# Leadership, Management and Governance Training

## Participant manual



Revised: August 2020

# Contents

# Foreword

Building excellence in leadership, management, and governance is one of the key pillars of the health sector transformation plan of the Federal Ministry of Health (FMOH). This plan identified capacity gaps in leadership, management, and governance. These gaps are prevalent at all levels of the health system and include: inadequate capacity to implement decentralized health systems; low utilization of health services; inadequate follow-up on implementation of policies, guidelines, standards and protocols; slow and erratic implementation of Business Process Re-engineering (BPR); inadequate coordination of public-private partnerships in health; weak governance structures for the implementation of health sector plans; and weak financial management in the health sector, including inadequate capacity for fund liquidation, reporting, and auditing.

Although a historically popular response to such capacity gaps, the FMOH, has strongly endeavored to improve the capacity of health workforce. And consequently, FMOH has instituted a process for harmonizing, standardizing and accrediting in-service training programs to ensure high-quality responsive programs that are needs-based, and locally owned and delivered. Following this process leadership, management and governance in-services training packages have been developed and approved by Federal Ministry of Health. The packages have facilitators' and participants' manuals and accompanied handouts for senior (FMOH/RHB), District and facility level managers and leaders.

The LMG training is designed to build their leadership management and governance capacities where by improved the work climate, management systems and individual responsiveness to change. This helps to improve their performances at all levels in delivering quality health services in an equitable manner to ultimately improve the health outcomes.

*Assegid Samuel Cheru*
*Human Resource for Health Development Directorate*
*Director*
*Ministry of health- Ethiopia*

# APPROVAL STATEMENT OF THE MINISTRY

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at a national level. As part of this initiative, the ministry developed a national in-service training directive and implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation guide to ensure the quality of in-service training materials. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

As part of the national IST quality control process, this Leadership, Management, and Governance/LMG IST package has been reviewed based on the standardization checklist and approved by the ministry in September, 2020.

*Assegid Samuel Cheru*
*Human Resource for Health Development Directorate*
*Director*
*Ministry of Health- Ethiopia*

# Acknowledgment

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*Jemal Mohammed (MSH/LMG project)*
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*Alemneh Kabeta - Hawassa University College of Medicine and Health Sciences*
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*Assefa Gebeyehu – MSH-LMG Ethiopia project*
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*Firehiwot Getahun - MSH-LMG Ethiopia project*

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*Dereje Ayele- HWIP, MSH Ethiopia*
*Tegene Arega- MoH*
*Takele Yeshiwas- MoH*
*Tollera Geremew- MoH*
*Moti Tollera-Harpmaya University*
*Haregewoyn Zelalem- MoH*
*Ibrahim Yimer- EMwa*
*Dr. Eskinder Wolka-* IPHCI
*Geta Asrade- University of Gondar*
*Bekele Chaka - EPHA*
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*Lensa Zekaria- MoH*
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*Dr. Messele Damte- JSI*
*Getnet Kaba- EMA*
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## acronyms

| | |
|---|---|
| BPR | Business Process Re-engineering |
| BSC | Balanced Score Card |
| CBA | Cost Benefit Analysis |
| CEA | Cost Effectiveness Analysis |
| CEO | Chief Executive Officer |
| FMOH | Federal Ministry of Health |
| FP | Family Planning |
| GTP | Growth and Transformation Plan |
| HAD | Health Development Army |
| HEWs | Health Extension Workers |
| HIS | Health Information System |
| HMIS | Health Management Information System |
| HSDP | Health Sector Development Program |
| HSEP | Health Service Extension Program |
| IPLS | Integrated Pharmaceutical Logistic System |
| LDP | Leadership and Development program |
| LMG | Leadership, Management and Governance |
| LMIS | Logistic Management Information System |
| MBB | Marginal Budgeting for Bottleneck |
| MDGs | Millennium Development Goals |
| NCDs | Non Communicable Diseases |
| NGOs | Non-Governmental Organizations |
| NHA | National Health Account |
| NPG | New Public Governance |
| NPM | New Public Management |
| PA | Public Administration |
| PFSA | Pharmaceutical Fund and Supply Agency |
| PHC | Primary Health Care |
| RHB | Regional Health Bureau |
| SDGs | Sustainable Development Goals |
| SWOT | Strength Weakness Opportunity and Threat |
| TB | Tuberculosis |
| WCA | Work Climate Assessment |
| WHO | World Health Organization |
| ZHD | Zonal Health Department |

## Leadership, Management & Governance Training Modality

### Guiding Principles

There is strong evidence to support major investment in the capacity building of health managers in leadership, management, and governance, especially in low and middle income countries like Ethiopia. The high degree of inter-relationship between leadership, management, and governance and also the fact that many health sector assessments in these countries have shown deficiencies in all three components, supports an approach that brings together the three areas in one training program.

At the heart of the 6-9 month team based program are the teams as they learn a proven method of leading, managing, and governing skills/practices through their project to tackle challenges and produce measurable results in line with the overall organizational mission and strategic priorities of their organizations.

The following principles should be considered in the implementation of this training material:

- Evidence based informed decision making
- Gender responsiveness
- Focus on health outcomes
- Focus on team spirit
- Relevance to local context and needs
- Value for resources and sustainability
- Stakeholder engagement and alignment
- Application of LMG to priority health challenges

**Key LMG Team Based Project Activities:**

- **Senior Alignment Meeting/Stakeholders Meeting:** Key organizational stakeholders attend the very first LMG meeting; the Senior Alignment Meeting; and the Results Presentation Meeting, which comes at the end of an LMG program when participants present what they have accomplished. These three meetings generate commitment and ownership of the LMG's leadership development approach among these stakeholders over the course of the program.
- **LMG workshops:** Representatives of participating teams attend four workshops, each lasting three to four days. They learn the leading, managing, and governing practices that will enable them to work toward a measurable goal. At the end of the workshops, they bring what they learn back to their full teams.
- **LMG Team Based Project:** Teams decide on challenges they can affect that are priorities for their organizations. They then align and mobilize resources to implement action plans to address those challenges. Each team develops their own challenge model for tackling the critical organizational challenges in a systematic and structures fashion through exercising the leadership, management, and governance practices. Teams monitor and evaluate their progress towards desired results by identifying specific

indicators based on their priority actions.

- **Team meetings:** In meetings at their workplaces in between workshops, participants transfer what they learn to the rest of their work teams and complete assignments related to their challenges. Managers can lead meetings to review progress and topics covered in the workshop as well as provide feedback and support to their teams.
- **Region/district/directorate wide team meetings:** Regional and/or district/directorate team managers lead monthly meetings to learn together and support one another.
- **Coaching visits**: Facilitators or local managers meet with teams between workshops to review program content. Coaches support the teams in monitoring and evaluating their work on the LMG team project. They also support teams as they prepare their presentations for stakeholders.

**Training Timeline**

**When do activities occur?**

- LMG training begins with six to eight days of Training of Facilitators (TOF) followed by a one day Senior Alignment Meeting (SAM)
- Workshop #1: typically LMG training begins with a 6 - 8 day Training of Facilitators (TOF) followed by a 1 day Senior Alignment Meeting (SAM) . Workshop #1 immediately follows the one day SAM and lasts for three days.
- Workshop #2: This follows approximately six weeks after Workshop #1 and takes four days.
- Workshop #3: This should be scheduled four to eight weeks after Workshop #2 and takes three days.

Workshop #4: This should be scheduled six to 10 weeks after Workshop #3 and takes two to three days. Teams need adequate time between Workshops #2 when teams develop their action plans and Workshop #4 when they present results.

# Introduction about the manual

It is widely recognized that health managers should regularly update their technical and managerial skills to perform optimally and contribute to national and global health targets.

Health managers operate in an increasingly complex health environment that is characterized by epidemiological, economic, social, demographic, political, and technological turbulence in the midst of rising consumer expectations. The skillset and competencies that health managers are required to have in order to perform satisfactorily within this kind of environment are vastly different from what they were a decade ago. In particular, health managers need to have deeper and broader leadership, management, and governance skills to meet the evolving challenges of their jobs. The situation is further compounded by the fact that the current crop of health managers in most low- and middle-income countries (LMICs) was not equipped with leadership, management, and governance skills as part of their pre-service training.

The fact that younger health managers often coming in to the leadership, managerial position as a result the require leadership, governance and managerial skills to address the numerous challenges associated with the delivery of health services in the country.

Unfortunately, the implementation of these approaches that include scaling up pre-service and in-service leadership, management, and governance training fall way short of the need and are largely limited to pilot initiatives.

The World Health Organization (WHO) lists leadership and governance as one of the six interrelated health systems building blocks. The other health systems building blocks are service delivery; health workforce; health information system; medical products, vaccines and technologies; and health systems financing. Certainly leadership and governance are essential for the realization of the other five. According to WHO, leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design, and accountability.

Various assessment reports have recommended capacity building on leadership, management and governance in order to address the critical gaps in the health sector. These areas of improvement include the capacity to: implement a decentralized health care system; improve the utilization of health services; systematically follow-up on the implementation of policies, guidelines, standards and protocols; implement reforms in a timely manner; and enhance the coordination of public-private partnerships in health.

For senior managers responsible for managing health systems at different level to be up to expectations, well-tailored and need based training would be quite instrumental. This participant manual with the accompanied facilitator's guide, therefore, anticipates filling the gaps and fostering the endeavor of the most important segment of the work force at FMOH and RHB.

**The following are the core competencies of this training manual:**

- Apply of Health System and Health Policy
- Analyse Leadership and Management for Health
- Apply the principles of health care Governance
- Mange Resources for Health

# Course syllabus

**Course description -** This five days' course is designed to equip participants with the necessary knowledge, skills and attitude required to lead, manage and govern the health system.

**Course goals: t**o improve the competency of health leaders working in the health sector with leadership, management and governance practices.

**Participant learning objectives**

By the end of this course, participants will be able to:

- Describe the health care environment and health system, policy, strategies and reforms in Ethiopia
- Improve leadership and management skills and practices
- Improve governance of health programs and institutions
- Demonstrate how leadership, management, and governance are linked with intermediate results and health outcomes
- Leverage reliable tools and processes for defining and addressing challenges
- Produce measurable results through team projects that support organizational mission and vision
- Distinguish basic concepts of leadership, management and governance at various levels
- Use leadership, management and governance skills to accelerate the performance of the Health-Development Army
- Manage health service resources (health information, financial, material, human power/personnel, pharmaceutical and other logistics) effectively and efficiently

**Training methods**

- Interactive presentation
- Group based learning
- Individual reflection
- Portfolio
- Project work
    - Workshop #1: typically LMG training begins with a 6 - 8 day Training of Facilitators (TOF) followed by a 1 day Senior Alignment Meeting (SAM) . Workshop #1 immediately follows the one day SAM and lasts for three days.
    - Workshop #2: This follows approximately six weeks after Workshop #1 and takes four days.
    - Workshop #3: This should be scheduled four to eight weeks after Workshop #2 and takes three days.

- Workshop #4: This should be scheduled six to 10 weeks after Workshop #3 and takes two to three days. Teams need adequate time between Workshops #2 when teams

- **Training materials**
  - Participant manual
  - Facilitators guide
  - PowerPoint
  - Video
  - LCD, Laptop, Flip chart
  - Checklists
  - Worksheet

**Participant selection criteria-** Health leaders currently working at senior managerial position are eligible for LMG training

**Trainer selection criteria**

**-** Technical working group members, who developed this training package or
- Health Leaders who took TOT training on LMG or
- Health leaders who took LMG basic training with Facilitation skills training

**Course evaluation:**

**Participant**

- **Formative –** Daily participant reaction, group work, individual reflection
- **Summative –** Posttest (35%), project work (65%)

**Course**

- Daily feed back
- End course

**Course duration: Six days' class room and 6 -9-month for project work**

**Course venue-** Accredited CPD center

- **Suggested class size-** 25 participants

**Certification criteria –** Participants who scored ≥ 70 % in the summative assessment both in post and project work will be certified

**Assessment**

**CEU- 15 CEUs**

# Course Schedule

Training Name: LMG

| Date | Time | Activity | Facilitator | Remark |
|---|---|---|---|---|
| Day one | 8:30- 9:00AM | Registration and  Well coming | | |
| | 9:00 AM – 5:30 PM | Module one: Health System and Health Policy | | |
| Day two | 8:30- 10:00 AM | Module one: Health System and Health Policy | | |
| | 10:00AM- 5:30 PM | Module 2: Leadership and Management for Health | | |
| Day three | 8:30- 5:30 PM | Module 2: Leadership and Management for Health | | |
| | 8:30- 5:30 PM | Module 2: Leadership and Management for Health | | |
| | 8:30- 5:30 PM | Module2: Leadership and Management for Health | | |
| Day four | 8:30- 10:00 AM | Module2: Leadership and Management for Health | | |
| | 10:00AM- 5:30 PM | Module 3: Governance for Health | | |
| Day Five | 8:30- 5:30 PM | Module 3: Governance for Health | | |
| Day six | 8:30- 5:30 PM | Module 4: resource management for health | | |
| | 8:30- 5:30 PM | Post-test and closing | | |

# Module One: Health System and Health Policy

Time: 8 hrs

**Module Description-** This Module is prepared to equip the participants with the necessary knowledge on the basic concepts and issues around existing and emerging health trends, health system strengthening efforts, policies, strategies and initiatives focusing on the Ethiopian context.

**Primary objective**- After completing this Module the participants will be able to:
Illustrate the health system, policy, strategies and reforms in Ethiopia as well as emerging, existing health issues and trends

## Enabling objectives

**After completing this module, participants will be able to:**

- Discuss existing and emerging health issues and trends
- Describe the current health policy, strategies and reforms in Ethiopia
- Analyze key health system building blocks and their interactions
- Analyse health policies related to public health

**Module outline**

1.1. Existing and emerging health issues and trends
1.2. Health system strengthening
1.3. Policy analysis
1.4. Summary

## 1.1. Existing and emerging health issues and trends


***Activity 1***
***Think – pair- share***

- *How do you describe existing versus emerging health issues and trends?*
  *Time: 10 min*

### 1.1.1. Existing Versus Emerging Health Issues

- Existing issues can be described as issues that happened before the last 10 years (as a cut off) and persist until now.
- Emerging issues can be described as health issues that have been emerging since the last 10 years.
- Some existing issues have new emerging components like water contamination and new toxic dumping practices.

**Important Global Health and Health Related Issues**

| | |
|---|---|
| **Major pandemics include:**<br>▪ *HIV/AIDS*<br>▪ *Malaria*<br>▪ *Tuberculosis*<br>▪ *Malnutrition*<br>▪ *Influenza*<br>▪ *Non-communicable (degenerative & chronic diseases)*<br>▪ *Avian influenza*<br>▪ *Acute respiratory syndrome*<br>▪ *Ebola*<br>▪ *Zika virus*<br>▪ *COVIS-19*<br>▪ *Dengue fever*<br>▪ *Chikungunya* | **Emerging macro health issues:**<br>▪ *Climate change, environmental degradation and deforestation*<br>▪ *Changing industrial and agricultural practices*<br>▪ *Water development projects (e.g., dams)*<br>▪ *Inappropriate or excessive use of antibiotics*<br>▪ *Substance abuse*<br>▪ *Increasing world population*<br>▪ *Changing life style*<br>▪ *Human Trafficking*<br>▪ *Road traffic accidents*<br>▪ *Immigration*<br>▪ *Internally Displaced Population ( IDP)* |
| **Extrinsic factors complicating health issues:**<br>▪ *Politics*<br>▪ *Inadequate/inappropriate policies/policy making*<br>▪ *Competition (Market)* | **Intrinsic factors complicating health issues:**<br>▪ *Different societal needs of different health care services*<br>▪ *Culture, societal morals and* |

| | |
|---|---|
| ▪ *Science and technology*<br>▪ *Economy*<br>▪ *Abrupt changes in international cooperation policies*<br>▪ *Globalization*<br>▪ *Urbanization/Industrialization*<br>▪ *Health security* | *philosophies*<br>▪ *Medical technology*<br>▪ *Universal (or socialized) health care*<br>▪ *Private health care*<br>▪ *Domestic financing* |

Over the last decades, Ethiopia has made great improvements in many health indicators, due in large part to a well-coordinated, extensive effort and intensive investment of the government, partners and the community at large in Primary Health Care (PHC) through the Health Extension Program and expansion of PHC units.

Despite considerable improvements, Ethiopia needs to show better results in the following areas:

- Neonatal mortality
- Under age 5 deaths
- Maternal mortality
- Mortalities due to HIV, malaria and TB
- Malnutrition
- Morbidity and mortality due to non-communicable diseases
- Neglected tropical diseases
- Utilizing modern family planning methods
- Health care referral system
- Harmonizing and aligning health projects with government plans
- Private sector participation in provision of public health services
- Treasury budget for health
- Trained health professionals
- provision of health supplies,
- vital statistics[1]

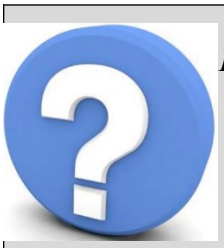
In addition, the following quality problems in the health care have been observed in both the public and the private sectors that requires due consideration by leaders/managers:

- Under-use of services
- Avoidable errors due to negligence/incompetency
- Shortage and inefficient use of resources
- Deterioration of health extension program
- Poor generation and utilization of health information
- Low or nonfunctional electronic health information and administration systems
- Poor record keeping
- Poor service delivery systems
- Lack of caring, respectful and companionate health professionals

[1] Mini EDHS, 2019

These shortcomings endanger the health and lives of all patients, add additional costs to the health care system, and reduce productivity. To achieve necessary improvements in health care quality, there is a need to improve management skills of senior leaders at different levels. The situations are aggravated by challenging situations like inefficient and ineffective utilization of financial resources, shifting burden of disease (epidemiologic transition), decentralization and devolution, more importantly by inadequacies on the key leadership, management, and governance skills.

### 1.1.2. Implication of Global and Local Health Issues/Trends on the Health Care System



***Individual reflection***

- *Explore the prevailing health care issues at the global and country levels.*
- *List the major ones in your organization and come up with simple trends that can show the changes observed over time. (use your own organization's data for this exercise)*
- *Using the trends identified discuss their implication on the health care delivery system and the health of the community you served*
- *Propose possible interventions in terms of LMG roles*
- *Share your consensus points to the plenary.*

**Time: 20 min**

**Implications of emerging health problems on health systems**

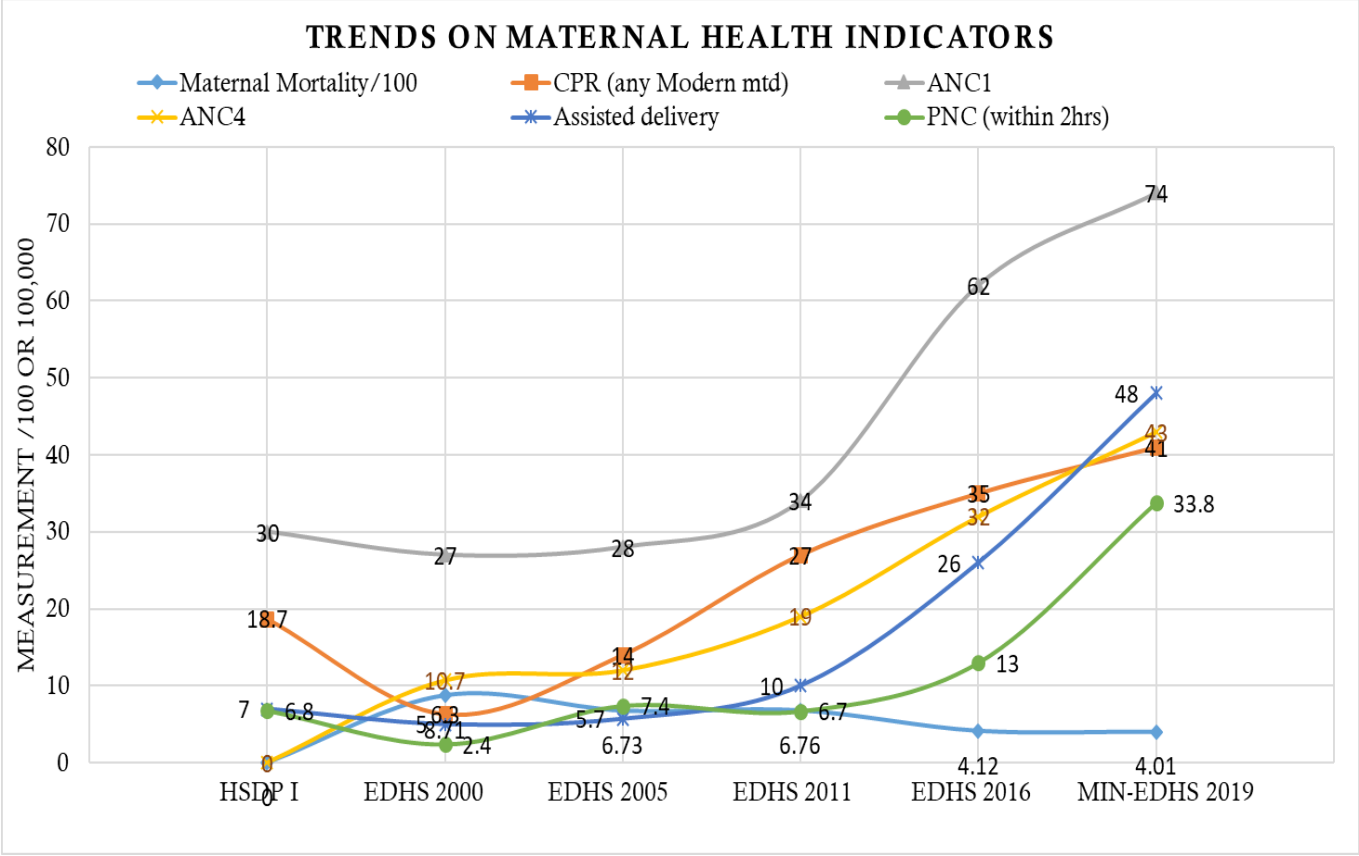
- Contrary to prevailing beliefs, 80 percent of non-communicable disease deaths today are in low- and middle-income countries. Systems for managing the continuum of care be it for HIV/AIDS or hypertension pose different demands from those needed for acute intermittent care. New delivery strategies may create new demands on the health system. For example, the shift from traditional birth attendants to skilled birth attendants has implications for staffing, for referral systems, and in terms of upgrading facilities to deliver emergency obstetric care.

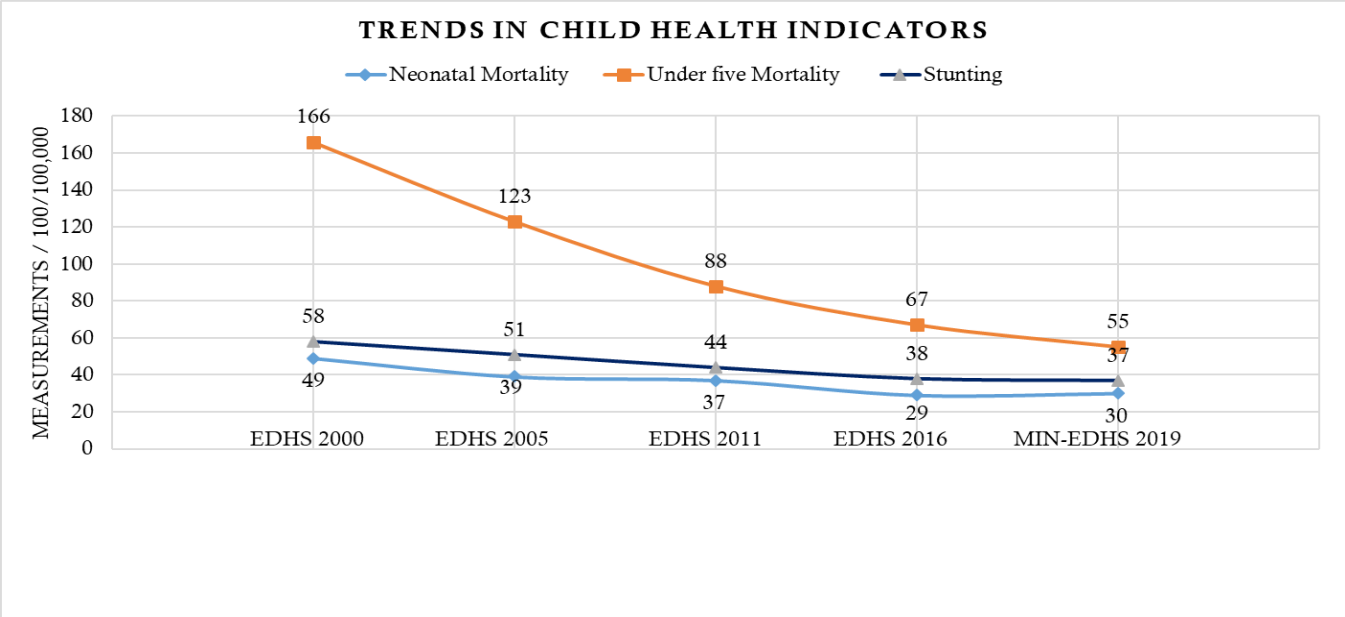
  On the other side, emerging health issues like COVID-19 is disease affecting people of any age, climate sex, social groups and race. These group not only affected but also transmit the virus to others. In addition to Social, Economic impacts such as (Monetary, Fiscal, account balance impacts and unemployment); it has also great health impacts of the globe. Increased rate of illness is expected to put pressure to the quality of health care in Ethiopia with potential service saturations and severe limitations for poorer households in terms of affordability and accessibility as well. Health services to non-COVID-19 related needs would diminish if health service providers are mobilized to respond to COVID-19.

- Health systems are evolving and have to continuously respond to the changing demographic and epidemiologic profiles of populations; rising expectations of a more educated customers a fast growing private health sector; rapid changes in medical technology; increasing influence of globalization; and the desire to rapidly expand services and achieve universal health coverage.

**Opportunities:**

- New delivery strategies create new demands on the health system
  - Staffing and referral system
  - Upgrading facilities
  - New approach for mental health and non-communicable diseases
  - And introduction to new drugs and technologies
- Internationally coordinated disease control system
- Linkage of community and health care organizations strengthen
- Decentralization
- Improved engagement of stakeholders
- Improved implementation of various reforms in the country
- Trends of health related indicators






The trends discussed above needs strong systems that can generate information for leaders and managers to make evidence based decision. A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. If the system is not functioning well to produce evidences on occurrences of diseases as discussed above could have resulted in worst outcomes in the lives of the people served by the health sector.

The trends and diseases burden you discussed above needs also a proactive leadership to respond promptly and safe lives. The leaders and managers are expected to establish clear goals and standards, and for which they are hold accountable to. Situations like these need also the health leaders' commitment to establish a mechanism under which the leadership/management explains its actions and decisions to stakeholders as well as to receive feedback for better performances. It is also important to indicate that several competing priorities should arise that need the attention of everyone in the sector. Several stakeholders including NGOs, research institutions will be involved in dealing with health care issues, and consequently it is imperative for the leader managers to make everything clear to stakeholders the behavior they should expect of the governance leaders, management, and staff as well as the criteria by which their performance might validly be judged.

***(Read annexed - hand out session I)***

## Health policy, Strategies and Reform

## 1.1.3. Health policy in Ethiopia [2]

**Group discussion**

- *Examine the health policy provided to you and clarify the major principles stated in the policy document.*
- *Discuss in your team how your strategic objectives and activities are aligned with the HSTPII/policy direction and any challenges encountered while executing your organizational tasks*
- *Write it on a flipchart and share to the larger group*
- *Time: 25 Min*

**National Health Policy of the Federal Democratic Republic of Ethiopia:**
**When the Ethiopian health policy developed and revised?**

The Ethiopian government with keen recognition of federal constitutional guidance and provisions , and the dynamics in epidemiology, demography, economy, climate and globalization on health of people; as well as appreciating the need to have a health sector that commensurate with needs of the people of middle income country, has revised health policy of the Federal Democratic Republic of Ethiopia as part and parcel of the country's socio-economic development taking into account the local, regional and global realities.

The revised health policy is the result of critical examination of the nature, magnitude and root causes of the prevailing health problems of the country and awareness of newly emerging and reemerging health problems. Besides, the policy perceives health as a human right and an investment to improve the economy of the country. It is designed as a platform to achieve the health outcomes that commensurate with middle-income country by 2025.

**Guiding Principles:**

- Focus on promotive, preventive, curative, palliative and rehabilitative aspects of health care through PHC approach.
- Quality health services (integrated health care delivery)
- Democratization of the health system
- Effectiveness
- Application of appropriate technology
- Evidence-based decision-making
- Sustainability

b site. **www.fmoh.gov.et**

**Policy Priorities:**

The Government of Ethiopia shall give priorities to health and health related programs or interventions that address health needs of majority of the people and/ or people on forefront of productivity, and health problems known to have high impact, threaten social, economic and environmental status if not addressed and reach hard-to-reach or less-privileged population to the extent the country's resource permit. Therefore, Essential Health Service Packages need to be revised accordingly.

Strategies that help realization of universal health coverage for essential health services will be prioritized based on sets of criteria including cost-effectiveness, priorities to most vulnerable, and financial risk protection. Service delivery platforms and mechanisms that help to expand coverage for high priority services will be given due emphasis. While doing so, the health system shall ensure no one is left behind with particular emphasis to disadvantaged people.

Health and health related programs or health service delivery mechanisms/platforms shall be carefully selected considering the following guiding principles:

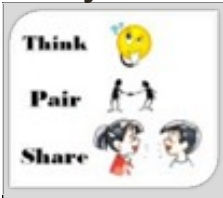
- Ensuring Access and effective coverage to health services
- Ensuring qualities of health care
- Ensuring Safety in range of providing health services
- Promoting self-reliance in health system
- Ensuring equity
- Embracing opportunities
- Addressing emergencies
- Continental/International/global commitments
- Strengthening effective partnership
- Ensure continuity/sustainability

Based on the above dimensions of setting priorities, a number of health programs are listed under capacity building section of the policy.

***(Read hand out session III- annexed)***

## 1.2. Health System Strengthening

### System thinking approach in leading and strengthening the Health System




***Think pair share activity***

*Concepts of health system and health system strengthening frame work in light of the existing health system components in your organization.*

*Take your organization as an example and explore the various departments/units in the context of a system. List down the various units/departments/sections and its interactions.*

-
- *10 min*

## K*ey terms*

***System:***

*A system is a set of interacting or interdependent components forming an integrated whole.*

***Health System:***

*The World Health Organization (WHO) defines a health system as the sum of the organizations, institutions, and resources whose shared primary purpose is to improve health. The broad health system includes everyone responsible for good health, from the family in a rural village to the surgeon in a hospital in the capital city.*

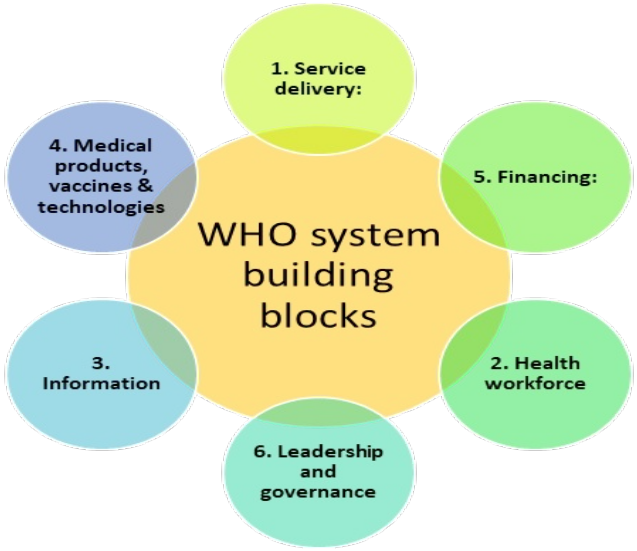
***Fully functional health system****:*

*A point at which the various management systems and subsystems are connected and integrated so as to provide the best possible health services to all the intended beneficiaries of those services.*

***Management systems:***

*The various components of the overall health system that managers use to plan, organize, and keep track of resources.*

**World Health Organization's Health System Building Blocks include:**[3]




Definitions for HSBB

1. Packages, delivery models, infrastructure, management, safety & quality and demand for care

2. National workforce policies and investment plans, advocacy, norms, standards and data

3. Facility and population based information & surveillance systems global standards and tools

**4. N**orms, standards, policies, reliable procurement, equitable access, quality

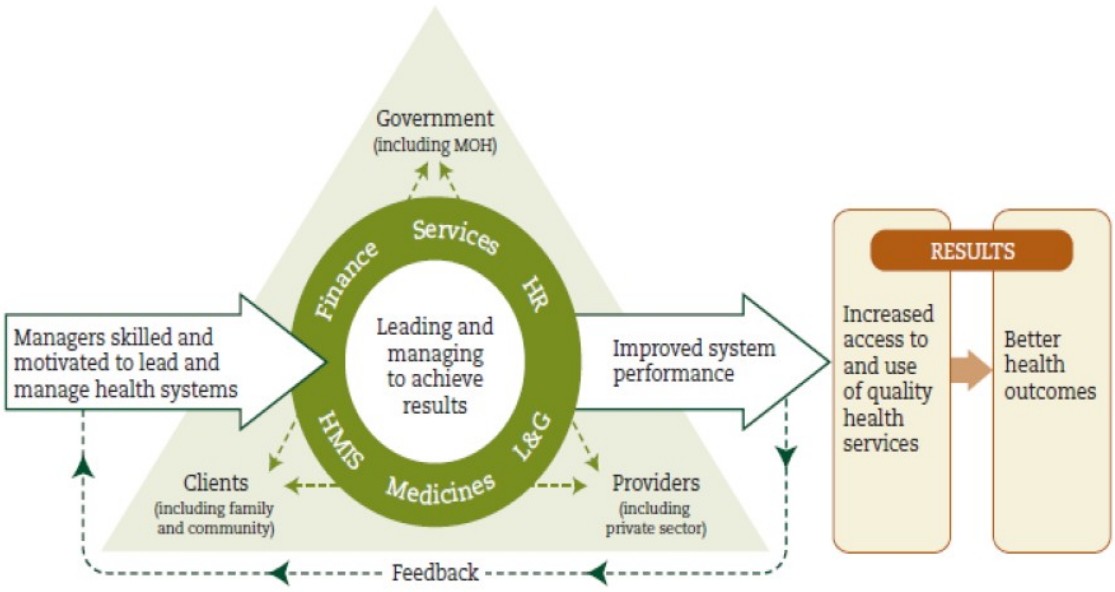
5.National health financing policies, tools and data on health expenditures, costing

6.Health sector policies, harmonization and alignment, oversight and regulation

[3] World Health**:** Organization 2007

This interdependence of higher- and lower-level systems has real consequences for fulfilling the purpose of the overall health system. If a functional system is changed or divided, or parts of it are removed, it will not simply become smaller or less complex. It is more likely to become defective and fail to perform (Colindres 2007, p. 39). This is the risk of working on one component of the health system without awareness of or concern for the larger context in which services are provided.

In well-developed management systems, routine transactions are systematic, replicable, consistent, and complete. Critical information is well documented, so that the system does not rely on the knowledge of individuals, who can come and go. Effective management systems are continuously maintained, updated, and improved to serve changing organizational needs and resources.




Key: HR: Human Resources; HMIS: health management information systems; L&G: leadership and governance.

**Figure 1.1: Framework for people centered health system strengthening**

Systems thinking versus program focused approach

***Group work***

*Using a systems thinking approach, discuss in your team how do they interact with each other? Did you appreciate any gaps? How do you think system?*

- *thinking enhance your organization's performance than program focused approach and help you achieve your organization's objectives?*
- *List your consensus points and share it to*

| | |
|---|---|
| | *the plenary using flip*<br>*Time: 10 min* |

"Systems thinking" is an approach to problem solving that views "problem" as part of the wider, dynamic system (WHO, 2009). It involves more than a reaction to present outcomes or events. "System-level interventions" target one or multiple system building blocks directly or generically (e.g. human resources for health), rather than a health problem specifically (as in the case of disease specific programs). Given their effects on other building blocks, "systems-level interventions" strongly benefit from a systems thinking approach. Hence, "systems thinking" offers a more comprehensive way of anticipating synergies and mitigating negative emergent behaviors, with direct relevance for creating more system responsive policies. The table below depicts the difference between the skills you need in applying systems thinking and the usual program focused approaches.

Table 1.1: Skills of systems thinking versus the usual program focused approach

| **Usual program focused approach** | **Systems thinking approach** |
|---|---|
| **Static thinking:** Focusing on particular events | **Dynamic thinking:** Framing a problem in terms of a pattern of behavior over time |
| **Systems-as-effect thinking:** Viewing behavior generated by a system as driven by external forces | **System-as-cause thinking:** Placing responsibility for a behavior on internal actors who manage the policies and "plumbing" of the system |
| **Tree-by-tree thinking:** Believing that really knowing something means focusing on the details | **Forest thinking:** Believing that to know something requires understanding the context of relationships |
| **Factors thinking:** Listing factors that influence or correlate with some result | **Operational thinking:** Concentrating on causality and understanding how a behavior is generated |
| **Straight-line thinking:** Viewing causality as running in one direction, ignoring (either deliberately or not) the interdependence and interaction between and among the causes | **Loop thinking:** Viewing causality as an on-going process, not a one-time event, with effect feeding back to influence the causes and the causes affecting each other |

*From Don de Savigny and Taghreed Adam (Eds). Systems thinking for health systems strengthening. Alliance for Health Policy and Systems Research, WHO, 2009*

**Elements of systems thinking**

- **Systems organizing:** Managing and leading a system; the types of rules that govern the system and set direction through vision and leadership, set prohibitions through regulations and boundary setting, and provide permissions through setting incentives or providing resources.
- **Systems networks:** Understanding and managing system stakeholders; the web of all stakeholders and actors, individual and institutional, in the system, through understanding, including, and managing the networks.
- **Systems dynamics:** Conceptually modeling and understanding dynamic change; attempting to conceptualize, model and understand dynamic change through analyzing organizational structure and how that influences behavior of the system.
- **Systems knowledge:** Managing content and infrastructure for explicit and tacit knowledge; the critical role of information flows in driving the system towards change, and using the feedback chains of data, information and evidence for guiding decisions

**Table 1.3. Typical system-level interventions targeting individual or multiple building blocks**

| Building Block | Common types of Interventions |
|---|---|
| **Governance** | - Decentralization<br>- Civil Society participation<br>- Licensure, accreditation, registration |
| **Financing** | - User fees<br>- Conditional cash transfers (demand side<br>- Pay-for-performance (supply side)<br>- Health Insurance<br>- Provider financing modalities<br>- Sector Wide Approaches (SWAps) and basket funding |
| **Human Resources** | - Integrated Training<br>- Quality Improvement, performance management<br>- Incentives for retention or remote area deployment |
| **Information** | - Shifting to electronic (versus manual) medical records<br>- Integrated data systems, and enterprise architecture for HIS design<br>- Coordination of National Household surveys (e.g. Timing of data collected) |
| **Medical products, vaccines and technologies** | - New approaches to pharmacovigilance<br>- Supply chain management<br>- Integrated delivery of products and interventions |

| | |
|---|---|
| **Service Delivery** | - Approaches to insure continuity of care<br>- Integration of services versus centrally managed programs<br>- Community outreach versus field clinics |
| **Multiple building blocks** | - Health sector reforms<br>- District Health System Strengthening |

**The Ethiopian Health System Strengthening Initiatives**

Several initiatives have been implemented in Ethiopia as part of strengthening the health system. Although most of the points depicted below are part of the reform process, it can be taken as components of the Health System Strengthening Initiatives.

**Individual reflection**

What the functional Health system strengthening initiatives in Ethiopia?

Time : 5 min

## Health Sector Strategies and Reforms in Ethiopia

**Group work**

*In your team, list the different health sector reforms implemented in the nation.*

*Take the major reforms and discuss opportunities and challenges encountered in executing the reform process;*

- *Business Process Reengineering*
- *Balanced Score Card*
- *Health care financing etc*

*Relate what you discussed above with your organization's current performance and management systems.*

*Share your agreement to the larger group.*

*Time 15 min*

**Definition of Health Sector Reform:**

National health sector reform has been defined as a sustained process of fundamental change in national policy and institutional arrangements led by government and designed to improve the functioning and performance of the health sector and ultimately the health status of the population (WHO/SHS/96.1).

**Rationale for Health Sector Reforms:**

The 1990s brought a rethinking of how government and donor agencies approach health. A combination of factors-rising costs, scarcity of resources, lack of impact of health spending on health status, growing health problems (including a resurgence of old infections and an emergence of new ones), and anticipated shifts in burden of diseases as population age and adopt

new life styles-revealed major fault lines in traditional modes of financing and organizing public sector involvement in health.
Reforms are undertaken for a variety of reasons:

- Improving health
- Mobilizing resources to improve health and ensuring that these resources are allocated and efficiently and used effectively
- Ensuring that subsidies benefit poor and vulnerable groups
- Improving the quality and client focus of public and private health services

**Reform initiatives to address these goals/rationales include:**

- Decentralizing budgeting and management of service delivery
- Separating financing from provision of services thereby opening the way for government to contract with private providers for service delivery and to hold them accountable for performance
- New financing and payment scheme, including service fees and social and private insurance systems
- Devolving ownership and management of tertiary care facilities to private nonprofit or commercial organization and allowing community oversight through local boards and other mechanisms
- Shifting donor financing from input/project to result oriented, policy-based sectoral program support
- Reorganizing ministries of health and redefining roles of central units to shift them from management of service delivery to standard setting, advocacy, and evaluation.

Declining and even negative economic growth rates of various types of economic reforms, some of which had unfavorable consequences in the health sector. The health care delivery systems of some countries were so weakened; urgent and thorough reform of the health sector is required.

Governments across the developed world are constantly active in reforming healthcare, chiefly because of the extent to which governments pay healthcare costs.

- Incremental reform has been the norm; radical change is usually influenced by external political or economic events unrelated to healthcare. Incremental reform is highly influenced by the balance of power of key professional and corporate institutions present in each country and the system of government.
- Conflicts between key stakeholders tend to revolve around who pays, who gets care, who gets paid, and how much.

## The national health strategy:

## The national health strategy

**Group work**

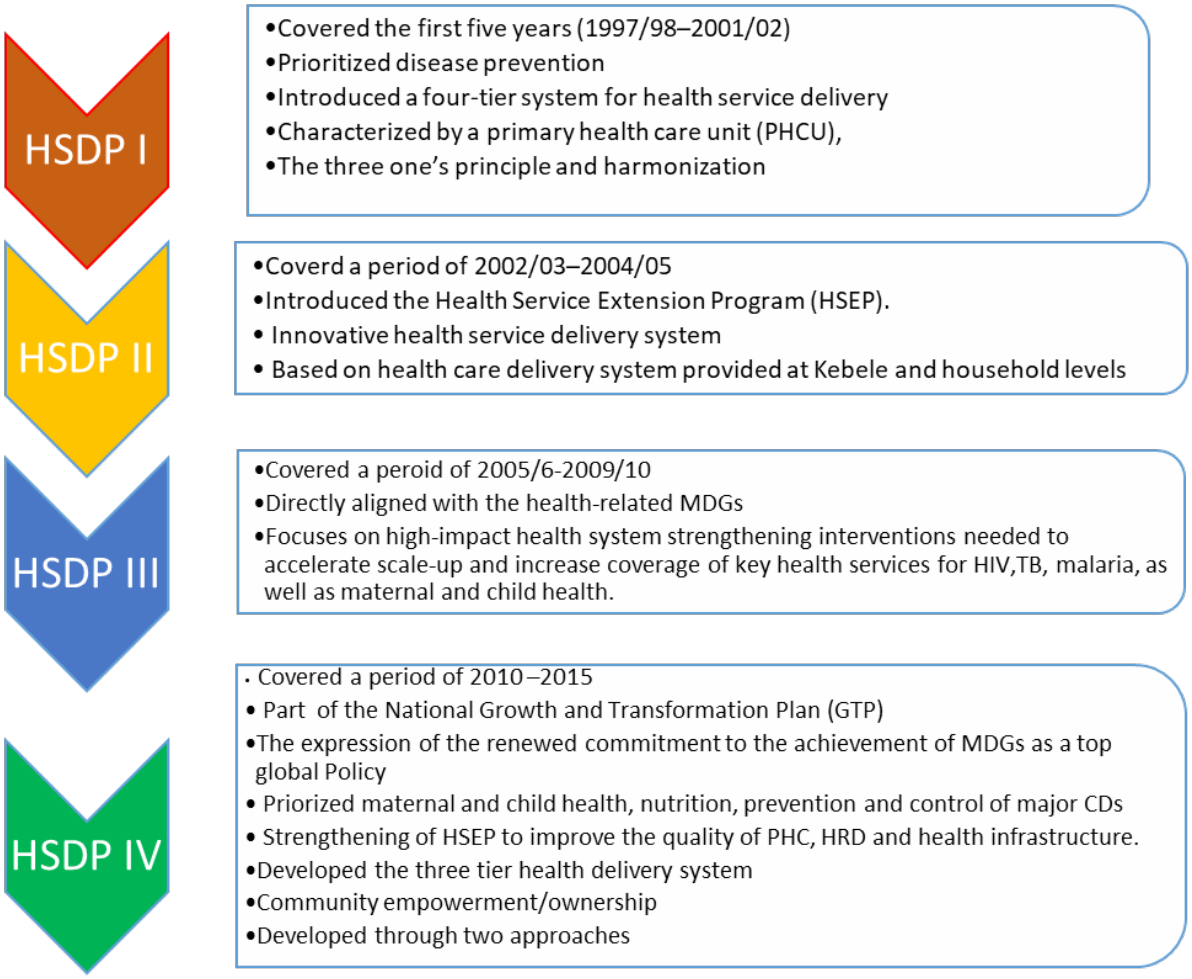
- **Discuss in your group HSDP?**
- **Why revision from HSDP to HSTP required?**
- **What was the major change in pillars?**
- **Lesson learnt from each phases of HSDP?**

**Time: 30 min**

**The Health Sector Development Program**

The Health Sector Development Program (HSDP) was launched in 1998 in response to the prevailing and newly emerging health problems in Ethiopia. It was drafted in 1993/94 and designed for a period of 20 years, with a rolling five-year program period.

**Health Sector Development Plans**




**HSTP (Health Sector Transformation Program)**

The HSTP builds upon the successes and challenges of the successive HSDPs implemented over the last 20 years.

The Health Sector Transformation Plan I (HSTP) is the next five-year national health sector strategic plan, which covers EFY 2008-2012 (July 2015 – June 2020). It has been prepared by conducting in-depth situational assessment and performance evaluation of HSDPs; considering the global situation and the country's global commitment; and most importantly, the goals of the national long-term vision and Growth and Transformation Plan (GTP) HSTP have identified the following four interrelated transformation agendas.

1. Transformation of quality and equity of health care,
2. Woreda transformation,
3. Compassionate, respectful, and caring health professionals, and
4. Information revolution.

The Health Sector Transformation Plan (HSTP) has three key features: quality, equity and

Universal health coverage. The HSTP sets out four pillars of excellence which are believed to help the sector to achieve its mission and vision. These are:

1. Excellence in health service delivery
2. Excellence in quality improvement and assurance
3. Excellence in leadership and governance
4. Excellence in health system capacity.

Ethiopia has documented notable achievements in reducing maternal mortality ratio (MMR), under 5 and infant mortality rates during the last two decades. Maternal Mortality Ratio has decreased from 676 deaths per 100,000 in 2011 (EDHS 2011) to 401 in 2017 (WHO and World Bank). Mortality rates in children has also remarkably decreased over the years.

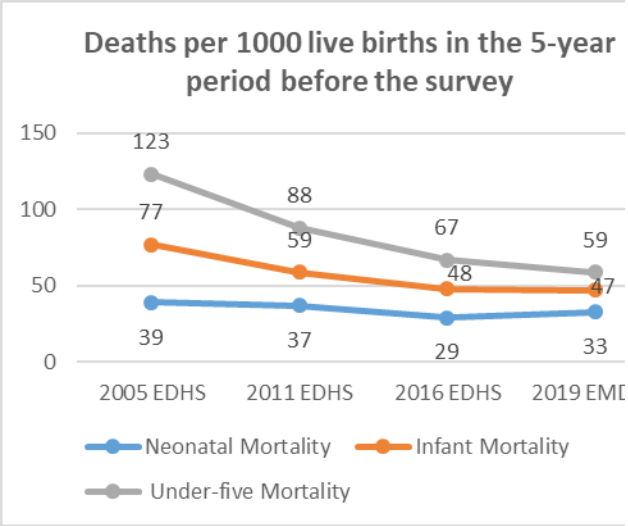



**Figure 2 Trends in early childhood mortality rates malnutrition among children, 2005-2019 Deaths per 1,000 live**

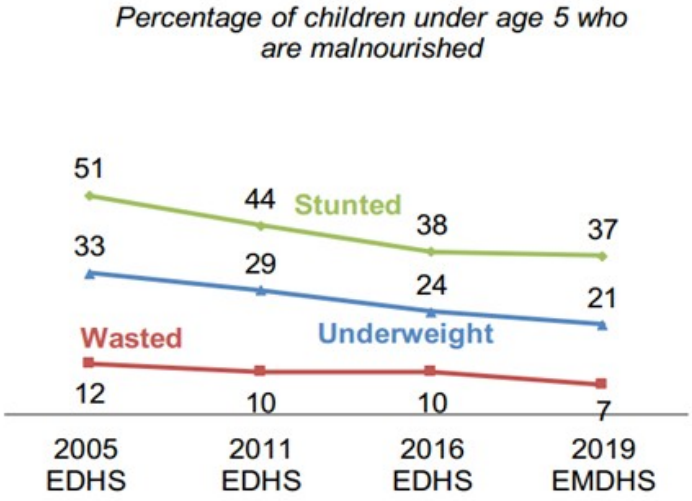



**Figure 1. Trends in major forms of**

Regarding Major Communicable diseases, Ethiopia is committed to achieve global targets for ending HIV and TB epidemics and elimination of malaria. Progress towards the three 90 HIV targets of 2020 was suboptimal for the first 90 with only 78.5% estimated PLHIV knowing their HIV status. According to the 2019 Global TB report, the incidence rate for TB in Ethiopia was 151 and the HIV negative death rate was 22 per 100,000 populations

**Health Sector Transformation Program (HSTP II)**

HSTP has also identified five transformation agenda with their respective interventions that will help the sector to transform and result in better health for all. The overarching objective of HSTP II is to improve the health status of the population through realization of the following objectives:

- Accelerate progress towards Universal Health Coverage - Protect people from health emergencies.
- Contribute towards transformation of households
- Improve health system responsiveness.

HSTP II has established the following five transformation agendas:

1. Transformation in equity and quality of health service delivery: ensuring delivery of quality health services and creating a high performing PHCU, engaging the community in service delivery and consistently improving the outcome of clinical care.
2. Information revolution: refers to advancement on the methods and practice of collecting, analyzing, presenting, using and disseminating information that can influence decisions;
3. Transformation in Health Workforce: - that aims at ensuring the availability of adequate number and mix of quality health workforce that are Motivated, Competent and compassionate (MCC) to provide quality health service
4. Transformation in health financing: reforming the financing and management structure of the health system to mobilize adequate and sustainable health financing & improve efficiency;
5. Transformation in leadership: enhancing the leadership and governance system at all levels of the health system to drive attainment of the national strategic objectives through improving aligning and harmonizing efforts, creating enabling environment to translate the plan to results and enhancing effective utilization of resources.

