

Bringing primary health care under one roof

3. Minimum Service Package

Checklist

- Has your State developed a Minimum Service Package?
- Has your State developed a service investment plan?
- Has your State regularly evaluated MSP resource gap?

Why have a Minimum Service Package?

The key objective for the PCHUOR policy is to ensure improved quality and increased access to health care services. The adoption of the MSP approach allows states to classify their facilities according to the new system and then determine which services are to be provided and the resources needed for each facility.

The NPHCDA has developed guidelines on minimum standards for Primary Health Care (PHC) in Nigeria. These allow states to classify their facilities into a few basic types for which standard resource packages can be tailored, according to the size and workload of each facility. Realistic costing of the standard packages of health services helps the states to determine and allocate resources effectively. In addition, it allows states to develop state-wide health service investment plans that can be used to advocate for and use resources more effectively.

It is important that the new PHC Boards adopt the MSP approach. This will allow for the allocation and distribution of resources (human, equipment, drugs and commodities, finances) and the development of an investment plan to guide the future allocation of resources. Defining the MSP will help in discussions and negotiations around the transfer of staff and also in the development of appropriate budgets for the functioning of health facilities managed by the new PHC Board.

Key elements of the PHC Under One Roof policy

- Integration of all PHC services delivered under one authority
- A single management body with adequate capacity to control services and resources, especially human and financial resources
- Decentralized authority, responsibility and accountability
- The three ones principle:
one management, **one** plan and **one** monitoring and evaluation system
- An integrated and supportive supervisory system
- An effective referral system between and across the different levels of care
- Enabling legislation and regulations

to improve quality and increase access to health care services

The MSP tools

The MSP process can be complicated, as the calculations involved are often complex. In order to simplify this process a set of three tools are being reviewed by the NPHCDA:

1. A costing model spreadsheet which is used to work out costs per facility
2. A planning tool spreadsheet which is used to calculate the costs for the state as a whole (based on the number of facilities extant and planned at different levels)
3. The HRPlanner tool which is designed to calculate the human resource requirements and budgets per facility.

Steps to success

Step 1 The PHC Board adopts the MSP policy.

Step 2 The PHC Board uses the MSP approach to assist in the classification of facilities and the allocation of resources: the PHC Board should work closely with the transformation committee on political elements in the classification of facilities, and communicate closely with other leaders and community structures.

Step 3 The PHC Board uses the MSP tool for developing free MCH services: the MSP allows for MCH services, such as antenatal, emergency obstetric and childhood illness care, to be costed and combined to give a complete picture. States can then introduce elements of the free MCH services in a sequential fashion dependent on budget availability.

Step 4 The PHC Board uses the treatment guidelines in the MSP packages to regulate and assure improved quality of care.

Recommendations

Create a transformation committee to oversee the process

The MSP provides the framework for deciding what facilities are needed and what they each require (in terms of physical infrastructure and equipment). It also provides the basis for the creation of a rational plan for improving and managing these which helps managers resist pressure for facilities, vehicles and equipment that are not affordable and sustainable.

However, some of the MSP decisions around the classification of facilities and the allocation of resources can be politically sensitive – at both the state and community levels.

For instance, the classification of facilities can be quite a sensitive issue within the community and changes can often be challenged. Leaders normally work hard to retain, upgrade or win facilities within their communities – even though outside planners may believe that health care would be better served by using limited resources in other ways.

Also, the pressure to create expensive capital projects based on political considerations rather than technical needs often distorts any health investment plan and renders investments useless to the host communities.

In order to deal with these issues appropriately, a transformation or repositioning committee should drive this process with full communication with and the support of the Governor and the Commissioner for Health.

Provide training for the PHC Board management team on the use of the MSP



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

The PRINN-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.

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