

Institutional analysis

In many countries there is now a recognition that health service provision is about far more than simply those services provided by government. To varying degrees, other significant roles in health service provision may be played by:

- The non-governmental sector, including faith-based organisations
- The formal private, for-profit providers of hospitals, general practitioners and pharmacies
- The largely unregulated informal sector of traditional healers, traditional birth attendants and informal medicine sellers.

The need to involve these participants in a more structured way requires Ministries of Health to be more inclusive of them when they are planning their own services and when they are co-opting these other providers. The recognition that the Ministry of Health is just one of many different providers in a country (albeit often the major one) has been accompanied by a widespread move to decentralise the responsibility for health facility management from central ministry level to regional or district authorities or to the institutions themselves. This enables the Ministries to focus on policy development, resource mobilisation and setting and monitoring standards.

Such changes in the roles of Ministries require careful planning and the development of new skills such as contracting and contract management. Monitoring and evaluation now has a higher prominence in the role of reformed Ministries.

Health Partners International is skilled in undertaking careful institutional analyses as a precursor to organisational changes. We carry out such analyses with the stakeholders involved to ensure that they, rather than us, 'own' any findings. This is essential as a first step to what can be a difficult and complex process.

Health Partners International's work in analysing institutions

Health Partners International has been involved in a wide range of institutional assessment initiatives. Some examples are provided below.

Health Partners undertook an institutional analysis to facilitate a review of the policy-making and management bodies responsible for the delivery of public health services

in Jigawa state, **Nigeria**. We provided experienced health managers to work with state health officials to analyse the strengths and weaknesses of existing health institutions. Findings were discussed through participatory workshops, from which recommendations for changes in roles and structures were made. This work formed the basis for plans for institutional reforms within the Jigawa health sector.

In **South Africa**, Health Partners provided public health and financial management support for the design of a Belgian Technical Cooperation project with the country's Department of Health. The design team worked with stakeholders within the Department to assess capacity-building needs in the health sector in health management, primary health care, service delivery at district level, quality assurance, and management of re-emerging diseases such as cholera and malaria. The priority capacity-building needs of four of the poorest provinces in the country (Eastern Cape, Mpumalanga, Limpopo and Kwazulu Natal) were highlighted. Recommendations were made to the Belgian Government on the areas that could be supported by Belgian Technical Cooperation.

In **St Lucia** Health Partners undertook an institutional analysis of the Ministry of Health and developed plans to enable the Ministry to prepare for new functions it was taking on as part of significant health sector reforms. Its plan to move to an insurance-based system of funding health services has necessitated the development of skills and capacity to be able to monitor the quality of service providers and the performance of the decentralised service providers in both the public and private sectors.

HPI supported the state Ministry of Health (SMOH) in Jigawa, **Nigeria**, to look at options for restructuring and repositioning itself following the establishment of a new district health system (known locally as the *gunduma* health system). An integrated and decentralised health system had been established, and responsibility for all aspects of service delivery transferred to the Gunduma Management Team; this created the need for the SMOH to reposition itself, taking on a stewardship role, with considerably more focus on policy development, macro-planning, regulation, and sector financing. HPI facilitated a process whereby key stakeholders within the SMOH, the *gunduma* and related ministries and departments considered a number of different restructuring options to decide which fitted best in the Jigawa context. Building consensus around the need to reposition the ministry has been the first step in what is likely to be a long process of change.