

GOVERNMENT OF KADUNA STATE OF NIGERIA



Kaduna State Primary Healthcare Development Agency Corporate Plan

October 2017



Acknowledgement

Body text (KdSG Body) Body text (KdSG Body) Body text (KdSG Body) Body text (KdSG Body)

Body text (KdSG Body) Body text (KdSG Body) Body text (KdSG Body) Body text (KdSG Body)

TO BE WRITTEN BY THE COMMISSIONER/EXECUTIVE /DIRECTOR GENERAL....



Content List

Abbreviations and Acronyms

Executive Summary

Section One: Introduction	1
Introduction.....	1
Objectives and tasks.....	2
Approach	2
This report	3
Section Two: Corporate Plan.....	4
The Corporate Planning Framework	4
Section Three: Mandates	5
Section Four: Vision, Mission and Core Value statements	7
Section Five: PESTLE/SWOT Factors.....	8
Section Six: Long-Term Goals, Medium-Term Objectives and Strategies	11
Section Seven: Functional, Process and Systems Reviews	15
Functional review.....	15
Systems review.....	24
Process review	25
Section Eight Structural review	34
Section Nine Establishment Plan	42
Section Ten Workforce plan.....	47
Gender and age distributions.....	66
Section Eleven Performance management.....	68
Organisational performance management (service standards and charters)	68
Employee Performance Management.....	72
Appendices	76
Appendix 1: Terms of Reference for the Steering Committee	76
Appendix 2: Terms of Reference for the Technical Working Group.....	77
Appendix 3: List of materials consulted.....	78
Appendix 4: Corporate Plan Concept Note	79
Figure 1: The Corporate Planning Framework	82
Appendix 5: Modern and professional Human Resources Management.....	87
Appendix 6: Samples of Employee assessment tools	91



Abbreviations and Acronyms

AOP	Annual Operations Plans
CHEWS	Community Health Extension Workers
CORPS	Community Orientated Resource Persons
CPR	Contraceptive Prevalence Rate
CP	Corporate Plan
DMSSMA	Drugs and Medical Supplies Management Agency
ES	Executive Secretary
FMoH	Federal Ministry of Health
HMIS	Health Management Systems
HR	Human Resources Development
HRM	Human Resources Management
HRMIS	Human Resources Management Information System
IRS	Indoor Residual Spray
IEC	Information, Education and Communication
ICCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
ANC	Inter-natal Care
LGAs	Local Government Authorities
LGs	Local Governments
LLIN	Long Lasting Insecticide Net
LTGs	Long-Term Goals
MDR	Maternal Death Review
MTOs	Medium-Term Objectives
MSS	Midwife Services Scheme
M&E	Monitoring and Evaluation
NPHC	National Primary Healthcare Development Agency
NGOs	Non-governmental Organisations
PBC	Planning and Budget Commission
PESTLE	Policy, Economic, Social, Technology, Legal and Environment
PHC	Public Healthcare
RUTF	Ready to Use Therapeutic Food
SOP	Standard Operating Procedures
SPHCDA	State Primary Healthcare Development Agency



SC Steering Committee
SWOT Strength, Weakness, Opportunity and Threats
SDSS Sustainable Drugs Supply System
TWG Technical Working Group

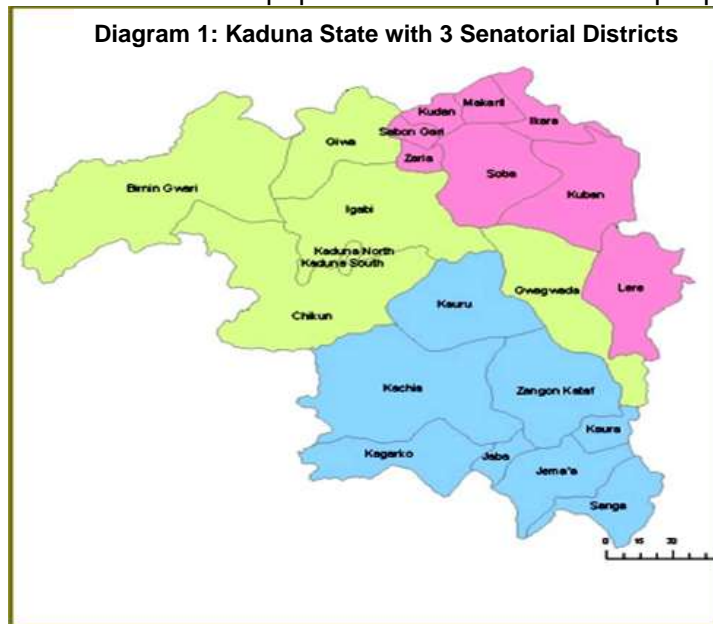


Section One: Introduction

Introduction

Kaduna State is situated in the North-West of Nigeria with Kaduna as its capital. Kaduna was taken up in 1916 when the capital of the then Northern Nigeria was finally moved to Kaduna City. Kaduna became the "North Central State" in 1967 and Kaduna State was formally created in 1975 by the then military leader. In 1987, Katsina State was carved out of the then Kaduna State. The Kaduna State is politically classified as belonging to the now 'North - West' zone of the current six Geo - political zones of Nigeria. The State has Coordinates of 10°20'N 7°45'E, a total of 46,053 km² (17,781 sq mi) and is ranked 4th out of the 36 states. Its population is about 6.3 million people (Nigerian census figure, 2006) and ranked 33rd out of 36 states with a density of 130/km² (340/sq mi). Kaduna State has three senatorial districts and 23 LGAs.

The State Primary Healthcare Development Agency (SPHDA) was established by a Law as the Kaduna State Primary Healthcare Agency in August 2008, and subsequently it was backed by a Law to Establish the Kaduna State Primary Healthcare Development Agency, September 2015. The Agency works at the state level and has 3 zonal offices, 23 local government areas and 1,084 facilities of which 255 are model primary healthcare centres (as at June 2017). The Kaduna State government (KaSG) has installed over 1.3MW of solar systems in 34 model primary healthcare (PHC) facilities out of the 1,084 facilities.



The core basic principles of the ideal model of healthcare are contained in the Declaration of the International Conference on PHC held in Alma Ata, Kazakhstan in 1978 (known as the "Alma Ata Declaration"). These principles became a core concept of the World Health Organization's goal of Health for all. These principles have been adopted as national policies in Nigeria and therefore as states policies to launch and sustain PHC as part of a comprehensive healthcare system in coordination with other sectors. These principles are:

- Equitable distribution of health care – PHC must be provided equally to all individuals irrespective of their gender, age, caste, colour, urban/rural location and social class.
- Community participation – is considered sustainable due to its grass roots nature and emphasis on self-sufficiency, as opposed to targeted (or vertical) approaches dependent on international development assistance.
- Health workforce development – ensures deployment of adequate number and distribution of trained physicians, nurses, allied health professions, community health workers and others working as a health team and supported at the local and referral levels.

- Use of appropriate technology – medical technology should be provided that is accessible, affordable, feasible and culturally acceptable to the community. Examples of appropriate technology include refrigerators for vaccine cold storage. Less appropriate could include, in many settings, body scanners or heart-lung machines, which benefit only a small minority concentrated in urban areas. They are generally not accessible to the poor, but draw a large share of resources.
- Multi-sectional approach – health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self-reliance of communities. These sectors include, at least: agriculture (e.g. food security); education; communication (e.g. concerning prevailing health problems and the methods of preventing and controlling them); housing; public works (e.g. ensuring an adequate supply of safe water and basic sanitation); rural development; industry; community organizations (including local governments, voluntary organizations such as community based organisations etc.).

In sum, PHC recognizes that healthcare is not a short-lived intervention, but an ongoing process of improving people's lives and wellbeing, and alleviating the underlying socioeconomic conditions that contribute to poor health.

Objectives and tasks

The primary objective of the CP Technical Working Group (TWG) is to review and improve the organization, institutions and human resources capacities and capability of the Agency to ensure effective service delivery at the primary health care level. These will be achieved through the development and implementation of a Corporate Plan (CP). The TWG carried out the following activities during the workshops that led to this Plan:

- Reviewed and revised the core mandates.
- Reviewed and revised the Vision, Mission and Core-Values statements.
- Reviewed and revised the long-term goals, medium term objectives, and strategies.
- Conducted functional, systems, process and structural reviews to have an optimal, nimble and responsive structures for the Agency and its departments.

The last stage was the introduction of the Agency to organisational performance measurements through the establishment of service standards; and also employee performance management based on agreed and measurable targets.

Approach

The approach deployed was very participatory with all members of the TWG fully engaged in the process. The following steps supported by consultants were undertaken starting with the preparation protocols:

- Desk review of all existing materials¹.
- Developed materials, tools, templates and presentations used during the workshops.
- Sensitized the senior managers at a meeting held on May 30, 2017 where the CP framework and process were introduced to the Executive Secretary and her team.
- Established the CP Governance structure:

¹ Please refer to appendix 5 for full list

- the Steering Committee² (the SC) chaired by the Executive Secretary. The SC's responsibilities include driving, overseeing the CP process, approving the outputs and ensuring implementation.
- the Technical Working Group (TWG)³ chaired by the Director, Planning, Monitoring and Evaluation Department. The TWG's responsibilities include undertaking technical sessions on various aspects of CP, running, and participating in all the workshops, preparing outputs for the various CP stages, and submitting outputs to the SC for approval. Others were co-opted as members as and when there were needs.
- the Department of Planning, Monitoring and Evaluation served as the mini secretariat providing all materials required during the development of the CP.

The TWG decided when and where specific CP activities took place, and the responsibilities e. g:

- Who managed the meetings;
- Who supplied, collected and managed information and ensured flow of information;
- What support or facilitation was required which sometimes involved asking non-members to attend when necessary;
- How decisions were recorded on critical issues.

This report

This report is the Corporate Plan of the Agency for implementation. An implementation Plan may be useful.

² Appendix 1: Members of the Steering Committee and the Terms of Reference

³ Appendix 2: Members of CP Working Committee and the Terms of Reference

Section Two: Corporate Plan

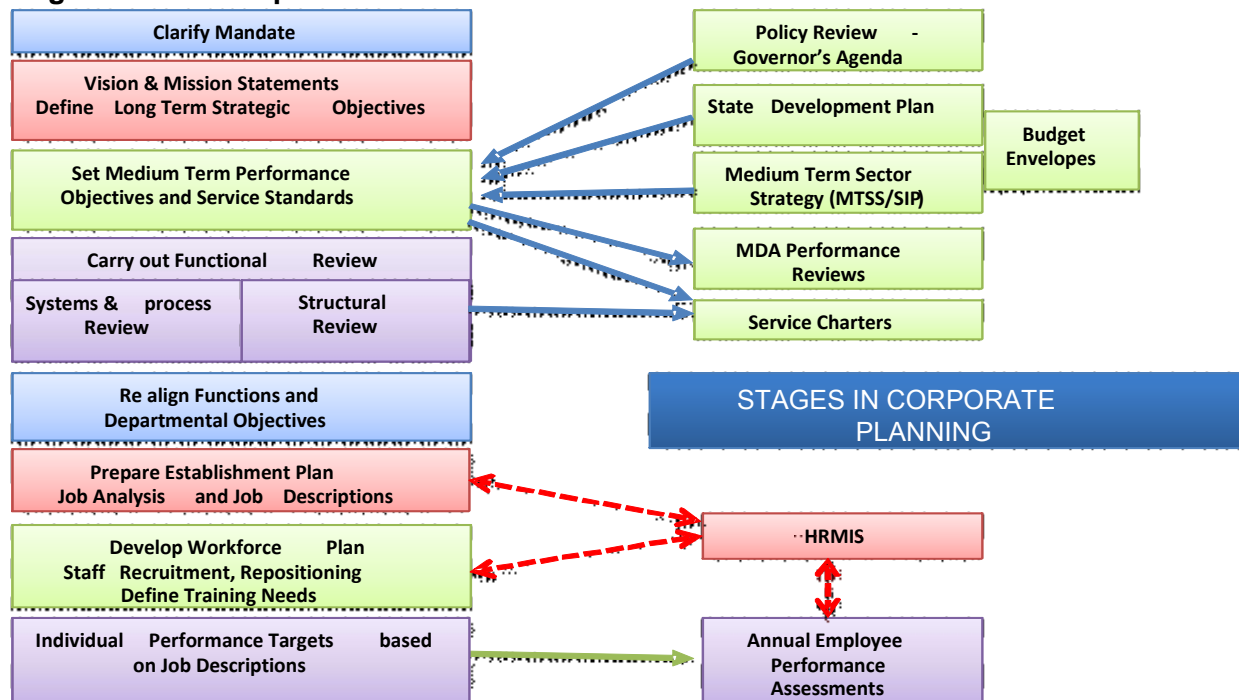
The Corporate Planning Framework

“Corporate Planning is a process in which an organization examines its objectives, strategies, functions, structures and human resources vis-à-vis its mandates to determine how to organize and apply its resources (human, financial, equipment) to achieving its objectives and meeting its service delivery standards and targets”⁴. The CP therefore allows an organization to put in place the ‘golden thread’ that links every job and job holder’s performance to the Agency’s mandate. The CP is a living document which should be reviewed every 3-5 years. The CP enables the organization to understand:

- Why it exists – its mandate
- What is it meant to be doing – its goals and objectives
- How it can best organize itself to deliver on its objectives – its functions, structure, establishment etc
- Who it needs to fit the structure and deliver the public goods and services – its workforce.

The concepts and fundamental issues in the CP process were examined by the TWG using the CP Framework in Diagram 1 below, especially the linkages among Policy and Strategy, Public Financial Management, and Public Service Management.

Diagram 1: The Corporate Plan Framework



The need for the implementation of modern performance management systems driven by targets for employees and organisations was emphasised.

⁴ SPARC/Office of the Head of Service; Corporate Planning Guidelines 2010

Section Three: Mandates

An organisation's mandate is usually confirmed by the highest level of government for example, by the Constitution, a Law, an Executive order or any other legal instrument. A mandate is therefore an authoritative command which forms the basis for developing the organization's Vision, Mission and Core Value statements. Mandate statements should not be too long. The mandates of the Agency were neither found in the two laws establishing the Agency⁵ nor were they clearly stated in the "Organizational Capacity Development for KSPHCDA, May 2016. However, the "Mandates Compendium Updated, Office of the Head of Service, September 2015" contained two mandates which were considered inadequate. These are the mandates agreed:

- Formulating Primary Healthcare policy and plan, and supervising primary healthcare facilities to ensure implementation and compliance;
- Managing the required resources of the Agency including human, material, financial and other intangible resources;
- Developing robust performance management system for the purposes of programme monitoring and evaluation as well as staff performance assessments;
- Coordinating the activities of all relevant partners and stakeholders and consideration for gender and vulnerable groups in primary healthcare policy formulation and implementation.

The following are the overall functions of the Agency which were further broken down into departmental functions:

- Reviewing, interpreting, domesticating and implementing international, national and state health policies and guidelines as it affects Kaduna State primary healthcare;
- Facilitating effective state and non-state actors and related sector engagements and collaboration in all primary healthcare activities from planning to implementation;
- Enforcing policies, plans, guidelines, rules and regulations relating to primary healthcare and Primary Healthcare related legislations;
- Maintaining reliable data base for effective planning, implementation, monitoring and evaluation of all Primary Healthcare activities in the state;
- Carrying out regular training/retraining and capacity development of all primary healthcare providers;
- Overseeing the operations of all health facilities under the primary healthcare mandates/jurisdiction;
- Strengthening referrals and linkages with other branches or levels of health sectors especially in the areas of maternal and child health, reproductive health and other ailments with a view to reducing morbidity and mortality.
- Mobilizing resources nationally and internationally for the development and support of primary health care activities; and
- Reviewing quarterly and evaluating periodically the respective implementation of programs and projects of the Agency;

⁵ A Law to Establish the Kaduna State Primary Healthcare Agency, August 2008 and A Law To Establish the Kaduna State Primary Healthcare Development Agency, September 2015

- Ensuring that gender and social inclusivity are taken into consideration in relevant activities, projects and programs of the Agency.

Section Four: Vision, Mission and Core Value statements

The vision, mission, and core value statements of the Agency were reviewed following presentations and discussions of the guiding principles for establishing them. The existing vision and mission statements as amended, and core value statements are stated below:

VISION
An Agency that Facilitates Delivery of Best, Comprehensive and Sustainable Primary Healthcare Services.

MISSION
To advance health and wellbeing through facilitation of healthcare services, which are qualitative, comprehensive, integrated, person-centred, responsive, affordable and sustainable in collaboration with all stakeholders

CORE VALUES

Honesty: Truthfulness, sincerity and openness in doing the right things for the right reasons, and treating people fairly and with respect always.

Integrity: Uprightness and transparency in all transactions and reliability to commitments and obligations.

Team work: Effective collaboration among its people and with all stakeholders to achieve its mandates and mission, ensuring that groups of people working together achieve effective synergy in their outcomes and outputs.

Excellence: Confident pursuit of highest quality in what you are doing and that its value warrants your persistent commitment.

Caring: Display of kindness and concern for others.

Section Five: PESTLE/SWOT Factors

A Political, Economic, Social, Technological, Legal and Environmental/Strengths, Weaknesses, Opportunities and Threats (PESTLE/SWOT) analysis was conducted. The PESTLE analysis is a tool used to objectively assess how the macro-environment which comprises of political, economic, social, technological, legal and environmental (ecological, geographical or physical) affect the purpose of the Agency. These factors are usually external and the Agency has little or no control over them. The SWOT analysis looks at the internal and external dynamics of the Agency that could support or hinder effective planning and implementation of its strategic plans. The desired result is the list of actual factors that will promote or inhibit the Agency's work.

A PESTLE/SWOT analysis is therefore a useful tool for understanding the "big picture" of the planning environment. This enables the organisation to build on the identified strengths, reduce the weaknesses, take advantage of the opportunities and minimize the threats with the objective of improving service delivery and governance. The analysis will inform the identification of long and medium-term goals, objectives, outputs and outcomes, and will also be the basis for the functional review. Key PESTLE/SWOT factors identified are stated in Table below:

Table 1: PESTLE/SWOT analysis

	Strengths	Weaknesses	Opportunities	Threats
Political	<ul style="list-style-type: none"> Governing Board in place; Passionate Competent and experienced leader at Agency level; Committed Professional and informed Management and Senior staff; 	<ul style="list-style-type: none"> Inadequate skilled staff to provide essential services; Logistic challenges impeding management of large HR; Lack of continuity in policies Bureaucratic bottle neck 	<ul style="list-style-type: none"> Reform Agenda of the Government on transformation Government focus on health as outlined in the State Development Plan; Collaboration with Development Partners 	<ul style="list-style-type: none"> Political uncertainties; Political and factional crises Political interference
Economy	<ul style="list-style-type: none"> Strong commitment for PHC infrastructure development 	<ul style="list-style-type: none"> Lack of Programme Budgeting 	<ul style="list-style-type: none"> Development Partners support for Programmes Implementation 	<ul style="list-style-type: none"> Uncertainties in budget appropriation; Inadequate Funding; Inadequate budget releases
Social	<ul style="list-style-type: none"> Team work among employees; 	<ul style="list-style-type: none"> Logistics challenges 	<ul style="list-style-type: none"> Stakeholders support for 	<ul style="list-style-type: none"> Insecurity in some communities

	<ul style="list-style-type: none"> • Consultative approach to management issues; • Effective Partners Coordination; • Decorum in service delivery; • Use of town-hall meetings and community dialogues; • Proactive management; • Organizational capacity to implement multiple programmes 	<ul style="list-style-type: none"> • Impeding coordination; • Poor initiation by some individuals; • Inadequate communication among departments; • Inadequate individual capacity; • Inadequate technical HR; • Lack of welfare policy 	<ul style="list-style-type: none"> • Programmes Implementation; • Development partners supporting institution; • Organizational and individual capacity development; • Use of media in information dissemination; 	<ul style="list-style-type: none"> • Compromising service delivery
Technology	<ul style="list-style-type: none"> • Access to Internet in the Central Office; • HR Computer literacy and compliance; • Wide deployment of ICT in operations; • Working towards e-library; • Working towards a paperless administration; • 100% of departments and programmes are ICT compliant; 	<ul style="list-style-type: none"> • Limited application of ICT at the Local Government Health Authorities; • Manual registry and other administrative processes; 	<ul style="list-style-type: none"> • Government's policy on encouraging greater application of ICT to improve operations and reduce cost; • Government drive towards E-governance; • Deployment of ICT to PHC implementation 	<ul style="list-style-type: none"> • Hacking into websites; • Loss of important data and materials; • Lack of adequate backup facilities; • Virus attacks

	<ul style="list-style-type: none"> Improved efficiency and effectiveness in discharge of responsibilities 			
Legal	<ul style="list-style-type: none"> Autonomous body set up by law; Support from similar Federal Agency; Policies & regulations 	<ul style="list-style-type: none"> Absence of Operational Guideline; Absence of Legal Unit 	<ul style="list-style-type: none"> Favourable working relationship with the State House of Assembly and Judiciary; Cordial working relationship with Law Enforcement Agencies 	<ul style="list-style-type: none"> Agency as an autonomous body is open to litigation
Environmental	<ul style="list-style-type: none"> The most environmentally friendly Agency; Facilities, such as Internet, restrooms, are made available; Conducive working environment for departments; Office well situated in the heart of the city; Easy access to stakeholders; 	<ul style="list-style-type: none"> Inadequate offices for all programmes; Inadequate working tools (vehicles); Inadequate power supply that run on generators 	<ul style="list-style-type: none"> Relationship with the National Primary Health Care Development Agency and Federal Ministry of Health; Government's desire to acquire a new befitting office complex for the Agency; Government's policy to provide solar energy to PHC Centres for 24/7 services 	<ul style="list-style-type: none"> Epileptic power supply

Section Six: Long-Term Goals, Medium-Term Objectives and Strategies

The Agency's long-term goals (LTGs) are the broad priority services it would deliver by 2022, based on its PESTLE/SWOT analyses. Goals are properly aligned with the Agency's vision, mission, strategic issues and stakeholders' expectations. These LTGs set the stage for the formulation of more precise medium-term objectives which are for 3 to 5-year time horizon.

The medium-term objectives (MTOs) have a 3-year time horizon till 2020. The MTOs derive from the LTGs and take account of political manifestos, short- to medium-term priorities, human resources, budget and resource envelopes. Delivering on the MTOs and overall strategic objectives require a mix of well-articulated policies, and planned financial and human resources. These policies and financial resources will be addressed through Sector Implementation Plans (SIPs) which are strategic plans that schedule costed activities over a medium-term period, that is, 3-year period.

The Agency used the medium-term objectives amongst others as its performance standards/indicators for measuring its performance. This means, using the MTOs as the basis for developing its Service Charters – contracts of service delivery commitments made by the Agency to its stakeholders. The major long-term goals, medium term objectives and strategies are as follows:

Table 2: Long-Term Goals, Medium-Term Objectives and Strategies

S/N	Long-term Goals	Medium-term Objectives	Strategies
1	To advance health and wellbeing of individuals and communities	To reduce the prevalence of epidemic diseases (Measles, Meningitis, Cholera, Lassa Fever, etc) by 20% by 2020	<ul style="list-style-type: none"> Increasing immunization coverage; Strengthening disease surveillance; Providing drugs and health commodities; Improving hygiene and sanitation; Liaising with relevant water agencies to provide potable water; Training and retraining of health workers; Creating awareness – community sensitization and mobilisation.
		To reduce the prevalence of endemic diseases (Malaria, Typhoid, Diarrhoea, etc) by 20% by 2020	<ul style="list-style-type: none"> Same as above including: <ul style="list-style-type: none"> Providing and monitoring use long lasting insecticide mosquito net (LLIN); Carrying out indoor residual spray (IRS); Distributing mectizan, SP, albendazole, mebendazole, etc.
		To reduce nutritional disorders (Kwashiorkor and Marasmus) by 30% by 2020	<ul style="list-style-type: none"> Screening of children under five years; Providing and monitoring use of ready to use therapeutic food (RUTF), F75 and F100; Creating awareness – sensitisation and mobilisation; Establishing more OTP and SC sites; Developing capacity for staff in the programme; Carrying out nutritional surveys.
		To reduce: <ul style="list-style-type: none"> Maternal mortality rate; Child mortality rate; Infant mortality rate 	<ul style="list-style-type: none"> Increasing number of skilled birth attendants; Improving awareness on the imperative of antenatal care (ANC); Providing input for focused ANC; Providing incentives for facility delivery; Developing capacity of health workers; Implementing task-shifting and task-sharing policy; Increasing number of health facilities that provides free maternal and child health services; Sustaining supply of essential drugs.
2	To improve equitable access to	To increase the number of facilities from 1,084 in 2017 to 1,339 by 2020	<ul style="list-style-type: none"> Constructing of new facilities; Equipping and staffing new facilities;

	and utilisation of healthcare services		<ul style="list-style-type: none"> • Rehabilitating/expanding existing facilities; • Providing drugs and health commodities; • Equitable distribution of facilities and HR.
		To increase number of health facilities providing <i>minimum service package</i> from 0 in 2017 to 500 by 2020	<ul style="list-style-type: none"> • Upgrading/modernising existing primary healthcare centres to comply with minimum service package; • Developing human and organisational capacity; • Distributing facilities and HR equitably.
		To increase the number of patients and clients utilising health facilities by 60% by 2020	<ul style="list-style-type: none"> • Creating awareness – community sensitisation and mobilisation; • Increasing outreach services; • Institutionalising village health workers/Community Oriented Resource Persons (CORPs) • Providing drugs and health commodities; • Providing resources (human resources, material, finance).
		To increase number of HR for health by 40% by 2020	<ul style="list-style-type: none"> • Reviewing reward and incentive policies for medical personnel – incentive • Employing new medical personnel • Utilising better, the Midwife Services Scheme (MSS) and Nursing and Midwifery Council of Nigeria Internship.
3	To promote effective, efficient and sustainable healthcare services	By 2018, have in place a published service charter in all PHC facilities	<ul style="list-style-type: none"> • Training on charter development and implementation; • Sensitising community on service charter; • Ensuring service charter monitoring and compliance.
		To increase diagnostic accuracy rate by 50% by 2020	<ul style="list-style-type: none"> • Training staff on diagnostic accuracy; • Supplying equipment and consumables; • Providing/displaying/enforcing standard operating procedure in all facilities.
		To increase the number of facilities with viable Sustainable Drugs Supply System (SDSS) from 185 in 2017 to 700 in 2020	<ul style="list-style-type: none"> • Providing seed stock of drugs and consumables; • Training staff on SDSS.
		To ensure automation of administrative processes and operations in all 255 upgraded primary health centres by 2018	<ul style="list-style-type: none"> • Supplying hardware and software and networking of same; • Developing capacity – on-the-job-training and handholding; • Facilitating power supply to health centres.
4	To promote greater synergy and coordination in all our activities	To have in place a comprehensive Partners Coordination Framework by 2017	<ul style="list-style-type: none"> • Strengthening partners coordination: <ul style="list-style-type: none"> ○ Donor Partners Forum; ○ Traditional Leaders' Committee on Primary Healthcare;

			<ul style="list-style-type: none"> ○ Private Sector Partners; ○ All other state and non-state partners. ● Ensuring that the forum meetings with donor partners quarterly as scheduled; ● Ensuring that donor partners key into KSPHCDA plan.
5	To strengthen performance management system	To institutionalise robust individual and organisational performance management system by 2017	<p>Employee:</p> <ul style="list-style-type: none"> ● Raising staff productivity and performance by: <ul style="list-style-type: none"> ○ Reviewing existing staff performance measurement tools; ○ Implementing policy on reward and sanctions; ○ Enforcing employee performance contracts. <p>Organisational</p> <ul style="list-style-type: none"> ● Developing robust planning, monitoring and evaluation framework; ● Developing service charter compliance evaluation tools

Section Seven: Functional, Process and Systems Reviews

Functional review

Organization design is reviewing and analysing functions, processes, and systems using its mandates and objectives as the basis, while bearing in mind best practices. These reviews are a form of efficiency and effectiveness reviews, which result in an organizational structure that is being driven by the Agency's objectives and functions. The functional review asks whether the functions, which flow from the mandates, are being efficiently and effectively carried out, how they could be done better, if they should be discontinued, and whether there are overlaps within or with other agencies or actors that are performing same functions?

