NIGERIA GOVERNORS' FORUM

Bringing Primary Health Care Under One Roof

LEGISLATION

Why does PHC Under One Roof need legislation and regulations?

Most States have introduced PHC under one roof legislation but many are not in line with the National Health Act and National guidelines.

Many of the State legislation have not made adequate provision to address issues of sustainable financing and financial autonomy, human resource control, repositioning of SMOH & Departments including LGHA, transfer of PHC facilities to the Board, Minimum Service Package provision among others.

Legislation should provide a clear legal framework for delineation of roles and responsibilities for the policy makers and the implementers (managers in the public sector). Legislation should provide for distinct roles between the PHC Board and State Ministry of Health and other related arms of government.

There is a need for both Legislation and Regulations; while legislation enables and provides the long-term vision, regulations map out the details and actions required to realize the vision, and can be changed to address operational needs as they arise.

It is important that there is wide consultation on the development and passage of the PHCUOR Bill.

Key Questions

- Has there been wide Stakeholder consultation In development of PHCUOR bill?
- Has the State drafted a Primary Health Care Bill and Regulations in line with the National Guideline?
- Has the PHCUOR Bill been passed by the State House of Assembly?
- Has the Governor assented to the PHCUOR Bill?
- Have the Regulations been assented by the Governor or Commissioner of Health?
- Have the PHCUOR law and Regulations been gazetted?

SUB-STATE STRUCTURE

In creating a single system for the management of PHC services, the sub State structures should follow existing constitutionally mandated geopolitical boundaries, as well as traditional or cultural practices, to ensure harmony and ease of administration.

The different structures that have been adopted reflect the principle of no-one-size-fits-all and the need for States to tailor their approach and legislation to fit their State context

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STEPS TO SUCCESS

Step 1 ***Build strong consensus among all stakeholders based on the political economy of the State.***

Step 2 ***Involve appropriate management of staff at State and sub State levels.***

Step 3 ***Establish a high powered technical committee to facilitate the process of drafting, passage and assenting of the bill.***

Step 4 ***Strengthen advocacy initiatives around the PHC Under One Roof policy changes. (This cross cutting step is applicable to all the pillars)***

Step 5 ***Develop the Bill and Regulations.***

Step 6 ***Get it signed into Law and gazetted.***

Call to Action

Consult thoroughly and be realistic about time scales

To develop effective legislation, all stakeholders should be adequately consulted, understand the proposed changes and have ownership of the process and product. This requires time and should not be rushed.

Clarify roles on management of resources (Finance, Human and Material)

Make adequate provision to address issues of sustainable financing and financial autonomy, human resource control, repositioning of SMOH & Departments including LGHA, transfer of PHC facilities to the Board, Minimum Service Package provision among others.

Develop the Bill and the Regulations at the same time

Generally, the PHC Bill will not provide sufficient detail for health managers to implement the policy. However, the focus is often on the Bill, with Regulations only developed after the Bill has become law. It is crucial that the vision and the detail are developed simultaneously.

Form a committee to champion the Bill through the legislative process

The State Government should set up a high-powered committee consisting of a wide range of PHC Under One Roof stakeholders. Draft Bills can often be substantially revised during their passage through the legislative process. Indeed, alterations should be expected. However, substantive changes could impact on the suitability of the final Bill and the viability of PHC service delivery. This committee with oversight can help to maintain the correct focus from inception to assent by the Governor.

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Bringing Primary Health Care Under One Roof

GOVERNANCE AND OWNERSHIP

PHC Under One Roof Governance

PHCUOR governance is the organization and management of PHC services to deliver better health outcomes.

It is organized and managed by the State PHC Board/Agency (SPHCB/A) as a parastatal under State Ministry of Health.

It has its governing Board and management team

At the State-level a Governing Board is appointed by the governor and it provides stewardship for setting the PHC vision, mobilizing resources and hold managers at all levels accountable.

At the LGA level, the LGA Advisory committee is appointed by the governing board and provides stewardship in line with the State vision.

A management team consists of full-time employees who are responsible for the day to day operation of the State PHC Board.

This structure is replicated at sub-State levels (Zone, LGA, Ward, and PHC facilities)

Key Questions

- **Does the State have a PHC Board/Agency as stipulated in the NHAct?**
- **Is there balanced representation of government officials, political and community stakeholders on the PHC, Board/Agency at the State and sub-State level?**
- **Do the members of the Primary Health Care, Board /Agency have a clear understanding of the benefits of bringing Primary Health Care Under One Roof?**
- **Do State health policy documents prioritize shared PHC responsibilities with the community?**

MEMBERSHIP:

The membership of State Governing Board and sub-State governing committees need a balanced representation of community and other members (e.g. health professional bodies).

