

PRRINN-MNCH welcomes SPARC and SAVI

When the extension of the PRRINN-MNCH programme was negotiated, the life of the programme was extended to end 2013 and the focus shifted to output 3 – strengthening MNCH services.

To compensate for the lack of resources to strengthen governance and systems and thus ensure sustainability for the service related work, DFID asked two lead programmes (State Accountability and Voice Initiative – SAVI – and State Partnership for Accountability, Responsiveness and Capability – SPARC) to consider how they could support the PRRINN-MNCH programmes in three of the states (Katsina, Yobe and Zamfara). SAVI and SPARC already operate in the other state (Jigawa).

SAVI and SPARC have now arrived, have joined our offices, have started some baseline assessment work and by the end of quarter 1 in 2012 should have mapped out a plan of work.

PRRINN-MNCH identified the following areas where support was needed in order to guide the engagement of SAVI and SPARC:

- 1) The fragmented PHC structure requires integration in order to improve the PHC governance and management structure to deliver more efficient and effective PHC services. The focus of the work should include:
 - Capacity building of the newly established PHC Boards (middle level managers)
 - Supporting the repositioning of the SMOH
 - Advocacy for improved funding (e.g. a pool fund) and to create state-wide awareness
 - Advocacy for signing of the recently passed National health bill.
- 2) Key human resource (HR) issues include:
 - *Many HR issues which have underlying governance constraints:* ‘ghost’ workers, shortage of skilled workers (especially females), and maldistribution of health workers – all require building coalitions for advocacy and pressure at all segments of the society
 - *Very weak HR management capacity embedded in civil service bureaucracy* requiring support to the central government and working with the HR for health coordination committees to improve their capacity and remove bureaucratic bottle necks.
- 3) Poor PHC funding, especially:
 - *Poor budget performance across states* that undermines the ability to implement plans; thus the need for SPARC to support the central budget agencies in the budget process
 - *Inadequate fiscal revenue forecasting* which impacts on producing realistic budgets and thus on cash flows to service health plans.
- 4) Coordinated advocacy (especially by SAVI) to address priority PHC issues including:
 - generation and use of evidence for policy and practice
 - demand for accountable, quality and accessible MNCH services