## Guiding Principles

1. Self-reliance
2. Community ownership
3. Universal health coverage
4. Focus on Primary Health Care
5. Patient/client centered quality health service
6. Equity, pro-poor and affordability
7. Good governance
8. Gender equality, youth focused
9. Participatory partnership
10. Learning institution/system
11. Professional ethics
12. Continuous professional development

**Targets of HSTP II**

Targets are performance measures that indicate the level of achievement during the strategic period. Some of major targets set for the year 2017 EFY (2024/25) are the following[4]:

- Increase healthy life expectancy at birth from 57.5 to 60 2.
- Increase UHC index from 0.43 to 0.58 3.
- Increase responsiveness index from 0.52 to 0.60 4.
- Increase resilience index from 0.49 to 0.50 5.
- Increase demand index from 0.83 to 0.87.
- Decrease MMR from 401 per 100,000 live births to 277 7.
- Decrease under5 mortality from 59 per 1000 births to 43 per 1000 births 8.
- Increase outpatient attendance Per capita from 0.9 to 2.5
- Increase proportion of Model households from 18% to 72%
- Proportion of households practicing proper household water treatment from 6% in 2019 to 31%
- Reduce risk of premature mortality from Major Non-Communicable Diseases from 20% to 15%.
- Reduce TB mortality from 22/100,000 to 9/100,000 population

To help achieve the targets set, the sector has identified transformation agendas for this strategic period:

1. Transformation in equity and quality of health care
2. Information revolution
3. Woreda transformation
4. The Caring, Respectful and Compassionate health workforce

**Health Service Delivery Arrangement:**

The Ethiopian health service is restructured into a three tier system; primary, secondary and tertiary level of care. The primary level of care includes primary hospital, health center and health post.

**The Primary Health Care Unit** which is composed of a health center (HC) and five satellite health posts (HPs). These provide services to approximately 25,000 people altogether. A HC is staffed with an average of 20 staff. It provides both preventive and curative services. It serves as a referral center and practical training institution for HEWs. A HC has an inpatient capacity of 5 beds. A primary hospital provides inpatient and ambulatory services to an average population of 100,000. In addition to what a HC can provide, a primary hospital provides emergency surgical services, including cesarean sections and gives access to blood transfusion service. It also serves as a referral center for HCs under its catchment areas, a practical training center for nurses and other paramedical health professionals. A primary hospital has an inpatient capacity of 25-50 beds and is staffed by an average number of 53 persons.

**A general hospital** provides inpatient and ambulatory services to an average of 1,000,000 people. It is staffed by an average of 234 professionals. It serves as a referral center for primary hospitals. It serves as a training center for health officers, nurses and emergency surgeons categories of health workers.

**A specialized hospital** serves an average of five million people. It is staffed by an average of 440 professionals. It serves as a referral for general hospitals.

[4] HSTP II, 2020-2025 Draft document

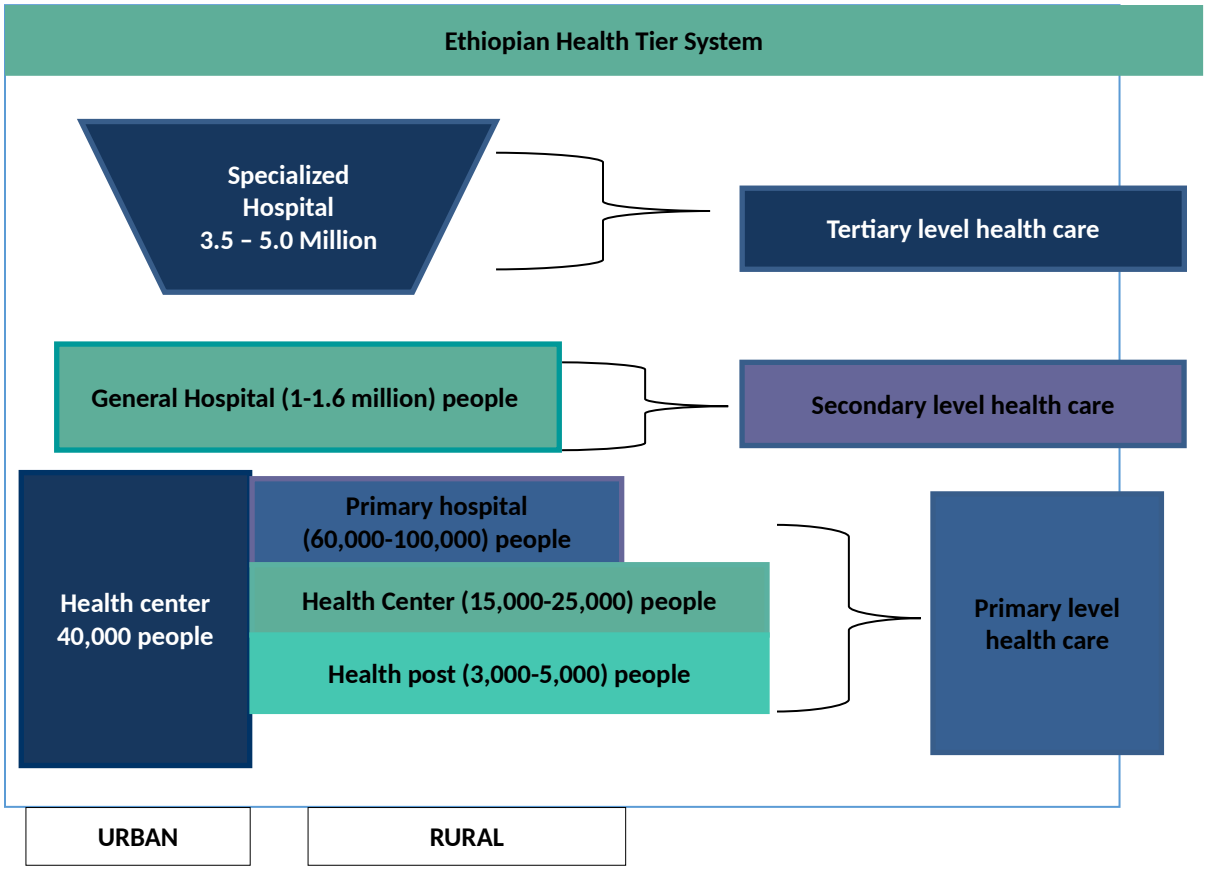



**Figure: 1.2. Ethiopian Health TIER System**

Source: Health Sector Transformation Plan 2015/16 - 2019/20 (2008-2012 EFY), October 2015

These four areas of excellence are further decomposed into fifteen strategic objectives categorized under two driver perspectives (business process and learning and growth) and two results (community perspective and financial stewardship). The strategic objectives are linked each other with a cause-effect relationship and every strategic objective has set of performance measures and strategic objectives.

HSTP-II has also identified five transformation agenda with their respective interventions that will help the sector to transform and result in better health for all. The transformation agenda identified within HSTP-II include:

6. Transformation in equity and quality of health service delivery: ensuring delivery of quality health services and creating a high performing PHCU, engaging the community in service delivery and consistently improving the outcome of clinical care.
7. Information revolution: refers to advancement on the methods and practice of collecting, analyzing, presenting, using and disseminating information that can influence decisions;
8. Transformation in Health Workforce: - that aims at ensuring the availability of adequate number and mix of quality health workforce that are Motivated, Competent and compassionate (MCC) to provide quality health service
9. Transformation in health financing: reforming the financing and management structure of the health system to mobilize adequate and sustainable health financing & improve efficiency;
10. Transformation in leadership: enhancing the leadership and governance system at all levels of the health system to drive attainment of the national strategic objectives through improving aligning and harmonizing efforts, creating enabling environment to translate the plan to results and enhancing effective utilization of resources

**Global/regional policies, strategies and initiatives:**

**Values of the health for all policy for the 21st century**

The realization of Health-for-All Policy for the 21stCentury in the African region calls for health development policies centers on the following value systems:

- **Solidarity** by way of partnership, transparency and shared responsibility,
- **Equity** by way of guaranteeing universal access to health care including individual care
- **Ethics** by way of maintaining the principle of achieving national goals and contributing to global and national progress in health
- **Cultural identity** by way of respecting ethnic differences and specificities of conditions,
- **Gender equity** by way of ensuring equity between women and men in decision making and utilisation of health services.

**Guiding principles of Ouagadougou declaration**

- Country ownership
- Adequate resource allocation
- Inter- sectoral collaboration
- Decentralization
- Equity and sustainable universal access
- Aid harmonization and alignment

- Mutual accountability for results
- Solidarity

***(For more information read hand I-III)***

## 1.3. Policy Analysis

**Group Activity -1**

- *For this exercise refer back the section that dealt with Ethiopian health policy, and discuss in your team the process/steps in the policy making process*
- *Whom do you think were the actors in the policy making process?*

*Time: 15 min*

**Public policy**

**A policy** is a set of clear statements that defines the intention of a community, organization or government's goals and priorities.
Policies outline the role, rules and procedures. They create a framework within which the administration and staff can perform their assigned duties.
***Public policies*** are authoritative decisions that are made in the legislative, executive, or judicial branches of government. At any given time, the entire set of health-related policies or authoritative decisions, made at any level of government, can be said to constitute that level's *health policy*.

**A policy involves agreement or consensus on the following main issues:**

- Goals and objectives to be addressed
- Priorities among those objectives and
- Main directions for achieving them

**A health policy** is a set of clear statements and decisions defining priorities and main directions of improving health and health care in a country.
Health policy includes **actions or intended actions** by public, private and voluntary organizations that have an impact on health.

**Health policy** in the broadest sense – can be viewed as affecting the health of the public – ranging, for example, from the effect of policy upon individuals' access to care, on the one hand, to policy made overtly in pursuit of social goals for both the health-care system and health outcomes for the population, on the other hand.

Health policy generally embraces courses of action that affect that set of institutions, organizations, services and funding arrangements that is called the **health care system.**
Health policy formation and implementation interrelate with the behaviors, attitudes, and knowledge of the public in matters affecting health.

- ✓ *Examples of health policies include seat belt policies, and policies for smoke-free public places such as schools and workplaces, public gatherings, restaurants and cafeterias.*

**Evolution of international health policies**

- Alma Ata Declaration of 1978
- Ottawa Charter for Health Promotion in 1986
- World Bank/IMF Structural Adjustment Program in the health sector of 1987
- World Health Organization's Bamako Initiative in 1987
- WHO's Reproductive Health Strategy for the African Region 1998 -2007
- United Nations Millennium Declaration/Development Goals in 2000
- Paris Declaration of 2005 and
- Second primary health care revolution of 2006.

| | |
|---|---|
| **Characteristics of good policy** | • Reflect the ideology and values of an organization or institution<br>• Elicit the principles that guide action<br>• Serve as planning tools for goal setting and service delivery<br>• Provide the terms of reference for setting program priorities and guide program development<br>• Help set roles, the limits, define areas within the organization's setting<br>• Provide rules, regulations and guidance for routine, unique and controversial decisions<br>• Provide the justification for the determination of resource allocations<br>• Provide a tool assisting in the evaluation of the progress and accountability |

**Policy Development and the Policy-Making Process**

- Policy development is a complex and comprehensive process. It includes:
  -Identification of policy issues
  -Policy agenda setting
  -Assessment/Research and analysis of the policy issue
  -Preparing the draft and approval
  -Impact assessment after its implementation

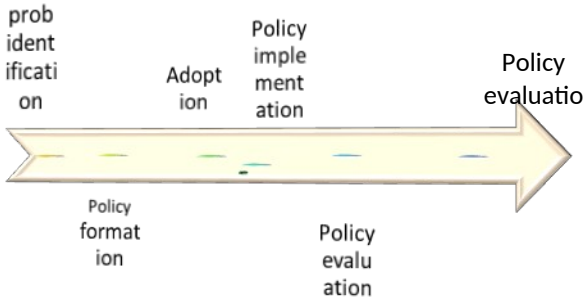



**Figure 2The five key stages in the health policy-making process are:**

- Health policy formulation is a systematic process of planning, development, and implementation of interventions designed to maintain and improve the health of a population.

Policy setting can be affected by different factors such as by: political climate (context), content, process, and interests & level of involvement.

**The Policy Making Triangle**

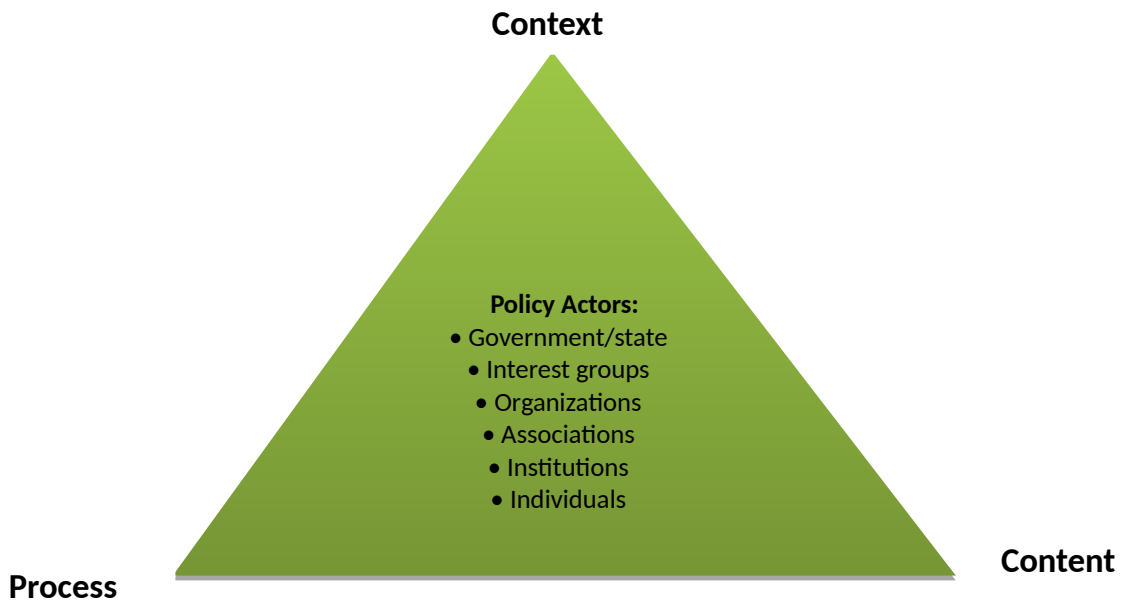



Figure 1.3: Policy determinants

***Group Activity-2***

- *In your team, is there anyone who has been involved in the policy analysis endeavors or in any public hearing sessions?*
- *Discuss in your team why Ethiopia needs another AYH policy in the presence of the broader Health policy.*
- *Presentation and share*

*Time : 20 min*

**Policy analysis**

- A multidisciplinary craft involving rigorous enquiry to find out impacts of a policy
- Traces cause- effect relationship between policy and its outcome.
- Purports more to explain policies, than to prescribe.
- Ultimately propose advice based on thorough and objective scrutiny of assumptions, options, consequences and implementation issues
- Governments depend on it to make an informed policy choice

**Importance of policy analysis for leaders**

- Helps them to scan more opportunities/risks in their decisions
- Evaluate the congruency of a policy within the context of mission & goals of their organization
- Assist them to recognize the viability of a policy regarding the 4 factors:
  A. Political Feasibility
  B. Economic feasibility
  C. Administrative feasibility
  D. Consideration of Cultural values

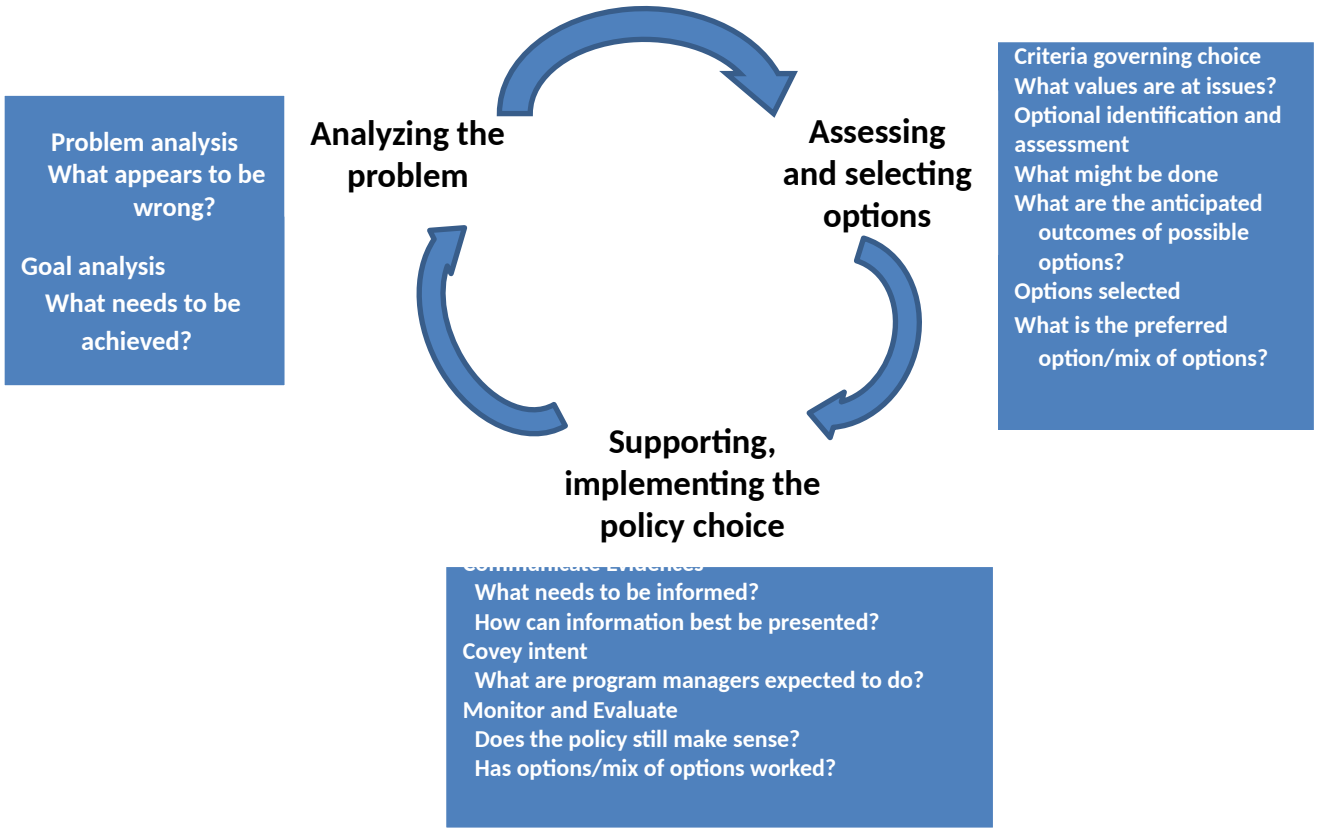



**Figure 1.4: Policy analysis process**

**Characteristics of policy analysis**

- Law overshadows it because it functions within the frameworks of legislation constitutional or international law
- Multi-disciplinary by nature especially politics, sociology, public health, management and economics
- Requires training, insight, know-how and experience
- Strong analytical and communications skills
- Technical training and experiences on:
  - How to gather, organize and communicate information
  - Putting problems in context, which recognizes, market and government capacity limitation;
  - Epidemiology, sociology, economics and statistics;
  - An understanding of the political and organizational context within which policy advice/analysis done;
  - An ethical framework, including the provision of free and frank advice and analysis in accordance with the Public Service Code of Conduct.

**Ethical points on policy analysis**

- Policy analysts should maintain proper (professional) relationship with their Minister and Government
- The public servants should provide honest, impartial and comprehensive policy advice to Ministers/RHB heads, and alert them on possible consequences of a particular policy

regardless of its incongruence with the Minister's or the head's views.

- Public managers or servants should not withhold relevant information from Ministers; seek to obstruct or delay a decision; attempt to undermine; or unduly influence Government policy.

**Skills necessary for policy analysis**

- Time management
- Critical reading and note taking
- Clear, logical, sequential, pragmatic thinking to solve problems
- High level research and synthesis
- Solid quantitative and qualitative data analysis
- Abstract thinking and creating frameworks for analysis
- Original, exciting and to the point writing and verbal skills

**Policy management**

- An overall undertaking of policy making and policy preparation process to ascertain high quality of policies.
  - Policy management and policy analysis are inter-related aspects of policy making and cover a major part of the tasks of senior administrators or public managers. Therefore, the two processes should be treated jointly.

**Policy advocacy**

- A systematic attempt to initiate or influence a public policy through education, lobbying or political pressure
- Concerned on prescription or persuading on what is to be done.
  - Advocacy groups often attempt to educate the general public as well as public policy makers about the nature of problems, kind of legislation and funding needed to address them the funding required for provision of the services or conducting researches.
  - In 1993 Transitional government of Ethiopia issues a health policy Government of Ethiopia issued. This policy is a super structure for all health related issues in the country.
    ***(Read hand out session III)***

## 1.4. Module summery

**Module Summary**

This module comprised of three major health system and health policy components: Existing and emerging health issues and trends, Health policy, strategies, and reforms, Policy analysis and Health system strengthening.

- **Existing issues are health issues** that have happened before the last 10 years (as a cut off) and persist until now. Whereas emerging health issues are health issues that have been emerging since the last 10 years.
- **A health policy** is a set of clear statements and decisions defining priorities and main directions of improving health and health care in a country. Revision of health policy

comes as the result of critical examination of the nature, magnitude and root causes of the prevailing health problems of the country and awareness of newly emerging and reemerging health problems.

- **Guiding Principles for health policy**
  Focus on primitive, preventive, curative, palliative and rehabilitative aspects of health care through PHC approach.
- **Policy Priorities:** Strategies that help realization of universal health coverage for essential health services will be prioritized based on sets of criteria including cost-effectiveness, priorities to most vulnerable, and financial risk protection.
- **Policy analysis:** is a multidisciplinary craft involving rigorous enquiry to find out impacts of a policy and Governments rely on it to make an informed policy choice
- **Health System: T**he sum of the organizations, institutions, and resources whose shared primary purpose is to improve health.
  World Health Organization's **Health System Building Blocks** include: Service delivery, Health workforce, Information system, Medical products, vaccine and technologies, Health financing, Leadership and governance.
- **Health system** strengthening can be defined as any array of initiatives and strategies that improves one or more of the functions of the health system
  The health system is strengthened and implemented through different strategies and initiatives. As part of this initiatives Government of Ethiopia crafted different programs and strategies starting from Health sector transformation plan I – 4 having different focus areas and implementation periods. And as part of national transformation agenda (HSTP **I (2015/16-2019/20) and HSTP-II (2019/20-2024/25**)

# Handout for Module One

## Unit I: Existing and Emerging Health Issues and Trends

In developing countries such as Ethiopia, the range of diseases and health problems with a growing magnitude include infectious diseases, non-communicable diseases, neglected tropical diseases and road traffic injuries. Infectious diseases are a continuing threat in both developing and developed countries. Some diseases have been effectively controlled with the help of modern technology. Yet new diseases—such as the Severe Acute Respiratory Syndrome (SARS) and Influenza Virus (H5N1, H1N1) infections—are constantly appearing. Several 'old' infectious diseases, including tuberculosis, malaria, cholera and dengue fever, have proven unexpectedly problematic, because of increased antimicrobial resistance, new ecological niches, weak public health services and activation of infectious agents (e.g. tuberculosis) in people whose immune system is weakened by AIDS.

**Implications of emerging health problems on health systems**

Contrary to prevailing beliefs, 80 per cent of non-communicable disease deaths today are in low- and middle-income countries. Systems for managing the continuum of care – be it for HIV/AIDS or hypertension–pose different demands from those needed for acute intermittent care. New delivery strategies may create new demands on the health system. For example, the shift from traditional birth attendants to skilled birth attendants has implications for staffing, for referral systems, and in terms of upgrading facilities to deliver emergency obstetric care.

New approaches to mental health and non-communicable diseases emphasize primary prevention, community care and well informed patients, all of which entail shifts from the traditional focus of institutional care.

The introduction of new drugs, vaccines and technologies have an impact on staffing and training, but equally on health financing and service delivery. For example, some hospital-based treatments can now be delivered through day care centers. This is leading to a reappraisal of traditional service delivery models and strategies for increasing efficiency.

**Opportunities**

- New delivery strategies create new demands on the health system
    0. Staffing and referral system
    1. Upgrading facilities
    2. New approach for mental health and non-communicable diseases
    3. And introduction to new drugs and technologies
- Internationally coordinated disease control system
- Demands the need for proactive and strategic leadership at all levels

- Linkage of Community and health care organizations strengthened
- Decentralization and Devolution
- Doing more with less financial inputs
- Shifting burden of disease
- Decentralization and devolution
- In adequacies on the key Leadership, Management, & Governance skills

**Competing issues to be considered;**

Policy makers and public health regulators

- Ideas about what is appropriate to be responsive to the public

needs. Public Health NGOs

- Personal agendas and often political
- Seeking funding
- Lack of availing health care data for decision making.
- Motivation and responsiveness to client needs

Scientists/researchers/pharmaceutical companies

- Seeking funding
- Profit making is the bottom line
- Seeking recognition
- Donor driven research

Health systems are at the heart of how countries respond to new disease threats such as Severe Acute Respiratory Syndrome (SARS), avian flu, pandemic human influenza. International networks for identifying and responding to such security threats depend for their effectiveness on the 'weakest link'. Accordingly, disease control efforts must be internationally coordinated. As well as testing the alert and response capacity of weak health systems, the attention such outbreaks generate presents important opportunities to catalyze and orchestrate support for improving them: by building epidemiological and laboratory capacity in the context of revised International Health Regulations, addressing patents and intellectual property rights, improving supply chain management and so forth.

Millions of people are displaced today as a result of conflict, natural or manmade disasters. In such situations, local health systems become rapidly over-whelmed and multiple agencies often move in to assistance. This leads to the paradoxical situation in which leadership is weaker than usual because it has been disrupted or divided, but the need for leadership is even greater. The continuing search for ways to strengthen leadership at such times includes emergency preparedness programs, norms and standards, creating contingency funds and more interaction between UN agencies and other actors.

Changes in public policy and administration, particularly decentralization, makes new demands on local authorities and may change fundamentally the role of central ministries. After years of relative inattention, there is now a resurgent interest in the role of the state. However, the emphasis is on 'good governance' and effective stewardship, rather than a return to earlier 'command and control' models. The public in most countries no longer accepts a passive role and rightly demands a greater say in how health services are run, including how health authorities are held accountable for their work. The information technology revolution has accelerated this change.

## Unit II: Health System Strengthening

## Health System Strengthening

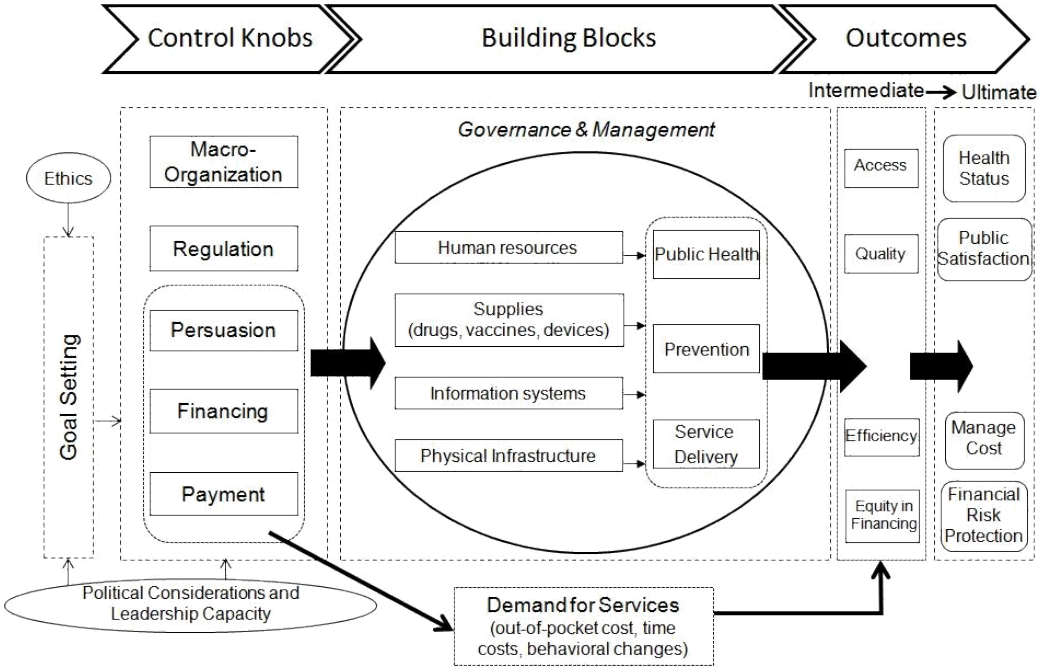
Health system strengthening can be defined as any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency. Health system strengthening sits in the broader process of health sector reform and involving six key components.


Reproduced with permission (De Savigny and Adam, 2009)

**Figure 1.5: Major interdependent health system building blocks**

Health care managers and providers in facilities, ministries, non-governmental and civil society organizations have to operate and sustain management systems and service delivery whenever the technical experts leave.

The health system relies on overlapping and interconnected management systems and subsystems. Changes in one system can trigger changes in the other.




*Source: Hsiao and Sparkes (2012)*

**Figure 1.6: A common analytical model for national health systems**

**Other Countries Experience on health system strengthening:**

**In Afghanistan** the Ministry of Public Health has reached out to more than 1,800 health managers in 13 provinces to make them more aware of their role as leaders and stewards of the health system. Under a program supported by USAID, these managers have increased vaccination coverage and access to family planning services, resulting in improved child and maternal health. The most significant improvements were an increase of almost 70 percent in health facility births and a 28 percent increase in family planning consultations.

**In Brazil**, the Secretariat of Health of Ceará mandated that public servants participate in leadership training before they could apply for management positions, breaking the mold of automatic promotion. The improvement in health results was significant; in one municipality, infant mortality dropped from 26 to 11 deaths per 1,000, while the percentage of women receiving prenatal care increased from just over 50 percent to 80 percent. Overall, 70 percent of the 25 municipalities that participated in the leadership development process reduced their infant mortality—some by as much as 50 percent.

## Unit III: Health Policy, Strategies and Reforms in Ethiopia

### The national health strategy

As a means of achieving the goals of the health policy, the government has formulated a twenty-year health sector development strategy being implemented through a series of five-year plans. The implementation of the first health sector development program (HSDP) was launched in 1997, and now the fourth HSDP is under way. The fourth health sector strategic plan is part of the Growth and Transformation Plan (GTP). HSDP IV is a policy implementation strategic document that also guides the development of sub national plans and sets the rule of engagement in the health sector.

### The two approaches of the HSDP IV

**Balanced Score card (BSC)** with the following basic steps:

0 Conducting an organizational assessment,
1 Setting strategic elements,
2 Setting strategic objectives,
3 Preparing a strategic map of the objectives,
4 Indicating performance measures &targets of the strategic plan,
5 Preparing strategic initiatives expected to achieve the overall strategic plan
6 Cascading
7 Monitoring and Evaluation
8 Automating

**Marginal Budgeting for Bottleneck (MBB)** is an approach which helps to look into the health system bottle necks, high impact interventions, different scenarios and associated costs of achieving results that have been planned under the HSDP-IV.

- A wide range of strategies addressing: Health care financing, child survival, nutrition, malaria prevention and control, reproductive health, safe pregnancy, adolescent and youth reproductive health, and abortion were issued
- Initiatives on free service for key MCH services, training and deployment of new workforce of female HEWs for institutionalizing community health care with clean and safe delivery at Health Post level, and deployment of Health Officers with MSc. training in Integrated Emergency Obstetric and Surgery skills.

### New strategic initiative of HSDP IV

Many of the listed initiatives and programmatic interventions were under implementation before HSDP-IV. The majority of these activities will continue to be implemented as per the agreed strategic directions. However, the following strategic directions or focal areas will be given due attention;

- Health Extension Program
- Quality of health care

- Scaling up of civil service reform
- Special attention to critical programs
- Human Resources Development
- Health Infrastructure
- Special support to emerging regions
- Climate changes and health
- Gender mainstreaming

**The Health Extension Program**

The health extension program is an innovative enhancing active community participation to produce their own health by themselves. It is therefore, considered a key to achieve health related MDGs in Ethiopia.

Unlike the former modalities of health care delivery in the country, the programs deployed dominantly female health extension workers (HEWs) and provide the service packages via house to house. Therefore, they give basic promotive and preventive maternal and child health services. Because they are more knowledgeable on MCH problems and house hold issues and understand their situations better than do males.

The philosophy underlying the HEP are; enhancing transfer of knowledge and responsibility to individual household which in turn increases ownership, leading to better family and community health as a product.

**Scale up strategy**

It is a strategy designed to scale up new technologies and best practices like health extension program packages in a short period of time with high coverage. The strategy intends to develop a capacity to solve the development bottle necks in the area of leadership, attitude and skill.

Health development army is the best mechanism to: build the capacity of all involved in the health endeavor, more than ever, improve capacities of families at the household level in the area of skill and attitude; builds strong support and monitoring mechanism in identifying bottle necks and gaps and seeking solutions as early as possible

**One to five development networking**

This organizational development structures at the Kebele level have been tested by different sectors like agriculture and appear to be effective in facilitating community development. The networking, just like HEP, involves women as central actors of the change. It is again believed to be instrumental in creating a family producing its own health and generate a fertile ground for maintaining the achievements in a sustainable way.

## Interconnections among policies, strategies, plans and initiatives

Although policies, strategies, plans and initiatives have distinct differences, they are often considered mater - of - fact as concepts or undertakings having insignificant differences. At

this junction, it is noteworthy what is common to all – in that they: take forms of declaration or communication; look forward, have time line, involve research/rigorous inquiry so as to evidence based, involve decision making; and manifest authority or enforce action; etc.

## Strategy Map:

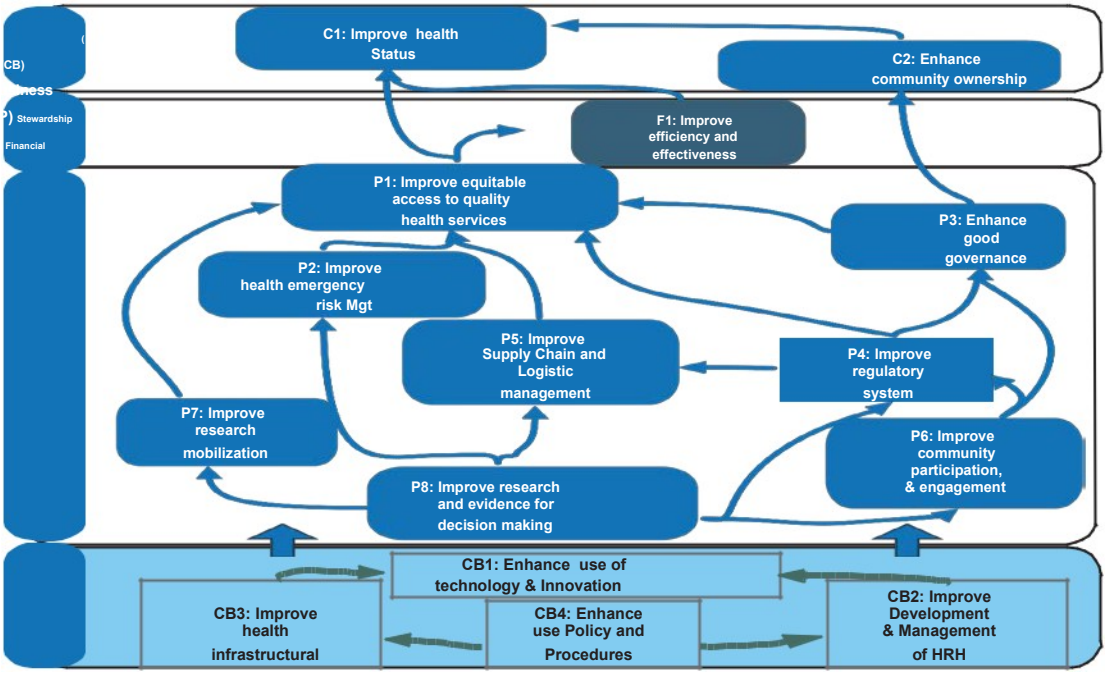



**Figure 1.7: HSTP Strategy Map**
**Source: Health Sector Transformation Plan 2015/16 - 2019/20 (2008-2012 EFY), October 2015**

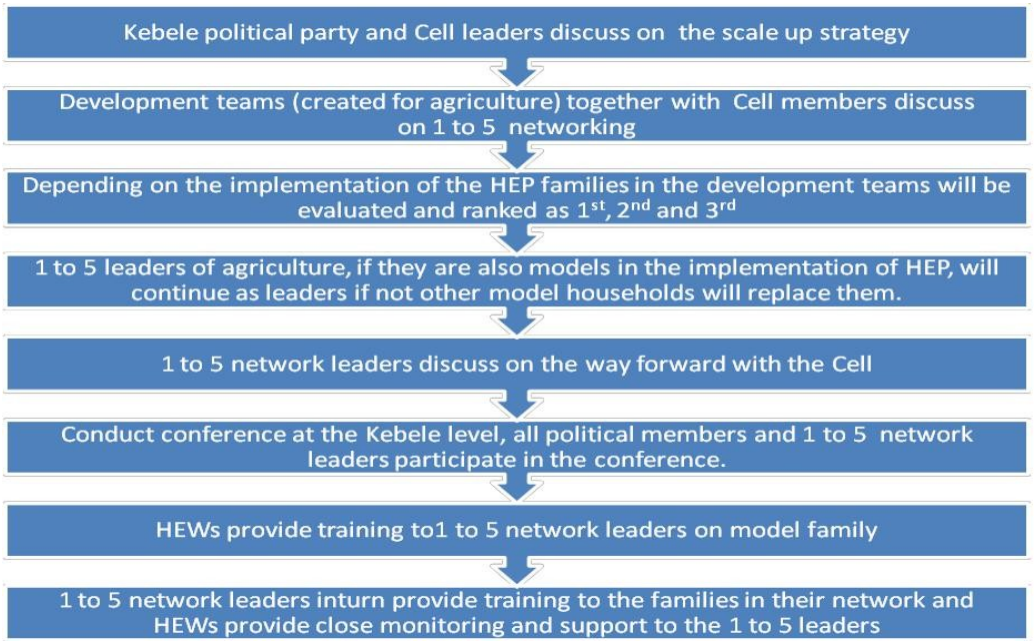



**Figure 1.8: Establishment of 1 to 5 network and work flow**

## Unit IV: Policy Analysis

**The five key stages in the health policy-making process are:**

- Problem identification and agenda setting
- Policy formation
- Adoption
- Policy implementation
- Policy evaluation

### Pragmatic tips on undertaking policy analysis

| Criteria | Key issues to be looked at |
|---|---|
| Understand and define the problems | a. Quantify—Be specific about problem's scope and magnitude<br>i) Who is affected<br>ii) Specific nature of the problem<br>b. Past history<br>c. Causes<br>i) Key factors (separate into actionable vs. not)<br>ii) Factors associated with action vs. inaction (errors of omission, missed opportunities vs. errors of commission) |
| Source of information/evidences | a) Background literature on scope of the problem<br>b) Existing data on this population<br>i) Within the organization<br>ii) Outside the organization<br>c) New data collection/analysis<br>i) Re-analysis of existing data<br>ii) New surveys/special studies<br>iii) Commission problem assessment research (for major initiative) |
| Develop alternative Solutions | a) Best practices/benchmarks (literature and consultants)<br>b) Input from stakeholders/decision makers (also start of consensus process)<br>c) Approaches to consider within complex health care system<br>i) Financial incentives (provider, consumer, other)<br>ii) Education/information (provider, consumer, other)<br>iii) Organizational infrastructure<br>- New program<br>- Modification to existing program |

| | |
|---|---|
| | iv) Collaborate with others (community, other organizations)<br>v) Policy considerations<br>- Internal policies<br>- Payers' (e.g., employer or Medicaid) policies<br>- State (or federal) law or regulation |
| Identify criteria to be used in decision making framework: | a) Benefit for the population<br>i) Quality of life/outcomes of care<br>ii) Concordance with evidence-based process standards<br>iii) Improve access for those not getting ideal treatment<br>iv) Reduce disparities in access, quality of care, outcomes<br>b) Cost/economics<br>i) Cost/benefit (maximize positive effects given input costs)<br>ii) Efficiency per unit of service (potential measure: QALYs, DALYs)<br>iii) Contain costs (to stay within available resource budget and to insure "margin" between input and output costs)<br>c) Ethics/equity<br>i) Maximize total good utilitarianism<br>ii) Consider fairness of resource allocation decisions, with attention to need, equity, etc.<br>iii) Fulfill individuals' rights to certain goods or outcomes (liberalism)<br>iv) Consider trade-offs between individual autonomy and the common good<br>d) Administrative feasibility<br>i) Degree of organization's control<br>ii) Timeframe of implementation/success<br>iii) Resources required for developing and implementing policy (distinct from cost benefit or program itself)<br>iv) Simplicity/robustness of policy/intervention (the fewer "moving parts," the better)<br>v) Legal/regulatory issues<br>e) The perspectives of various constituencies (beyond patient/consumer)<br>0 Providers<br>1 Sponsors (employers, Medicaid agency)<br>2 Community groups and politicians<br>3 Employees of your organization<br>4 Board of directors (shareholders, if investor owned)<br>Consider costs- benefits to various constituencies and the "politics" involved |

| | |
|---|---|
| Estimating impact of your policy alternative: | Use a phased assessment. All potential alternatives should be assessed ("scored") on preliminary basis. Move on to in-depth assessment for top alternatives. Various approaches (often termed "evidence-based policy" tools):<br>a) Review the existing evidence<br>i) The published literature. If possible, rely on evidence-based medicine "meta-analysis"<br>ii) The experience to date of other providers/programs (possible site visits)<br>b) Estimate impact on health outcomes using quantitative techniques (often drawn from the decision sciences). These may include operations research/forecasting/statistical analysis.<br>c) Estimate economic impact using cost-effectiveness and cost-benefit analysis. (Note that these techniques can be applied during both this policy development phases and the program evaluation phase)<br>i) Array alternatives based on dollar inputs and outputs (CBA) or<br>ii) Dollars as inputs and a variety of outputs (CEA)<br>d) As needed, perform "policy formulation" evaluation research<br>i) Collect information from your delivery system to help "populate" the decision matrix (see #6 below)<br>ii) Initiate a small-scale pilot program and evaluate to aid in selecting one policy alternative. (Obviously, only for major initiatives or extremely innovative ones for which there is no track record)<br>e) Get some help on all of the above<br>i) Get expert opinions (such as group process/"Delphi" panels)<br>ii) Hire paid consultants<br>iii) Commission "policy development" project by outside experts |
| Decision-making process and development of "decision matrix": | a) Form decision-making group. (Need to decide which constituencies will have advice and/or consent roles). Develop final "decision matrix" with group's input<br>b) Develop decision matrix by operational zing a subset of the criteria you identified above. Determine relative importance ("relative weights") of each criterion. As needed, do sensitivity analyses of alternative weights<br>c) For each alternative, develop a quantitative score for its characteristics along each decision criteria to help array "trade-offs". As needed, undertake sensitivity analysis |

| | |
|---|---|
| | assessing implications of different scores if outcome is unclear<br>d) After completing the matrix, consider making changes<br>i) Think about the possibility of combining some of the strengths of multiple policy alternatives into a new "combined" policy approach<br>ii) Modify aspects of the matrix as indicated by decision making body<br>iii) As appropriate, involve other key executives and board members, in selecting final policy alternative<br>e) As appropriate to the context, develop final "decision memo" to carefully document both quantitative and qualitative rationale for selection of policy alternative and to summarize above decision-making process. This is mainly an "internal document" but will also be used in external processes |
| Policy advocacy: getting the policy adopted | a) Develop series of public documents: you will need one-pager, 3-5 pager and detailed document (if a major initiative)<br>i) Include rationale for policy decision (based on decision memo)<br>ii) Explain why other alternatives were rejected<br>iii) Offer some details of implementation<br>b) Develop strategy/PR campaign (tell some real "stories")<br>c) Meet with key constituencies one-on-one and in groups to get feedback and buy-in<br>d) Advisory group should address, as appropriate, final program design, implementation and evaluation. (The development of a "neat package" to hand-off can be considered part of the advocacy phase) |

# Module two: Leadership and management for health

**Duration: 24 hour**

## Module Description

This 24 hours' module is designed to help senior health managers on how to lead and manage health systems to achieve organizational objectives through the application of leadership and management practices. The module also prepares health leaders to plan and implement health programs in the health system and use tools to identify and respond to organizational challenges.

### Enabling objectives

**After completing this module, participants will be able to:**

- Compare and contrast the characteristic difference between leadership and management
- Use leading and managing skills to improve organization's work climate
- Discuss basic concepts of organizational communication
- Use leading and managing skills to improve organization's work climate
- Develop skills of strategic communication
- Exercise conflict handling and negotiation skills in managing the health system
- Develop the skill of situational analysis
- Develop strategic plan
- Create a shared vision and influence organizational team members

### Module outline

**2.1** Introduction to Leadership and Management
**2.2** Planning and Implementation
**2.3** Leading Health Teams

## 2.1 Introduction to Leadership & Management

### 2.1.1 Basic Concepts of Leadership and Management

***Group work***

From your previous understanding on the generic concepts of Leadership & Management;
Discuss the basic functions and characteristic differences between leadership and management.
*Share your consensus points to the plenary.*

**Time**: 10 minutes

### A. Leadership and Management:

Leadership and management are mostly share similar things in common. However, they are also having differences.

Leadership is a process that is similar to management in many ways. Many of the functions of management are activities that are consistent with the definition of leadership.

**Leadership** is a process whereby an individual influences a group of individuals to achieve a common goal (**Peter G. Northouse, 2016)**

## Essential Components of Leadership Definition


Fig. 1. Components of Leadership

There are different theories that stipulate what made certain people great leaders and influencers. The different theories of leadership will be discussed later in this module.

**Individual reflection**

From your experience, have you ever influenced colleagues or being influenced by others in your work place? How has that happened?

**Time**: 10 minutes to reflect

Leadership is concerned with how the leader affects followers. Influence is the sine qua non of leadership. Without influence, leadership does not exist. Leaders who usually understand organizational culture and initiate changes, would exhibit the ability to influence other people's behavior.

In contrast, **management** can be defined as the process of accomplishing predetermined objectives through the effective use of human, financial, and technical resources (Longest Jr., Rakich, & Darr, 2000).

Although these two ideas are often conflated, it is important to note that: *Leadership is concerned with setting large goals, while management is concerned with the execution of actions to achieve these goals*.

**Functions of Management:**

In the early 20th century a French industrialist named Henri Fayol stated that management had five main functions: planning, organizing, commanding (that is, leading), coordinating, and controlling. A modified version of Fayol's list is still widely used. This list identifies four management functions: planning, organizing, controlling, and leading (Fayol's fifth function, coordinating, is now treated as an aspect of organizing). But in the 21st century the definition of management is broadened somewhat and the functions include (1) planning and strategizing, (2) organizing, (3) controlling, and (4) leading and developing employees.

## B. Types of Managers

Managers are found at multiple levels in an organization.

There are three main types of managers: general managers, functional managers, and frontline managers.


**Top Level Managers /General Managers/** are responsible for the overall performance of an organization or one of its major self-contained subunits or divisions.

**Mid-level Managers /Functional Managers/** lead a particular function or a subunit within a function. They are responsible for a task, activity, or operations.

**Frontline managers /Supervisory managers/** manage employees who are themselves not managers. They are found at the lowest level of the management hierarchy.

**Managerial Roles**

The roles that a manager has to fulfill can be summarized as interpersonal roles, informational roles, and decision roles.

**Interpersonal roles:**

- Managers as figure heads who, because of their authority, are obliged to perform a number of duties.
- Managers as leaders, providing guidance and motivation.
- Managers as liaison officers, maintaining a web of relationships with individuals and groups.
- Managers as disturbance handlers, dealing with involuntary situations and change beyond their control.

**Informational roles:**

- Managers as monitors, continually seeking and receiving information as a basis for action.
- Managers as disseminators, passing factual information to supervisors, colleagues and subordinates and transmitting value statements to guide subordinates in making decisions.
- Managers as spokespeople, transmitting information into their organization's environment.

**Decisional roles:**

- Managers as entrepreneurs, acting as initiators of controlled change in the organization.
- Managers as resource allocators, making choices about scheduling their own time, authorizing actions and allocating people and finance to projects or activities.
- Managers as negotiators with other organizations or individuals.


**Figure 2. Management Roles:** Source: Based on H.Mintzberg, The Nature of Managerial Work (New York: Harper & Row, 1973).

### C. Managerial Skills

Management is a challenging and complex task, and performing it effectively requires a variety of skills. These skills are organized into three categories:

- **Conceptual** - Conceptual skills are central to creating a vision and strategic plan for an organization. Conceptual skills are also important in middle management; as we move down to lower management levels, conceptual skills become less important.
- **Technical** - Skills that include mastery of specific task or following technical procedures.
- **Human** - Skills that managers need, including the abilities to communicate, persuade, manage conflict, motivate, coach, negotiate, and lead.
  They apply in varying degrees of importance to managers at all levels in an organization (*see fig below*).

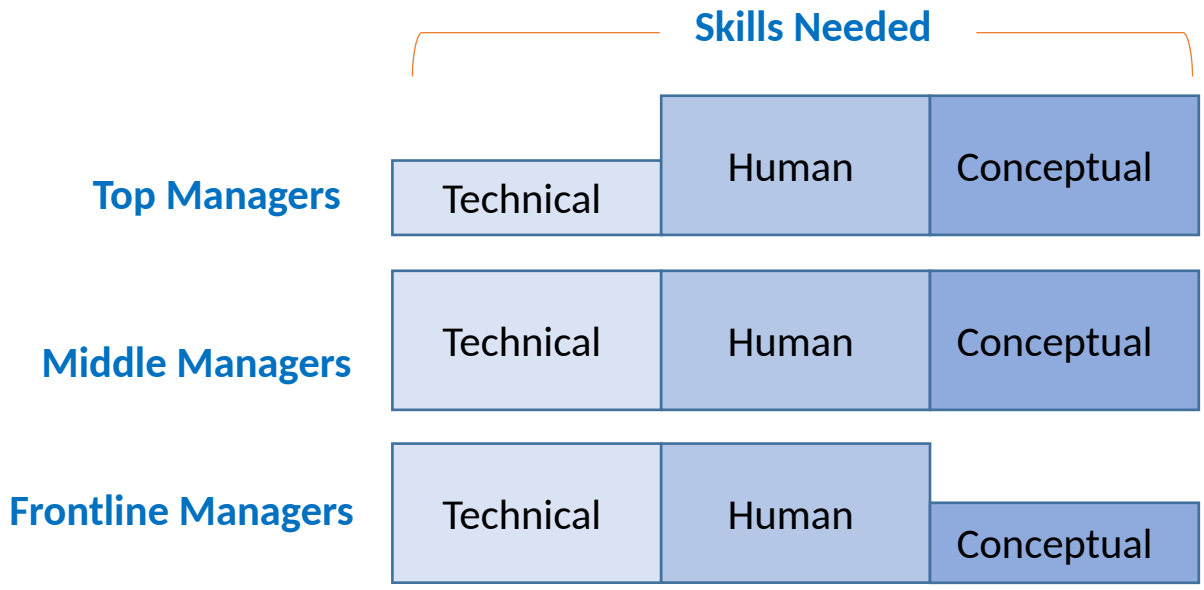



**Figure 3: Managerial skills at different levels of managers**

**Source**: adapted from "Skills of an effective administrator," by r. L. Katz, 1955, Harvard Business Review, 33(1), pp. 33–42.

