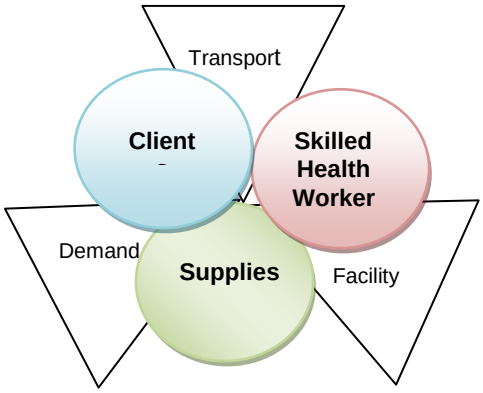
Looking across Operations Research studies

During the course of 2010 a series of small-scale operations research (OR) studies were conducted. Studies addressed both state-specific questions (e.g. the strategies adopted by Women Investing Savings for Health [WISH] groups in Zamfara; the experience of access to ambulatory services in Katsina) and questions of general relevance across all states (e.g. regarding utilisation of services; attitudes to community-based service delivery etc.) While each study addresses specific questions, there is also value in looking *across* these studies to discern general patterns of wider relevance.

In general the OR studies show the challenges facing the health system. However, the OR studies can also be viewed in another way. They provide valuable evidence that in some settings, for some services, and for some members of the population, effective service delivery is in place. The strongest evidence for effective service delivery comes from studies of the Mobile Ambulance Service (MAS) in Katsina. The purpose here is not to seek to generalize the specifics of this MAS model, but to note conceptually that it successfully brings together elements of effective service delivery - skilled health workers (generally a team of three, including males and females), adequate supplies (exit surveys indicated 99% of clients had received prescribed drugs from the MAS)and clients (many LGAs served by MAS had provided services to over 1,000 patients). Stakeholder interviews and utilisation data regarding the MAS further indicates three key processes at work in bringing the three main elements of a consultation together: transport; provision of an appropriate facility for the delivery of services; and demand to access the service.

Three Processes Required to Bring the Elements Together



Women Investing in Health (WISH) groups in Zamfara also regularly raised the issues reflected in the framework above. Membership of WISH groups was consistently linked to greater utilisation of services:

> *"Before the advent of the association, pregnant women were left at home to traditional attendants, but now the moment a woman is in labour, she will be immediately taken to hospital to deliver there."*
>
> *"Our wives are taking themselves for ANC and immunization in our Health Centre, because of this women's group"*

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The groups – by mobilising awareness and social support – have clearly increased demand. But they have also served as a mechanism to mobilise funds that have enabled procurement of drugs, access to facilities and – when necessary – transport:

> *"We noticed non-members hardly purchase their drugs when prescribed, but members of the group always buy the drugs."*
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> *"We are very committed, if it is close by we go ourselves and tell him, why so-so person is left in labour at home? He usually responds what do you want me to do? Then we say, she should be taken to hospital, sometimes he says he doesn't have money, then we say no problem we just bring a car and take her to hospital."*

This framework has now informed discussions in advance of planned community-based service delivery (through deployment of female Community Health Workers (CHEWs) at health facilities) held in the villages of Takalafia and Kadawawa in Jigawa state. The proposed model of community-based service delivery essentially places responsibility with LGAs for not only providing skilled health workers and supplies to local communities, but also sustaining facilities in – and transport to – these communities.