At the end of these reviews, each department, division, branch and section will have clearer allocation of functions which will form the basis of developing employees' performance targets. The following questions were asked during the reviews:

- Is the organization carrying out the right functions, are some inappropriate, could some be dropped, should others be created, could some be outsourced or privatized?
- For the functions retained, are these organized and set up to achieve the organisational objectives optimum physical performance?
- For the functions retained, are these appropriately financed and organized in the most cost-effective manner?
- Do the functional and structure arrangements facilitate the desired balance of staff's motivation, checks and balances and accountability?
- How can the service delivery processes be better organized to provide more efficient and effective outcomes?
- How would the introduction of modern technologies such as Information, Communication and Technology (ICT) affect the functional arrangements, the organizational processes and therefore the structures in terms of making performance better, faster, and cheaper?

The Agency's overall organizational functions stated in Section 3 above, and some processes of each department together with management systems were reviewed, and where necessary revised. The management systems are largely the responsibilities of the Executive Secretary (ES) and her/his team of directors.

The Agency's overall organizational functions were allocated to departments, which together with departmental functions and their outputs are stated in the Tables below:

Department of Planning, Monitoring and Evaluation

S/N	Identified functions	Outputs	Challenges
1	Reviewing, interpreting, domesticating and implementing international, national and state health policies and guidelines as it affects primary healthcare in the state	<ul style="list-style-type: none"> • Policy documents, statements domesticated policies in the state • Guidelines domesticated in state • Minutes of meetings 	<ul style="list-style-type: none"> • Inadequate staff within the department, particularly M&E; • Inability to plan adequately for health-related positions due to high attrition rate; • Weak research function; • Limited office space for staff; • Difficulty in obtaining all relevant data in a timely manner • Weak ICT support function
2	Coordinate activities of partners (state and non-state actors) supporting Primary Healthcare activities within the state;	<ul style="list-style-type: none"> • Memorandum of Understanding (MoU) signed • Minutes of meetings • Email • Electronic conference • Reports/notes • Joint work-plans 	
3	Manage the agency's operational data and records including maintaining sound data bases (HMIS, HRMIS, DHIS) for effective planning, implementation, monitoring and evaluation of all Primary Healthcare activities in the state;	<ul style="list-style-type: none"> • Reports (monthly, quarterly, bi-annual and annual) • Newsletters (quarterly) • Special reports (data quality assessment, data quality survey) 	
4	Assess progress in the implementation of planned activities/programmes within the strategic and annual operational plan at both the Agency and LG PHCs	<ul style="list-style-type: none"> • M&E reports (monthly, quarterly, bi-annual and annual) and periodic evaluation reports; • Survey reports • Collated reports (SMS4Life, ONA Application, mVacciNation) • Research reports • Budget performance reports 	
5	Development of plans (strategic plan, annual operational plan, joint work plan) and annual budget of the Agency	<ul style="list-style-type: none"> • Planning documents developed 	
6	Conduct research activities, including surveys, at the PHC facilities and communities in collaboration with the Department of Primary Healthcare	<ul style="list-style-type: none"> • Informed policy and decisions; • Survey/Research reports; 	
7	Facilitate and support the development of annual operational plans for Local Government PHC facilities	<ul style="list-style-type: none"> • Operational plans developed; 	
8	Healthcare financing (Health Insurance Scheme, etc)	<ul style="list-style-type: none"> • Increased funding 	
9	Execute and monitor capital projects at the Agency and PHC facilities	<ul style="list-style-type: none"> • Monitoring reports (monthly, quarterly, bi-annual and annual) 	

10	Perform the function of knowledge management at the Agency	• Publications disseminated;	
----	--	------------------------------	--

An agency is being established to perform the function of “Healthcare financing (Health Insurance Scheme, etc), which is Function 8 above”. The bill establishing the new Agency had gone through the second reading in the State House of Assembly. This new Agency, when established will take over Function 8 and will manage the dedicated fund at the federal level, which will be available to all states that establish their respective agency.

Primary Healthcare Department

S/N	Identified functions	Outputs	Challenges
1	Coordinate and supervise community health activities in the state under the primary healthcare mandate/jurisdiction;	<ul style="list-style-type: none"> • Improved services; • Improved client satisfaction; • Reports (exit interview reports), 	<ul style="list-style-type: none"> • Duplicated unclear roles between the Ministry and Agency; • Lack of clarity concerning departmental processes; • Understaffed for the department’s work scope; • Inefficient span of control; • Absence of experienced focal officers, i.e., Nutritionist, Reproductive Health Officers; • Inability to delegate due to skills/competence gaps.
2	Liaise with national and relevant state MDAs, development partners and NGOs on PHC policy development and interpretation	<ul style="list-style-type: none"> • PHC policies developed and adopted; • Standard Operating Procedures (SOP) developed and adopted; 	
3	Strengthening referral and linkages with other branches or level of health sectors especially in the areas of maternal and child health, reproductive health and other ailments with a view to reducing morbidity and mortality.	<ul style="list-style-type: none"> • Same as above (except exit interview): • Increased number of clients; • Reports (feedback from the two-way referral, Maternal Death Review (MDR) • Increased number of clients referred by Traditional Birth Attendants (TBAs), Traditional Rulers Committee on Health 	
4	Ensuring that gender and inclusivity are taken into consideration in relevant activities of the KSPHCDA;	<ul style="list-style-type: none"> • Reports • Register (Youth Friendly Centre) 	
6	Distributing health commodities and handling logistics	<ul style="list-style-type: none"> • Reduced stock-out in health facilities; • Reports (forecasting, quantification, and utilisation rate) 	
7	Promote Integrated Management of Childhood Illnesses (IMCI) and Integrated Community Case Management (ICCM)	<ul style="list-style-type: none"> • Reports • Register • Raw data 	
8	Carrying out nutrition services	<ul style="list-style-type: none"> • Reports (forecasting, quantification, and utilisation rate); • Raw Data on improvements recorded (or otherwise); 	

		<ul style="list-style-type: none"> • Register and records (details of clients, treatment given and outcomes); 	
9	Coordinating Reproductive Health and Child Spacing	<ul style="list-style-type: none"> • Same as above 	
11	Conduct routine and supplementary immunization services against vaccine preventable diseases	<ul style="list-style-type: none"> • Same as above 	
12	Coordinating health education, promotion and community engagement	<ul style="list-style-type: none"> • Same as above, and • Communication plan (Information Education and Communication (IEC)) 	
13	Carryout vaccination of international travellers and issuance of yellow card/international certificate of vaccination	<ul style="list-style-type: none"> • Reports • Record of immunisation produced 	

Adolescent Health Officer is responsible for tracking gender data and information, and for other adolescent issues. For example, the Youth Friendly Centre provides counselling services, family planning services, and 'sensitive things', such as contraceptives. These responsibilities and activities are under Function 9 above: "Coordinating Reproductive Health and Child Spacing".

Disease Prevention and Control Department

S/N	Identified functions	Outputs	Challenges
1	Coordinate and manage outbreaks of epidemics in collaboration with other state and non-state stakeholders	<ul style="list-style-type: none"> • Reports 	<ul style="list-style-type: none"> • Duplicated unclear roles between the Ministry and Agency; • Absence of state public health laboratory; • High attrition rate at the local government level; • Gender imbalance affecting operational effectiveness, i.e., maternity related absence, etc. though this can be beneficial for household inspections because of cultural reasons; • Difficulty in obtaining all relevant data in a timely manner;
2	Propose and plan appropriate measures of containing epidemic	<ul style="list-style-type: none"> • Reports 	
3	Ensure proper sample collection and transportation to laboratory for confirmation;	<ul style="list-style-type: none"> • Reports 	
4	Ensure proper collection, collation, analysis, and interpretation of data on disease occurrence and transmission of data on integrated disease surveillance and response	<ul style="list-style-type: none"> • Reports 	
5	Provide technical support to LGAs on disease surveillance and outbreaks	<ul style="list-style-type: none"> • Surveillance reports (weekly, monthly, quarterly, bi-annual and annual); • Reports (rapid response) • Minutes of meeting • Surveillance work plan 	
6	Conduct monthly review meeting and provision of feedback on disease surveillance in the state	<ul style="list-style-type: none"> • Reports 	

7	Prepare and issue regular surveillance bulletin in collaboration with the planning department of the Agency	• Surveillance Bulletin produced	• Poor data storage and processing infrastructure
8	Prevention and control of communicable and non-communicable diseases	• Heat Maps • Reports • Communication plan (Information Education and Communication (IEC))	
9	Prevention and control of neglected tropical diseases	• Same as above	
10	Promotion of occupational health	• Reports (screening reports); • Communication plan using IEC	
11	School health services	• Reports	
12	Promotion of hygiene	• Reports • Communication plan using IEC	
13	Capacity building on programmes for PHC providers and communities	• Trained participants	

Epidemiology functions, which are key to this department are currently being performed by the Department of Public Health of the Ministry of Health although the Law establishing the Agency provides that these functions should be performed by the Agency. There are other overlapping functions prescribed by Law for this department but are carried out by other MDAs such as:

- Malaria control, “Promotion of Occupational Health”⁶ and “Schools Health Services”⁷ which are being carried out by the LGAs;
- “Promotion of hygiene”⁸ function is a crosscutting function shared with the Ministry of Water Resources, Ministry of Health, and the environmental MDAs.

However, the issues of overlap of functions and duplication of responsibilities were addressed during the development of this CP with the ceding of epidemiology functions to the Ministry of Health; and the responsibilities for some functions which were being shared by the LGAs were also resolved.

Finance and Administration Department

Finance and Administration Department were split into two principal areas of responsibilities: a) Finance Department, and b) Human Resources Management and Administration Division. This was done in view of their respective specialised functions and responsibilities in ensuring the prompt and delivery of public goods and services to their various clients which include the Agency’s huge staff strength which is over 5,000. Also, the decision to separate HR from Administration is largely because managing the Agency’s large workforce requires professional HR personnel.

Human Resources and Administration Department

Kaduna State Government (KaDSG) and the Agency recognize skilled workforce as its most important asset. The Agency is therefore desirous of adopting the best human resources

⁶ Function 10 above
⁷ Function 11 above
⁸ Function 12 above

management (HRM) (Appendix 4) policies and practices. This is considered necessary for responding to the HR issues in the Agency which will positively impact service delivery. Section 8 of the Law addresses most HR issues by providing that the Agency can employ and train its staff and exercise disciplinary actions⁹; do such other acts or things as may appear to the Board necessary for carrying into effect any provision of the Law¹⁰; pay salaries and allowances of all PHC staff in the State¹¹; maintain an up-to-date personnel records of all PHC employees in the State¹²; perform inter-departmental and intra-LG transfers of all categories of staff from all PHC facilities¹³; and any other services applicable to the agency¹⁴.

Given the number of staff and their critical roles in service delivery it is necessary that the HR functions be modernized and professionalized to give the necessary attention (resources, management time and required systems) to the large workforce. Modern HR will help to build an organization that is well ordered and planned and whose staff have the right attitude, skills and motivation to deliver the State's medium-term objectives and long-term strategic goals. The modernised HR division will address the specific 'people needs' in the Agency, which will not be addressed through a generic service-wide approach to HRM. The modern HR Division will be managed by professional HR officers at all levels with the strategic objective of strengthening "accountability, transparency, predictability and public participation"¹⁵; improving individual employee and organization's performances, and recording improvements in the delivery of services to their clients. Such HR professionals will be more responsive to the needs of employees and empower them to focus more service delivery improvements in efficient, effective and sustainable manner. However, given that there is no professional HR cadre in the Nigerian Public Service, and professional HR is relatively new in Nigeria, finding professional HR strategic managers will be challenging. There will therefore be a short-term transition period where the HR and Admin functions are in a department – HR and Admin Department, and interested Admin officers will be given opportunities to transit to HRM by attending certified HR training programs.

Recommendations:

- Commence the transition to modern and professional HR Division. The posts should be filled with professional HR strategists and managers. Unfortunately, the HR cadre does not exist in the Nigeria Public service but Kaduna State can start it.
- Interested Admin officers who are willing to transit to professional HR functions/posts or who have been performing similar functions as personnel officers should be given the opportunity to move to HR Division.

⁹ Section 8 (c) of the Law

¹⁰ Section 8 (d)

¹¹ Section 8 (g)

¹² Section 8 (h)

¹³ Section 8 (i)

¹⁴ Section 8 (j)

¹⁵ The four pillars of Good Governance

Human Resources and Administration Department

S/N	Identified functions	Outputs	Challenges
<i>Human Resources Division</i>			
1	Workforce planning and recruitment	<ul style="list-style-type: none"> • Reports; • Workforce plan developed; • Succession plan developed; 	<ul style="list-style-type: none"> • Understaffing • Staff attrition rate/lack of succession planning system; • Absence of a strong human resources management function.
2	Learning and Development	<ul style="list-style-type: none"> • Reports; • HRD Policy developed; • Training plans and schedules developed; • Trained staff 	
3	Industrial Relations	<ul style="list-style-type: none"> • Signed agreements (collective bargaining, for example); • Improved welfare 	
4	Employee performance management	<ul style="list-style-type: none"> • Agreed targets and KPIs; • Job descriptions produced; • Performance contract signed; 	
5	Employee performance management	<ul style="list-style-type: none"> • Agreed targets and KPIs; • Job descriptions produced; • Performance contract signed; 	
6	HRMIS	<ul style="list-style-type: none"> • Updated electronic HR database 	
7	Key Performance Indicators and Accountability	<ul style="list-style-type: none"> • KPIs • Review reports 	
<i>Administration Division</i>			
1	Enforcing policies, guidelines, rules and regulations relating to primary healthcare and Primary Healthcare-related legislations	<ul style="list-style-type: none"> • Reports; • Minutes of meeting 	<ul style="list-style-type: none"> • Weak legal backing for implementation of programmes; • Limited office space for staff;
2	Providing transport, logistics and utilities	<ul style="list-style-type: none"> • Paid bill receipts; • Vehicle log book; • Reports 	
3	Carrying out office/house allocation and maintenance	<ul style="list-style-type: none"> • Office/house accommodation provided and maintained; • Registers 	
4	Managing stores	<ul style="list-style-type: none"> • Reports • Store vouchers 	
5	Maintaining registries	<ul style="list-style-type: none"> • File register maintained; • Records updated 	

6	Providing secretariat support services	• Minutes of meetings	
---	--	-----------------------	--

Finance Department

S/N	IDENTIFIED FUNCTIONS	OUTPUT	CHALLENGES
1	Managing the Agency's finances	• Reports	<ul style="list-style-type: none"> • Untimely release of funds; • Late cash backing for implementation of programmes.
2	Sourcing and guiding the Agency on proper disbursement of funds	• Evidence of disbursement produced;	
3	Preparation of reconciliation of accounts	• Reconciliation report produced	
4	Preparation of staff salaries and retirement benefits	<ul style="list-style-type: none"> • Payment vouchers produced • Pay record card updated; 	
5	Rendition of periodic returns	• Reports	

Administration Section

The following are three overall functions, out of the ten stated in Section 3 above, that relate directly to Finance and Administration Department:

- Enforcing policies, guidelines, rules and regulations relating to primary healthcare and Primary Healthcare related legislations;
- Carrying out regular training/retraining and development of all Primary healthcare providers;
- Mobilizing resources nationally and internationally for the development and support of primary health care activities.

Finance and Accounts Department

The overall function of the Accounts Department is the management of funds of the Agency and specific centrally controlled funds for the zonal offices and LGAs. This involves processing of payments, disbursement of funds and the reconciliation of all accounts. Given the fact that the Agency is central, the Finance and Accounts department under review have dual roles and responsibilities. The Accounts Department's functions include:

- roles and responsibilities for internal accounting process, such as maintenance of departmental vote books, preparation of payment vouchers and financial management of overhead expenses of the departments in the Agency;
- responsibilities for certain centrally controlled Votes on behalf of zones and LGAs under the capital and recurrent expenditures line items.

The Central Pay Office

It oversees all receipts and payments. It receives remittances from the State Treasury Office (STO) and disburses same to beneficiaries. It issues letters of confirmation in respect of all cheques issued by the Agency. Other duties include ensuring the prompt return to cheques of all unclaimed cheques and may reclaim for such when requested for; preparing monthly bank charges reimbursements requests to STO for refund; and ensuring all disbursed funds are promptly and properly retired.

Financial Information System

It oversees the capturing of all account receivables and payables into the General Ledger. This involves creating invoices, its sub-segment payment, as well as posting to the General Ledger. Other duties include ensuring that all outstanding liabilities accounts are nil at the end of financial period.

Variation Unit

It processes variation requests of staff for promotion, advancements/upgrade, short payment, changes in bank details, names and other matters. The computation of the variation is forwarded to Centralized Payroll Data Validation Department in STO on quarterly basis for further processing before payment.

Funds Unit

It prepares payment vouchers for all expenditure requests, recurrent/capital and monthly subvention to all the zones and LGAs. It maintains and regularly updates the vote book for each expenditure (recurrent, capital & subvention) and ensures that all requests are duly approved and well supported with relevant documents before processing the payment.

Internal Financial Control Process

The internal Control Unit is “responsible for the Internal Financial Control of the Agency which includes processing all its internal releases after necessary approvals have been processed by the Accounts Department; collation of annual estimates of the Agency, and implementation and monitoring of the internal budget of the Agency”.

Accounts Department is responsible for the rendition of monthly returns to the Auditor General as well as pre- and post- payment of audit and should process all internal releases of the Agency. After approvals for release of fund has been obtained, no release may be made until Finance Department (FD) puts up a ‘submission to the ES seeking approval for the release of fund’.

FD has a strong role in the monitoring and implementation of the internal budget of the Agency. FD is consulted before giving approval for any expenditure from the statutory votes of the departments. This control mechanism ensures that no department makes expenditure beyond their respective budgetary votes. FD is charged with the responsibility of monitoring all departmental votes to ensure that releases and expenditure are within the limit approved for each of them in the budget.

Systems review:

The Agency has over 5,000 employees. It is, therefore, important to manage the employees to ensure improvements in healthcare service delivery. This is necessary for effective delivery of public goods, ensuring patients and clients' satisfaction, and earning development partners' confidence and support.

Management systems: The Kaduna State Government has developed a Human Resources Management (HRM) Policy together with an overarching Human Resource Development policy (HRD) with support from PATH2 in 2011. The Health Sector Training policy is in the HRD Policy, which was developed, one year earlier than the state HRM policy. All the MDAs have access to this document and are advised to adopt the HRD which was being reviewed. It is noted that the Agency does not have its specific HRD Policy despite the size of its staff.

Recommendation: Adapt and adopt the various HR policies in the Public Service space and begin to implement the HRD policy for the Health Sector.

The Agency has monthly management and departmental meetings, and a weekly staff meeting on Thursdays chaired by the Executive Secretary (ES) who encourages open discussions. The focus of the meetings are as follows:

- The management meeting discusses improvements in service delivery, planning and management, infrastructure, donor coordination, etc;
- Departmental meeting discusses the delivery of departmental functions specifically looking at what has worked and interrogating the challenges in the delivery of public goods and services to patients and clients including staff issues and proffering solutions;
- Agency staff meetings serve two broad purposes: 1) sharing experience (capacity development), and 2) discussing issues arising in the Agency.

The ES also introduced the attendance register to ensure employees' report to work early and work regular office hours. The use of attendance register has positively impacted on output of each employee, more so as the register is used for monthly tracking of employees attendance to determine latecomers, and non-attendance.

Information, Communication and Technology (ICT) systems: The then four directors of the Agency were given laptops in 2015. However, they are no longer in the Agency. Currently, three directors use their personal laptops for official work. The Agency has Internet connectivity but the speed is poor. The Agency does not have dedicated Intranet service therefore employees are using their unsecured and open personal email addresses for official communication. This could pose a risk to government operations. Although the Agency does not have a functional website, some level of ICT has been deployed to automate some of its key administrative processes. The Agency uses social media, such as Facebook, Twitter and SMS, to communicate with some of its patients and clients. Short reports, templates, etc., are sent to patients and clients using SMS. Key employees in the Agency have had some e-governance training. Some of the LG programme officers were given laptops and internet modems, which are being used. While all directors are proficient in the use of computers, some employees at the lower levels do not have the skills despite training. This is probably because the available computers are not adequate. Proficiency in ICT usually comes with regular use of the ICT equipment.

There are plans to scale up ICT as the 2017 budget has provided for the deployment of ICT to the 255 PHC centres and the 23 LG health authorities.

Recommendations:

- Install a dedicated government official email server as the public email addresses currently

being used are not secure and could pose a risk to government operations.

- To ensure information dissemination, stakeholder participation, transparency and accountability, the Agency should have a dedicated website which should be updated regularly and ensure that information on the website is accurate, reliable, and current.
- Government should deploy more ICT for primary healthcare operations at the state, zonal and LGA levels to improve information dissemination, health education, data collection and thus make PHC more affordable, accessible, acceptable¹⁶, equitable, and sustainable.
- Computerise all the manual registers in the Agency to ensure operations run efficiently and effectively therefore reducing processing time substantially. With the acquisitions of hard- and soft wares for electronic data banks, some secretaries, typists and data processing officers should be deployed to departments that are establishing their management information systems to begin to capture data.

Process review

The processes for implementing critical functions of three departments in the Agency were mapped. These are service delivery departments that are under the direct control of the ES. Administration and Finance provides generic support services and report to OHS and Accountant General's respectively. The specific goal of a process review is to enhance efficiency and effectiveness of the organisation by determining if the processes can support the fulfilment of its mandates and to identify if redundant steps in the current processes which could be merged or removed; or new steps introduced.

Most of the processes of the Agency as a delivery organisation are interlinked with other MDAs, which the Agency has no control over. These include but not limited to, the Planning and Budget Commission (PBC), Ministry of Finance (MoF), Ministry of Health (MoH), Office of the Head of Service (OHS), and the Ministry of Works (MoW).

This section captures the processes using the Business Process Reengineering Cycle by:

- documenting, understanding, and analysing the current process to determine steps to remove, merge or add on some steps;
- designing optimal processes for the Agency and implementing them thereby accelerating the desired changes; and
- managing the processes through regular monitoring as work progresses through regular monitoring using the feedback mechanism to improve on the processes.

Diagram 3: Process mapping framework



As work progresses the process charts will be refined, and new maps developed for other functions, which have not been mapped.

The fifth principle of the Alma Ata Declaration states that PHC uses a “multi-sectional approach – health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self-reliance of communities. These sectors include, at least: agriculture (e.g. food security); education; communication (e.g. concerning prevailing health problems and the methods of preventing and controlling them); housing; public works (e.g. ensuring an adequate supply of safe water and basic sanitation); rural development; industry; community organizations (including local governments, voluntary organizations such as community based organisations etc.)”. This has been confirmed during the process mapping.

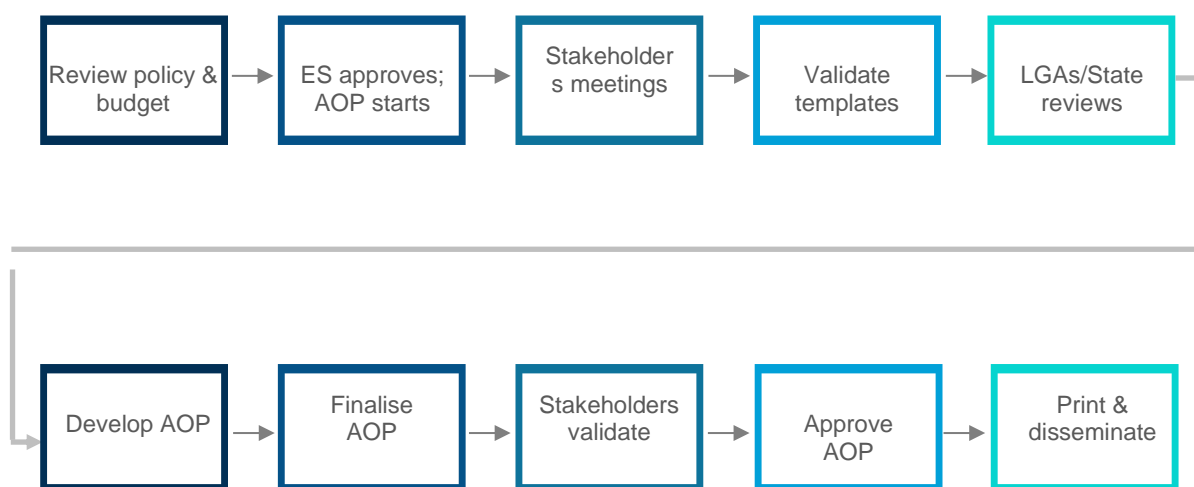
¹⁶ Accessible, affordable and acceptable are the “3A” of PHC

Generally, processes have improved with the deployment of ICT, the use of social media, and monitoring by the ES.