### D. Management and Leadership functions

Despite the multitude of ways in which leadership has been conceptualized, the following components can be identified as central to the phenomenon: Leadership is a process, involves influence, occurs in a group context, and focuses on goal attainment. Based on these components, the following definition of leadership is used in this module;

**Table 1: Management and Leadership functions**

| Management Produces Order and Consistency | Leadership Produces Change and Movement |
|---|---|
| Planning and Budgeting<br>• Establish agendas<br>• Set timetables<br>• Allocate resources | Establishing Direction<br>• Create a vision<br>• Clarify big picture<br>• Set strategies |
| Organizing and Staffing<br>• Provide structure<br>• Make job placements<br>• Establish rules and procedures | Aligning People<br>• Communicate goals<br>• Seek commitment<br>• Build teams and coalitions |
| Controlling and Problem Solving<br>• Develop incentives<br>• Generate creative solutions<br>• Take corrective action | Motivating and Inspiring<br>• Inspire and energize<br>• Empower followers<br>• Satisfy unmet needs |

SOURCE: Adapted from *A Force for Change: How Leadership Differs From Management* (pp. 3–8), by J. P. Kotter, 1990, New York: Free Press.

## E. Leadership Roles:

### Goal Setting

A critical role of leadership is goal setting. The approach to organizational leadership termed "Management by Objectives" (MBO) (Drucker, 1954) is the most commonly discussed method of using goals and objectives to align organizational action toward achieving organizational goals.

### Strategic Problem Solving

Strategic problem solving is an approach to integrating the strategic function of leadership involving goal and objective setting with the subsequent organizational action required to achieve the set objectives. Strategic problem solving uses an eight-step approach, outlined below. The steps, while sequenced in the description, are in reality completed in a more iterative fashion with feedback loops and adjustments throughout the process.

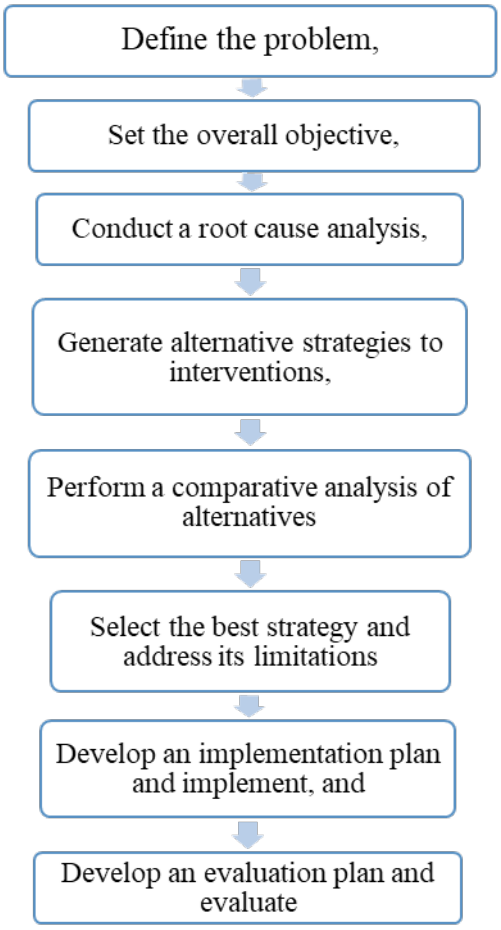



**Fig 4. The Eight-Step Strategic Problem Solving Process.**

**SOURCE**: Delmar, Cengage Learning

**Managing External Stakeholders**

One of the key roles of leaders in the health sector is to interact and work with key external stakeholders, including other leaders up the hierarchy, community members, donors, civil society organizations and various interest groups and associations. Leaders must view external stakeholders as champions of the organization and communicate well with them to increase their involvement towards achievement of organizational goals.

Effective external stakeholder engagement includes stakeholder mapping which is a collaborative process of research, and discussion that draws from multiple perspectives to determine a key list of stakeholders across the entire stakeholder spectrum.

### Managing Internal Workforce

A key role for people in leadership roles is managing the workforce to accomplish organizational goals together. This involves managing people as team members and as individuals simultaneously (Smith & Berg, 1997). Current conceptions of leadership suggest that leadership may best be understood as being born of the relationship between a leader and a follower. Understanding followership will help leaders to get the best out of their teams and also ensure that leaders are able to effectively utilize knowledge and skills of team members which may be complimentary to theirs. Hence, leaders how to understand their followers well so that they can motivate them towards a common goal, address their concerns and needs and build teams which work well together.

### Influencing Organizational Culture

One of the most important roles of leaders is to understand and influence organizational culture. Organizational culture is the deepest level of basic and shared assumptions and beliefs that are shared by members of an organization. Organization culture can be a key driver or deterrent to change and archiving organizational goals. Organizational culture is thought to operate unconsciously but defines its way of doing things, hence leaders have to pay an intimate attention to understand and influence it.

## Characteristic Differences between a Manager & a Leader

**A Manager** is a formally appointed and authorized individual in an organization/system to direct and support others to do their work effectively, oversee resource utilization and accountable for work results.

**A Leader** is an individual in a team capable of influencing (successfully persuade others to follow their advice, suggestion or order) group activities towards goal formulation and achievement. For an illustrative comparison between the two, please see the table below.

Table 2 Comparison between managers and leaders

| Basis | Managers | Leaders |
|---|---|---|
| Functions | • Cope with complexity<br>• Plan and budget<br>• Organize and direct the staff<br>• Control and solve problem | • Cope with change<br>• Set direction and shared values<br>• Align people with the organization & empower them<br>Motivate people |
| Characters | • Administer<br>• Maintain<br>• Control<br>• Short-term view<br>• Ask how and when<br>• Imitate<br>• Accept the status quo<br>Do things right | • Innovate<br>• Develop<br>• Inspire<br>• Long-term view<br>• Ask what and why<br>• Originate<br>• Challenge the status quo<br>Do the right things |

Source:http://guides.wsj.com/management/developing-a-leadership-style/what-is-the-difference-between-management-and-leadership/

## F. Theories of Leadership

There are various theories of leadership namely Trait approach, behavioral approach, skills approach, situational theory, path-goal theory, Leader-Member Exchange theory, Authentic Leadership, Adaptive Leadership, contingency theories, transactional theory, transformational leadership and servant leadership. Few of these theories are discussed below.

Leadership theories can be categorized by the key factors used to explain leadership success and can be categorized in four types:

1. **Trait theories** that examine personality traits associated with leadership success.
2. **Behavioral theories** that examine how those in leadership roles act towards those they are influencing, and

3. **Contingency theories** that examine how those in leadership roles are influenced by their surrounding environment and the subsequent performance within specific contexts.

4. **Contemporary theories of leadership**

Models of leadership behavior have become more complex in order to fit the reality that those in leadership roles often respond to a situation with a set of behaviors rather than a single response. An influential model of leadership style in contemporary theories is that of transformational leadership.

**Transformational leadership** is concerned with improving the performance of followers and developing followers to their fullest potential (Avolio. 1999; Bass & Avolio, 990a). People "who exhibit transformational leadership often have a strong set of internal values and ideals, and they are effective at motivating followers to act in ways that support the greater good rather than their own self-interest (Kuhnert, 1994).

Theories of transformational leadership argue it is effective because it changes the attitudes, values, and behaviors of staff in ways that align with organizational goals. Empirical research indicates that transformational leadership may be more effective in variety of situations. The finding that people-oriented leadership styles are correlated with better current performance outcomes is largely based on studies of transformational leadership. This style of leadership is positively associated with a variety of performance outcomes.

The table below lists the four key behaviors demonstrated by transformational leaders: (1) influence through a vision, (2) motivating through inspiration, (3) stimulating the intellect of subordinates, and (4) individualized consideration.

| Transactional Leadership | Transformational Leadership |
|---|---|
| Contingent rewards | **Idealized influence** |
| Management by exception (active) | **Inspirational motivation** |
| Management by exception (passive) | **Intellectual stimulation** |
| Laissez-faire | **Individualized consideration** |

**Table 3: Defining Characteristics in Transactional and Transformational Leadership**

**Transactional leadership** is composed of four behavioral elements, as depicted in the above table: (1) making rewards contingent on performance, (2) correcting problems actively when performance goes wrong, (3) refraining from interruptions of performance if it meets standards (i.e., passive management of exceptions), and (4) a laissez-faire approach to organizational change. While initial conceptualizations of transformational leadership argued that leadership within a specific situation can be defined as either a transformational *or* a

transactional approach, some researchers would argue that the same individual can choose between these approaches, and that those who are most successful in leadership roles use both approaches.

Transformational leaders lead employees by aligning employee goals with the leader's goals. Thus, employees working for transformational leaders start focusing on the company's well-being rather than on what is best for them as individual employees.

However, Transactional leaders ensure that employees demonstrate the right behaviors because the leader provides resources in exchange. Bass, B. M. (1985). *Leadership and performance beyond expectations*. NewYork: Free Press; Burns, J. M. (1978). *Leadership*. New York: Harper & Row.

**G.** Servant Leadership

***Activity 2:***
***Duration: 10 minutes***
***Group work:***
*Discuss in your team; the concept of servant leadership and how it relates with leading/managing/governing the health sector?*
*Discuss how a servant leader can make health services client centered?*
*Share you consensus points to the plenary*

**What is Servant-Leadership?**

Servant leadership begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead (Greenleaf, 1970). In addition to serving, Greenleaf states that a servant leader has a social responsibility to be concerned about the "have-nots" and those less privileged.

Servant leaders place the good of followers over their own self-interests and emphasize follower development (Hale & Fields, 2007).

Practicing servant leadership comes more naturally for some than others, but everyone can learn to be a servant leader (Spears, 2010)

Ten Characteristics of a Servant Leader

In an attempt to clarify servant leadership for practitioners, Spears (2002) identified 10 characteristics in Greenleaf's writings that are central to the development of servant leadership. Together, these characteristics comprise the first model or conceptualization of servant leadership.

| | |
|---|---|
| *Listening,* | *Foresight,* |
| *Empathy,* | *Stewardship,* |
| *Healing, Awareness,* | *Commitment to the growth of people* |
| *Persuasion,* | *and* |
| *Conceptualization,* | *Building community* |

**Who *is* a servant-leader?**

The servant-leader is servant first. It begins with the natural feeling that one wants to serve. Then conscious choice brings one to aspire to lead. The best test is: do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit, or at least not be further deprived? (Robert K. Greenleaf, *Servant Leadership*, 1977/2002)

Even though servant leadership has some overlap with other leadership approaches such as transformational leadership, its explicit focus on ethics, community development, and self-sacrifice are distinct characteristics of this leadership style. Even though servant leadership has some overlap with other leadership approaches such as transformational leadership, its explicit focus on ethics, community development, and self-sacrifice are distinct characteristics of this leadership style.

Research shows that servant leadership has a positive effect on employee commitment, employee citizenship behaviors toward the community (such as participating in community volunteering), and job performance. Liden, R. C., Wayne, S., J., Zhao, H., & Henderson, D. (2008).

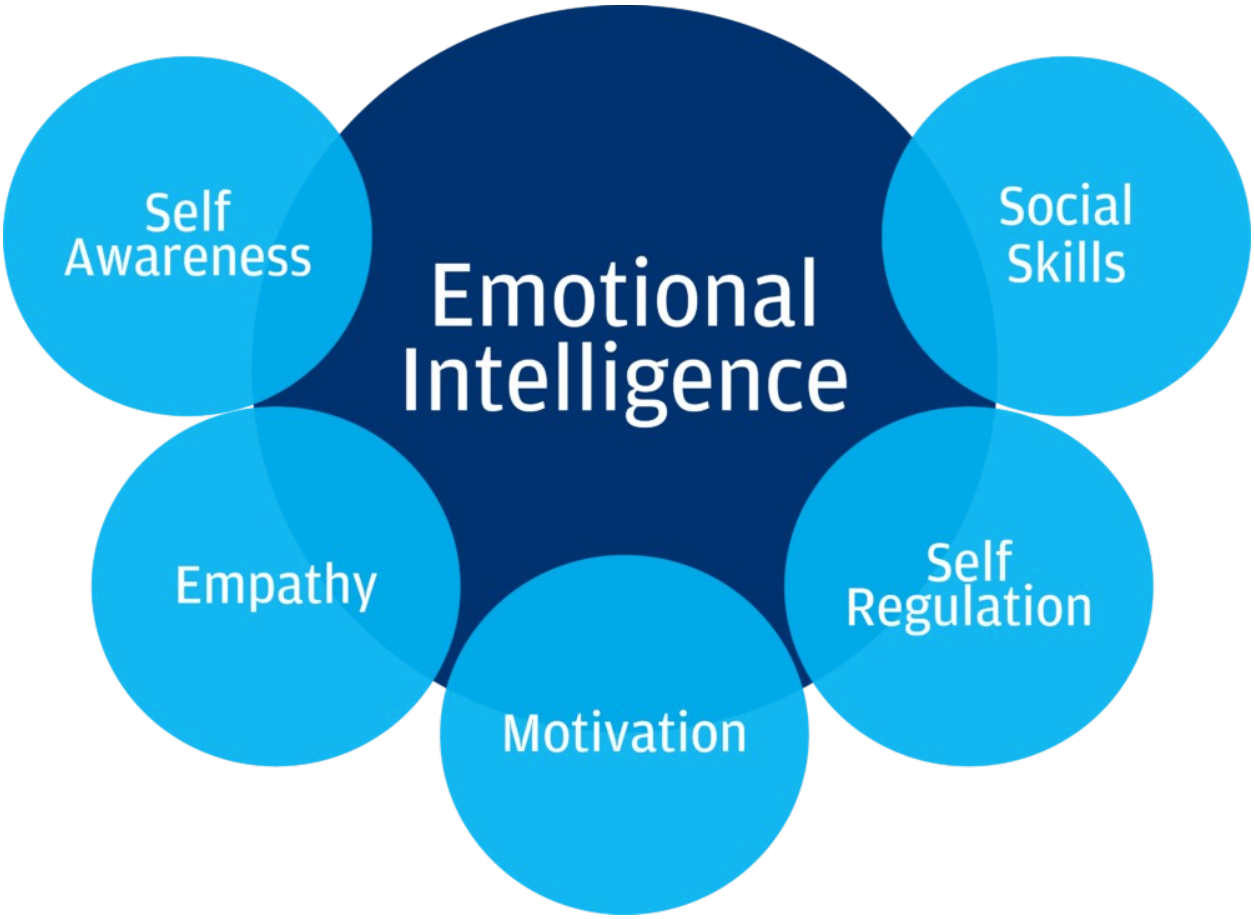
Research shows that servant leadership has a positive effect on employee commitment, employee citizenship behaviors toward the community (such as participating in community volunteering), and job performance.

## H. Emotional Intelligence

Mayer & Salovey, 1997 defined emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.

Emotional intelligence has to do with our emotions (affective domain) and thinking (cognitive domain), and the interplay between the two. Intelligence is concerned with our ability to learn information and apply it to life tasks, emotional intelligence is concerned with our ability to understand emotions and apply this understanding to life's tasks.

There are five elements that define emotional intelligence: Self-awareness, empathy, motivation, self-regulation and social skills.




**Self-awareness:** This is the ability to recognize and understand personal moods, emotions and drives and the effect of them on both self and others.
**Empathy**: the ability to understand the emotional make-up of others and the skill to treat people according to their emotional reactions.
**Self-Regulation:** This is the ability to control your emotions and actions.
**Motivation**: Highly motivated people put off short-term rewards for long-term success.
**Social skills:** Involves the ability to manage relationships, build networks, find common ground and build rapport.

## I. Balancing two Approaches to Leadership (Positional and Relational)

| | |
|---|---|
|  | ***Activity 3:*** Self-assessment of leadership approaches<br>***Duration: 10 minutes***<br>***Individual work***<br>*This will help you to assess the approach that you use most often in work situations.*<br>***Please read the table below*** *and circle 1, 2, 3, or 4 to indicate how often you use this approach when you work in a group.*<br>*For example, if you take responsibility for leading the group to results most of the time, you would circle 4 in the first table.*<br>*Only choose one number for each set of 1–4.* |

| | |
|---|---|
| | *Once you have circled one number for each set of statements, look and see whether you have circles on more 1s and 2s, or more 3s and 4s.*<br>*If you find that you have more 1s and 2s, then you tend to use the relational approach more often.*<br>*If you have more 3s and 4s, then you tend to use the positional approach more often.* |

**SELF-ASSESSMENT ON LEADERSHIP APPROACHES**

**Instructions**: *Please read the statements below and circle 1, 2, 3, or 4 to indicate how often you use this approach when you work in a group. Only choose one number for each set of 1-4. For example: If you take responsibility for leading the group to results most of the time, you would circle 4 in the first row.*

*Note: you are going to choose select one from the two questions in the row and one option from the two alternatives.*

***Table 4:*** Assessment table for the approaches of Positional and Relational

In the groups I work with…

| **I share responsibility for leading for results with group members** | | | **I take responsibility for leading the group to results** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| **I focus on involving people in the work** | | | **I focus on accomplishing goals in the work** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| **I influence others about resources** | | | **I make decisions to get resources** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| **I involve the team to create a to the team** | | | **I set and communicate a clear vision shared vision** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| **I involve the group in identifying and problems** | | | **I analyze and solve problems analyzing for the group** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| **I work to maintain relations group** | | | **I work to ensure the rules and standards in the are followed** |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

| I resolve conflicts by discussing how we can best point of integrate different viewpoints | | I resolve conflict by identifying the best view | |
|---|---|---|---|
| **1**<br>**Most of the time** | **2**<br>**Sometimes** | **3**<br>**Sometimes** | **4**<br>**Most of the time** |

**Scoring:**

Once you have circled one number for each row, look at your results and see whether you have more circles on the shaded side of the worksheet (more 1s and 2s) or on the unshaded side (more 3s and 4s).

If you have more circles on the shaded side of the worksheet, you tend to use the relational leadership style. If you have more circles on the right side, you tend to use the positional style more. To learn more about the two styles, refer to your handout *Two Approaches to Leadership.*

## 2.1.2. Leading & Managing Practices

**A.** Leading and Managing Practices

***Activity 1:***

***Duration: 20 minutes***

***Group exercise***

***Discuss in your small group on:***

*What does leading and managing mean?*

*Do you think of great individuals in great positions or authority?*

- *Do some practical researches about what people need to do to be effective at leading/managing. To do this research, look at people you know personally and think are excellent leaders/managers and learn about their practices.*

*- Think of someone you know personally (not a famous person) who leads*

*well, is good at enabling others to face challenges and achieve results in complex conditions.*

*What practices does he/she has which makes him/her effective in leading others?*

*Write what this person actually does in concrete words on a piece of paper.*

*Form pairs and share your thoughts with one another.*

***Validate the practices***

*Stand up with your note cards from the above exercise and stick each one on the flip chart page that best describes the practice you identified.*

*Discuss how some items can fit under more than one practice.*

## Leading practices:

- **Scanning:** identifying internal/external conditions influencing desired results
- **Focusing:** directing attention and efforts to priority challenges and action
- **Aligning & mobilizing:** uniting and motivating internal/external stakeholders to commit resources for desired results
- **c**reating a climate of commitment and continuous improvement

## Managing practices:

- **Planning:** preparing a set of activities, timeline, resources, and accountable to meet goals
- **Organizing:** developing structures, systems and processes to support a plan/goal
- **Implementing:** Carrying out and adapting a plan of action through coordinating related activities
- **Monitoring & evaluating:** observation, inquiry or assessment of project

### A. Integrated Leading and Managing Process

***Activity 4***

***Duration: 10 minutes***

***Group work***

*Using the leading and managing practices discussed in the preceding session, figure out the way that you can use these practices in an integrated manner.*

*Discuss in your team and share to the larger group.*

Leading and managing don't form distinct, sequential processes that you complete separately. The leading practices are not independent of the managing practices. Accomplished managers move fluidly between leading and managing to support their teams to face challenges and achieve results.

## B. Leading, Managing and Governing for Results Model

***Activity 5: Reflection on the LMG for results model***
***Duration: 10 minutes***

***Brainstorming***
*Leading, managing, and governing practices*
***Group work***
*In your team, discuss what you expect as a result of applying the twelve practices in your organization and how it links to each other.*
*What do you anticipate as intermediate result before observing changes in the service indicators?*
*Discuss the importance of having changes at the intermediate level before we see sustainable improvement in the health outcomes.*
*Share your consensus points to the plenary*

**Leading, managing and governing practices to improved health outcomes/results**[5]

At the core of developing health care managers' capacity is this belief:
***The proof of good leadership lies in achieving measurable improvements in health outcomes.***
Your team focuses on improving these health outcomes through better delivery of Health Services**.**

- Managers who learned to apply the LMG practices and listed on the left of the model can bring about changes in the work environment & empowerment of health workers, strong management systems, and responsive health systems prudently raising and allocating resources that leads to increased access, availability & utilization of services, improved quality and low cost. The three circles in the middle are critical contributors to improved services and health outcomes.

## C. Developing Managers Who Lead Triangle

***Activity 6:***
***Duration: 10 minutes***
***Group work***
*In your organization what are the approaches/methodologies used to empower the health workforce for achieving organizational objectives.*
*Use flip chart to list your points and share to the larger group. Compare your response with the "Developing Managers who lead triangle".*

[5] Governance part will be discussed in detail in the next module.

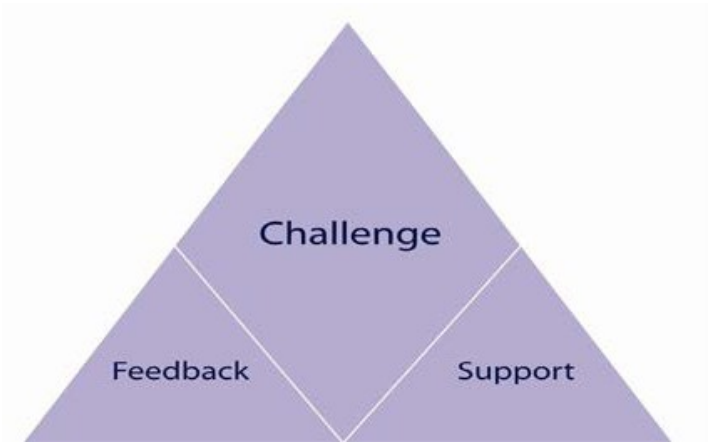



**Figure 5: Developing managers who lead triangle**

## D. Work climate

***Activity 7:***
***Duration: 5 minutes***
**Individual reflection**
*Think of a time when you were part of a workgroup that was productive or successful.*
*In contrast think of a time when you were part of a work group that was not productive or was not successful.*

*What was it like to be a member of that work group?*
*Why do you think the work group was productive/unproductive or successful/unsuccessful?*
*What was you're feeling about the environment of that working group?*

*Share your experience to the larger group.*

**Work climate** refers to the prevailing mood of a workplace or what it feels like to work there. Climate is the array of conditions related to staff motivation. Work climate is the "weather of the workplace." Just as weather conditions can affect your daily activities, work climate influences your behavior at work.
A good work climate can improve an individual's work habits, while a poor climate can erode good work habits. Most importantly, a positive work climate leads to and sustains staff motivation and high performance.

**Rewards of a positive work climate**

When people work in a supportive environment, they strive to produce results. Such an environment is called a positive work climate.

*A positive work climate stimulates staff motivation because it provides conditions under which people can pursue their own goals while striving toward organizational objectives.*

When members of staff feel motivated, they want to put their capabilities to work. They may even make efforts that exceed job expectations. The following figure depicts how a positive work climate improves work performance.

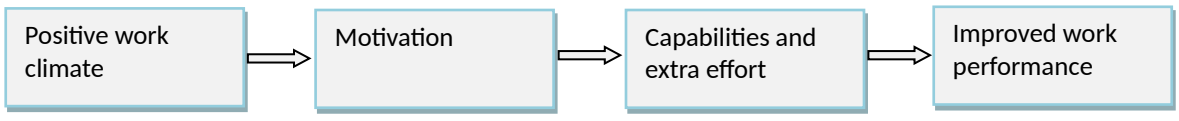



**Fig 6: Link between positive work climate and improved work performance**

**Factors that influence work climate**

It is important to know how you can influence work climate and distinguish between factors that are within your control and those that are not.

The climate of a work group develops through the influence of an organization's:

- **History**—its founding, successes, setbacks, and reputation;
- **Culture**—shared work values, beliefs, assumptions and traditions;

- **Management strategy and structure**—growth and job opportunities, definition of roles and responsibilities, policies regarding promotion and rewards;
- **External environment**—the broader context of politics, regulation, workforce skills, and social barriers;

 **Managers' practices and competencies** in leading a team. Refer the handout for work climate assessment tool

## A. 2.1.3: Effective Communication and feedback

**B.** Basic concepts of communication

***Activity 1: Communication among staff***
***Duration: 10 minutes***
***Group work***
*Have you or your team ever encountered problems associated with communication barriers at work? Take an instance to share it with your group.*
*What were the causes for the problem? Did it affect your relationship with your boss or colleagues or generally did it affect your performance at work?*
*How do you think leaders/managers at all levels should communicate with their staff (both downward and upward communication)?*
*Share your consensus points to the plenary.*

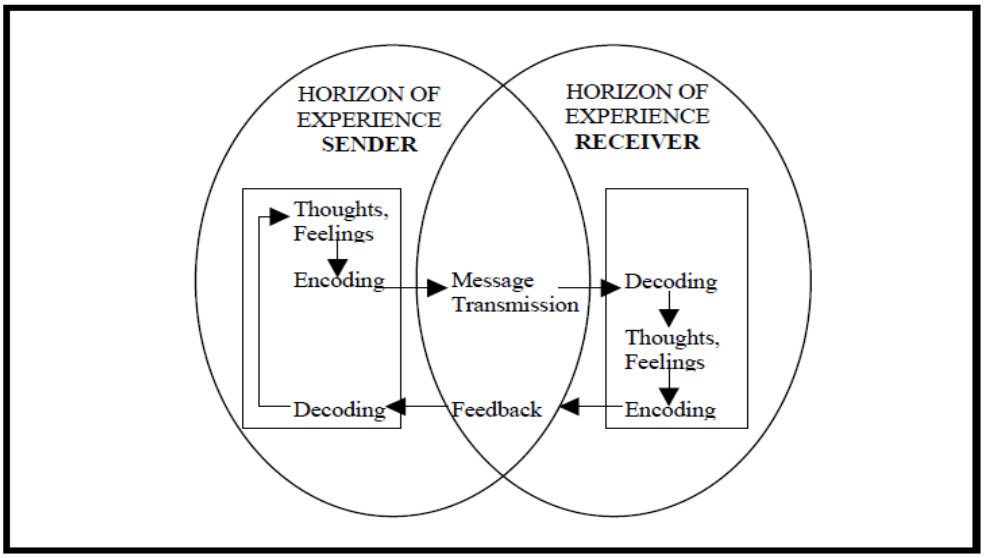
### Communication

Communication is a process by which two or more people exchange ideas, facts, feelings or impressions in ways that each gains a common or mutual understanding of the meaning and the use of the message.

Managers have traditionally spent the majority of their time communicating in one form or another (meetings, face-to-face discussions, memos, letters, e-mails, reports, etc.). Today, however, more and more employees find that an important part of their work is communication, especially now that service workers outnumber production workers and research as well as production processes emphasize greater collaboration and teamwork among workers in different functional groups.
Changes confronting organizations and the associated changes in organizational forms have made organizational communication increasingly important to overall organizational functioning. For example:

- Work is more complex and requires greater coordination and interaction among workers
- The pace of work is faster
- Workers are more distributed
- Simultaneous, distributed work processes are more common
- Knowledge and innovation are more critical to an organization's competitive advantage
- Communication technologies and networks are increasingly essential to an organization's structure and strategy.

So, communication is not only an essential aspect of these recent organizational changes, but effective communication can be seen as the foundation of modern organizations (Grenier and Metes 1992; D'Aprix 1996; Witherspoon 1997; von Krogh et al. 2000).




Adapted from White and Chapman (1996:11)

**Figure 7. Technical Sender-Receiver Model of Communication**

Key distinctions with respect to organizational communication involve:

- Levels
- Formal versus informal
- Direction (vertical, horizontal, diagonal), and
- Internal versus external focus.

**Levels:**

Communication in general is frequently divided into the following levels:

- Interpersonal communication
  - Sending/receiving (listening)
  - Oral/written/electronic (electronic can be computer mediated oral or written communication)
  - Verbal/nonverbal
- Group level communication
- Organizational level communication
- Inter-organizational level communication
- Mass communication

Although interpersonal and group level communications reside at a lower level than organizational communication, they are major forms of communication in organizations and are prominently addressed in the organizational communication literature. Indeed, the initial focus of the organizational communication literature was the interpersonal communication skills of managers (particularly speaking and writing). As organizations became more communication based, greater attention was directed at improving the interpersonal communication skills of all organizational members.

**Formal versus Informal Communication**

In the past, the concern of managers of large bureaucratic organizations and, consequently the major focus of the organizational communication literature was *formal, top-down communication*. *Informal*

*communication*, generally associated with interpersonal, horizontal communication, was primarily seen as a potential hindrance to effective organizational performance. This is no longer the case. On-going, dynamic, and non-formal, if not informal, communication has become more important to ensuring the effective conduct of work in modern organizations.

**Vertical, Horizontal, and Diagonal Communications**

Communication can also be characterized as vertical, horizontal, or diagonal. Initially greater emphasis was directed at vertical organizational communication as compared to lateral communication but that is no longer the case. Diagonal communication is an even more recent emphasis in the organizational communication literature.

Vertical communication occurs between hierarchically positioned persons and can involve both downward and upward communication flows. Downward communication is more prevalent than upward communication. Larkin and Larkin (1994) suggest that downward communication is most effective if top managers communicate directly with immediate supervisors and immediate supervisors communicate with their staff.

One way to give supervisors power is to communicate directly with them and to have them provide input to decisions. Ensuring that supervisors are informed about organizational issues/changes before staff in general, and then allowing them to communicate these issues/changes to their staff, helps reinforce their position of power.

Lateral communication involves communication among persons who do not stand in hierarchical relation to one another.

Diagonal communication refers to communication between managers and workers located in different functional divisions (Wilson 1992).

**Internally versus Externally Directed Communication:**

Internally oriented organizational communication far exceeds that directed at externally oriented organizational communication. However, externally oriented communication is becoming a more important issue. As organizations increase the range and centrality of their interactions with clients, suppliers, and the public preparing for and managing the communication competencies and resources of the organization becomes ever more important.

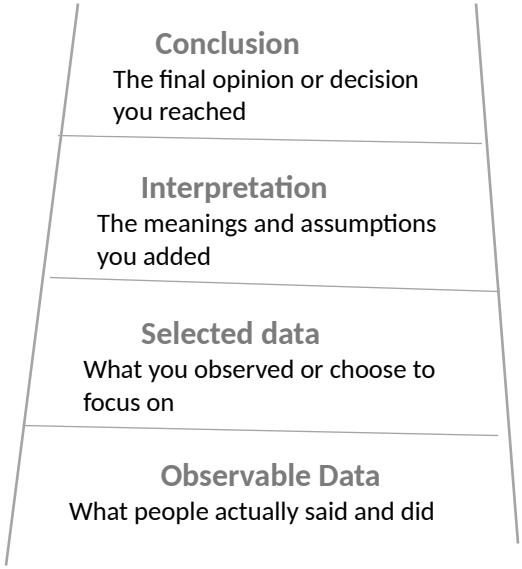
**Key message: The Ladder of Inference:**

*When you promote the exchange of ideas, conflicting opinions will inevitably emerge. These are good, since better solutions often come from wrestling with differences. Identifying each person's assumptions will help in sorting out disagreements. From the massive amount of information that comes your way, you filter what is useful to you by making assumptions and interpretations, and then you draw conclusions. Your coworkers do the same, except the subset of data they pay attention to, and the assumptions and interpretations they use as a filter, can lead to very different conclusions. It is no surprise then that people can disagree strongly with others in the workplace. When you ask each other questions, you can uncover people's assumptions and the reasons behind their initial conclusions.* ***The Ladder of Inference*** *is a useful model for understanding the assumptions that led to your*

The following scenario illustrates how people can apply the Ladder of Inference.

**Climbing the ladder of inference**

People base their conclusions on their interpretations of selected data and on what they observe other people saying and doing. When you and another person disagree, you can go back to the reasoning behind your conclusions. You can each disclose the data (the words or actions) you observe d and your interpretation of them. Then slowly you can move up the ladder of Inference, explaining to the other person. "This is what I am thinking and this is how I reach these conclusions." Together, you can find flaws in your selected data, interpretations, or conclusions, which will enrich your communication.




Source: Adapted from Argyris 1982 in THE FIFTH DISCIPLINE FIELDBOOK by Peter M. Senge, Charlotte Roberts, et.al., copyright ©1994 by Peter M. Senge, Charlotte Roberts, Richard B. Ross, Bryan J. Smith, and Art Kleiner. Used by permission of Doubleday, a division of Random House, Inc.

**Figure 8: Ladder of inference**

**Key Functions of Communication**

The literature on communication generally acknowledges that the basic function of communication is to affect receiver knowledge or behavior by informing, directing, regulating, socializing, and persuading. Neher (1997) identifies the primary functions of organizational communication as:

- Compliance-gaining
- Leading, motivating, and influencing
- Sense-making
- Problem-solving and decision-making
- Conflict management, negotiating, and bargaining.

**Principles of Effective Communication**

- Listening well
- Judgment/bias free approach
- Building trust with honesty
- Giving honest feedback.
- Admittance for what is not known (openness for enlightenment).
- The other important factor in creating effective communication bridge is **how you actually deliver your message**. According to the work of Dr. Albert Mehrabian, words are only 7 percent of the actual message we communicate. Tone of voice or voice inflection accounts for **38** percent of our message, and nonverbal communication is by far the most important aspect, making up ***55*** percent of the actual meaning of the communication. Obviously, what counts is not *what* you say but *how* you say it. Words primarily address the *content* of your message. All three combined, words, tone of voice, and nonverbal communication, convey the *emotional impact* of the message.

**Consider these guidelines for vocal presentation:**

- A low-pitched, well-modulated voice conveys strength and confidence.
- A high-pitched voice indicates excitement, lack of control, and perhaps panics.
- Speaking too softly conveys lack of confidence and fails to engage the listener.
- Speaking too loudly signals aggressiveness, intolerance, or lack of patience.
- Varied pace and tone indicates excitement and importance.
- Pausing adds emphasis to the last statement. Pausing also allows the receiver time to process the message.
- Raising, lowering, and altering the tone of voice overcomes a monotone delivery.
- Emphasize points by raising or lowering your voice (whispering can be very effective).
- Avoid vocal distractions, including the repeated use of words and phrases such as, "you know," "uh," "okay," "um,'' and "er'' (they distract the listener from concentrating on your message).

**Common barriers to effective communication**

- Lack of credibility/significance, negligence
- Lack of common vision, understanding, language/jargon
- Failure to seek or offer feedback
- Project/Program related disparity
- Attitudes/beliefs ( lack of interest, skills)
- Competition for attention (noise)

As a leader/manager of the health sector you need to alleviate communication barriers to build the strong work relationships and balance of challenge, clarity, and support to create a good work climate. It is critical for an organization to communicate in ways that encourage understanding and learning.

Communicating effectively is a key leadership competency for developing a motivating work climate. When you communicate well, you help to create a work climate that encourages the flow of ideas and conversations where people learn from one another. To have meaningful communication, you absorb and reflect on what others are saying and then respond constructively in a way that others will find helpful. Small changes in the way you communicate can make a big difference in your work climate.

## C. Strategic communication

***Activity 2:***
***Duration: 10 minutes***
***Brain storming***

- *Importance of Strategic Communication for the Health Sector.*

***Group work***

*Discuss in your team; your organization's Strategic Communication Plan, ( if exist), that help you strengthen organizational performance.*
*If not, devise a strategic communication framework referring the strategic communication steps displayed in the hand-out provided with.*

**Strategic Communication** is communication with a vision. It uses a clearly defined strategy designed to achieve specific goals established in advance.
Strategic communications is an art—the art of presenting ideas clearly, concisely, persuasively and systematically in a timely manner to the right people. Strategic communications is about maximizing available resources and positioning your organization to be proactive instead of reactive. It's about advancing your mission and actualizing your vision. (*Strategic communication: origins, concepts, and current debates / Christopher Paul. 2011)*
A multi-track communications strategy that targets key stakeholders helps to attain interrelated objectives of the Health Sector through:

- Consensus building
- Participatory planning and management
- Evidence-based decision making
- Stakeholder/customer awareness and informed choice, experience sharing
- Advocacy and policy promotion

**Communicating Strategically** – planning, implementing, monitoring and evaluating strategic communication programs] requires a clearly defined strategy with specific goals established in advance.
A framework has already been designed to guide communication professionals on developing strategic communication programs and answer for questions like: what behaviours to change; which group to address; what specific programs you need to develop; what messages and materials to develop; which stakeholders to involve; how to monitor and evaluate your program; how to enhance capacity building; how to ensure continuity and sustainability of the program.


**Figure 9: Steps of strategic communication program**

**Communicating with Policy** makers/donors/partners are special audiences and are very important top officials who have their own agenda and priorities, and might not be interested on what you are presenting. They are usually too busy to listen to/ read long details. Yet they are the ones who make important decisions, be it to fund your research proposal or implement the recommendations of your study. When communicating to such audiences, then, one needs to make it simple, concise, focused and adopt persuasive style of presentation.

## D. Partnership and Networking

***Activity 3:***
***Duration: 10 minutes***
***Group work***

*Referring your organization's portfolio, identify individuals and partners that had good relationship with your organization.*
*How did you establish that relationship? Was the relationship tied only with the person who leads the organization or the organization itself?*
*Discuss in detail the strategy you propose to sustain your relationship with the selected organizations/partners.*

**The Purposes of Communication, Partnership and Networking**

- Initiating action, deliberation, consultation, making decisions
- Imparting information (Information is giving out, communication is getting through)
- Establishing relations (Partnership and Networking)
- Reinforcing commitment
- Sharing experience
- Mobilizing partners, communities, beneficiaries, stakeholders

**What is Partnership?**

A formal or informal arrangement to work together towards a common goal, for example, achieving universal access to health, Sustainable Development Goals (SDGs), HIV free generation, food security. For instance, establishing networks/forum to deliberate on local, regional and international/ global issues to advance health related agendas (The Paris Declaration, The Abuja Declaration, The Global Fund Forum, The Global Health Workforce Alliance, and national and regional partnership forums.

**Stages of Partnership Building**

- Initiation: Something triggers the idea of Partnership
- Preparation: The Initiator Plans how to involve others
- Action: The Partnership is enacted
- Continuation or Separation

**What is networking?**

- Is important business of making informal/formal contacts, chatting, and picking up further contacts
- It is important before other more formal information giving like organizing meetings/conferences for experience sharing…
    - Networks place more emphasis on connections between individuals than partnerships formed by bringing different groups or organizations together. Example project teams, stakeholders, development partners.

Listening Skills

***Activity 4: Role play***
***Duration: 15 minutes***

***Step1 Practice "Poor" listening and share what it feels like and switch roles***

*How did that feel? Has this happened to you? Have you been a bad listener to others? What happens when people have bad listening habits and share to the larger group?*

***Step 2 Practice "good" listening and share what it feels like***

- *What happens when people practice good listening habits?*
- *Summarize the impact of bad & good listening on motivation & organizational effectiveness.*
- *Make possible links between listening and scanning for information.*
- *What lessons do you take from this exercise? Discuss in your small group.*

As simple as it sounds, many people fail to thoughtfully hear and reflect on other people's comments. In a busy day, it can be hard to focus on something that does not seem immediately related to the task you are involved in. But people who are open to learning from each other know when to listen carefully and ask questions, and when to propose ideas. They deal with differing opinions and negative feelings before they cause conflict.

Not listening when another person speaks indicates disinterest and lack of courtesy. When a coworker seeks your advice and you promise to give him time, it is important to listen fully to what he has to say and respond appropriately to his concerns. That means ignoring outside interruptions, such as

phone calls. It means not reading unrelated materials or bringing up unrelated topics. If you cannot be fully present, propose a more convenient time and place for the conversation.

**E.** Feed back

***Activity 1: Practice giving useful feedback***
***Duration: 15 minutes***
**In your team:**
*Think of a time when you received feedback that was helpful.*
*Now think of a time when feedback was not helpful.*
*Talk about these two experiences with another person at your table.*
*In order for feedback to be helpful, you need to:*
*Be specific about the action that was not helpful—do not generalize by using words such as "always" or "never";*
*Describe the impact of the action on you and/or the work;*
*Make a specific request for another action.*
*Reflect your experiences to the larger group.*
***Practice giving feedback through a role-play***
*Think of a situation in which you wished you had given feedback, or one where you would like to in the future.*
*Practice saying what you have noted on the handout to your partner.*
*If needed, provide background to your partner so one understands the situation.*
*After a few minutes, repeat the exercise by reversing roles.*
***Share experiences in giving effective feedback***
*Share experiences in the larger group:*
*What was it like to give and receive feedback in this way?*
*Think about ways to practice giving useful feedback at work or at home.*
*How might you support one another as a team?*

Providing helpful feedback is a great motivator of performance. You can reinforce a person's constructive action by letting the person know what you specifically appreciated about their action. For instance, you might comment, "I liked the way you organized the meeting agenda and kept time. We accomplished all we needed to and even finished early."

On the other hand, poorly delivered, critical feedback can make people feel resentful or helpless. In giving staff constructive feedback, you should avoid saying "You always . . . ." Rather, identify the specific action that bothers you and indicate how it affects you and the group's work. Then you can request a different action from the person.

**Balance the negative with the positive.** When you find yourself giving critical comments about poor performance, you can balance these with positive comments. In meetings and informal conversations, pay attention to how often you share the things you like about your staff's work and how often you focus on what you want them to improve. A study of successful teams found that their conversations included, on average, five positive comments for every negative comment (Gottman 1994).

This balance is especially important if your group suffers from low morale and you tend to criticize. Consider decreasing your critical comments and increasing positive feedback to your staff. In discussions about performance, if you start off with genuinely positive comments, your staff is less likely to grow defensive and more likely to accept your suggestions. Also encourage staff members to

give positive feedback to each other when their work deserves praise. However, positive feedback for mediocre work is dishonest and can encourage persistently mediocre work or even arouse cynicism.

**Giving Useful Feedback**

Use the following format to practice providing effective feedback

*When you_____, I feel_____.*
*The impact on me or the work is _____.*
*I would like it if you_____.*

### 2.1.4. Conflict Management and Negotiation at workplaces

**A.** Conflict management

***Activity 5 Conflict management***

***Duration: 25 minutes***

***Role Play: Positive and Negative Action - Scenario***

*The staff member seems to be in a problem. There is a lot of gossip about the case team leader who is not knowing her job and not able to provide proper leadership. Although recruited recently, the case team leader has good qualification and good track record with the previous organization. You realize that this activity is different and that she may lack some skills to provide technical leadership. You also recognize that her assistant may resent that he did not get the job although he knows that he does not have adequate qualifications for the position.*

***Instructions for the Director/executive manager:***

*As a Director/ Executive Manager you decide to call both of them to your office to explore the conflict and find an appropriate solution. You knew that there may be difficulties when you recruited the new case team leader as the assistant was hoping to get the position. You however feel strongly that the assistant does not have adequate managerial skills to lead the team. He is hard working but cannot in your opinion provide the required leadership. You would like to give the chance for both of them, the case team leader and her assistant would like to avoid the situation where you have to ask the assistant to leave. You want to use a problem solving approach according to the following guidelines:*

*What is the current situation? What is the apparent cause of the problem? What is the real reason?, What are the potential solutions? How will the solution be implemented? Will it work?*

***Instructions for Case team leader***

*You are recently recruited and very eager to do a good job. You have, however met a lot of resentment and hostility from your assistant. Although not outright rude, he never volunteers any information, does not respond to your attempts to draw him out and refuses to discuss the problem. His response is always that there is no problem. You feel uncomfortable as you have a suspicion that he encourages gossiping and is trying to frustrate your efforts for the team to accept you. You are, however, very keen to solve the problem and willing to listen to him.*

***Instructions for assistance case team leader***

*You feel very strongly that you have worked in the organization from the beginning and should be given a chance to become the assistance case team leader. Instead the management brought in an outsider, a much younger woman who does not really understand the activities. She may have all the qualifications but lacks experience in your opinion. You feel betrayed. However, you do not want to lose the job, would be keen to solve the problem but without losing the face.*

***Instructions for observers:***

Using the situation, answer the problem solving questions and then define some positive and negative actions the Director, the case team leader and the assistance case team leader took?

| ***Positive*** | ***Problem solving question*** | ***Negative action*** |
|---|---|---|

| | | |
|---|---|---|
| ***action*** | | |
| | *What is the current situation?* | |
| | *What is the apparent cause of the problem?* | |
| | *What is the real reason?* | |
| | *What are the potential solutions?* | |
| | *How will the solution be implemented?* | |
| | *Will it work?* | |

Examples of positive actions:

1. Carefully analyze events leading up to the problem.
2. Spot poor performance in sub-group team.
3. Recognize that sub-group leader is at fault.
4. Offer to retrain and support sub-group leader.
5. Review leader's training needs on regular basis.
6. Review situation in 6 months to check success.

Some examples of negative actions:

1. Ignore evidence and proceed as before
2. Lay blame indiscriminately on all team members
3. Blame all members of the project without cause
4. Leave project leader with no support
5. Deem that no further backup action is necessary.
6. See project leader resign, citing lack of support.

**Ten Principles of Conflict Competence for Individuals, Teams and Organizations**

Conflict competence applies to individuals, teams, and organizations. It is relevant at work, home, and in community settings. The following principles capture the key elements of conflict competence and can be used to frame effective training efforts.

1. Conflict is inevitable and can lead to positive or negative results depending on how it is handled.
2. While people generally see conflict as negative and prefer to avoid it, better results can emerge from engaging it constructively.
3. In order to overcome reluctance to address conflict, people need to believe it is important to do so — thus recognizing the tremendous value of managing conflict effectively.
4. Individual conflict competence involves developing cognitive, emotional, and behavioral skills that enable one to cool down, slow down, and engage conflict constructively.
5. Cognitive skills include developing self - awareness about one's current attitudes and responses to conflict and an understanding of conflict's basic dynamics.
6. Emotional skills include understanding one's emotional responses to conflict, regulating those responses to attain and maintain emotional balance, understanding and responding to the emotions of one ' s conflict partners, and when necessary slowing own to allow extra time to cool down.
7. Behavioral skills include engaging constructively by understanding others' perspectives, emotions, and needs; sharing one ' s own thoughts, feelings, and interests; collaborating to develop creative solutions to issues; and reaching out to get communications restarted when they have stalled.

8. Engaging constructively also involves reducing or eliminating the use of destructive behaviors characterized by fight - or - flight responses to conflict.
9. In team settings, conflict competence includes creating the right climate to support the use of the "cool down, slow down, and engage constructively" model among teammates so they can have open and honest discussions of issues. Creating the right climate includes developing trust and safety, promoting collaboration, and enhancing team emotional intelligence.
10. In organizational contexts, conflict competence involves creating a culture that supports the "cool down, slow down, and engage constructively" model. This includes aligning mission, policies, training programs, performance standards, and reward structures to reinforce the conflict competence model. It also includes creating integrated conflict management systems to support these cultural changes.

In order to be conflict competent, an organization needs its leaders, managers, supervisors, and employees to be individually conflict competent. At the same time, it needs to align its conflict management processes with its mission, values, policies, performance standards, and reward structures in order to reinforce the kind of conflict behaviors it wants its personnel to use with each other and with its service providers and clients. This involves creating systems to reinforce its conflict model and to provide multiple avenues for employees to address conflicts, preferably at the lowest possible level at the earliest possible time.

When we work with teams, we ask the members if they encounter conflict in their work. They almost always say yes and readily agree that they will face it again in the future. When we probe further to see if they have developed processes for handling conflicts when they emerge, they almost always say no. This is why we believe teams have such a difficult time dealing with conflict. Team conflict is both natural as well as inevitable. It emerges from many types of differences that the members bring to a team such as education, experience, values, culture, personality, and interests. These differences can sometimes lead to people feeling threatened. They can also create expectations about how others should respond.

This, in turn, leads to conflicts when people do not respond in the desired manner.

***Task conflict*** occurs when people have differences and they work to solve the problems and issues caused by the differences. This kind of conflict can result in creative solutions, good decisions, and improved implementation.

***Relationship conflict*** is typified by focusing on whom to blame as opposed to how to solve problems. It leads to divisiveness and poorer outcomes in teams. When teams experience more task conflict than relationship conflict, they tend to perform better. So, how do teams engage in task conflict? Significant research has examined this issue over the past ten years. The key question is whether team members are able to openly and honestly discuss difficult issues in a constructive manner. While this sounds straightforward, it clearly is not easy given the degree of difficulty that most teams experience around conflict.

**In *Building Conflict Competent Teams,*** there are two critical steps that teams can take to improve their chances of making the most out of the conflicts they experience. The first involves creating the right climate for discussions, and the second deals with using effective communication strategies to explore issues and develop solutions to problems. However, even when the right climate is established and teams employ effective communication strategies, teams may still experience conflict challenges.

**Is conflict constructive?**

Many people suggest that conflict is healthy and constructive. While conflict can provide broader perspectives and deeper understanding, for most people conflict is destructive.
A conflict is constructive only if as a result:

- The relationship is stronger
- You understand each other more
- There is greater willingness to meet each other's needs
- There is greater trust
- You have resolved the source of future conflicts
- There are richer perspectives

If the conflict results in deeper frustration, negative feelings and a growing hostility, it is destructive to the relationship. You have created a remedial situation from which you have to recover.

**Resolving conflict:**

As conflict is caused by a denial of people's needs, the successful resolution must involve the satisfaction of those needs; otherwise the conflict could simmer and re-ignite. If you want a lasting win, look for the win for the other.

If **Takele** just ignored **Kaba's** need for procedures and does the work **his** way, **his** needs are met and **Kaba's** are not ... it is *win-lose*, 10 for **Takele** and 0 for Kaba. If Kaba pulls rank and insists that **Takele** follow his procedures regardless of **his** need to be creative, this is *lose-win*, 0 for **Takele** and 10 for **Kaba**.

In both these scenarios the conflict remains unresolved and will continue, albeit under the surface, until there is some element of *win-win*.

Conflict resolved in the unshaded area is likely to keep re-emerging as needs are largely still unmet. Try to get a compromise with 5/5 and above. While it may not be possible to get 100% satisfaction, aim for at least 50% + satisfaction for both parties

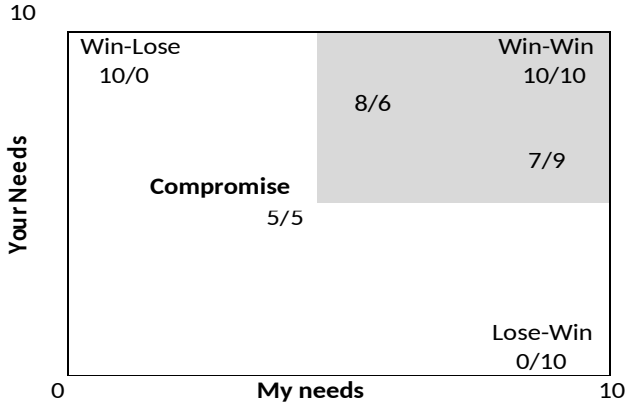



Fig. 10: Conflict resolution

**Celebrate the difference:**

The view through your window is different, not better, not right, just different. The difference need not be the battleground; it can be the source for broader perspectives. There is nothing wrong with you and there is nothing wrong with me, but there may be something wrong between us. Celebrate rather than fight the difference.

