# Our Approach

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# Change Processes in Health Sector Institutions

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**The Start**

Key to plan:g's understanding of health in developing and threshold countries is the way we perceive the need for change in developing societies, and the way we understand change process dynamics. The demand for change usually comes from different stakeholders – from within the people working in health service, from beneficiaries of these services, governmental organisations, funders or any other party.

**Overview: Phases of Change**

Our experience shows that change processes in health sector capacity development projects undergo three different phases. These relate to the classic phases of changes processes in organisations (described by Kurt Lewin). Although intercultural dynamics are quite complex, plan:g experienced that across cultures organisations/institutions show need and longing for reassessing their situation in order to increase impact. Also, organisations/institutions are in need of re-stabilizing ("freeze") after introducing measures and re-adjust structures necessary to increase outcome, efficiency, effectiveness and sustainability.

| *Unfreeze* | *Move* | *Freeze* |
|---|---|---|
| Realizing the need for changes. Initially denial and resistance, gradually acceptance and preparing for changes, decision making and mobilization. | The actual change process. First trials for and implementation of new patterns of behaviour, trying to arrive at the proper new situation. Organizational and personal learning processes, acquiring new knowledge and skills, settling new patterns. | The new desired situation is achieved and needs stabilization and consolidation. The organisation will be capitalizing on the results, some fine-tuning may however still be required. |

**In Detail: What's happening when?**

The first phase - unfreeze - is very intensive, both for the health institutions, plan:g, and local consultants. Quite some consultations with higher management and key staff will be necessary to get acceptance and commitment for new concepts and ways of working. Alternatives have to be discussed, decision making is required before the actual ‚go'-signal will be given. This phase will require ample presence and assistance from consultants to ‚energize' the health institution, and to ensure that the institution will indeed "unfreeze". That means: plan:g will coordinate assistance and regular coaching of all relevant stake-holders in the unfreezing-processes. The course of activities will be very dynamic. Consultants need to be there very frequently and quickly, to steer and act on dynamics.

The second phase - move - is already less stressful: there is broad acceptance for changes, new perspectives become visible. Yet, the early steps may be sometimes difficult: capacity building is required, new systems and procedures need to be defined. This also requires full attention, notably to overcome initial resistance in case the first steps on the new path are not immediately a success.

plan:g will continuously need to assist and coach the intstitution in the change process that is on the move. That means steering, facilitating and motivating. The course of activities is far better ‚plannable' than during the first phase.

The third phase - freeze - requires that the achievements will be consolidated and built upon. The health sector institution is now well-able to do the right thing in the right way and is in "the driver's seat". It may however need assistance to monitor, for more ‚advanced' topics and make some fine tuning adjustments. plan:g's support can gradually be reduced, also to make it clear that the utility is now in charge.

The three aforementioned typical phases in change-processes will be reflected in the deployment of plan:g's international and national experts, in order to use the expert resources in the best and most efficient way:

- During the first phase there will be ample presence of experts, both international experts and local experts. Expert's team will be fully operational, working with the health sector institution to unfreeze and set the stage. They will be often in and working with the utilities, or be there nearly immediately when the need arises. So, planned as well as on call.
- During the second phase, the course of the activities is more stable. Experts will be permanently available for the utilities, albeit at a somewhat lower intensity than during the first year. Working with the institutions is more ‚plannable' in advance, but when the need arises, experts will be with the institution in relatively short notice.
- The third phase will be a year of gradual stabilization . Intensity of consultants support will gradually be reduced. We will be there and available far more planned and efficient intervention; ‚on appointment' rather than ‚on call'.

*Mtindo wa ushauri*

Kuwezesha uelewa wa udhibiti wa mabadiliko, haja ya mabadiliko na faida zake katika ngazi mbali mbali (provinsi, makao makuu, nyumba kuu…) na kati ya wadau mbali mbali.

Shughuli zote zinafanywa kwa kuwashirikisha walengwa ili kuhakikisha kuwa wanaukubali na hivyo kuwa na mwendelezo katika mwelekeo huu wa fikra bila kuhitaji washauri tena kwa mambo hayo hayo siku za baadaye wala kuwa na haja ya msukumo kutoka nje kwenye utekelezaji wa mipango, amali na mtindo wa utendaji.

*Approach and Methodology*

We seek to facilitate understanding and support of change management, its needs and benefits at various levels (province, generalate, mother house…) and among various stakeholders.

All activities are carried out in highly participative ways. Our methodology ensures ownership and sustainability. Ensuring commitment for change avoids future expenses and additional consultancy missions.