This will ensure:

* Sufficient level of influence and authority needed to address the health needs of the population.

* The Governing Board would have the necessary experience, expertise and commitment to advise the management team on all matters especially clinical, human resource, material and financial.

* Mandate the PHC Governing Board needs a clear mandate and role, distinct from the management team. It should address issues of policy, accountability and quality health care. It must remain outside the day-to-day running of services.

DESIGN:

The design of the Governing Board should reflect practical considerations, such as an appropriate duration of appointment, and realistic requirements for the meetings. The size of the Governing Board should not be large.

The criteria for Governing board and sub-State Governing committee's membership and function should be clearly captured in the State Legislation and Regulation.

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Call to Action

- **Engage Stakeholders**
  Sustained stakeholder's sensitization, orientation and capacity building by the PHCUOR Champions Is required to achieve the proposed changes and ensure effective transition and sustainable implementation of PHCUOR

- **Involve Women**
  Specific notes in documents and selection/ appointment criteria should emphasize the need for the involvement of women in structures at all levels.

- **Provide effective leadership and management support to Governing Board/ Sub-State committees**
  PHC Board, sub-State and facility level committees need effective leadership and management support to ensure members are well informed and able to make good decisions.

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Bringing Primary Health Care Under One Roof

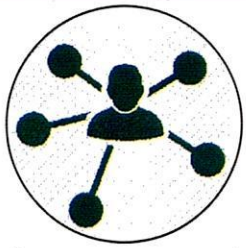
THE KEY FOR ACHIEVING UNIVERSAL HEALTH COVERAGE IN NIGERIA
POLICY BRIEF

"Bringing Primary Health Care under One Roof"

Primary Health Care (PHC) is the bedrock of every health care system. It is the first level of care situated close to the people to provide cost effective intervention. The PHC system in Nigeria has been challenged by fragmented and multiple management structures resulting in poor provision of services to vast majority of the populace.

"Bringing Primary Health Care Under One Roof" (PHCUOR) is a new PHC governance reform initiative, designed to unify all PHC structures and programs at sub-national levels to ensure accountable and efficient service delivery within the framework of a decentralized health system.

PHCUOR POLICY IS BASED ON THE PRINCIPLES OF "THREE ONES"



One management

One plan

One Monitoring & Evaluation

The full implementation of PHCUOR entails the repositioning of the roles and the responsibilities of existing Federal, State and Local Government establishments involved in the delivery of PHC services

POLICY AND LEGAL COMMITMENTS TO IMPROVE PHC PERFORMANCE

The main thrust of the new National Health Policy 2016 is anchored on strengthening Primary Health Care.

The National Health Act 2014 makes considerable provision to strengthen Primary Health Care through the Basic Health Care Provision Fund, (BHCPF)

The 2014 Presidential Summit on Universal Health Coverage reiterated the country's commitment to achieving health for all, through the strengthening of Primary Health Care

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POLICY BRIEF

BENEFITS OF IMPLEMENTING PHCUOR

Improves Efficiency: SPHCB/A: provide oversight of all PHC activities delivered by LGHAs and partners. This reduces duplication, wastage and improves efficient use of resources to achieve better health outcomes

Enhances transparency and accountability: with clearly defined roles and responsibilities, it is easier for the Governors, LGA chairmen, Health Commissioners & other stakeholders to know who to hold accountable at all levels for PHC service delivery.

Improves quality of health services PHCUOR promotes equity and increases access to affordable high quality basic health care services to all especially for the poor and vulnerable at the grass roots toward the attainment of UHC

Increases access to more funding– enhances eligibility for additional funding such as the Basic Health Care Provision Fund (BHCPF) and other National and International funding for PHC services

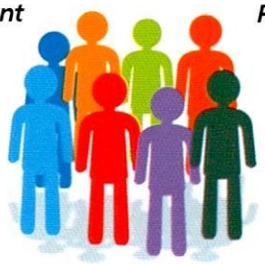
ACTION POINTS FOR GOVERNORS

The full establishment of PHCUOR requires sustained effort and strong political will over a considerable period of time. State Governors are encouraged to demonstrate high level commitment and oversight in ensuring that:

The law establishing SPHCB/A is adequate and in line with the national guidelines

There is appropriate arrangement for office space and repositioning of all PHC functions under the management of the SPHCB/A

Support SPHCB/A to meet criteria for accessing Federal and other funding sources for PHC services.



