Minimum service packages

institutionalising strategic service delivery planning

Key messages: **Planning for the delivery of MSPs needs to become standardised and routine to be most effective.**

1. Government policy has identified the minimum service package (MSP) of healthcare as a priority.
2. Three tools were developed to cost each MSP: the costing tool, the HR planner tool and the service delivery planning tool.
3. These tools are now being used to make informed decisions about the provision of, and strategic planning for, healthcare.

The challenge: MSP as a priority

The primary health care (PHC) system should provide universal access to a minimum service package (MSP). Federal policy documents describe MSP 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".*

However, the PHC system is fragmented and managed by multiple different entities. There is no overall service delivery planning framework and facilities are built and serviced according to political and community imperatives.

The development of the strategic service delivery planning tools was driven by two key issues:

- Government policies on MSPs
- The political imperative to provide free MNCH services at the point of delivery – many state governors across Nigeria have declared free MNCH services

The response: tools to cost each MSP

PRRINN-MNCH piloted strategic service delivery planning tools, based on an MSP costing model, with NPHCDA (National PHC Development Agency). The tools assist policy makers and health managers to create a 'cut to fit' PHC package of care they can afford. The three tools define the minimum service package, the types of facilities, the appropriate skills mix and staff models as well as the facility equipment, infrastructure requirements and sustainable drug supply needs for the different levels.

These are then costed and used to determine the gap analysis. This forms the basis for an adjustable service delivery plan and the gap can be used to drive an investment plan using resources from government and development partners.

Essentially, the service delivery planning tools allow planners, policy makers and managers to determine the range of health services that will be delivered within their jurisdiction and the resources needed to make this happen.

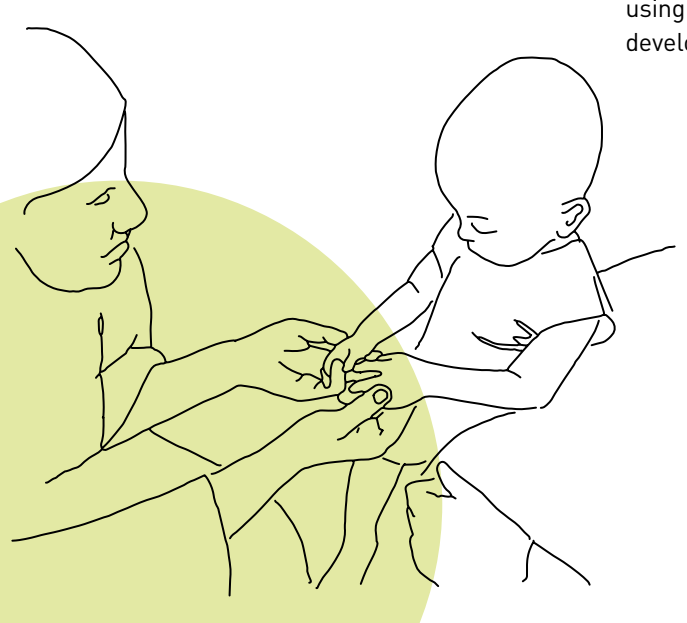
Three tools were developed:

- Costing tool
- HR planner tool
- Service delivery planning tool

Over three years, activities ensured that:

States were aware of the need to classify facilities according to federal guidelines, determine the services to be delivered and the resources (human, infrastructure/equipment, drug/commodity and financial) needed. A costing model tool and HR planner tool were developed to cost the MSP, allowing for different outcomes to satisfy local resources and political requirements.

The MSP tools were linked to service delivery planning via the service delivery planning tool.



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

The tools were used to identify funding gaps so that states could approach funders for additional resources (eg GAVI, MDG Fund, SURE-P).[1]

In the PRRINN-MNCH-supported states the focus has been on building a better understanding of the key processes of the MSP and strengthening the capacity of state governments to use the MSP tools. It's also been essential to build political understanding of the strategic service delivery planning tools to strengthen ownership and capacity at federal level to support the process.

