**

The following principles embody our vision, mission and values. These principles apply in the development, regulation, monitoring and empowerment of SOCHEMA in carrying out their mandate, functions and responsibilities as stipulated by Law.

- i. **Respect:** All our services are provided with the utmost respect for the beneficiary.
- ii. **Commitment to Responsibility:** We aim to continuously meet high standards of performance and responsibility in all our activities.
- iii. **Commitment to Society:** We want to maintain high ethical and social standards in carrying out all our functions; remaining sensitive to the social and cultural values of our people.

- iv. **Continuous Improvement:** We are committed to monitoring our performance and achievements in line with best practice and evidence based advice.

### **SECTION 3**

#### **RIGHTS OF BENEFICIARIES UNDER THE SCHEME**

The charter spells out that our customers have the following rights:

- The right to government (SOCHEMA) health care services,
- The right to health care by qualified healthcare providers
- The right to accurate information on health issues
- The right to timely service i.e. service without delay
- The right of choice of health providers/services
- The right to protection from harm or injury
- The right to privacy and confidentiality
- The right to courteous treatment
- The right to dignified treatment
- The right to continuity of care
- The right to personal/own opinions
- The right to emergency treatment anywhere in the State
- The right to dignified death
- The right to complain to higher authorities
- The right to appeal administrative decisions
- The right to consent before a surgery
- The right to the highest attainable quality of health care products and service
- The right to be treated with respect.

Note: If any of the above listed right is violated by the provider or the TPA the beneficiary shall make a complaint using the mechanism listed in Section 8.

## **SECTION 4**

### **THE MANDATE, FUNCTIONS AND OBLIGATIONS OF SOCHEMA**

#### **4.1 Vision:**

A Sokoto State where Universal Health Coverage (UHC) is provided to all residents.

#### **4.2 Mission:**

To ensure financial protection for all residents of Sokoto State in accessing quality health care through risk pooling, cost burden-sharing and judicious utilization of resources.

#### **4.3 Purpose:**

To ensure that all residents of Sokoto State enjoy financial protection and reduced out-of-pocket [OOP] expenses in accessing quality health care within the Sokoto State health system.

#### **4.4 Core Values:**

To deliver on the mission and actualize the vision of the agency, the following core values will be upheld:

- Professionalism
- Accountability
- Transparency
- Credibility
- Commitment
- Equity
- Teamwork
- Dedication
- Innovation

- Integrity
- Excellence
- Continuous Quality Improvement

#### **4.5 Mandate:**

The following constitute the mandate of the SOCHEMA:

1. Ensure the effective implementation of the policies and procedures of SOCHEMA.
2. Issue appropriate regulations and guidelines to maintain the viability of the state health contributory scheme.
3. Oversee the management of the State contributory Health Scheme Engage, license, regulate and supervise third party Administrators, accredited health facilities and other relevant institutions.
4. Develop a sound data base to ensure the registration of eligible employees under the provisions of the law.
5. Develop a targeting mechanism to identify the poor and vulnerable who will benefit from the contributions and equity funds of the state,
6. Promote and monitor the implementation of the contributory health scheme at all levels in the state.
7. Ensure effective mobilization and participation of communities in Sokoto State from the planning to implementation stage.
8. Determine financial procedures and issue guidelines and approval for the administration and release of funds under the scheme.
9. Mobilize and ensure the availability of complementary sources of funding both nationally and internationally for the development and support of SOCHEMA in the state.
10. Profiling and ensuring adequate distribution of health facilities within the state and periodic inspection of such facilities to ensure maintenance of quality.
11. Improve and harness private sector participation in the provision of health care services
12. Carry out public awareness and education on the establishment and management of the scheme; and
13. Ensure research, training, retraining and manpower development of the agency

#### **4.6 Rights and Privileges of SOCHEMA**



## SOCHEMA:

- a. Shall be a body corporate with perpetual succession and a common seal;
- b. May sue and be sued in its corporate name;
- c. May require, hold or dispose of any movable or immovable property for the purpose of its function under this Law.