The change prosess in health sector capacity development projects embraces three main areas: Good Governance, Management of Material Resources, and Human Resource Management:

## 1. UTAWALA BORA

Kufanya uchambuzi wa utawala wa shirika mintarafu karama, maono na utume wake kuhakikisha umoja, utengamano na kujituma hasa uongozi wa juu katika mazingira halisia;

Kutengeneza au kuboresha mfumo wa utawala wa shirika kwa vigezo muhimu kadiri ya karama na kazi za shirika;

Kuunda bodi za vitengo au idara zinazojitegemea;

Kufundisha wajumbe wa bodi na vyombo mbali mbali juu ya utekelezaji wa majukumuu yao;

Kuandaa mipango mkakati (strategic plans) ya shirika kwa viwango vinavyokubalika;

Kuwezesha uelewa wa kodi na tozo mbali mbali zinazohusu shirika kama vile sheria za kodi;

Kuwezesha uelewa wa sheria na taratibu muhimu kadiri ya shughuli za shirika: taratibu za kanisa na serikali kuhusu afya, elimu, ustawi wa jamii nk;

Kuwezesha utengenezaji wa sera na vijisheria (by-laws) kuhusu shughuli za shirika kama vile ulinzi wa makundi yaliyo hatarini (protection of the vulnerable) nk;

Kudodosa uwakili (stewardship) kati ya watendaji wakuu wakiwemo wafanyakazi wasio watawa;

Kuandaa mfumo rasmi wa utawala (governance manual) kwa ajili ya rejea ufuatiliaji na tathmini;

## 1. GOOD GOVERNANCE

Carry out organisational assessment in accordance with the charism, vision and mission of the congregation to identify areas for improvement in the context in which the congregation operates;

Prepare or improve the governance system in accordance with the charism and main activities of the congregation;

Formulate governing boards for self-accounting units and departments;

Train members of governing boards and other organs on their core duties;

Prepare conventional strategic plans for the congregation;

Carry orientation on various taxes and levies impacting the operations of the congregation;

Facilitate understanding of various policies and regulations, church and state, related to core activities of the congregation: policies on health, education and community development etc;

Prepare policies and by-laws on congregational operations including policy on protection of the vulnerable etc;

Survey on stewardship among main actors including lay personnel;

Prepare formal governance manual for guidance, reference and Monitoring and Evaluation;

## 2. USIMAMIZI BORA WA MALI ZA SHIRIKA

Kufanya uchambuzi wa usimamizi wa fedha na mali za shirika ili kupata maeneo yanayohitaji maboresho Kutengeneza au kuboresha mfumo wa usimamizi wa fedha (financial management sytems) – kanuni za usimamizi wa fedha; miongozo ya usimamizi wa fedha, mfumo wa manunuzi na uhifadhi wa mali ghalani, jedwali la mali za kudumu nk;

Kufundisha mambo ya msingi kwa watendaji wanaohusika na usimamizi wa fedha;

Kuwezesha uelewa wa sheria na kanuni zinazohusu mali za kudumu: sheria ya ardhi, sheria ya serikali za mitaa nk;

Kudodosa fursa za kuhakikisha shirika linajitegemea kwa kutumia fursa mbali mbali kwenye mazingira na kwa wadau wake. Hii ni pamoja na uelewa mpana wa tabia na mahitaji ya wafadhili mbali mbali (donor shift syndrome and core requirements) pamoja na undelezaji wa miradi;

## 3. USIMAMIZI WA RASILIMALI WATU

Kuchambua usimamizi wa rasilimali watu katika makundi mbali mbali;

Kuandaa sera na miongozo kuhusu rasilimali watu (human resource policy and guidelines);

Kujadiliana na wafanyakazi kuhusu uwakili mahali pa kazi na kufanya kazi pamoja (stewardship and team work among staffs);

## 2. OPTIMUM MANAGEMENT OF MATERIAL RESOURCES

Carry out financial and property management assessment to identify areas for improvement; Prepare or improve financial management systems: financial policies, financial accounting manuals or guidelines, procurement systems, assets register etc;

Actually train finance personnel in basic financial management skills;

Carry out orientation on laws, rules and regulations impacting the assets of the congregation: land laws, local government laws etc;

Strategizing for financial sustainability using locally available strengths and opportunities as well as potential stakeholders. This includes probing into donor shift syndrome, donor core requirements and project development;

## 3. HUMAN RESOURCE MANAGEMENT

Assess human resource management practices in the various categories of personnel;

Prepare human resource policy and guidelines;

Engage in consultative engagement with workers on stewardship and team-work;