Win-win is more likely when people

- Focus on both sets of needs, concerns and feelings.
- Respect each other's view.
- See the issue as a mutual problem to be solved.
- Are prepared to listen and compromise.
- Are not interested in winning at any cost.
- Opt for power *with* rather than power *over*.

**The power of co-operation:**

People will not want to co-operate with you, if you seem to be against them. Aim to be open, receptive and willing to collaborate.

Create an atmosphere in which everyone feels that something can be gained, i.e. everyone is a winner. Maybe you don't get what you want until others get what they want.

**Key skills for collaboration:**

Here are three skills which prevent the escalation of the conflict and allow you to steer the energy along a path that will increase understanding, trust and co-operation.

1. *Listen acceptingly* – find out what others see through their window on the world.
2. *Talk constructively* – share what you see through your window on the world.
3. *Problem-solve* – marry the views for mutual wins.

**The steps for managing conflict:**

While there is more than just one way to resolve any conflict, there are certain processes that will enable you to manage the differences in open and honest ways without damaging the relationship. Here are four steps in addition to skills discussed that allow you to make the transformation from you against me to us against the problem.

This model has evolved through work on conflict management in organizations and couple counselling.

Step one: Attend to the other person first.

Step two: Explore the need behind the want for both of you.

Step three: Invite the other's solution.

Step four: Build maximum win-win.

Steps one and two show that you are trying to understand the other person, Steps three and four show that you are willing to meet their needs.

**Steps to conflict resolution**

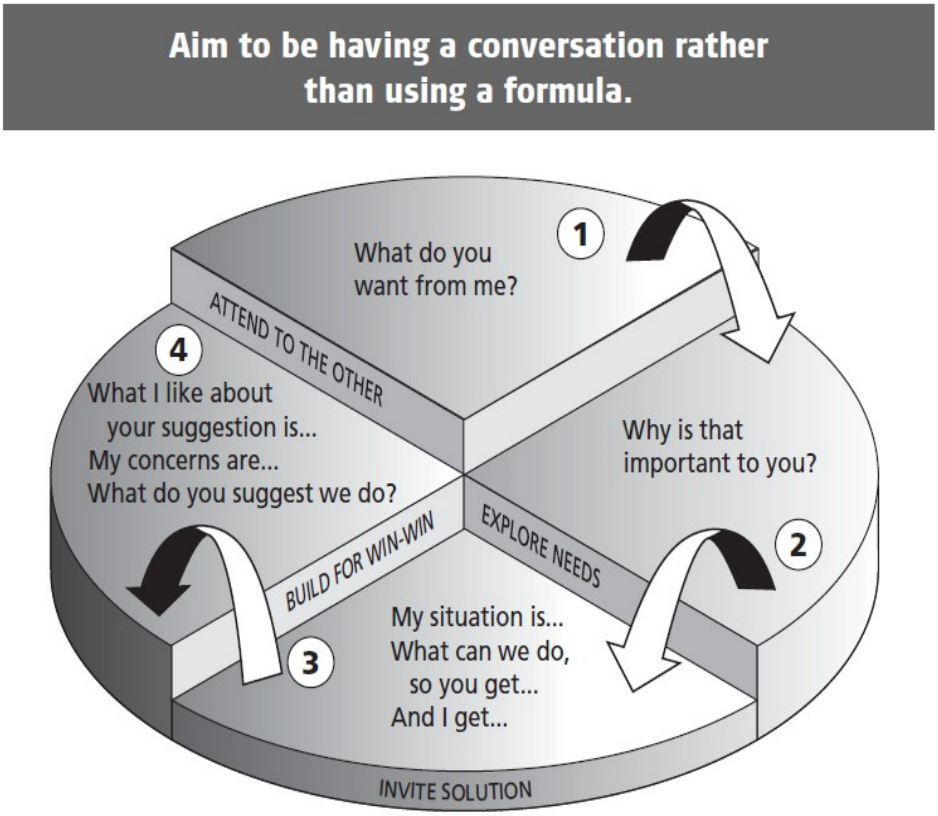



Figure 11: Steps to conflict resolution

***Activity 6: Role plays on Negotiation skills***

***Duration: 20 minutes***

***The situation:***

*You are a program director in one of directorate/Core processes/ in your organization. Your main donor has asked you to include three more activities in your current program while you feel that this will not be as desirable to you or to the community because handling all these activities at the same time may be impossible. Your task, here is to negotiate with the donor to maintain the funding and confidence of the donor and at times not take up all these activities because all what you can do is take only one more activity.*

***Instructions for the program director and his team***

*You appreciate that the donor needs to achieve his objectives by having these activities taken up. You feel that the community is not ready for these new activities. Besides, you do not currently have enough qualified staff to take on additional activities and would take you at least a year to be able to train and/or recruit more staff. Further, you also need more office space and system to accommodate more staff.*

***Instructions to the donor team***

*You like working with this organization but feel that they are: not listening to you and not making enough effort to get into the community. Besides, you feel that if you continue in that pace you will not achieve your objectives*

***Instructions for Observers***

*Analyze the negotiation process. How well did the negotiators take common interests? How were the conflicting interests handled? What was positive? What was destructive? What was the outcome of*

*the negotiation?*

## B. Negotiation as a strategy for Resolving Conflict:

**Negotiation** is the process of combining divergent viewpoints to produce a common agreement. While more precise than "diplomacy," it is broader than "bargaining," and therein lies the problem of approach.

Of course, negotiation isn't the only way to resolve conflict. There are five options that we can use to resolve conflict, as follows:

- Negotiation
- Dictating terms
- Surrendering
- Arbitration
- Problem solving

**At the top of the list is negotiation**—where we aim for a "win-win" mutual compromise.

**Figure 12: Phases of negotiation**

**Overview of the Five Phases of Negotiation:**

The process people go through to get the best and the right result from a situation where two sides want something from each other and each would like to influence the outcome in their favour.

**The 4 Cs in negotiation**

- Common interests
- Conflicting interests
- Criteria
- Compromise

**Good/effective Negotiation skills**

To be a good negotiator in the health sector, the manger needs to read and understand the other party's needs and expectations. The Health Sector Managers at all levels should be prepared to compromise and indicate that every concession you make is a loss to you. It is important to consider the objectives of your organization and need of your beneficiaries while you negotiate with any party. If the worst comes ask for time to consider new proposals.

# 2.2: Planning and Implementation

## 2.2.1: Strategic Planning

### A. Steps of Strategic Planning Process

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Do you have any future plan for your personal life? How did you come up with this idea? Whom have you talked to? What types of information you solicited? Was it achievable with the time limit you set? Reflect your ideas to your team members.*
*What did you feel when you hear other persons' personal plan?*

*Do you think an organization needs to have a strategic plan? From your previous experience discuss the steps required in the strategic planning process.*
*Write your responses on a flip chart and present to the plenary?*

**Planning/Health planning**

Planning is a systematic process of identifying and specifying desirable future goals and outlining appropriate courses of action and determining the resources required to achieve them.

- **Health planning** is simply a planning pertaining to health and health care system.

As a health planning, it should aim at improving the health status of a given population; maintaining equity and fair access of health/health care; and responsiveness of the health system to the community's perceived needs. The health plan should also seek to achieve its goal towards the provision of an efficient and effective health services using the means and resources at its disposal.
Strategic planning is medium-to long-term planning that involves all the organization's management areas and includes goals, strategic objectives, strategies, and measurable results. It focuses on broad and long-lasting issues related to the organization's long-term effectiveness and survival. It asks and answers four questions:

1. Where are we now? (situational analysis: strengths, weaknesses, opportunities, threats)
2. Where do we want to go? (mission, vision, strategic objectives)
3. How will we get there? (strategies)
4. How will we know we are getting there? (measuring implementation, monitoring progress)

An organization's board and management staff are usually responsible for strategic planning. However, the planning process should include input from all levels of the organization as well as stakeholders, for example, major donors, relevant ministries and other government agencies, and beneficiaries of the organization's services.

**Principles underlying the planning process**

1. Government ownership and leadership of all health planning processes
2. Consultation with all stakeholders
3. Linkage to resource mapping from all stakeholders at that particular levels of the health system

4. Approval of the plan and budget by the relevant local government authority through the formal political process
5. Maintenance of vertical and horizontal linkage
6. Alignment of annual plans to strategic plans (in terms of priority and time) at all levels of the health system

B. SWOT (Strength, Weakness, Opportunity, and Threat) Analysis

***Activity 2***
***Duration: 15 minutes***
***Group work***
*Discuss in your team on the leading practices that help you do a situational analysis. Which practice/s is/are more relevant for this exercise? Then identify areas you need to explore to have viable information for the subsequent strategic planning process.*

*Take your organization as an example and categorize the identified issues under the SWOT analysis matrix.*
*Write your responses on a flip chart and present to the plenary?*

***Tips for SWOT Analysis***

- *Keep SWOT short and simple, but remember to include important details. For example, if you think your communication skills are your strength, include specific details, such as verbal / written communication.*
- *When you finish your SWOT analysis, prioritize the results by listing them in order of the most significant factors that affect your organization to the least.*
- *Get multiple perspectives on your organization for the SWOT analysis. Ask for input from colleagues, clients, community, and partners.*

## B. Develop Strategic plan

***Activity 3***

***Duration: 25 minutes***

***Group work***

*Have you ever been involved in strategic planning development? Which aspect was difficult or easy in the actual development process? Share your experience to the team members.*

*Discuss your experience of BSC implementation in your organizations. What were the opportunities and challenges you encountered during its application?*

***Take home assignment***

*Using the preliminary data you have from the SWOT analysis, develop a strategic plan for your organization. You can consider the following components:*

- *Articulate the mission vision and values of your organization*
- *Establish strategic objectives*
- *Formulate strategies*
- *Devise an monitoring and valuation plan and*
- *Costing*

*Write your responses on a flip chart and present to the plenary?*

## Types of Planning

At this point in the planning process, you will have developed a strategic plan and converted it in to an operational or annual work plan. If your strategic plan indicates that the organization should design and introduce new services (such as female condoms or adolescent reproductive health services) or expand the target population in a major way (for example, reaching out to people living with HIV & AIDS as potential family planning clients), you can develop a business plan to gauge the feasibility and risk of these new endeavors. You would use the business plan to secure funding for these new ventures.

## Operational planning

The operational plan has a shorter time span—usually one year. It must be aligned with the strategic plan and define activities and objectives that will contribute in the near future to the strategic objectives and strategies in the strategic plan. The operational plan is more detailed than a strategic plan; it is often referred to as the annual work plan.

## Business planning

Business planning is short-to mid-term planning. It is used to secure funding and make projections of the estimated financial and social return from the start- up of an organization, formation of a new business unit, or development and introduction of a new product or service offered by an established entity. A good business plan enables an organization to assess the viability of all its products and services and the resources required to launch new products and services.

## Planning for all occasions

There is a link between strategic and operational plans. Because strategic plans define relatively ambitious goals, objectives and strategies that are fundamental to the life and growth of an organization, they are often used to justify the allocation of resources. Strategic plans should be reviewed every year and operational plans are aligned accordingly.

## A. Balanced Score Card (BSC) as a planning tool

**Balanced Score Card /BSC/** is one of the widely used planning frameworks in Ethiopia.
Basic rationales of BSC;

- To create strategy focused organization
- To develop result based measurement system
- To promote the existing achievements of the BPR to its maximum goal.

Overview of the Balanced Score Card

| **IS:** | **IS NOT:** |
|---|---|
| A unique strategic management system | Just about performance measures |
| A communication tool for the organization | An Executive information system for executives |
| A journey--"change hearts and minds" | A project –flavor of the month performance management system |
| Strategic & Operational–requires critical thinking | Operational –current projects |
| A change initiative | Business as usual |
| Balancing non-financial, efficiency, infrastructure, & financial views of performance | Putting existing metrics into 4 perspectives |
| Increased organizational accountability | Tighter individual control |
| Aligning vision with operations | Total quality management, Six Sigma, … |

BPR Vs BSC

| **Factors** | **BPR** | **BSC** |
|---|---|---|
| Organizational structure | Changes departmentalized/ functional structure to flatter and process based organization | Functional silos arise and become a major barrier to strategy implementation. It needs process based structure. |
| Communication | Shared and quick information dissemination among teams and individuals through automated work processes | This is one of the most important features of BSC by which clear communication has occurred through strategic maps and measures. It is one of the communication tools. |

| | | |
|---|---|---|
| Commitment | Need a full commitment of leadership and employees | Need a full commitment of leadership and employees |
| measure | Measure outputs and outcomes(Results) not tasks and activities | A well-known measurement tool that measures results |
| Information technology | Facilitated through process automation to provide effective customer service | Automation helps people make better decisions because it offers quick access to actual performance data |
| Final target | Creating process based & customer focused organization which leads to achieving the organizations' final outcome | Creating strategic focused organization and result based measurement system which leads to meeting organizations' mission |
| Specialist vis-à-vis generalist | Encourage generalization since specialization creates hand-offs | In the information age specialization creates enormous inefficiencies, hand-offs between departments and slow response processes and not recommended in strategy focused organizations |
| Empowerment | Fully empower employees to make their own decision while delivering service to the customers | Organizations, teams and individuals are fully empowered in executing activities cascaded from the corporate level scorecard |

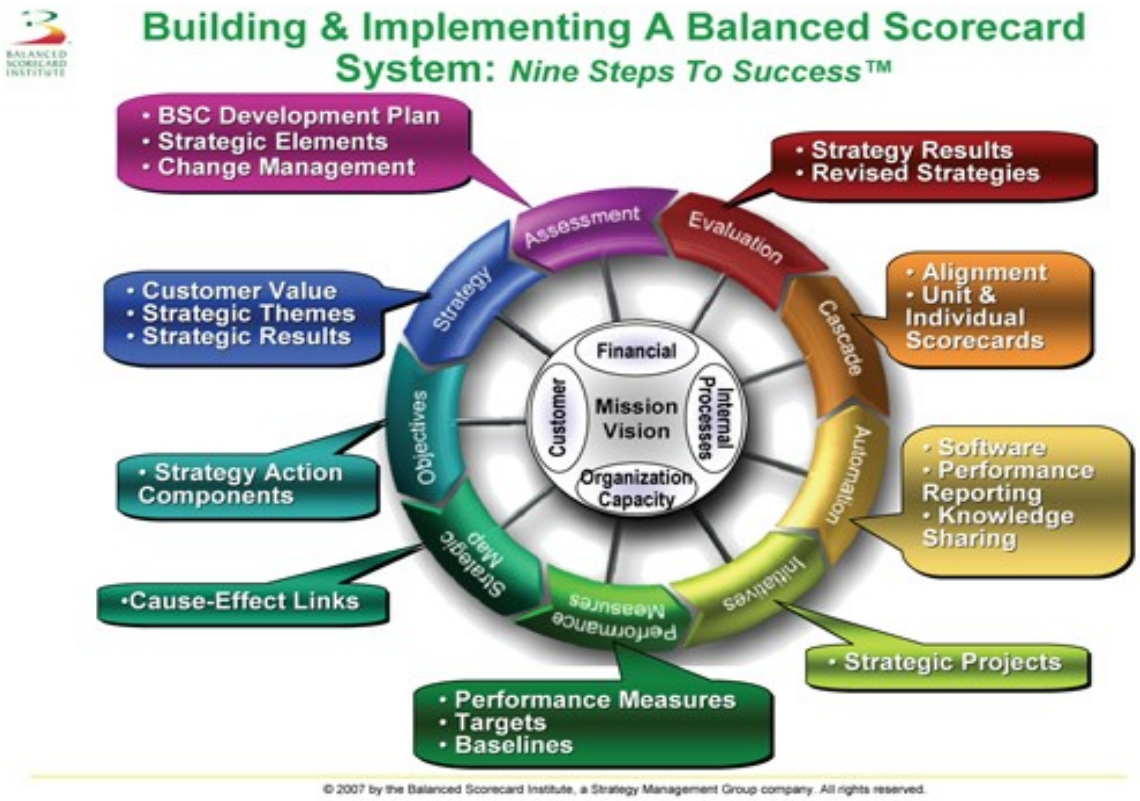



**Figure 18: BSC framework**

**Steps of BSC**

**It has nine steps (the first six are planning steps and the last three are implementation steps)**

| **Step 1:Organizational Assessment** |
|---|
| **Basic points in Organizational Assessment**<br>**1. Prepare BSC program Launch**<br>a) Team charter, Roles and Responsibility<br>b) Schedule and resourcing<br>c) Team members time commitment<br>d) Team initial training<br>**2. Conduct organizational Assessment( Environmental scan)**<br>a) Existing plans, surveys, and data<br>b) Mission<br>c) Vision= picture of the future<br>d) Core values<br>e) Customers and stakeholders<br>f) SWOT ANALYSIS (Organization internal and external pains and Enablers)<br>**3. Plan for change**<br>a) Readiness Assessment<br>b) Organizational change management strategy and plan<br>c) Organizational Communication strategy and plan |
| **Step 2:strategy** |

**Basic points in developing strategy**

a) Develop strategic themes and results , tied to vision
b) Develop customer stakeholder needs
c) Develop customer value proposition (CVP)
d) Select perspectives (commonly there are four perspectives Customer, Finance, internal process and capacity building and learning)
e) CVP=3 segments [Function, relationship and image]
    - Perspective verification [adding, deleting, prioritizing)
    - Strategic Theme … The so called Pillars of excellence [critical factors to success for the organization/focus areas] [can be developed from the existing ones or by looking at the vision and mission]

**Step 3:strategic objective**

**Basic points in this step**

a) Strategic Objectives [how the strategy becomes operational
b) Brief, start with imperative verbs (e.g. "improve, increase, optimize, maximize, reduce") continuous improvement potential (no projects or on/off activities, show innovation and creativity; tied top desired behaviours)

**N.B: Objectives in BSC are not SMART**

c) Make up the detailed game plans that describe what is to be done to accomplish strategic results.
d) The main reason why we used is to break strategic themes in to the more actionable activities that lead to the strategic result.
e) Strategic Objectives defined, Objective commentary documented, obj. categorized by perspective and St. theme

**Step 4: Strategic mapping**

**Basic points in this step**

a) Communication tools used to tell a story of how value is created for the organization.
b) Show a logical, step-by-step connection between strategic objectives (shown as ovals on the map) in the form of a cause-and-effect chain/relationship among objectives developed.
c) Provides a graphical representation of the whole or part of an area. As we all know, a good map is essential to help us navigate unfamiliar terrain.
d) Indicate what leads to the result [these become the objectives]
e) Classify them with the perspectives
f) Corporate strategy development [summary of all business strategies

**Step 5: Performance Measure**

**Basic points in this step**

a) Develop one or more performance Measure for each objective
b) Set expected targets and threshold for each measure
c) Develop baseline data for each performance measure
d) Plan for how performance measure will be used

| **Step 6: Strategic initiative** |
|---|
| **Basic points in this step**<br>a) Identify potential new strategic initiatives<br>b) Identify selection criteria for strategic initiatives: cost, timing, benefits, strategies and objectives supported, risk, earned value, prioritization criteria<br>c) In strategic initiative we define **scope** ( what is in), **opportunity description** (benefit to the organization, additional value and objectives supported) |
| **Step 7: Automation** |
| **Basic points in this step**<br>a) Data collection and reporting requirements<br>b) Automate collection and reporting<br>c) Processing of data to relevant information<br>d) Communication of information to decision makers |
| **Step 8: Cascading** |
| **Basic points in this step**<br>a) Communication scorecard plans throughout the organization<br>b) Tier 1,tier2 and tier3<br>c) Align organizational components ( By Function, Level, Department)<br>d) Score card for business and support units, and teams and individuals developed |
| **Step 9: Evaluation** |
| **Basic points in this step**<br>a) Evaluate strategic results achieved<br>b) Analyze why organization results were what they were<br>c) Review organizational strategic elements<br>d) Update any strategic elements to reflect learning<br>e) Modify strategy, strategic objective, strategy map, performance measure and strategic initiatives as necessary<br>f) Make organizational change |

## A. Succession Planning

**Individual reflection**

In the health sector, brain drain is becoming a very common problem. From your experience how do you overcome challenges of key roles in your organization with regard to filling key leadership positions?

*What do you understand about succession planning?*

Succession planning is the process whereby an organization ensures that employees are recruited and developed to fill each key role within the company. Health leaders should tend to focus on development of employees for organizational roles than planning job assignments.

## Process of Succession Planning

Companies devise elaborate models to characterize their succession and development practices. Most reflect a cyclical series of activities that include these fundamentals:

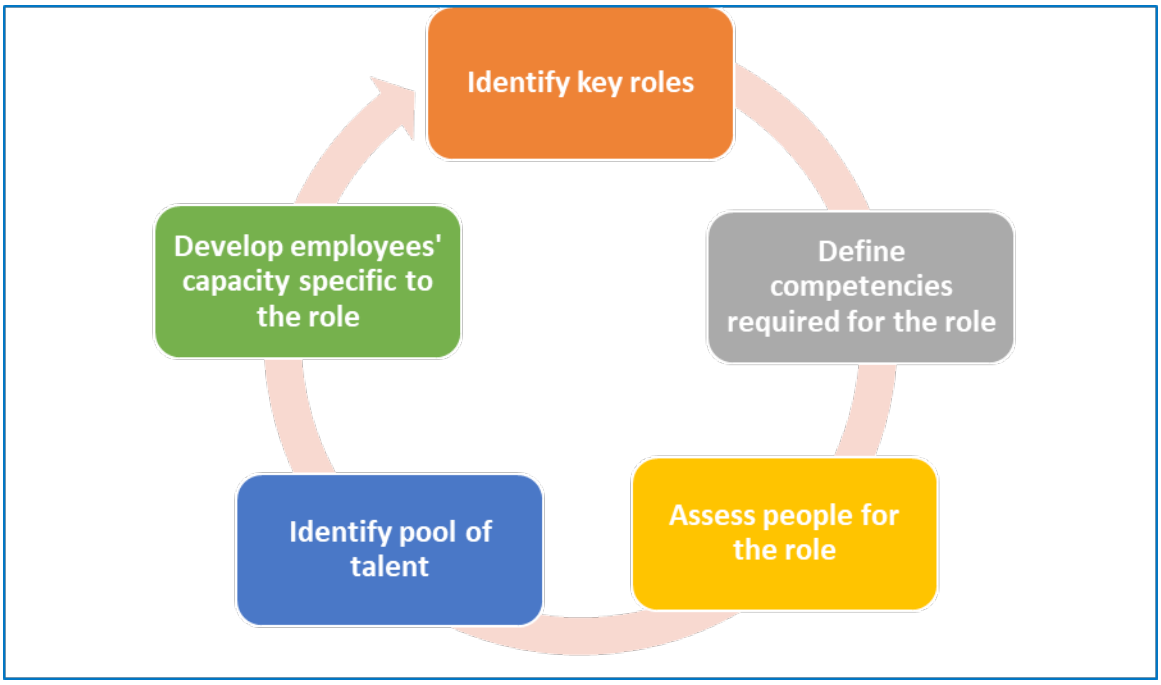



**Fig.19: Succession Planning Cycle**

## 2.2.2: Enhancing Individual and Organizational Performance

## A. Organizational Mission and Strategic Priorities

Personal Purpose/mission

***Activity 1: Personal purpose—why are you here?***
***Duration: 15 minutes***
*Discuss in your team and put it in a flip chart/card*
*Take a moment's thought about a time when you felt you were really contributing.*
*What did you bring to the situation? Write that down. Next, use what you wrote to figure out a mission for yourself in the workplace.*
*Form pairs and share what you wrote with one another.*

*Why is it important to have a mission?*
*Does it give you clarity about what to do and where to spend your energy?*

***Activity 2: Organizational Purpose/Mission***
***Duration: 10 minutes***
*1. What are the missions of your organization?*
*2. What are your organization's strategic priorities? Discuss the top three with your team.*
- *Check with the person in authority for any necessary corrections.*
- *Record answers on a flipchart.*

**Organizational Purpose/Mission**

**Mission versus Vision**

- A mission states why the organization exists.
- A vision provides a picture of a desired future. Visioning enables us to play an active role in creating the future.
- It describes where the group or the organization wants to be in the future.
- It includes a visual image that you can see in your mind.
- Be aware that personal missions are sometimes expressed in very general terms.

## B. Create shared vision

Developing personal vision

***Activity 3: Personal vision***
***Duration: 15 minutes***

***Visualization exercise***
*Relax and think about yourself two years from now.*
*Imagine what you most want. Nothing will get in your way or stop you. If anything were possible, what would you really want to see?*
*You can close your eyes if it helps you to visualize.*
- *Speak slowly and carefully—silently reflect on each of these questions.*

*Think about your health and fitness. Visualize yourself as you most want to see yourself. What do you see yourself doing or feeling?*
*What would you like to be? Imagine a picture of yourself in this relationship the way you ideally want it to be.*
*Now think about your work, relationships and what you most want to contribute in your work. Imagine yourself*

*doing work that you love.*
*Whom are you serving?*
*What are you doing?*
*Create this picture in your mind.*
*Take a piece of paper and write one sentence about each of the three areas you imagined: health, relationship, and work.*
*Write each vision in the present tense—see yourself actually doing something, for example, "I am playing with my son, and we are laughing together."*
*Pick a partner for paired sharing of their visions.*

***Large group discussions to debrief***
*What was it like to listen to another person telling you what he or she would like to create?*
*What was it like to tell another person what you would like to create? Was it inspiring? Was it embarrassing? Was it hard or easy to share your vision? Did you enjoy hearing others' visions?*

- Humans have a wonderful ability to create things in our minds, to dream, and to imagine the future, but trees and dogs cannot do so. Unfortunately, people can misuse this capacity by imagining the worst possible outcomes.
- Most good outcomes in the world were first imagined by someone. So, use our minds to imagine a better and pleasing future. A vision is a picture we create in our mind of a desirable future toward which we can begin to act. Visioning enables us to play an active role in creating the future.
- In order to play a role in creating the future, you must first imagine what you want to be.

**Building a shared vision for LMG team based project**

***Activity 4: Shared vision—in a picture***
***Duration: 25* minutes**

***Create a picture of a desired future state***
*In your workplace core team, now you are going to dream about the future of your organization.*
*Think about your organization two years from now. Imagine that you have overcome all problems and reached all your goals.*
*Make a quick sketch of the image that comes to mind and represents these achievements.*

***Share drawings with other group members***
*Work in your small group to show and explain the images you drawn.*

***Prepare a drawing for your group***
*Prepare one large drawing (flipchart size) that captures the collective dream of the members in their group.*

***Present small-group drawings***
*Present your large drawing to the whole group. If other participants criticize what your group has drawn, you should convincingly try to defend the dream make it acceptable to other groups. The drawings can be altered at any time.*

***Review the elements and concepts represented in the drawings***
*In the large group, review the elements and concepts that you recorded.*
*Is this what we most hope to accomplish through our leadership?*

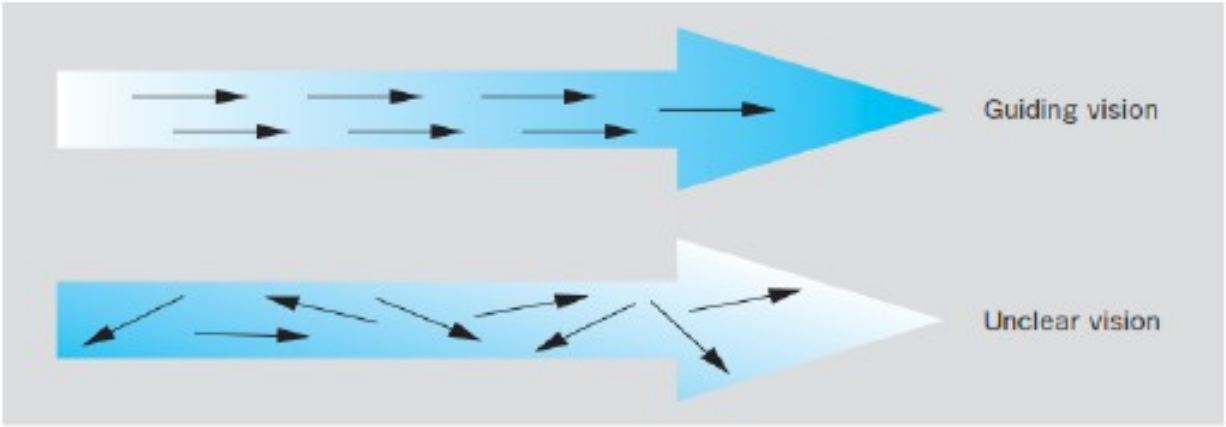
*Now you will have a written inspiring vision statement based on your drawing.*

**Example of a vision**

"Our health center is known for consistently producing excellent service results and people come from all around to receive our high-quality services. We have reduced the spread of communicable diseases, and the people in our area are healthier and happier."

'We see healthy children walking to school on safe roads'

**When there is shared vision, people go in the same direction!**




**c.** Growing Influence

***Activity 5: Recognizing your sphere of Control/Influence***
***Duration: 20 minutes***
***Group work***
***Personal exercise***
*From your personal experience whom do you think is/are under your sphere of Control? List down those group of people or situations which you consider under your control? Do similar activities for influence too? What factors did you consider for categorizing people and situations that are under your control and Influence?*
***Group work***
*Discuss the importance of recognizing your team sphere of control and Influence for facing an organization's challenge? Distinguish the distinctions among the three circles.*
*Identify on which of these circles do you worry about most?*

*What skills are required to influence others in order to bring people around your mission/vision?*

| |
|---|
| *In which circle are you most likely to have an impact?*<br>*Record answers on a flipchart and share to the plenary.* |

Sphere of control, influence and concerns

- "Control" inside the innermost circle;
- "Influence" in the middle circle;
- "Concern /No control or influence" in the outer circle

Note that leadership is about focusing on things one can influence rather than complaining about things one can do little.

Besides knowing your staff and yourself, you can positively influence others by changing the way you assign and manage the workload. Look for ways to:

- Challenge your staff to help them grow;
- Ensure clarity about work roles and responsibilities;
- Support staff by providing resources, making connections, and understanding their needs.

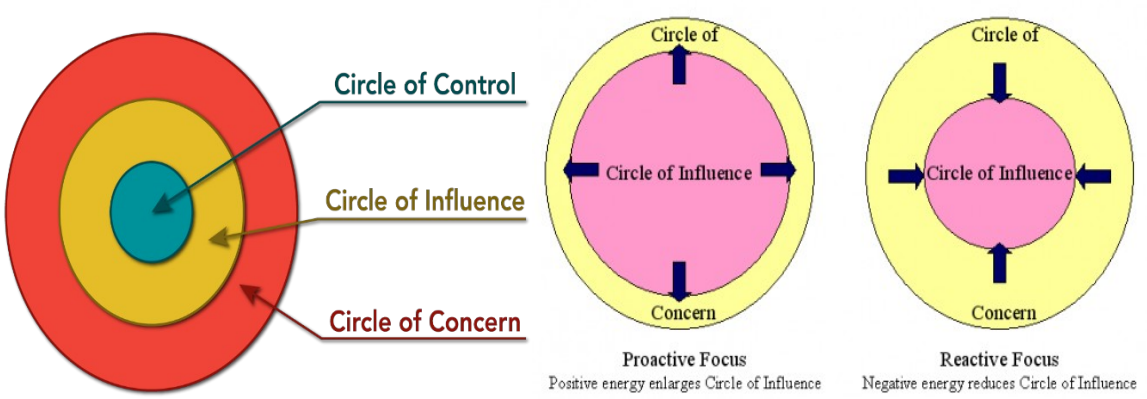



**Fig. 20. Circle of control, influence and concerns**

**Activity 6: Making effective requests and reducing complaints**
***Duration* 20 minutes**
***Change complaints into requests***
*Discuss in your small group on some examples of complaints you have or have heard in your organizations.*

*Change a few of the complaints into requests.*
***Practice turning complaints into requests***
*Write down examples of three complaints and now rewrite these complaints as requests.*

***Share your requests***
*Work in pairs and check each other's requests to see if they have the three specific elements of a good request.*

**The following principles are helpful for handling complaints effectively:**

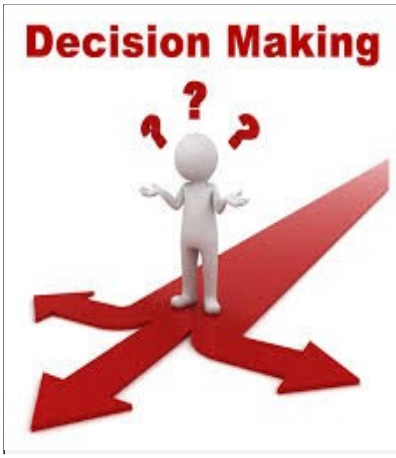
- People complain only to someone who can do something about the situation.
- People state their complaint in the form of a request.
- If you receive a complaint you cannot do anything about, you decline to listen to it, and refer it to someone who can do something about it (avoid gossip).
- If you receive a request, you are free to respond in the three ways (yes, no, or counteroffer).

**Make your requests in the following form:**

1. Will you _____ *(specific person)*
2. Please do this _____ *(specific action)*
3. By this time _____? *(specific time)*

Rivers (2010) recommended that to change complaints into effective request you have to learn translating "your (and other people's) complaints and criticisms into specific requests, and explain your requests." If you want to win more cooperation by others, *whenever possible ask for what you want by using specific, action-oriented, positive language rather than by using generalizations.*

***E.-Decision Making***




***Activity 1: Experience sharing on decision making***
***Duration: 25 minutes***
***Group exercise***
*Make a group having 4-6 members.*
*Remember and share your experiences and challenges of decision making process.*
*What type of decision making style did you follow so far?*
*Have you faced any unique challenge following your decisions?*
*Think of a person whom you admire with smart decision making?*
*What are his/her qualities of decision making?*

***Identify types of decision making***

*In your teams, discuss the types of decision making in management/work place. Evaluate their pros and cons. Share your groups' idea with the other groups*

- *Decision making is the process of identifying and selecting a course of action to solve a specific problem and it is a major part of management. When planning, organizing, staffing, leading, and controlling, managers make decisions on a daily basis. Critical managerial decision making is the key to superior performance at work.*
- *Decisions must be made at many levels in an organization from executive decisions on the goals to the day to day repetitive operations performed by lower level managers.*
- *The nature of decision making may be of different based on the context. Ends-Means, administrative versus operational, programmed and programmed are commonly followed. Based on the context and nature of the problem, managers can make decisions individually or in a group.*

## Factors influencing decision making

***Activity 2: Factors to be considered during decision making***

***Duration: 15 minutes***

***Individual reflection:***

*What are the factors that affect the outcome of our decision?*

*Think of persons, groups or agencies to be affected by /could affect/ our decision results?*

*What are the steps of decision making in management?*

*Brain storm and reflect your idea with the other groups*

Decision making could be affected with several factors. Significant factors include past experience, nature of the problem, environmental factors, organizational structure, individual differences and the like.

Even though there is a variation among individuals based on their experience the following steps are followed in decision making.

# Process of Decision Making


Fig. 21: steps of decision making

### 2.2.3. Moving from Vision to Action

## 1: Understanding and using the Challenge Model

### Distinguishing challenges from problems

Framing a challenge is one of the leadership tasks you will learn about in this session. It requires you to scan your environment to understand all the factors that will impact the results.

Facing a challenge compels you to reflect on your attitudes and behaviors to discover which ones you need to change in order to achieve significantly better results.

The Challenge Model offers a systematic approach for working together—as a team—to identify and face one challenge at a time and achieve results. The model leads you through a process of forming commitment to a shared vision that contributes to realizing your organization's mission, defining and owning a challenge, prioritizing actions for implementation, and carrying out the work plan to achieve results.

**Activity 6: Making effective requests and reducing complaints**
***Duration* 20 minutes**
***Change complaints into requests***
*Discuss in your small group on some examples of complaints you have or have heard in your organizations.*

*Change a few of the complaints into requests. To do this, use the prepared flipchart and fill in the requests in the blanks.*

***Practice turning complaints into requests***
*Write down examples of three complaints and now rewrite these complaints as requests.*

***Share your requests***
*Work in pairs and check each other's requests to see if they have the three specific elements of a good request.*

***Report on the experience and wrap up***
*In the whole group, share examples of good requests.*
*Practice on making requests—by turning the ones often presented as complaints of people.*

*vercome big*

*ithout asking*

*for someone*

*In your team, discuss what you learned from listening to these stories—including your own—about what it takes to face a challenge and overcome obstacles.*
*Discuss with your group on what you think is the difference between a problem and a challenge.*

Unlike the mission or purpose of the organization, which states why the organization exists, the *vision provides a picture of a desired future*. It describes where the group or the organization wants to be in the future and creates the field for working toward that vision of the future.
"The Challenge Model is a tool that you can use right away to improve the performance of any group." The model provides a series of questions that you and your team may consider to systematically translating *dreams into action*.

## USING THE CHALLENGE MODEL

### STEP 1 Review your organizational mission and strategic priorities

With your team, agree on common understanding of your organization's mission and strategic priorities. This understanding will help shape your vision within the context of your organization's priorities.

### STEP 2 Create a shared vision of the future

With your team, imagine what you and others will see when your team has made its contribution to improvements in your organization's strategic priorities. This shared vision will inspire the team to face each new challenge.

## STEP 3 Assess the current situation

With your team, scan your internal and external environments within the context of your organization's priorities. Consider such factors as the prevalence of the health problem, government policies, and current interventions. This will help you form an accurate picture of the conditions that can affect your team's progress toward your shared vision.

## STEP 4 Agree on one measurable result

Based on your organization priorities and your current situation, define a measurable result that can be achieved within the time frame of this LMG program. This desired measurable result is what will drive your work together and allow you to monitor and evaluate your progress toward achieving it. Your teams will most likely need to adjust the result as you gain more information about the current situation and the obstacles you need to overcome.

## STEP 5 Identify the obstacles and their root causes

Make a list of obstacles that you and your team will have to overcome to reach your stated result. Consider gender equity issues and four broad categories into which most obstacles fall: policies and procedures; providers; equipment, infrastructure, and supplies; clients and communities. Use a root cause analysis tool to make sure you are addressing the causes and not just the symptoms.

## STEP 6 Define your key challenge

State what your team plans to achieve (your measurable result) in light of the root causes of the obstacles you have identified. (It helps to begin your challenge statement with: "How will we…?")

## STEP 7 Develop an Action Plan

Develop an Action Plan that lists the priority actions needed to meet your challenge. Include estimates of the human, material, and financial resources needed and the time line for implementing your actions.

## STEP 8 Implement your plan, monitor progress, and evaluate results

Work together as a team to implement the plan. Regularly monitor your progress toward your measurable result and, at the end, evaluate your result.

2: Assess the Current Situation

With a vision of where you want to be in the future, and a measurable result defined, you are ready to look at the current conditions in your external and internal environments in relation to that result. Being aware of the environment in which you work (external) and looking objectively at your capabilities and operational systems (internal) will help your team identify the obstacles and opportunities that will affect your ability to move toward your vision.

Scanning current conditions is an important leadership practice. You and your team need to find out what is going on, look for opportunities that will help you move closer to your desired result, and identify current and potential future obstacles.

Think creatively about how to overcome the obstacles and how to capitalize on the opportunities.

When scanning the external environment in relation to a specific service delivery result, you need to find out:

- Why the current service is not up to standards;
- How people in the external environment view the services;
- How the service has operated in the past;
- Who is being served, which other groups ought to be served, and
- How clients feel about the services;
- What kinds of services are in greatest demand and in least demand;
- Whether the types and quantity of services you offer suit those demands.

What else do you see when you scan? Think about the trends you see and their underlying causes. Look below the surface, below the "tip of the iceberg."

3. Measurable Results

| | |
|---|---|
| | ***Activity 1: Agree on one Measurable Result for your team based project***<br>***Duration: 25 minutes***<br><br>*Pick an aspect of your shared vision and create one measurable result that you all want to achieve.*<br>*This measurable result is what will drive your work. Because it is measurable, it allows you to monitor and evaluate your progress toward achieving it.*<br>*Note that finalizing the result is an iterative process. As you learn more about the current situation and obstacles you need to overcome, you may need to adjust your stated result so that it is appropriate and realistic.*<br><br>*Review the measurable Result based on the SMART criteria* |

**DEVELOPING SMART RESULTS**

To meet the SMART criteria, results must be:

| | | |
|---|---|---|
| **S**<br>**SPECIFIC** | The result is clear enough so that others can understand what it will look like when it is accomplished. | ❑ Does your result have an indicator of what will change over time?<br>❑ Is your result limited to 1 to 2 indicators? |
| **M**<br>**MEASURABLE** | Progress towards the result can be measured using numbers, rates, proportions or percentages. | ❑ Does the result state a baseline value for the indicator?<br>❑ Does it state a target value for the indicator?<br>❑ Is the indicator expresses in numbers as well as in percentages? |
| **A**<br>**APPROPRAITE** | ❑ Is the result aligned with the strategic priority of your organization and your team? | |
| **R**<br>**REALISTIC** | ❑ Can your team achieve this result with your current activities and resources? | |
| **T**<br>**TIME-BOUND** | ❑ Does your result have a start date and an end date? | |

Table**: 6**: SMART objectives

**Examples of measurable results**

The following measurable results relate to two aspects of the vision (to reduce or eliminate communicable diseases and to provide high-quality services).

- To increase use of voluntary counseling and testing (VCT) services in one district by 50% (to an average of 80 clients per month) by the end of the year.
- To streamline the intake process for new clients in our clinic so that, by the end of the year, the prescreening process takes an average of 10 minutes.

## Analyzing and Mapping Stakeholders

***Activity 1: Analyzing stakeholder's needs and interest—a scanning exercise***
***Duration: 20 minutes***

- *Brainstorm the different stakeholders mapping techniques that you came across.*

***Group Discussion:***

- *As per the attached LMG stakeholder analysis worksheet, follow the steps depicted below to identify stakeholders who can commit resources for your LMG project and the organization at large.*
- ***Identify stakeholders***
  *What do we mean by "stakeholder? "Discuss and share to your team members.*

***Identify stakeholder interests and concerns***
***For each stakeholder, discuss the questions in the next three columns:***

*What is the stakeholder interested in?*
*What is the stakeholder's biggest concern?*
*What do you need to do to get the stakeholder's support?*
*Complete the worksheet and discuss next steps with your team.*

***Fill stakeholder's analysis form. See the attached supplementary note.***

Stakeholders are those individuals or groups who have a stake in achieving the result you have selected. This includes those who can affect, and are affected, by the result—in positive or negative ways.

Stakeholders can greatly influence the intended outcome and success of a public health intervention or project. Their involvement can take place during any stage of the project; however, performing a stakeholder analysis during the planning stage can greatly influence the development of an effective project strategy.

Stakeholders can help make a project successful by:

- Providing valuable information regarding needs, resources, realistic objectives, and practical considerations for a project
- Recognizing hidden items that might not be obvious in the planning stage
- Identifying points of opposition and prevent problems during implementation
- Encouraging a sense of ownership in the project and involvement during the implementation stage
- Ensuring the focus of a project remains on the people it is meant to support/serve

The stakeholder population can be broad, so narrowing the field to **key stakeholders** is a main objective of conducting a stakeholder analysis. The identification stage could start with the program manager, especially if he or she is familiar with current or potential stakeholders. Remember, the more involved stakeholders are in the project, the more likely a project will be successful.

Types of stakeholders can include:

- Beneficiaries
- Supporters
- Opponents
- Resource providers
- Vulnerable groups

## 5: Identifying Obstacles and Root Causes

***Activity 1: Obstacles to reaching the results***
***Duration:*** *30 minutes*

*Follow the steps listed below in your workplace team in order to identify obstacles*
***Identify obstacles to reaching the result***
*Why aren't your organizations already here?*
*What is blocking the way to this result—what are the obstacles?*
*Think of the Circles of Control and Influence from the first workshop.*
*Select obstacles that are in your control, not outside your control. For example, resources from others are outside your control—although possibly within your circle of influence.*
*.Discuss in your small groups and agree on the most important obstacles to your desired measurable result. Write each obstacle on a separate piece of paper. There are several broad categories into which your team's obstacles may fall in and in the next activity you will explore your obstacles in deferent categories*
***Agree with your team on the critical obstacles***

- *Discuss in your team to review the critical obstacles identified, check for shared perceptions and reach agreement about which are the most critical.*

In your scan of the current situation, you may discover opportunities that you had not seen before that will help you to achieve your result. It is important to be clear about which opportunities you can reasonably take advantage of, given available resources and your team's role or mandate.

Once you have identified the obstacles, you and your team need to determine the main cause(s) of the obstacles in order to know how to address them. This process is called root cause analysis. By examining the root causes of the obstacles, you will not only understand the obstacles better but also be able to formulate solutions that address the underlying problem, not just its visible symptoms.

**Root cause Analysis**

***Activity 2: Diagnosing root causes—the fishbone and five 'why' techniques***

***Duration: 30 minutes***

***Materials:***

- *Follow the steps listed below in your work place team in order to identify root causes*
- *Handout the Fishbone Technique*

***Take a look at the techniques of root cause analysis***

*Do you know what root-cause analysis is?*

***Practice the Fish bone and Five Whys techniques***

*Look at the hand out copies of The Fishbone Technique and the Five Whys Technique.*
*In your teams, draw a large fishbone diagram on a flip chart and identify the root cause of the obstacle you identified in the preceding exercise.*
*For each of the root causes you listed, ask five "Why?" questions.*
*Mark those causes that you feel you can do something about.*
*You might want to know if you should always ask "Why?" five times. It is true that sometimes only three "Whys "are enough. The time necessary to stop asking "Why?" depends on the answers. If things are not actionable, it is better to move up to "Why?" answers on those you can do something about.*

***Present to the plenary your team progress***

- *Include only the ones you marked as applicable because these are the ones you will focus on in your action Plans.*
- *Discuss any concerns or questions.*
- *You must go to a root cause over which the team has control.*

It is important to stop at a "Why?" that is within your sphere of control or influence, not one that is outside of your influence.

The goal of root cause analysis is to identify and remove the causes of problems or obstacles by asking why the obstacles are occurring. It is based on the principle that only a few primary factors are responsible for producing most of a problem, and it provides a systematic method for gathering and analyzing evidence about a problem so that you can address it effectively. In the health care setting, there are often many contributing factors to a problem or obstacle. Analyzing root causes helps to determine the primary underlying causes that are most responsible for creating the problem, so you can focus your efforts (priority actions) on the causes that are most critical to resolving the problem.

If you do a poor job of identifying the root causes of your problems, you will waste time and resources putting remedies for the symptoms of the problem. Hence, the Ethiopian Hospital Reform Implementation Guideline (Volume I) explains, "Like peeling away the layers of an onion, finding the root cause requires careful analysis of multiple layers." Analyzing root causes helps to determine the **primary underlying causes** that are most responsible for creating the problem, so you can focus your efforts (priority actions) on the causes that are most critical to resolving the problem.

Several techniques exist (e.g. Fishbone diagram, The Five Whys, Flowcharting, Histogram, etc.) for the analysis of root causes. In this manual we will make use of the Fishbone diagram and The Five Whys techniques since these are the most commonly used techniques and complement each other.

The following makes up a list of examples of root causes for low flow of VCT clients in your hospital/health center:

- People don't know what VCT is and why it is important.
- People have fears, beliefs, and superstitions about HIV and AIDS.
- Some staff are not adequately trained to provide follow-up counseling to clients who test positive for HIV.
- Clients are not being referred to clinics that provide VCT services.
- The layout of the VCT clinic makes privacy impossible.
- The delivery of test kits is erratic.

In the **Fishbone diagram** the causes can be grouped under four categories:

1. *People:* Knowledge, skills, feedback, motivation, support
2. *Policies*: Rules and regulations that you can affect

***Activity 1: Setting Priorities using the Priority matrix***
***Duration: 30 minutes***
***Materials:***

*Handout Sample priority matrix, priority matrix worksheet*
*Prepared flipchart with a blank priority matrix*

***Get familiarized with the tool***

*What are some of the most important choices we make in our lives? Take marriage as an example and do the following exercise.*
*When women/man choose husband/wife, what might be most important?*

***Rank each imaginary man/women for each criterion on a scale from 1 to 3***

*Rate the imaginary men/women. For example: He is a scientist and gets "3"for education, but he is mean and get only a "1"forkindness.*

*Write in numbers to rate each imaginary man/women on each of the criteria (1= low, 2= average, 3 = high). Make sure the totals for the men/women will not be the same.*

***Calculate the total points for each man***

*Having finished filling in the 12 boxes on the matrix, add each column and put the sum at the bottom. Point out the best choice according to how the Priority Matrix works.*

***Based on the identified root cause/s in the preceding exercise, identify possible actions. Accordingly, use the priority matrix to select suitable action/s that helps you tackle the root cause/s. follow the following steps to work for this exercise.***

***Step 1: List priority actions***

*Choose three actions that address the obstacles that are preventing you from reaching your result. List them in the boxes under "Priority actions." (It is important to complete a root cause analysis first, so the actions you choose will address the root causes of the problem and not just the symptoms.)*

***Step 2: Rank each priority action on a scale of 1 to 3***

*On a scale of 1 to 3 (with 1 providing the least benefit and 3 the most benefit), rank each priority action according to the time needed, cost to implement, potential for improving quality, and availability of resources.*

***Step 3: Calculate the total points for each priority action***

*Add the numbers in each column to see the total score for each action. The higher the score, the higher the priority of the action based on the criteria listed. You may choose to change the criteria depending on the*

Priority actions are activities or interventions that directly target the root causes of the obstacles you identified and, when implemented, will result in achieving your result. Prioritizing your actions will help focus staff and others on actions that will lead to results. When you work on your priority actions, try to keep the number of actions to a manageable level. Three to five actions are often enough to focus your efforts on a single challenge and on the underlying root causes of the obstacles.

**Resource mobilization**

- Resource mobilization form

Use the resource mobilization formats to get help from various actors/stakeholders

7: Developing an Action Plan

***Activity 1: Developing an action plan that leads to results***

**Duration: 25 *minutes***

***Preliminary steps – fill the following points on the sample action plan format attached in the supplementary note.***

- *Write a list of all activities needed to complete each priority action.*
- *Assign a person to be responsible for each activity.*
- *Estimate resources needed to complete the activity.*
- *Indicate start and completion dates for each activity.*
- *Do a quick check of your draft Action Plan.*

***Present your final completed action plan to the plenary.***

At a minimum, an action plan should identify:

- The *actions or activities* that will be implemented;
- *Who will be responsible* for carrying out each action;
- The *human, financial, and material resources* needed to implement the actions;
- *A timeline* showing when the actions will be carried out.

Plans are much more likely to be implemented and bring results when they:

- are created and owned by the team and reflect the shared vision of the team;
- address a well-defined challenge that is based on an observable gap between desired and actual performance;
- contain measurable indicators that allow you to see that the performance gap is closing;
  focus on prioritized actions that were selected after a thorough analysis of root causes;
- contain a clear timeframe for implementing each action and designate specific individuals to carry out each action and be held accountable for results;

8: Monitoring and Evaluation Plan

The purpose of a good M&E practice is to properly monitor, measure, and demonstrate results

- In this course, you will be monitoring the progress toward your measurable result, not evaluate your program perhaps. All you really need to know is the "M"— how to monitor progress toward your measurable result.

