Service delivery planning in resource constrained settings: evidence from Nigeria

Kelechi Ohiri, Musleehat Hamadu, Yewande Ogundeji : Abuja Health Strategy and Delivery Foundation

Background

Many states in Nigeria develop yearly minimum service package (MSP), which is intended to improve access by ensuring uniformity in resource availability by facility type and standardization in quality of care provision for its citizens. Despite this, service delivery in Nigeria is still below par because many of these MSPs are neither feasible nor efficient due to the input focused approach (costs per service delivery points) that stretches resources beyond fiscal realities. There is a need to shift from an input based MSP to an output focused model that considers tradeoffs of resources and potential impact to allow states to offer to their citizens, access to basic health services despite fiscal constraints. This proposed model would be a novel approach, which would need to be developed and tested with respect to its acceptability and utility with decision makers.

Aims

This study had 2 aims:

• To develop and design realistic output focused service delivery plan (SDP) which consider needs, resources, priorities, and a realistically achievable time frame in Kaduna state.

• To integrate the approach into the state’s planning process.

Methods

The study was conducted jointly with the state. The overall approach is summarized in 3 key steps:

1. The fiscal space was projected across 3 resource scenarios, a low case, base case and high case, to determine the extent of resources available

2. A comprehensive model was designed using Microsoft Excel, which allowed us to determine the efficient combination of inputs (e.g. maximum allowable number of facilities, HRH numbers) necessary to achieve desired service access.

3. The range of allowable model options that fit within the determined constraints based on financial projections were presented to the policy makers and State decision makers to co-select the most viable service delivery plan.

Findings

Our findings demonstrate the efficiency of the SDP. One of the SDP models was projected to increase access to 69% at a cost of N7.9b (US$25m), which was within the state’s resource limit compared to MSP which offered increase in access to 80% at a cost of N60b. Policy makers showed strong support for the SDP by integrating into key strategic documents such as the state strategic health development plan. The Executive Governor of Kaduna state also approved the implementation of one of the models by issuing a directive to the State Primary Healthcare Agency (SPHCA) to recruit 1 Medical Officer per Local Government into the system, one of the cornerstone recommendations from the SDP models.

Conclusion

This study demonstrates the need to shift from input driven models to output focused models when designing healthcare service delivery models. It provides an analytical approach towards resource allocation for PHC service delivery. In the context of resource constrained settings, it provides decision makers options to optimize health systems service delivery.