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Bringing Primary Health Care Under One Roof

REPOSITIONING THE SMOH AND LGA HEALTH DEPARTMENTS

Repositioning Function, Roles and Responsibilities

The new Law and Regulations should specify the functions of the new PHC Board. This will include functions, roles and responsibilities that will be transferred from existing MDAs.

Implementation will require firm and sometimes difficult decisions about changes that require high level approval.

Key Questions

- Has your State identified and agreed on new roles and responsibilities for Ministry of Health, Health department in Ministry of local Government/LG A, LGSC as distinct from the State PHC Board's role?.
- Has your State carried out orientation of the Board managers (Ministry and Board), committees, and key staff in the new structures?
- Has your State developed capacity building plan for managers to undertake their new tasks diligently?

RE-ORIENTATION AND CAPACITY DEVELOPMENT

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

GAINING COMMITMENT

Sustained engagement and orientation of policy makers, health managers, service providers and communities.

DEVELOPING CAPACITY FOR NEW ROLES

Capacity Building of health managers and service providers, including community members.

It will be essential to build the capacity of managers and service providers on their roles and responsibilities to perform effectively and efficiently to achieve a better outcomes.

THERE ARE FOUR KEY COMPONENTS FOR REPOSITIONING:

- Leadership and Management
- Primary Health Care Programs in SMOH and PHC health facilities at the LGA
- Human Resources for Health
- Financial Resources

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STEPS TO SUCCESS

Step 1 ***Reposition the State Ministry of Health, Health department in Ministry of Local Government/LGSC.***

Step 2 ***Support the repositioning process at Local Government level.***

Step 3 ***Orientation of the Board, Managers (Ministry and Board) committees, and key staff in the new structures?***

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

Call to Action

Reach agreement on the core new roles and functions.

Repositioning is aimed at ensuring that new roles and functions of the State PHC Board and the SMOH, Health department in Ministry of Local Government/LGSC and LGHA are identified, understood and applied. This requires strong commitment of policy makers, managers and other key stakeholders.

Engage key stakeholders to address anticipated resistance to change

Transformation by its very nature, prompts resistance to change amongst many. It therefore requires sustained engagement of stakeholders to provide them with adequate information, knowledge and skills.

Build capacity in a practical and relevant manner

Capacity building should include coaching and mentoring techniques as key elements to improve knowledge, management skills and attitude.

Provide a budget for capacity building programmes

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

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SYSTEM DEVELOPMENT

Effective and Efficient PHC System

The PHC Board is tasked with the responsibility for organizing and managing its resources (human, financial and material) for effective and efficient PHC services. Hence, the need to establish systems to do this.

To achieve this, the Board develops a strategic and costed annual operational plan, implements and monitors its activities. All these will be hinged on the development of sound management systems.

These PHC management systems should function in an integrated manner for efficient and effective PHC service delivery.

Key PHC Management Systems

- Financial management system
- Human Resources for Health System
- Transparency and Accountability
- Integrated supportive supervision system
- Quality Assurance System
- Administrative System
- Health Management Information System
- Planning, Implementation and Performance Review System
- Sustainable Drug Supply System
- Asset Management System

Key Questions

- Is the organization and management of Primary Health Care system in line with the principles of the ' three ones' - one management, one plan and one monitoring and evaluation system?
- Has the PHC Board developed a strategic health plan and costed annual operational plans ?
- Have LGHAs , wards and facilities developed the costed annual operational plans?
- Has the PHC Board developed a plan for regular review of the PHC services and systems?
- Has the PHC Board developed and implemented PHC management systems such as financial, human resource, essential drugs and commodities supply chain, and HMIS etc ?
- Has the PHC Board developed and implemented quality assurance and integrated supportive supervision systems ?

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STEPS TO SUCCESS AND CALL TO ACTION

Step 1 *Identify priority systems to work on and plan to develop others for example, planning and implementation, Finance, and human resource for health are key priority areas.*

Step 2 *Adopt and adapt from existing State and National Policies, system and Guidelines.*

Step 3 *Ensure wide participation and sustained engagement of relevant PHC stakeholders.*

Step 4 *Continuous orientation and capacity building of managers and staff on new systems.*

Step 5 *Regular joint review (Policy Makers, PHC Board, private sector and consumers) of performance of PHC systems*

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Bringing Primary Health Care Under One Roof

OPERATIONAL GUIDELINES

Operational Guidelines

The main objective of operational guidelines is to create an enabling environment for efficient delivery of PHC services.