Indicator

| | |
|---|---|
| | ***Activity 2: What is an indicator?***<br>***Duration: 10 minutes***<br>***Define the word "indicator"***<br>*What is an indicator?*<br>***How do we measure indicators?***<br>*Can you think of an indicator nurses and doctors commonly use?*<br>*What indicator are we using in this LMG course to measure how well you are working in your teams?*<br>*What are we using to measure workgroup climate?*<br>***Selecting the right indicators***<br>*You need to have one or two indicators—markers of change overtime that can be measured. These indicators allow you to measure whether any change occurs as a result of your leading and managing practices.* |

**Indicator**—a marker of change over time that can be measured

- In your team, agree on one or more indicators that are measurable markers of progress toward your desired result and give their data sources.
- You need indicators only for your measurable result—not for each of the activities in your Action Plan. Write down where you will get the data that you will use to measure your indicator(s). Will it be from service statistics, a questionnaire, or client interviews? Use the handout to help you.
- Indicators should be expressed in neutral terms without words like "improved" or "decreased" (e.g., the indicator is "temperature" not "higher or lower temperature.").
- The words "increase" or "improve" can be put in the measurable result statement.
- Select baseline data which describes the current situation for developing an M&E plan. Without it, a team cannot track its progress, determine whether activities are going according to plan, or measure the extent to which they have achieved their results. It is difficult to correctly implement an M&E plan either.

**Improvement Teams should define measurable results at the output or outcome level.**

- An impact indicator requires more time and more interventions than a six- to eight-month project can achieve.
- Input and process indicators are too limited and activity-related to show a real public health result.

**What is the difference between an output and an outcome indicator?**

- An output indicator shows short-term results of activities—usually within one to six months. It can include changes in knowledge, short-term behaviors, goods or products created, amount of services provided, or the volume of work completed.
- An outcome indicator shows the medium-term result of activities—usually between six months and three years. Outcomes are changes in behaviors, practices, and benefits to the wellbeing of people as a result of inputs, processes (activities), and outputs.

Prepare Monitoring & Evaluation Plan

***Activity 3: Prepare monitoring and evaluation plan***

***Duration:  40 minutes***

***Materials:*** *Monitoring and Evaluation Planning Worksheet*

***Using the Planning for M&E worksheet; prepare your M&E plan for the team based LMG project.***

- *Write your measurable result and indicator(s) on the worksheet. Then answer the questions for each of the indicators.*

***Share experience with one another***

*Share ideas by posting your M&E planning worksheets on the wall and have others getup and look or present your work for the large group.*

***Activity 1***
***Duration: 15 minutes***
***Group Work***

*Discuss in your team; the skills required for providing supportive supervision. What challenges have you encountered in doing/receiving facilitative supervision? List the tools you are utilizing for staff supervision?*

*Use flip chart to present your team's ideas to the plenary.*

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

Supportive supervision encourages **open**, **two-way communication**, and building **team approaches** that facilitate problem-solving. It focuses on **monitoring** performance towards goals, and **using data** for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.

**Effective supervision**

Involves supervisors who are organized and technically competent.

Is assisting health workers in achieving work outcomes, finding out work problems and challenges and together finding solutions to the problems.

Aims at encouraging team members to apply their ability and energy to work. It also means understanding what makes people dissatisfied at work.

**Supportive supervision**

It is a proven approach that helps transfer knowledge. The practice also ensures that learning goes further beyond the traditional training setting. The ultimate goal of supervision, therefore, is to create a sustainable system that provides health workers with consistent guidance and mentoring for them to implement and maintain effective services. Supportive supervision is helping to make things work, rather than checking to see what is wrong.

| Control approach | Supporting approach |
|---|---|
| - Focus on finding faults with individuals.<br>- Supervisor is like a policeman.<br>- Episodic problem-solving.<br>- Little or no follow-up.<br>- Punitive actions intended. | - Focus on improving performance and building relationships.<br>- More like a teacher, coach, mentor.<br>- Use local data to monitor performance and solve problems.<br>- Follow up regularly.<br>Only support provided. |

**Comparison between supervision approaches**

Supportive supervision is aimed towards the goals of improved performance and quality of service. Supportive supervisors serve as catalysts for staff development and capacity building.

**Supervision checklists**

The purpose of checklists is to guide the supervisor on areas to be addressed during supervision. It also serves as a reminder to the supervisor on areas, which would otherwise be overlooked. It is expected that supervisors will prepare their own checklists based on the prevailing problems and situation.

However, there are two categories of checklists.

The checklist which addresses administrative issues including points on:

- Planning, monitoring and evaluation;
- Financial management;
- Facilities and equipment management;
- Transport management;
- Information management;
- Human resource management;
- Time management.

The checklist that deals with technical issues; for instance, the health interventions packages to be supervised:

Clinical packages;
Public health packages;
Health related interventions.

## 2.3. Leading the Health Team

### 2.3.1: Coaching to support others

**A.** Coaching principles

***Activity 1: Coaching***
***Duration: 30 minutes***
***Individual exercise***
*When you hear coaching what comes to your mind.*
*Assume a person whom you consider the best coach for you.*
*Why you considered him the best? List the attributes you observed on a stick note and share it to your team.*
***Group work***
*In your team follow the steps depicted below to exercise coaching.*

***Coaching role play—a bad example***
*A supervisor visits a staff member to criticize his or her performance. Rather than listening, he or she immediately starts to look at papers and criticizes the staff member for poor performance. Rather than discussing the causes of problems, the supervisor immediately begins to give solutions.*
*At the conclusion of this role play, how did you feel about the person coached?*
*Do you think his/her performance is going to improve from this interaction?*
*Does this situation seem familiar?*

***Coaching role play—a good example***
*Repeat the role-play, but with a different approach.*
*The supervisor visits a staff member to coach toward better performance. He or she first greets the staff member and asks how he or she thinks things are going. The coach then asks questions to try to understand what the staff member is trying to achieve, what action she or she has taken, and what he or she thinks needs to be done. The coach stays in the "inquiry" mode and only asks questions, without giving solutions.*

*The coach gives the staff person an opportunity to think through his or her problems, and offers support—trying to understand how the other sees these problems—rather than giving solutions.*
*Was the employee able to come up with some solutions?*
*Do you think he or she would be more motivated to perform now?*

***Report on experiences***

*Report on your experiences on practicing coaching. In your mall groups, discuss the following questions:*

*What was it like to be a coach?*
*What was good and what could have been better?*
*What was easy and what was difficult about being the coach?*

Coaching is a conversation in which the manager is committed to the development and success of the person he is guiding. An effective coach cares about the person being coached. He builds a relationship of trust and listens well.

## B. Three person coaching

***Activity 2: THREE-PERSON COACHING EXERCISE***
***Duration: 25 minutes***

*Person A for the coach*
*Person B for the person being coached*
*Person C for the observer*

***The person being coached describes a challenging situation***

*This situation could be an obstacle that stands in the way of achieving a result that the person cares about. This is a real problem that s/he is facing in either his work or personal life. The person being coached takes about five minutes to describe the situation. The coach listens to the entire story with great care and without interrupting.*

***The coach only asks questions and does not provide solutions***
***The following are some of the questions the coach can ask:***

- *What are you committed to achieving?*
- *What have you achieved so far?*
- *What obstacles are you facing?*
- *Why do you think you are stuck?*
- *If it could turn out exactly as you dreamed, how would it turn out?*
- *What actions could you take to overcome your obstacles?*
- *What support do you need from others?*
- *How can I support you?*

***The observer watches and reviews how the coach performs***

*After 10 minutes B becomes the coach, C becomes the person coached, and A is the observer. Repeat again in a third round, with C being the coach, A the one coached and B the observer. Make sure each person takes a turn in each role. The complete exercise, not counting instructions or debriefing, will take at least 30 minutes. The observer gives feedback on the coaching, answering these questions:*

- *Was the coach supportive?*
- *Did s/he listen well?*
- *Did s/he ask questions to help the staff person think through the issues?*
- *Did s/he avoid giving solutions?*
- *Did s/he leave the person more motivated to perform?*

Coaching is enabling others to reflect on their commitments and find new ways to achieve their intended results.

Being a coach is important from the very first transition, but the stakes are higher as you move up. How well you coach affects the success of other managers and team leaders all the way down the hierarchy. Coaching helps establish a culture of accountability and performance at the operational levels and provide appropriate support to other managers.

## C. Coaching using the OALFA technique

When you meet with a staff member as a coach, take time to observe and relate to the other person. Sense how things are going for the person and set a supportive tone. Then you can ask about her issues and point of view. Listen to her response, give her specific feedback, and repeat the process until you both agree on a course of action that she will take. This process is known as OALFA, for Observe, Ask, Listen, give Feedback, and Agree.

The questions you ask can help the person think through her commitments, results achieved, and obstacles that still need addressing. Through a guided inquiry, the staff member may see new possibilities and come up with new actions to strengthen her performance.

*Refer the supplementary note for the OALFA checklist*.

### 2.3.2. Gaining Commitment, not just Compliance

Compliance versus Commitment

***Activity 1:*** *Gaining commitment, not just compliance*

***Duration: 2****0 minutes*

***Individual exercise: Reflect on motivating factors***

*Think of a time when you were really committed to doing something.*

*In the left column write the factors that motivated you. For contrast, think about a situation when you were forced or obliged to do something.*

*Write the factors that motivated you in that situation in the right column. At your table, share what you wrote in each column.*

*What is the difference between the answers in the two columns?*

- *You will probably find out that commitment has internal motivators while compliance has external motivators.*

***Discuss the effect of commitment and compliance on performance***

*What is the difference in the types of performance they produce?*

*Why is this distinction important for the leadership project you selected?*

*Are there times when compliance is okay? for what reasons?*

*Share your experience to the plenary*

***Step 3 Practice***

*Think about your workplace and where you can inspire commitment* of your staff

Your ability to sustain a positive work climate also depends on your ability to inspire commitment in your team. Creating an initial vision with your team will go a long way toward engaging the team's commitment to addressing challenges. You can reinforce this commitment through conversation and actions that encourage individual staff to connect their own goals to this group effort. Over the long term, you can maintain your team's motivation if you keep an eye on your own behavior and apply techniques to sustain your staff 's performance. You can:

- rekindle your commitment if it begins to fade;
- remain worthy of people's trust;

- balance commitment and compliance;
- acknowledge others' contributions;
- encourage your staff 's performance through supportive techniques;
- foster learning that will encourage creative group solutions.

When you do these things continually, they become part of the prevailing work conditions that staff experience as a positive work climate. All contribute to an atmosphere in which your group's members feel inspired, clear about what they are doing, and supported in facing every challenge.

### 2.3.3: Creating High Performance Teams

***Activity 1: Understanding roles in teamwork***
***Duration: 25 minutes***

***Practice team roles***
*In your team practice the different team roles. Pick a topic or challenge to discuss that will generate a spirited conversation. Assign two persons as observe. Observers give feedback from their notes to their teams.*
***Share experiences from the role-play***
*What was it like to be an observer only?*
*Was it difficult?*
*Did you see each of the four roles being played?*
*Did you see the four roles in a balanced way, or was there too much of one role?*

**Creating high performance team**

There are four equally important roles that people can play in a team: initiate, follow, oppose, or observe. A healthy team has people playing all four roles in order to get results.
For a team to function well, it needs all of the four roles played out in a productive way. For a team member to be effective, one needs to be good at each of the roles.
There are four roles in teamwork**.** These roles can be played at different times by different people.

- **Initiate:** start action, propose new ideas
- **Follow:** accept the idea or proposal for action and support it actively
- **Oppose:** question the direction
- **Observe:** watch what is going on

## 2.3.4: Inspiring Others

**A.** Building Trust

***Activity 1: Inspire others through building trust***
***Duration: 10 minutes***

***Individual exercise***
*Think of someone whom you trust. What has he or she done to earn your trust?*
*Think of someone you do not trust. What has he or she done to lose your trust?*
*Share your responses with another participant.*

***Identify practices to improve trust***
*In your teams, discuss how you can use the eight practices of leading & managing to improve trust in your workplace.*

***Comment on the practice***
*Which of the practices you listed can you start implementing right away?*
*Which ones are more difficult? Discuss in a team and share it to the larger group.*

Trust underlies everything that successful managers do with their work groups. Trust is essential for information exchange, problem solving, success of teams, enjoyment, and productivity. Being trust worthy means that others willingly rely on you because of your integrity, ability, and character. Team performance depends on mutual trust between you and the individuals in your team. But trust takes time to build and maintain.

**B.** Acknowledging others

***Activity 2: Inspire through acknowledgment***
***Duration: 20 minutes***

***Complete a sentence beginning with "I acknowledge you for…" for every member of their team***

- *These acknowledgments can include for what the other member has contributed to the team, to clients, or to the community.*

***Read and receive acknowledgments***

- *In the large group, have each person read the acknowledgments you wrote to each of their team mates aloud so everyone can hear it.*

***Wrap up and practice***

- *What was it like to receive these acknowledgments?*
- *Why is it so powerful?*
- *What keeps us from acknowledging and recognizing people more often?*
- *How can we increase acknowledgment in our work?*

*If you acknowledge someone for something but do not actually mean it, you are at risk of being seen as in sincere or fake.*

To encourage staff members to strive together for results and recognition, you can follow the "seven essentials of encouraging the heart." The essentials presented in the supplementary note will make clear to everyone what kind of performance you are looking for.
You can also strengthen the group's team spirit by asking people to recognize each other's contributions. At any time, you can call a meeting and ask people to write a sentence on a piece of paper for every member of their team, beginning with the phrase "I acknowledge you for . . ." These acknowledgments can include what the other member has contributed to the team, to

clients, or to the community. Have each person read his acknowledgement to the other members of the team. Through this process, your group members will grow more appreciative of each other's efforts and commit to producing desired results for each other.

## 2.3.5: Managing Changes and Producing Results

**A.** Principles of change process

***Activity 1: Managing changes and producing results- The change process***
***Duration: 15 minutes***

***Individual reflection on leading change***

*Think of a change you have experienced.*
*What did others do to support you during that change?*
*Write down your thoughts about this.*

***Team discussion***

*Share your ideas to your team about what helped.*
*Write the most helpful answers on a flipchart.*

***Large group discussions***

*Add anything from your own experience that is missing from the list.*

**B.** Leading change initiatives

***Activity 2: Leading a change***
***Duration: 15 minutes***
***Group work***

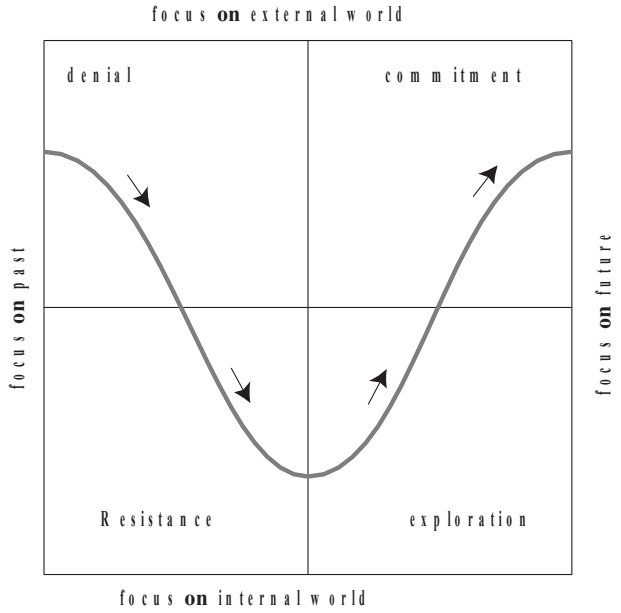
*Discuss any change initiatives that your organizations have experienced in the past.*
*How did the staff members perceive it? Identify the steps/processes you followed to intervene the situation.*
*Link this exercise with the challenge you selected in the challenge model.*

*Use the attached change initiative checklist and fill the questions by formulating an answer that shows how you already have or could, communicate the urgency of the change effort.*
*Write it in the "Comments" column of the handout.*

To varying degrees, change can be stressful and complicated. Leading people through change requires managing the change process.

## Working with people's responses to change

It is important to understand the responses people have to change and provide support and encouragement that is appropriate to where people are in their own process.




**When people are in a place of….**

**Denial.** Provide them with more information so that it becomes difficult to stay in denial.
**Resistance**. Create opportunities for people to express their feelings. Resist the impulse to explain or defend, which will make things worse. Show empathy for and understanding of the losses people experience.
**Exploration.** Make available opportunities and resources for discovering what is possible in the new situation. Encourage people to get together and support one another.
**Commitment.** There is no need to "Manage" the change process at this point, since people will manage themselves. Get out of the way.

## 2.3.6: Leading, managing and governing practices to ensure Quality and Equitable health services

**What is quality and equity in healthcare?**

Equity in health care is ensuring availability of the best care to all whereby the quality of care provided does not differ by any personal characteristics including age, gender, socioeconomic status or place of residence unrelated to a patient's reason for seeking care. Quality health care refers to a care which is safe, reliable, patient-centered, and efficient and provided to all in need in an equitable and timely manner.

**Why is quality and equity in health care a transformation agenda?**

Health inequities involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. Therefore, equity in health is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level. Calling attention to the importance of health equity is affirming a fundamental human right. In fact, the right to health is a constitutional right clearly stated in the Ethiopian constitution.

Equity and quality are the core goals of the health sector transformation plan, which aspires to build a high performing health system. We should consistently strive to provide health care of good quality to all citizens regardless of any difference in personal characteristics including socio-economic status and geographic location. This requires transforming the approach to health services, facility-community partnership and deeper understanding of the full array of patient and community needs.

### How can we ensure availability of good quality and equitable health services?

During implementation of the HSTP, efforts will be doubled up to ensure equity in health care, which has the following important elements;

- Equal access to essential health services,
- Equal utilization of equal need, and
- Equal quality of care for all

## 2.3.7: Leading through Breakdowns

Breakdowns as a source of positive change

***Activity 1***
***Duration: 15 minutes***

***Reflect on personal responses to breakdowns***
*Think of a time when you have encountered commitments and obstacles:*
*What did you do then? Write your responses*
***Talk about lessons learned from breakdowns***
*What was the breakdown?*
*What were you committed to?*
*What was missing or what happened, that caused the breakdown to occur?*
*What did you learn?*
*What actions could you take now?*
***Draw out practices to handle breakdowns after sharing in pairs***
*Link back to the feedback exercise and other practices that are keys to handling these situations.*
*Check on what your team project depicted in your challenge model to figure out breakdowns;*
***Review challenge model progress to date***
*What results have you achieved so far?*
*What breakdowns are happening?*
*What is missing in terms of actions, allies, support or other?*

**Leading your team through breakdowns**

One of the differences between a group of individuals and a high-performing team is that, in a team approach, difficulties and breakdowns are expected and embraced, and the team addresses the breakdowns together. Help your teams identify breakdowns and see them as catalysts for understanding what is missing or what stands in the way of achieving the results you desire.

A breakdown is any situation that:

- Threatens progress toward a commitment
- Presents uncertainty or difficulty
- Stops effective action
- Presents obstacles to our commitments.

Breakdowns normally lead to:

- Minimizing or ignoring the problem
- Blaming each other
- Erosion of teamwork, trust, and effectiveness.

New ways to approach breakdowns:

- All large commitments have breakdowns;
- The greater our commitment, the more and greater the breakdowns: “No commitment, no breakdown”;
- Breakdowns (when well handled) are a major source of breakthroughs: “finding a new way” to meet your commitments together

### 2.3.8. Shadowing in leadership development


Shadowing is a technique in which a person in a leadership development program accompanies, observes and collaborates with senior leader, while the senior leader is exercising leadership functions. Shadowing provides an opportunity for participants to observe in action the theories and concepts discussed in classroom session. For shadowing practice, participants will be attached with senior leaders for 1 to 2 weeks to facilitate practical real-life based learning. A maximum of two participants will be paired with a senior leader in the health sector for the shadowing exercise. Leadership development needs identified by participants will be used for selecting senior leaders and paring with participants. Senior leaders will also be informed in advance of the learning needs of participants to make the shadowing experience most impactful. Shadowing process will be planned by the senior leaders and trainee so that it effectively incorporates the stages of learning, preparation for an event, participation in the event and post event learning, debriefing and feedback sessions.

**What does the participant do during the shadowing?**

Participants are expected to do an initial observation which is followed by an actual engagement and doing the task in their assigned departments during their stay. This includes assuming the position and led the daily routine of their mentor under supervision.

Participants keep feedback of their important encounters, interactions, observations and the tasks they execute and document their overall learning journey in their portfolio. Participants are encouraged to make a deliberate effort to use each encounter for learning opportunity whether it is setting priorities, decision making, stakeholder engagement, and customer handling, resolving conflicts, and working in a team and so on.

**Goals of Experience**

- Grow as an emerging leader by “shadowing” an existing leader by “apprentice”
- Connect with the leader to understand their business, their team and their challenges
- Learn about their perspectives, style, approaches to leadership and management situations
- Study individuals in the team through the lenses of situational leader
- Learn about and potentially observe the day to day mechanics of the job

***Activity 2: shadowing in leadership***
***Duration: 15 minutes***

***Group work***

- *With your groups discuss the advantage of shadowing to learn leadership skills*
- *Evaluate the feasibility of shadowing in your personal context*
- *What could be the pros and cons of shadowing*
- *share your group idea to the large group*

# Handout for unit two

# Unit II: Planning and Implementation

## Strategic Planning

## Planning/Health planning

A systematic process of identifying and specifying desirable future goals and outlining appropriate courses of action and determining the resources required to achieve them. Health planning is simply a planning pertaining to health and health care system.

**Considerations in the domain of preplanning**

Determining when to undertake the planning.
Identifying individuals to partake in the planning.
Determining the budgetary and other resource requirements
Establishing time frame for planning.
Assigning specific tasks and responsibilities to each member
Developing a methodology for evaluating the planning process, input and output (these are indicators instrumental in monitoring).
Collecting documents for review information input with updated Woreda health profile

**Composition of a typical health plan:**

Executive Summary:
Introduction:
Situation analysis (from the district health profile):
Planned intervention measures:
Plan of operation and budget.
Monitoring and evaluation.
Assumptions and risks

**Timeline based typology of plans**

**Operational/short term (annual) plan:** is a commonly formulated and implemented plan everywhere in public, private or CSOs. Pertaining to the public sector, it is a typical planning pervasive in Woreda health management system (HSM)

**Mid-term plan:** essentially an operational plan as the former but could be considered an entity swinging between the two (operational and strategic plan) because it somehow has some features of the two. It considered a rolling plan and forward budget which covers 2-3 years and may also be made in Woreda HSM.

**Long-term plan:** is plan in some ways similar to strategic plan. It is often undertaken in higher level of HMS and is applicable to ministerial levels like FMOE and RHBs than Woreda HSM level. This type of plan may stretch up to three years.

**Rationale for Health Planning**

Translation of a "new" health policy statement into a plan of action.

Translation of a "master plan" such as a national plan into a district plan.

Re-planning on the basis of an already existing plan, for the purpose of reviewing existing health problems and needs and rendering services which are more effective and efficient.

Emergence of a new health problem, e.g. AIDS and Ebola, or re-emergence/resurgence of a known health problem, e.g. tuberculosis and malaria, which may require a special strategy or program.

Meeting the necessary standards and achieving the set objectives.

Economizing on available resources.

Ensuring coordinated effort and action.

**The Planning Cycle**

The cycle is a sequence of steps which entails subsequent decision on what is to be included in the plan. The cycle generally seeks to answer the following questions:

**Where are we now?**

Needs a situational analysis to identify current health and health-related needs and problems.

**Where do we want to go?**

Needs prioritization, selection and identification of objectives and targets

**How will we get there?**

Needs to work on the details, organizing tasks/actions to take place, by whom, when, at what costs and using what resources

**How will we know when we get there?**

Requires development of dependable indicators for monitoring the progress and evaluating results

## Steps to undertake a strategic plan

Planning to plan" or get organized.

Country/regional context and organizational history and background analysis

Define vision, mission and values

Stakeholders and collaborators analysis

Environmental analysis

SWOT analysis

Identify strategic issues

Set goals and objectives

Formulating strategies

Implementation planning

Resource planning

Monitoring/evaluation and risks/opportunity assumptions

## Thinking strategically as a basis for planning

Because planning is about making the desired future, or your organization's vision, a reality, the decisions you make as a manager or service provider will have an impact on the future of your organization and of the communities it serves. Making such decisions means that you and your planning team must think strategically about the interplay between what is occurring outside the organization and its effects on the internal workings of the organization. Together, you musts can to discern trends and future challenges, so you can best position your organization to respond effectively and in a sustainable way, to a changing environment.

Strategic thinking promotes the generation of break through ideas, creative concepts that are very different from those that have come before. It breaks through hold or conventional ways of doing things, making it possible for you to serve your clients in dramatically new ways.

When embarking on any kind of a plan, strategic thinking will engender a fresh perspective on the issues that your organization is trying to address.

Strategic thinking compels you to ask the following questions before you start planning:

What are the needs of the population our organization aims to serve?
Is our organization currently meeting these needs?
In what way could our organization meet needs that are not currently being met?

Asking and answering these questions may yield critical information about gaps in your organization's services; missed market opportunities; ways in which the organization can extend its reach with minimal incremental costs; and ways in which the organization can improve internally to be more efficient and effective.

Are the measures and schedule for activity completion realistic?

**Table 2.9: Example of a completed SWOT matrix**

| | External environment | | Internal environment |
|---|---|---|---|
| opportunities | USAID is focusing on repositioning family planning; therefore, global fund monies available for TB, AIDs, and malaria projects and HIV prevention are strongly tied to family | Strengths | Coverage of our clients with modern methods of contraception increased by 17%overthelastyear. |
| threats | Reductions in donor funding are out pacing efforts to ensure contraceptive security. | Weaknesses | It takes four weeks, on average, to restock modern methods of contraception at most service delivery points; supply is not keeping up with |

**Table 2.10: SWOT matrix with impact ratings**

| | External environment | impac | | Internal environment | impact |
|---|---|---|---|---|---|
| Opportunities | USAID is focusing on repositioning family planning; therefore, global fund monies available for TB, AIDS, and malaria projects and HIV prevention are strongly tied to family planning and reproductive health. | 4 | Strengths | Coverage of our clients with modern methods of contraception increased by 17%overthelastyear. | 3 |
| threats | Reductions in donor funding are out pacing efforts to Ensure contraceptive security. | 3 | Weaknesses | It takes four weeks, on average, to restock modern methods of contraception at most service delivery points; supply is not keeping up with current or projected demand. | 2 |

***Tips for SWOT Analysis***

*Keep SWOT short and simple, but remember to include important details. For example, if you think your communication skills are your strength, include specific details, such as verbal / written communication.*

*When you finish your SWOT analysis, prioritize the results by listing them in order of the most significant factors that affect your organization to the least.*

*Get multiple perspectives on your organization for the SWOT analysis. Ask for input from colleagues, clients, community, and partners.*

## Developing a strategic plan

### Analyzing the external and internal environment

**Where are we now?**


The first stage of the strategic planning process asks: where are we now? The SWOT analysis enables you and your planning team to answer this question by carefully scanning the trends and conditions—internal and external, positive and negative—that can impact the ability of your organization to fulfill its mission and build a bright future. The SWOT analysis is a tool that helps you identify opportunities and threats (OT) in the external environment that are most relevant to your work and the strengths and weaknesses (SW) within the organization: the systems, structures and cultural factors that can enhance or obstruct organizational effectiveness.

You can summarize your findings in the two columns of a SWOT matrix, as demonstrated in Table 2.4. The left-hand column describes the forces that negatively affect the organization as threats and those that positively affect it as opportunities. In the right-hand column, favorable factors are described as organizational strengths and those that negatively affect the organization are described as weaknesses. It is important to use concrete, current data and to agree on whether a situation is a positive or negative factor.

Once you have classified all the trends and conditions in the external environment as opportunities or threats and those within the organization as strengths or weaknesses, you can rank each one according to its impact on the organization, as illustrated in SWOT matrix with impacting in the supplementary note. The higher the number, the greater the impact

In-addition to depicting your organization's current situation, the SWOT analysis helps you prepare for the next planning steps, articulating the mission and generating a vision of the future.

The results of the SWOT analysis is allow you and your organization to gauge where you are relative to where you intend to be. They will help you to frame or revise your organization's mission and to create a vision of the future.

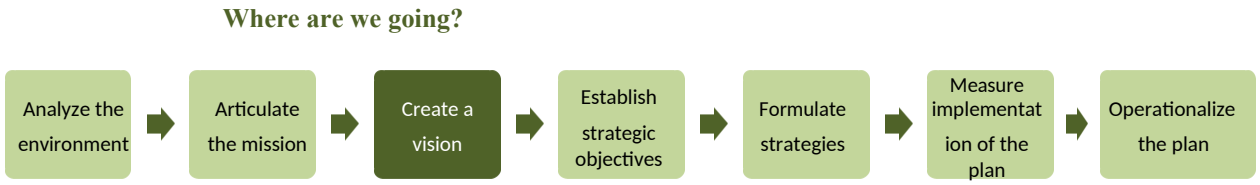
## Articulating the mission

### Where are we going?

The mission begins the answer to the second strategic planning question: where do we want to go? An organization's mission is its purpose, its reason for being. The mission statement describes clearly and concisely why the organization exists. The mission provides orientation, consistency, and meaning to the organization's decisions and activities at all levels.

Most organizations already have a mission statement, but these statements are often neglected or taken for granted by the staff. The statement of the mission is too important to be ignored or passed over. If there is no mission statement, one needs to be generated. If there is one, it should be re- examined periodically by current staff. For this reason, you and your team will benefit from devoting the early stages of the planning process to reviewing and, if necessary, revising your organization's mission statement.

## Creating the vision




When the planning team is clear about current strengths, weaknesses, opportunities, and threats and the fundamental purpose of your organization, you will continue by asking: where are we going? You are now ready to take on the challenge of constructing the desired future. It is the moment to dream, to decide what your organization wants to be in the future and how it wants to be viewed by the outside world.

The vision is like a guiding star. It fosters a shared commitment to the future you want to create and to the principles and values with which you expect to achieve them. It is a powerful picture of a desired state that provides abroad perspective and inspiration to keep working, overcome obstacles and struggle to achieve results. The vision guides and focuses the organization's efforts and helps to align, inspire, motivate and secure the commitment of each working group and individual within the organization.

## Establishing strategic objectives


The final answer to where are we going lies in the objectives—the desired results—that will help to transform your organization's mission and vision in to action able, measurable pursuits. Objectives set the course for management decisions and become the criteria against which it is possible to measure achievements.

If they are to serve their purpose, objectives must be SMART:

S=Specific
M=Measurable
A=Appropriate to the scope of activities
R=Realistic within the allotted time
T=Time bound, with a specific date for completion

### Strategic objectives

Strategic objectives are the results the organization intends to achieve in the medium to long term. They derive from the organizational vision and are established by the organization's management, in consultation with the heads of various departments or units. They should be approved by the board of directors in the case of civil society organizations or by a senior management team in the case of a public-sector institution.

### Strategic objectives are important because they:

Allow the organization's vision to become a reality;
Serve to direct organizational, departmental/unit and individual plans;
Provide orientation on the use of the organization's resources;
Constitute the basis for supervising, monitoring, and evaluating results

### Developing strategic objectives

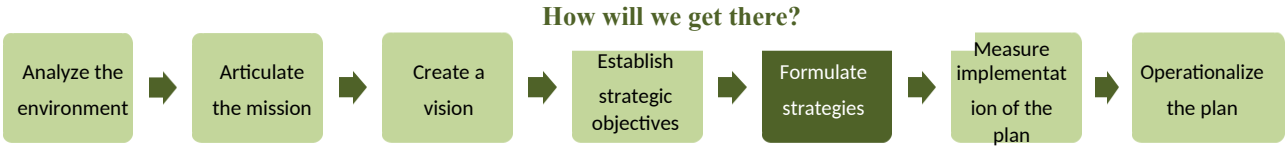
### Strategic objectives contain the following elements:

**Action**: what must be done?
**Subject**: the topic or group the action addresses
**Description**: the characteristics of the action
**Where**: the location at which the action will take place
**When**: by what date the action will be completed
**Limits/conditions**: the scope or conditions under which the action will be implemented
**Results**: the measurable effect of implementing the action

## Table 2.11: Matrix to Develop Strategic objectives: completed example

| | Action | Subject | Description | Where | When | limits/conditions | Desired Measurable results |
|---|---|---|---|---|---|---|---|
| **1** | Secure a Position | Our organization in the minds of our intended recipients | As the leading Provider of easy and uninterrupted access to high-quality, modern methods of contraception | In the entire country | By the End of 2013 | Through easy and Uninterrupted access To high-quality ,modern methods of contraception | Bytheendof2013, client Survey data will demonstrate thatover80%ofrespondents consider us the leading provider of easy and uninterrupted access to high-quality, modern methods of contraception |
| **2** | Provide Access | Facilities | Regular access to Modern methods of Contraception | throughout The entire organization | By the End of 2010 | Prioritizing the facilities with The highest number of men And women of reproductive Age | Bytheendof2010, more than75%ofourclientswill Indicate that they have regular Access to modern methods Of contraception through our facilities |
| **3** | Ensure Uninterrupted Contraceptive Supply | Supply system | Supply chain functions Optimally to ensure Interrupted supply of Methods | At the organization And facility levels | By the End of 2010 | Offering the best working Conditions and incentives In accordance with Performance results and Quality of care | Bytheendof2010, our supply System will conform fully to international standards, Ensuring an uninterrupted Supply of modern methods of contraception |
| **4** | Maintain Client Satisfaction | Quality of Services | above95%satisfaction | in all facilities | By the end of 2009 | Special attention given to new users of modern Methods of contraception | Bytheendof2009, client Satisfaction level swill be above 95%atall facilities, especially for those clients who are new users of modern methods of contraception |

## Formulating strategies




Strategies are statements of what is to be done. By answering the question of how will we get there, they define the route by which an organization will achieve its strategic objectives in the medium and long terms.

There are almost always alternative routes toward the achievement of strategic objectives. To find the best strategies for your organization involves considering all possible strategies and then choosing one or more that will best contribute to the achievement of the corresponding strategic objectives. Desired measurable results are the "measurable outcomes" that will be produced when the strategies are implemented.

| Strategic objectives | Desired Measurable results | Strategies |
|---|---|---|
| Position the organization's image in the minds of our target population as the leading provider of easy and uninterrupted access to high-quality, modern methods of contraception | Bytheendof2013, client survey data will demonstrate thatover80% of respondents consider us the leading provider of easy and uninterrupted access to high-quality, modern methods of contraception | What needs to be done to:<br>be a leading provider?<br>offer uninterrupted access? |
| **2** offer clients the easiest access to modern methods of contraception in the facilities with the highest number of men and Women of reproductive age | Bytheendof2010, more than75%ofourclientswill indicate that they have regular access to modern methods of contraception through our facilities | What needs to be done to:<br>▪▪determine the facilities with the highest demand?<br>facilitate access to our high-demand facilities? |
| **3** have a supply chain that functions optimally to ensure interrupted supply of modern methods of contraception | Bytheendof2010, our supply system will conform fully to International standards, ensuring an uninterrupted supply of modern methods of contraception<br>What needs to be done to:<br>▪▪ improve the supply | system?<br>▪▪hire and retain the best staff to manage the system?<br>meet international standards for a fully functional supply system? |

| | | | |
|---|---|---|---|
| 4 | maintain client satisfaction levels above 95%atall facilities, especially for those clients who are new users of modern methods Of contraception | Bytheendof2009, client satisfaction level swill be above 95%atall facilities, especially for those Clients who are new users of modern methods of contraception | What needs to be done to:<br>■Increase the level of client satisfaction?<br>■Attract and retain new users of modern methods of contraception? |

**Table 2.12: Matrix to Formulate Strategies to align with Strategic objectives**

**Which Strategies are best?**

Will the strategy contribute to the achievement of your strategic objectives and desired measurable results?

Does the strategy have the potential to make the greatest contribution while using the fewest resources?

Can the strategy be implemented, given the sources and context within which you work?

Is the strategy compatible with other strategies selected for the same and other strategic objectives?

Will the strategy maximize external opportunities and internal strengths? Will it address internal weaknesses and external threats?

## Measuring the implementation of the plan

How will we know we are getting there?


Your strategic plan sets a direction and strategies for achieving strategic objectives and desired measurable results. It is crucial for you as a manager of a health program or health service to monitor and measure whether and how well your organization is carrying out its strategies and the extent to which you are achieving your strategic objectives. The back bone of measurement is results. These may be out putted (the immediate or direct product of the activities) and out comes (short- term changes in a beneficiary population as a result of the activities). The achievement of those out puts and out comes is determined by indicators—measurable markers of change in a condition, capability, quantity, or quality overtime. The indicators you incorporate into your plan will allow you to regularly monitor progress toward your desired results and to evaluate the actual results achieved. See table 5 on the handout for a result monitoring chart.

At this point, you and your team have completed the strategic planning process and are ready to produce the plan itself. This document should be simple, readable, and concrete, with a structure that reflects the process.

**Table 2.13: Blank results monitoring chart**

| **Strategicobjective1:** | | | | |
|---|---|---|---|---|
| **Desired measurable result:** | | | | |
| **Strategy1:** | | | | |
| Intermediate Result/Milestone | Date of Completion | Responsible Party | Indicator | Means of Verification |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Suggested structure of the strategic plan**

Introduction: Briefly explain when and how the planning process took place, which concerns or circumstances the plan responds to, who participated, and how the plan will be used.

Analysis of the environment: summarize the internal strengths and weaknesses and external opportunities and threats that you identified through the SWOT analysis.

The mission, vision, and strategic objectives: Present the well-written statements of these three critical elements and explain how the mission and vision led to the strategic objectives.

Strategies: Present the strategies that you propose to use to achieve the results of each strategic objective. Write a brief explanation of why each strategy was chosen.

Measuring implementation. Present the results monitoring chart, write a brief explanation of the choice of indicators, and describe the process and schedule for reviewing the plan.

Conclusion: add any final comments and point out those annual operational plans will be developed on the basis of the strategic plan.

## Converting the strategic plan into an operational plan


When you and your planning team have developed the strategic plan and it has been approved and circulated, your organization will be prepared to produce annual operational plans that will translate strategic objectives and strategies into comprehensive packages of activities. Operational plans refer to the strategic objectives, desired measurable results and strategies from the strategic plan. You should list selected activities for each strategy and then for each activity specify the elements.

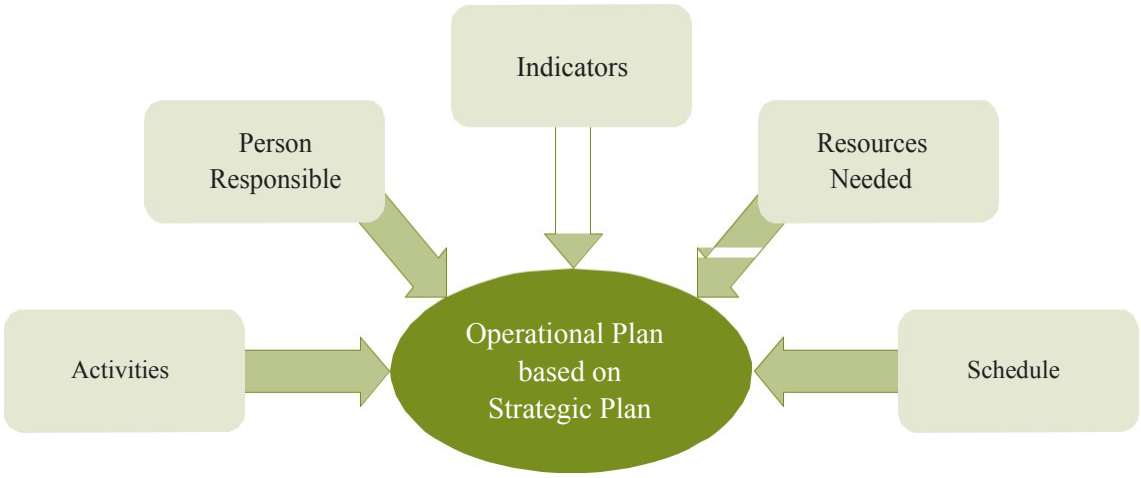



**Figure 2.15: Components of an operational plan**

## Costing and budgeting activities

A budget projects the costs and in many cases, the revenues of an activity, project, or organization. It quantifies the organization's goal and objectives by guiding the allocation of financial and human resources. A budget can be used with periodic expenditure reports to review expected costs against actual spending, identify cost- effective programs, predict cash needs, determine where costs must be cut, and provide input in to difficult decisions, such as which projects or activities to discontinue.

Costs or expenses are the financial outlays or resources used to deliver a product or service or to implement a projector activity. Such charges may be related to employing personnel, procuring supplies, and maintaining equipment.

Accurate and complete budgets that are monitored throughout the implementation of the

operational plan are critical. Budgets are designed to meet two sets of needs. For operational purposes, budgets help an organization allocate available resources as effectively as possible and monitor and control costs. For management purposes, budgets help managers make decisions about the mix and scope of activities and projects to be under taken during the year.

To prepare the budget for your operational plan, it is important to have the help of someone with solid experience in financial management and budgeting. Technical and program staff who work alongside the budgeter need to specify what is entailed in carrying out the planned activities and gather information about unit costs for key line items, including:

- Salaries and wages;
- Consultant costs;
- Travel and transportation;
- Facilities and supplies;
- Other direct costs (solely with the execution of the activity, such as printing or reproduction, communications, postage and shipping, supplies and materials, and outside services);
- Other indirect costs (costs that are not exclusively associated with the execution of the activity).

You can read more about budgets and financial management in module 4 of this manual.

**Summary of a good plan**

Is the plan simple?
Is it easy to understand and to act on?
Does it communicate in a clear and practical way?
Is the plan specific?
Are its strategic objectives aligned with the mission and vision?
Are the strategies in line with the strategic objectives?
Will the strategies help the organization achieve its desired measurable results?
Does the plan include specific activities, each with dates of completion, persons responsible, and budget requirements?
Is the plan realistic?

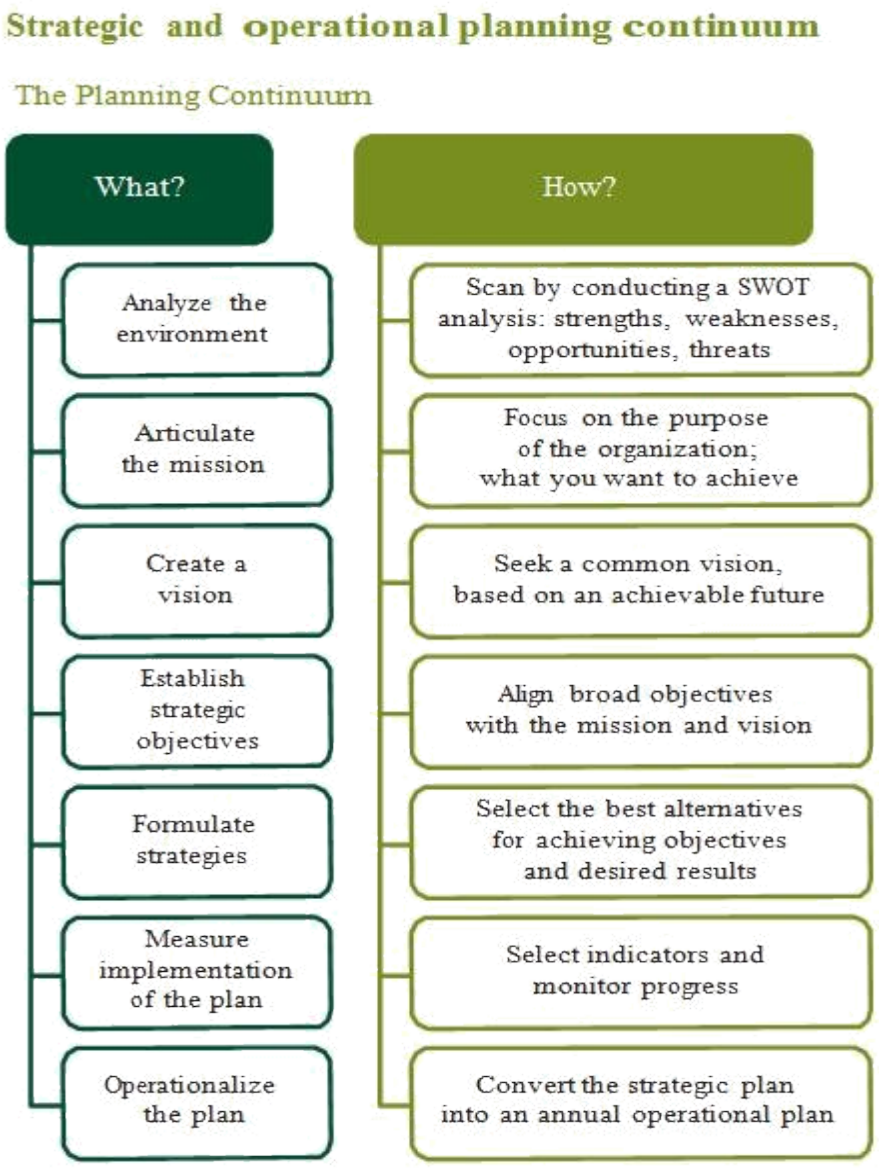



**Figure 2.16: Strategic and operational planning continuum**

## Optimizing Individual and Organizational Performance

**A mission** states why something exists.
**A vision** is a picture of a desired future. It describes where the group or the organization wants to be in the future. It includes an image that you can see in your mind.
E.g. Mission: The ministry of health has as its purpose to serve the health needs of the entire population, especially those most in need.

Vision: We see healthy children walking to school on safe roads.
A vision is a picture we create in our minds of a desirable future toward which we can begin to act. Visioning enables us to play an active role in creating the future.

Humans have a wonderful ability to create things in our minds, to dream, and to imagine the future. Trees and dogs can't do this. Unfortunately, people can misuse this capacity by imagining the worst possible outcomes.
Experience has shown that a vision is more powerful when more people share it. People usually support what they help create. Hence, try to create a shared vision that is developed and owned by those who will need to carry it out. Depending on the level at which your team operates in the organization or program, you may want to include key stakeholders in developing or reviewing the vision.

To prepare for a visioning exercise, you may want to explore a number of questions:

- What are we committed to doing? Who do we serve now and who do we want to serve?
- What kind of work climate do we want, and what values do we want to practice?
- What sort of future do we want to create for our community?

***Steps of creating a shared vision***

- Step 1: Imagine the future
- Step 2: Integrate your vision with another one
- Step 3: Record the key elements of all the vision statements
- Step 4: Prioritize the elements
- Step 5: Present the shared vision statement

Note: Also refer to the "strategic thinking map" for crafting vision in the handout to this module to obtain more information in creating vision

| | Urgent | Not urgent |
|---|---|---|
| **Important** | **I**<br>**Activities**<br>▪ Crises<br>▪ Pressing problems<br>▪ Deadline-driven projects that are critical to your strategic priorities | **II**<br>**Activities**<br>▪ Preventing problems and anticipating future activities<br>▪ Creating strategy, planning<br>▪ Relationship building<br>▪ Recognizing new opportunities<br>▪ Recreation |
| **Not important** | **III**<br>**Activities**<br>▪ Interruptions, some calls<br>▪ Some mail, some reports<br>▪ Some meetings<br>▪ Pressing matters | **IV**<br>**Activities**<br>▪ Trivia, busy work<br>▪ Interruptions<br>▪ Some mail<br>▪ Some phone calls<br>▪ Time wasters |

**Table 2.14: The Important and Urgent Matrix**

Quadrant I represent things that are" urgent and important." Quadrant I activities are usually "crises" or "problems." They are very import, but look out! Quadrant I can consume you. As long as you focus on it, it keeps getting bigger and bigger until it dominates your work. There will always be crises that require immediate attention, but how many things are really urgent?

Quadrant II includes activities that are "important but not urgent." It is the quality quadrant, where we plan and anticipate, and prevent things that otherwise might become urgent. Quadrant II is the heart of effective personal management.

Quadrant III includes things that are "urgent, but not important." Plenty of us spend too much time in this quadrant. The urgency sometimes is based on someone else's priorities. It is easy to believe that something that is urgent is also important. Look at what you classified as "urgent and important" in quadrant I. Ask yourself if the urgent activity contributed to an important strategic objective. If not, it probably belongs in quadrant III.

Quadrant IV includes activities that are "not urgent and not important." It is the "waste of time" quadrant. Chatting, reading jokes, and gossiping are examples of these activities.

**Impact of each quadrant on your energy and effectiveness**

**Results of living in Quadrant I**: Stress, burnout, crisis management, always putting out fires

**Results of living in Quadrant II**: Vision, perspective, balance, control, few crises

**Results of living in Quadrant III**: Short-term focus, crisis management, feeling victimized and out of control

**Results of living in Quadrant IV**: Irresponsibility, work not completed on time (or at all), loss of your job

**Most of your time should be spent in Quadrant II, Important and Not Urgent.**

**SEVEN KEY PRACTICES OF QUADRANT II**

Improving communication with others
Better preparation
Better planning and organization
Caring for yourself
Taking advantage of new opportunities
Personal development
Knowing what is important
The key practice is knowing what is important!

*Source: Stephen R. Convey. The 7 habits of Highly Effective People: Restoring the Character Ethic; pp,151, 152-54, text adapted (2004)*

**Convert complaints into requests.**

You can shift the language that staff uses as well, by encouraging them to convert the complaints they make when they feel discouraged into requests. Ask them to identify the person(s) they think can help remedy the situation. Then support them in asking that person to take a specific action and to act by a specific time. Remind them that if they get a negative answer to the request, they can always ask, "Then what *can* you do that would help?" Your staff will sense your interest and support for their work when you listen, understand assumptions, and balance your responses with inquiry and positive, proactive comments. As you give staff specific feedback and suggestions for acting on their complaints, they will hear clear expectations and begin to feel empowered to seek assistance in facing their obstacles. All these communication strategies will help you achieve and maintain a positive work climate.

**Change** a few of the complaints into requests. To do this, use the prepared flipchart and fill in the requests in the blanks.

Will you _____ (specific person)
Do this _____ (specific action)
By _____(specific time)?

**Write** on the flipchart three ways to respond to a request:

Yes

No

Counteroffer: "No, I can't do that, but I can do this," or "I can do it by some other time."

## Moving from Vision to Action

### CHALLENGE MODEL

The Challenge Model provides a systematic approach to achieving results in which groups identify and face one challenge at a time. The model leads you through a process of forming commitment to a shared vision that contributes to realizing your organization's mission, defining and owning a challenge, prioritizing actions for implementation, and working together to achieve results.

### Process

**Step1: Review your organizational mission and strategic priorities**

With your team, form a common understanding of your organization's mission and strategic priorities. This understanding will help you shape your vision and make sure that it contributes to larger organizational priorities.

**Step 2: Create a shared vision**

Work with your team to create a shared vision of the future that contributes to accomplishing the organization's mission and priorities. This shared vision will inspire the team to face each new challenge.

**Step 3: Assess the current situation**

Scan your internal and external environments to form an accurate baseline of the realities or conditions that describe the current situation in relation to your stated result.

**Step 4: Agree on one measurable result**

Pick an aspect of your shared vision and create one measurable result that you all want to achieve. This measurable result is what will drive your work. Because it is measurable, it allows you to monitor and evaluate your progress toward achieving it.

Note that *finalizing* the result is an iterative process. As you learn more about the current situation and obstacles you need to overcome, you may need to adjust your stated result so that it is appropriate and realistic.

**Step5: Identify the obstacles and their root causes**

Make a list of obstacles that you and your team will have to overcome to reach your stated result. Use root cause analysis tools to analyze the underlying causes of these obstacles to make sure you are addressing the causes and not just the symptoms.

**Step 6: Define your key challenge and select priority actions**

State what you plan to achieve in light of the root causes of the obstacles you have identified. (It helps to begin your challenge statement with "How will we . . . ?") Then select priority actions that you will implement to address the root causes.

