

The Minimum Service Package (MSP) - building blocks for a service investment plan

In order to support the Northern Governor's Forum commitment to implement a policy of free Maternal and Child Health Services, PRINN-MNCH supported an exercise to define and cost a MSP, including free MCH services, in Zamfara, Yobe and Katsina. The work started in 2009. The states felt that the original MSP was too costly and thus unlikely to be implemented. The programme then supported the following work in 2011:

- i) a review of the three state MSPs in relation to the NPHCDA guidance on state Minimum Care packages;
- ii) preparation of a uniform MSP costing model which was used to assist the three state's to review their 2009 MSP proposals; and
- iii) development of a simple computer planning tool which was used to assist the three states to think through the implications of their MSP when applied to the whole state rather than to just one facility.

Following the review, each state revisited their MSP designs and costs which resulted in generally lower estimates for MSP estimated costs for each level of care. They were also more comprehensive with Zamfara and Katsina developing and costing MSPs for all levels of care to be included. The annual estimated cost of implementing the state MSP at each level of care is shown below.

Comparison of State Estimated MSP Costs

	General Hospital	Rural Hospital	P. H. Care Centre	Health Clinic
Katsina catchment population	500,000	400,000	40,000	7,000
MSP cost estimate Version 2 (2011)	N116,881,292	N74,895,429	N24,775,867	N4,291,727
Yobe catchment population	400,000	n/a	30,000	7,000
MSP cost estimate Version 2 (2011)	N141,253,653	n/a	N29,327,409	N3,351,767
Zamfara catchment population	500,000	400,000	40,000	7,000
MSP cost estimate Version 2 (2011)	N180,292,850	N104,271,344	N24,499,909	N4,375,851

The annual estimated costs of applying these MSPs throughout each of the states under two alternative planning scenarios (political and population based¹) was:

State	Population	Option	Estimated MSP Cost (N)	Cost of MSP per Capita
Zamfara	3,815,888	Option 1	10,483,454,258	N2,747 = US\$17
		Option 2	8,124,279,868	N2,129 = US\$13
Katsina	6,780,635	Option 1	20,640,027,316	N3,044 = US\$19
		Option 2	12,402,914,491	N1,829 = US\$11
Yobe	2,717,592	Option 1	9,559,618,139	N3,518 = US\$22
		Option 2	4,970,929,119	N1,829 = US\$11

¹ The political scenario uses political boundaries while the population scenario uses pure population numbers. In reality a mix of each would most probably be used.

The exercise in all three states demonstrated that the estimated cost of using a population based planning scenario is less expensive than using political boundaries. Depending on state and option used, the estimated cost per capita of fully implementing the MSP varies from around US\$11 to US\$22 per capita. The World Bank estimates per capita health expenditure in Nigeria to be US\$69 (in 2009). The estimates produced for each state are well within this National estimate.

To date, the PRRINN-MNCH programme, working closely with all the stakeholders in each state, has produced a usable model² that can now be used as a tool at state level for planning purposes. The intention is to advocate for each state to develop a health service delivery or investment plan. This will allow government and development partners to commit resources to planned and costed improvements within the health sector with an understanding of the full budgetary implications of doing this. It will also allow health facilities to be strengthened on a rational basis and where necessary for excess to be pruned.

In 2012, the programme plans to present this model to the NPHCDA and FMOH for use across all the states of the Federation.

² The model uses linked excel spreadsheets