Bringing primary health care Under one roof

7. Human Resources

Checklist

Has your state established a high level human resource management committee?
Has your state established an HR department with requisite staff and capacity?
Has your state 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 in the Minimum Service Package (see Factsheet 3)?
Has your state developed job descriptions for facility staff and managers?

Why is human resource management so critical?

Human resource planning and management is one of the fundamental challenges facing any new structure. Individuals and organisations can be resistant to change. It is important that the right people are in the right jobs to ensure that the new structures are effective.

It is important therefore that adequate resources are provided for the management and planning of HR. States may want to establish a specialist HR function at an early stage. At both state and sub-state levels, job descriptions need to be developed and fair and transparent selection processes adopted.

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

HR challenges

There are four main challenges when planning and managing HR for the new structures:

1. The movement of staff from the existing bodies to the new structure

Under the new structure, all health staff providing Primary (and sometime secondary) Health Care services will fall under the management of, and be paid by, the PHC Board. This can be problematic if current employers are reluctant to release staff, employees do not want to move and the PHC Board are unwilling to absorb some extant staff.

2. The appointment of management staff at state and sub-state levels

The appointment of managers in the new state level structure is addressed in Factsheet 5 (Institutional Development) and focuses on the essential role of the transformation committee. This committee must ensure that appointment processes are fair and transparent process and the best people are selected for the Board governing body and management team (and for the sub-state structures).

3. The inappropriate distribution of staff, ghost workers and imbalance between professional and non-professional cadres

This is an issue that has political undertones and again highlights the delicate dance between governance and systems that the PHC Board governing body and management team need to address immediately.

4. A lack of adequately trained professional staff (e.g. midwives, technicians and doctors)

It can take a long time to train and develop these staff. It is essential therefore that planning, time and resources are allocated to training, attracting and retaining staff, particularly for less attractive postings.

Steps to success

Step 1 Establish a high profile HR committee.

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

Step 3 Establish an HRIS database of existing staff.

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

Step 5 Negotiate with previous employers, particularly local

Recommendations

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

As we have seen above, HR issues are both technical and political. Therefore, the HR committee needs a combination of political and technical acumen, sufficient seniority and access to the Governor, to address these issues.

Recognise and address resistance to change

Individuals can be very sensitive and resistant to change. There will be health workers who, for a variety of reasons, will not want to move. There will be LGA chairmen who do not want to relinquish staff. As with other aspects of the policy changes, the transformation committee needs to be aware of this and make provision for the issues that arise. Constant communication and advocacy will be essential.

Understand your starting point

In general, the best approach is to start by getting a clear cut audit of existing staff, preferably using a HRIS database. This will form the basis for much of the subsequent work.

Follow the steps carefully

There is often a tendency to fast track the HR process. However, the key steps outlined below will need to be followed to ensure that the HR committee has all the requisite information to guide their deliberations and actions, and enough staff and resources to manage the process from the start.

government agencies, with respect to the movement of staff.

Step 6 Select and appoint sub-state governing bodies and management teams

Step 7 Communicate the processes, changes and outcomes as widely and clearly as possible.



The PRRINN-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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