**Step7: Develop an action plan**

Develop an action plan that estimates the human, material, and financial resources needed and the timeline for implementing your actions.

**Step 8: Implement your plan and monitor and evaluate your progress**

Support your team in implementing the plan, and monitor and evaluate your progress toward achieving your result.

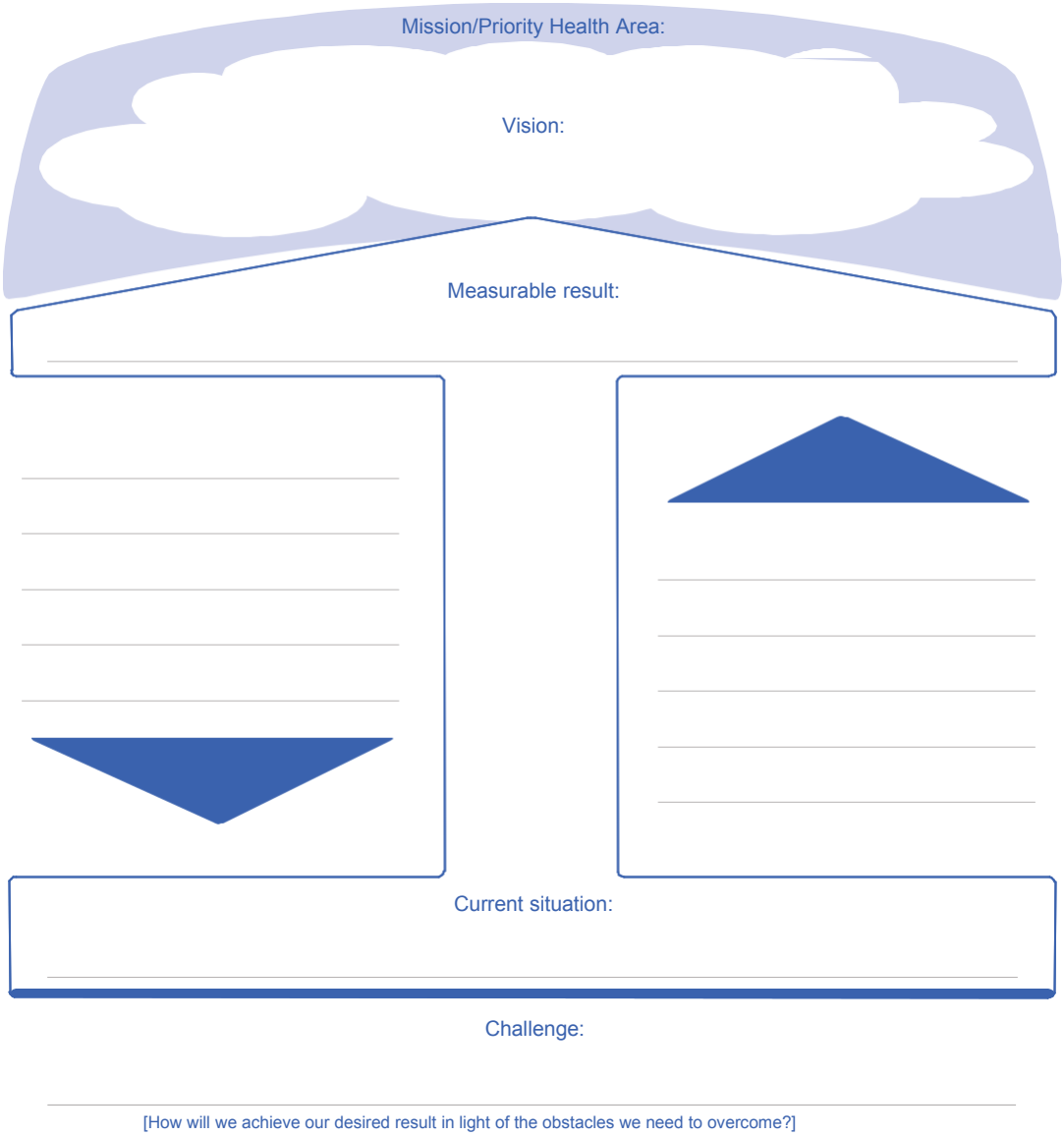



**Figure 2.17: The Challenge Model**

***A problem*** *is "out there" and is often blamed on external forces.*
***A challenge*** *is something you own and take on.*

**Measurable Result - SMART Criteria**

One of the single most productive things a group can do is make its intended results clear. When you decide on a desired result, make sure that you have a clear set of indicators. To meet the SMART criteria, results must be:

**Specific—clearly written and understood**

Is it an *absolute* challenge?

We will totally solve the problem. For example, we will immunize all children in our area.

**OR**

Is it a *relative* challenge?

We will make some improvement toward solving the problem. For example, we can hold special immunization days that could reach 60% of all children in our area.

The desired result needs to be **specific** enough so that it can be measured by a frequency, a percent, or a number.

**Measurable—we can monitor progress towards results**

What are the indicators to monitor progress and evaluate results?
What are the data sources needed to measure your indicators?

The desired performance must be framed in terms that can be measured.

**Appropriate—to the scope of your program or work activities**

Can your team affect the results given your level in the organization?

Are there actions your team can take to meet your selected challenge?

Do these actions contribute to the health outcomes you want to impact?

Are there any conflicting needs or interests in your organization that may affect your results?

The desired result must be appropriate to the goals of your team and to the mission of your organization.

**Realistic—achievable and within your control**

Ask your manager and other key stakeholders if this challenge is something that your team can and should be working on.

Can the Action Plan be carried out with the resources available to the project?

You can realistically achieve the desired results in the time you have planned.

**Time bound—with a specific time for completion**

Can you achieve the results in the time you have planned?

If the result will take more time than you have planned, you may consider selecting another challenge.

There is a specific period for achieving the desired results.

**Example of a measurable result**

For a program whose mandate is to prevent the spread of HIV/AIDS:
The number of voluntary counseling and testing sites in the district will increase by 50% in the next 12 months.

## Assess the current situation

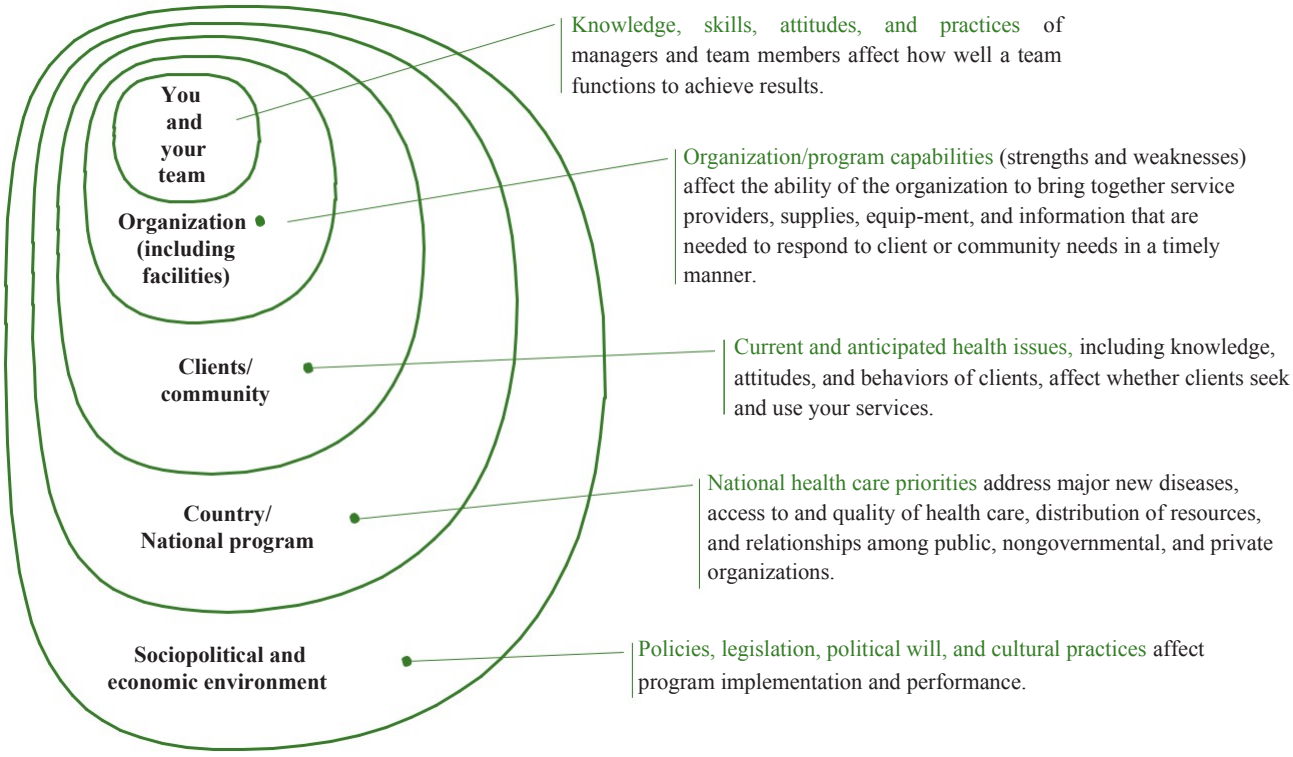



**Figure 2.18: Factors to consider in scanning the environment**

## Analyzing Stakeholders

**Stakeholders** are those individuals or groups who have a stake in achieving the result you have selected. This includes those who can affect and are affected, by the result—in positive or negative ways.

**Table 2.15: Stakeholder analysis worksheet**

| Stakeholder group/individual | What are they most interested in? | What is their Biggest concern? | What do we need to do to get their support? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Use this worksheet to consider stakeholders' interests and concerns

**Table 2.16: Resource mobilization request form**

| Name of stakeholder & | What specific request will we | Who will make this request? | When will the request be made? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Root Cause Analysis

**Root cause analysis** involves problem-solving methods that go beneath symptoms to find the basic causes of problems. We use root cause analysis because problems are best solved by trying to corrector remove underlying causes, as opposed to merely dealing with obvious symptoms.

**THE FISHBONE TECHNIQUE**

**Purpose:** To identify the root causes of the current, un desirable situation keeping you from achieving your intended result.

### Step 1: Write your obstacle in the Fishbone Diagram

In the box on the far right side of the diagram, write the current situation as stated in your Challenge Model.

### Step 2: Brainstorm possible causes

Discuss each category below (main factors) and brainstorm possible reasons why the current situation is the way it is. The better your analysis, the more likely your Action Plan will include actions that address the root causes creating the gap between your current situation and your desired results.

**People.** Knowledge, skills, feedback, motivation, support
**Policies.** Rules and regulations that you can affect
**Processes and procedures**. Standards, equipment
**Environment.** Ministry of Health, community, other stakeholders

The categories will help you organize your ideas. As a team, look for the possible causes of the performance gap and then group them according to the categories. You can select other categories if these don't apply to your team's situation.

### Step 3: Connect the categories to the central spine of the diagram

Draw arrows from each category to the central spine, as shown in the diagram.

### Step 4: Identify the causes that are most responsible for the current situation

For each category, probe deeper to understand the factors that sustain the current situation and keep you from moving to your desired result. Use the Five whys Technique to help you probe.

**Analyzing Root Causes of your current situation: The fish bone diagram**

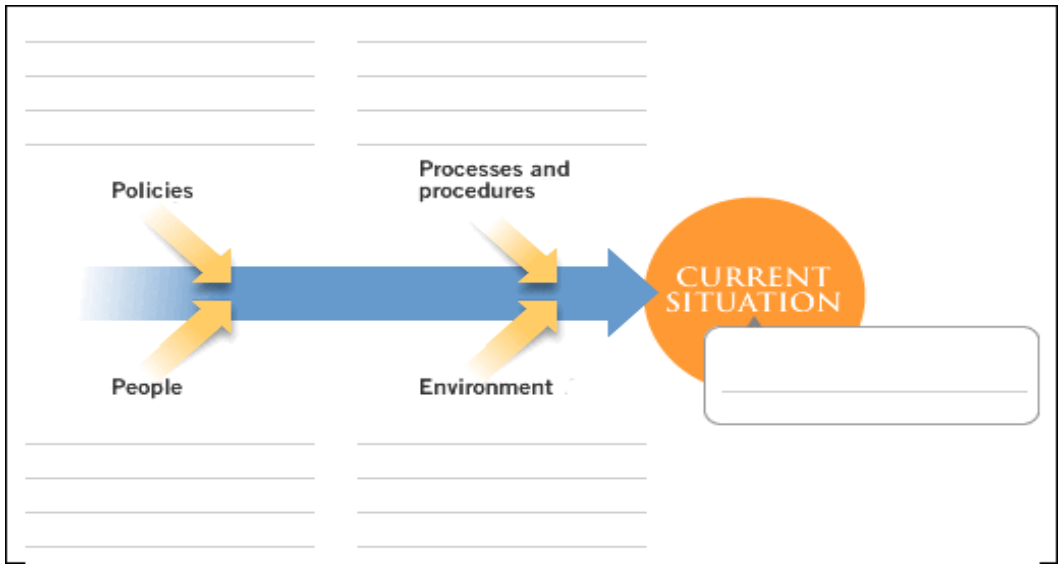



**Figure 2.19: The fish bone diagram**

**The Five Whys Technique**

**Purpose**

The questioning technique, developed by Imai Masaaki, is useful for getting beyond obvious symptoms and identifying the primary, or root, causes of a problem. Asking "why" five times prevents mistaking symptoms for causes, so that you can work on addressing the underlying factors that are causing the problem rather than working on the wrong causal factor.

**Process**

When you are working with a cause-and-effect diagram and have identified a probable cause, ask, "Why is that true?" or "Why is that happening?" To each answer, ask "why" again. Continue asking "why" at least five times, until the answer is "That is just the way it is," or "That is just what happened." The questioning will help you to arrive at a deeper understanding of the causes keeping the current situation as is.

Be sure that you are asking about things that are in your sphere of influence to affect. If you find yourself talking about conditions like "the economy" or the "level of literacy," restart and god own chain of "whys" as long as you are sure that you are discussing something you can affect.

To practice the method, take a situation you would like to change. For example, the **cold chain frequently breaks down, interrupting vaccination campaigns:**

**Why** is the current situation like this? Response: Because there is **no back-up** during power outages.

**Why** is this so? Response: because there was **no money in the budget** for a back-up arrangement.

**Why** is this so? Response: because **no one thought about it** when the budget was made.

**Why** is this so? Response: because the budget was **made by an accountant who does not know the importance** of an uninterrupted cold chain.

**Why** is this so? Response: because **technical experts do not get involved** in budgeting.

At this point you might see that what is missing is more involvement of technical experts in setting budgets.

It is possible that asking "why" three times is sufficient. You may stop when you reach a point when you respond, "That is how things are, that is life…"or when you are no longer able to find a useful response.

## Priority Actions

Priority actions are activities or interventions that directly target the root causes of the obstacles you identified and, when implemented, will result in achieving your result. Prioritizing your actions will help focus staff and others on actions that will lead to results. When you work on your priority actions, try to keep the number of actions to a manageable level. Three to five actions are often enough to focus your efforts on a single challenge and on the underlying root causes of the obstacles.

**Setting Priorities using the Priority Matrix**

**Table 2.17: Priority Matrix Worksheet**

| **Criteria (Ratefrom1to3)** | **Priority actions** | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| ***TOTALS*** | | | |

**Note: "1" is for them or unfavorable situation, such as the most time to implement or the least potential impact. "3" is for the most favorable situation.**

This example shows that conducting community education seminars should be a priority. It does not mean you do not carry out the other actions, but focus on those actions likely to have the most significant impact taking in to account time and money.

**Table 2.18: Sample Priority Matrix**

| Criteria (Ratefrom1to3) | Priority actions | | |
|---|---|---|---|
| | **Train counselors** | **Conduct community education/seminars** | **Renovate clinics** |
| ***TIME TOIMPLEMENT*** (1=the most time) (3= the least time) | 2 | 2 | 1 |
| ***COSTTOIMPLEMENT*** (1=the most cost) (3=the least cost) | 2 | 3 | 1 |
| ***POTENTIALFOR IMPROVING QUALITY IN THE LONG TERM*** (1=the least potential) (3=the most potential) | 3 | 2 | 2 |
| ***CAPACITY TOIMPLEMENT*** (1=the least available) (3=the most available) | 1 | 3 | 1 |
| ***TOTALS*** | **8** | **10** | **5** |

This example shows that conducting community education seminars should be a priority. It doesn't mean that you don't carry out the other actions, but you should focus on those that will have the most impact on achieving your result, taking into account time and money.

## Action Plan

**Action Plan with tasks**:

Write a list of all activities needed to complete each priority action.
Assign a person to be responsible for each activity.
Estimate resources needed to complete the activity.
Indicate start and completion dates for each activity.
Do a quick check of your draft Action plan

Monitoring and Evaluation
Indicator
Data sources
M&E plan

The purpose of good M&E practice is to properly monitor, measure and demonstrate results.

To check the quality and logic of your Action Plan, answer the following questions:

Are there activities for each of the priority actions?
Have you included activities for aligning, mobilizing, and inspiring?
Is the desired result SMART?
Have measurable indicators been defined that will tell you whether or not your team has achieved the desired result?
Do the activities listed in the plan contribute to the achievement of your desired result?
Are specific people identified to be responsible for the completion of each activity?
Have all the resources been identified?
Does each activity have a time frame?
Is there anything else that you should add to your Action Plan?

**Action Plan for Team**

| **Challenge:** | | **Indicators:** | | |
|---|---|---|---|---|
| **Desired measurable result:** | | | | |
| **Priority actions:** | | | | |
| **Activities** | **Person responsible** | **Start date** | **End date** | **Resources** |
| | | | | |
| | | | | |

**CASE STUDY—A CHILD SURVIVAL ACTION PLAN**

The People's Health Initiative (PHI) team has defined its measurable result, described the current situation and obstacles, analyzed the root causes and selected three priority actions. The team members developed an action Plans that everyone could start to implement the work.

**The team's priority actions are:**

To educate the communities regarding healthy living;
To improve the health centers' delivery of basic preventive health care services;
To conduct campaigns promoting growth monitoring and immunizations in selected communities.

Think of an Action Plan as a map that will show how to get from "here" to "there" the desired measurable result that is a short-term milestone on a longer journey.

Developing an Action Plan is not as easy as you might think. Your team has probably done countless Action Plans in the past often without recognizing it as a very useful management tool. Instead, you may be used to doing it as always like carrying out training or holding meetings. Therefore, you need to note that these activities may not be enough to affect the root causes you identified with the Five Whys and Fishbone techniques.

**PHI's Action Plan**

To make sure that each step of the team's thinking process was connected to the next, they wrote down their challenge, measurable result, indicators, and priority actions at the top of their action plan

They identified all of the activities that would be required to implement the priority actions.

They established a start and an end date for each activity and the person accountable for the activity's completion.

Finally, they determined all the resources (human, financial and material) they would need to mobilize and implement each activity.

**Action Plan: People's Health Initiative—Child Survival Preventive Health Outreach**

**Table 2.19: Action Plan**

Date: May 30, 2008

| | |
|---|---|
| **Challenge:** How can we improve the interactions between the population (patients and their families) and the primary health care facilities in ways that promote good health-seeking behavior among underserved communities?<br><br>**Desired Result:** By December of this year, the health centers nearest to the 10 selected communities served by PHI will see a 15% increase in the number of children under 5 who are up to date on their immunizations. | **Indicators:**<br>• Percentage of children seen at the clinic who are up to date on their immunizations as measured by: *percentage of 1 year olds immunized with 3 doses of DTP, or percentage of children under 2 with one dose of measles, AND percentage of children under 5 years who completed the doses of polio oral vaccine*<br>• Satisfaction of patients with services provided in targeted health clinics as measured by patient satisfaction survey<br>• Knowledge of mothers regarding importance of childhood vaccinations, measured as scores on KAP survey |
| **Priority Actions**<br>**1.** Providing health education to the communities to promote healthy living;<br>**2.** Improving the health centers' provision of basic preventive health care services;<br>**3.** Organizing campaigns promoting growth monitoring and immunizations in selected communities. | |

| Activities | Person responsible | Date of start and completion of each activity | Resources |
|---|---|---|---|
| PHI staff meet with central-level MOH officials to agree on selected districts and communities (aligning) | Nura | May 1–30, 2008 | Time of the team and counterparts |
| Meet with HC staff and community leaders in selected districts to discuss the project, identify local champions, get buy-in, and review and adapt a plan for each of the communities, using this as a template (aligning and scanning) | Nura | May 15–30, 2008 | Time of the team and counterparts; transport to districts; refreshments |
| Carry out baseline client satisfaction survey at health centers (scanning) | Mona and volunteers at each health center | June 1–20, 2008 | Massoud's time to develop survey and train volunteers; materials |
| Carry out baseline rapid KAP survey in 10 selected communities, including review of childhood vaccination cards (scanning) | | June 1–30, 2008 | Time of the team, champions, and the district health managers |
| Collect baseline vaccination data from childhood vaccination cards stored at health centers (scanning) | | June 5–15, 2008 | |
| Organize outreach campaigns with Ministry of Health teams from Child Survival and EPI programs (aligning and mobilizing) | Sadiq | June 1–15, 2008 | Sadia's time and transport to local radio stations |

**PHI Action Plan (*continued*)**

| Activities | Person responsible | Date of start and completion of each activity | Resources |
|---|---|---|---|
| Meet to determine monitoring plan for interventions (monitoring & evaluating) | Sultana | June 2, 2008 | Time of the team |
| Work with health centers, local radio stations, and women's groups to initiate immunization campaigns (focusing, aligning and mobilizing) | Sultana | June 1–July 30, 2008 | Time of the team, district health managers, and champions from the communities; transport; food and refreshments |
| Carry out first round of health education activities in selected communities (implementing) | Hala and Rachid | July 1–30, 2008 | Materials and supplies; transport; Hala and Rachid's |

| Activities | Person responsible | Date of start and completion of each activity | Resources |
|---|---|---|---|
| | | | time |
| Study typical case load at health centers and make recommendations for upgrading staff skills (scanning) | Noha | July 1–30, 2008 | Transport to health centers, Noha's time |
| Train staff to upgrade skills (implementing) | Noha | August 1–30, 2008 | Training materials, training room |
| Carry out second round of health education activities in selected communities (implementing) | Hala and Rachid | August 1–30, 2008 | Materials and supplies; transport; Hala and Rachid's time |
| Carry out third round of health education activities in selected communities (implementing) | Hala and Rachid | September 1–30, 2008 | Materials and supplies; transport; Hala and Rachid's time |
| Carry out fourth round of health education activities in selected communities (implementing) | Hala and Rachid | October 1–30, 2008 | Materials and supplies; transport; Hala and Rachid's time |
| Collect follow-up indicator data (client satisfaction survey, rapid KAP, and review of vaccination cards in health centers), followed by evaluation meeting (scanning, focusing, monitoring & evaluating) | Sultana | November 10–December 5, 2008 | Time of the team, champions and district health managers; transport; refreshments |
| Analyze data, write report, and disseminate final results to key stakeholders (focusing, monitoring & evaluating, and inspiring) | Nura and Sultana | December 6–20, 2008 | Time of the team; cost of mailing |

## Monitoring and Evaluation Plan

**Monitor:** To regularly track changes in indicators over time in order to manage the implementation of an Action Plan.

**Evaluate:** To assess the extent to which results are achieved and to understand why the results were or where not achieved.

### Indicator

An indicator is like a road sign.

Shows whether we are on the right road, how far we have gone and how far we still have to go to reach our destination (our measurable result).

Indicators should be expressed in neutral terms without words like "improved" or "decreased" (e.g. the indicator is "temperature" not "higher or lower temperature.").

These words can be put in the measurable result statement.

**Characteristics of good Indicators**

An indicator is a sign that can show where you are in the present (current situation), the progress you've made so far and the remaining distance you have to go in order to achieve your desired result.

**An indicator is a marker for diagnosis and analysis. An indicator should be:**

Up to date
Practical
Accessible
Relevant to the program
Comparable from year to year and from one area to another.

**How to Recognize a Good Indicator**

*Good indicators share the following key characteristics.*

**Valid:** the indicator measures what it intends to measure.

**Reliable:** the results of measuring the indicator would be the same no matter how many times it is carried out.

**Precise definition:** indicators should be defined with clear, specific terms.

**Based on current knowledge or experience:** both experts and non-experts should be able to easily understand the meaning of the indicator.

**Discrete:** indicators should capture a single level, or aspect, of a more complex result.

**Timeliness:** indicators should be measured at appropriate time intervals according to the availability of data.

**Comparable:** when possible, indicators should avoid particularly narrow or unique definitions whose values would be difficult to compare with other programs' results.

**Data are easy to obtain or in expensive to collect:** data for the indicator are readily available from a credible source and are affordable.

# ELEMENTS OF A MONITORING AND EVALUATION PLAN

| | |
|---|---|
| **1. INDICATOR** | Each indicator should be stated using clear terms that are easy to understand, and should measure only one thing. If there is more than one thing to measure in the indicator, it should be restated as separate indicators |
| **2. INDICATOR DEFINITION** | Provide a detailed definition of the indicator and the terms used, to ensure that different people at different times would collect identical types of data for that indicator, and measure it the same way. For a quantitative indicator, include a numerator and denominator with the description of how the indicator measurement will be calculated. |
| **BASELINE AND GOAL** | Measure the value of each indicator before project activities begin and set an achievable goal for the indicator to reach by the end of the project. The baseline measurement is the starting point for tracking changes in the indicator (s) over the period of an Action Plan. |
| **4. DATA SOURCE** | Specify the data source for each indicator. Consider the pros and cons of each source (accuracy, availability, cost, etc.) to ensure access to the data. Examples of data sources include facility, records, surveys, websites, published research, and health information system (HIS) |
| **DATA COLLECTION METHOD** | Specify the method or approach for collecting data for each indicator. For primary data (data that teams collect themselves), note the type of instrument needed to gather the data (e.g., structured questionnaire, direct observation from, scale to weigh infants). For indicators based on secondary data (data from existing sources), give the method of calculating the indicator. |
| **FREQUENCY OF DATA COLLECTION** | Note the timing of data collection for each indicator. Depending on the indicator, this may be monthly, quarterly, annually or less frequently. Baseline data are collected for each indicator before activities begin. |
| **RESPONSIBILITY FOR COLLECTING DATA** | Identify who is responsible for data collection. Responsibility should be assigned to a specific office, team, or individual. |

# NUMERATORS AND DENOMINATORS FOR INDICATORS

## What are Numerators and Denominators?

The numerator and the denominator represent two groups of people, events or documents that you compare.

The numerator is a subgroup of the denominator. (An example is provided below)

When you put the numerator over the denominator, you create a fraction (X/Y) that you can use to calculate percentages, proportions, and other rates to show how things are changing.

The numerator is the actual number of people or events that exhibit a particular trait.

Example: The number of women attending antenatal clinics in Makumba District who receive counselling and testing services.

The denominator is the total number of possible people or events that exhibit that trait.

Example: The total number of women attending antenatal clinics in Makumba District

The denominator you choose should:

Be relevant to the intervention you are implementing.

Include only units (e.g., people, clinics, households) that could be affected by your intervention.

## How do you use numerators and denominators?

If you simply count the number of women who received HIV counselling and testing in the past six months, and find that the number is 280, it is difficult to know if that is a significant achievement.

But you can know if this is a significant achievement if you know that 300 women attended antenatal clinics in Makumba District in the 6 months. If you know that, then you know that 80% percent of those women received counselling and testing service.

(280 out of 300 women, or 280/300 = 0.8 = 80%

If the total number of women attending antenatal clinics in Makumba District was 600, then only 40% of those women received counselling and testing services

(280 out of 600 women, or 280/600 = .40 = 40%).

The numerator remains the same (280), but the denominator (either 300 or 600 in these cases) provides information on the scope of the result.

As you can see, different denominators can have dramatic effects on the results!

| COMMON DATA SOURCES | |
|---|---|
| 1 POLICY OR GOVERNMENTAL PROGRAM LEVEL | Q Official documents and records (legislative and administrative documents)<br>Q National budgets or other accounts<br>Q Policy inquiries<br>Q Websites |
| 2 SERVICES LEVEL | Q Facility records (ser vice statistics, HMIS data, financial data)<br>Q Inventories or facility assessment sur veys<br>Q Provider performance or competency assessments, training records, quality-of-care data<br>Q Client visit registers |
| 3 POPULATION LEVEL | Q Government census<br>Q vital registration systems (birth and death certificates)<br>Q Sentinel surveillance systems<br>Q Household or individual surveys |
| 4 INDIVIDUAL LEVEL | Q Case surveillance for specific diseases<br>Q Medical records<br>Q Interview data (e.g., client exit inter views)<br>Q Observation of provider-client interactions |

**WHAT IS A BASELINE?**

A baseline is the measurement of indicators of the current situation before activities begin. Gathering baseline data allows for two things:

A baseline provides information teams can use to set the desired measurable result they hope to reach by the time they complete the activities in their Action Plans. It may tell the team the desired result is too ambitious and/or not at the right result level and in this way allows the team to focus on what is achievable in six months.

A baseline provides the starting point for tracking changes in the indicators over the life of an Action Plan. Why track changes in indicators? The indicators are linked to the immediate (output) and longer-term results (outcomes) that teams need to monitor. Changes in the indicator values overtime show whether the results are going up or down or staying the same. In turn, this tells teams whether their activities and strategies are working as planned to achieve the desired results.

**Example of a baseline:**

Let us say team members in a health center have defined a specific and measurable result, such as, "Between June and December 2010, the health center will see a 100% increase in the average number of new family planning clients per month."

In order to determine what it is that they actually need to do to achieve this result, the team has to know where they currently are. The "current situation" does not necessarily mean as of today. To find this information, the team can review records at the health clinic for the same June to December six-month time period in 2009 and discover that the clinic served an average of 150 new family planning clients per month. That is their baseline.
The measurable result for the team, using the baseline data, should read: "Between June and December 2010, the health center will see a 50% increase in the average number of new family planning clients per month, from an average of 150 new family planning clients per month between June and December 2009, to an average of 225 new family planning clients per month between June and December 2010."

**FREQUENTLY USED SERVICE DELIVERY INDICATORS AND SUGGESTED BASELINES**

The indicators in this table are meant to be illustrative of what can be measured using health service statistics and not special surveys. The way data are collected for service delivery indicators in each country may vary.

**Table 2.20: Frequently used service delivery indicators and suggested baselines**

| Indicator | Suggested baseline | How is it measured? |
|---|---|---|
| **Maternal Health** | | |
| Number &% of deliveries conducted by a skilled birth attendant in a health facility | Average number & % of deliveries attended in the health facility per month for the same 6-month the year before the LMG project | Numerator: The number of deliveries conducted by a skilled birth attendant in a health facility<br>Denominator: The estimated number of expected deliveries in the health facility or district responsibility area. |
| Number & % of women attending at least four Ante natal clinic (ANC) visits | Average number & % of women who visited the AN Clinic at least 4 times for their pregnancy during the same period the year before the LMG project | Numerator: The total number of pregnant women who received at least 4 ANC visits during the current pregnancy<br>Denominator: Estimated number of pregnant women in the facility or district responsibility area during the period<br><br>*Note:* The number of antenatal visits considered acceptable may vary. |

**EXERCISE: CREATING an M&E PLAN**

The Monapo Health Center Team intends to support the health center's mission and vision. The vision is as follows:

**Monapo Health Center Vision Statement:**

All children served by the Health Center will be protected from preventable communicable diseases. Based on that, the team devised the following desired measurable result.

**The Desired Measurable Result:**

Between June and December of 20XX, the health center will see an increase in the number of children under 5 who are up to date on their immunizations from 250 to 300.
Keeping this desired measurable result in mind, answer the following questions about how the team could best monitor progress.

- What indicator(s) could the team use to monitor its progress toward the measurable result?
- Where will the team get the data to measure the indicator
- Who will collect the data?
- What is the baseline?
- When is the end line measure taken?

For the result your team has selected, prepare an M&E plan using the template provided. You can have more than one indicator.

**Table 2.21: Monitoring and Evaluation (M&E) Planning Worksheet**

| Measurable Result | Where will you get the data for each indicator?<br><br>For percentage indicators, write down the numerators and | How will you collect the data? Write down the methodology you plan to use (survey, record review, observation, interviews,.. | What is the frequency of data collection? (pre/post only, daily weekly, monthly etc.) | What is the period covered by the baseline? (developing comparable baseline data with similar season, and comparabl |
|---|---|---|---|---|
| **Indicator1:** | | | | |
| **Indicator2:** | | | | |
| **Indicator3:** | | | | |

**Table 2.22: Team Meeting Form**

Meet in between workshops, may be more than once.

| **1. Agree on the objectives for the meeting** | |
|---|---|
| What do we want to accomplish in this meeting? (Set the time you will work on defining the objectives) | |
| **2. Report on results** | |
| What was our goal for the two weeks that have passed since the previous workshop? | |
| What did we accomplish? (Acknowledge our team for our work). | |
| What obstacles are we facing and how will we overcome them? | |
| **3. Next actions** | |
| What is our goal for the next two weeks (before the next workshop)? | |
| List the activities we will do. List who will be responsible for each activity. | |
| **4. Teamwork** | |
| What is working well in our team? | |
| What do we need to do to improve? | |

By June 2007, the total number of total FP visits/month has increased by 25% (from an average of 138/month to 172/month) in Majimbo District.

138 total FP visits/month during the period January–June 2006

How do we increase the number of FP clients in the Majimbo Health District during the period January to June 2007 while maintaining the quality of FP services?

Client registers from 7 health centers in Majimbo District

**RAW DATA FOR EXERCISE IN ANALYSIS AND INTERPRETATION**
**Your desired result:**

**Your baseline:**

**Your challenge:**

**Your data source:**

**Number of New, Return and Total FP Visits in Majimbo Health District**

| | New visits | | Return visits | | Total visits | |
|---|---|---|---|---|---|---|
| | **2006** | **2007** | **2006** | **2007** | **2006** | **2007** |
| Jan | 9 | 14 | 121 | 124 | 130 | 138 |
| Feb | 11 | 13 | 123 | 131 | 134 | 144 |
| March | 22 | 8 | 150 | 137 | 172 | 145 |
| April | 10 | 11 | 121 | 140 | 131 | 151 |
| May | 11 | 12 | 120 | 145 | 131 | 157 |
| June | 13 | 12 | 118 | 154 | 131 | 166 |
| **Average** | **13** | **12** | **126** | **139** | **138** | **150** |
| **Total** | **76** | **70** | **753** | **831** | **829** | **901** |

**DEFINITIONS OF BASIC DESCRIPTIVE STATISTIC**

## 1. Average or Mean

An average (or mean) is calculated by adding up all observations (number of clients, number of responses to a survey question, etc) and dividing by the total number of observations or units (months, years).

Now look at the data in Table 1:
What is the **average number of total FP visits** per month in 2006?

829 total FP visits divided by 6 months = **138 total visits/month in 2006** What is the **average number of total FP visits** per month in 2007?

901 total FP visits divided by 6 months = **150 total visits/month in 2007**

What does this tell us? It tells us that the average number of total FP visits in 2007 was

greater than in 2006.

## 2. Percentage

A percentage is a part divided by the whole and then multiplied by 100%. You might want to find out what percentage of all of the visits to the health center was from new clients in 2006 compared to 2007.

Look at the data in Table1:

2006:**76 new visits divided by 829 total FP visits x 100=9%**
2007:**70 new visits divide by 901 total FP visits x 100=8%**

What does this tell us? The percentage of new users actually went downs lightly in 2007 compared to the same period in 2006, from 9% to 8%. When this happens, the team should look for an explanation. In this case, we can see that there were a lot more new users in March 2006 than in other months. Perhaps there was a special campaign that month. This kind of monthly fluctuation is there as on teams need to collect baseline data over a similar period to the one in which the leadership program is being implemented.

## 3. Rate

A rate is similar to a percentage, except that it is calculated over a period of time. A rate is defined with a base (per 100 clients, per 1,000 clients, per 10,000 clients). Commonly used rates are morbidity and mortality rates, which are usually calculated per 100,000 (women, children, etc.) per year. Rates are not used very often in the LDP and VLDP because of the short time frame of the programs.

What is the rate of new FP users per 1,000 clients in the first half of 2006 and the first half of 2007? Rates are usually computed over time such as one year. In our case, we have data for the first six months of 2006 and 2007. So we can calculate rates of new FP visits for the first six months of 2006 and 2007 using 1,000 clients as a base:

76 new FP visits/829 total visits= .09x1000=**92 per thousand clients in 2006**
70 new FP visits/901 total visits= .08x1000=**78 per thousand clients in 2007**

## INTERNET SOURCES FOR PROVEN/EFFECTIVE PUBLIC HEALTH PRACTICES

**World Health Organization (WHO).** WHO has a growing number of products available on promising practices. Go to *http://www.who.int/reproductive-health* and click on "Publications."

**Implementing Best Practices (IBP) Initiative.** This international forum helps policy makers, program managers, implementing organizations, and providers identify and apply evidence-based clinical practices to improve reproductive health outcomes in their countries. *http://www.ibpinitiative.org/*

**USAID Maximizing Access and Quality (MAQ) Initiative.** This US government initiative includes researching good practices for improving family planning and reproductive health services as well as an exchange for USAID missions, country counterparts, USAID/W, and collaborating agencies. ~~*http://www.maqweb.org*~~

**FHI/UNAIDS Best Practices in HIV/AIDS Prevention Collection.** FHI produced this book about HIV & AIDS prevention in the non-industrialized world. *http://www.fhi.org/en/Publications/index.htm*

**Best Practices Compendium.** Advance Africa developed a database of reproductive health/family planning practices to facilitate the dissemination of best practices. *http://www.advanceafrica.org/compendium/*

**The Cochrane Collaboration.** The Cochrane Collaboration, an international nonprofit organization, produces systematic reviews of health care interventions.

*http://www.cochrane.org/reviews/index.htm*. *Summaries* of these reviews can be read at Informed Health Online. ~~*http://www.informedhealthonline.org*~~

***The Lancet* Neonatal Survival Series.** This series includes the article by Darmstadt, Gary, et al., "Evidence-based, cost-effective interventions: How many newborn babies can we save?" *The Lancet,* Neonatal Survival, volume 365, issue 9463, pages 977–988, March 2005. Go to *http://www.thelancet.com/series* and enter the volume and page.

**The Health Manager's Toolkit.** MSH's electronic compendium of management tools and information about other good practices can help health professionals provide accessible, high quality, and sustainable health services. *http://erc.msh.org/toolkit/*

## Unit 3: Leading the Health Team

### AIM

The aim of this unit is to enhance and sustain work performance through team work, coaching, and using various methods of inspiring others. Senior health managers will also be equipped with methods and tools to improve commitment of their coworkers and manage change and lead the team/organization. .

### Unit outline

**Session 1**: Coaching to support others
**Session 2**: Gaining commitment not just compliance
**Session 3**: Creating high performance teams
**Session 4**: Inspiring others
**Session 5**: Managing change & producing results
**Session 6**: Leading through breakdowns

## Session 1: Coaching to support others

| Session objectives |
| --- |
| **At the end of this session, participant will be able to:** |
| Identify principles of coaching |
| Conduct coaching in their workplace using the OALFA technique |

### Session outline

1.1 Coaching principles
1.2 Three person coaching
1.3 Coaching using the OALFA technique

**Materials:**

Flipchart and marker
Coaching checklist
Supplementary note/hand-out

## 1.1 Coaching principles

***Activity 1: Coaching***
***Duration: 25 minutes***

***Individual exercise***
*When you hear coaching what comes to your mind.*
*Assume a person whom you consider the best coach for you.*
*Why you considered him the best? List the attributes you observed on a stick note and share it to your team.*

***Group work***
*In your team follow the steps depicted below to exercise coaching.*

***Coaching role play—a bad example***
*A supervisor visits a staff member to criticize his or her performance. Rather than listening, he or she immediately starts to look at papers and criticizes the staff member for poor performance. Rather than discussing the causes of problems, the supervisor immediately begins to give solutions.*
*At the conclusion of this role play, how did you feel about the person coached?*
*Do you think his/her performance is going to improve from this interaction?*
*Does this situation seem familiar?*

***Coaching role play—a good example***
*Repeat the role-play, but with a different approach.*
*The supervisor visits a staff member to coach toward better performance. He or she first greets the staff member and asks how he or she thinks things are going. The coach then asks questions to try to understand what the staff member is trying to achieve, what action she or she has taken, and what he or she thinks needs to be done. The coach stays in the "inquiry" mode and only asks questions, without giving solutions. The coach gives the staff person an opportunity to think through his or her problems, and offers support—trying to understand how the other sees these problems—rather than giving solutions.*
*Was the employee able to come up with some solutions?*
*Do you think he or she would be more motivated to perform now?*

***Report on experiences***
*Report on your experiences on practicing coaching. In yours mall groups, discuss the following questions:*

- *What was it like to be a coach?*
- *What was good and what could have been better?*
- *What was easy and what was difficult about being the coach?*

Coaching is a conversation in which the manager is committed to the development and success of the person he is guiding. An effective coach cares about the person being coached. He builds a relationship of trust and listens well.

## 1.2 Three person coaching

***Activity 2: THREE-PERSON COACHING EXERCISE***
***Duration: 25 minutes***

*Person A for the coach*
*Person B for the person being coached*
*Person C for the observer*

***The person being coached describes a challenging situation***

*This situation could be an obstacle that stands in the way of achieving a result that the person cares about. This is a real problem that s/he is facing in either his work or personal life. The person being coached takes about five minutes to describe the situation. The coach listens to the entire story with great care and without interrupting.*

***The coach only asks questions and does not provide solutions***
***The following are some of the questions the coach can ask:***

*What are you committed to achieving?*
*What have you achieved so far?*
*What obstacles are you facing?*
*Why do you think you are stuck?*
*If it could turn out exactly as you dreamed, how would it turn out?*
*What actions could you take to overcome your obstacles?*
*What support do you need from others?*
*How can I support you?*

***The observer watches and reviews how the coach performs***

*After 10 minutes B becomes the coach, C becomes the person coached, and A is the observer. Repeat again in a third round, with C being the coach, A the one coached and B the observer.*

*Make sure each person takes a turn in each role. The complete exercise, not counting instructions or debriefing, will take at least 30 minutes. The observer gives feedback on the coaching, answering these questions:*

*Was the coach supportive?*
*Did s/he listen well?*
*Did s/he ask questions to help the staff person think through the issues?*
*Did s/he avoid giving solutions?*
*Did s/he leave the person more motivated to perform?*

Coaching is enabling others to reflect on their commitments and find new ways to achieve their intended results.
Being a coach is important from the very first transition, but the stakes are higher as you move up. How well you coach affects the success of other managers and team leaders all the way down the hierarchy. Coaching helps establish a culture of accountability and performance at the operational levels and provide appropriate support to other managers.

## 1.3 Coaching using the OALFA technique

When you meet with a staff member as a coach, take time to observe and relate to the other person. Sense how things are going for the person and set a supportive tone. Then you can ask about her issues and point of view. Listen to her response, give her specific feedback, and repeat the process until you both agree on a course of action that she will take. This process is known as OALFA, for Observe, Ask, Listen, give Feedback, and Agree.

The questions you ask can help the person think through her commitments, results achieved, and obstacles that still need addressing. Through a guided inquiry, the staff member may see new possibilities and come up with new actions to strengthen her performance.

*Refer the supplementary note for the OALFA checklist*.

## Session 2: Gaining Commitment, not just Compliance

| Session objectives |
|---|
| **At the end of this session, participants will be able to:** |
| Differentiate compliance from commitment |
| Practice ways to build commitment to accomplish organizational tasks |

**Materials:**

Flipchart and marker

Supplementary note

**Compliance versus Commitment**

***Activity 1:*** *Gaining commitment, not just compliance*
***Duration: 2****0 minutes*
***Individual exercise: Reflect on motivating factors***
*Think of a time when you were really committed to doing something.*
*In the left column write the factors that motivated you. For contrast, think about a situation when you were forced or obliged to do something.*

*Write the factors that motivated you in that situation in the right column. At your table, share what you wrote in each column.*

*What is the difference between the answers in the two columns?*

*You will probably find out that commitment has internal motivators while compliance has external motivators.*

***Discuss the effect of commitment and compliance on performance***
*What is the difference in the types of performance they produce?*
*Why is this distinction important for the leadership project you selected?*
*Are there times when compliance is okay? for what reasons?*
*Share your experience to the plenary*

***Step 3 Practice***
*Think about your workplace and where you can inspire commitment* of your staff

Your ability to sustain a positive work climate also depends on your ability to inspire commitment in your team. Creating an initial vision with your team will go a long way toward engaging the team's commitment to addressing challenges. You can reinforce this commitment through conversation and actions that encourage individual staff to connect their own goals to this group effort. Over the long term, you can maintain your team's motivation if you keep an eye on your own behavior and apply techniques to sustain your

staff's performance. You can:

- rekindle your commitment if it begins to fade;
- remain worthy of people's trust;
- balance commitment and compliance;
- acknowledge others' contributions;
- encourage your staff 's performance through supportive techniques;
- foster learning that will encourage creative group solutions.

When you do these things continually, they become part of the prevailing work conditions that staff experience as a positive work climate. All contribute to an atmosphere in which your group's members feel inspired, clear about what they are doing, and supported in facing every challenge.

## Session 3: Creating High Performance Teams

### Session objectives

**At the end of this session, participants will be able to:**

- Identify roles in teamwork for improving organizational performance
- Practice team roles that help organizational members and managers realize their behavior towards improving team cohesion

### Materials:

- Flipchart and Marker
- Supplementary note

***Activity 1: Understanding roles in teamwork***
***Duration: 20 minutes***

***Practice team roles***
*In your team practice the different team roles. Pick a topic or challenge to discuss that will generate a spirited conversation. Assign two persons as observe. Observers give feedback from their notes to their teams.*

***Share experiences from the role-play***

- *What was it like to be an observer only?*
- *Was it difficult?*
- *Did you see each of the four roles being played?*
- *Did you see the four roles in a balanced way, or was there too much of one role?*

### Creating high performance team

There are four equally important roles that people can play in a team: initiate, follow, oppose, or observe. A healthy team has people playing all four roles in order to get results. For a team to function well, it needs all of the four roles played out in a productive way.

For a team member to be effective, one needs to be good at each of the roles.
There are four roles in teamwork**.** These roles can be played at different times by different people.

**Initiate:** start action, propose new ideas
**Follow:** accept the idea or proposal for action and support it actively
**Oppose:** question the direction
**Observe:** watch what is going on

| **Session 4: Inspiring Others** |
|---|
| **Session objectives** |
| **At the end this session, participants will be able to:** |
| Identify tools of inspiring staff members |
| Demonstrate the skills of inspiring others to improve work performance |

## Session outline

4.1. Building Trust
4.2. Acknowledging others

## Materials:

Flipchart and marker
Acknowledgement form
Supplementary note

### 4.1. Building Trust

***Activity 1: Inspire others through building trust***
***Duration: 10 minutes***

***Individual exercise***
*Think of someone whom you trust. What has he or she done to earn your trust?*
*Think of someone you do not trust. What has he or she done to lose your trust?*
*Share your responses with another participant.*

***Identify practices to improve trust***
*In your teams, discuss how you can use the eight practices of leading & managing to improve trust in your workplace.*

***Comment on the practice***
*Which of the practices you listed can you start implementing right away?*
*Which ones are more difficult? Discuss in a team and share it to the larger group.*

Trust underlies everything that successful managers do with their work groups. Trust is essential for information exchange, problem solving, success of teams, enjoyment, and

productivity. Being trust worthy means that others willingly rely on you because of your integrity, ability, and character. Team performance depends on mutual trust between you and the individuals in your team. But trust takes time to build and maintain.

## 4.2. Acknowledging others

***Activity 2: Inspire through acknowledgment***
***Duration: 20 minutes***

***Complete a sentence beginning with "I acknowledge you for…" for every member of their team***
*These acknowledgments can include for what the other member has contributed to the team, to clients, or to the community.*
***Read and receive acknowledgments***
*In the large group, have each person read the acknowledgments you wrote to each of their team mates aloud so everyone can hear it.*

***Wrap up and practice***
*What was it like to receive these acknowledgments?*
*Why is it so powerful?*
*What keeps us from acknowledging and recognizing people more often?*
*How can we increase acknowledgment in our work?*

*If you acknowledge someone for something but do not actually mean it, you are at risk of being seen as in sincere or fake.*

To encourage staff members to strive together for results and recognition, you can follow the "seven essentials of encouraging the heart." The essentials presented in the supplementary note will make clear to everyone what kind of performance you are looking for.

You can also strengthen the group's team spirit by asking people to recognize each other's contributions. At any time, you can call a meeting and ask people to write a sentence on a piece of paper for every member of their team, beginning with the phrase "I acknowledge you for . . ." These acknowledgments can include what the other member has contributed to the team, to clients, or to the community. Have each person read his acknowledgement to the other members of the team. Through this process, your group members will grow more appreciative of each other's efforts and commit to producing desired results for each other.

## Session 5: Managing Changes and Producing Results

| Session objectives |
| --- |
| **After completion of this session participants will be able to:** |
| Explore the change processes in an organization |
| Apply the principles of change process in leading organizational change initiatives |

### Session outline

5.1 Principles of change process

5.2 Leading change initiatives

### Materials:

Flipchart and marker

Supplementary note

### 5.1 Principles of change process

***Activity 1: Managing changes and producing results- The change process***
***Duration: 15 minutes***

***Individual reflection on leading change***

*Think of a change you have experienced.*
*What did others do to support you during that change?*
*Write down your thoughts about this.*

***Team discussion***

*Share your ideas to your team about what helped.*
*Write the most helpful answers on a flipchart.*

***Large group discussions***

*Add anything from your own experience that is missing from the list.*

## 5.2 Leading change initiatives

***Activity 2: Leading a change***
***Duration: 15 minutes***

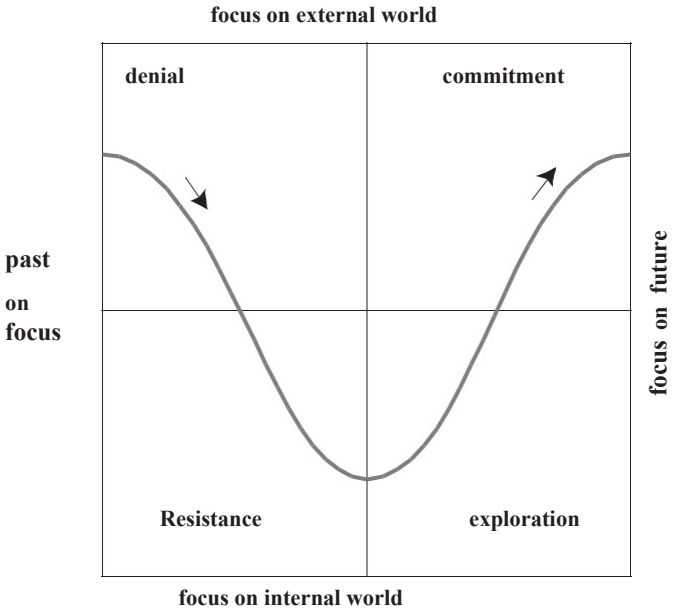
***Group work***
*Discuss any change initiatives that your organizations have experienced in the past.*
*How did the staff members perceive it? Identify the steps/processes you followed to intervene the situation.*
*Link this exercise with the challenge you selected in the challenge model.*

*Use the attached change initiative checklist and fill the questions by formulating an answer that shows how you already have or could, communicate the urgency of the change effort.*
*Write it in the "Comments" column of the handout.*

To varying degrees, change can be stressful and complicated. Leading people through change requires managing the change process.

