Leveraging extra resources

Broad and unified health programmes to improve healthcare delivery

Key messages: **Broadening the focus of health programmes and unifying their delivery is making improvements to healthcare.**

1. The fragmented nature of healthcare delivery in Northern Nigeria often results in intermittent programmes that are narrow in focus and limited in duration.
2. State-wide health planning has led to improved leveraging of extra resources and means resources can be used more effectively.
3. The leveraging of extra resources and better use of them has led to health improvements in all four PRRINN-MNCH states.

The challenge: creating a unified structure

Many of the interventions and programmes used to tackle issues with healthcare delivery in Northern Nigeria are narrow in focus and limited in duration. In addition, the allocation of resources is often fragmented. This vertical programming and fragmentation rarely delivers the best results. In response to this, PRRINN-MNCH, which works in the four Northern Nigeria states of Jigawa, Katsina, Yobe and Zamfara, has adopted an alternative approach.

The underlying principle has been to create a unified structure that has allowed either PRRINN-MNCH or the state to leverage additional resources to more effectively deliver health care services.

The response: expanding the focus of the PRRINN programme

Initially, the PRRINN programme was a narrow immunisation programme to strengthen the primary health care (PHC) system. Several challenges faced the consortium managing the PRRINN programme. For example, in relation to the programme's governance and systems focus, a key initiative was to support planning. But, should the programme support a narrow immunisation planning process, a PHC planning process or a state-wide health planning process? What would the state stakeholders want?

A decision was taken early on in the programme to support a state-wide health planning process.

Similar dilemmas were faced with other system strengthening components eg HMIS (the online Health Management Information System), supervision, supply chain management, human resource management and community engagement to increase demand and accountability regarding MNCH services.

Wherever possible, a narrow focus was used as a wedge to open up the whole health system.

The programme excelled at leveraging additional resources from development partners to implement this broader vision, as shown by the table (Fig 1).

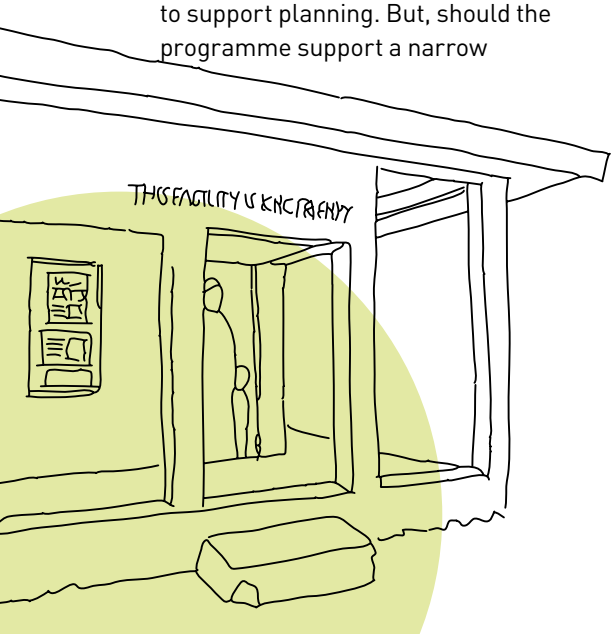
The table illustrates that the narrow focus on immunisation was not adequate to deal with the problems facing mothers and children in Northern Nigeria. To effectively challenge the poor immunisation coverage indicators, the approach needed to broaden to cover governance, voice and accountability, systems and community engagement issues.

Management decisions by the PRRINN programme to expand focus and adopt a whole health systems approach rather than a narrower immunisation, MNCH or primary healthcare (PHC) approach were often linked to increased funding.

The results: unifying resources

Health services in Nigeria are delivered by all three levels of government (federal, state and local government) which has led to a very fragmented healthcare delivery system. Resources (financial and human) are controlled by multiple different bodies or schemes, all with different rules and operating mechanisms. The following strategies have been used to address problems associated with this fragmentation:

- Implementing the policy of 'bringing PHC under one roof' to create a single management framework responsible for service delivery, finance and HR management
- Introducing a cluster approach to providing emergency obstetric and newborn care (EmONC). A cluster serves 500,000 people, with one comprehensive EmONC facility, four basic EmONC facilities and eight PHC facilities open all day, every day



THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME

Fig 1: Funding for health programmes

A broader focus incorporating other elements besides immunisation was needed to address the problems facing mothers and children.