The new PHC Board is required to develop specific policies, procedures and protocols related to administrative areas like Human Resources for Health procurement and supply chain, accounting and finance, transport and M&E. The development of these operational guidelines by the management team should be in conformity with the State polices and guidelines.

Key Questions

- Has your State established rules and regulations for its Primary Health Care Board/Agency?
- Has your State drafted management policies and procedures like transport and travel, security, store inventory and procurement among others for the functioning of the PHC Board/Agency?
- Has your State established standard operational procedures and protocols for Human Resources for health, service delivery, accounting and monitoring and evaluation?

Key Notes On Operational Guidelines

- The Law, Regulations and the operational guidelines are related. The Law provide high level framework for the Board while the regulations provide more details on how to operationalise the law and the operational guidelines provide guidance on the day to day administrative support for effective procedures.
- Inadequate attention is usually given to the development and use of guidelines which results in poor administrative support for effective service delivery.
- It is important for management and staff to develop, understand and use the guidelines.

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STEPS TO SUCCESS

Step 1 *Review the new Law and Regulations and Identify the essential administrative tasks and the deadlines for completing them.*

Step 2 *Agree on a plan and obtain the resources required to establish operational procedures and guidelines.*

Step 3 *Finalize the administrative procedures and guidelines and disseminate to management and staff*

Step 4 *Orientation and capacity building for relevant State*

Call to Action

* Identify the administrative tasks required to fulfill the Law and Regulations
* The new Law and Regulations can only set out a high level framework for governance and management.
* Fulfilling these require effective administrative systems and operational guidelines which should be carried out as a priority.
* Develop and approve guidelines
* The Management team should assign tasks to individuals and groups with expertise in different departments to produce draft guidelines for approval.
* Disseminate approved guidelines
* Build Capacity
* Carry out orientation of management and staff on relevant guidelines relating to their lines of duty

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HUMAN RESOURCE FOR HEALTH

Human Resource For Health (HRH)

Human Resource for Health (HRH) is defined as "all people, engaged in actions whose primary intent is to enhance health" (WHO, 2006)

Human Resource for Health consumes about 70% of the State health budget and therefore demands effective planning and management for efficient and effective PHC system that will deliver better health outcomes.

HRH is one of the challenges facing the health sector and the PHCUOR reform initiative.

Some of the key challenges of HRH in PHCUOR reform include

- Inadequate numbers of Human Resource for Health
- Inappropriate distribution of staff
- Presence of ghost workers
- Delay in moving staff from old structure to the PHC Board
- Inappropriate management of staff at State and sub-State levels.
- Poor attitudes of staff to works.

Therefore, adequate resources should be provided for the management and planning of HRH at both State and sub-State levels.

It is important to have the right people with the right skills in the right jobs and at the right time to ensure that the new structures are effective.

HRH Challenges

There are four main challenges wen planning HR the new structures:

1. Delay in moving staff from old structure to PHC Board/Agency

Under the new structure, all health staff providing primary (and sometime secondary) Health Care Services will fall under one management (SPHCB/A), and be paid by the PHC Board. Most States have not been able to achieve this because of reluctance to release staff, inappropriate legislation, and unwillingness of most staff to move.

2. Poor commitment and capacity to manage staff at State and sub-state levels

The appointment process are often not transparent and appropriate and the best people are not selected for the Government Board and management team at the State and sub-state level

3. Inadequate of number human resources, maldistribution of staff and presence of ghost workers

This is multi-faceted issue the PHC Government Board and management team need to address immediately for effective service delivery

4. Poor Attitude to work of staff

To deliver quality and effective PHC services requires dedicated and committed staff. To achieve this, the Government Board needs to change the attitude of staff for improved performance.

Key Questions

- Has your State established a high-level human resource management committee?
- Has your State established an HR department in the Board/Agency with requisite staff and capacity?
- Has your State carried out Human Resource for Health audit, compiled an accurate staff database and captured this on a HR Information System?
- Has your State developed staffing requirements and affordable norms for different facility types to provide the Minimum Service Package?
- Has your State developed job descriptions for facility staff and managers?
- Has your State transferred all staff offering PHC related services/program from SMOH MLGA, LGSC and LGA to the Board/Agency?
- Has your State effected the transfer of responsibility for all the PHC staff payroll and salaries to the Board/Agency?

