EXECUTIVE SUMMARY **June 2010**

The Gunduma Story

Emerging health system architecture to reform a disintegrated system in Jigawa State of Nigeria

Consultant: Sofo Ali-Akpajiak

The creation of the Gunduma (District) health system in Jigawa State of the Federal Republic of Nigeria between 2002 and 2007 was a major landmark in that country. The Federal Republic of Nigeria is the largest and most populous country in Africa with an estimated population of nearly 148million people.

The country operates a three-tier system of government – Federal, State and Local Government – and is multi-ethnic in character. The institutional arrangements are structured in such a way that policies emanate mainly from the Federal level and are either implemented fully or adapted to suit conditions at the lower levels. It is within this context that national health policies are formulated and implemented.

The thrust of the national health policy is the provision of primary health care as the vehicle for achieving good quality health services for the people. The policy also advocates an integrated and comprehensive health care system and thus defines roles and responsibilities for the Federal Ministry of Health (FMOH), the States and the Local Government Areas (LGAs).

In line with this, primary health care is the responsibility of the LGAs while the State Ministry of Health is responsible for secondary health and tertiary health care is the main responsibility of the Federal Government. In addition to the FMOH being responsible for policy formulation and coordination, there is the National Primary Health Development Agency (NPHCDA), which has been charged with the responsibility of providing technical support to primary health care activities.

Over the years, it had been observed that the health status of the people as shown by core health indices had been declining. A review of the situation indicated structural and systemic weaknesses in the delivery of health services.

Since the early 1990s, various initiatives had been introduced to improve the situation. The policy thrust of the Vision 2010 document for instance, had preventive health service provision as one of the core intervention areas. The advent of a democratic system of governance in the late 1990s also created opportunities for taking proactive steps towards revamping the health system.

In 1999, the newly elected Government formulated a vision for the health sector. The vision was *to improve the health status of all Nigerians, and to attain a level of health care that would permit all Nigerians to live a socially and economically productive life.*

To ensure effective implementation of the broad vision, a Plan of Action with 13 objectives were defined in the new policy document. The new policy thus created the vehicle for health sector reforms and this attracted the attention of the donor community.

The Department for International Development (DFID) of the British

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Government was one of the agencies that responded to the situation. The response was through the formulation of the Partnership for Transforming Health Systems (PATHS) programme. The programme was initially implemented in 4 selected States, including Jigawa State.

Jigawa State, which was created in 1991 from the then Kano State, continued to operate along the structural institutions that existed in Kano State in the delivery of health services.

In 1999, the new civilian administration introduced a form of decentralisation, which resulted in administrative restructuring of the Ministries and parastatals. The focus was to stimulate socio-economic development among the urban centres.

To achieve this, the State Health Management Board for instance, was dissolved and the Primary Health Care Agency was created. The State Ministry of Health like other Ministries was relocated outside the State capital. The PATHS programme thus took off within the framework of a restructured Ministry of Health.

At the inception of the PATHS programme, steps were initiated towards understanding the health situation in the State. The effort led to the situational analysis undertaken in 2002, using the Peer Participatory Rapid Health Appraisal for Action (PPRHAA) approach.

The information generated indicated the health sector in the State faced a number of challenges. These challenges were both systemic and structural. The challenges observed included under-funding for health service delivery, under-management, deteriorating infrastructure and equipment; and a weak maintenance culture, amongst others.

The appraisal of the health sector was followed by an institutional analysis to determine the effectiveness of the structures responsible for delivery of health services. The institutional analysis identified the fragmentation of institutions as a bottleneck. Other bottlenecks identified included weak and inappropriate management systems and procedures; complex and bureaucratic organisational structures with unclear authority and accountability responsibilities; and lack of clearly defined goals and objectives as well as inadequate funding of health activities.

Both the situational and institutional analysis provided a clear picture of the health sector and the next challenge was managing the issues identified. The approach adopted by the State, with the support of the PATHS programme, was to engage various stakeholders in a series of discussions. The various reports had made some recommendations and the consultative sessions were used both as a tool for dissemination of the findings as well as developing the way forward.