The purpose of SOCHEMA shall be to implement supervise and ensure the effective administration of Sokoto State Contributory Health Scheme and also:

- a. Ensure the effective implementation of the policies and procedures of the scheme
- b. Use accredited Private and General Hospitals and PHC facilities as providers in the scheme to foster healthy competition.
- c. Facilitate pooling of funds for the Scheme and work with designated local facilities and Ward Development Committees to implement the scheme in each health facility or community.
- d. Seek funding support from multinational corporations and other businesses in the State as their corporate social responsibility (CSR) contributions
- e. Provide timely and appropriate feedback to the Sokoto State Government and other stakeholders

### **4.7 Objectives of SOCHEMA**

The objectives of the Sokoto State Contributory Health Scheme include to:

1. ensure that every resident of Sokoto State has ready access to quality health care services;
2. ensure that all residents of Sokoto State have access to effective, quality and affordable services;
3. protect families from the financial hardship of huge medical bills;
4. limit the inflationary rise in the cost of healthcare services;
5. ensure equitable distribution of health care costs across different income groups;
6. maintain high standard of health care delivery services within the Health Sector;
7. improve and harness private sector participation in the provision of health care services;
8. ensure adequate distribution of health facilities within the State;
9. ensure appropriate patronage at all levels of the health care delivery system;

10. ensure the availability of alternate sources of funding to the health sector for improved services.

## **SECTION 5**

### **THE MANDATE, FUNCTIONS AND OBLIGATIONS OF TPAs**

- a. Independent verifiers of quality of services provided to enrollees.
- b. Shall administer the M&E tools, collate and submit results to the Agency.
- c. Assess whether healthcare facilities are receiving capitation correctly and timely in line with the provider payment system.
- d. Assess whether healthcare facilities are getting fee-for-service as the need arises.
- e. Conduct Enrollee satisfaction survey
- f. Support the agency in claims management, enrollee registration among others

## **SECTION 6**

### **THE MANDATE, FUNCTIONS AND OBLIGATIONS OF HEALTHCARE PROVIDERS.**

Only health care providers who possess the requisite personnel and infrastructure as highlighted in the accreditation, selection and contracting manual shall be qualified to participate in this scheme. Each accredited provider will sign contracts with the agency and commit to the following charter of service provision:

- Commit to having good relationship with the enrollee e.g. friendliness, helpfulness, respect, courtesy, impartiality
- Provision of Quality of service , e.g. clarity, accuracy, responsiveness, availability
- Timeliness of service delivery, e.g. promptness, speed waiting times
- Special Needs Provision, e.g., the elderly, blind, people with disabilities, pregnant women, children, etc.
- Clear description of performance monitoring and reporting arrangement
- Complaints/Grievance Redress Mechanism.

#### **6.1 Functions and Obligations of Healthcare Facilities**

These shall include:

- i. Providing the Agency with the following information:-
  - Names of serving health professionals and their qualifications (doctors, nurses, pharmacists, etc)

- Hours of duty coverage
  - Details of equipment available for medical care;
- ii. Ensuring that every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
  - iii. Provide service to duly identified enrollee at all times using the current Agency enrollee register.
  - iv. All primary healthcare facilities must have facilities for ante-natal, delivery and post-natal care.
  - v. Shall ensure the prompt documentation of data and filling of key monitoring tools and transmission of same to the Agency.
  - vi. The Provider will forward utilization data in a prescribed format to AGENCY at the end of every month. These will include but not limited to Out-patient utilization data, In-patient utilization data, surgical encounter data, Maternity services encounter data, Disease-specific data for indicator diseases to be determined by AGENCY. These reports shall be sent to AGENCY not later than 10 days after the end of the encounter month

## SECTION 7

### SOCHEMA SERVICE PLEDGE

Service Users shall have entry into the facilities participating in the scheme 24/7. They shall expect to find medical service windows open at all times including weekends and holidays. They shall be received and treated in a clean and comfortable environment with courtesy, respect and dignity irrespective of religion, ethnic group and nationality. Staff of facilities, TPAs, and the Agency will attend to the needs of beneficiaries by offering prompt, efficient and effective services.

#### **7.1 Services and Standards from SOCHEMA, TPAs and facilities.**

Beneficiaries shall expect the following Services and Standards from SOCHEMA, TPAs and facilities.

<b>SERVICES</b>	<b>STANDARDS</b>
<b>A. Enrolment/Registration</b>	
1. Process registration forms and production of ID Cards	a. SOCHEMA shall issue ID cards to beneficiaries within the 45 days waiting period.
2. Enrolees' list	a. SOCHEMA shall ensure that a computerized copy of the eligible enrolees get to all the primary facilities (through emailing) 7 days

	<p>prior to the first day of the succeeding month.</p>
<p><b>B. Access to Health Services</b></p>	
<p>1. Benefit packages:</p>	<ol style="list-style-type: none"> <li>a. All listed primary healthcare packages shall be obtained from your chosen provider who is the gatekeeper and your first point of call when you need medical services.</li> <li>b. Waiting time to see a doctor after registration shall not be more than 30 minutes. Facilities shall ensure there are sufficient consulting rooms such that no one remains on queue longer than 30 minutes after registration.</li> <li>c. Drugs prescribed by primary and secondary providers shall be dispensed by the provider. On no occasion shall the enrollee be told to get his/her medications outside.</li> <li>d. The beneficiary shall pay 10% of the cost of drugs only as co-payment.</li> <li>e. The primary provider shall refer to a secondary health facility if the medical situation requires a higher level of care. This shall be done in a letter headed paper of the primary facility duly signed by the referring doctor and indicating clearly the following: <ul style="list-style-type: none"> <li>• Patient’s name</li> <li>• Patient’s SOCHEMA ID number</li> </ul> </li> </ol>

