

# Bringing primary health care under one roof

## 4. Reposition Agencies

### Checklist

- Has your state identified new roles and responsibilities arising from the Primary Health Care law and regulations?
- Has your state completed re-orientation of managers in the new and old structures?
- Has your state built the capacity of managers to undertake new tasks?
- Has your state established a mentoring and coaching system for all managers?

### Addressing management issues

With the introduction of the new PHCUOR law and regulations, managers in the health sector will face the difficult task of repositioning.

#### There are four key areas for repositioning:

- The Minimum Service Package (Factsheet 3)
- Human Resources (Factsheet 7)
- Financial Resources (Factsheet 8)
- Management

*This Factsheet deals primarily with the management issues.*

The new law and regulations will specify the functions, roles and responsibilities of the new PHC Board. This includes which functions, roles and responsibilities will be transferred from existing bodies, and might also specify which existing bodies are to be closed down. Implementation will require firm and sometimes difficult decisions about changes in existing and new bodies, as well as clear policies and fair practice in managing the circumstances of individual staff.

Even the best managed restructuring creates uncertainty and concern among personnel which can impact negatively on the functioning of existing and new bodies. There can also be resistance to change. Thus, it is critical that all management personnel understand and accept the relevant provisions in the new law and regulations and that they understand their functions, roles and responsibilities in relation to the new structures.

### Key elements of the PHC Under One Roof policy

- Integration of all PHC services delivered under one authority
- A single management body with adequate capacity to control services and resources, especially human and financial resources
- Decentralized authority, responsibility and accountability
- The three ones principle: **one** management, **one** plan and **one** monitoring and evaluation system
- An integrated and supportive supervisory system
- An effective referral system between and across the different levels of care
- Enabling legislation and regulations

**to improve quality and increase access to health care services**

The transformation committee (see Factsheet 3) tasked with overseeing the changes, needs to take the lead in the re-orientation.

## Re-orientation and capacity development

Restructuring is only the beginning of the repositioning process. Political leaders and managers need to address two key activities:

1. **Gaining the commitment of staff** to new ways of working – re-orientation
2. **Developing new ways to do so** – capacity building

States need to consider their options for the scope and levels of re-orientation. They may choose to focus on particular groups of staff, such as senior managers and facility managers, whose support is most crucial for repositioning, or include all health workers and perhaps even community structures. Adequate time needs to be allocated to the process and facilitators need to encourage frank and open discussion.

Managers also need to plan how to build effective capacity among a large workforce. Commonly, the focus of capacity building programmes starts with managers, especially those managers in the new structures. They, in turn, will lead the managerial and technical development of staff throughout the PHC system.

## Steps to success

**Step 1** Reposition the State Ministry of Health, State Hospital Management Board and other structures for their new functions and roles.

**Step 2** Support the repositioning process at local government level.

**Step 3** Re-orient and build the staff teams and community members for their new roles.

**Step 4** Build the capacity of managers in the new structures.

## Recommendations

### Allow for resistance to change

Transformation, by its very nature, prompts resistance to change amongst many. Fear of the unknown, fear of losing what one has and fear of an uncertain future are critical issues that facilitators in re-orientation programmes need to be aware of and work with.

### Involve all stakeholders

Stakeholder involvement is essential in implementing the new structures and repositioning staff to operate the new structures effectively. It is especially critical that health workers on the ground, their professional bodies and local management structures are involved in the re-orientation.

### Ensure capacity building is practical and relevant

Many capacity building programmes for managers are theoretical in nature and remove the managers from their sites of work, where they are most needed. Capacity building therefore needs to be done on-the-job wherever possible. New management skills, coaching and mentoring are all key elements in the design of a capacity building programme.

### Provide a budget for capacity building programmes

Re-orientation workshops and capacity building programmes for managers are expensive but necessary.



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

The PRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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