Data on changes and results have been compiled for advocacy purposes and links have been built with development partners and UN agencies to strengthen understanding and use of the strategic service delivery planning tools. There have also been moves to consider strengthening private sector capacity to assist state governments in using the tools. Linking the clustering approach to the tools will to ensure a coordinated approach.

The results: MSP planning is working

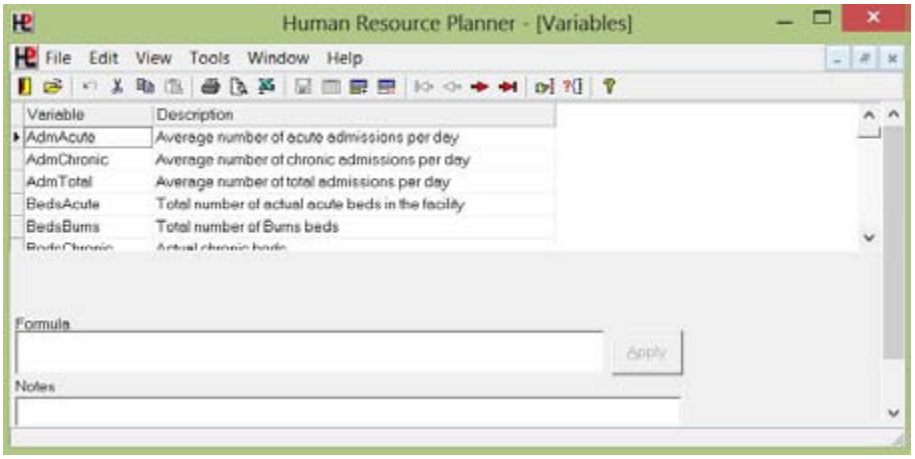
Over the last three years:

- Strategic service delivery planning tools have been piloted in two states (Zamfara and Yobe)
- Zamfara and Yobe have agreed the classification of facilities and the services and resources needed at different levels
- Manuals and tools have been shared with the NPHCDA, other states and development partners
- Some states have used the strategic service delivery planning tools to identify gaps and channel resources
- Two sets of workshops have been held with federal level structures and state-level structures to introduce the strategic service delivery planning tools

Fig 1: Examples of the tools

The costing model tool and HR planner tool provide an invaluable framework for calculating the cost of each MSP.

State	Yobe				
Date					
NPHCDA designation	General Hospital	Rural Hospital	Comp health centre	Primary health centre	Primary health clinic
State nomenclature	General Hospital	Cottage Hospital	NA	Primary Health Centre	Health Clinic
Catchment Population	200,000	100,000	-	20,000	2,000
Opening days per week	7	7	7	5	5
Beds	150	50	50	10	0
% of attendances admitted	30%	20%	10%	5%	5%
Average length of stay (days)	6	5	5	5	n.a
Specialist services available		n.a	n.a	n.a	n.a
Personnel total from HR Planner (naira)	67,500,000	32,000,000	26,000,000	9,000,000	2,000,000
% of operations seen as day cases	25%				
Avg no of prescriptions per OPD attendance	2				
Avg no of prescriptions per admission	3				
Avg no ANC attendances per pregnancy	3				
Policy decisions					
% of free drugs provided Free	100%	100%	0%	50%	100%
% of RDF replenished per annum	20%	20%	0%	20%	20%
% of recurrent naira for miscellaneous	10%	10%	0%	10%	10%
% Salary Allowance Factor	58%	58%	58%	58%	58%



Policy implications

Critical policy choices are sometimes made (eg free MNCH services) without fully realising the implications. The strategic service delivery planning tools allow for financial implications to be calculated so policy decisions can be informed by reliable data. In addition, the tools can model different scenarios and allow policy makers and administrators to more effectively manage the health service through realistic health service planning.

Conclusion

The interest shown by NPHCDA and states other than those supported by PRRINN-MNCH, highlights the need for the strategic service planning tools and the important use to which they can be put.

1 GAVI – Global Alliance for Vaccines and Immunisation, MDG – Millennium Development Goal, SURE-P – Subsidy Re-investment and Empowerment Programme

PRRINN-MNCH
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.

www.prrinn-mnch.org
Email: info@prrinn-mnch.org

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