## Working with people's responses to change

It is important to understand the responses people have to change and provide support and encouragement that is appropriate to where people are in their own process.




**When people are in a place of…..**

**Denial.** Provide them with more information so that it becomes difficult to stay in denial.

**Resistance**. Create opportunities for people to express their feelings. Resist the impulse to explain or defend, which will make things worse. Show empathy for and understanding of the losses people experience.

**Exploration.** Make available opportunities and resources for discovering what is possible in the new situation. Encourage people to get together and support one another.

**Commitment.** There is no need to "Manage" the change process at this point, since people will manage themselves. Get out of the way.

## Session 6: Leading, managing and governing practices to ensure Quality and Equitable health services

**Session objectives**

**At the end of this session, participants will be able to:**

- Discuss the causes of disparity in the provision of health services
- Identify the goals and outcomes of ensuring equity and quality health services
- Apply mitigation strategies to ensure equity and quality in health service delivery

**Materials:**

Flipchart and marker
Supplementary note

***Activity** 1*
***Duration:** 15 minutes*
Discuss in your team:

*Role of leaders /managers for ensuring quality health services in line with the HSTP agenda.*
*What do you propose to bridge the gap of disparity among different social, economic ,cultural and demographic contexts in your localities?*

***Share your consensus points to the plenary***

**What is quality and equity in healthcare?**

Equity in health care is ensuring availability of the best care to all whereby the quality of care provided does not differ by any personal characteristics including age, gender, socioeconomic status or place of residence unrelated to a patient's reason for seeking care. Quality health care refers to a care which is safe, reliable, patient-centered, efficient and provided to all in need in an equitable and timely manner.

**Why is quality and equity in health care a transformation agenda?**

Health inequities involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. Therefore, equity in health is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level. Calling attention to the importance of health equity is affirming a fundamental human right. In fact, the right to health is a constitutional right clearly stated in the Ethiopian constitution.

Equity and quality are the core goals of the health sector transformation plan, which aspires to build a high performing health system. We should consistently strive to provide health care of good quality to all citizens regardless of any difference in personal characteristics including socio-economic status and geographic location. This requires transforming the approach to health services, facility-community partnership and deeper understanding of the full array of patient and community needs.

## How can we ensure availability of good quality and equitable health services?

During implementation of the HSTP, efforts will be doubled up to ensure equity in health care, which has the following important elements;

Equal access to essential health services,
Equal utilization of equal need, and
Equal quality of care for all

## Session 7: Leading through Breakdowns

| Session objectives |
| --- |
| **At the end of this session, participants will be able to:** |
| Examine breakdowns as sources of positive change |
| Apply skills on how to lead themselves and others through breakdowns |

**Materials:**

Flipchart and marker
Supplementary note

## Breakdowns as a source of positive change

***Activity 1***
***Duration: 15 minutes***

***Reflect on personal responses to breakdowns***
*Think of a time when you have encountered commitments and obstacles:*
*What did you do then? Write your responses*
***Talk about lessons learned from breakdowns***
*What was the breakdown?*
*What were you committed to?*
*What was missing or what happened, that caused the breakdown to occur?*
*What did you learn?*
*What actions could you take now?*
***Draw out practices to handle breakdowns after sharing in pairs***
*Link back to the feedback exercise and other practices that are keys to handling these situations.*
*Check on what your team project depicted in your challenge model to figure out breakdowns;*
***Review challenge model progress to date***
*What results have you achieved so far?*
*What breakdowns are happening?*
*What is missing in terms of actions, allies, support or other?*

## Leading your team through breakdowns

One of the differences between a group of individuals and a high-performing team is that, in a team approach, difficulties and breakdowns are expected and embraced, and the team addresses the breakdowns together. Help your teams identify breakdowns and see them as catalysts for understanding what is missing or what stands in the way of achieving the results you desire.

A breakdown is any situation that:

- Threatens progress toward a commitment
- Presents uncertainty or difficulty
- Stops effective action
- Presents obstacles to our commitments.

Breakdowns normally lead to:

- Minimizing or ignoring the problem
- Blaming each other
- Erosion of teamwork, trust, and effectiveness.

New ways to approach breakdowns:

- All large commitments have breakdowns;
- The greater our commitment, the more and greater the breakdowns: “No commitment, no breakdown”;
- Breakdowns (when well handled) are a major source of breakthroughs: “finding a new way” to meet your commitments together.

# Handout for unit 3

## Unit III: Leading the Health Team

## Coaching

### Coaching as an intervention for professional development

Coaching is an ongoing partnership that helps people who are coached to produce positive result in the work place. Through the process of coaching (as defined by the International Coach Federation), people deepen their learning, improve their performance and job satisfaction, and enhance their quality of life. Coaching consists of a series of conversations over time, rather than a single conversation in the context of performance review. If after an initial conversation the employee is interested in being coached, positive change becomes possible.

A coach helps the person being coached:

- Understand his behavior and how it is related to his performance better
- Develop alternative behaviors that are more effective
- Build confidence to practice new behaviors to produce intended professional as well as organizational results

### How coaching differs from Supervision, counseling or mentoring

The distinctive features of coaching are that it takes place primarily in a one-on-one relationship (unlike facilitative supervision), does not require specialized training (unlike psychotherapy and counseling), and focuses on an aspect of performance that needs to be improved (unlike mentoring). The manager as coach helps the person being coached make distinctions about his own behavior at work and how this behavior is related to his performance. The coaching conversation helps generate new behaviors intended to produce new results. As the practice of these behaviors begins to bear fruit, the person being coached develops confidence in his ability to be a valuable member of the organization and work team.

### Skills and attributes of coaches

Coaches need to have a strong desire to help others succeed by exploring their options and developing their potential. Because the beliefs we hold about people color our coaching interactions, coaches should also cultivate self-awareness by honing their ability to look critically at themselves. Coaches must also be sensitive to the political and social contexts in which the person they are coaching operates, and they have to be capable of observing and understanding the subtleties of human behavior and emotion.

### Coaching Principles

**A coach helps the other person:**

- Clarify her commitments and intended results;
- See new possibilities and actions and expand his/her range of behavior choices;
- Understand her own contribution to recurrent problems and see the consequences of choices made;

Think more clearly and see new ways of achieving his/her intended results.

**A coach does not:**

Evaluate and judge;
Blame, criticize and scold;
Give solutions.

Builds a relationship of trust and support;
Cares about the person being coached/has the other's growth in mind;
Listens well;
Asks questions to clarify and illuminate a goal or challenge.

Learn and change;
Be open to feedback from others;
Take responsibility for your own actions.

**OALFA: A set of Coaching Skills**

To hold an effective coaching conversation, you need to develop a few basic skills. A simple acronym – OALFA can remind you of the five skills: Observe, Ask, Listen, give Feedback, and arrive at an Agreement. These are skills that all managers need and which you probably already practice, although perhaps not as fully as you could. Use this checklist before or after a coaching session. It can be used in preparation for coaching as a reminder about what you need to pay attention to. It can also help you see what you need to improve in your coaching skills.

**Table 2.23: The OALFA checklist**

Review the items and questions in each step and place a checkmark in the columns marked Yes or No as appropriate.

| OALFA Checklist | | |
|---|---|---|
| STEP 1: OBSERVE | Y E S | N O |
| 1. Observe the person you will be coaching while you:<br>- say hello to him<br>- invite him to sit down<br>- call him by his name<br>- ask a personal question.<br>4. What do you observe about his emotional state? | | |
| STEP 2: ASK | Y E S | N O |

| | | |
|---|---|---|
| 1. Explain the reason for the conversation using data to set the context for your questions.<br>2. Ask questions that aim to understand the point of view of the person being coached.<br>3. Follow answers with questions that probe deeper. | | |
| STEP 3: LISTEN | Y E S | N O |
| 1. Show signs of active listening when the person being coached talks, for example, lean forward, nod, or maintain eye contact.<br>2. Paraphrase the words of the person being coached to verify understanding.<br>3. To confirm your understanding, reflect in your words your understanding of his feelings. | | |
| STEP 4: GIVE FEEDBACK | Y E S | N O |
| 1. Summarize the information provided by the person being coached.<br>2. Present observations.<br>3. Use words that are specific rather than generalizations.<br>4. Use words that are descriptive rather than judgmental.<br>5. Focus on observable behavior | | |
| STEP 5: AGREE | Y E S | N O |
| 1. Ask questions that require the person being coached to generate alternatives.<br>2. Help him make a decision to face the problem.<br>3. Confirm the agreement.<br>4. Agree on next steps.<br>5. Discuss consequences in case of failure or nonperformance. | | |

## Gaining Commitment not just Compliance

**Table 2.24: Commitment versus Compliance**

| **Commitment — Internally driven** | | |
|---|---|---|
| **Source of motivation** | **Feelings** | **Outcomes** |
| You *want* to do Something Extra ordinary.<br>You believe in it. | Care about the work<br>Determined to persevere in the face of obstacles<br>Empowered to overcome obstacles. Energetic, bring new possibilities and options to the work. | Good results that you are proud of |
| **Compliance—Externally driven** | | |

| Source of motivation | Feelings | Outcome |
|---|---|---|
| You *have* to do something. | | |
| Formal compliance<br>You do just what is required and no more. | Compliant but not enthusiastic; act to satisfy an external standard or requirement<br>Motivated only enough to achieve organizational objectives | Do what is expected.<br>Follow orders and work according to a plan<br>Do what one has to, but in a routine way |
| Non compliance<br>You don't do what is required. | Annoyed, frustrated, critical of others, or similar<br>Un cooperative, negative; refuse to participate in work activities | Insubordination<br>No results |
| Malicious compliance<br>You purposely do the wrong thing, although you may not object openly. | Resentful &critical, but un willing to discuss complaints<br>Follow the "letter of the law" but undermine desired results | Sabotage<br>Negative results |

## Creating High Performance Teams

**Understanding roles in teamwork**

There are four roles individuals play in team work at different times**.**

**Initiate:** Start action, propose new ideas
**Follow:** Accept the idea or proposal for action and support it actively
**Oppose:** Question the direction
**Observe:** Watch what is going on

| Role | Positive | Negative |
|---|---|---|
| **Initiate** | Gets action started | Dominates |
| **Follow** | Supports movement of action | Mindlessly agrees |
| **Oppose** | Thinks critically | Obstructs |
| **Observe** | Reflects and gives feedback | Acts passively |

## Inspiring Others

### Inspire Through Building Trust

**Trust** *(noun)*: Having affirm reliance on the integrity, ability or character of a person.

**To trust** *(verb*): To increase one's vulnerability to another whose behavior is not under one's control in a situation where there may be risk.

**Practices that lead to trust**

**Scanning:** Show interest in co-workers, inquire after their families and well-being; look for causes of problems in work processes rather than blaming people

**Focusing:** Show that you pay attention to what people do and you notice their contributions

**Aligning and mobilizing:** Consult with co-workers, appreciate their expertise and experience; cooperate rather than compete; use knowledge and competence rather than official status to influence others

**Inspiring:** treat co-workers with respect; support and help co-workers; admit one's own mistakes and uncertainties

### Building and Maintaining trust

A study of managers (Bragar 1991) who were able to influence their colleagues effectively showed that they used the following practices to build and maintain trust.

**Practices that build trust:**

agree on a code of conduct for your team
keep your promises
be clear about your intentions
avoid gossip
consider alternative viewpoints
draw on the expertise and abilities of others
be open to others' influence in making your decisions
be fair in your treatment of others
support staff in meeting standards and expectations
look for causes of problems in work processes, not individuals
increase your competence
trust others and accept the vulnerability that comes from relying on them
humbly and wisely admit mistakes, doubt, and uncertainty

**Practices that maintain trust:**

consistent messages
consistent standards and expectations
strong group performance
information for understanding organizational incidents
availability to staff
open discussion of large, disturbing issues

**Acknowledging Others**

*Use the following format to practice acknowledgement*

I acknowledge you for …

I acknowledge you for …

I acknowledge you for …

I acknowledge you for …

I acknowledge you for …

**Seven essentials of encouraging the heart**

**To start**

Set clear standards. Clearly link specific goals and principles with rewards and recognition (for example, with an annual merit increase or bonus, or with opportunities for attendance at conferences).

Expect the best. Express confidence in your staff's good intentions and competence (for example, "You can do this. I know it.").

Pay attention. Look for positive examples of staff as they meet the standards. (For example, walk around, read, and notice good work practices and accomplishments.)

Personalize recognition. Become familiar with the individual's preferences before you reward her good work. (For example, recognize the person with a carefully worded award that speaks to the interests of the individual.)

Tell the story. Describe the individual's efforts in a memorable and inspiring way. (For example, "I noticed that she observed the pharmacy serving long lines of clients and then figured out a way to speed service for medication refills.")

Celebrate together. Hold a party to show support for the whole group.

Set the example. Personally follow through on this process to show you mean these standards.

*Source: Adapted from Kouzes and Posner 1999*

## Managing change and producing results

To varying degrees, change can be stressful and complicated. Leading people through change requires managing the change process.

Leaders leading change need to:

Take the responsibility to continuously interpret changes. Create a sense of urgency by predicting the consequences to the organization if the organization does not change.

Enroll the appropriate people within the organization to build a shared interpretation of continuing with current situation, and a share interpretation of the required changes. This is an enrollment process requiring deep listening to and acknowledgement of alternative interpretations. Build alignment and commitment to the necessity for change and renewal.

Create a compelling vision of the renewed organization. How would it look? What would it be doing? What will be its competitive posture? What would be its new identity to its customers, market and competitors? What does it mean to the people within the organization? How would it feel to be part of the renewed organization?

Create a powerful discourse around the vision and the process to bring the vision forth. Communicate, communicate and communicate to everyone inside and outside of the organization. Enroll and reenroll everyone in the discourse. This cannot be done once and forgotten. Reenrollment has to occur at every opportunity.

Create a structure for fulfillment to bring the vision into reality. This means empowering the key individuals to act, creating accountability and responsibility for results, removing obstacles, and effectively resolving breakdowns. Focus on and celebrate short-term successes. Publicly acknowledge accomplishments. Use the celebration to reinvigorate the team to bring forth changes called for by the new vision of the future.

Conduct lessons learned reviews to reflect on what worked, what didn't work and how the process can be improved.

Lock-in the changes and communicate the results. Demonstrate how the changes have positively impacted the organization. Continuously measure the results and handle any deviations quickly. This will institutionalize the changes. Call for continuous improvement as part of the management process.

## CHECKLIST FOR SUCCESSFUL CHANGE INITIATIVES

| Questions | Comments |
|---|---|
| Have we communicated the urgency of the change effort by framing the challenge clearly? | |
| Have we built a strong core team? | |
| Do we have a shared vision of the end result of the change initiative? | |
| Are we including key stakeholders in planning and implementing the activities? | |
| Do we have examples of obstacles that we have overcome together as a result of the change | |
| Are we sufficiently focused on results? | |
| Do we have periodic celebrations of short-term | |
| Do we have continued senior leadership support for facing on going challenges? | |
| A renew behaviors and values becoming increasingly visible at work? | |
| Are changes in corporate in routine organizational processes and systems? | |

| Success factor | Consequences of not taking this step |
|---|---|
| **Communicate urgency by framing the challenge clearly** | **Complacency.** People will not be mobilized to change if they think everything is fine the way it is. They need to understand the challenge they are facing and how it affects their work and their organization. |
| **Build the core team** | **Going it alone.** If there is not a group of "early adopters" who are committed to the change, it will falter in the face of opposition. Include key stakeholders and authority figures on the change team in order to get organizational buy-in. |
| **Create a shared vision** | **Lack of commitment.** If the vision is not created together with all of the stakeholders, there is no clear picture of and path toward a desired future, and energy and commitment will be dispersed. Be inclusive in creating the vision. |
| **Include others in planning and implementation** | **Lack of involvement.** If the vision is not communicated clearly and regularly and used as a guide for shared planning, it will not have an impact on organizational activities. Engage others in creating the implementation plan. |
| **Overcome obstacles together** | **Demoralization.** When obstacles remain in place, and little or no effort is made to remove them, people will not be able to sustain the energy to continue. Work together to identify the root causes of obstacles and overcome them. |
| **Focus on results and create short-term wins** | **Lack of sustained effort.** When people do not see any positive results in the short term, it is hard to keep them engaged. Focus on results and how to achieve them. |

| | |
|---|---|
| **Maintain support for facing ongoing challenges** | **Shifts in attention.** While the first positive results may be encouraging, they are not a substitute for lasting change. The risk of declaring victory too soon is that people's attention shifts to something else, and the effort to keep the change moving is lost. Continue to frame the new challenges. |
| **Make change stick in organizational systems and culture** | **Changes that don't last.** If the changes do not become part of the organization's systems and culture, it is unlikely that the changes will last. Incorporate new values, behaviors, and processes into routine organizational systems. |

***Source: Adapted from "Leading Change: Why Transformation Efforts Fail" by John P.Kotter, Harvard Business Review, March–April 1995, p. 61.***

**Table 2.25: Key factors in leading Organizational change**

**Lewin's Change Management Model**

**Understanding the Three Stages of Change**

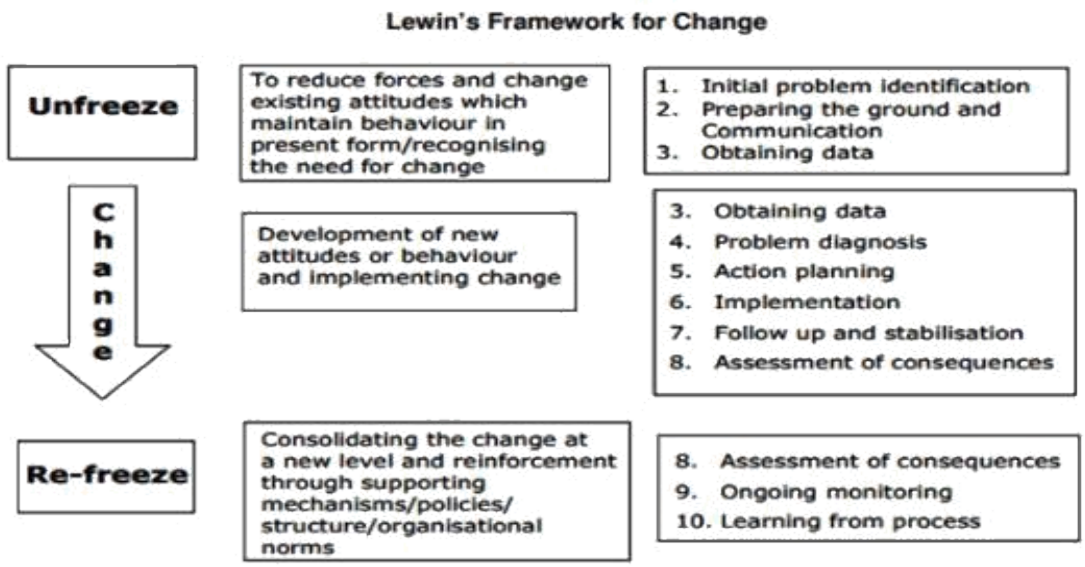
The concept of change management is familiar in most organizations today but how they manage change (and how successful they are at it) varies enormously depending on the nature of the business, the change and the people involved. Organizations that handle change well appear to thrive, whilst those that do not may struggle to survive. A key part of this depends on how far people within the organization understand and deal with the change process.

One of the cornerstone models for understanding organizational change was developed by Kurt Lewin in the 1950s, and is still used today. His model is a simple and easy-to-understand framework for managing change known as **Unfreeze – Change – Refreeze.** Lewin, a physicist as well as social scientist, explained organizational change using the analogy of changing the shape of a block of ice, i.e. unfreezing a large cube of ice to change it and reform it into a cone of ice.

By recognizing these three distinct stages of change, you can plan to implement the change required. You start by creating the motivation to change (**unfreeze**) as it is necessary to change existing attitudes towards working practices and prepare the ground. Communication about the proposed change is vital at this stage if people are to understand and support it.

You move through the change process by promoting effective communications and empowering people to embrace new ways of working and learn new values, attitudes and behaviors. Problems are identified and action plans developed to enable implementation. Maximum flexibility is needed in the planning and implementation of the change.

The process ends when the organization returns to a sense of stability (refreeze) and the benefits of the change are realized, which is necessary for creating the confidence from which to embark on the next inevitable change. Praise, rewards and other reinforcement by managers are required on an individual level and more effective performance at an organizational level. Not until the change has become incorporated into the culture can it be said to be frozen.




## Leading through breakdowns

***A breakdown*** *is any situation that threatens progress toward a commitment; presents uncertainty or difficulty; stops effective action; presents obstacles to our commitments.*

**Table 3.1: Distinguishing between routine and complex problems**

| Routine problems | Complex conditions |
|---|---|
| The problem is well defined and the solution is known. | The situation must be analyzed and the immediate solution is not known. |
| The problem can be solved with existing knowledge and practices. | People need to adjust their values, ways of thinking, and practices to address the condition effectively. |
| A prescribed process can be implemented to solve the problem. | Implementation requires learning new approaches and practices and being flexible as new conditions emerge. |
| The solution can be applied by a single person or group. | Collaborative work by several stakeholders is required to achieve the solution. |

*Source: Adapted from R. Heifetz, J. Kania, and M. Kramer, "Leading Boldly," Stanford Social Innovation Review v. 2 no. 3 (Winter 2004): 20–31*

A breakdown is any situation that**:**

- Threatens progress towards a commitment
- Presents uncertainty or difficulty
- Stops effective action
- Presents obstacles to our commitments

Breakdowns normally lead to:

- Minimizing or ignoring the problem
- Blaming each other
- Eroding teamwork, trust and effectiveness

**Change how you approach breakdowns by recognizing that:**

All large commitments have breakdowns

The greater our commitment, the more and greater the breakdowns ("No commitment no breakdown")

Breakdowns, when well handled, are a major source of breakthrough "finding a new way" to meet your commitments

**High Performance Teams handle breakdowns differently:**

| Typical Groups | High Performance Teams |
|---|---|
| Are stopped by breakdowns<br>Blame one another<br>Regard breakdowns as obstacles & problems to avoid<br>Regard breakdowns as a sign showing something is wrong with the person, team or project | Expect breakdowns<br>Welcome breakdowns<br>Use breakdowns to create breakthrough<br>Regard breakdowns as helpful to understand what is missing to fulfill a commitment |

**BREAKDOWN CONVERSATIONWORKSHEET**

Think of the breakdown your team has recently experienced and answer the following related to that breakdown.

**What was the breakdown? Briefly describe what happened.**

_____
_____
_____
_____

**What were you committed to? Describe the commitment of you or your team.**

_____
_____
_____
_____

**What was missing that caused the breakdown to occur?**

_____
_____
_____
_____

**What did you learn?**

_____
_____
_____
_____

**What actions could you take now?**

_____
_____
_____

**COACHING THROUGH BREAKDOWNS**

**1. Declare the breakdown**

What is the breakdown?
What happened? (Give facts, not interpretations)

**2. Identify your commitment**

What's the commitment behind this?
Take responsibility (not blame) for the

breakdown **3. Notice what is missing**

What was missing that caused the breakdown to occur? (e.g. integrity, etc.)
To what are you now committed?

**4. Capture learning**

What did you learn?
What is possible now?

**5. Plan actions**

What actions will you take?
What requests and promises do you or others need to make

# Module Three: Governance for Health

## Duration: 6hrs.

### Module description

This module is designed to help senior managers on how to govern the health system. The module deals rigorously with accountability, having shared direction, engaging stakeholders, stewarding resources and continues governance enhancement. It also emphasizes impeding and enabling factors for effective governance and how gender issues are addressed in governing the health system.

## Primary Objective

At the end of this module the participants will be able to discuss and apply the basic concepts and practices of health governance and gender in the health system.

## Enabling Objectives

**At the end of this module participants will be able to:**

- Discuss governance practices in the health system
- Apply governance practices in a decentralized health system
- Analyse the national laws, policies, regulations, plans and programs. in light of the roles of health system governance
- Identify enabling and impeding factors in the health system governance
- Explore leading, managing, and governing for results model
- Use leading, managing, and governing practices to foster the implementation of Health Development Army
- Analyse gender dimension of the health system

**Outline**

**3.1**: Introduction to Governance and Governing practices
**3.2**: Gender dimension of the Health System
**3.3**: Summary

## 3.1. Introduction to Governance and Governing Practices

Concepts and Context of Governance/Health Governance

***Activity 3.1***

***Duration:****30 minutes*

***Discus in Pair;***

- *Concepts of Governance*
- *Application of governance in different sectors*

***Group Discussion;*** *discuss in your team how effective governance enables the works of those who govern, lead, and manage the health sector.*

*Present your team's consensus to the plenary.*

**Definitions of Governance:**

- **Governance:** As a concept traced back from the old Latin word "*gubernare" implying" steering"* and dictionary meanings into a working a definition: it is " running organizations, steering as in the original derivation, engaging on how to organize and set rules and procedures for an organization to be run" (Hughes, 2010).
- **US Agency for International Development (USAID)** considers governance to "pertain to the ability of government to develop an efficient, effective, and accountable public management process that is open to citizen participation and that strengthens rather than weakens a democratic system of government.
- **The UK's Department for International Development (DFID)** describes it as "how institutions, rules and systems of the state – executive, legislature, judiciary, and military – operate at central and local level and how the state relates to individual citizens, civil society and the private sector" (DFID 2001:11).
- **The United Nations Development Program (UNDP 1997)** sees governance as "the exercise of economic, political and administrative authority to manage a country's affairs at all levels." Governance comprises the complex mechanisms, processes and institutions through which citizens and groups articulate their interests, mediate their differences and exercise their legal rights and obligations.
- **World Health Organization regional office for Europe** defined governance for health as the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to wellbeing through both whole-of-government and whole-of-society approaches. It positions health and well-being as key features of what constitutes a successful society and a vibrant economy in the 21st century and grounds policies and approaches in values such as human rights and equity.

- **The World Bank:** Governance is … the traditions and institutions by which authority in a country is exercised for the common good. This includes (i) the process by which those in authority are selected, monitored and replaced, (ii) the capacity of the government to effectively manage its resources and implement sound policies, and (iii) the respect of citizens and the state for the institutions that govern economic and social interactions among them.
- **The Asian Development Bank:** Governance is the manner in which power is exercised in the management of a country's social and economic resources for development. Government means the way those with power use power.
- **Good governance:** Good or "smart" governance is a policy context that celebrates, enables, and empowers good working conditions for men and women leaders/managers to perform their work wisely and well.
- **Good health governance:** Competent stewardship of health system resources, engagement of stakeholders, and alignment toward a shared vision in pursuit of improved health and health equity; achieved through processes that are transparent, equitable and accountable to the governed. Governance for health is a process of decision making in which a group of international, national, subnational or community leaders are entrusted to create (via policies, regulations and oversight activities) the conditions in which scarce resources are mobilized and deployed to protect, promote or restore the health of populations. Those who manage and lead health services organizations will increasingly need to interact with, work for and partner with governing bodies. The work and performance as health managers can be enhanced by productive partnership with the governing body, or face significant frustrations and constraints for the success of your organization and career.

## Different Contexts of Governance:

### Corporate Governance[6]

It is a system by which companies are directed and controlled by board of directors responsible for the governance. The shareholders' role is to appoint the directors and auditors and ascertain an appropriate governance structure and function is in place. The board set the company's strategic aims, provide leadership to put them into effect, supervise the management of the business and its stewardship to report to shareholders. The board's actions are subject to laws, regulations and interest of the shareholders.

### Nonprofit Governance

A form of governance largely resting up on the board's legal authority to direct and rule an organization on behalf of the community it serves. Thus, the board formulates policies and makes strategic decisions that will affect the life and

6

work of the organization. Governance is a group action, not an individual action.

## Public sector Governance

**According to Osborne (2010), public governance has evolved in three stages:**

- The longer and pre-eminent stage Public Administration (PA) - from the late nineteenth century to the late 1970s/early 1980s.
- New Public Management (NPM)-lasted through to the start of the twenty-first century.
- New Public Governance (NPG) - emerging since the twenty –first century.
- Elements of each stage can often coexist or overlap. Both PA and NPM contain strong though differentiated elements of hierarchy.

**The key elements of Public administration**:

- The dominance of the "rule of law;"
- A focus on administering set rules and guidelines;
- A central role for the bureaucracy in policy making and implementation;
- The 'politics – administration split within public organizations; A commitment to incremental budgeting;
- The hegemony of the professional in the service delivery system.

**The Key Elements of the New Public Management:**

- Attention to lessons from private-sector management;
- Growth of hands-on 'management'– in its own right;
- Focus upon entrepreneurial leadership within public service organizations;
- Emphasis on inputs- output control and evaluation; performance management and audit; disaggregation of public services to their most basic units and cost management; and growth of use of markets, competition and contracts for resource allocation and service delivery within public services."

**Collaborative Governance**

A new form of governance in which public and private actors work jointly in distinctive ways using particular processes, to establish laws and rules for the provision of public goods.

## Good governance in the context of health:

Governance in the context of health has come into sharper focus during the past decade. It has become one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

Governance in health systems is about developing and putting in place effective rules in the institutional arenas for policies, programs, and activities related to fulfilling public health

functions so as to achieve health sector objectives. These rules determine which societal actors play which roles, with what set of responsibilities, related to reaching these objectives.

Health governance involves three sets of actors. The first is state actors, which includes politicians, policymakers, and other government officials. Clearly, actors in the public sector health bureaucracy are central, such as the health ministry, health and social insurance agencies, and public pharmaceutical procurement and distribution entities. However, other public sector actors beyond the health sector have roles as well. These can include, for example, parliamentary health committees, regulatory bodies, the ministry of finance, various oversight and accountability entities, and the judicial system. The second set of actors comprises health service providers. Depending upon the particulars of a given country's health system, this set mixes public, private, and voluntary sector providers. For example, the mix can include hospitals, clinics, laboratories, and educational institutions in all three sectors. The provider category also includes organizations that support service provision: insurance agencies, health maintenance organizations, the pharmaceutical industry, and equipment manufacturers and suppliers. The third set of actors contains beneficiaries, service users, and the general public. This set can be categorized in a variety of ways: for example, by income (poor vs non-poor), by location (rural vs urban), by service (maternal and child health, reproductive health, geriatric care), and by disease or condition (HIV/AIDS, tuberculosis, malaria, etc.).

**Health Governance**

Rules that govern the distribution of roles/responsibilities and the interactions among:

- Beneficiaries/service users,
- Political and government decision-makers, and
- Health service providers (public, private, nonprofit)

**That determine:**

- Health policies pursued
- Services provided
- Health resource allocation and use
- Distribution of costs
- Recipients of services and benefits
- Health outcomes to be achieved

To fully understand what makes governance effective in the context of health, studies by the USAID-supported LMG Project* have identified four essential governance practices and a fifth that is focused on continuously enhancing the other four. The five practices directed to key governing body decision processes are:

- Cultivate Accountability
- Engage Stakeholders
- Set a Shared Strategic Direction
- Steward Resources
- Continuous governance enhancement

Different organizations do have diversified perspectives and frameworks on effective governance in the health sector. This training module is focused on the five essential practices of governance.

***KEY MESSAGES***

*Good governance in the context of health is governance that leads to improvements in both the health services and the health of individuals and populations.*

*Leaders are critical to the governing process, and effective leadership is a prerequisite for effective governance and effective management.*

*Including the governed in the governing process, steering and regulation, collaboration across ministries, sectors and levels, and oversight were judged to be highly significant elements of the governing process.*

## **3.1.1:** Governance practices in the health system

3.1.1.1. Cultivate Accountability

***Activity 3.2***
***Duration: 25 minutes***
***Group work***
*What comes to your mind when you hear accountability and cultivating accountability? Share your personal experience in your social life on areas where you have been accountable. What were the challenges you have encountered and how did you resolve it.*
*Can you relate it with your work place experiences? Discuss in your team the various forms of accountability (Personal, organizational, external, and social accountabilities) and present to the plenary.*

**Accountability** is the obligation of any public entity or nonprofit organization to answer to a higher authority—popular trust—which is the ultimate source of its mandate, of its authority. (Kearns, cited in D. Kurtz 1995)

Accountability means that institutions—ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom the institutions were created to serve and protect. Cultivating accountability is creating an environment in which governing actions are trustworthy, fair, inclusive, and effective. In doing so, the governing body or process establishes itself as legitimate. Openness, transparency, and responsiveness are its key enabling factors. Cultivating accountability may be difficult to achieve; yet it has clear benefits.

Accountability exists when there is a relationship between two parties, and the performance of tasks or functions by one party is subject to the other's oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

**Culture of Accountability**

To master this governance practice, those who govern and those who support good governance

will need to discuss and understand these nine capabilities:

- **Sharing Information**:Effective governance decision makers need information that is the accurate and timely, about the right issues and presented in formats that are easy to understand and use. Information must be accurate and timely. Smart governing bodies establish a positive partnership with health managers and clinicians to define exactly what should be the minimum dataset about how well the organization is performing on the core dimensions of the health sector functions:
- **Your Personal Accountability:** Good governance in health sectors is a group process. But in this group decision-making, each person must be personally responsible for their own work, behavior and results. When you are personally responsible you take ownership of situations, challenges and strategies and see them through to completion.
- **Accountability of Your Organization to its Stakeholders**:Governance leaders are not only responsible for their personal behavior and commitments, but must also ensure that their organization is accountable to stakeholders such as health service users and patients, communities, elected politicians, and public and private purchasers and providers of health services.
- **Internal Accountability within Your Organization:**Health care is a labor intensive sector. Leaders who govern must create workplace conditions in which internal stakeholders are proud of their work and are enthusiastic in their willingness to continuously improve access to high quality services.
- **Accountable Health Workers:**A unique sub-set of employees or internal stakeholders are the clinicians and health workers (physicians, nurses, nurse midwives, pharmacists, laboratory technicians). Great governing bodies are skilled at listening to these health workers to assess how well the system is working and to define innovative and cost effective strategies for performance improvement and health system strengthening.
- **Managing Performance:**Those who govern should avoid the temptation to micro-manage. There is an important duty, however to ensure that management helps develop and use "performance dashboards" or "balanced score cards" that trace how well the organization is doing to achieve a handful of key indicators of success or essential measures of progress to plan.
- **Social Accountability:**The governance of health systems owes a duty to engage with, to inform and to be accountable to a broad array of external stakeholders in the local, provincial or national society. Smart governing bodies do not hide from public scrutiny, but proactively design sensible engagement strategies and performance reporting with these groups**.**
- **Using Technology to Support Accountability:** New communication technologies are increasingly available to support (a) the engagement of internal and external stakeholders; (b) a two-way flow of timely and accurate ideas, insights and information among the stakeholders for planning and performance monitoring; and (c) to enable prompt celebration of progress to plan and to show appreciation to the work and results of these stakeholders.
- **Smart Oversight:**Good governance is shaped by, and also shapes good leadership and management of health systems, organizations and programs. While micro-management by governance leaders erodes the morale and effectiveness of managers, smart

governance does need to protect and enhance the mission and the assets entrusted to the governing body. Leaders who govern have a duty to monitor the organization's plans and performance. This oversight role is critical and essential.

When accountability is strengthened, the opportunity for corruption is diminished, and outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. For you to explore the good governance practice of cultivating accountability, you will want to consider these principles and actions.

**Cultivating Accountability**

**Table 1: Cultivate Accountability:** *Foster a facilitative decision-making environm on systems and structures that supporttransparencyandaccountability*

| Principles Underlying the Practice | Governing Actions You Can Take |
|---|---|
| Accountability<br>Transparency<br>Legal, ethical, and moral behavior<br>Accessibility<br>Social justice<br>Moral capital<br>Oversight<br>Legitimacy | •Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles and demonstrate the authority of the governance decision-making processes.<br>• Embed accountability in the governing institutions by creating ways to share information and rewarding behaviors that reinforce the key governance principles.<br>• Make all reports on finances, activities, and plans available to the public, and share themformallywith stakeholders,staff,public monitoringbodies,andthemedia.<br>• Setexpectationthatotherstakeholderssharesimilarly.<br>• Establish over sight and review processes to regularly assess the impact and appropriateness of decisions made.<br>• Establish a formal consultation process through which stakeholders may voice concerns or provide other feedback.<br>• Sustainaculture ofintegrityandopennessthatservesthepublic interest. |

***Activity 3.3***
***Duration: 15 minutes***
***Group work***
*Discuss in your team the role you are playing for ensuring social accountability in the governance structure of the national health system.*
*Take the health extension program as an example for ensuring social accountability at the regional/zonal/Woreda/ levels. Who are the actors for ensuring social accountability in the health sector? How do you involve them?*
*List down your team consensus points and share it to the plenary.*

**What is Social Accountability?**

- Social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable. These mechanisms can contribute to improved governance, increased development effectiveness through better health service delivery and empowerment. Their overall objective is to promote accountability in the health service delivery process.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda in which community monitoring of health care providers improved health outcomes; communities with a smart governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.

## Social Accountability - Part of Government's Good Governance Initiatives

Constitution of the Federal Democratic Republic of Ethiopia:

**Article 12:**

"1. The conduct of affairs of the government shall be transparent."

"2. Any public official or elected representative is accountable for any failure in official duties."

**Section 4 Article 50:**

"State government shall be established at state and other administrative levels that they find necessary. Adequate power shall be granted to the lowest unit of government to enable the people to participate directly in the administration of such units."

It is particularly anchored on the following principles of good governance as part of the ongoing civil service reform program of Ethiopia.

Social accountability is a principle of good governance that relies on civic engagement. For instance, the Ethiopian managerial accountability in primary health care/MAP/ and community scorecard/ CSC/ to ensure participatory budgeting, monitoring of public service delivery including health care and citizen's report cards.

Managerial Accountability in Primary Health Care (MAP): - has five building blocks, namely; Transparency in Communication, Inclusiveness in Decision, Managing performance, Stakeholders participation and Responsiveness. A community score card is a community-led governance tool which brings primary health care facilities, local government structures and the community together to promote accountability and responsiveness to community needs.

Both CSC & MAP complement each other and the flow of information is a two -way that is bottom -up and top-down, respectively. These particularly advocated on the following principles of good governance as part of ongoing civil service reform program run by the Ethiopian government.

- **Participation:** citizens have a right to participate effectively and meaningfully in the affairs of their own development, either directly or through legitimate intermediate institutions that represent their interests. Local development plans shall in particular, reflect the voices, interests and development needs of the community. Communities shall be provided with adequate space to participate in the planning, execution and monitoring of development programs.
- **Responsiveness:** public services shall reflect and be responsive to citizen's needs and interests. The response should be prompt, effective and efficient as far as resources and capacities allow.
- **Transparency:** public decision making shall be conducted in a manner that is transparent based on free flow of information. Adequate public service information concerning service standards and entitlements shall be directly accessible by the community to understand and monitor them.
- **Accountability:** decision-makers in government are accountable to the public for their decisions and actions. Vertical and Horizontal government structures and systems are in place at all levels of administration to ensure compliance to government laws, regulations and policies.
- **Efficient and effective delivery of public services:** Public institutions produce results that meet citizen's needs while making best use of resources.

Here are some ways to increase social accountability. Use this list to assess how well you are d

Mobile phones and modern information and communication technologies can help you in cultivating accountability. Mobile phones can facilitate citizen-led public accountability, for example, through SMS-based applications that generate frequent overviews of health worker attendance, waiting time at clinics, availability of medicines and vaccines, medicine stock-outs, functionality of equipment, and so on.

Twaweza, which means "we can make it happen" in Swahili, is a newly established 10-year initiative for citizen-led public accountability in Kenya, Tanzania, and Uganda. It focuses on supporting outcomes in service delivery by helping citizens hold their governments to account using FM radio, mobile telephones and online media.

Twaweza's pilot initiative in Uganda partners with a mobile phone company, and has a multitude of subscribers. This initiative is using an SMS-based application that generates frequent and detailed overviews of teacher and pupil attendance at 100 primary schools. The information is intended to make the dynamics around teacher absenteeism more transparent, to stimulate citizen action and engagement, and to hold district officials accountable for their actions. Absenteeism is a problem in respect of health workers as well, and mobile telephones can similarly be used to enhance transparency and accountability.

**E**

### **3.1.1.**2. Engaging Stakeholders

***Activity 3.4***
***Duration: 25 minutes***
***Group work***
*What approaches did you apply for involving potential stakeholders in your organization for achieving your organization's objectives? Who are your stakeholders participating in governing the health sector and achieve organizational objectives?*
*Discuss how to maximize the benefit of involving them for achieving your goals? (You can link it with the stakeholders identified on Module 2).*
*Discuss in your team and present to the plenary*

**Engage stakeholders**

Inclusion and collaboration are two important principles that enable effective governance. Being inclusive involves engaging all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process. Collaborating involves building partnerships across ministries, sectors, and levels of authority. In addition to a Ministry of Health, many other players in the public sector play a role in improving health within a country. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation are all involved in activities that impact health. Collaboration also involves working with private-for-profit and nonprofit groups and civil society and nongovernmental organizations. Finally, collaboration means working across all levels—local, state, national, and international. Collaboration, participation, inclusion—all of these are elements of engaging stakeholders.

There are many reasons to engage with diverse stakeholders:

- We get more and better insights to define challenges more accurately.
- Participation in problem definition improves the quality of problem solutions and the willingness of stakeholders to help define practical ways to implement the solutions.
- Stakeholder participation to define solutions improves the willingness and ability of stakeholders to implement the solutions or plans.
- Engagement helps advance the awareness and ability of stakeholders to hold decision-makers accountable for their decisions.
- Engagement fosters ownership of the need and willingness to measure results.

To improve the potential to achieve these benefits of stakeholder engagement, seven strategies are imperative for success:

- Sincere Stakeholder Invitations
- Sincere stakeholder Engagement
- Build Trust
- Engage with Patients and community
- Engage with Health Work force
- Collaborate with Other Sectors

- Gender Responsive Governance

| **Engage Stakeholders:** *Identify, engage, and collaborate with diverse stakeholders representing the full spectrum ofinterestedparties* | |
|---|---|
| Principles Underlying the Practice<br><br>Participation<br>Representation<br>Inclusion<br>Diversity<br>Gender equity<br>Conflict resolution | GoverningActionsYouCanTake<br><br>• Empower marginalized voices, including women and youth, by giving them a meaningful place and a meaningful role in formal decision-making structures.<br>• Ensure appropriate participation of key stakeholders through fair voting and decision-making procedures<br>• Extensively hold and enable open meetings, surveys, public comment, public workshops, national forums, and citizen advisory committees.<br>• Create and maintain a safe space for sharing ideas, so that genuine participation across diverse stakeholder groups is feasible.<br>• Provide an independent conflict resolution mechanism accessible by all stakeholders, as diverse stakeholders may have competing interests, giving rise to conflict.<br>• Elicit, and respond to, all forms of feedback in a timely manner.<br>• Build coalitions and networks, where feasible and necessary ,and strive for consensus on achieving the shared direction across all levels of governance.<br>• Establish alliances for joint action at whole-of-government and whole-of-society levels. |

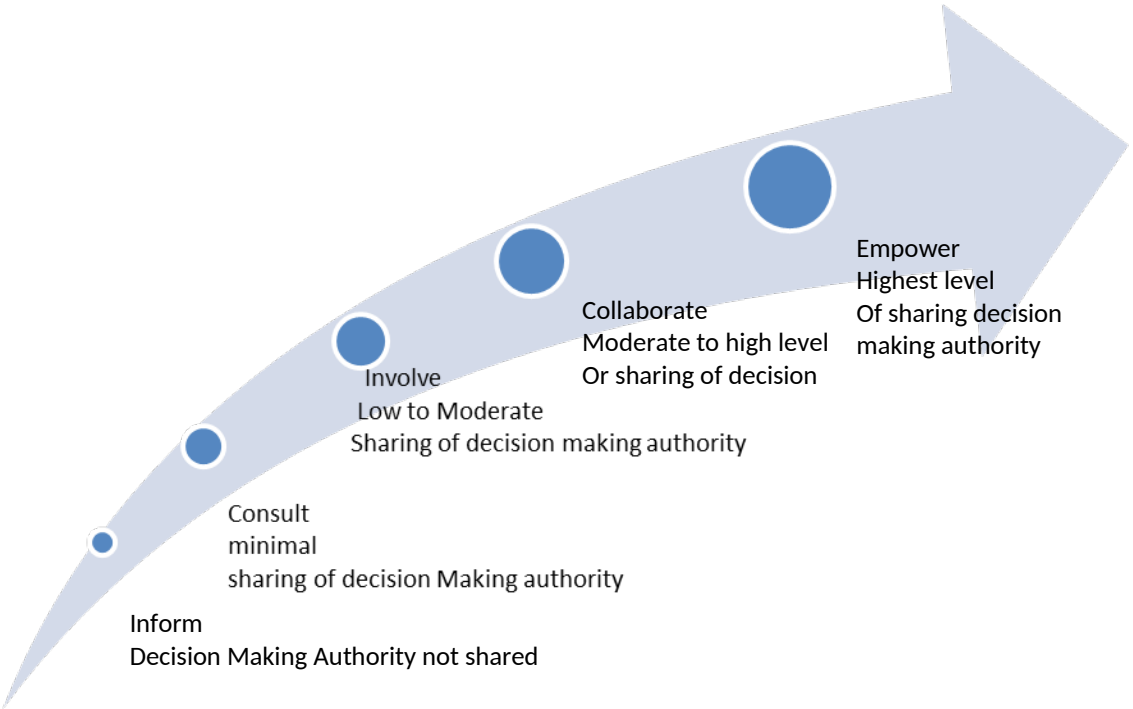



**Figure 3.1: Five Ways of Engaging with Stakeholders** ***/Increasing levels of shared***

*decision making authority inpublic participartion/*
(Adapted from International Association for Public Participation's Model)

- **Inform**
  Keep stakeholders, community members and health workers informed, and educate them on your department's or organization's policies.
- **Consult**
  Listen to people's and health workers' concerns and provide feedback.
- **Involve**
  Coordinate with stakeholders, community members and health workers to make sure that their concerns are directly reflected in your decisions.
- **Collaborate**
  Work with the people and the health workers to formulate solutions.
- **Empower**
  Do what people decide.

To engage with stakeholders it is important to build coalitions and networks across all levels of government, civil society and with different sectors. Health is impacted by action on its determinants in many sectors in addition to health. Consider:

- Establishing alliances for joint action with other groups or networks that reach into constituencies with whom you currently have no relationship.
- Building partnerships with other ministries that play a role in improving health of the people (social development, public works, environment, education, agriculture, trade, labor and employment).
- Working with private-for-profit and civil society organizations.
- Working with different levels—local, state, national, and international.

3.1.1.3. Set Shared Direction

***Activity 3.5***
***Duration: 25 minutes***
***Group work***
*Using the vision exercise you had in the previous module, relate the role your organization should play to have a shared direction with the people you serve, your staff, and other partners.*

*Discuss in your team and present to the plenary*

**Set Shared Direction**

Effective health governance should lead to improved client experiences and health outcomes, as well as innovation. Those who govern are responsible for creating a collective vision, articulating this vision, and inspiring everyone in the system to achieve it. They oversee the process of planning, strategizing, and monitoring progress toward that vision, all the while advocating for the needs of those affected by governing activities.

Effective leadership is a prerequisite for effective governance and effective management. Leaders are critical to the governing process. The full potential of governance cannot be realized

without strong and effective leadership, and sound management.
Health leaders who govern define the vision for health as well as the strategy to achieve this vision; they exert influence across all sectors for better health; they govern the health system in ethical ways; they ensure that the system design is aligned with health system goals; and they make policies that enhance health outcomes for the populations they serve. They raise and allocate the resources for the organization to meet its mission and objectives. Effective governors engage with the stakeholders and foster inclusion and participation, as discussed in the guide on engaging stakeholders. They are responsible stewards of the health system they serve in their governing capacity.

One of the most important practices to protect and enhance the vitality of the health services organization or agency is to establish a "strategic road map" to guide the enterprise forward. Often this strategic roadmap or plan must chart a path into a future that is uncertain; with rapidly growing demands for services from communities, patients and citizens in vulnerable and marginalized populations; and a shortage of resources (human, financial and technological). The decision-making process of designing and implementing this roadmap is referred to here as "Setting Strategic Direction."

To improve your potential to accomplish the governance practice of Setting Strategic Direction, five tasks are considered essential for your success:

1. Define Your Population Health Goals
2. Establish a Shared Vision Among Key Stakeholders
3. Enable Leadership in the Organization
4. Create a Successful Strategic Plan
5. Implement the Strategic Plan
6. Report Progress

Shared direction comes from agreeing on which "ideal state" everyone is trying to get to. If there is no agreement on what or where you are moving to, agreeing on approaches on how to get there will be that much more difficult. If you know that you are all moving in the same direction, you will find it easier to gather support for the planning process, assess readiness, define strategy to achieve this vision; you can then design a shared action plan with measurable goals for reaching it, and set up accountabilities to accomplish the plan.

| **Set Shared Direction:** *Develop a collective vision of the "ideal state "and a process for designing an action plan, with measurable goals, for reaching it* | |
|---|---|
| Principles Underlying the Practice<br><br>Stakeholder alignment<br>Leadership<br>Management<br>Advocacy | GoverningActionsYouCanTake<br><br>• Oversee the process for developing and implementing a shared action plan to achieve the mission and vision of the governed (organization, community, or country). Engage citizens and other stakeholders.<br>• Advocate on behalf of stakeholders' needs and concerns, as identified through the formal mechanisms above, making sure to include these in defining the shared direction.<br>• Document and disseminate the shared vision of the ideal state.<br>• Oversee the process of setting go also to reach the ideal state.<br>• Make sound policies, laws, regulations ,rules of procedure, programs, and |

| | |
|---|---|
| • | protocols to achieve the ideal state.<br>• Establish accountability mechanisms for achieving goals that have been set, using defined indicators to gauge progress toward achieving these goals<br>Advocate for the ideal state in higher levels of governance, other sectors outside of health, and other convening venues with a role to play in its realization.<br>• Overseetheprocessofrealizationofthesharedgoalsandthedesiredoutcomes. |

### **3.1.1.**4. Steward Resources

***Activity 3.6***
***Duration: 25 minutes***
***Group work***
*In your team identify all the major resources you have for accomplishing your organization's objectives.*
*As a health manager, do you think that resources are utilized properly and purposefully as per the rules and regulations of the organization?*
*What interventions do you recommend for better stewarding scarce resources in your setting? How do you measure your performances in terms of ensuring good governance for health?*
*Can you link it with the previous three governing practices for using resources efficiently in your setting?*
*Discuss in your team and present it to the plenary*

**Steward resources**

Stewardship is the ethical use of common resources in pursuit of financially efficient outcomes. Policy making that is both *ethical* and *efficient* is the defining feature of stewardship. Compiling, disseminating, and applying data on how resources are being used are essential stewardship functions.

The lack of ethical and moral integrity can occur in any area of the health sector—for example, in the construction and rehabilitation of facilities; purchase of equipment, supplies, and drugs; education of health professionals; and the provision of services by medical personnel and other health workers. A lack of integrity might manifest itself through bribes, kickbacks, poor performance, refusal to uphold institutional policies, absenteeism, informal payments, or theft of public resources.

Corruption in a health system results in higher costs and lower quality of care, hitting the poor the hardest if services become biased toward society's elite. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. Patients may not receive high-quality care. There is a risk of harm due to substandard drugs and equipment, inappropriate treatment, and inadequate training of personnel. The patients and citizens lose faith and trust in the health system and in the government if the health system is riddled with corruption. The government loses its legitimacy.