Planning, Research, Monitoring and Evaluation Department

Function: Development of plans (strategic plan, *annual operational plan (AOP)*, joint work plan) and annual budget of the Agency

Diagram 4: Process for developing the Annual Operational Plan



This process starts with the review of policy priorities and budget proposals, which are presented to the Executive Secretary for approval. The entire process AS mapped takes about 73 days which has been reduced by about 5 days with the deployment of ICT and improved management systems such as introduction of attendance registers. This could be reduced further by scaling up ICT usage in the Agency and LGAs. Some of the Agency’s partners, such as Ministry for Local Government and the LGAs could give the process of developing the AOP the urgency it deserves to hasten the process. Also, the completion/finalisation/harmonisation step, which is about teamwork between the Agency and the LGAs. Improved coordination can further reduce the timeline from three months if the LGAs work in-line with the schedule. The validation of the draft AOP takes about 21 days as it involves wide stakeholders’ consultation.

Research

The Research unit participates in research, which mostly originates from the FMoH, NPHCDA, and development partners. The State gives ethical approvals for SPCHDA to participate in the research for example, a) national research of PHC facilities, and b) the validation of research findings. Most innovations are directives from the FMoH but resources have been issues.

The use of ICT in operations and processes is being scaled up across primary healthcare service delivery.

Function 2: Manage the agency’s operational data and records including maintaining sound databases (HMIS, HRMIS, DHIS) for effective planning, **data quality assurance** (DQA) implementation, monitoring and evaluation of all Primary Healthcare activities in the State.

Diagram 5: Process for Data Quality Assurance



The starting point is the analysis of data generated by the LGAs and facilities by the program officer. The objective is to identify the good and struggling facilities; the output is discussed with the director. This forms the basis of discussions during the state and non-state stakeholders’ meeting. At this step, schedules, orientation agenda, and assessors are agreed. Assessors are then prepared to, and go for fieldwork using agreed templates. Thereafter, the programme officers conduct feedback sessions with the assessors, capture, and analyse the data from the fieldwork, and write the reports. The reports are printed after discussions with management and subsequently disseminated appropriately.

Monitoring and Evaluation

The Agency’s M&E unit works closely with the M&E unit of the MoH and is supported by the M&E department (MED) PBC by supplying data and information required for M&E. These will include materials required for the strategic and regular budget performance reviews on the one side, and for the technical overall M&E covering inputs, outputs (projects), outcomes, and impacts. There is also the function of public expenditure tracking and surveys, which is about pre-payment inspections of projects.

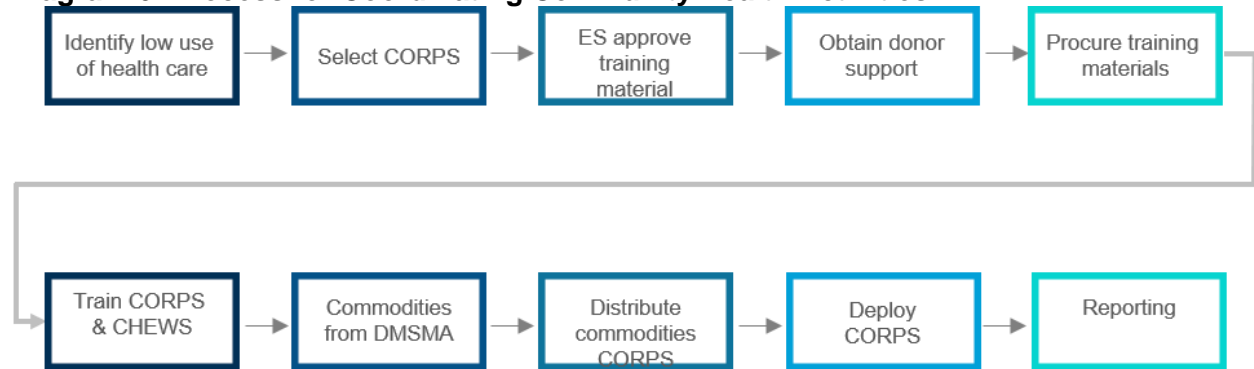
Budget monitoring and evaluation

Budget monitoring process is the responsibilities of the Budget Section in PRM&E department. It comprises request and receipt of monthly budget performance reports from the MDAs to enable the section analyse revenue collections and expenditure incurred against the budget approvals. This function is carried out monthly in a comprehensive and timely manner and is coordinated with the functions of the M&E unit of the MoH and M&E Department (MED).

Primary Healthcare Department

Function 1: Coordinate and supervise community health activities in the state under the primary healthcare mandate/jurisdiction.

Diagram 6: Process for Coordinating Community Health Activities



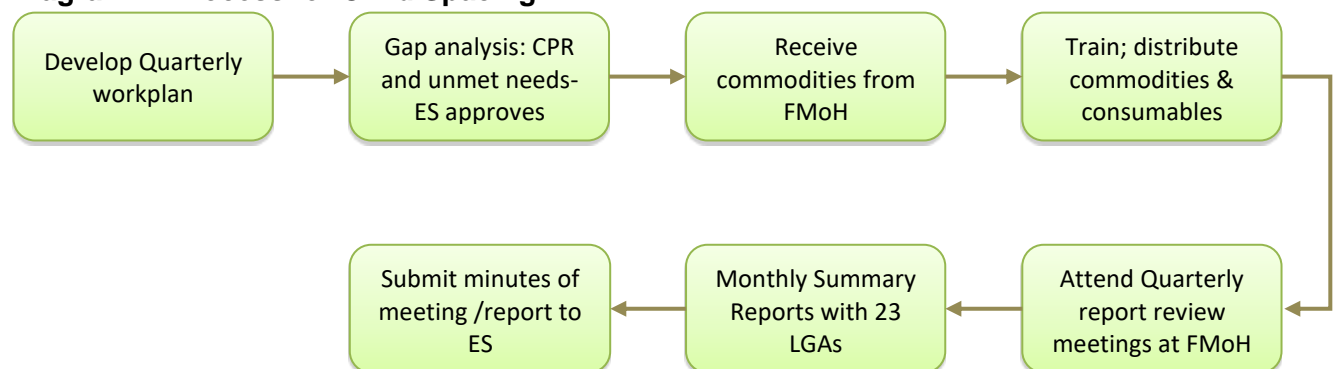
The main challenge in this process, as with all others in the Agency, is getting ‘inter-ministerial’ approvals as and when due. For example, getting approvals from other MDAs, such as PBC, getting supplies from DMSMA, which is usually subject to availability of funds, etc. Some of these layers are procedural while some serve as “checks and balances”. Either way, they cause more delays.

The number of days and costs for the training workshop can be reduced by 50% by running the workshops simultaneously, for example, by using the big facilities of the School of Midwifery while on the school is on holidays. This will optimise the limited resources available thereby increasing efficiency.

Also, the number of days allocated to following up with PBC (21 days) and DMSMA (90 days) to obtain budget release and collection of commodities respectively) can be shortened with timely submission of proposals/requests.

Function 2: Coordinating Reproductive Health and **Child Spacing**

Diagram 7: Process for Child Spacing



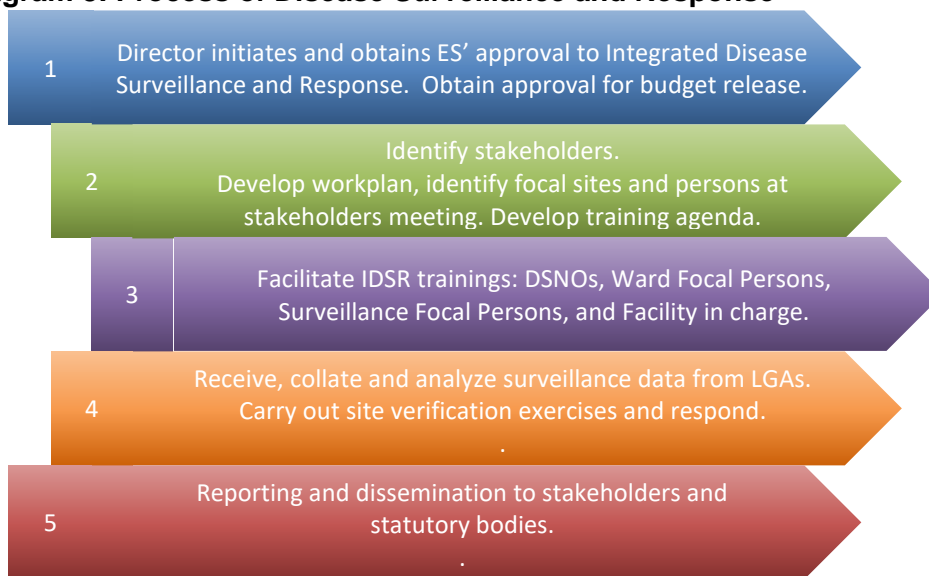
The strategies for improving the process time will include:

- converting the manual registers manual registers such as officers trained, and those who collected commodities and consumables to electronic databank¹⁷ for ease of storage, retrieval, tracking, and M&E.
- shortening the number of distribution days by hiring additional vehicles and using contract staff who are trained and who will work alongside the appropriately trained members of staff during distribution. They could learn best practice from development partners who sometimes privatise distribution of these commodities.

Disease Prevention and Control Department

Function: Ensure proper collection, collation, analysis, and interpretation of data on disease occurrence and transmission of data on integrated disease surveillance and response

Diagram 8: Process of Disease Surveillance and Response



The director initiates discussion on integrated disease surveillance and response (IDSR) and obtain approval from ES. Hold stakeholders meeting to develop work plan, identify focal sites, persons and develop training agenda, thereafter train at various levels (disease surveillance and notification officers (DSNOs), Ward Focal Persons, Surveillance Focal Persons and Facility In-charges), then distribute surveillance tools to attendees. Receive, collate and analyse surveillance data from the 23 LGAs and carryout on-site verification of cases reported; and respond to the analysis/verification. Write the report and disseminate to various stakeholders and statutory bodies.

To shorten the number of days, the first 2 steps were merged likewise steps 3 and 4 that is the preparation for stakeholders' meetings and the meetings. Also, palm-tops have been given to 255 pilot locations for their operations. Discussion is ongoing about integrating the system and another software is in the process of being piloted. With an integrated system, challenges will be fewer and process time shortened. SMS for life is also used to send short report in the 255 pilot locations.

¹⁷ Start with EXCEL pending when appropriate software is acquired

Administration Division and Finance Department

This is a support department servicing the four technical departments in the Agency and as the name suggests, it has two main divisions namely: a) Human Resources (HR), and b) General Administration.

Human Resources Division

As the Agency is established by law and empowered to carry out HR functions, a strategic approach to HR and the active management of organisation-specific talents are desired. Given that some of these erstwhile HR functions have been abandoned, the following are being recommended: This will be.

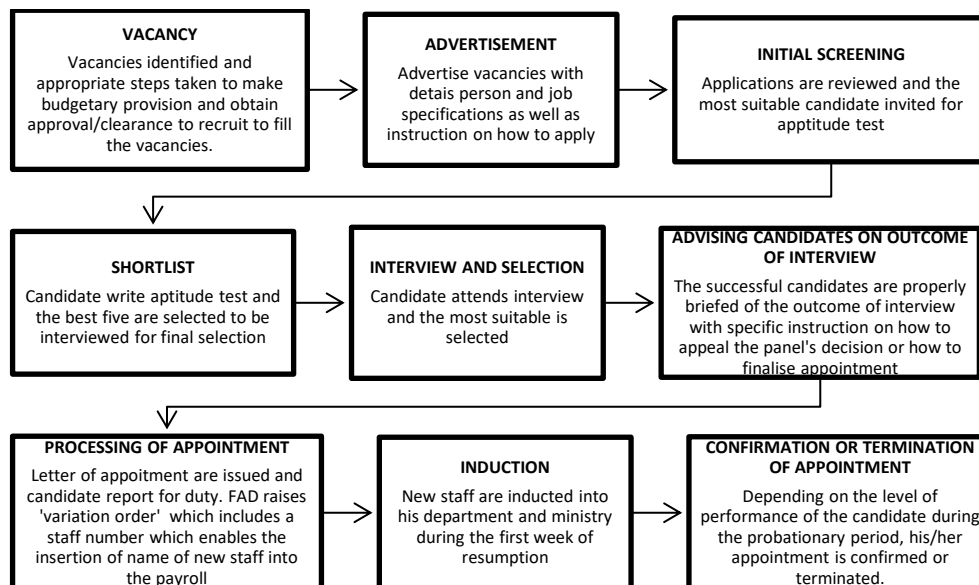
Recommendations:

- Adapt and adopt the State's HRM, and HRD Policies which should be operationalized.
- Re-introduce induction program for new recruits.
- Revise the performance management tool for individual performance assessments, which should be used bi-annually.
- Continue organisational performance assessments.

Recruitment

Since the Agency is empowered by the law setting it up to recruit staff it is recommended that the following processes as shown in Diagram 9 be followed for recruitment:

Diagram 9: Recruitment process

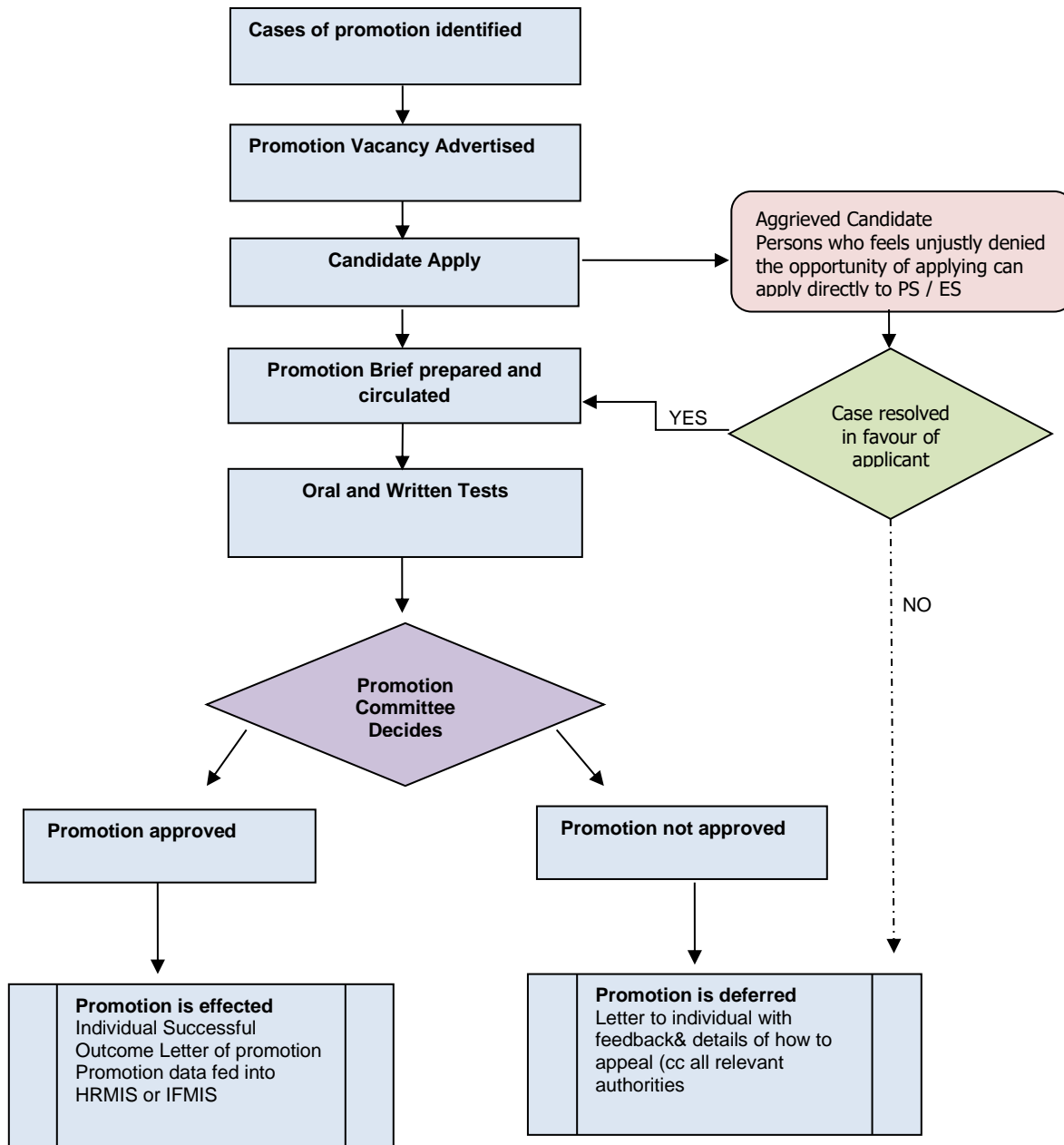


The process in the Diagram above is followed until the vacancy is filled. However, where good talent is head-hunted, s/he should join the "interview and selection" activity in the process.

Promotion

It is also recommended that the HR division should follow the process in Diagram 10 below for promotion of employees:

Diagram 10: Promotion process

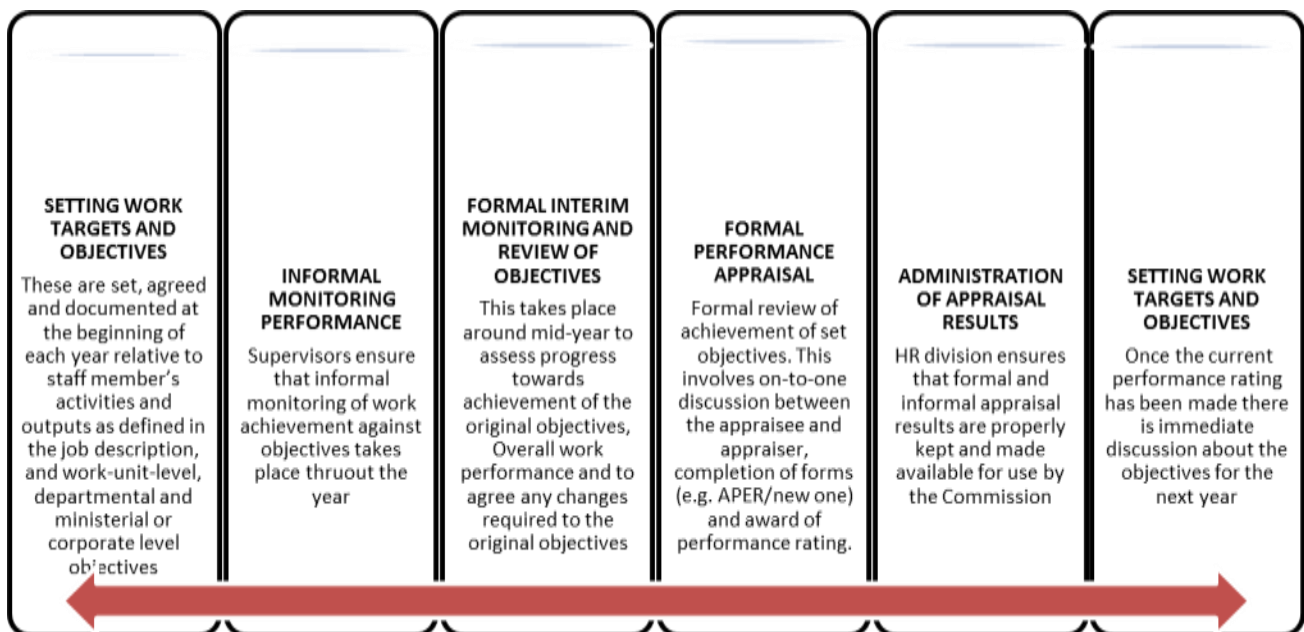


The promotion of officers will be undertaken only if there are vacancies which means to “group promotions”.

HR Performance management system

The newly created HR division will undertake performance evaluation of the Agency's employees as part of its functions. The main vehicle for performance appraisal in the national civil service is the Annual Performance Evaluation Report (APER). In Kaduna State, this has been modified and is called Performance Contract. However, is not yet in use. In the interim, the Agency should continue using APER properly. Supervisors should agree performance targets with subordinates and document in the APER. Setting goals and targets for each job or position against which performance is to be measured is a fundamental part of any good appraisal system. The agreed goals and targets will therefore form the basis of individual performance assessments.

Diagram 11: Employee Performance management process



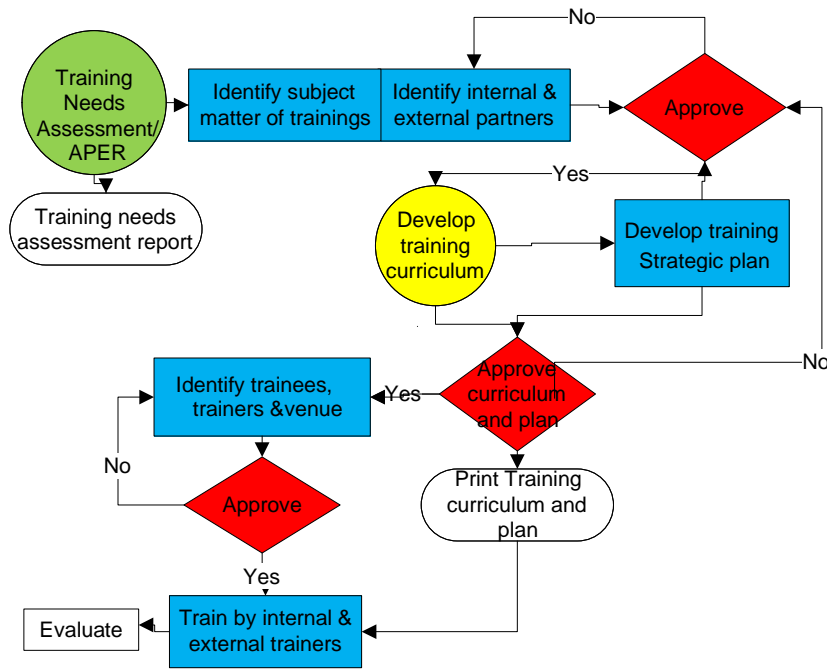
The Agency will develop a modern agency-specific performance evaluation which will be used bi-annually to keep employees focused on performance (continuous assessment), which will positively impact on organizational performance. The performance tool which is target based, if properly used, will identify challenges in employees' performance and therefore inform training needs of staffers and career progression.

Learning and development

Learning and Development (L&D) is responsible for developing and implementing effective learning and development policies, planning frameworks and curricula for training, and capacity building of employees of the Agency. L&D should be related to performance needs (skills needs assessments) and provided in a timely fashion especially for technical and leadership skills.

The Agency will develop a training policy. The training policy will include other methods of learning such as on-the-job skills transfer, mentoring, coaching, shadowing, long-distance learning and leadership.

Diagram 12: The Training process map



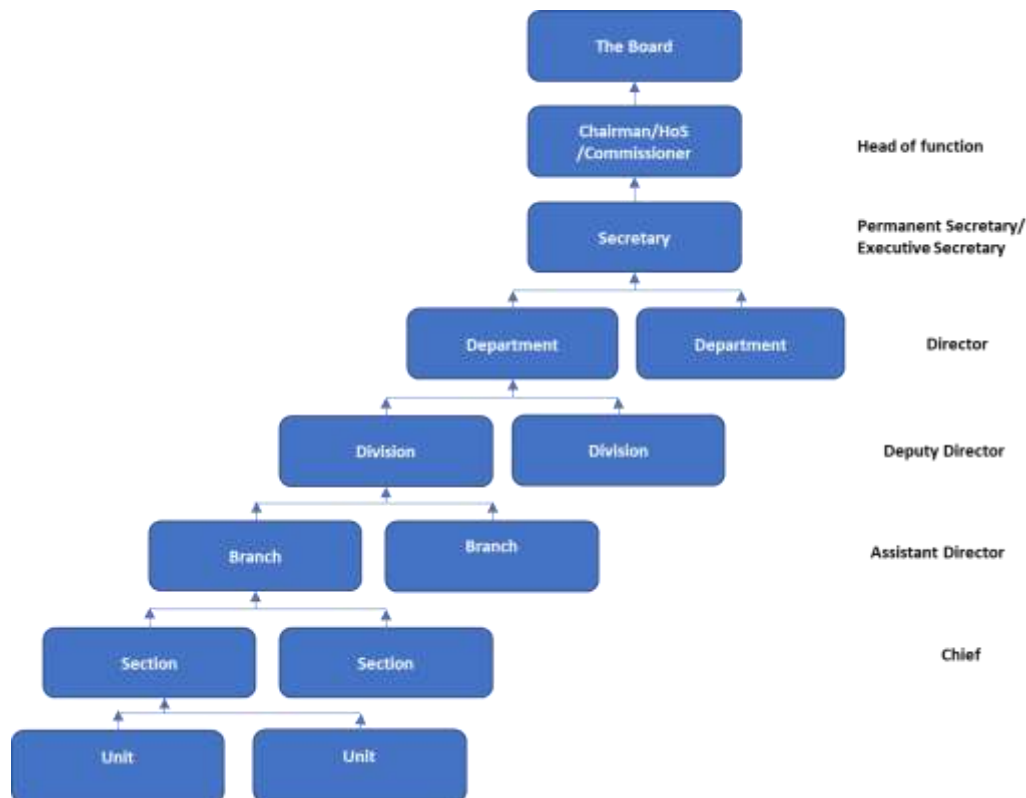
Section Eight Structural review

Introduction

This section leverages on the functional, process and systems reviews and comes up with an optimal organisation structure for the Agency and for the five departments. The structures of the departments follow their respective functions. The structure for HR and Admin Department are discussed in detail. This is especially the case for the HR Division, which will be staffed by professional HR practitioners/strategists and officers. A new Finance Department is being recommended as indicated earlier.