With a clear road map, the next activity was the formation of the State Health Sector Reform Forum (HSRF). The HSRF was charged with the responsibility of coordinating the implementation of the decisions made at the various discussion sessions.

One of the critical challenges identified was the lack of policy direction and strategy for the delivery of services in the health sector. The HSRF was therefore tasked to lead the process of developing a health strategic plan for the State.

The strategic planning process took a period of approximately six months and it involved a series of consultations. The engagement process eventually led to the design of the health plan for the period 2004 – 2008. The plan had also identified the

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strategies for implementing the various interventions outlined in it.

To ensure effective implementation of the interventions, various working groups were formed. The composition of these working groups was multi-sectoral in character and this further helped to broaden the level of participation in the reform process.

Amongst the most vibrant working groups were the Communication, Services and Decentralisation working groups. The terms of reference for each working group was well spelt out and the meeting schedules agreed upon.

The Decentralisation Working Group in particular, was charged with developing the details for implementation of Objective 1 of the Strategic Plan. The objective focused specifically at creating an enabling environment for health sector reforms. Under this was an intervention aimed at addressing the structural weaknesses within the health sector. The intervention focused on rationalisation of the health institutions within the framework of a decentralised health system. The strategy was to restructure the health system, such that the provision of health services (both primary and secondary) will be integrated.

In the discharge of its responsibilities, the Decentralisation Working Group (or Committee as it was generally referred to) continued to use the principle of mass engagement as its modus operandi. The engagement involved working with various categories of stakeholders to map out options for restructuring the health sector.

After looking at the feasibility of the options, the Gunduma Health System (GHS) was adopted as the most feasible option.

The GHS involved the amalgamation of 2 – 4 LGAs, to form a Gunduma Council. The word Gunduma itself is a Hausa word that had been used to describe the segments of a territory under the jurisdiction of a traditional ruler. With the introduction of Districts within the political administrative structures, the Gunduma in the northern part of Nigeria represented a District. The use of the word within the framework of the reforms was therefore adopted as a synonym for District.

The adoption of the concept Gunduma Health System rather than District Health System, created a sense of association between the proposed structure and the people on one hand and their culture on the other.

The Decentralisation Committee organised a series of retreats to present the proposed institutional arrangements for the health sector. The first in the series of retreats was the Gumel Retreat. The Gumel retreat was very stormy, as described by one of the respondents. In spite of the stormy situation, there was a consensus that the health sector needed to change. With regard to the proposed structural changes, it was agreed that there was the need for it to be refined.

As a result of the decisions made at the Gumel Retreat, the Committee re-strategised by developing a new approach to addressing the issues proposed. By the end of the Gumel retreat, the level of opposition to the proposed reforms had become apparent. From the interviews and documents reviewed, the opposition was mainly due to the fear of the unknown. Others felt the proposed Gunduma System was a tool for scrapping the institutions in which they worked and therefore were uncertain of their future.

It was in view of this opposition that the Decentralisation Committee, stepped up its engagement processes. The principle guiding the Committee’s work was that the opposition encountered was a result of lack of understanding of the issues. The new approach adopted was to engage both those who opposed as well as those who

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supported the reform agenda. The outcome was reshaping of the institutional arrangements proposed. Alongside this was the organisation of a study tour to Ghana for different categories of people to learn how a District Health System operated.

After the study tour, a report was prepared and this contained an assessment of the both the positives and negatives of the District Health system. To ensure a level playing field, another retreat was organised in Kaduna. It was at the Kaduna Retreat that the decision to go ahead with the Gunduma Health System was taken.

The decisions taken at the Kaduna Retreat included the need for both the Ministries of Health and Local Government to agree on a working modality through a Memorandum of Understanding (MOU). In addition, the two Ministries were to send a joint Memorandum to the Executive Governor, seeking approval for the operationalisation of the Gunduma Health System.

In between the two events, the Decentralisation Committee continued its engagement processes. Along the line, the Joint Health Integration Committee (JHIC) was formed as the lead body for the reform process. Through the activities of the JHIC and presentations made by the Honourable Commissioners for the Ministries of Health and Local Government, the Executive Governor approved the proposal for the establishment of the Gunduma Health System.