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STEPS TO SUCCESS

Step 1 *Establish a high level HR committee.*

Step 2 *Establish an HR department or unit and provide adequate capacity and resources.*

Step 3 *Establish an HR Information System (HRIS) database of existing staff.*

Step 4 *Use the Minimum Service Package (Fact sheet 3) to determine the mix and numbers of staff required for each facility.*

Step 5 *Negotiate with previous employers, particularly Local Government Agencies, with respect to the movement of staff.*

Step 6 *Select and appoint sub-State Governing committees and management teams*

Step 7 *Communicate the change processes through sensitization, orientation and capacity building as widely and clearly as possible.*

Call to Action

Ensure the HR Committee has a strong mandate, sufficient authority and the right skills

The HRH committee needs a combination of political and technical acumen, sufficient influence and access to the Governor, to address these issues.

Recognize and address resistance to change

Effective sustainable change takes time, and policy makers and other key stakeholders especially SMOH and LGA need to be aware in order to address these multi-faceted issues. Therefore, sustained engagement for sensitization, orientation, capacity building and advocacy will be essential to overcome the resistance.

Establish your work force database

In general, the best approach is to carry out a robust Human Resource audit of existing Staff, in order to have a reliable Human Resource Information System (HRIS) database for realistic planning and Management of the workforce.

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SUSTAINABLE FUNDING

The PHC Under One Roof Financial process

Adequate and sustainable financial resources are essential in ensuring the success of the PHCUOR implementation. The financial processes to drive the PHC Board include:

- Development of costed annual plans the inclusion of costed annual plan into State Health sector budget.
- Timely release and tracking of annual approved budget.
- Development of internal control system, production and presentation of quarterly and annual financial report to the Board, SMOH, and other stakeholders.
- Conduction of external audit in line with State Government guideline and regulation.
- Publication of financial report to relevant Government website.

Key Questions

- Has your State released take off fund for the set-up of the office of the SPHCB/A
- Has your State established a dedicated budget process for State Local Government, in readiness and inline with Basic Health Care Provision Fund (BHCPF) and other federal level funds in line with the overall State Health sector budget for planned PHC activities (capital and recurrent)?
- Has your State developed mechanism for receiving contributions from different organizations (Development partners, CSOs, Private sector and philanthropist etc)?
- Does your State have a system for tracking the release and utilization of budgeted funds?

OPTIONS FOR FINANCIAL MANAGEMENT

Some States have adopted pooled funding mechanisms. This allows the State, Local Government Agencies (LGAs) and development partners to contribute to the management and running of services provided by the PHC Board. These funding mechanisms need adequate checks and balances to ensure that money is spent according to the detailed budget in the annual operational plan.

In some States, the PHC Board becomes a line budget in the government budgeting system and has to draft memoranda for the Governor's approval when it wants to draw down budgeted money.

Whatever options are chosen, it is critical that the PHC Board develop appropriate financial processes and procedures to cost plans, budget for activities and ensure that the money allocated is released and spent wisely in terms of the detailed budget in the annual operational plan and that expenditure/releases from government is tracked and audited. Release of fund to the LGHA down to the facility level should be performance based. This needs to be outlined in a financial manual developed by the Board management team and approved by the Boards Governing body.

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STEPS TO SUCCESS

Step 1 ***Establish an autonomous financial management system in line with government financial guidelines and regulations.***

Step 2 ***Create a planning and budgeting committee and engage all key stakeholders in the planning and budgeting process.***

Step 3 ***Develop the capacity to plan, budget and track the release of funds.***

Step 4 ***Explore the options for creating "pooled funds" that allows for transparent and accountable management.***

Call to Action

- Ensure the financial management system is established as soon as the Board takes off.
- Ensure there is adequate capacity for annual planning and budgeting
- Implement effective internal financial control and external audit system.

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OFFICE SETUP

OFFICE SET UP

It is important to establish suitable independent offices for the State and sub-State level e.g. LGHA management and staff.

The office should be provided with basic furniture and adequate equipment to enable the PHC management teams perform their duties effectively.

Key Questions

- Has your State allocated Primary Health Care Board offices at the State and sub-State levels e.g. LG Health Authority?
- Has your State renovated and/or furnished the PHC Board office space?
- Has your State provided enabling work environment for example vehicles,
- computers, internet, stable water, light, toilet and other requirements?