The functions and activities of the departments derive from the mandates of the Agency. The Agency's mandates, vision and mission statements and core values were reviewed. Following this, medium term objectives and targets and the strategies to achieve them have been set and defined. This is followed by reviewing the Agency's key functions, processes and systems. Following the review three technical departments (Planning, Research and M&E; PHC; and Epidemiology and Disease Control) and two support departments (HR and Admin; and Finance) are recommended. The objective of the structures is to ensure that the Agency achieves its mandates and healthcare services are delivered more efficiently and effectively. The structures are modern, more efficient, flatter and more responsive to the needs of the beneficiaries and therefore, fit-for-purpose. They address and minimize overlaps, general operational weaknesses and ensure the Agency is performing efficiently, effectively and optimally. The structure is based on the organisational layers, which were used in the Public Service but might have been forgotten.

Diagram 13: Organisational layers

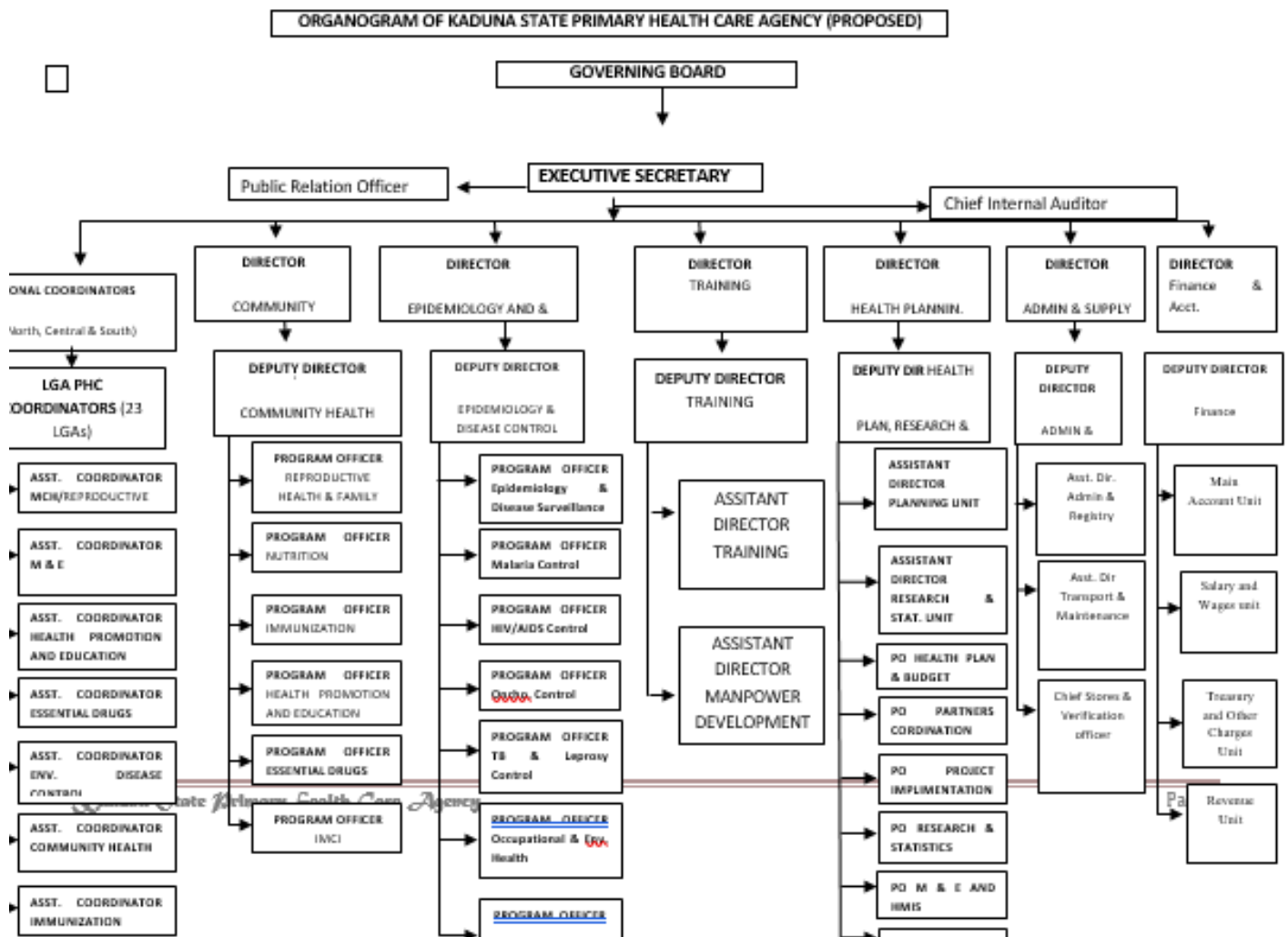


Each department should be structured into divisions, sections and units, as shown in the diagram above depending on the workload. The best practice is to standardize the nomenclature across all levels in KDSG public service.

Background

The existing structure of the Agency was earlier reviewed by the Agency in collaboration with Health Strategy and Delivery Foundation (a non-governmental organisation that supports the Agency), was revised and is awaiting HE's approval. The Agency and its departments have however started working with the structures pending the approval. The same structure is what has been reviewed in this study. Concerns were raised on many issues including: the need for unity of command, staying within the chain of command, 'how things are done' in the civil service, the need to accommodate career progression, and that 'the Agency cannot unilaterally change these'. Following lengthy discussions, it was agreed that there is a need to provide seamless transition from one level to the next. Therefore, the post of the DD reporting to the Director with no clear responsibilities as shown in the organogram below was considered, under the circumstance, somewhat redundant and superfluous. A flatter organisation is more desirable in line with modern organisational design practices. This would lead to greater efficiency and effectiveness in healthcare service delivery.

Diagram 14: Current Structure of SPHCDA



The revised structure is based on the decision to move from an 'impersonal system' where structure comes before functions to a matrix structure where there is more flexibility and sometimes employees have dual reporting lines instead of the hierarchical lineal reporting line which is not efficient. In the matrix structure, all DDs managing divisions in the departments have been assigned clear responsibilities including assisting the Director and deputising when the Director is away. The new structure organogram and departmental structures, which follow functions are:

Diagram 15: Structure of SPHCDA

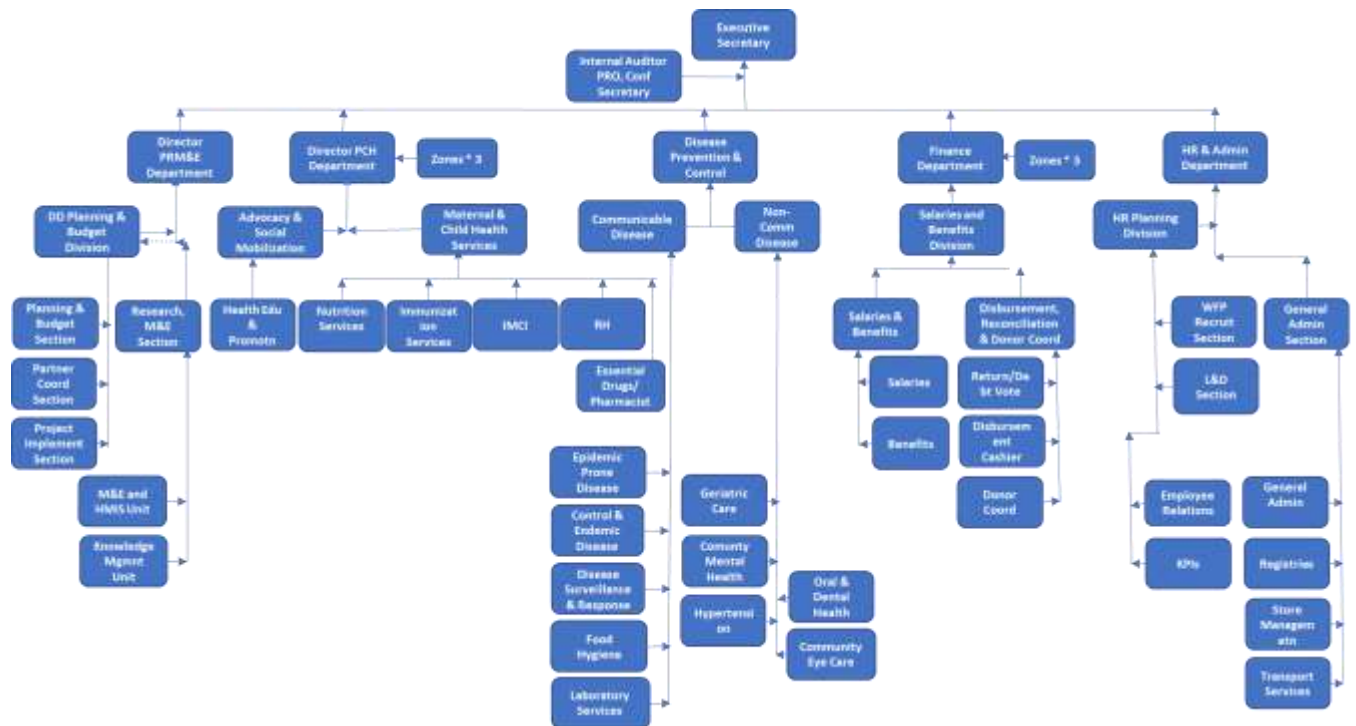
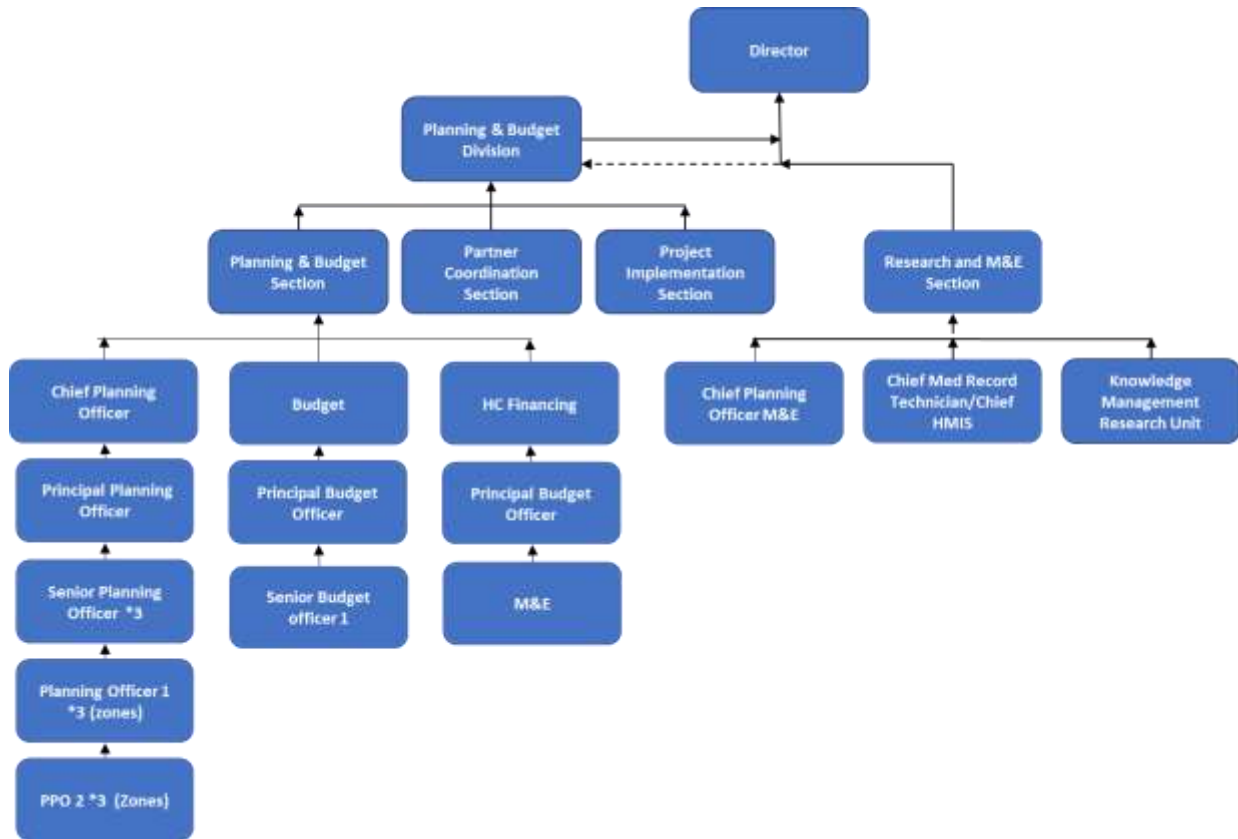
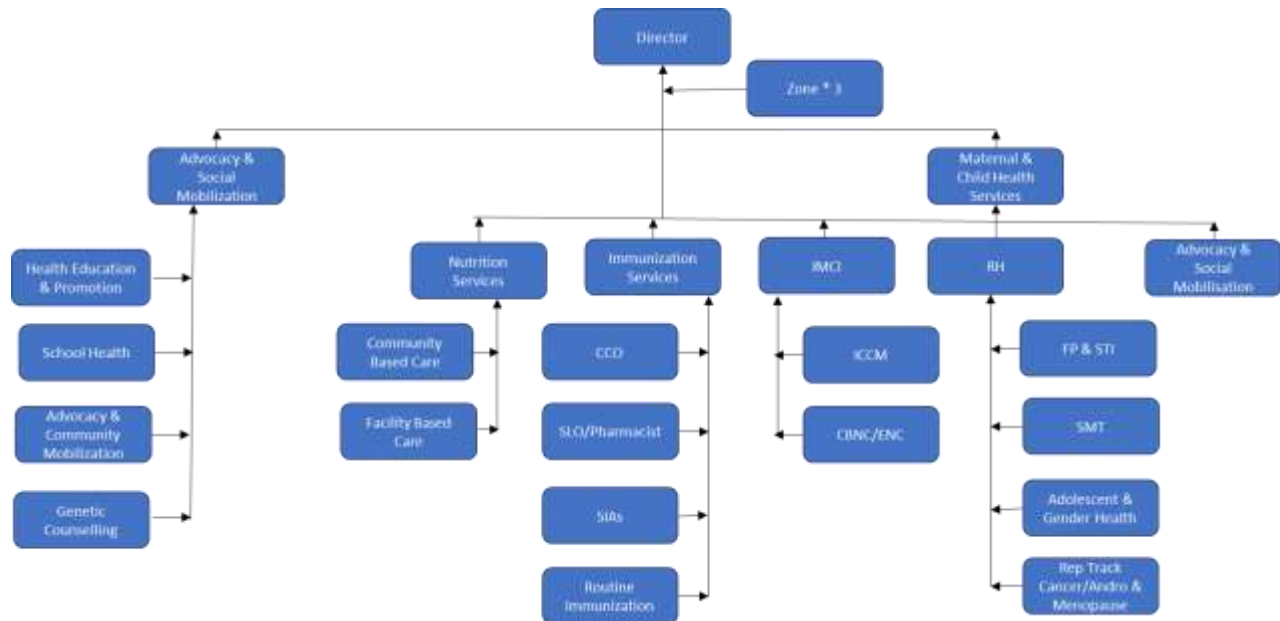


Diagram 16: Structure for Planning, Research, Monitoring and Evaluation Department



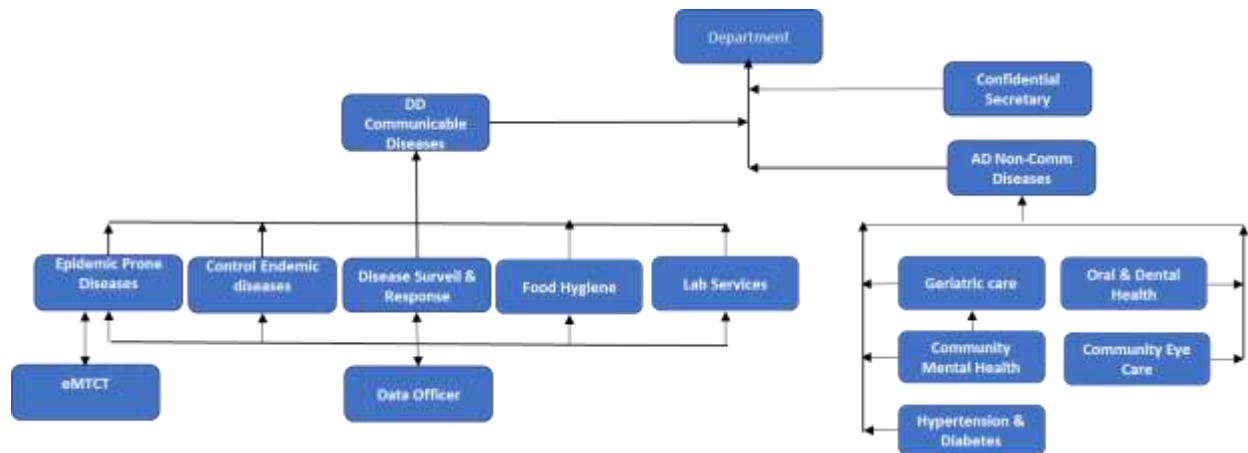
The DD, who hitherto did not have responsibilities, was assigned clear responsibilities in addition to generally assisting the Director and acting in that role when the Director's post becomes vacant or in the absence of the Director. The Assistant Director supervising Research and M&E Section (RM&E) has dual reporting lines: a) the primary one to the Director as the overall head and b) the dotted lines to the DD as the outputs of the RM&E are inputs for the Planning and Budget who require findings, materials and data from research and M&E for evidence-based planning.

Diagram 17: Structure for the Primary Healthcare Department



In line with the proposal for flatter and more efficient department given the workload, this department has two DDs: a) Advocacy and Social Mobilisation, and b) Maternal and Child Health Services). There are six sections, five of which are under the DD Maternal and Child Health Services direct supervision. The three zonal coordinators report directly to the Director.

Diagram 18: Disease Prevention and Control Department

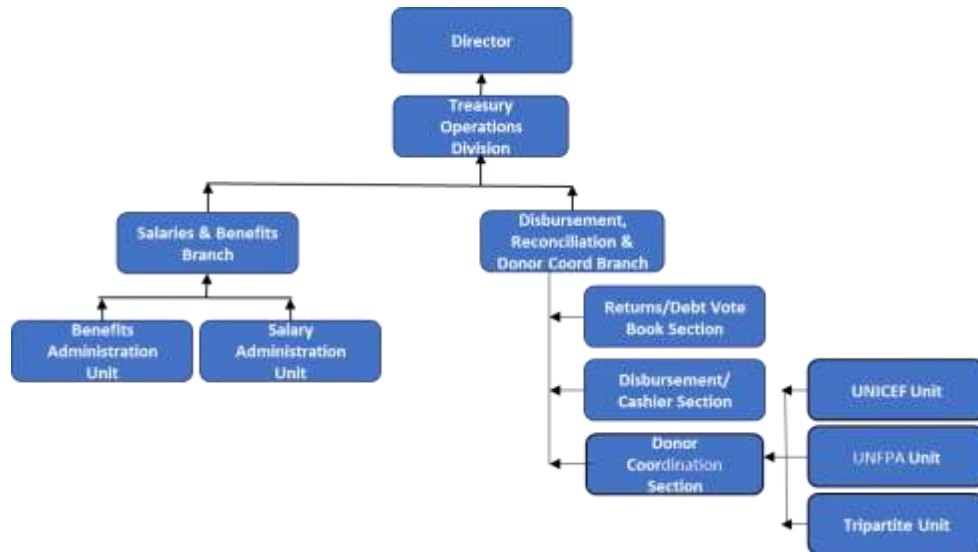


As stated earlier, Disease Prevention and Control Department uses a “multi-sectional approach¹⁸, which shows that health cannot be improved by intervention within just the formal health sector. Other sectors are very involved in promoting good health as evident in this department where several functions provided for in the Law establishing the Agency are being performed by MoH and several other MDAs. Some of these overlaps have been addressed which resulted in the

¹⁸ The Alma Ata Declaration

change of name from Epidemiology and Disease Control Department to Disease Prevention and Control Department. This is because the epidemiology functions have been moved to the MoH.

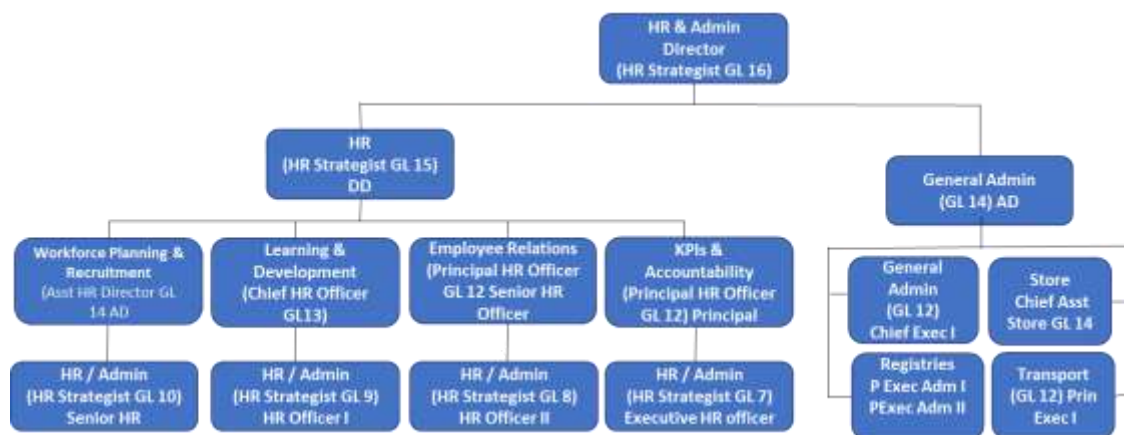
Diagram 19: Structure for Finance Department



With a total of number of employees exceeding 5,000 and the number of development partners actively supporting primary healthcare, it is necessary to have a Finance Department (instead of a division). This would lead to greater efficiency in managing the financial resources of the Agency. Donor Coordination is also a key activity and a new Section.

The structure of this department was discussed at length including whether to divide it into two departments or divisions. In view of the fact the modern and professional HR is new to Nigeria's public service and with no HR cadre currently in the Scheme of Service, coupled with the fact that there are very few professional HR strategists and managers, it was agreed to keep both HR and Admin functions in one department. It was also agreed to give interested Admin officers who had been doing some HR functions the opportunity to convert to HR staff and undertake the necessary training.

