THE DISTRICT HEALTH SYSTEM IN ENUGU STATE, NIGERIA

An analysis of policy development and implementation

CREHS

POLICY BRIEF
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The research presented in this policy brief was conducted by BSC Uzochukwu, OE Onwujekwe, S Eze, N Ezuma, and NP Uguru.

The authors are from the Health Policy Research Group, based at the College of Medicine, University of Nigeria, Enugu-campus (UNEC); and part of the Consortium for Research on Equitable Health Systems (CREHS) and funded by the Department for International Development (DFID) UK.

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For more information about this publication please contact Benjamin Uzochukwu,
email: bscuzochukwu@yahoo.com

METHODS USED

- Case studies of two communities from different district health authorities
- Document review including: DHS policy document, legal frameworks, grey literature and Memorandums of Understanding
- In depth interviews with 21 policymakers
- 12 focus group discussions at the 2 study sites
- Observation of health facilities and infrastructure

INTRODUCTION

The District Health System (DHS) is a form of decentralised provision of health care where health facilities, health care workers, management and administrative structures are organised to serve a specific geographic region or population. The concept of a DHS is closely linked with the primary health care movement and is considered to be a more effective way of providing integrated health services and involving communities than a centralised approach.

Whilst the DHS strategy aims to improve the delivery and utilisation of government health services by eliminating parallel services, strengthening referral systems and creating structures for community accountability, country experiences suggest that implementation of this policy is particularly complex and can be hindered by several factors including: power struggles between State and local level actors, non-compliance or unavailability of health workers, insufficient financial resources and inadequate health system infrastructure.

In Enugu State, Nigeria, the DHS was introduced following the election of a new democratic government in 1999. The Enugu DHS delivers a range of health care services to population groups ranging from 160,000 and 600,000 people through a structured management system (the district health management team) which integrates primary and secondary health services. Research investigated the development and implementation of the DHS in Enugu State in order to reveal the underlying factors that affected the implementation of the policy. It compared the experiences of two communities from different districts that had varying levels of success in implementing DHS.

KEY FINDINGS

PROGRAMME MANAGERS PERCEPTIONS' OF DHS

- Table one shows that when the health system was centralized, health facilities in both districts were characterized by shortages of health workers and poor levels of work attendance, dilapidated buildings, drug stock outs and low levels of monitoring and supervision. As a result of the poor quality of services, utilization of health facilities was relatively low.
- With the emergence of the DHS, many of the characteristics of the old system appear to have disappeared, at least in district 1. Here there was a marked perceived improvement in all of the categories, especially in health worker availability.
- Improved infrastructure, availability of drug supplies and equipment, and shortened waiting times, in conjunction with the removal of user fees, led to a rise in demand for health services.

Nsukka District hospital before and after renovation, carried out following the introduction of the DHS

Table 1: Perceptions' of facilities before and after implementation of the DHS

	Old centralized health system - District 1 and 2	DHS - District 1	DHS - District 2
Health worker availability	• Insufficient numbers of health workers • Low levels of work attendance • Long waiting times	• Health workers are available but shortages persist • Improved levels of work attendance	• Insufficient numbers of health workers • Low levels of work attendance
Monitoring and supervision of staff	• Minimal and irregular	• Regular and improved levels of supervision	• Supervision improved but irregular
Building /renovation	• Dilapidated buildings • No fence	• Proper renovation and fencing of the hospital premises	• Renovation of some buildings and fencing of hospital premises • A functional borehole
Drug supplies and equipment	• Frequent drug stock outs • Lack of equipment	• Drugs and equipment are available	• Drugs are available • The availability of equipment has improved somewhat
Use of facilities by patients	• Low demand for services	• High demand for services	• High demand for services

THE CHALLENGES OF IMPLEMENTATION

Despite significant improvements, challenges to successful implementation persist. These include:

- A lack of government funding for heath in general, at the district level to employ staff to manage the DHS, and at the facility level to hire additional health workers to cope with increased demand.
- A ban on the recruitment of health workers in Enugu State resulting in increased workloads for staff and a lack of 24 hour services.
- Uncertainty about the sustainability of the DHS which currently relies on funding from the PATHS project, from the UK Department for International Development (DFID).
- Irregular monitoring and evaluation of staff due, in part, to logistical problems including a lack of vehicles for supervisors.
- A lack of trust between State and local government officials. This resulted in local government authorities not paying into the State controlled DHS fund due to fear that their contributions would be diverted for other purposes.
- No accountability of local government health workers to the State government

CONCLUSION AND POLICY RECOMMENDATIONS

The implementation of DHS in Enugu State has led to significant improvements in health facilities and has stimulated demand for health services. Additional health workers should be employed to maintain provision of services, ease the burden on current staff and ensure emergency health services are provided 24 hours a day. Without this, it is possible that health worker morale and commitment will suffer resulting in further staff shortages and poor quality of care.

Mistrust between local and state government actors has led to resistance at the local level to policy implementation and, in some instances, the withdrawal of funds for DHS. One reason for this is that local government actors were not fully involved in the DHS policy development process. When planning and implementing new policies, efforts should be made to consult with and engage all actors, especially those who are responsible for implementation at the local level.

The sustainability of the DHS is dependent on external funding sources and the State government has yet to fulfil its funding responsibilities. This raises serious concerns about how the DHS will be funded if donor funding stops and stifles long-term planning. Without dedicated funding and support from the State government, local level actors will have limited ability to support effective policy implementation.

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