**Does Predictability of Multiple Funding Flows to Healthcare Facilities influence Provider behaviour? Lessons from Case studies in Enugu State Nigeria.**

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**Background:** Achieving Universal Health Coverage (UHC) requires that health systems must seek ways to ensure that health services are efficient, equitable and with universal financial risk protection. It is also important that appropriate services are strategically purchased to ensure that UHC is achieved. Hence, it is necessary that fund flows from purchasers to providers must align with the interests of all major actors in the health system.

**Objective**: To examine the predictability of the different funding flows available to public healthcare providers and how predictability of the flows influences service delivery.

**Methods**: The study was conducted in Enugu State, Southeast Nigeria. We employed a cross sectional study design and qualitative method (Key Informant Interviews (KII), Focus Group discussion (FGD)) in collecting data for the study. Purposive sampling of two public tertiary and secondary health facilities each, purchasers, central Administrators, development partners and civil society organizations was adopted. Data were collected through KII (n = 108) of purchasers, FGD (n =64) of hospital clients.

**Findings**: The study found that the sources of funding to the public health facilities were multiple and are OOP, government budget, health insurance and donations. None of the different funding flows was predictable. However, OOP was considered the most predictable and most common source of funding for the facilities because most patients paying out-of-pocket pay their bills, and only a few delay in paying their bills. Findings showed that HMOs delay payments of capitation and reimbursement of fee for service, hence NHIS funding is unpredictable. Consequently, unpredictability of funds to health facilities results in poor planning and decision making. It also leads to preference for certain services and was found to affect quality of service delivery as it limits the range of services the facilities can provide. However, unpredictability of funds was not found to result in preference for certain patient groups for treatment as frontline healthworkers are unaware of the patients' healthcare purchasing mechanism. In order to cope with unpredictability of funds the facilities come up with different coping mechanisms such as limiting drugs available for NHIS patients.

**Conclusion**: Predictability of funds to healthcare providers sends signals that influence provider behaviour as it influences effective service delivery. It results in poor planning and decision making as facilities are handicapped. Consequently, it has quality of healthcare services and efficiency implications posing a serious challenge in achieving universal health coverage in Nigeria.

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