Diagram 20: Human Resources and Administration Department



Functions of the proposed HR Division are:

Human resources

Workforce planning and recruitment

- Job evaluation
- Job classification
- Workforce planning
- Succession planning
- Recruitment
- Selection
- Appointment
- Discipline
- Appeals
- Grievance
- Interns/NYSC
- Induction
- Deployment
- Transfers and other staff movements (VO)

Learning and Development

- Performance Appraisal
- Promotion
- Advancement
- Conversion
- Career development
- Career planning
- Training
- Talent management

Employee Relations

- Whistle blowing
- Sickness and medical
- Leave
- Industrial relations
- Workplace assessments
- Health and safety
- Staff welfare

Key Performance Indicators and Accountability

- Leavers
- Pensions
- Payroll
- Salary reviews
- Benefits/ Insurance
- Gender and social inclusion
- HR MIS (BATMIS)
- Key Performance Indicators
- Reporting
- Employee Registry

- Monitoring and evaluation
- Employee surveys

Functions of proposed Administration Division are:

General Administration

- Managing general administration
- Advising on general administrative matters
- Preparing and approving minutes of admin meetings
- Collating, storing and analysing data about admin processes
- Taking responsibility for administrative development planning
- Coordinating project management
- Assisting in the formulation, execution and review of admin policies and processes
- Preparing statutory and periodic reports
- Setting of internal operating standards
- Scheduling management tasks
- Providing support for daily executive duties
- Handling correspondence
- Screening, monitoring, recording and tracking internal/external MDA correspondence
- Registry management
- Occupational Health, Safety and Environment
- Managing inventory and safe keeping of assets including store
- Preparing annual estimates of office expenditure
- Provision of offices for all staff
- Ensuring a clean and secure office environment
- Ensuring availability of adequate lighting, water, email, fax, computers etc.
- Ensuring availability of stationery and adequate photocopying services/facilitie

Section Nine Establishment Plan

This section presents analysis and findings of the establishment planning. The existing establishment of each department in the Agency is recorded in column 2 of Table 1 below, and recommended posts are captured in column 3 of Table 1. The overall change (+ or) required, which is the result of deducting existing number of posts (column 2) from the recommended number (column 3) are recorded in column 4. Table 1 below presents the existing and recommended Establishment of SPHCDA:

Table 3: Summary of Existing and Proposed Establishment for SPHCDA

Posts/Title	GL	Existing	Recommended	Change
1. Office of the Executive Secretary				
ES		1	1	0
Assistant Director, (Internal Audit)		0	1	+1
Assistant Chief Executive Officer (Internal Audit)		1	0	-1
Principal Executive Officer I (Audit)		0	1	+1
Higher Executive Officer (Audit)		0	1	+1
Assistant Chief Confidential Secretary		1	1	0
Chief Data Processing Assistant		0	1	+1
Principal Information Officer (Public Relations Officer)		0	1	+1
Senior Assistant Information Officer II		0	1	+1
Sub-total		3	8	+5
2. Planning, Monitoring and Evaluation Department				
Posts/Title	GL	Existing	Recommended	Change
Director		0	1	+1
Principal Confidential Secretary II		0	1	+1
Deputy Director		1	1	0
Assistant Director		0	4	+4
Chief Planning Officer		0	2	+2
Chief Medical Record Technician/Chief MIS Officer		0	1	+1
Chief Statistician		0	1	+1
Principal Planning Officer		0	1	+1
Principal Budget Officer		0	1	+1
Principal Community Health Officer		0	1	+1
Senior Planning Officer		1	2	+1
Senior Budget Officer		0	1	+1
Principal Statistician		1	1	0
Senior Statistician		0	2	+2
Senior Medical Record Technician/Senior MIS Officer (Facility-based HMIS)		1	1	0

Posts/Title	GL	Existing	Recommended	Change
Senior Community Health Officer/MIS Officer (Community-based HMIS)		2	2	0
Planning Officer I		1	2	+1
Planning Officer II		1	2	+1
Senior Data Processing Officer		1	1	0
Data Processing Officer		0	1	+1
Architect		0	1	+1
Building Engineer		0	1	+1
Electrical Engineer		0	1	+1
Quantity Surveyor		0	1	+1
<i>Sub-total</i>		9	33	+24
3. Administration and Human Resources Management Department				
Posts/Title	GL	Existing	Recommended	Change
Director		1	1	0
Principal Confidential Secretary		0	1	+1
Deputy Director (HR Strategist)		0	1	+1
Assistant Director, Admin/HR		0	2	+2
Chief HR Officer		0	1	+1
Principal HR Officer/		0	3	+3
Senior HR Officer		0	1	+1
HR Officer I		0	2	+2
HR Subtotal		1	12	11
Chief Executive Officer		1	1	0
Principal Executive Officer I		2	2	0
Principal Executive Officer II		2	1	-1
Senior Executive Officer		1	1	0
Higher Executive Officer		1	2	+1
Chief Assistant Stores Officer		1	1	0
Senior Assistant Stores Officer II		1	1	0
Higher Assistant Stores Officer		0	1	+1
Administration Subtotal		9	10	+1
<i>Sub-total</i>		10	22	+12
4. Primary Healthcare Department				
Posts/Title	GL	Existing	Recommended	Change
Director		0	1	+1
Principal Confidential Secretary		0	1	+1
Deputy Director		2	2	0
Assistant Director		1	2	+1
Chief Nutrition Officer		1	1	0
Principal Nutrition Officer I		1	2	+1
Higher Nutrition Officer		0	1	+1
Principal Pharmacist		1	1	0
Senior Pharmacy Technician		0	1	+1
Higher Pharmacy Technician		0	1	+1
Chief Community Health Officer		2	2	0
Senior Community Health Officer		2	6	+4
Community Health Officer I		0	1	+1
Community Health Officer II		1	2	+1
Environmental Health Technician		1	0	-1

Posts/Title	GL	Existing	Recommended	Change
Senior Health Education Officer		0	1	+1
Chief Matron/Chief Nursing Superintendent		3	3	0
Matron I/Principal Nursing Superintendent I		0	1	+1
Matron II/Principal Nursing Superintendent II		0	3	+3
Senior Nursing Sister/Superintendent		0	3	+3
Sub-total		15	35	+20
5. Finance and Account Department				
Posts/Title	GL	Existing	Recommended	Change
Director	16	0	1	+1
Principal Confidential Secretary		0	1	+1
Deputy Director	15	0	1	+1
Assistant Director	14	1	2	+1
Chief Executive Officer (Accounts)	14	2	0	-2
Assistant Chief Executive	13	2	2	0
Principal Executive Officer I (Accounts)	12	2	3	+1
Principal Executive Officer II	10	1	2	+1
Higher Executive Officer	8	0	1	+1
Sub-total		8	13	+5
6. Disease Prevention and Control Department				
Posts/Title	GL	Existing	Recommended	Change
Director	16	1	1	0
Principal Confidential Secretary	10	0	1	+1
Deputy Director (Communicable diseases division)	15	0	1	+1
Assistant Director (Non-communicable diseases branch)	14	1	1	0
Chief Community/Environmental Health Officer (Disease Surveillance & Response)	13	0	2	+2
Principal Community Health Officer/Principal Nursing Officer	12	1	0	-1
Principal Environmental/Community Health Officer II	10	0	3	+3
Principal Environmental/Community Health Superintendents	10	8	0	-8
Senior Environmental Health Superintendents	09	5	0	-5
Higher Environmental Health Technicians	08	4	0	-4
Higher Medical Laboratory Technician	08	0	1	+1
Sub-total		20	10	-10

Following from the table below, the existing establishment in the Agency is 66. The Agency has proposed that this should be increased to 120 with additional 54 posts. Most of the 120 posts are newly created. Below is a breakdown summary:

Table 4: Summary of the Establishment Plan for the Agency

Department	Existing	Recommended	Change
Office of the Executive Secretary	3	8	+5
Planning, Monitoring and Evaluation Dept	9	33	+24
Primary HealthCare Dept	15	34	+20
Prevention and Disease Control Dept	20	10	-10
Administration and Human Resources Dept	10	22	+11
Finance and Accounts Dept	9	13	+4
Total	66	120	+54

Office of the Executive Secretary

Six new posts have been created – 3 audit posts, 1 data processing post and 2 information officer posts. The post of Assistant Chief Executive Officer (Internal Audit) is abolished. It is standard policy that the post of Assistant Director (Audit) coordinate audit function at Agency level. This leaves a net increase in the number of posts created of 5. The size of the Agency and its capital and recurrent expenditure (given the Agency’s expansion plan) justify the number of audit posts. The two other audit posts will supervise and perform the day-to-day audit function at Headquarters, Zonal and LGA levels.

The confidential secretary would perform ‘personal functions’ for the ES, such as scheduling appointments, keeping and managing file movement, and other registers, and processing of information, including typing of correspondences. The data processing post would handle routine typing work.

The 2 public information officer posts were justified by the rising volume of activities of the Agency and its population of over 5,000 employees, it was agreed that 1 information officer post is required for the Headquarters and 1 post for each of the three zones giving a total of 4 information officer posts as against the 2 posts earlier recommended for the headquarters.

Planning, Monitoring and Evaluation Department

The PM&E Department has created 24 new posts including 4 Assistant Directors, 2 Chief Planning Officer, 2 Senior Statistician, and 3 Planning Officer posts. The Assistant Directors would manage Planning, Partner Coordination, Project Implementation and Monitoring & Evaluation Branches. This takes account of government’s planned expansion and increased expenditure in the Agency, which is likely to raise the tempo and complexity of activities.

Creating the technical and professional posts of architect; building and electrical engineers; and Quantity Surveyor was debated given the likely increase in volume of construction, renovation, and upgrading of many health facilities. It is being recommended that these specialists should be deployed from the Ministry of Work. There are currently two Principal Community Health Officer posts but the Agency requires only one. The Agency has recommended the creation of one Senior Community Health Officer post.

Primary Healthcare Department

Twenty-one new posts have been recommended in this department. The post of Senior Health Education Officer is abolished, which gives 20 as the net increase in number of new posts. The 20 created posts include: 1 Assistant Director, 1 Principal Nutrition Officer I, 1 Principal

Confidential Secretary, 3 Matron II/Principal Nursing Superintendent II and 3 Senior Nursing Sister/Superintendent. One of the reasons for the creation of 21 additional posts is the number of divisions and branches envisaged in the department. Two Divisions are being proposed – Maternal and Child Health Services Division and Health Promotion and Social Mobilisation Division. The Maternal and Child Health Services (MCHS) Division is envisaged to have the following six branches (Nutrition, Immunisation, Reproductive Health, Child and Adolescent Health, Essential Drugs, and Specialist Care). The Health Promotion and Social Mobilisation Division on the other hand has one branch – Advocacy and Social Mobilisation. There are two sections under this – Health Mobilisation and Health Promotion/Education and Genetic Counselling.

Prevention and Disease Control Department

The department has created 8 new posts and abolished 18 existing posts. The 8 new posts include: 1 Deputy Director, 1 Assistant Directors, 2 Chief Community/Environmental Health Officer (Disease Surveillance & Response) and 3 Principal Environmental/Community Health Officer 2 (Screening of food vendors- physical& laboratory), meat & abattoir inspection. The 18 abolished posts are: 1 Principal Community Health Officer/Principal Nursing Officer (Focal Person: Elimination of Mother to Child HIV/AIDS Transmission), 8 Principal Environmental/Community Health Superintendents, 5 Senior Environmental Health Superintendents, 5 Senior Environmental Health Superintendents.

Administration and Human Resources Department

Currently, modern HRM Division does not exist in the State Public Service. Personnel staff in Administration Department performs HRM functions. The key distinction between professional HR staff and personnel administration is that professional HRM comprises of strategic functions concerned with all aspects of how people are employed and managed in the organisation from entry to exit, while personnel administration is an administrative transaction and record-keeping function that aims to establish and maintain equitable terms and conditions of employment.

Eleven posts are being recommended for HRM to start with and bearing in mind that there is no provision for HR posts in the Scheme of Service. The 9 posts are as follows: head of HR (strategist GL 15); Workforce planning and Recruitment (GL 14); Learning and Development (GL 13); 2 posts for Employee Relations, and KPIs & Accountability (GL 12). The support HR posts are as follows: one post each for GL 10, 8 and 7; and two posts for GL 9 giving a total of 9 newly created posts, excluding the director's post.

A post has been rightly identified for the head of Admin (GL 14); one post each of Chief Executive Officers for General Admin and Store Management (GL 14); 2 posts for Registries (GL 12 and 10); and one post for Transport (GL 12). These give a total of 6 key posts.

Finance and Accounts Department

The Department is one of the proposed new departments created out of Administration and Finance Department. It has recommended the creation of 13 posts out of which 6 are new. The Department has also abolished the post of Chief Executive Officer (Accounts) leaving a net increase of 4 created posts. The 5 new posts include 1 Director, 1 Deputy Director, 1 Assistant Director, 1 Principal Executive Officer I and 1 Principal Executive Officer I (Accounts) II.

Section Ten Workforce plan

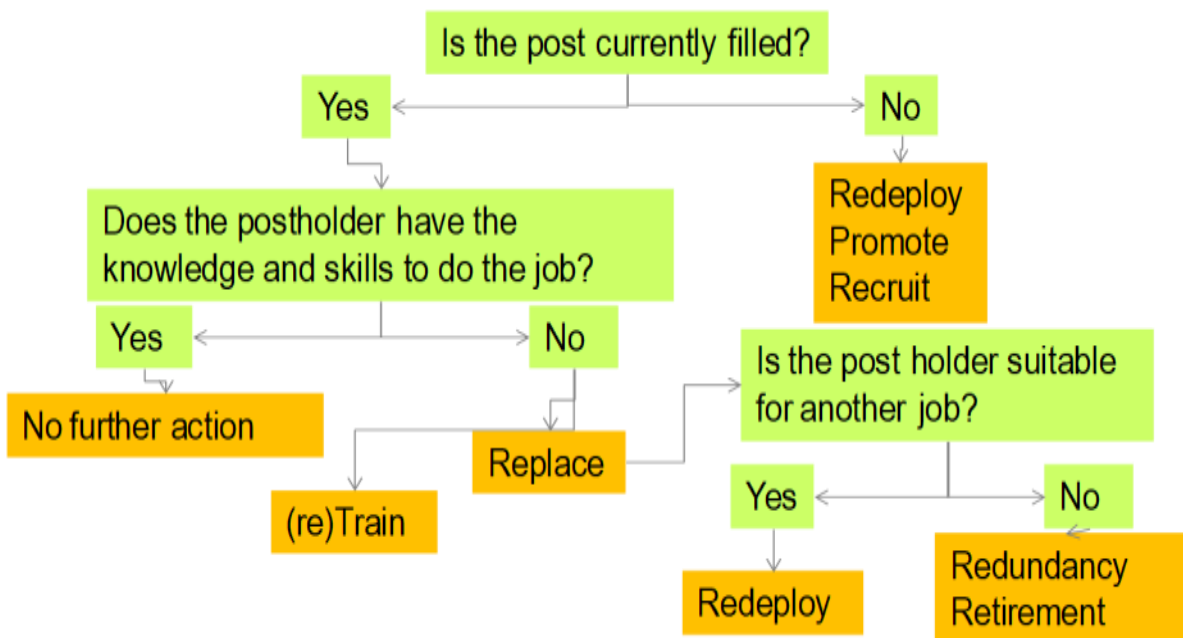
This section describes the Workforce Plan which is the output of the structured focus group discussions using the workforce planning template for the six departments of the Agency.

Workforce planning (WFP) builds on Establishment Plan earlier developed for the Agency. WFP is the process of getting the right people, with the right skills, in the right jobs and posts, as identified in the Establishment Plan, at the right time. WF planning therefore is about making appropriate decisions on actions regarding, maintaining, deploying and developing the workforce for optimal performance. WFP is also about planning the workforce for the future based on the future service needs by understanding the make-up of the current workforce, and analysing the type and size of workforce required to meet those needs.

A workforce plan should identify the strategies for building the relevant skills and capacity needed for organizational success. It should include strategies on staff recruitment, staff training and development, leadership development, succession planning, coaching and mentoring. It should also set out the current challenges the Agency might face regarding professional and essential skills and competences for achieving its mission, including leadership and managerial competences for high performance.

The electronic Nominal Roll as at September 2017 was used for the Workforce planning. The Roll contained information such as name; rank; sex; date of birth; date of first appointment; date of confirmation; date of present appointment; rank; grade level (GL); date of first qualification; and expected date of retirement. Zones and local governments were not included in the CP process. During the workforce planning, the workforce was compared with the agreed establishment, post by post to determine:

Diagram 21: Analysis of Workforce using the established posts



Analysis and findings

This section describes the Workforce Plan which is the output of reviewing each post, staff on the Nominal role, qualification, experience based on the date of deployment to current post, and performance of technical functions. Some of the other factors that formed the basis of the recommendations are:

- Staff strength of 5,707 calls for a more professional management of human resources by HR strategists and managers as opposed to the current practice of using personnel officers in Administration Department.
- The state did not develop the capacity of employees and few employees developed their skills in the last 20 years. The stagnation in skills has affected the culture of the Agency and, to some extent, the service delivery. In view of this, professionals are being recommended to be retained and retrained in line with the recently developed training policy to improve performance, and therewith service delivery, and ultimately the change the staff attitude and work culture.
- Some of the employees will be retiring in a few of years, which present the Agency the opportunity to begin to look at employees' career progression, and replacement and succession planning. This will, amongst other things, include developing either technical, professional, administrative capacity and/or leadership skills of identified employees.

The Workforce plan for the Agency is summarized in the table below:

Table 22: Summary of Workforce Plan

Department	Existing	Recommended	Total
Office of the Executive Secretary	3	8	11
Planning, Monitoring and Evaluation Dept	9	33	42
Primary HealthCare Department	15	34	49
Prevention and Disease Control Dept	19	11	30
HR and Administration Department			
• Human Resources Division	0	9	9
• Administration Branch	10	13	23
Finance and Accounts Department	9	12	22
Total	66	120	186

The largest increases are in the departments where the proposed employees are more than 100% of existing employees such as Planning, M&E and Research, Office of the Executive Secretary, and Primary HealthCare departments. However, Prevention and Disease Control Department records a decrease in the number of employees due to realignment of roles and responsibilities and elimination of overlaps, which led to the abolishing of posts with consequent reduction in employees. The need for a professional HR cadre is met with the creation of the division, which currently does not have any professional HR strategists and managers. Nine employees have been proposed.

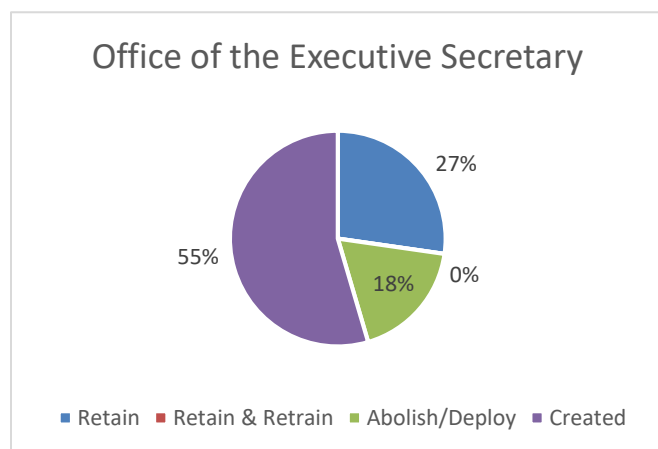
The tables below present the existing posts, the recommended posts in the Establishment Plan, the rational for recommending the posts and proposed actions for those people/staff who are or will occupy the posts.

Table 23: Office of the Executive Secretary

Posts/Title	Existing posts	Recommend posts	Rational for change in number of posts	Proposed action
Executive Secretary	1	1	NA	Retain based on qualification and experience.
Assistant Director, (Internal Audit)	0	1	In response to the increasing volume of work and to perform independent checks to enforce the Agency's value on transparency and accountability	To be filled by recruitment or redeployment
Assistant Chief Executive Officer (Internal Audit)	1	0	Upgraded to Assistant Director because of the increasing volume of work and details required	Abolished. Deploy out
Principal Executive Officer I (Audit)	0	1	In response to the increasing volume of work - to write audit reports	To be filled by recruitment or redeployment
Higher Executive Officer (Audit)	0	1	Post is required to handle day-to-day routines of the audit function	To be filled by recruitment or redeployment
Assistant Chief Confidential Secretary	1	1	Post is required to perform various secretarial and personal functions, such as typing, scheduling meetings and generally providing 'organisation and methods' services to the ES	Retain based on qualification and experience
Chief Data Processing Assistant	0	1	Post is required in response to the growing volume of routine typing and printing activities (memos, reports, letters, etc) as the functions of the Agency and relationship with partners evolve.	To be filled by recruitment or redeployment
Principal Information Officer (Public Relations Officer)	0	1	Post required in response to the Agency's need to disseminate policies and gives feedback on service delivery as part of its value of openness	To be filled by recruitment or redeployment
Senior Assistant Information Officer II	0	1	Post is required to assist the PRO especially where and since some events happen simultaneously raising the possibility that the PRO may be engaged in other events	To be filled by recruitment or redeployment
Sub-total	3	8		

Skills variance analysis

Five new posts representing 55% were created in the Office of the Executive Secretary including the post of an Assistant Director (Internal Audit) which was created based on the volume of work.



These posts will be filled through internal redeployment and/or external recruitment. It is recommended that 27% of the workforce be retained while 18% be redeployed or abolished including the post of the Assistant Chief Executive Officer (Internal Audit) who will be deployed out. No one is being recommended for training although the Executive Secretary may attend a leadership programme.

Table 24: Planning, Monitoring and Evaluation, and Research department

Posts/Title	Existing	Recommend posts	Rational for change in number of posts	Proposed action
Director	0	1	The scheme of service requires that this position is filled with a substantive officer of GL 16 and to provide overall leadership in implementing and supervising government policy on planning, research, monitoring and evaluation	To be filled by recruitment or redeployment
Principal Confidential Secretary II	0	1	Post is required in response to volume of work (mails, file movement, minutes of meeting, etc) to avoid distracting the Director	To be filled by recruitment or redeployment
Deputy Director	1	1	The scheme of service requires that this position is filled with a substantive officer of GL 15 and to support the Director and coordinate and supervise the affairs of the division	Promote to Director based on qualification and experience. Leadership training To be filled by recruitment or redeployment
Assistant Director	0	4	The scheme of service requires that this position is filled with a substantive officer of GL 14 to perform the responsibilities	To be filled by recruitment or redeployment
Chief Planning Officer	0	2	Post is required to perform the planning function (data analysis, data interpretation, identification of issues and priorities, setting outcome objectives and targets,	To be filled by recruitment or redeployment

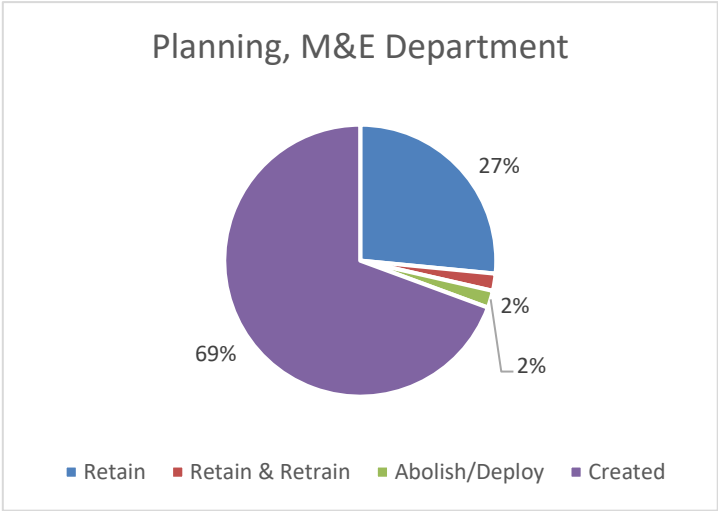
			defining strategy, costing activities and developing action and implementation plan) in liaison with other organs for approval by management;	
Chief Medical Record Technician/Chief MIS Officer	0	1	Post is required to coordinate and supervise activities of the section and ensure proper maintenance of HMIS infrastructure including hardware and software upgrade, security, etc.	To be filled by recruitment or redeployment
Chief Statistician	0	1	Post is required to plan and conduct research, such as surveys in various areas and health indicators to measure the impact of government primary healthcare policies and dissemination of findings to relevant stakeholders, partners and decision makers	To be filled by recruitment or redeployment
Principal Planning Officer	0	1	Post is required in response to emerging federal government policy, which sets aside 1% of consolidated revenue for healthcare financing; State must establish healthcare management to access the funds	To be filled by recruitment or redeployment
Principal Budget Officer	0	1	Post required to coordinate and drive the budget preparation process of the Agency	To be filled by recruitment or redeployment
Principal Community Health Officer	0	1	Post is required to assist the chief planning officer and also for the supervision of subordinates in the section	To be filled by recruitment or redeployment
Senior Planning Officer	1	2	Post is required for data analysis and preparation of various reports as required different partners, stakeholders and decision making	Retain and retrain based on qualification and experience. Research to be filled by recruitment or redeployment
Senior Budget Officer	0	1	Post is required in response to increasing volume of work due to growth of the activities of the Agency; A senior officer is also required to support Principal Officer	To be filled by recruitment or redeployment
Principal Statistician	1	1	N/A	Retain and retrain based on

				qualification and experience
Senior Statistician	0	2	Posts are required to perform the day-to-day routine activities of the section	To be filled by recruitment or redeployment
Senior Medical Record Technician/Senior MIS Officer (Facility-based HMIS)	1	1	N/A	Retain based on qualification
Senior Community Health Officer/MIS Officer (Community-based HMIS)	2	2	N/A	Recommend for conversion from technician to officer cadre subject to acquiring relevant qualification (Victor). Retain and retrain (Maryam)
Planning Officer I	1	2	Post is required in response to emerging federal government policy, which sets aside 1% of consolidated revenue for healthcare financing; State must establish healthcare management to access the funds	Retain and train. To be filled by recruitment or redeployment
Planning Officer II	1	2	Post is required to perform routine planning duties within the section	Deploy out based on qualification. To be filled by recruitment or redeployment
Senior Data Processing Officer	1	1	N/A	Deploy to Research as post was abolished
Data Processing Officer	0	1		To be filled by recruitment or redeployment
Architect	0	1	Volume and magnitude of infrastructure development and maintenance requires this office and the professionals stated below	To be deployed from the Ministry of Works
Building Engineer	0	1	Volume and magnitude of infrastructure development and maintenance requires this office and the professionals stated below	To be deployed from the Ministry of Works
Electrical Engineer	0	1	Volume and magnitude of infrastructure development and maintenance requires this office	To be deployed from the Ministry of Works

			and the professionals stated below	
Quantity Surveyor	0	1	Volume and magnitude of infrastructure development and maintenance requires this office and the professionals stated below	To be deployed from the Ministry of Works
Sub-total	9	33		

Skills variance analysis

This department does not have a substantive director and a principal confidential secretary. A deputy director has been acting as the director and is being proposed for retention, promotion and leadership training. Of the nine employees, 27% is being recommended to be retained, 4% is recommended to be deployed out, while 24 posts (69%) mostly senior and middle management professional staff, are being created. These posts are to be filled through redeployment and/or recruitment, given the importance of planning, budgeting, and monitoring and evaluation to service delivery. So also, is the Research unit, which provides data for informed decision-making, planning, and M&E. There is no recommendation for retraining staff as



all the employees are professionals with relevant qualifications and experience. This department is understaffed; however, it has performed its functions creditably.

Table 25: Primary Health Care Department

Posts/Title	Existing	Recommended	Rational for change in number of posts	Proposed action
Director	0	1	Post is required for the coordination and supervision of community health activities in the state. Also the scheme of service requires that this position is filled with a substantive officer of GL 16	To be filled by recruitment or redeployment
Principal Confidential Secretary	0	1	Volume of work (mails, file movement, minutes of meeting, etc) is high and distracting for Director	To be filled by recruitment or redeployment
Deputy Director	1	1	Post is required to deputize for the Director of PHC in all official capacity when absent and to render technical support to Programme officers and coordinators under the department Also, the scheme of service requires that this position is filled with a substantive officer of GL 15	1 staff to be trained and promoted. Leadership training
<i>Nutrition Services Branch¹⁹</i>				
Chief Nutrition Officer	1	1	Nutrition is now a major priority for government. Post is required to plan and supervise the implementation of government nutrition policy at the primary healthcare level	1 staff to be retained until retirement in 2018. 1 post to be filled by recruitment or redeployment.
Principal Nutrition Officer I	1	2	Nutrition is a major challenge in the state. Posts are required for the implementation of the policy at various levels and the provision of reports to policy makers	1 staff to be retained until retirement in 2018. 1 post to be filled by recruitment or redeployment.
Higher Nutrition Officer	0	1	Post is required for the day-to-day operation of the section	1 post to be filled by recruitment or redeployment.
<i>Immunisation Services Branch</i>				
Assistant Director	1	1	Post is required to coordinate the implementation of government policy on	1 staff to be retained until retirement in 2018.