In anticipation of the approval, the JHIC and the Decentralisation Committee undertook a number of activities. These included identification of offices for the new system in the proposed nine Gunduma Areas, development of modalities for staff recruitment, estimation of the costs for refurbishment of offices as well as operational costs required and identification of other mechanisms for take-off. Once the approval was given, the Gunduma Health System was established within a short period of time. The period of the approval coincided with the handing over by the then Governor to a newly elected Governor. Interestingly, the outgoing Governor made a public announcement that finalisation of the operational stages of the Gunduma Health System had been included in the handing over notes.

Prior to this, the Committee had made presentations to the various parties contesting the elections on the importance of the health sector reforms. The Gunduma Health System and its relevance to poverty alleviation had been made a central element of the campaign strategies of the contesting parties. It was therefore not surprising that the winning party adopted the Gunduma Health System as its baby.

The final step required for its final adoption was the passage of the Gunduma Health Bill into law. The drafting of the law involved a review of the Federal level legislations, including the 1999 Federal Constitution of Nigeria. To ensure the legislators understood the Gunduma Health Systems, the State Government funded another study tour to Ghana and Enugu State. Based on the assessment of the situation, the Law was passed by the State Legislative Assembly.

The passage of the law ushered in the operational phase of the reform process. The staff recruited were given an orientation on their expected roles and responsibilities. In addition, the State Ministry of Health underwent a repositioning exercise. The repositioning exercise focused on assisting the SMOH to undertake its new roles of policy formulation, resource mobilisation, human resources development, procurement and supplies management, regulation and programme support and Administration and Finance.

The repositioning process was assigned to the Repositioning Committee headed by the

Head of Service in the State. The initial take off of the Gunduma Health System faced some challenges until the Executive Governor intervened. In view of this, service provision and other aspects of the reform agenda were stalled for over a year. But, after the Governor's intervention in early 2009, the Gunduma Health System became fully operational.

The annual report of the Gunduma Health System for 2009 gives an indication of the extent of progress made. From the report, the health sector witnessed increased uptake in routine immunisation and antenatal services in addition to increased attendance at the out-patient departments.

The reasons accounting for the improved situation were attributable to strategies adopted for the delivery of services. The strategies included improved distribution of vaccines to facilities, increasing the number of outreach posts and adherence to monitoring and supportive supervision systems and procedures. A critical element was the level of engagement with communities, particularly women, using the community partnership approach. The policy environment through which free maternal and child health services were provided as well as increased funding for health activities, contributed greatly to the level of performance attained.

In spite of these, the GHS recognised it has some challenges to overcome. The major challenges relate to increasing the staffing situation, developing staff capacity in data management and utilisation, sustaining the drug revolving fund scheme and a host of others.

The institutional structures established needed to be sustained that entailed developing a long-term strategy for building institutional capacity. Associated with the organisational and operational challenges was the uncoordinated relationship between the SMOH and the GHS. The slow pace of progress with the repositioning exercise, continued to delay the streamlining of roles and responsibilities.

Despite these, the general consensus was that the GHS was sustainable. The views expressed showed the GHS has a sound foundation, and a structure and systems that ensure its operations go beyond individuals. In addition, the process of streamlining the relationship with the SMOH does indicate a commitment towards sustaining the GHS. The future, however, depends on the quality of the leadership and the extent to which the leadership is transparent and accountable.

The adoption of the Gunduma Health System in Jigawa State has demonstrated that one way forward for effective health services delivery is the integration of both secondary and primary health care. It has also demonstrated that with goodwill and commitment to change, the health sector institutions could be streamlined to provide better services to the people.

Another learning point was that the focus on systems strengthening rather than individuals is a critical ingredient in any institutional reform initiative. The views expressed about the ability to sustain the GHS indicates the level of confidence different stakeholders have in the newly created structures.

The Gunduma Story report, including this Executive Summary, was prepared by
Sofo Ali-Akpajiak

In collaboration with:
Kwame Adodogba (Dr)
Mallam Yahaya Ibrahim

For the full report, please email
info@prrinn-mnch.org.

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