Programme	Funding	Duration	Comment
PRRINN	Approx £20m	2006-2012	Immunisation focus
MNCH	Approx £20m	2008-2013	Ext to include MNCH services
PRRINN	Approx £20m	to end 2013	Aligned with MNCH component
YWSG	Approx £4m	2012-2013	Community-based work with young women's groups
Micronutrient Initiative	Approx £2m	2012-2013	Funded by CIDA and focused on micronutrients

- Creating pooled or basket funds that allow for all stakeholders (inclusive of state and local government and development partners) to contribute and oversee shared resources
- Using a minimum service package (MSP) approach to develop and implement strategic service delivery planning (including HR strategic planning)

Adopting these strategies has allowed the states to access and retire federal level funds and ensure that HR programmes are aligned with the plans and functions of the integrated system.

More effective use of resources

Basket fund in Zamfara

To strengthen PHC delivery in Zamfara, a pooled fund (called the basket fund) was created with contributions from state, local government and development partners. The funds were used for supervision, vaccine distribution and outreach services, contributing to improved immunisation coverage. Similar systems have been introduced in Jigawa and Yobe and in Jigawa first steps have been taken towards introducing a SWAp (sector wide approach) mechanism.

GAVI and other funds

Many states did not have the mechanisms in place to effectively retire GAVI funds. Following PRRINN-MNCH support, performance in the states has improved. Before 2009 none of the states had accessed more than one tranche. This approach has informed support to other funding mechanisms (eg SURE-P and the MDG funds)[1].

MSP informing strategic service delivery planning

The PHC system should provide universal access to a minimum service package (MSP). Federal policy documents provide for an MSP described as:

"A priority set of health interventions which should be provided in PHC centres on a daily basis, at all times and at little or no cost to clients, through government financing mechanisms."

PRRINN-MNCH has piloted an MSP costing model with NPHCDA (the National PHC Development Agency). The MSP costing and planning model helps policy makers and health managers to decide on a 'cut to fit' size of PHC package of care they can afford, at each facility level. The model uses three tools to define the minimum service package:

- The types and levels of facilities
- An appropriate skills mix and types of staff required for various levels
- Facility equipment and infrastructure requirements and Sustainable Drug Supply System (SDSS) needs

These are then costed and used to analyse the gap. A service delivery plan can then be adjusted and the gap used to drive an investment plan using resources from government and development partners.

For example, the creation of an integrated health system in Jigawa has allowed the development of strategic service delivery plans based on an MSP approach. Within each ward one facility has been identified for support and MDG funds have been used for maintenance and refurbishing of these facilities. In 2009, N377million was spent in this way and N609million in 2010.

Adopting the cluster approach

This has ensured that resources (human and financial) have remained focussed on key facilities. Rehabilitation of facilities and implementation of system strengthening initiatives (eg sustainable drug supply systems) have followed the selected cluster facilities. Federal initiatives like the midwives service scheme have adopted the cluster model and are aligned with the plans and functioning of the integrated health system.

Policy implications

Those who control resources – whether politicians or bureaucrats – often need to be convinced to part with them. The general approach has been to fragment the resource pools so that resources can be allocated to specific tasks and monitored in a vertical system. This way, results can be directly attributed to the specific intervention and resource pool. However, the reality does not often support this approach. Health systems are complex and the fragmentation of healthcare delivery, services and resources, often has detrimental effects.

Conclusion

Adopting an integrated approach to health systems, both by PRRINN-MNCH and the four states, has led to leveraging of extra, and better use of existing, resources for health care delivery. This has helped improve health indices in all four states.

1 GAVI –- Global Alliance for Vaccines and Immunisation; MDG - – Millennium Development Goals; SURE-P - – Subsidy Reinvestment and Empowerment Programme

Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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