¹⁹ Kaduna State has launched state nutritional programme, which the Governor is heading. First Lady is driving the programme. Under the programme, each LGA requires 1 nutritionist. There is a submission to government by the Agency for the appointment of 18 nutritionists

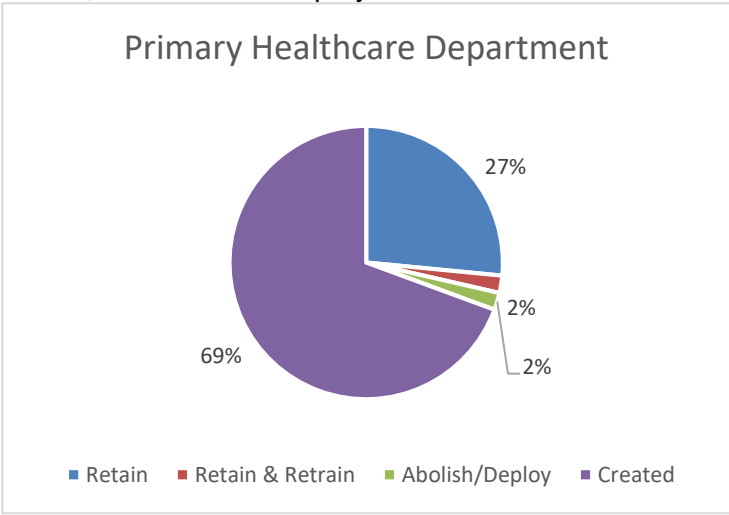
			immunisation especially given policy emphasis on primary healthcare Also, the scheme of service requires that this position is filled with a substantive officer of GL 14	
Principal Pharmacist	1	1	Post is required to ensure proper coordination, distribution and supervision of the process including dispensing and administration of immunisation drugs and related consumables	Retain based on qualification and experience
Chief Community Health Officer	2	2	N/A	Retain based on qualification (H. Musa) Retain as s/he retires in 2020
Senior Community Health Officer	2	2	N/A	Posts retained 4 posts to be filled by recruitment or redeployment.
Community Health Officer II	1	2	Post is required to facilitate the immunisation process at community level	1 post retained 1 post to be filled by recruitment or redeployment.
Reproductive Health Branch				
Family Planning Unit and STI				
Matron I/Principal Nursing Superintendent I	0	1	Post is required to perform the day-to-day function of Family Planning and STI	1 post to be filled by recruitment or redeployment.
Senior Nursing Sister/Superintendent	0	1	Post is required to support the Matron I and also perform the day-to-day function of Family Planning and STI	3 posts to be filled by recruitment or redeployment.
Safe Motherhood Initiative Unit				
Matron I/Principal Nursing Superintendent I	0	1	Post is required for effective supervision and implementation of the FP Programme	1 post to be filled by recruitment or redeployment.
Senior Nursing Sister/Superintendent	0	1	Post is required to assist the Matron and to perform day-to-day activities of FP Programme	post to be filled by recruitment or redeployment.
STIs Units				
Matron II/Principal Nursing Superintendent II	0	1	Post is required for effective supervision and implementation of the STIs Programme	Post to be filled by recruitment or redeployment.

Senior Community Health Officer	0	1	Post is required to assist the Matron and to perform day-to-day activities of STIs Programme	Post to be filled by recruitment or redeployment.
Reproductive Tract Cancers Unit				
Senior Community Health Officer	0	1	Post is required to perform day-to-day activities of the unit	Post to be filled by recruitment or redeployment.
Child and Adolescent Health Branch				
CBNC, Integrated Community Case Management (ICCM) and CMAM				
Matron II/Principal Nursing Superintendent II	0	1	Post is required to coordinate and manage the day-to-day function of Child and Adolescent Health (CBNC and CMAM)	Post to be filled by recruitment or redeployment.
SAM				
Matron II/Principal Nursing Superintendent II	0	1	Post is required to coordinate and manage the day-to-day function of Child and Adolescent Health (SAM)	Post to be filled by recruitment or redeployment.
Essential Drugs Branch				
Assistant Director	0	1	Post is required to supervise the implementation of government policy on essential drugs at the primary healthcare level Also, the scheme of service requires that this position is filled with a substantive officer of GL 14;	Post to be filled by recruitment or redeployment.
Senior Pharmacy Technician	0	1	Post is required to support the assistant director and to also ensure the supply, proper storage and dispensing of drugs as per laid down medical criteria and other guidelines	1 post to be filled by recruitment or redeployment.
Higher Pharmacy Technician	0	1	Post is required to assist the senior pharmacy technician and to also perform day-to-day activities of the section	1 post to be filled by recruitment or redeployment.
Health Promotion and Social Mobilisation Division				
Deputy Director	1	1	N/A	Retain and retrain
Advocacy and Social Mobilisation Branch				
Chief Community Health Officer	0	1	Post is required to supervise the day-to-day activities of social mobilisation to achieve specific targets, such as	Posts to be filled by recruitment or redeployment

			increase in facility attendance (for antenatal services, for example) and imbibing hygiene culture	
Senior Community Health Officer	0	1	Post is required to perform day-to-day activities of health mobilisation	Post retained Posts to be filled by recruitment or redeployment
<i>Health Promotion/Education and Genetic Counselling</i>				
Senior Community Health Officer	0	1	Post is required to perform day-to-day activities of health promotion and education	Post to be filled by recruitment or redeployment
<i>School Health</i>				
Senior Community Health Officer	0	1	Post is required to ensure that government policies and guidelines on school health are followed and implemented and appropriate reports are made to relevant officers and bodies	Post to be filled by recruitment or redeployment
Community Health Officer I	0	1	Post is required to perform day-to-day activities of health mobilisation	1 post to be filled by recruitment or redeployment.
Total	15	34		

Skills variance analysis

This department has 15 employees and requires 19 additional employees to ensure primary healthcare services are delivered efficiently and effectively. Although there is no substantive director, there are two deputy directors and an assistant director. The 15 existing employees are



adequately distributed among senior management, middle and junior staff to ensure the department is functioning though understaffed which will affect service delivery. It is recommended that the 15 employees (69%) be retained. Three out of these (2%) are due for retirement in the next couple of years, which brings the issue of succession planning to the front burner. One of the deputy directors is being recommended to be retained and retrained, promoted and to attend a leadership training programme. The post of Environment Health Technician is abolished, and

the employee deployed out.

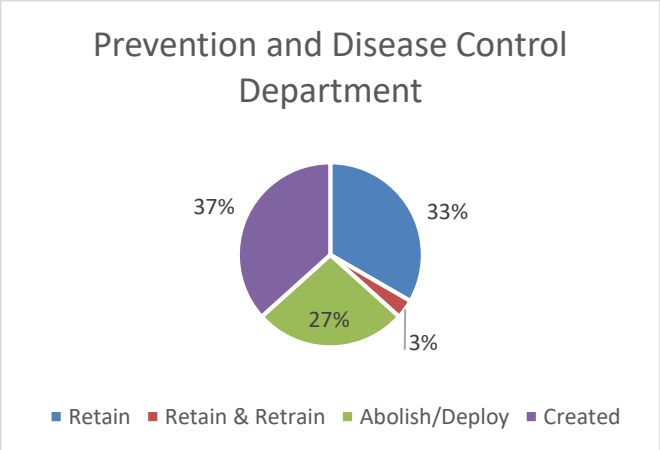
Table 26: Disease Prevention and Control Department

Posts/Title	Existing	Recommended	Rational for change in number of posts	Proposed action
Director	1	1	N/A	Retain based on qualification and experience Leadership training
Principal Confidential Secretary	0	1	Volume of work (mails, file movement, minutes of meeting, etc) is high and distracting for Director	1 post to be filled by recruitment or redeployment.
Communicable Disease Control Division				
Deputy Director (Communicable diseases division)	0	1	Post is required to support the Director in the direct supervision and coordination of the activities of the Division. Also, the scheme of service requires that this position is filled with a substantive officer of GL 15	1 post to be filled by recruitment or redeployment.
Disease Control Branch				
Assistant Director (Non-communicable diseases branch)	1	1	N/A	Retain and promote based on qualification, experience and performance
Chief Community/Environmental Health Officer (Disease Surveillance & Response)	0	6	Posts are required to perform day-to-day activities under Pest and Vector Control as per laid down guidelines and government outcome objectives	6 posts to be filled by recruitment or redeployment.
Principal Community Health Officer/Principal Nursing Officer (Focal Person: Elimination of Mother to Child HIV/AIDS Transmission)	0	1		1 post to be filled by recruitment or redeployment.
Principal Environmental/Community Health Officer 2 (Screening of food vendors- physical & laboratory), meat & abattoir inspection.	0	7	Posts are required to perform day-to-day activities of the unit including liaising with other bodies that have HIV/AIDS component in their mandate	7 posts to be filled by recruitment or redeployment.

Principal Environmental/Community Health Superintendents	8	0	Posts abolished as they are no longer required at Agency level due change in government policy, which requires all non-officer cadre to be posted to LGAs	8 posts to be abolished: R. Shamang, M. Samuel, I. Abdullahi, Z. Abbas, H. Shehu and T. Abubakar to be converted. S. Sule and H. Usman to be deployed.
Senior Environmental Health Officer /Senior Community Health Officer (Outbreak Investigation & Response)	0	2		Posts to be filled by recruitment or redeployment.
Senior Environmental Health Superintendents	5	0	Abolished as posts are no longer required	Redeploy
Higher Environmental Health Technicians	3	0	Abolished as the posts are no longer required	4 posts to be abolished: M. Adamu, A. Waziri to retained and promoted. A. Aliyu to be deployed.
Nursing Officer 2/Community Health Officer (Sample collection, Contact tracing)	0	2	Post is required to implement and supervise government policies on disease prevention Also, the scheme of service requires that this position is filled with a substantive officer of GL 14	1 post to be filled by recruitment or redeployment
Sub-total	19	11		

Skills variance analysis

A substantive director heads this department. The Department also has assistant director but has no deputy director. The department has 19 employees, which are fairly distributed for creditable



discharge of responsibilities of the department. Functions of the Department have been clarified and redefined. This led to 1) Elimination of roles and responsibilities overlaps between the Department and other MDAs notably the Ministry of Health; 2). the abolition of 17 (27%) posts and deployments; and 3) the creation of 11 (37%) more relevant posts, which will be filled through redeployment and/or recruitment. However, at least seven of the abolished posts are being recommended for conversion, whilst the others are being recommended for

promotion or deployment to where their skills are relevant and will be useful. It is recommended that 33% of employees be retained and 3% be retained and retrained.

Table 27: Human Resources and Administration department

Posts/Title	Existing	Recommended	Rational for change in number of posts	Proposed action
Director	1	1	This position is required to handle HRM, which is an innovative approach to managing HR. It requires professionals to handle and these are not currently available in the civil service. It is recommended that to be appointed officers should be on GL 16	Retain based on qualification and experience
Principal Confidential Secretary II	0	1	Volume of work (mails, file movement, minutes of meeting, etc) is high and distracting for Director	To be filled by recruitment or redeployment
Sub total	1	2		
HRM Division²⁰				
Deputy Director HR/Administration (HR Strategist)	0	1	This position is created to support the Director, Admin and HR. The deputy is expected to handle HR task, such as learning and development, performance appraisal, KPI's and Accountability and related issues. He is expected to develop and implement required HR tools and systems for the Agency.	To be filled by recruitment or redeployment
Assistant Director, HR	0	1	This position is created to handle the task of workforce planning and recruitment as well as succession planning	To be filled by recruitment or redeployment
Chief HR Officer	0	1	This position is created to support for the Assistant Director. The position shall coordinate day-to-day activities of HR functions related to this section.	To be filled by recruitment or redeployment

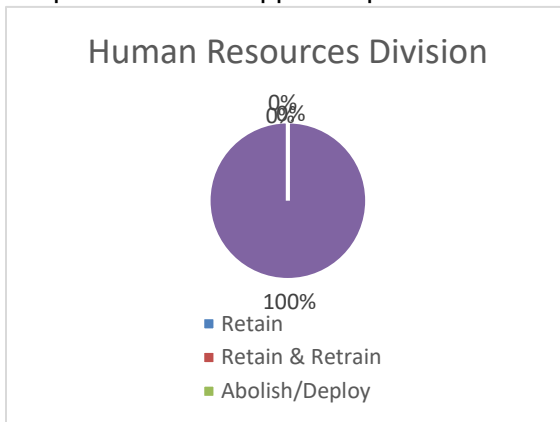
Principal HR Officer	0	3	<p>These positions are created to handle</p> <ul style="list-style-type: none"> • The task of learning and development (conduct training needs assessment, schedule training, partner with training institutions, encourage personal development of staff, etc) • Employee relations (staff welfare, industrial relations, complains and grievances handling, etc). • KPIs and Accountability – employee performance management <p>These functions are currently performed on ad-hoc and unsystematic manner.</p>	To be filled by recruitment or redeployment
Senior HR Officer	0	1	This position is created to support the Chief HR Officer in carrying out the day-to-day function of learning and development.	To be filled by recruitment or redeployment
HR Officer I	0	2	These positions are created to perform the day-to-day functions of employee relations and KPIs and Accountability – the position is the ‘foot soldier’ of the units.	To be filled by recruitment or redeployment
Subtotal	0	9		
Administration Branch				
Assistant Director	0	1	This position is created to coordinate the task of administration (supplies and stores management, general maintenance (vehicles and premises), general and management services, etc), open and secret registry, in the Department	To be filled by recruitment or redeployment
Chief Executive Officer	1	1	This position is created to handle the day-to-day function of general administration	Retain and retrain for AD HR position

Principal Executive Officer I	2	2	Post exists to coordinate the function of registry (open and secret registry)	2 to be redeploy to more challenging post in view of qualification and experience
Principal Executive Officer II	2	1		Retain, retrain and redeploy in view of qualification
Senior Executive Officer	1	1	Post is required to perform the function of open registry	Retain based on qualification and experience
Higher Executive Officer	1	2	Post is required to perform the function of secret registry	1 to be retain based on qualification and experience. 1 to be filled by recruitment or redeployment
Chief Assistant Stores Officer	1	1	Post is required to perform the function of coordinating the activities of modern stores management – keep records to enhance security, eliminate pilfering and for proper accountability	Retain based on qualification and experience
Senior Assistant Stores Officer II	1	1	Post is required to support the chief and oversee, supervise the general function of store management	Retain based on qualification and experience
Higher Assistant Stores Officer	0	1	Post is required to process the day-to-day activities of stores management including updating stores register, issuance of stores receipts, etc	To be filled by recruitment or redeployment
Subtotal	9	11		
Total	10	23		

Skills variance analysis

Human Resources Division

This department is a support department and it has a substantive director who is an administrator



and not a professional HR manager. Hitherto, Administrative officers carried out the HR functions. Given the fact that the Agency is managing staff strength of over 5,000, it has become necessary to create a HRM division with professional HR strategists and managers. This category of professionals is not readily available in the civil service. Therefore, all the nine HR posts are to be filled through redeployments and retraining, and/or recruitments. However, the Administrative officers who are currently performing some of the HR functions should be given the

opportunity to choose if they wish to transit to professional HR, which would require retraining and certification.

Administration Branch

The Department has a Director who is an administrator. It is recommended that 11 posts (48% of the workforce), which include an Assistant director who will supervise the Branch be created. 26% are being recommended to be retained, 9% redeployed, and 5% retained, retrained and deployed to HRM Division (in the same department) This include the Chief Executive Officer and the Principal Executive Officer II.

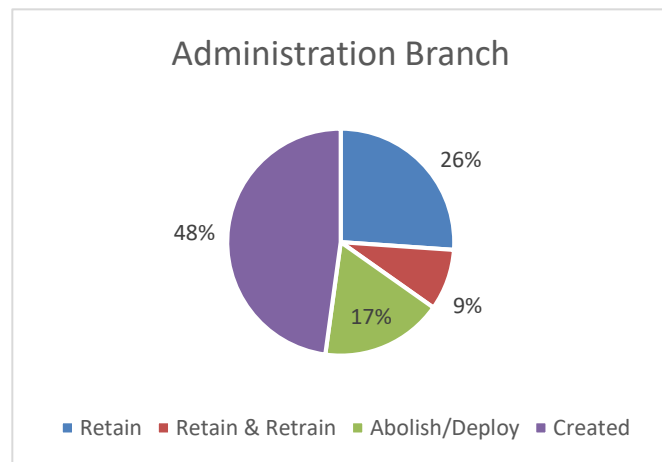


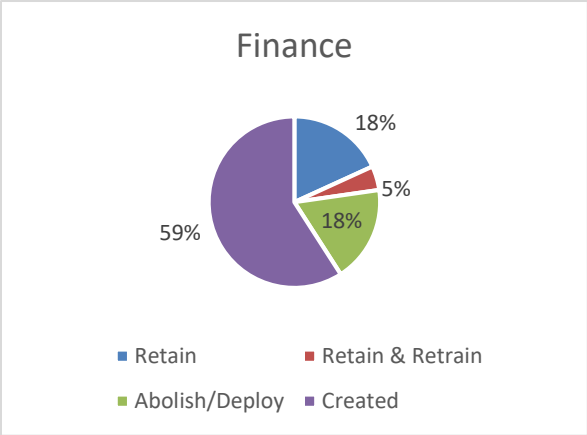
Table 28: Finance and Accounts Department

Posts/Title	Existing	Recommend	Rational for change in number of posts	Proposed action
Director	1	1	Post is required to coordinate and supervise the function of finance and accounts, which has become significant in view of stepped up activities of primary healthcare in the state Also, the scheme of service requires that this position is	Retained based on qualification and experience. Leadership training

			filled with a substantive officer of GL 16	
Principal Confidential Secretary	0	1	Volume of work (mails, file movement, minutes of meeting, etc) is high and distracting for Director	1 post to be filled by recruitment or redeployment.
Deputy Director	0	1	Post is required to perform the function of treasury operations (fund disbursement, reconciliation, returns and preparation of accounts) Also, the scheme of service requires that this position is filled with a substantive officer of GL 15	1 post to be filled by recruitment or redeployment.
Assistant Director	1	2	Post is required to ensure policies and guidelines on disbursement as outlined in the Financial Instructions, circulars, etc., are followed The scheme of service requires that this position is filled with a substantive officer of GL 14 and Post is required to ensure policies and guidelines on salary administration are followed and due regards are paid to other criteria, such as officers' level, retirement date, overpayment, underpayment, etc. Also, the scheme of service requires that this position is filled with a substantive officer of GL 14 Post is required to coordinate and supervise activities relating to donor financing and producing relevant reports Also, the scheme of service requires that this position is filled with a substantive officer of GL 14	Retires in 2017. 1 post to be filled by recruitment or redeployment. 1 post to be filled by recruitment or redeployment.
Chief Executive Officer (Accounts)	2	0		Abolished posts so deploy to other responsibilities
Assistant Chief Executive	2	2	N/A	Abolished posts. Deploy

Principal Executive Officer I (Accounts)	2	3	<p>Post is to support Assistant Director Finance</p> <p>Post is required to ensure policies and guidelines on benefit administration are followed and due regards are paid to other criteria, such as officers' level at retirement, overpayment, underpayment, etc.</p> <p>Post is required to ensure policies and guidelines on salary administration are followed and due regards are paid to other criteria, such as officers' level, overpayment, underpayment, etc.</p> <p>Post is required to perform day-to-day activities of the unit, such as raising voucher, making entry to relevant accounts, etc</p>	<p>2 to be retained based on qualifications and experience.</p> <p>1 post to be filled by recruitment or redeployment.</p>
Principal Executive Officer II	1	2	<p>Post is to support the Assistant Director</p> <p>Post is required to perform day-to-day activities of the unit, such as raising voucher, making entry to relevant accounts, etc.</p>	<p>Retain based on qualification and experience.</p> <p>1 post to be filled by recruitment or redeployment.</p>
Higher Executive Officer	0	1		<p>1 post to be filled by recruitment or redeployment.</p>
Sub-total	9	13		

Skills analysis variance



This department is adequately staffed with a current workforce of nine and a proposed increase of four newly created posts. 59% of the posts are being recommended to be created. 18% of the employees are being recommended to be retained, and another 18% of the posts is being recommended to be abolished or deployed out, while 5% is being retained and recommended for training.

Gender and age distributions

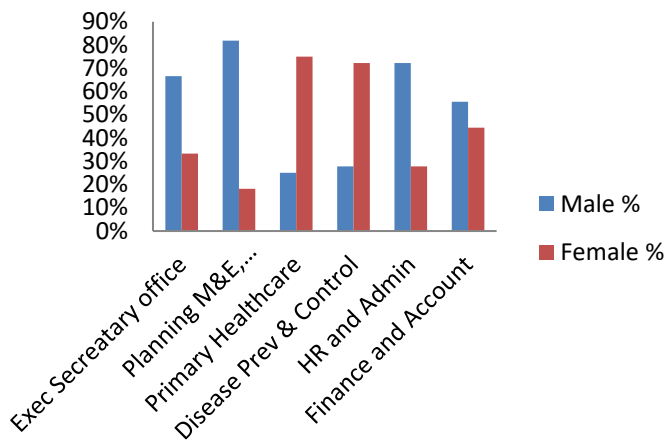
Gender

As illustrated in this Table and the “Gender Distribution” graph below, the current gender distribution in the Agency for the technical/professional staff shows that no gender is disadvantaged with 39 (51.3%) males and 37 (48.7%) females. Moreover, the Executive Secretary is female. Both the table and the graph below show that while male dominate Planning, M&E and Research (82%); and Human Resources and Administration (72%) department, females dominate the technical departments of Primary Healthcare (75%); and Disease Prevention and Control (72%) departments. Finance and Accounts department has near equal numbers of male and female employees. In conclusion, gender imbalance is not a major issue in the Agency. The data did not capture the vulnerable groups and therefore does not confirm

Department	Sub Total	Male	Male %	Female	Female %
Exec Secretary Office	3	2	67%	1	33%
Planning, M&E and Research	11	9	82%	2	18%
Primary Health Care	16	4	25%	12	75%
Disease Prev & Control	18	5	28%	13	72%
HR and Admin	18	13	72%	5	28%
Finance & Accounts	9	5	56%	4	44%
Audit	1	1	100%	0	0%

whether the Agency has taken social inclusion into consideration in recruitment. Also, the data excludes non-technical employees. However, the implementation of the Workforce plan presents an opportunity to ensure social inclusiveness in the workforce.

Gender Distribution



Recommendation: The issue of gender balance and those who are socially excluded for example those from the minority/disadvantaged LGs should be addressed when implementing the Workforce plan.

Age distribution

The Kaduna State Government had not regularly employed staff despite the high level of attrition and aging population. The gap has resulted in the creation of 120 new posts in addition to the existing 66 posts. Not filling the gaps created by attrition has resulted in the loss of institutional memory, and has gravely affected mentoring, coaching, and transferring knowledge and skills on the job to subordinates. However, one of the possible disadvantages of knowledge and skills transfer by an aging workforce is that wrong and/or obsolete practices are usually transferred to subordinates, who will not challenge such knowledge because of the hierarchical structure of Public Service.

Analysing the age distribution in any organization is to open the space for replacement and succession planning. All things being equal, about 38 employees born between 1960 and 1969 will retire between 2020 and 2029 at age 60, and 27 employees born between 1970 and 1979 will

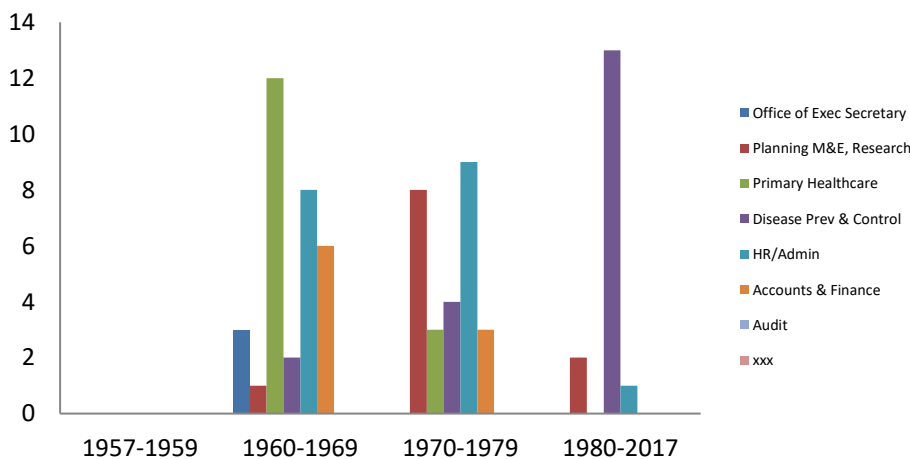
retire between 2030 and 2039 at age 60 if they remain in service. The table also shows that of the 100 current employees, only 16 were born between 1980 and 2017. From the statistics, it follows that there should be recruitment of talents at all levels of government to ensure the workforce performs creditably, that service delivery in primary healthcare improves and the Agency achieves its mandates. Also with the data available in the Table below, there is an urgent need to focus on replacement and succession planning in the short to medium term to ensure there are no gaps in the

workforce. Workforce planning, replacement and succession planning will be part of the responsibilities of the professional HRM manager.

Department	1957-1959	1960-1969	1970-1979	1980-2017	Total
Office of Exec Secretary	0	3	0	0	3
Planning M&E, Research	0	1	8	2	11
Primary Healthcare	0	12	3	0	15
Disease Prevention & Control	0	2	4	13	19
HR/Admin	0	8	9	1	18
Accounts & Finance	0	6	3	0	9
Audit	0	0	0	0	1
Total	0	32	27	16	76

The graph below shows the age distribution of all employees by departments. This will be very useful for replacement and succession planning.

Age Distribution



Recommendation: commence the process of recruiting talents into the Agency at all levels to fill the created established posts and those vacancies due to deployment

Section Eleven Performance management

Performance management is in two interlinked parts: a) organisational performance management, and b) employee performance management. Performance management is the last stage in the CP framework therefore the linkages between performance management and the CP process were established.

Organisational performance management (service standards and charters)

Organisational performance is defined in terms of the results achieved compared to the objectives of the organisation. The objectives of an organisation are defined in such a way as to advance the interest of the organisation, its clients, partners and other stakeholders. To advance the interest of clients many organisations in both the public and private sector develop a service charter. A Service Charter is a public statement about the services an organization is providing; it is an undertaking or covenant made to stakeholders by an organization about the service standard they should expect to receive. A Service Charter thus provides customers with a clear statement of the standards of service – level of quality, timeliness, responsiveness, etc., they can expect.

The major aims of a service charter are to improve the organization's performance and enable it to manage and more closely align with customer expectation and perception to improve customer relations and satisfaction with the services of the organization. To achieve these aims organizations', develop and communicate an undertaking to customers promising a certain level of performance, which the customer can expect to receive or experience while receiving the service. This promise is generally referred to as the organization's Service Charter. It outlines:

- The vision, mission and priorities of an organization, i.e., organizational purpose, future ambition and the priority 'problems' and 'issues' it intends to solve;
- The services provided by the organization, i.e., the 'bundle of benefits', which the customer should expect to receive from the organization and which is available and easily accessible to all customers irrespective of gender, social status or physical conditions;
- The rights and responsibilities of customers including the conditions for accessing and benefiting from the organization's services (see customer obligation below);
- The *standards* of service with respect to time, quality, courtesy, responsiveness, etc., to be provided and adhered to by the organization;
- The complaints handling and redress procedures when the organization fails to meet its service standards and satisfy the customer including who the customer should contact:
- How customers can contact an organisation and get further information, clarification, or make enquiries;
- Any relevant legislation, policy or guidance, which underpin the organisation's mandates, functions and customer relationship management approach, etc.

