



Bringing Primary Health Care (PHC) under one roof

PRRINN-MNCH has used its experience in Jigawa and elsewhere in supporting efforts of Yobe and Zamfara stakeholders to pass relevant laws and set up structures for 'bringing PHC under one roof'.

Key Elements of the 'Bringing PHC under one roof' Policy

- A **single management body** with adequate capacity that has **control over services and resources** (at least human and financial). As this is implemented this will require repositioning of existing bodies.
- Enabling **legislation and concomitant regulations** (inclusive of the key elements).
- **Decentralized authority, responsibility and accountability** with appropriate span of control. Roles and responsibilities of the different levels will need to be clearly defined.
- Principle of "three ones" (**one management, one plan and one M&E system**).
- An **integrated supportive supervisory** system managed from a single source.
- **Integration** of all PHC services under one authority - at a minimum consisting of health education and promotion, MCH/FP, immunisation, disease control, essential drugs, nutrition and treatment of common ailments.
- **Effective referral system** between/across the different levels of care.

Key Outcomes at State Level

Steps	Jigawa	Yobe	Zamfara
Legislation Passed	2007	2010	2010
Regulations Established	Pending	Pending	Pending
Body established	Gunduma Health System (both PHC and SHC)	SPHCB (PHC only)	SPHCB (PHC only)
Board members appointed	From 2008	Late 2010	To be appointed in 2011
Management staff appointed	From 2008	Late 2010	To be appointed in 2011
Staff transferred from LGAs/MOLG/SMOH to new body	Completed in 2010	Priority for 2011	Priority for 2011
Repositioning of state bodies	Ongoing	Key activity for 2011	Key activity for 2011
Staff moved to new body	Completed in early 2010	Key activity for 2011	Key activity for 2011
Facilities moved to new body	Completed in 2009	Key activity for 2011	Key activity for 2011
Financial arrangements	Pooled fund created in 2010	Key activity for 2011 – start up funding approved in 2010	Key activity for 2011 – already have PHC development fund



In a sense (and based on experience in Jigawa and elsewhere) the journey is a long and tortuous one as there are no quick fixes. The key areas that need ongoing support include strengthening the transitional committee; ensuring the signing and then implementation of the Bill and regulations; repositioning the MDAs to their new roles and responsibilities; reorganizing the service components; and restructuring the HR and financial aspects of the new system.

Increasing Funding for Health Activities in Jigawa

The creation of the Gunduma Health Service has helped to solve one of the bottlenecks the health system had been suffering - funding of activities. The 2009 Gunduma Annual Report revealed that 672 million naira was budgeted for recurrent expenditure in 2009 of which N650 million was released and spent (a budget performance rate of 98%). Out of the total recurrent expenditure, 51% was spent on implementation of health interventions while the balance of 49% went into salaries and pensions.

Under the capital budget, items proposed were basically aimed at improving health infrastructure at both secondary and primary health care levels. Out of a total sum of N1,3 billion budgeted, only N412 million (31%) was released and spent on capital infrastructure - N377 million was from the MDG conditional grant scheme budget. The low capital budget release was due to the fact that some of the capital expenditures were incurred directly by the State Ministry of Health.

The information above, gives a picture of availability of funding. The above does not include funding support provided by PRRINN-MNCH, PATHS2, WHO, UNICEF and other actors in the health sector.

However, in 2010, the Government approved the establishment of a pool account for health services delivery and a budget of N4 billion. The operational modalities for the account have been developed to ensure a continuous flow of resources into the health sector. This ongoing story will be reflected on in the next annual report.