GETTING STARTED

It is likely that the new PHC Board was not budgeted for in the development of the plans and budgets for the current year.

It is important to allocate a take-off grant for the PHC Board to be established.

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STEPS TO SUCCESS

Step 1 ***Establish a high powered technical committee that will drive the process***

Step 2 ***Develop the start-up budget and plans and seek for Governor's approval and release of funds.***

Step 3 ***Implement and monitor the activities of the office set up.***

Call to Action

- ### Work out how much the office setup will cost

  Although funding could be released, this might be inadequate for the needs of the PHC Board. It is important that the high powered technical committee draws up a realistic, costed start-up plan that can be presented to the Governor

- ### Provide a suitable office space

  The selection of suitable independent office space that meets the requirement of the Board is vital at State and Sub-State levels. It is important that the clear criteria is developed to guide the Selection of office that meets the basic requirements for the Board.

- ### Don't neglect the sub-state structures

  In many cases, the focus is on the State level office and its requirements while the sub-State level (LGHA) is neglected. It is vital that both levels are addressed in the selection of office space and the requirements needed to operationalize these offices are clearly stated

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MINIMUM SERVICE PACKAGE

Minimum Service Package

The adoption of the MSP approach allows States to classify their facilities based on Minimum Service they will provide and determine the minimum resources each type of facility will require. This will enable the costing of these Minimum Service Package.

Defining the MSP will help in discussions and negotiations around the transfer of staff and also in the development of appropriate budgets for the functioning of health facilities managed by the new PHC Board

Key Questions

- Has your State developed a Minimum Service Package? in line with National guidelines?
- Has your State developed the MSP investment plan in line with Medium Term Expenditure Framework (MTEF)?
- Has your State implemented and evaluated MSP investment plan?
- Does your State carry out regular evaluation of its MSP resource gaps? (Financial, Human and Material Resources)
- Does your State implement the annual MSP plan and carry out regular Performance Review for the Service Delivery Outcome?

THE MSP TOOLS

The MSP tools are used to simplify the costing process, and they include the following:

1. A Costing Model: this is used to compute the cost per facility
2. A Planning Tool: This is used to calculate the costs for the State as a whole (based on the number of existing and new facilities planned for the state).
3. The HR Planner Tool: This is designed to calculate the number and cadre of staff required and the budgets per facility.

The NPHCDA has developed guidelines on minimum standards for Primary Health Care (PHC) in Nigeria. These allow States to classify their facilities into a few basic types for which standard resource packages can be tailored, according to the size and work load of each facility. Realistic costing of the standard packages of health services helps the States to determine and allocate resources effectively.
In addition, it allows States to develop State-wide health service investment plans that can be used to advocate for more resources.

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STEPS TO SUCCESS

Step 1 ***Set up a Minimum Service Package implementation committee***

Step 2 ***The PHC Board to adopt the MSP policy.***

Step 3 ***The PHC Board uses the MSP policy to define the minimum services based on the category of facility, classify the facilities in line with National Guideline, cost the services, develop State MSP medium term expenditure framework and allocate resources accordingly.***

Step 4 ***The PHC Board to adopt the MSP policy.***

Step 5 ***Supportive supervision and regular performance review for Service Delivery Outcome***

Call to Action

- **Create MSP committee to oversee the process**
  This committee should be broad based and comprise of people who have political influence, health managers who are technically sound in service delivery. It should also include SMOH, State budget and economic planning, State health insurance agency, hospital management board, a representative from the governor's office, the State PHC board, the private sector, development partners and civil society organizations.
- **Develop your MSP policy**
  The policy should define the Minimum Services based on the category of facility, classify the facilities, cost the services, develop State MSP medium term expenditure framework and allocate resources accordingly.
- **Don't neglect the sub-State structures**
  In many cases, the focus is on the State level office and its requirements while the sub-State level (LGHA) is neglected. It is vital that both levels are addressed in the selection of office space and the requirements needed to operationalize these offices are clearly stated
- **Build Capacity**
  Train the State PHC Governing Board and management team, as well as the MSP committee on the MSP policy and the use of tools. This training is a continuous process and should be cascaded down to the facility and community levels including community Health Influencers, Promoters and Services (CHIPS)
- **Carry out Supportive Supervision and Performance Review**
  It is important to maintain focus on results achieved from the MSP. Regular joint performance review of activities and progress on PHC service delivery indicators using DHIS, survey report, etc. Should be carried out to assess PHC performance.