It should be recognised that, being a public document, service charters should be accessible to all, i.e. available in different formats, such as large print, audio and appropriate language(s). If an

organisation is part of an industry where a regulator has been appointed, details concerning how to contact the regulator should be included. For example, the Agency should include the contact of an officer in the State Ministry of Health.

Conditions for Developing Service Charter

Before the Agency develops a Service Charter it needs to conform to satisfy certain 'irreducible minimum' requirements as provided in The National Guide for Developing and Implementing Service Charter. These requirements are:

1. *Speed and quality of service delivery*: the current performance level in terms of speed and quality of service delivery is a key condition for having service charter. If the speed and quality is below average the first concern should be to remedy the situation and improve service delivery to an acceptable quality benchmark. An organization can ridicule itself if it issues a charter, which everyone will recognise as not credible. Improving speed of service could be measured in terms of length and order of queues (if any), minimal processing backlogs, which can be quickly cleared; and ready availability of appointments.
2. *Defined targets and measurable performance*: an organization should have performance targets in key service areas. These targets should specify expected outcomes from the customer perspective. They should also specify the standards/level of performance the customer can expect. The organisation should also have a system for monitoring, evaluating and reporting performance. For example, the Federal Ministry of Agriculture and Rural Development may set a performance target of increasing the number of farmers with access to fertiliser. A service standard in this regard may be set as "Within the limit of our resources, we will ensure that there is a redemption centre within 20km of farmers' location". Where this is not the practice having a service charter will be of no use or effect.
3. *One-stop shopping*: improving customer satisfaction resulting from improved service delivery and experience requires that customers access multiple services in one location – 'one roof' instead of several points within the MDA. Having different locations complicates the processes of receiving service, increases the time to receive the service and may lead to loss of file and or documents. The consequence of all these is growing disaffection for the organization on the part of the customer. It is therefore a sensible condition for the MDA to organise its services, wherever possible, in one roof for the convenience of the customer. The success of a service charter in terms of several measures may well depend on it.
4. *Information and simplicity*: information flow between the organisation and its customers should be encouraged. Information from the organisation to its customers should be simple and clear. Where the MDA requires information from the customer, the process should be simple, clear and not time consuming. For example, where application forms are to be completed they should be clear and concise. Correspondence with customers should be polite and unambiguous. Signage should be clear and customers should be informed of any delays. Information requirement should be limited to what is relevant to the issues at hand. In effect, information request should not 'intimidate' the customer into giving up his right of access to the service.
5. *Customer care*: customer orientation is manifest in staff handling of the customer. The attitude of staff to the customer is a major indication of preparedness for having a charter.

In many MDAs staff appears to be oriented on a patronage system, which gives them the strong but wrong impression that they are doing the customer a favour. Where this orientation is strong a service charter, which by essence is customer oriented, will not work. The first task should then be to train staff in customer care and ensure that staff wear appropriate identification or have nameplates on their desks. The organisation should also ensure that there clear deadlines for handling complaints and an escalation procedure for difficult cases and appeal. Customers who complain should receive regular feedback with a proposed remedy and an apology when an MDA is at fault.

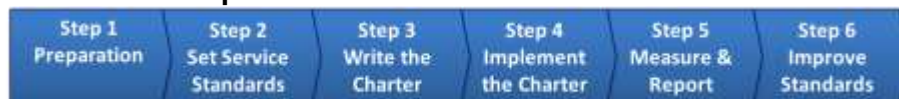
6. *Best use of technology*: modern technology to track and report performance is essential to initiating and implementing a service charter. As a minimum, the MDA telephone system should work very well. Computers appropriately powered by relevant software and indicators should be available. Access to the Internet is key in order to explore ideas and best practice for service improvement.
7. *Welcoming premises*: clean, comfortable and ventilated reception areas with adequate seating that are customer-friendly, (i.e., where customers feel welcome at a counter and do not have to speak through pigeon holes) is a necessary minimum for initiating a service charter. Provision of facilities, such as restrooms, water fountains, and other amenities that cater for people including those with special needs is also required. The credibility of an MDA and its charter may well depend on this.

The National Guide for Developing and Implementing Service Charter provides that a minimum score of 75% on each criterion is required before an MDA can develop and implement service charters. The Agency has evaluated itself against these criteria and scored itself C - Average. This means the Agency needs to take a number of remedial actions before it embarks on creating service charters.

Process of Developing Service Charter

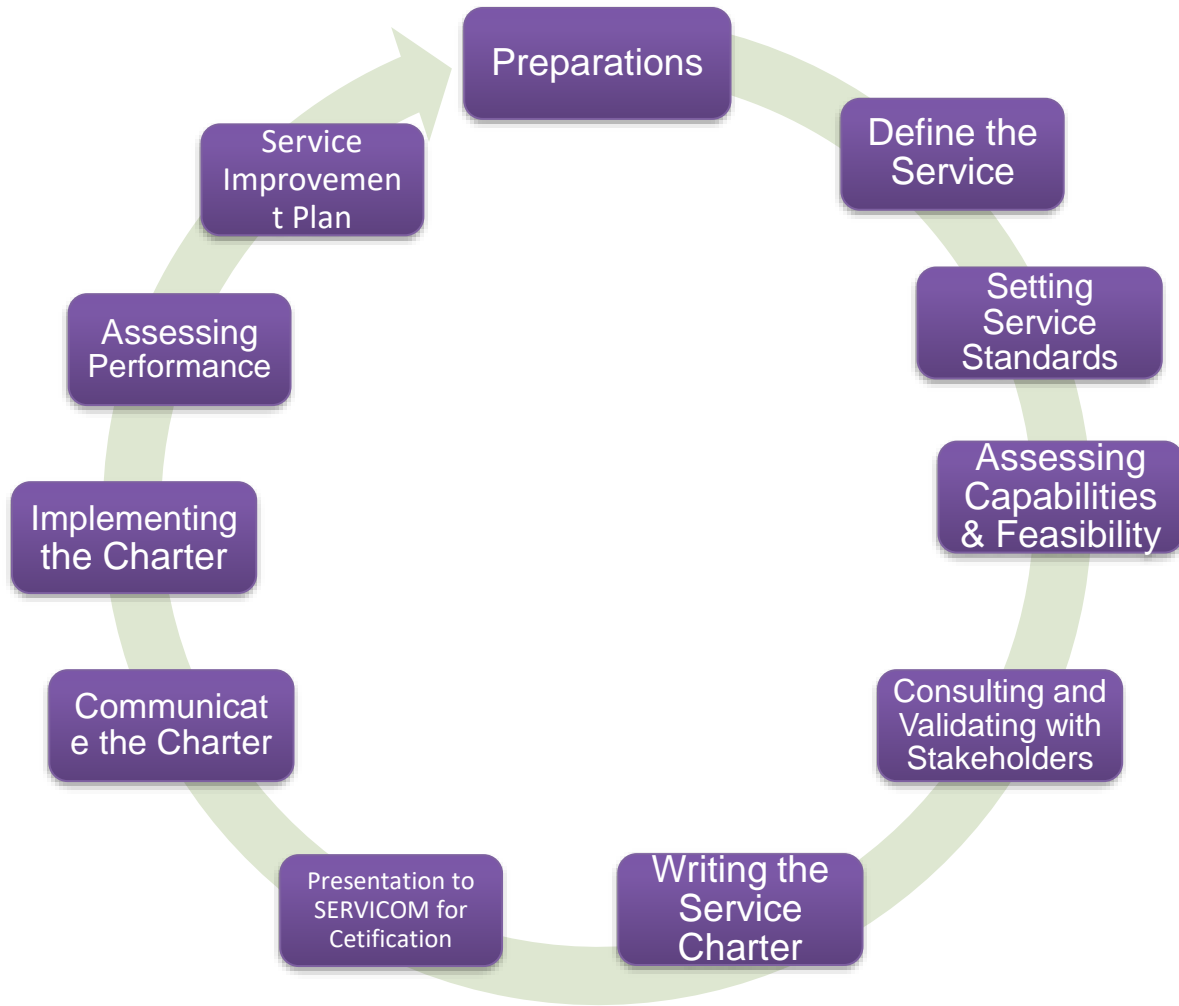
To guide the Agency to prepare service charters after taking the remedial actions the following process is recommended. However, it should be noted that there is no 'one best' way for service charter development. The approach chosen may depend on several organisational and contextual factors that influence the way things are or should be done in any particular organisation. However, almost all the processes reviewed appear to contain some basics as illustrated by the diagram below, which contains six simple steps:

Diagram 21: Charter Development Process



A more comprehensive treatment of the processes and steps involved in developing and implementing service charter is illustrated in Diagram below:

Diagram 22: Process for Developing and Implementing Service Charter



Employee Performance Management

Performance management is a process of planning, monitoring employees' performance, assessing, and adjusting aspects of employee performance through management control activities. It is a holistic process bringing together many of the elements that make up the successful practice of people management plus learning and development. It is a process, which contributes to the effective management of individuals & teams to achieve high levels of organisational performance.

Performance appraisals provide an opportunity:

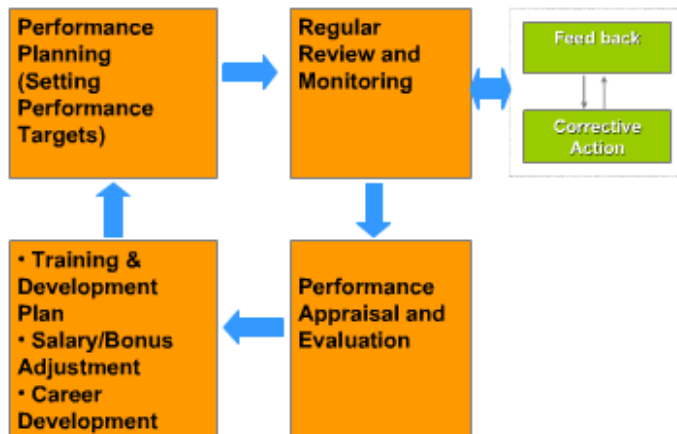
- For a manager and employee to jointly review the employee's work-related behaviour, and then develop a plan for corrective action, prior to setting the employees performance objectives for the following year;
- to review the employee's career plans considering his/her shown strengths and weaknesses;
- to review information upon which promotion and salary decisions can be made.

The different types of appraisals were discussed looking at the merits and demerits of each:

1. Self-appraisal: employee assesses his/her own performance against set of pre-agreed performance objectives. Self-appraisal is extremely subjective, but very useful for managers identifying perception gaps, and to better prepare for the face-to-face discussion.
2. Manager/Downward appraisal: This is most well-known. a) Manager provides feedback on performance of an employee against set objectives by giving examples; and b) agrees performance objectives for the next assessment period. Development areas are identified to help the employee reach their full potential and work towards their career goals.
3. Upward appraisal: This is the opposite of downward appraisal stated above.
4. 360-degree appraisal: unsuitable for all employees because it is extremely time consuming and may not be meaningful unless a structured approach is used. Feedback is collected from peers, colleagues and 'customers' to give the manager a rounded picture of how employee interacts with others and respond in a variety of different situations. To be meaningful however those approached for feedback should be able to provide this anonymously and because they have regular professional contact with the employee being assessed. The feedback provided is for the eyes of the manager only and should not be repeated verbatim to the employee being assessed. Rather it should be used by the manager for development planning and discussion.

A self-assessment using the SPARC SEAT tool was carried out at the beginning of discussions and the self-scores confirmed that there is an employee performance system in place which is based on the Annual Performance Evaluation Report (APER) but this was not being implemented. Where the forms are filled on an annual basis, they are usually stored and used only when promotion is due which is usually every three years based on batch employment system. Promotions are not being driven by performance. In other words, APER is not being used as a tool to assess employees' performance, and therefore rewards and sanctions, and learning and development are not tied to the assessments.

Diagram 23: The Performance management cycle



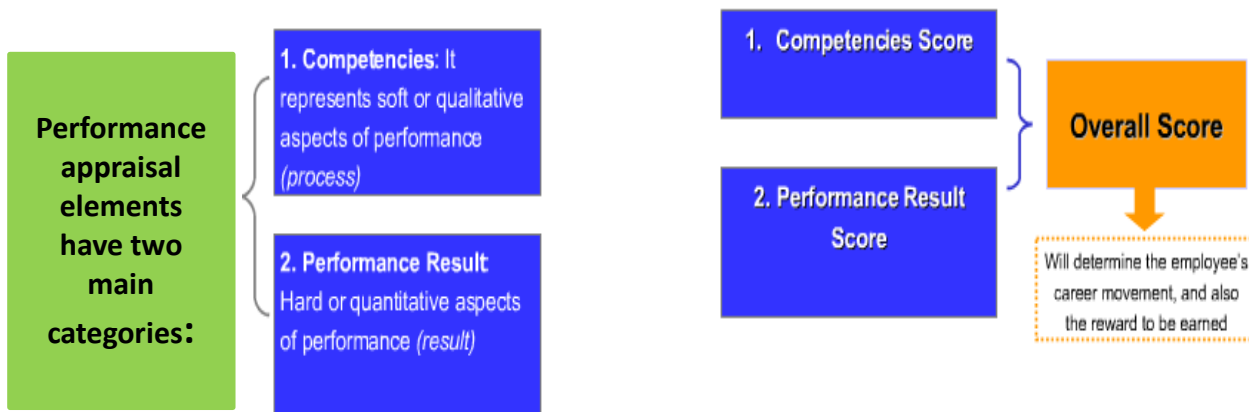
The performance management cycle is in the following five stages:

1. Performance planning is using the individual employee’s job descriptions and unit or departmental goals as the foundation for setting individual work objectives in the appraisal form;
2. Performance monitoring is observing, coaching, mentoring and giving feedback, and supporting each employee with corrective action to ensure s/he meets their work objectives over the appraisal period;
3. Performance assessment summarizes the employee’s contributions over the entire appraisal period; this will include undertaking a formal annual performance review which should be written and must include employee’s and maybe others’ inputs. The review should summarize the year’s feedback, documentation and progress; and organizational values demonstrated on-the-job. There should be no surprises if the performance monitoring is done effectively. The setting of future objectives with the employee is done;
4. Recognition of good performance is rewarded by promotion, salary bonus, training, letters of commendation and/or career development etc;
5. Monitoring is carried out by central HRM function to ensure processes are followed, actions are taken for good and poor performance and that they are implemented, and that employees’ future work objectives are set by the manager and the employee.

Work objectives are based on projects or assignments related to the employee’s specific job that help meet unit or department goals and have specific measurements and deadlines. What the employee is supposed to accomplish in the next appraisal period which could be six months or one year must be clearly specified.

Refer to Diagram 11 on page 38 above for more information on Employee performance management process.

Diagram 24: Performance elements



Promotion

- Eligibility: Defined by set promotion criteria;
- Merit: defined by performance appraisal.

For more information on Promotion process please see Diagram 10 on page 37 above.

Diagram 25: Some of the problems with performance appraisals

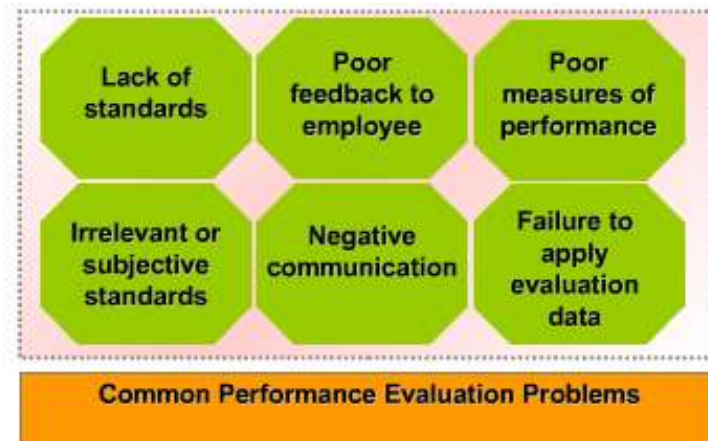
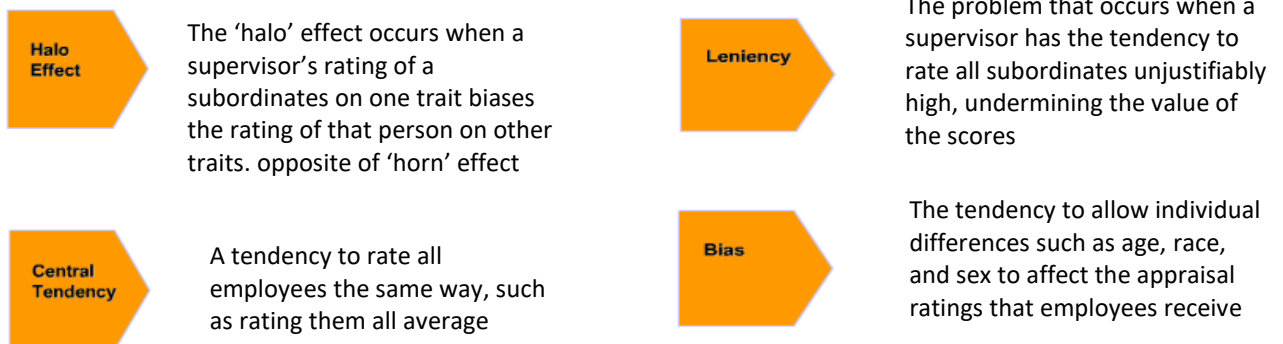


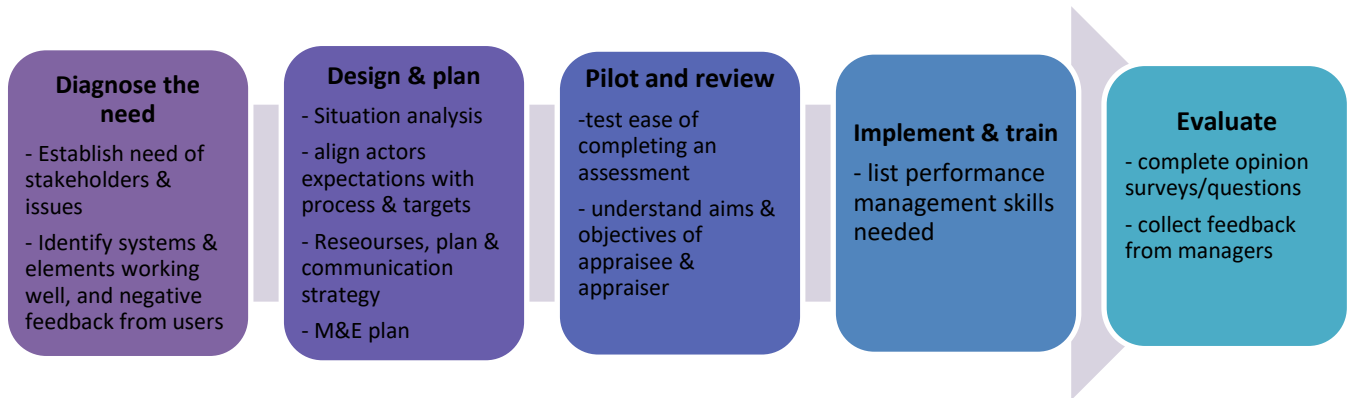
Diagram 26: Bias in appraisal process 1 and 2



Performance management design, development, implementation & maintenance

This is about designing or redesigning an existing assessment tool, its development, implementation and maintenance.

Diagram 27: Process for developing and using an assessment tool²¹



Performance ratings

It is important to summarise a pre-defined scale, and the views of the appraising manager on the level of performance achieved by the employee. The alphabetical or numerical scale points and associated descriptions could be used, for example, a=excellent, b=good, c=satisfactory and d=unsatisfactory. Alternatively scale levels may be more helpfully described as follows:

Example of appraisal ratings:

- **A = Exceptional Performance:** Exceeds expectations and performance objectives set in all areas and consistently makes an outstanding contribution to the department and MDA, extending the impact of the role.
- **B = Good Performance:** Consistently performs in a thoroughly proficient manner and exceeds expectations and performance objectives set in some areas.
- **C = Meets Requirements:** Meets the basic requirements of the role, although there are significant areas for development. Does not meet all performance objectives set.
- **D = Unacceptable Performance:** Performance is below the required standard and fails to meet the basic requirements of the role; shows a lack of commitment to performance improvement or a lack of ability, which has been discussed prior to the performance review.

In order to ensure ratings remain as objective as possible it is important that all performance objectives are simple, measurable, achievable, realistic and timebound (SMART).

²¹ Appendix 6: Samples of assessment tools

Appendices

Appendix 1: **Terms of Reference for the Steering Committee** **State Primary Healthcare Development Agency** **Steering Committee for Corporate Plan** **Terms of Reference**

The Agency is in the process of developing its Corporate Plan (CP) which is a process in which an organisation examines itself in detail and determines how to organise and apply its resources (financial, human and equipment) to achieving its objectives and meeting its service delivery standards and targets. A CP will guide the management and staff in a cohesive effort to carry out the purpose for which the Agency is established. The technical team from PERL will support the development of the CP which will allow the Agency to put in place the 'golden thread' that will link every job and job holder's performance to its mandate. As a living document, the CP should be reviewed every 3-5 years.

Membership

1. Executive Secretary: Chairman
2. Representative of SPHCDA Board
3. DG Bureau for Public Service Reforms
4. Ministry of Health
5. Bureau of Establishment, Management Services and Training
6. Director Planning Monitoring & Evaluation: Secretary

Tasks

- i. Provide leadership and direction for the development of the CP;
- ii. Provide leadership, direction to, oversee the activities, and guide the Technical Working Group;
- iii. Communicate effectively the overall purpose, direction and progress for the exercise to all stakeholders;
- iv. Create an enabling environment for the development of CP;
- v. Receive regular briefings from the Technical Working Group, and review the work and reports of the Technical Working Group;
- vi. Comment on and approve the drafts of the CP during the various stages of development;
- vii. Lead the presentation/discussions of the CP to the EXCO for approval and implementation when necessary;
- viii. Ensure the overall success of the development and implementation of the CP; and
- ix. Ensure lessons learned and good practices are documented and shared within and outside the state.

Appendix 2: Terms of Reference for the Technical Working Group

State Primary Healthcare Development Agency

Corporate Plan Technical Working Group

Terms of Reference

The Agency is in the process of developing a Corporate Plan (CP). It is a process in which an organisation examines itself in detail and determines how to organise and apply its resources (financial, human and equipment) to achieving its objectives and meeting its service delivery standards and targets. A CP will guide the management and staff in a cohesive effort to carry out the purpose for which the Commission is established. The technical team from PERL will support the Technical Working Group (TWG) in reviewing the CP starting with review of mandates and ending with the establishment and workforce planning and performance management. The CP will allow the Agency to put in place the 'golden thread' that will link every job and job holder's performance to its mandate. As a living document, the CP should be reviewed every 3-5 years. The TWG will regularly report to the Steering Committee chaired by Executive Secretary of the SPHCDA.

Membership

1. Director Planning, Monitoring & Evaluation: Chairman
2. Director Primary Healthcare
3. Director Epidemiology and Disease Control
4. Director Admin and Finance
5. Ministry of Health
6. MNCH2
7. HSDF
8. BPSR

Tasks

The members of the CP TWG will:

- i. Work with the PERL technical team throughout the review and development of the CP;
- ii. Undertake the CP development process in SPHCDA;
- iii. Liaise with the other MDAs and LGAs, where necessary, for their inputs;
- iv. Focus on the necessary details in developing the CP and apply themselves consistently over the development period;
- v. Provide computers for this assignment to ensure all outputs are captured;
- vi. Communicate the CP with all stakeholders;
- vii. Train staff of local governments on how to set SMARTGSI objectives, strategies etc;
- viii. Regularly brief the Steering Committee;
- ix. Ensure lessons learned during the CP development process are well documented;
- x. Implement any assignments given by the Steering Committee.

Appendix 3: List of materials consulted

- Organizational Capacity Development at KSPHCDA;
- Organisational Review, May 2016;
- Law to Establish the Kaduna State Primary Healthcare Agency in August 2008,
- Law to Establish the Kaduna State Primary Healthcare Development Agency, September 2015;
- 2013 – 2017 SPHCA Strategic Plan;
- the Kaduna State Compendium of Mandates, September 2014; and
- the Kaduna State PHC Agency Corporate Plan (undated).

KADUNA STATE GOVERNMENT



Corporate Planning

Concept Note

May 2017

'Corporate Planning is a process in which an organisation (ministry, parastatal or agency) determines its objectives, priorities, structure and functions in the light of its mandate, and determines how to organise and apply its resources (human, financial materials etc.) to achieving its objectives and meeting its service delivery standards and targets. Specifically, a Corporate Plan guides the management and staff of the organisation in a cohesive effort to carry out the ministry's mandates.'

Overview

Corporate planning is a framework used to support state governments' ministries, departments and agencies (MDAs) to establish their mission, vision and strategic objectives, and configure their functions, structures, processes and workforce to meet the service delivery standards required from them.

