Health Partners
INTERNATIONAL

Health systems case study:

The *gunduma* health system, Jigawa state, Nigeria

Jigawa state in northern Nigeria is undergoing a comprehensive process of health reforms. It is currently adopting a new structure called the 'gunduma' health system, the state's own version of the district health system recommended by the World Health Organisation (WHO). This integrated system brings primary and secondary care services together under one management structure.

The challenge

This reform is much needed. While the health status of Nigerians is generally low, health outcomes in Jigawa state are particularly poor, as is the quality of health care provided, particularly at the primary level.

This is in part due to the weak systems that underpin the health sector: inefficient drug supply systems, which have resulted in extreme shortages of essential drugs; poor infrastructure planning and maintenance; and weak procurement and maintenance systems for essential health equipment.

The current structure of the health sector is also unnecessarily complicated. In Jigawa state, the Federal Government is responsible for tertiary care, the state for secondary care and 27 Local Government Authorities (LGAs) for primary health care in their areas. Added to this, the State Ministry of Health (SMOH) is responsible for coordinating and monitoring hospitals, the State Ministry of Local Government (SMOLG) is responsible for LGA health departments, and a parastatal, the Primary Health Care Agency, is responsible for providing technical support to the LGAs.

All these institutions work vertically, with weak or non-existent communication between the different levels of care. The SMOH, for example, does not know what happens in primary health care centres (PHCs) except for a few that communities ceded to the SMOH because they were not able to run them. The SMOLG finds it difficult to supervise the large number of LGA health departments. In addition, the many LGA health departments have taken most of the senior and experienced health providers from direct service delivery and made them into directors and assistant directors of the LGA. For a state like Jigawa, which has very small numbers of qualified health staff, this had had serious implications. Basic human resource systems such as support and supervisory systems for health facilities are very weak. As a result of the fragmented, ineffective health care delivery, communities have lost trust in public health services, and this is reflected in the very low utilisation rates.

The process of change – Health Partners International and PATHS

An institutional analysis of the health sector was undertaken in 2003 with the support of Health Partners International (HPI) as part of the Partnership for Transforming Health Systems programme (PATHS) in Nigeria. This marked the beginning of a process of assessment of the weaknesses and limitations of the current health system, and a recognition that the structures were not achieving the desired results. The institutional analysis highlighted the urgent need to streamline the fragmented health system and create a unitary mechanism for health care services and financing.

The process of change was very carefully managed with the support of PATHS. The state set up an integration committee consisting of experienced health managers from both secondary and primary care to own and drive the process. The committee had technical assistance from consultants from HPI and Health Partners Ghana (HPG) who have extensive experience in setting up and working within district health systems. For more than a year, the health integration committee mounted an intensive campaign and consultation with health providers, users of health services, political and religious leaders. This ensured that all key groups had an opportunity to contribute to the planning of the reform. The committee also focused on ensuring buy-in of the reform plans at the highest level of government.

A team of reform-minded individuals within government joined a study tour to Ghana where district health systems have been in operation for the last 40 years. The purpose was to see first-hand how it compared to the situation in Jigawa, and what the potential benefits might be of moving in a similar direction. This was followed by two conferences for the major stakeholders, health providers and policy makers in the state.

The proposed changes are significant. They include:

- Organising the 27 LGA health authorities into nine health districts or '*gundumas*' (a Hausa word for 'bigger' LGAs or 'together') to allow for ease of management, using criteria based on population, political boundaries, numbers and

type of facilities, and so on.
- Replacing the fragmented management structure with a single body (a Gunduma Governing Council), which will oversee delivery of health care services by both public and private primary and secondary facilities in a district or *gunduma*.
- Creating a State Gunduma Board comprising representatives from the State Ministries of Health, Local Government, and Women's Affairs, the office of the head of the civil service and key departments of the civil service, which will directly supervise the Gunduma Governing Councils.
- Pooling all health funds for the *gundumas*, with contributions made by the State Ministries of Health and Local Government, the 27 LGAs and development partners.
- Restructuring the management arrangements while keeping the day-to-day work of health staff the same. All staff within the *gunduma* will be assigned to work under single lines of accountability, creating clarity and improving efficiency.

As part of these changes it was agreed to phase out the LGA health departments and redeploy the senior officers to the *gunduma* and health facility levels.

Gunduma technical teams

Each *gunduma* has three departments (headed by a deputy) and a number of units (headed by a coordinator) as follows:

Primary health care department
- Reproductive health
- Nutritional promotion
- Immunization /integrated management of childhood illness (IMCI)
- Disease, surveillance and control
- Health promotion
- Monitoring, evaluation and operational research

Hospital department
- Standards and quality of care
- Clinical services
- Social welfare (to be confirmed)

Administration and support services department
- Finance and accounts
- Drugs and logistics
- Human resources

It is envisaged that the new structure will result in more efficient service delivery, better supervision, improved coordination between facilities at different levels of the health system, and better inter-sectoral collaboration. It is also expected to be more cost-effective, and therefore could, in future, help leverage more government and donor funding. Greater opportunities for communities to participate in the planning, management and monitoring of health services are expected to strengthen community voice on health issues and improve accountability relationships between health providers and the communities they serve. Ultimately, it is hoped that the reform will help the state progress towards attainment of the health goals and targets set out in the state's poverty reduction strategy.

Political response to the reforms

Political acceptance of the reforms by the outgoing and incoming state government has been remarkably positive. The previous Governor readily endorsed the concept and released funds to set up the *gunduma* structures. The new government has the *gunduma* structure as one of its main policy thrusts for improving primary health care and has appointed a Permanent Secretary to head the Gunduma Management Team. The Gunduma Health Systems Act was approved by the State House of Assembly in October 2007.

Continuing support to the change process

In the meantime, the SMOH and its partners, with the support of Health Partners International through the PATHS programme, are gearing up to manage the change process. Most recently an HPI consultant facilitated the start of a process whereby options for restructuring and repositioning the SMOH in the light of the new *gunduma* structure were considered. The SMOH will be shifting its focus from direct service delivery to take on a stronger stewardship role, with considerably more focus on policy development, macro-planning, regulation and sector financing. The process involved intensive discussion with SMOH and *gunduma* directors and other managers, and resulted in agreement of an interim structure for the SMOH and a vision of where the SMOH needs to shift in the long term.

While it is recognised that the path ahead will be extremely challenging there has been a tremendous collective effort by stakeholders across the state and the future looks promising.