2. Quality of care

- Diagnosis
  - Reason for referral
  - Management so far if any  
(Clinical findings and laboratory investigations and results)
  - Authorization code obtained from TPA
- a. Beneficiaries shall be treated in a clean and comfortable environment with courtesy, respect and dignity irrespective of religion, ethnic group and nationality. Staff of facilities shall attend to the needs of beneficiaries by offering prompt, efficient and effective services.
  - b. Beneficiaries shall receive care that is appropriate, timely and based on need, not on the ability to pay.
  - c. He/she shall be registered with a primary provider and shall be able to change the primary provider easily if necessary.
  - d. Shall be entitled to emergency medical treatment from your primary provider and/or any other registered and accredited participating provider in emergency situation or when out of location.
  - e. Shall receive clear information on appointment dates, times and locations.
  - f. Any waiting period for an appointment, test or a treatment shall be kept as short as possible.

<p><b>C. Referral/Authorization Code</b></p>	<ul style="list-style-type: none"> <li>a. TPAs shall issue authorization codes immediately a facility ask of it for the purpose of referral. Delays of any kind shall not be tolerated.</li> <li>b. Facilities shall report in the referral form whole long it took the TPA to issue authorization code. This is to ensure that the Agency identifies if delays led to the poor management of a case or to death of an enrollee, and who was responsible for the delay.</li> </ul>

**7.2 Monitoring and Reporting**

The Quality Assurance Department of SOCHEMA shall be responsible of monitoring and reporting performance against standards set in this charter. The Quality Assurance Department of SOCHEMA is empowered to carry out periodic monitoring, evaluation and advice management on service improvement priorities. This report will be published on the SOCHEMA website on a quarterly basis.



## **SECTION 8**

### **COMPLAINTS / REDRESS MECHANISM**

SOCHEMA shall try to resolve all complaints from beneficiaries, providers and TPAs as far as possible at the area where the service user received service, advice or had reason to question the service / advice given. Complaints shall be lodged by the beneficiary or an authorized representative(s).

Complaints shall be lodged through the following means:

- a. Phone: (calls and SMS')
- b. Written (Email, fax, written letters, and social media platform-whatsapp, twitter etc)
- c. Pick up a Beneficiary Complaints Form at the Agency Front Desk Office or Branch Office or download it from the portal, fill it and submit through the portal or return to the Agency Front Desk.

#### **Mechanism:**

- Call or send SMS to the Contact Centre Lines of the Agency.

Contact Phone lines are: 080..... 080.....

- E-mail the Agency through: sochema@.....
- Send letter to Physical Address of SOCHEMA at .....

#### **Response Time**

- i. Phone call and SMS:
  - Where no follow up is required – RESPONSE shall be immediate i.e. first call resolution of complaints.
  - Where a follow up is required – RESPONSE shall be within 3 working days from the date of the first call.
- ii. Email:
  - Provide acknowledgement response within 24 hours.
  - Acknowledgement response to include timeline to resolve the complaint any any other relevant information.
  - Non-complex enquiry- Respond within 3 working days from the date of receipt of email.
- iii. Letters and fax
  - Non-complex enquiry - Respond within 3 working days from the date of receipt of email.
- iv. Portal, Agency Desk Office or Branch Offices.
  - Where no follow-up is required, Agency will try to provide first touch point resolution immediately.
  - Where follow-up is required such as visit to facility or communication with provider, response shall be within 5 working days from the date of receipt of complaint.

Note: Where enquiry or complaint is complex, SOCHEMA shall provide a reasonable timeframe and keep the beneficiary or the complainant updated accordingly.

If you are not satisfied with the redress offered, you may lodge your complaint to the Director General/CEO SOCHEMA. Complaints in writing through this means will be acknowledged within 5 working days. When delay occurs as a result of investigation, beneficiary shall be kept updated on the process through provided contacts.

Complaints from Providers and TPAs shall be in writing in the letter headed paper of the organization and addresses to the DG/CEO of SOCHEMA and sent to the Agency physically or scanned and sent via email to the contact centre email address shown above.

**NOTE:**

**SOCHEMA shall provide the enrolees with a pamphlet or leaflet written in Hausa and English explaining his/her rights under this scheme i.e. all contents of Section 3.**