The Corporate Plan (CP) process should be undertaken in five main stages, ideally over a six-month period. This could be less to ensure good pace and momentum throughout the process. The stages and time frames of the CP process are:

Stage	Guidance	Time frame
Stage 1	<i>Preparation:</i> A briefing note and introductory power point presentation, a readiness for change checklist, a sensitisation exercise and a model timetable.	2 weeks
Stage 2	<i>Mandates, Mission, Vision, Objectives:</i> Checklists, examples and templates to assist with setting MDAs' mission, vision, values, long term goals and medium-term objectives as well as a guide to producing service charters.	2 weeks
Stage 3	<i>Functional, structural and process reviews:</i> Step by step guidance on functional, structural and process reviews, as well as examples of process flowcharts and a process review template.	2 months
Stage 4	<i>Establishment and workforce plans:</i> Step by step guidance on establishment and workforce planning, job evaluation, record-keeping, capacity building and suggestions to address immediate workforce gaps.	2.5 months
Stage 5	An example of CP Implementation Plan and handover	2 weeks

Some useful and key areas to pay special attention to during your corporate planning process are:

- A strong focus on relationship management, including buy-in from decision-makers.
- More flexible implementation to reflect the diversity of circumstances in your state and in MDAs.
- Maintaining the pace and momentum of the CP process once it starts.
- A strong focus on building MDA's readiness and capacity to ensure that public servants can participate effectively in the corporate planning process.
- A need to shift the balance from a participative to a more extractive process in certain stages of corporate planning for example establishment and workforce planning.
- Strengthening the mechanisms for support team engagement throughout the corporate planning process.
- A strong emphasis on learning and sharing within and between MDAs and states.

Background

Definition and Concept of Corporate Planning

‘Corporate Planning is a process in which an organisation (ministry, parastatal or agency) determines its objectives, priorities, structure and functions in the light of its mandate, and determines how to organise and apply its resources (human, financial, materials etc.) to achieving its objectives and meeting its service delivery standards and targets. Specifically, a corporate plan guides the management and staff of the organisation in a cohesive effort to carry out the ministry’s mandates.’

International best practice shows that organisations are evolving and changing globally. Clarity in how organisations arrange their duties and functions and how they plan their workforce is therefore necessary. Therefore, a good structure appropriate to government business in which MDA mandates and responsibilities are clear, are an essential prerequisite for public service management and reform. A fundamental first step in the Public Service Management (PSM) and in improving government performance and accountability is to develop or validate the existing mandate, vision and mission statements and core value statements thereby creating a clearer picture of the organisations as the foundation for the introduction of a corporate plan (CP). This will be followed by articulating long-term goals and medium-term objectives; setting targets; and defining strategies, outputs, outcomes and key performance indicators. This concludes the first stage of the CP process.

The next step is to identify how functions are determined and where staffers are deployed. The functions, processes and systems as confirmed will drive the structures of the MDA. This leads to the third stage which is reviewing the current posts and determining the new establishment based on the functions and structures. The Establishment plan will inform the review of the current workforce and the gaps identified in the workforce will be addressed to ensure the MDA performs optimally. Government employees do not, in the main, have clear job descriptions, targets or a direct ‘line of sight’ to the mandate of their employing MDA, which affect the performance of the MDA. Job descriptions will be developed for each employee which will form the basis of individual target setting for performance assessment.

Corporate Planning

CP should add meaningful value to the MDAs and importantly CP will signal the changes that may be needed to improve performances of the MDAs.

The corporate plan should enable MDA to better determine and understand:

- **Why** it exists – its mandate
- **What** is it meant to be doing – its goals and objectives
- **How** it can best organise itself to deliver on its objectives – its functions, structure, establishment etc
- **Who** it needs to fit the structure and deliver the service – its workforce or staff

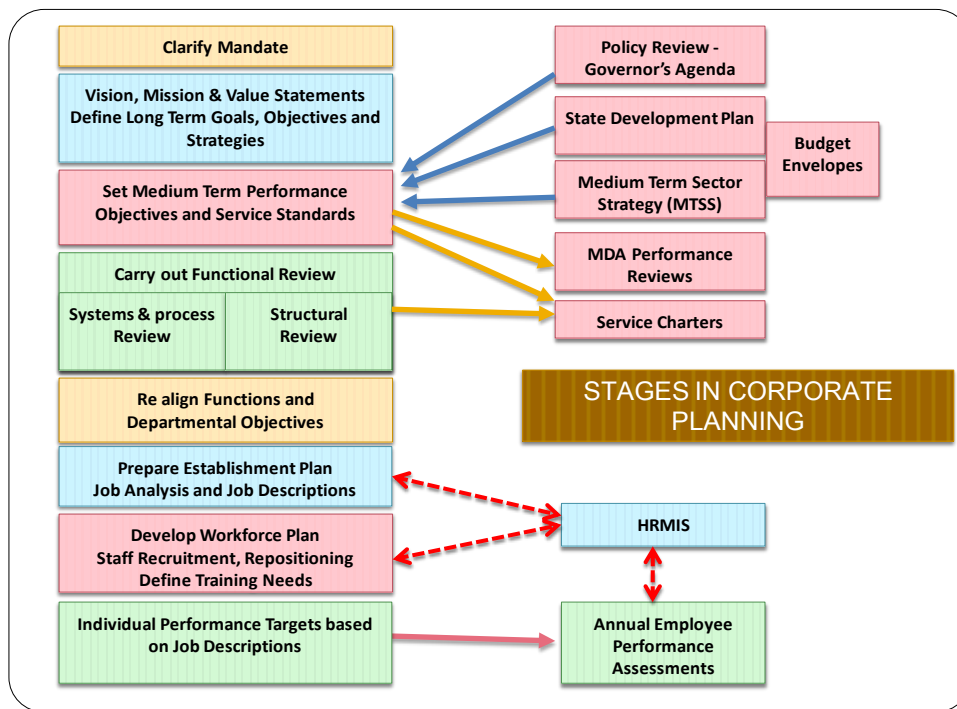
The corporate planning process therefore pulls together mandate, strategic direction, policy, stakeholder expectations, organizational and individual performances, resource allocations (financial and human), objectives and evaluation criteria. CP is a review and re-organisation process usually carried out in response to a recognised need or desire for change. It allows an organisation to put in place the ‘golden thread’ that links every job and job holder’s performance to the respective MDA’s mandates with a focus on improving service delivery and governance.

A corporate plan is a living document which should be reviewed regularly, e.g. every five years to ensure that the organisation is still in charge of its mandate and is organised optimally to deliver its mandate.

Corporate Planning Framework

The Corporate Planning model framework can be best understood by breaking it down into four core stages (excluding the preparation stage) and an implementation plan. The CP begins with a confirmation of an MDA’s mandate and ends with a detailed workforce plan, and individual performance management. The process is summarised in Figure 1 below.

Figure 1: The Corporate Planning Framework



The **MDA mandate** is usually confirmed by the highest levels of government through the Constitution, a law or other legal instrument. Based on its mandate, an organisation can develop its **vision and its mission** statements (where they don't exist) which articulate the sense of organisation's direction and travel for employees and the public. Thereafter, the organization identifies its long-term strategic goals– the priority services and outcomes it considers it should deliver over a 5 to 10year time horizon based on analyses of the developmental challenges confronting it. These long-term strategic goals set the scene for the formulation of more precise medium-term objectives. They also offer a strategic perspective on whether the MDA will have the right volume and type of skills to deliver expected goods and services.

The medium-term performance objectives take account of political manifestos, short-term priorities, likely budget and other resource envelopes. They are usually set for a three to five-year time horizon and revised annually to take account of novel issues, and implementation performance. The medium-term objectives should normally be set with performance standards against which actual performance can be measured. They can also be used as the basis for public service agreements or service charters – contracts of service delivery commitments made by

MDAs to the public. Delivering on the medium-term performance objectives and long term strategic goals require a mix of well-planned financial and human resources. At the objectives formulation stage, the budget needed and its availability should also have been identified and agreed.

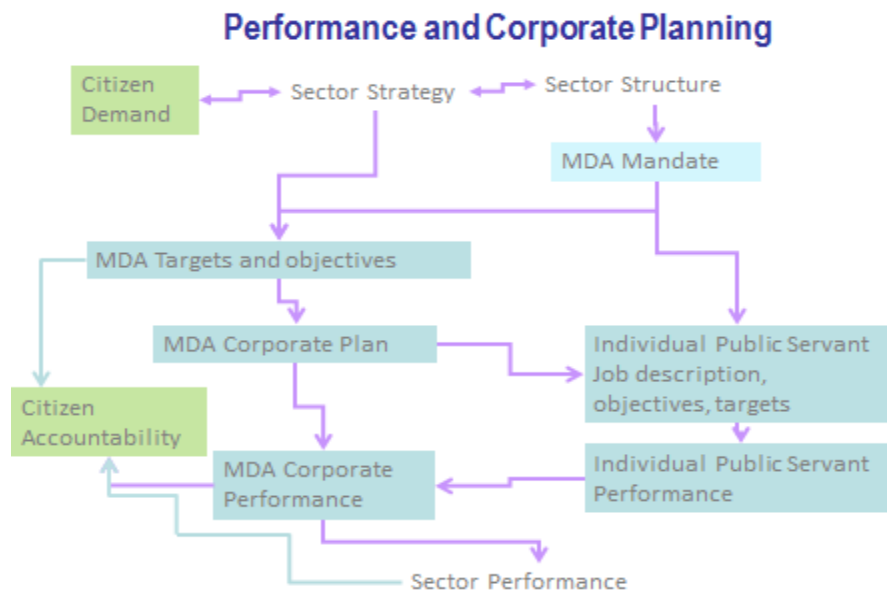
The next stage is how to organise the functions, systems, processes and structures of the MDA. The starting point for reorganisation is to conduct functional, process and structural reviews which involve clarifying core functions (derived from the mandates and medium-term objectives), identifying service delivery processes, and ultimately re-aligning the structure of the MDA (the departments, units etc.) so they can most effectively and efficiently deliver these functions and processes. The end of this stage is deciding on the overall structure of the organization and its departments.

During the next stage, the human resources of the MDA will be reviewed in more detail for each department, section, and unit vis-à-vis the staff. The result is to produce an Establishment plan for the MDA. This involves identifying the key posts, analyzing jobs, drawing up job descriptions and linking the jobs to the salary grades and looking at budgets. The Establishment plan will form the basis for developing a Workforce plan, that is, matching existing workforce with the new Establishment plan. This will highlight those areas requiring repositioning of staff, workforce training, and/or recruitment (internally or externally) and will culminate in the preparation of a Workforce plan. Ultimately each employee will have a clear job description from which annual targets can be derived which will provide the basis for individual performance assessment. The workforce plan will also enable the MDA to provide individual career development and training plans for its employees.

Corporate Planning and MDA Performance

A corporate plan guides the management and staff of the MDA in a cohesive effort to carry out its mandate. The goal is to enhance individual, directorate, MDA and sectoral performance. How corporate planning fits with the bigger picture of MDA and sector performance, including public service accountability to citizens is illustrated below in figure 2.

Figure 2: Performance and corporate planning



Corporate Planning: Transformation and Change Management

Corporate planning is a process of enabling the MDA to be more agile in the present fast-moving world where institutions are being constantly challenged to keep pace with modern organisational developments. Change is all pervasive in terms of expectations, technologies, attitudes, politics, resource availability etc. MDAs therefore need to recognise that:

- Change is inevitable - it is better to harness it than ignore it
- Change is about people – it requires the active participation of all personnel
- Change is a perpetual process – requiring constant review of an MDA’s structure, systems and processes to achieve its mandates
- Transformation is about challenge and opportunity
- Transformation is about ownership by all stakeholders
- Transformation requires competent change agents to help steer the process
- Public service transformation and change are about providing better value for citizens
- Successful change requires a clear sense of direction and visible commitment from top management who can make complex issues easy for others to understand.

Leadership and top management support are crucial to the success of change management and corporate planning. The support should signal a readiness to embark on a transparent process which intends to achieve improvements in effectiveness, efficiency and service delivery. It should also signal commitment to follow through on whatever plans are produced without favour to any group in the process. Top management includes the Head of Service, Commissioners, Permanent Secretaries, Executive Secretaries, Director Generals, and Directors. They need to be committed to positive transformation and change and to initiate and drive the process. The following point to success:

- A sustainable approach to CP needs vision and leadership authority, both of which can only come from top management;
- Whilst top management should drive the process, they should do it by facilitating, guiding and enabling rather than simply imposing;
- People need to understand the reasons and objectives of the corporate planning process and see a plan for its implementation so management knows the direction it is heading;
- Communication and openness are essential to obtaining agreement and support from people within the system;
- This all implies a need for face-to-face communication, bottom-up, top-down and across the MDAs, as well as traditional written guidance to staff.

Corporate planning should, if managed successfully, inject energy into the organisation.

Introducing Corporate Planning into State

Once pilots have been identified, the following are the steps for CP:

1. Establish a top-level Steering Group to oversee the CP process
2. Establish an implementing group (Working Group) to lead in implementing the plan in pilot MDA
3. Clarify and communicate the mandate
4. Establish vision, mission and value statements
5. Scan the environment using the SWOT/PESTLE tool and situational scanning
6. Establish long-term goals, medium term objectives and performance criteria
7. Set medium term objectives and performance standards
8. Develop a service charter
9. Conduct functional, structural and process reviews
10. Develop an Establishment plan
11. Develop a Workforce plan
12. Produce and communicate the Corporate Plan
13. Identify lessons that have wider application in State MDAs

The Corporate plan formats

For each MDA involved in the Corporate Planning process a corporate plan will be produced that summarises the results of the process – it cannot be written in a vacuum without going through the process or it will lack value and be meaningless. More importantly it will not signal the changes that may be needed to improve performance.

The benefits to be derived from Corporate Planning

These benefits include:

For the State:

- confidence that the purpose and organisation of MDAs has been subjected to rigorous review and made clear to Commissioners and staff
- better understanding and articulation of long term and medium-term strategies and planning across the public services and specific organizations
- clarity about staffing across the public service and where changes may need to be made
- the mechanism to keep MDAs under regular review

For the MDA

- a holistic understanding of the MDA's purpose, structure, function and staffing issues
- a clearer link between resources and MDA's purpose and objectives
- information about current and future jobs, staffing and skill needs
- individual performance targets linked to MDA performance
- the means to better monitor performance and adjust plans

For individual employees

- a clearer understanding about the role and function of their MDA
- a clearer understanding about their jobs and how they can contribute to MDA performance
- more personal motivation and recognition for their contribution
- training and development that is related to jobs and personal capability.

Appendix 5: Modern and professional Human Resources Management

Human Resource Management

The Commission's leadership recognizes its workforce as its most important asset and is desirous of adopting the best HRM policies and practices necessary for improving service delivery. This will be achieved by effectively and efficiently managing its workforce and building a Commission that is well organised and whose staff have the right attitude, skills and motivation to deliver the State's long term strategic goals and medium-term objectives. This call for modernizing, and professionalizing the HR of the Commission to ensure HR responds directly to the specific needs of the organisations and its employees are better focused on performance and accountability. This will entail a strategic approach to HR and the active and proactive management of organisation-specific talents.

Modernising Human Resources

The concept of modern HRM allows for efficiency, economies of scales and for "creativity" and/or "flexibility" in managing talent to ensure optimal performance and therefore the efficient and effective delivery of public goods and services. Modern HRM values teamwork over individualism and focuses on the customers rather than on self. Modern HRM recognizes the value of multicultural and diverse workforce in an increasingly diverse labour pool given that the modern form of organization is based on a network of alliances and partnerships, not on the self-sufficient hierarchy.

Professionalising Human Resources

Professionalising HR calls for HR being manned by professional HR strategists/managers and officers who have important and strategic roles to play in organising and managing talents based on their distinct roles and responsibilities. Professional HRM is the process of managing people in organisations in a structured and comprehensive manner and is concerned with managing the critical employer and employee relationship from entry to exit for effective engagement of people in achieving the strategic objectives of their organizations.

Professional HR officers have an important and strategic role in managing talent in a structured and comprehensive manner; it is concerned with managing the critical employer and employee relationship for effective engagement of people in achieving the medium term strategic objectives of their organizations.

Professional HRM focuses on all aspects of how talents are employed and managed in organisations and covers all HR functions from entry to exit which include: a) Strategic HRM, b) Human capital management, c) Knowledge management, d) Organisational development, e) Resourcing, f) Workforce planning g) Recruitment and selection, h) Talent management, i) Learning and development, j) Performance and reward management, k) Employee and Industrial relations, l) Employee well-being, m) provision of employee services, and n) Social responsibility. The scope of responsibilities for HR calls for professionals such as HR strategists and managers. These functions will be continuously tracked and monitored throughout the process using: i) KPIs and Accountability, ii) Performance Management. Professional HRM is usually concerned with supporting the organisation in achieving its strategic long-term goals or medium-term objectives by developing and implementing human resources (HR) strategies that are:

- Integrated with the strategic goals of the organisation;
- Contributing to the development of a high-performance culture;
- Ensuring that the organisation has the talented and engaged people it needs;
- Creating a positive employment relationship between management and employees and a climate of mutual trust; and
- Encouraging the application of an ethical approach to people management.

Strategic human resource management (SHRM) adds human resource attentions with other physical, financial, and technological means in the setting of goals, solving difficult people and organizational problems and the implantation of a set of strategies and practices that will ensure employee pool of skills, knowledge, and capacities that are relevant to strategic organizational goals. SHRM is therefore intended to enable the organisation:

- Link HR actions with competency based performance measure, and
- Link HR actions with efficiency in the delivery of public goods and services.

It is very important to do the following:

- Sensitising stakeholders;
- Identifying a change manager/team that is committed to driving the modern and professional HRM;
- Communicating with internal and external stakeholders throughout the process is important to achieve a degree of ownership and enhance success. A simple communication strategy may be developed.

Human Resources Management Roles

The roles of the HR professionals that will be deployed to the new HR Section of the Commission are: i) HR strategist, ii) HR managers, and iii) HR technical administrators. The HR strategist will report to the Head of HR department (GL16) who in turn will report to the Deputy Chairman. The Table below provides a high-level overview of the professional HRM roles that could be used.

Summary of roles and job descriptions for HRM professionals

ROLE	DESCRIPTION
HR Strategist Senior professionals (GL 14-17)	<ul style="list-style-type: none"> • Aligning HRM with Commission’s and government’s strategy • Ensuring service standards and delivery • Strategic people planning and policy • Proactive management of long-term change
HR Manager Mid-level professionals	<ul style="list-style-type: none"> • Working with specific teams/departments to develop personalised HR solutions for individual groups • People management

(GL 12-14)

- Employee champion

**HR Personnel
Technical
administration
(GL 08-10)**

- Personnel administration
- Functional services
- Operational services focused on compliance with rules
- Service-wide processes
- Short term/day-to-day activities

HR Strategists (senior professionals – GL 14 - 16 depending on size of the Commission)

- They guide and manage the overall provision of HRM services for the Commission.
- They advise on HR strategies and Commission-specific HR policies and ensure that all HR functions are operating to an agreed standard.
- They originate and lead HR practices that provide an employee-oriented, high performance culture that emphasises empowerment, quality, productivity and standards, goal attainment, and the recruitment and on-going development of a superior workforce.
- They are responsible for capacity building

HR Managers (mid-level professionals – GL 12 -14 depending on size of MDA)

- They are the acknowledged 'go to' person for specific HR issues.
- They have intimate knowledge of all officers in each team, department, section or unit.
- They proactively seek to identify HR issues and work to develop tailored HR solutions to ensure each team, unit, section or department can achieve their specific goals.
- They are responsible for ensuring individual officers have necessary knowledge/skills required for optimal performance.

HR Personnel (technical administrators – GL 8 - 10)

- HR Personnel help with the administration of all day-to-day operations of the HR department and assist the HR Managers and Strategists with their duties as directed.

This reform of modernising and professionalising of staffing will ensure the Commission can competently and strategically manage its staff to achieve their strategic objectives.

Distinction between professional HR and personnel administration

Professional HR

Personnel Administration

HRM professional is trained to proactively identify and nip in the bud minor problems that, left unchecked, can develop into formal issues e.g. absenteeism, lack of motivation at work, poor work ethic, etc..

A professional HRM model acknowledges that the HR issues and needs, and therefore solutions, may be MDA-specific, and sometimes department-specific - and professional HRM officers in individual MDAs have a key role to play in tackling these.

By design, administrative officers are good 'all-rounders' but the roles they play, and the structures in which they work do not allow for the development of the technical HR skills needed to address the fundamental 'people problems' prevalent in the organisation.

Administrative models often assume a 'one size fits all' approach to people management, with little autonomy given to individual MDAs, departments and units.

Professional HR staff may be recruited. However, the leadership of the Commission could consider giving existing personnel administrators (administration cadre) who have either had some training in modern HRM or have been doing similar jobs in Admin Department the opportunity to convert to HR. Such administrators will need to undergo some professional HR training. The general staffing of the new HR duty posts will be at the discretion of the Head of the new HR Department, PS and the Deputy Chairman. Each employee will have a detailed supporting job description. Forward HR planning will include gender balance and social inclusive policies and practices to guard against discrimination, and succession planning.

Appendix 6: Samples of Employee assessment tools

Self-Appraisal Template

Name:

Job Title:

Department:

Supervisor

Name:

Rating Period:

Please assess your job performance over the past year against the objectives set:

What do you consider to be your most important accomplishments in the past 6/12 months?

What challenges made it difficult to meet the performance objectives set?

Assess how you demonstrated the competency requirements defined by your MDA?

What additional skills, abilities and behaviours are needed for performance improvement in the coming year?

Please list any special accomplishments, awards, activities or recognitions:

Additional comments:

Signature:

Date:

Manager Appraisal Template

PERSONAL INFORMATION

Key Data	
Appraisee Name:	Employment Date:
Present Position:	MDA:
Division/Branch/Unit:	Last Appraisal Date and Overall Appraisal Score:
Appraiser Name:	Department Supervisor:

Instructions
<p>[insert here]</p> <p>The appraisee is the officer being assessed.</p> <p>The appraiser is the superior officer making the assessment.</p>

Scoring Scale
<ul style="list-style-type: none"> • Score 5 – Exceeds the performance objectives set in ALL areas • Score 4 – Exceeds the performance objectives set in SOME areas • Score 3 - Meets requirements, as defined by the set performance objectives • Score 2 - Inconsistent performer against the performance objectives set • Score 1 - Below the required performance standards defined by the set performance objectives

ASSESSMENT OF PAST PERFORMANCE

MDA/Dept Objectives		
Objective 1: [Defined by PS/HOD and inserted by HR Dir during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Assessment Score: [insert 1-5]
Objective 2: [Defined by PS/HOD and inserted by HR Dir during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]
Objective 3: [Defined by PS/HOD and inserted by HR Dir during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]

Individual Objectives		
Objective 1: [defined and inserted by appraiser during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]
Objective 2: [defined and inserted by appraiser during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]
Objective 3:	Comment:	Score:

[defined and inserted by appraiser during last appraisal round]	[appraiser to insert evidence/examples of how officer has met/not met this objective]	[insert 1-5]
Objective 4: [defined and inserted by appraiser during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]
Objective 5: [defined and inserted by appraiser during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]
Objective 6: [defined and inserted by appraiser during last appraisal round]	Comment: [appraiser to insert evidence/examples of how officer has met/not met this objective]	Score: [insert 1-5]

Overall Appraisal Score
Overall Appraisal Score (1-5):
Appraiser Comment:
Appraisee Comment:

OPPORTUNITIES FOR DEVELOPMENT

Tick the appropriate score against each competency listed. [The core required competencies are defined by the Perm Sec/HOD during each appraisal round]

	Score 5	Score 4	Score 3	Score 2	Score 1
Technical knowledge					
Communication skills					
Attitude					
Change management skills					
Interpersonal skills					
Problem solving skills					
Initiative					
Punctuality					
Reliability					
Leadership skills					
Management skills					

SETTING OBJECTIVES FOR THE FUTURE

The appraisee is expected to work towards the below performance objectives over the next 6 months, after which time the officer will be formally appraised against the objectives set.

MDA/Dept Objectives
Objective 1: [To be defined by PS/HOD and inserted by HR Dir for assessment during next appraisal round]
Objective 2: [To be defined by PS/HOD and inserted by HR Dir for assessment during next appraisal round]
Objective 3: [To be defined by PS/HOD and inserted by HR Dir for assessment during next appraisal round]

Individual Objectives
Objective 1: [To be defined by appraiser for assessment during next appraisal round]
Objective 2: [To be defined by appraiser for assessment during next appraisal round]
Objective 3: [To be defined by appraiser for assessment during next appraisal round]

Sign Off		
Appraisee Sign off:	Appraiser Sign off:	Dept Supervisor Sign off:

360 Degree Appraisal Template

NAME OF OFFICER BEING APPRAISED _____

JOB TITLE OF OFFICER BEING APPRAISED _____

MINISTRY OF OFFICER BEING APPRAISED _____

DEPARTMENT OF OFFICER BEING APPRAISED _____

DATE 360° APPRAISAL SUBMITTED _____

Please take some time to respond to the following questions. All feedback provided will be treated in the strictest confidence and remain anonymous. Completed forms should be submitted directly to the superior officer.

1. Please describe your working relationship with the officer being appraised and how often you come into contact.

2. Please list 5 strengths of the officer being appraised:

3. Please list at least 2 things the officer might do to improve their performance on the job:

Please provide the following additional information:

Thank you for taking the time to complete this form.

Examples of Skills Requirements in the OHoS

1.	Data/Information gathering skills	2.	Data collation/analysis skills
3.	Analytical skills	4.	Documentation/ Record keeping skills
5.	Memo drafting skills	6.	ICT skills
7.	Oral and written communication skills	8.	Supervisory skills
9.	Official minutes drafting skills	10.	Coordination skills
11.	Planning skills	12.	Decision making skills
13.	Monitoring and Control skills	14.	Negotiation/bargaining skills
15.	Interviewing skills	16.	Numerical skills
17.	Problem solving skills	18.	Electronic data processing skills
19.	Leadership skills	20.	Organizing skills
21.	Relationship building skills	22.	Team building skills
23.	Crisis management skills	24.	Mediation skills
25.	Counseling, Coaching and Mentoring skills	26.	Speech writing skills
27.	Oratorical skills	28.	Speech presentation skills
29.	Creative thinking skills	30.	Book keeping skills
31.	Budget preparation/control skills	32.	Meeting/Committee chairing skills
33.	Research skills	34.	Time management skills
35.	Electronic record keeping skills	36.	Project management skills

General HR Competencies

For example: All HR officers are expected to demonstrate the below behaviours in all aspects of their work, as well as completing their basic technical and operational tasks. These competencies will be used to review, manage, promote and train HR staff.

- Strategic thinking
- People management and leadership
- Value for money and resource awareness
- Personal drive and effectiveness
- Professional behaviour
- Results achievement
- Continuous learning
- Intuitive/creative thinking
- 'Customer focus'
- Communication