A steward is someone who manages another's property or financial resources or who administers anything as the agent of others. Stewarding resources is raising, mobilizing, and allocating resources and making sure that the resources are used in a responsible way for delivering services that are high quality, affordable, cost-effective and appropriate to the needs of the population and achieving better health for the people. Good stewards protect and wisely use the resources entrusted to them to serve people, as if these resources were their own. They use resources and advocate for using resources to maximize the health and well-being of the public. They collect, analyze, and use information and evidence for making decisions on the use of resources. They also use technology, especially modern information and communication technologies for this purpose.

**Responsibly Steward Resources**

Health sector leaders who practice smart governance must: (1) define the scope and nature of resources required to implement their organizations' strategic plans; (2) raise these needed resources from diverse sources; and (3) cause to have these resources carefully used and expended by managers, clinicians, and health workers.

Smart governance needs the careful stewardship of scarce resources (human, technological and financial).To ensure good resource stewardship, governing bodies need to master five imperatives for good stewardship of a health sector organization's resources:

- Wisely raise and use resources
- Practice ethical and moral integrity
- Build management capacity
- Measure performance
- Use information, evidence and technology
- Eradicate corruption

| **StewardResources:***Stewardresources responsibly, building capacity* | |
|---|---|
| Principles Underlying the Practice<br><br>Financial accountability<br><br>Development<br><br>Social responsibility<br>Capacity Building<br>Country ownership<br>Ethics Resourcefulness<br>Efficiency<br>Effectiveness | Governing Actions You Can Take<br><br>•Champion the acquisition and use of resources to accomplish the organization's mission and plans.<br><br>• Protect and wisely invest the resources entrusted to the governing body to serve stakeholders and beneficiaries.<br><br>• Collect, analyze ,and use information and evidence for making decisions on the use of resources, including human, financial, and technical resources.<br><br>• Develop and implement a strategy for building the health sector's capacity to absorb resources and deliver services that are high quality, appropriate to the needs of the population, accessible, affordable, and cost-effective.<br><br>• Advocate for using resources in a way that maximizes the health and well-being of the public and the organization, and invest in communication that puts health on the policy-making agenda.<br><br>• Inform the public and create opportunities for them to be included in monitoring and evaluating the way that resources are raised, allocated, and used. |

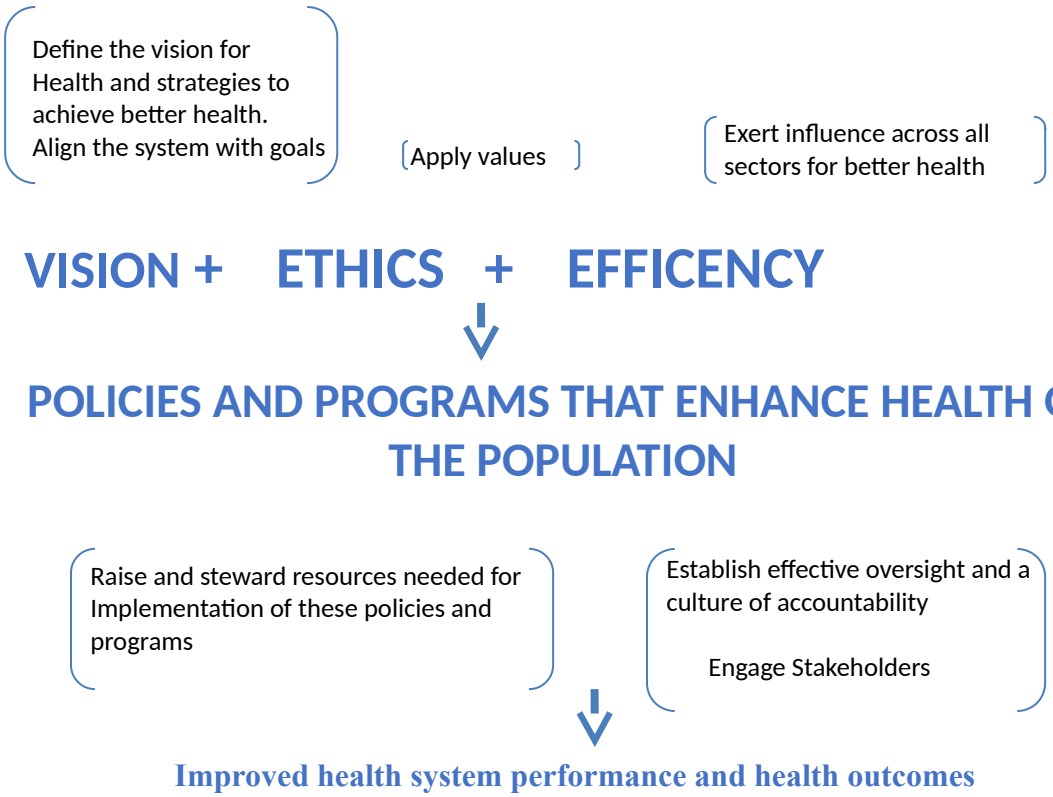



**Figure 3.2: Conceptual model of stewardship**

**3.1.1.5.** Continuous Governance Enhancement

***Activity 3.7***
***Duration: 20 minutes***
***Group work***

Discuss in your team how governance work can be assessed and continuously enhanced in your organization.
Share your team's consensus points to the plenary.

Good governance is not static, it is dynamic and always seeking ways to improve the performance of the four essential practices described in the other

guides. Those who govern must make a personal and a collective commitment to continuously enhance the strategies, structures and style of these governance practices. Work in the health sectors of low and middle income countries indicates that their journey for Continuous Governance Enhancement must include eight essential strategies.

These imperatives are:

- **Cultivate Governance Competencies**
- **Build Diversity:** Governance for health must be driven by the needs of the people we exist to serve. To make smart decisions about what their health improvement needs are and then to establish policies, plans and programs to meet these needs, smart governance needs the engagement of diverse stakeholders.
- **Governance Orientation and Education:**wise, effective and efficient governance does not just happen. Those who govern must invest individually and collectively to continuously improve their knowledge about how their health system and/or organization function, and how it can be continuously improved.
- **Governance Assessments:**Continuous Governance Enhancement (CGE) is encouraged and facilitated by an objective and structured evaluation of how well you believe you are performing, as well as how well the governing body and its various decision-making processes are performing. An intentional review of this performance helps encourage, enable and empower your capacity for CGE.
- **Continuous Governance Enhancement:**good governance requires a constant interest in and commitment to improvement that is continuous.
- **Effective Governing Body Meetings:**governance is largely conducted in group meetings. In all cultures, investing the time and talent of people who are largely volunteers in poorly designed, weakly managed and unnecessarily long meetings can be frustrating. The disadvantages from in-effective meetings is not just the frequent turnover or loss of good governance participants, but also the demoralization of health workers, loss of good managers and waste of scarce resources. Poor meetings can also create a breeding ground for temptations of poor leader behavior, even of corruption by those who govern; lead or manage your health system.
- **Governance Policies:**just as the design, delivery and financing of health services is a complex undertaking, so is good governance. Smart governance decision-making is guided by sensible policies and procedures. These guidelines can be captured in a simple policy manual that is easy to access and easy to understand. You will find a sample table of contents of such a manual below.
- **Governance Technologies:**there are now several technologies that can help governing bodies practice wise and efficient governance. The

governing body members need timely and convenient access to the meeting-related materials. An online web portal is a place where all the materials governing body members need are stored in a web site with high security and restricted access. The secure and easy-to-use portal can provide many benefits, including time savings (there is no need to print voluminous materials prior to meetings), cost savings, a better prepared governing body with easy round-the-clock access to relevant information, and a better educated governing body since the portal can include access to many helpful resources.


**Figure 3.3: Continuous Governance Enhancement frame work**

The below activity can comprehensively look in to the four governing practices considering the Ethiopian local context**.**

**Activity3.8: Case study**
**Duration: 20 minutes**

*The Federal ministry of health has unconventionally directed a region to obtain feedbacks of the community on their hospitals' performance.*

*The new RHB head organized a team to develop a plan to obtain community inputs. The team decides to invite hospital CEOs, local NGOs, and church representatives to the meeting and developed a list of questions to ask them. They also decided to review the hospitals' patient satisfaction information from the past year.*

*Having held the meeting and reviewed the patient satisfaction information, the Regional team decided on needs to improve their hospital infrastructure and reduce patient waiting time. Thus, the RHB set goals towards solving these problems and communicated them to all hospital CEOs.*

*In your group, discuss how the principles of good governance are demonstrated (or not) in this case.*

*If good governance is not applied, explain what you would do as one member of the hospital management team and what should be done to build good governance principles in place?*

## 3.1.2. Leading, Managing, and Governing for Results Model

***Activity 3.9***
***Duration: 15 minutes***
***Group work***
*Discuss in your team how governing bodies empower and facilitate the works of those who lead and manage the organization by taking in to account the leading, managing and governing practices for the results model.*
*Share your consensus points to the plenary*

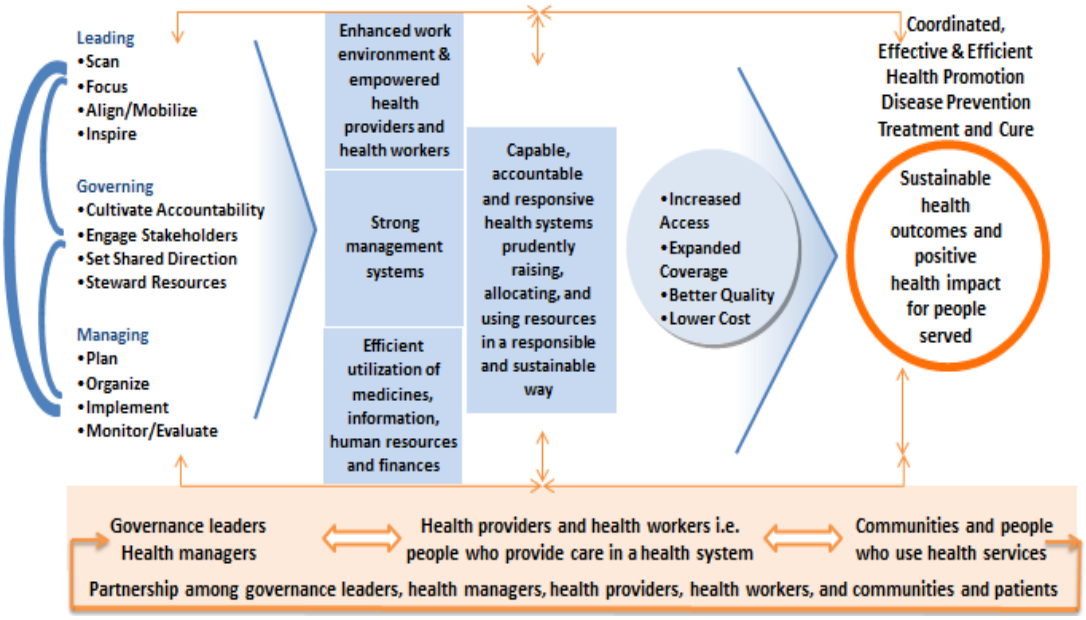



**Figure 3.4: Conceptual model of health systems governance**

People are at the heart of this model. People include leaders who govern and manage health systems, the health sector and various other sectors that impact health. People also include health providers - physicians, nurses and other clinicians, and health workers who provide public health services in the community. Finally, people include communities and families who are clients of health systems who promote their own health and demand quality services. Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders and patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers.Experts in the field have learned three lessons. First, leadership, management, and governance are interdependent and reinforce each other. All three interact in a balanced way to serve a purpose and to achieve a desired result. Second, there is a clear overlap among the roles of leading, managing, and governing; nevertheless, each of these elements is important. Third, leaders are critical to the governing process. Effective leadership is a prerequisite for effective governance and effective management.

## 3.1.3. Governance structure, Laws and Regulatory Policies of the national Health

3.1.2.1. National Governance Structures and Functions

***Activity 3.10***
***Duration**: 15 minutes*
***Group work***
*In your team review the national health governance structure and functions at different levels;*

- *Federal*
- *Regional*
- *Zonal*
- *Woreda*
- *Facility*

*Share the document you reviewed to the larger group.*

### Important features of Governance in the Health System of Ethiopia

According to the constitution, the national council of people's representatives is the supreme power the federal state. As part of the executive body/government, the ministry of health over sees the health sector primarily at the level. Likewise, RHBs and Woreda health offices directing the respective HCSs are answerable to the respective regional and Woreda councils.

**The Role of Administrative Councils**

In addition to Federal Ministry of Health, and line institutions at sub-national level, the Administrative councils at regional, zonal and district levels will play crucial roles in the implementation of HSTP. Some of these include:

- Provide political leadership for health;
- Ensure community demand for health care is properly addressed;
- Plan, mobilize & allocate resources; monitor & evaluate health programs; deliver health services
- Facilitating inter- sectoral collaboration
- Provide guidance to enhance the partnerships for health with NGOs, CSOs, and private sectors.

### Engendering situations in Nation's Health System Governance

As part of the country's endeavor to meet the demands of the new form of governance with entailing socio-economic changes, the government undertook civil service reform so as to implement BPR in the health sector; establish customer-focused institutions; rapidly scale up health services; and enhances the quality of care.

### Major Roles and Functions of the Health System at Federal and Regional Levels

As one among civil service sector, the FMOH underwent the reform like others. Hence, it streamlined its structures, trimmed down the number of human power and redefined its role in the HC system limiting itself almost to policy-making and regulation rather than implementation.

**Powers and Duties of the Federal Ministry of Health**

- Initiate policies & laws, prepare plans & budget, &upon approval, implement same;
- Ensure the enforcement of laws, regulations & directives of the Federal Government;
- Undertake studies & researches;
- Enter into contracts & international agreements in accordance with the law;
- Give assistance & advice as necessary to Regional executive organ

**The re-defined power and duties of RHBs:**

- Prepare, based on national health policy, health care plan & program for people of the region, & to implement same when approved;
- Ensure adherence to health laws, regulations & directives related to public health in the region;
- Organize & administer hospitals, health centers, Health Posts, research & training institutions that are established by the regional government;
- Issue license to health centers, clinics, laboratories & pharmacies to be established by NGOs, OGAs & private investors; supervise same to ensure that they maintain the national standards;
- Ensure that professionals engaged in public health services in the region operate within the prescribed standards & supervise same;
- Ensure adequate & regular supply of effective, safe & affordable essential drugs, medical supplies & equipment in the region;
- Cause the application, together with modern medicine, of traditional medicines & treatment methods whose efficiency is ascertained;
- Cause the provision of vaccinations, & take other measures, to prevent & eradicate communicable diseases;
- Participate in quarantine control for the protection of public health; and ascertain the nutritional values of foods

**Duties and responsibilities of Woreda health offices**

Woreda health offices generally have mandates to manage and coordinate the operation of primary health care services at the level. Besides, they are responsible for planning, financing, monitoring and evaluating of all health programs and service deliveries in the Woreda.

### 3.1.2.2 Health Laws and Regulatory Policies of the Country

***Activity 3.11***
***Duration: 15 minutes***
***Group work***

*In your team list the major regulatory policies, health Laws, directives, regulations and procedure manuals that you know.*
*Discuss its application in line with the governance structure you have seen in the preceding session.*
***N.B** For this exercise, refer Module I that deals with health system and health policy.*

**Laws**

Law is simply a system of rules concerning a wide spectrum of stately, public and societal issues. When applied narrowly, in the realm of health for instance, it implies health care service, disease prevention and related practices of the sector. There surely are a range of laws passed or enforced on such issues.

**Regulatory policy**

A governance function of councils, agencies, etc with regard to regulation and control actions over some activities or services is quite enforcing for implementation. Regulatory policy is therefore, a political decision made on strategic questions or concerns of the nation with intent of regulating or controlling a serious matter. The policy directions may deal with issues like: trade, business, safety measures, disease prevention, etc.

**Important domains of Health policy/law in Health System Governance**

Regarding the peculiar nature of public governance including the health system, five domains are known to initiate health policy or laws:

1. **Information/Assessment Capacity:** information available to decision makers and stakeholders on trends of health, health system performance and policy options. Available information is used for planning and decision making.
2. **Policy Formulation and Planning:** appropriate situations should be there to develop, debate, pass, and monitor legislation and regulations on health issues.
3. **Social Participation and System Responsiveness: this is an** involvement of different stakeholders in health issues and processes coupled with the health system's commitment to responsiveness
4. **Accountability:** existence of rules on publishing information about the health sector (e.g., plans, health data, fee schedules); a functioning free popular and scientific press; functioning watchdog organizations; and consumer protection from medical malpractice; etc.
5. **Regulation:** capacity for oversight of safety, efficacy, quality health services and pharmaceuticals; enforcement capacity for guidelines, standards and regulations; etc.

**Characteristics of a good regulatory Health System Governance**

- Responsiveness to public health needs and beneficiaries'/citizens' preferences while managing divergences between them;

- Responsible leadership to address public health priorities;
- The legitimate exercise of beneficiaries'/citizens' voice;
- Institutional checks and balances;
- Clear and enforceable accountability;
- Transparency in policymaking, resource allocation and performance;
- Evidence-based policymaking; and
- Efficient and effective service provision arrangements, regulatory frameworks and management systems.

**Area of concern for laws and regulatory policies of the Health System Governance:**

Most national policies and strategies so far have dealt with concern areas like: Population, Women, HIV/AIDS, Drugs, strengthening of the regulatory systems, safety, pollution, nutrition, malaria prevention and control and reproductive health, delivery of health service, products and practices professionalism, solid and liquid wastes disposal, child survival, etc.

### 3.1.3.1: Leadership, Management & Governance Roles to Foster Efforts of the Health Development Army

## 1. Concepts of Health Development army

***Activity 3.12***
***Duration: 15 minutes***
***Group work***
*In your team discuss the major principles and implementation modalities of the national Health Development Army initiatives.*

*Share to the plenary the major principles embedded in the national HDA document and any challenges you have faced in the implementation process.*

*What intervention do you propose for the identified challenges?*
*Put your response on a flipchart and present it to the plenary.*

**Concepts of Health Development Army**

Health development army (HDA) is a consortium of three key forces (the government, sector organizations and the public) directed towards materializing the HSDP IV - a means to meet the Millennium development goal (MDG). At times, it is puts a concerted effort through community mobilization and secure sustainability stretched throughout the country from the federal to Kebele level of administration.

**Characteristic Feature of Health Development Army**

- Records and builds up every day work
- Relies on results/out comes, appraises transparently and rewards/supports through institutional system
- Functions as an ideological attitudinal movement
- Runs in a continuous monitoring, support and control

Health development army has six levels of Organization comprising the upper most joint steering committee (ministry level) to the executive, the counsel, the directorate, the transformation forums and case network (composed of cells and development group)

- Please see the supplementary notes on the details of the six network levels

**The rationale for the Advent of Health Development Army in the Health System**

- Making health care delivery accessible and qualified.
- Giving opportunity for the public to take part in the effort.
- Giving the civil servant chances to prove its competence, courtesy, sense of servitude, community concern and stewardship through this unified army fostered fully committed higher officials, structures and functions.
- Fighting corruption and further facilitate the development of the BPR and BSC.
- Helping to create/cultivate civil servants who accept and implements according guides, policies and laws.
- Implementing and gain public support to new ideas/practices the health service reform demands and minimize prevailing attitudinal problems among the civil servants.

**Strategic Use of the Health Development Army for the Health System Governance**

- Creating public movement
- Engaging the main performer/implementer public through one to five and 20-30 women development group
- Participating stake holders (four wings of the public: pharmacies, private hospitals, health professionals' associations and clients (patients' associations)
- Introducing and spreading the notion of models and giving ranks based on criteria

**Some of the Activities Performed at the National Level to Re-Invigorated HDA activities:**

- Pertinent actors were selected, trained and re-oriented
- Document for direction/operation were made according to local situations
- The local cabinets of the administrative body ratified it
- The necessary forces appropriate for the formation of HDA were drawn from authorities of other sectors including HEWs and legal grounds were laid out
- Problems like: lack of political understanding and commitment, neglecting issues of prevention and over emphasis to the curative ones, overburdened with other responsibilities, lack of public involvement, rent seeking attitude and practice, lack of good governance, lack of training, competence due to and organizational monitoring and support were identified by the evaluative training forum.

### **3.1.4.** Leadership, Management and Governance Practices to Foster the Health Development Army Activities

***Activity 3.13***
***Duration: 15 minutes***
***Group Work***
*Referring the Leading, Managing, and Governing model covered in the previous session, identify areas that help strengthen the HDA implementation in the Country;*

- *Challenges and opportunities*
- *Integration of the HDA in the short and long term plan of the health sector*
- *Community and stakeholders mobilization and engagement*

*Share your experience to the plenary*

The distinction among leadership, management and governance becomes even blurred especially when they are in actions on public sectors like this one. All of them, therefore, are supposed to work together on HDA to reach, mobilize and engage the public to create popular movement. These again foster the national growth and transformation plan, civil service reform, business process re- engineering, result oriented appraisal, and HSDP IV which is congruent to global goals and strategies.

The government of Ethiopia has put the establishment of a functional HDA as a top priority. The HDA is regarded as a key vehicle that would help Ethiopia achieve its ambitious HSDP targets. Therefore a coordinating body at each level of the systems has been established to monitor the implementation of HDA. The members of the coordinating body are drawn from relevant sector such as agriculture, education, water, women affairs social protection etc . The body is chaired by the administrator or the deputy administrator and the health sector serves as a secretary. The coordinating body meets every month to review the performance of the HDA with special emphasis on maternal health and new born health outcomes. Furthermore, this body is mandated to set up teams that will do on site data verification on quarterly basis.

### 3.1.5. Enabling and impending factors in the health system governance

### Deterrent and Enablers for Effective Governance

***Activity 3.14***
***Duration: 15 minutes***
***Group Work***
*In your team review your organization and the larger health system/governing bodies/ and identify factors that prevent and enable you achieve your organization's mission and strategic priorities.*
*Discuss factors and approaches that nurture enablers and minimize deterrents;*
*List all the issues raised by the team members and present it to the plenary.*

Synthesis paper on *effective governance* for health by LMG global project has revealed the following factors as enablers and deterrents for effective governance for health.

| # | Deterrent | # | Enabler |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 1 | Ineffective leadership | 1 | Ethical and moral integrity |
| 2 | Corruption | 2 | Competent leaders governing |
| 3 | Ineffective management | 3 | Governing with a definite policy on measurement, data gathering, analysis, and use of information for policy making |
| 4. | Inadequate transparency | 4 | Sound management |
| 5 | Inadequate accountability | 5 | Adequate financial resources available for governing |
| 6 | Inadequate systems to collect, manage, analyze and use data | 6 | Openness and transparency |
| 7 | Inadequate participation of community/citizen/clients/consumers/patients | 7 | Client/community participation in decision making |
| 8 | Political context | 8 | Accountability to citizens/clients |
| 9 | Inadequate checks and balances | 9 | Governing based on scientific evidence |
| 10 | Inadequate financial resources for governance | 10 | Good governance in sectors other than health |

**Table 3.1: Deterring and enabling factors for effective governance**

In many developing countries, a majority of health services are provided by government monopolies where discretion and accountability are easily abused. Citizen voice is often limited by a lack of information on consumers' rights and a lack of opportunities for citizens to safely express their views. The lack of transparency on budget processes and procurement further creates an environment conducive to corruption.

*The LMG global Project conducted an online Health Sector Corruption (HSC) survey in July 2013 of 1,125 health managers and leaders working in more than 95 countries who shared their practical experiences and insights regarding expressions and causes of corruption in the health sector and strategies for reducing it.*

Five strategies that emerged from the survey map well with the elements of this conceptual model.

**Table 3.2: Five Strategies Mapped on the Conceptual Model**

| # | Strategy | Elements of Vian's model |
|---|---|---|
| 1 | Enhance awareness and transparency | Accountability, transparency, and citizen voice |
| 2 | Develop health leadership and management | Reduce opportunity and pressure to abuse power, and establish positive attitudes and norms |
| 3 | Promote enforcement, detection and prosecution | Detection and enforcement |
| 4 | Improve incentives for health providers to provide quality care | Pressure to abuse reduced |
| 5 | Strengthen ethics training programs | Work against rationalization of corrupt behavior |

## 3.2. Gender dimension in the health sector

### 3.1.2. Gender Concepts and Terminologies

### 3.2.1: Definition of terms

- Sex Refers to the different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.
- Gender Refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.
- Gender norms Refer to beliefs about women and men, boys and girls that are passed from generation to generation through the process of socialization.
- Gender roles Refers to what males and females are expected to do (in the household, community and workplace) in a given society.
- Gender relations Refers to social relations between and among women and men that are based on gender norms and roles.
- Gender stereotypes Images, beliefs, attitudes or assumptions about certain groups of women and men. Stereotypes are usually negative and based on assumed gender norms, roles and relations.
- Access to resources The availability of a resource that includes several components such as geographic or physical accessibility, financial and social accessibility.
- Control over resources The ability to decide when, how and who can use a resource.
- Empowerment is a multidimensional social process that enables people to gain control over their lives.

**Gender and Global Consensus on empowering Women**

- **World Bank's World Development Report** of 2012 says: "gender equality is a core development objective in its own right and that gender equality is also smart economics
- **Sustainable Development Goals (SDGs) goal** 5th is about Achieve gender equality and empowers all women and girls. Gender equality and women's empowerment have advanced

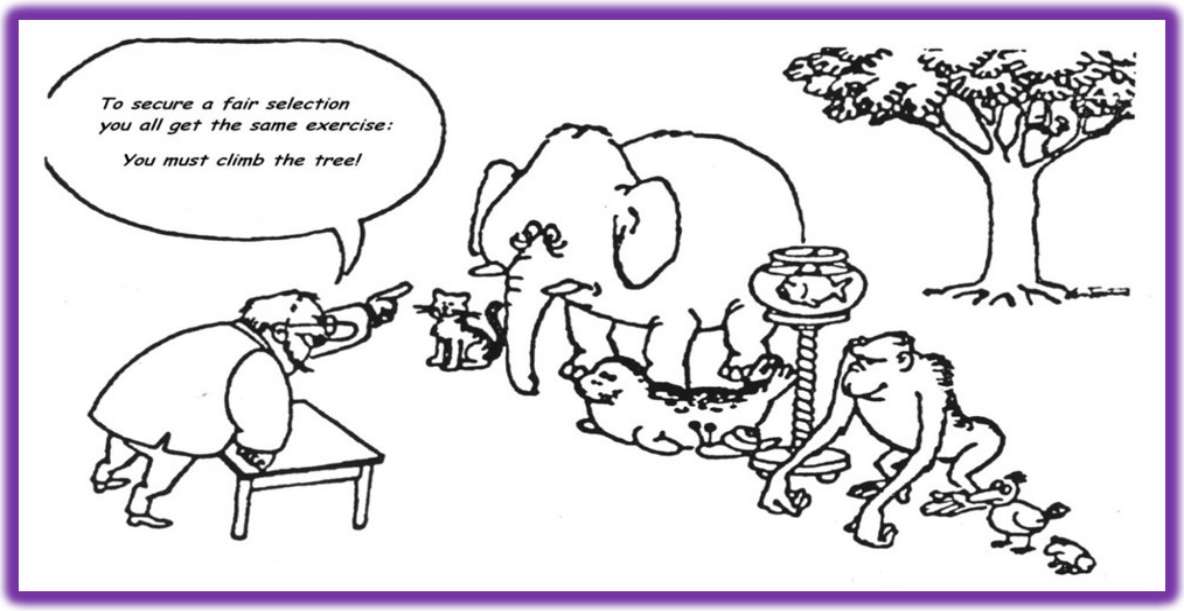
in recent decades. Girls' access to education has improved the rate of child marriage declined and progress was made in the area of sexual and reproductive health and reproductive rights, including fewer maternal deaths. Nevertheless, gender equality remains a persistent challenge for countries worldwide and the lack of such equality is a major obstacle to sustainable development.

- **Global Health initiative's** first principle is Empowering Women and Girls.

Clarifying the Concepts of Gender Equity and Equality

***Activity 3.15***
***Duration: 15 minutes***
***Group Work***
*Individually analyses the 'faire selection' and 'The story of the Fox and Crane.' Then discuss (1) the advantages of each animal and opportunity in terms of equity and equality; (2) opportunity for nourishment and benefit in terms of their anatomical structure.*

*Share the result of the group discussion to the plenary the major development challenge in terms of equity and equality.*




Source: Gender mainstreaming in health: a practical guide adapted from WHO manual "gender mainstreaming for health workers". Pan America Health Organization

**The story of the fox and the crane**

The Fox invited the Crane to dinner. He served the food on a large flat dish. The Crane with her long, narrow beak could not eat.

The Crane invited the Fox to dinner. She served the food in a deep vase, and so the Fox with his short, wide face could not eat.

What does the story tell us about equality and equity?

Source: Adapted from UNDP-gender in Development Programme, Learning and Information Pack, Gender Analysis.

- Even though all animals in the cartoon have the same opportunity to respond to the test (equality), it is unfair because they do not all have the same capacity to climb the tree (inequity).
- In the story, both friends had an equal opportunity for nourishment, but each time one of them could not take advantage of this opportunity because of their physiological difference or the ways their mouths are shaped. Hence, the development challenge in every case is to identify barriers to the opportunities that exist, and custom design the adjusted interventions that will lead to equality of outcome.

**Gender in health is defined as:** Women and men's health status and determinants.

- Gender-based hurdles in access to health services and resources.
- Impact of health policies and programs.
- Distribution and remuneration of health labor.
- Participation in health policy and decision-making.

**Gender equity in health means:** In health status:

- It means that women and men have equal opportunities to enjoy good health, without becoming ill or dying through causes that are unjust and avoidable.
- It does not mean equal rates of mortality or morbidity for women and men.
- **Gender in access/use:**
- It means differential distribution and access to resources (technological/financial/human) according to need.
- In financing of care:
- It means women and men contribute according to their economic capacity, not their need or use of services.
- **In participation in health production:**
- It means just distribution of responsibilities and power.
- It is also placing value on non-remunerated health work.

**Gender equality in health means:**

- Gender equality in health means that women and men have equal conditions to realize their full rights and potential to be healthy, contribute to health development and benefit from the results.
- Achieving gender equality will require specific measures designed to support groups of women and men with limited access to such goods and resources.

### 3.2.2: **Gender Issues in the Context of Health**

***Activity 3.16***
***Duration: 20 minutes***

***Group work:***
*Discuss in your group gender related issues in the health sector and how it affects women/men. Do you think women and men have the same opportunities to be in positions of leadership and decision-making? Why or why not? Discuss possible intervention areas for addressing gender related issues in the health system. How do you see gender inequality and its impact on women in the health workforce? Take your organization as an example and examine women involvement in the leadership position.*

*Share your experience to the larger group.*

**Key gender-related issue within the health sector of Ethiopia includes:**

- Women lack access to education and information.
- Women have limited decision-making role in accessing health services.
- Multiple roles of women and limited time for themselves as they are the main care taker of the young and old.
- Unavailability of health service that accommodate the multiple work nature of women. For instance, the health service hour of working, time wasted while waiting for services.
- Women are not getting adequate nutrition in their life-cycle, particularly during pregnancy.
- Women are forced to look for the health of children due the gender-division of labor.
- Limited participation of men in reproductive health and family planning.

**Key gender-related issues in reproductive health within Ethiopia include:**

- Lack of open discussion among families on reproductive health and sexual intercourse.
- The use of condom being associated with commercial sex-workers and practicing unprotected sex due to lack of income/poverty.
- Effect of gender-based violence (rape, early marriage, wife inheritance, etc.) on women and increased vulnerability of women to HIV and AIDS.
- Inadequate awareness of the community on the effects of harmful traditional practices, economic dependency and having large family size visa-vis family income.
- The health effects of unwanted pregnancy and unsafe abortion.

**Key gender related services to health workers at workplace**

- Lack of daycare facilities as a gender issue creating multiple burdens for women in the health workforce

**Accountability systems that work for women contain two essential elements: equity and equality**

- Women's inclusion in oversight processes

- Gender-responsive accountability institutions must ensure that decision-makers answer to the women who are most affected by their decisions. This means that women must be entitled to ask for explanations and justifications – they must be legitimate participants in public debates, power-delegation processes, and performance assessments.
- Advancing women's human rights is a key standard against which the performance of officials is assessed.
- Power holders must answer for their performance in advancing women's rights. The standards of due diligence and probity in holding the public trust must include gender equality as a goal of public action.

**Gender Analysis in the Health System**

**What is Gender Analysis?**

Gender Analysis is a method to examine relational differences in Women's and Men's and Girls' and Boys'.

- Roles and identities
- Needs and interest
- Access to and exercise of power and the impact of these differences in their Lives and Health.

**Gender analysis** is a fundamental step toward identifying, assessing and informing actions that are essential to address gender inequality. Gender analysis in health contributes to the understanding of the gender related factors and socio cultural issues with respect to differentials in risk factors and exposures to disease, differences in the severity and frequency of diseases among men, women, boys and girls. It shows the responses of the culture, society and health system to these problems. Some information that will be collected will be about 'who' gets ill, on 'who' has access to and use of health services. It is also possible to understand the health-seeking behavior, treatment options, experiences in health care settings and the health and social outcomes and consequences of the particular disease.

It helps to understand the Situation of Women in the Health System of low income countries.

### 3.2.3. Gender analysis in health

It identifies risk factors and vulnerability; and patterns of disease, illness and mortality. It also assesses the health effects of policies, legislation/programs, services and research, specific health conditions and problems, human resource planning, budgeting and operational planning.

Activity 3.17

Duration: 20 minutes

Group work:

Discuss in your group and identify gender related factors in terms of biological, socio-cultural and resource parameters against health risk and vulnerability, ability to access and use, and health and social outcomes or consequences.

Share your result of the group discussion to the larger group.

# Gender analysis matrix for analyzing a health issue or problem

| Factors that influence health outcomes: Health-related considerations/issues/problems | Factors that influence health outcomes: Gender-related considerations/issues/problems | | |
|---|---|---|---|
| | Biological/physiological factor: How do biological differences between sexes influence men's and women's: | Socio-cultural factors: How do gender norms/roles/relations affect women's and men's and men's: | Resource factors: How do access to, and control over resources influence men's and women's: |
| Health risks and vulnerability | | | |
| Ability to access and use health services | | | |
| Health and social outcomes/ Consequences of health problems (economic and social, including attitudinal) | | | |

## Gender Analysis reveals…

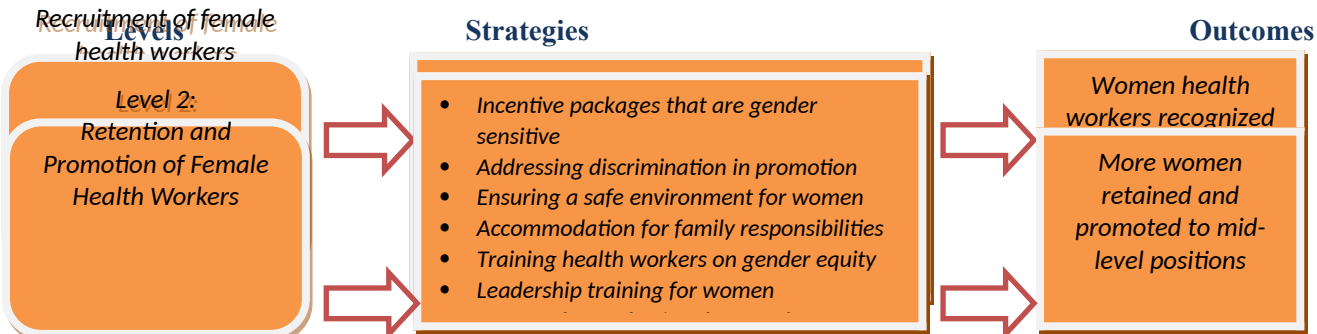
**Gender-based Opportunities**

- Gender relations (in different domains) that facilitate men's or women's access to resources or opportunities of any type.

**Gender-based Constraints**

- Gender relations (in different domains) that inhibit men's or women's access to resources or opportunities of any type

## Recommended gender- based interventions in the health system



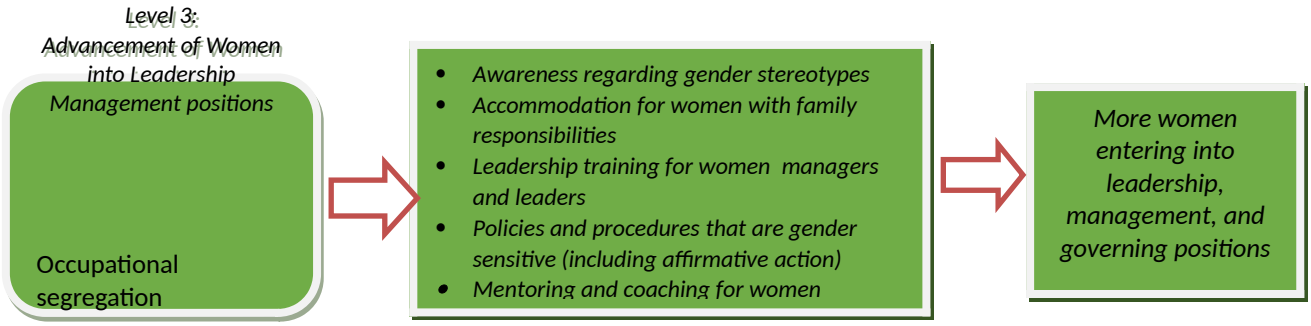
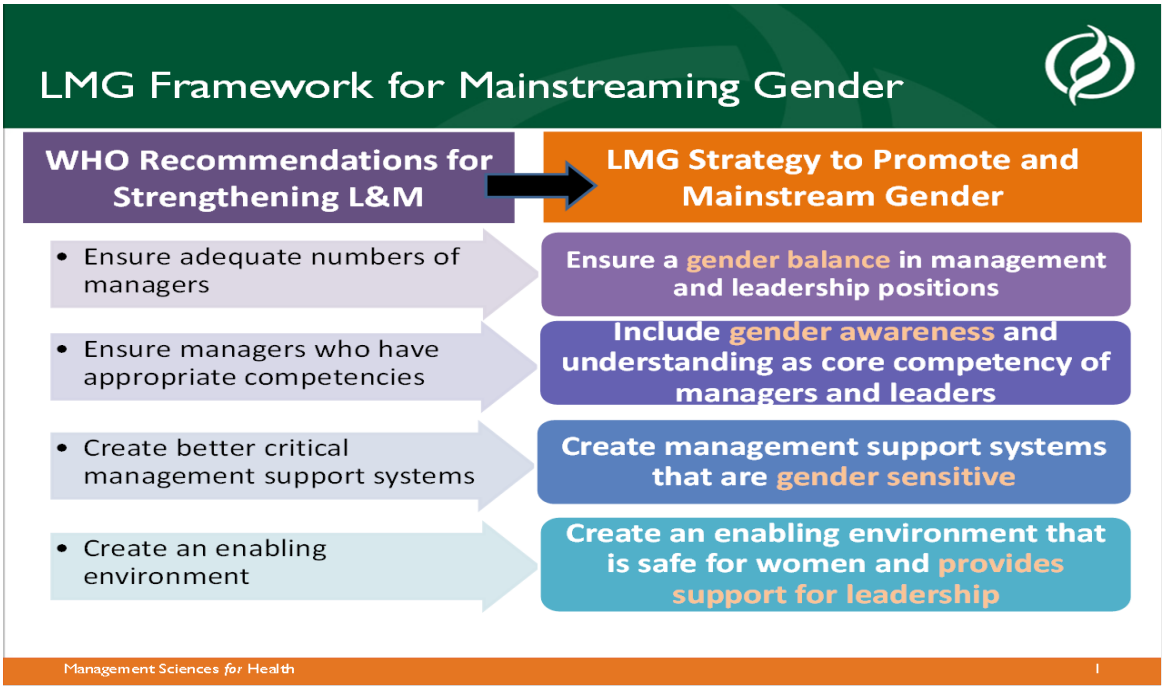



**Figure 3.6: Gender-based Interventions in the Health Workforce at Different Levels**

### 3.2.4. Leading, Managing, and Governance Practice to Address gender Issues

***Activity 1***
***Duration: 15 minutes***
***Group work***
*From the discussion you had in the previous sessions, link the LMG practices with the proposed interventions in the health sector?*

*How leadership, management, and governance skills are applied to overcome the challenges?*
*Reflect your team's response to the plenary*




The governance and management of health organizations and multi-sectoral partnerships using a gender perspective includes the following steps:

- Identify the obstacles women face in accessing health care and their effective participation in processes of governance;
- Demonstrate governance structures and processes that can be made accountable to women, beyond simply showing an increase in women's representation;
- Influence decision-making for gender responsive resource allocation and priority setting; and
- Support women's organizations that are critical to ensuring that women have voice and agency. These organizations are at the forefront of identifying problems and experimenting with innovative solutions and demand for accountability from all actors both public and private.

### 3.3. Summary

This module enables participants to master the four basic governing practices and continues enhancement of these practices. The basic governing practices are cultivating accountability, engaging stakeholders, setting shared direction, and stewarding resources. These four interdependent practices encompass such important dimensions as transparency, accountability, integrity, participation, inclusion, representation, diversity, and gender equity. Transparency and integrity promote accountability. All these establish trust and legitimacy which promote enhanced participation in decision-making. Hence, participants are encouraged to peruse higher levels of success from the ministry and the governing bodies of the decentralized governance structures. In addition, participate are capacitated to nurture the enablers and minimize deterrents for the health sector achieve the set objectives at all levels.

The module familiarized the participants with the general concept and practices of gender in health. Participants are stimulated to conduct gender analysis in their respective workplaces and work to ensure gender equity and equality in the ministry.

# Handout for Module 3
# Module Three: Governance for Health
## Unit I: Introduction to Governance and Governing practices

### WHO governance frameworks

### Stewardship

World Health Organization introduced the concept of stewardship in the context of health. WHO's World Health Report 2000, defined stewardship as ''the effective trusteeship of national health." Richard B. Saltman and Odile Ferroussier-Davis (2000) have reviewed the concept of stewardship in the context of WHO's World Health Report (2000). The following are excerpts from this review:

"The concept of stewardship has religious origins. According to the Old Testament, a steward is a selfless servant, who manages assets without owning them, anticipates future trends and devises grand plans. The New Testament extends it. According to New Testament, when entrusted with something of value one has an obligation to improve it. Christian and Jewish faiths thus define the notion of stewardship as a responsibility for protecting and developing one's resources. The concept of ecological stewardship has emerged in northern Europe and North America out of this religious tradition."

"WHO had felt that the configuration and the application of state authority in the health sector should be realigned in the interest of achieving agreed policy objectives. The expectation was good governance would emerge and serve the public interest. Stewardship as a concept, it was felt, had a potential for encouraging state decision-making that is both normatively based and economically efficient. The World Health Report 2000 proposed that stewardship – which in its traditional definition points to the ethical use of common resources in pursuit of financially efficient outcomes – is the appropriate basis on which to reconfigure the governing role of the state in the health sector."

### Other World Health Organization (WHO) Frameworks

### Good Governance in Medicines

The WHO program on good governance in medicines was launched in 2004 to raise awareness of abuse in the public pharmaceutical sector, and to promote good governance. Its aim is to ensure that pharmaceutical spending is not misappropriated, and essential medicines reach people. The WHO's framework for good governance in the pharmaceutical sector has two basic strategies: a discipline approach based on the legislative and administrative reforms necessary to establish transparent systems, and a values approach, building institutional integrity through the promotion of moral values and ethical principles. The first strategy is by nature top-down, whereas the latter tends to be a bottom-up approach (WHO, 2006). Central to this program is the application of new administrative procedures for increased transparency/accountability and the development of leadership capabilities.

### WHO Regional Office for Europe

Ilona Kickbusch and David Gleicher (2011), in their study conducted for the WHO Regional Office for Europe have discussed governance for health in the 21st century in European context. They define smart governance for health in terms of how governments approach governance for health challenges strategically in five dimensions, by:

1. Governing through collaboration (how the state and society co-govern in the 21st century);
2. Governing through citizen engagement;
3. Governing by a mix of regulation and persuasion;
4. Governing through independent agencies and expert bodies; and
5. Governing by adaptive policies, resilient structures and foresight.

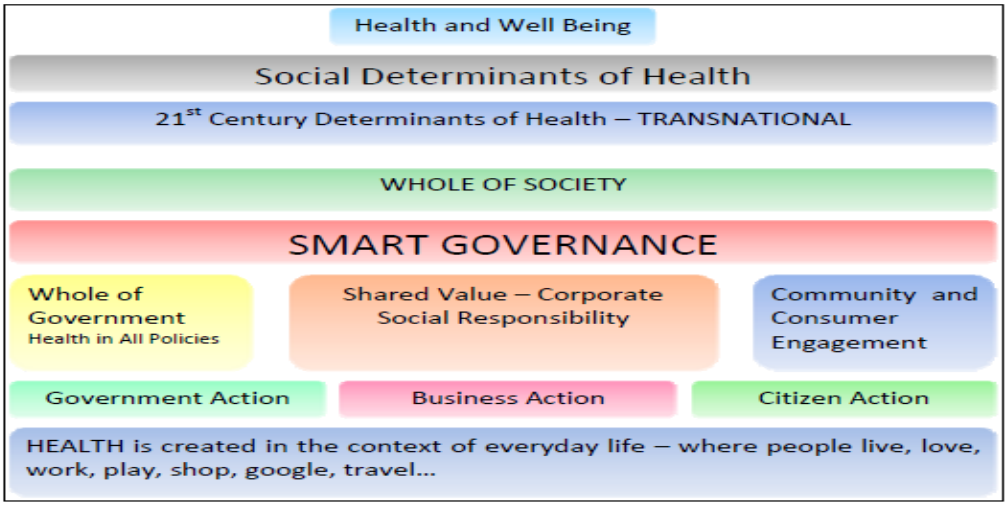



**Figure 3.7: Governance for health in the 21st century**

## USAID

The U.S. Agency for International Development (USAID) has described effective health governance as the process of "competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people." For health care interventions to work, countries need effective policy making, transparent rules, open information, and active participation by all stakeholders in the health sector." (USAID 2006)

Health Systems 20/20, a USAID Project, in its *Health Systems Assessment Approach: A How-To Manual* (Islam, M., ed. 2007), considers the following five dimensions of governance in the health sector:

1. **Information/Assessment Capacity:** information available to decision makers and a broad range of stakeholders on trends in health and health system performance and on possible policy options. Available information is used for planning and decision making.

2. **Policy Formulation and Planning:** appropriate processes in place to develop, debate, pass, and monitor legislation and regulations on health issues. The government planning

process is functioning. There is consistency and coherence between health sector laws or plans and actual implementation.

3. **Social Participation and System Responsiveness: i**nvolvement of a broad range of stakeholders (nongovernmental and representatives of various public sector actors) in understanding health issues and in planning, budgeting, and monitoring health sector actions as well as the health system's responsiveness to the input of these stakeholders.

4. **Accountability:** existence of rules on publishing information about the health sector (e.g., plans, health data including health statistics, fee schedules); a functioning free popular and scientific press; functioning watchdog organizations; and consumer protection from medical malpractice; and

5. **Regulation:** capacity for oversight of safety, efficacy, and quality of health services and pharmaceuticals; enforcement capacity for guidelines and standards and regulations; and perception of the burden imposed by excessive regulation.

**Brinkerhoff and Bossert Model**

Brinkerhoff and Bossert (2008) have created a framework that defines the roles, rules and responsibilities, and institutions that shape the interactions among three main sets of actors — citizens, service users, government and health service providers. These interactions include how governments respond to citizen demands, how providers and citizens engage to improve service quality, and how citizen and provider groups advocate and report on health concerns.

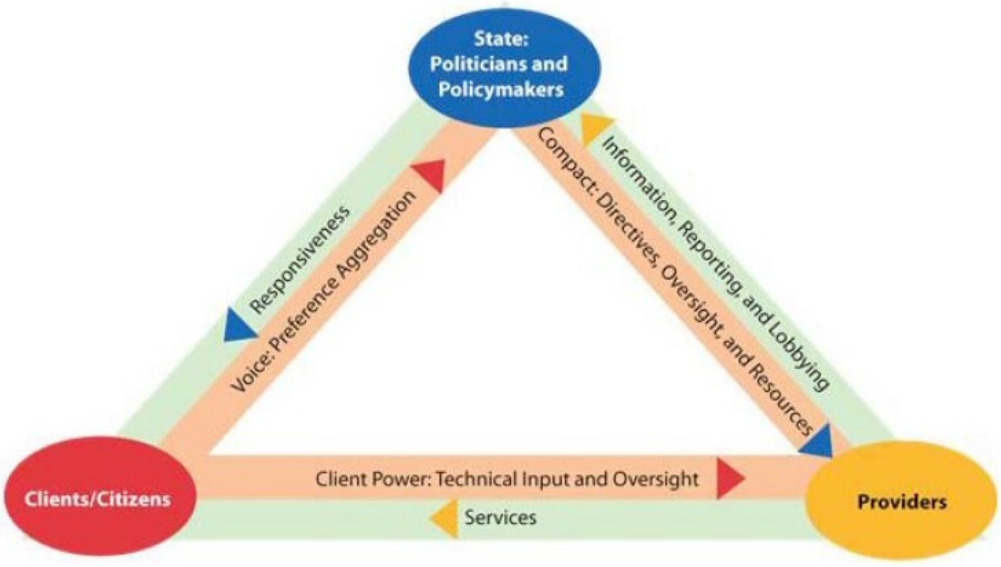


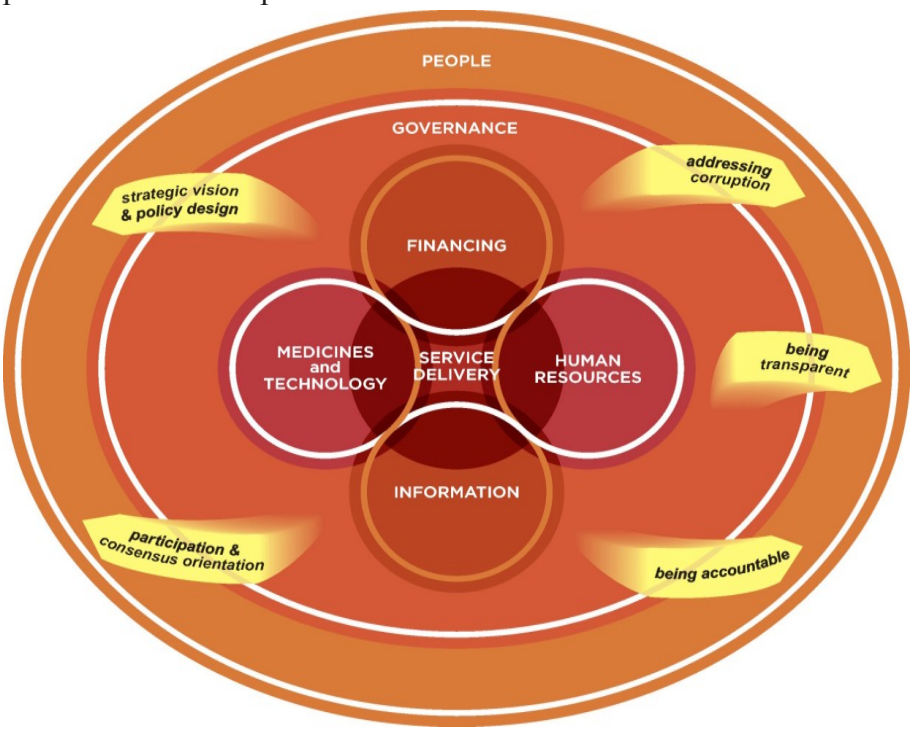
**Figure 3.8: Brinkerhoff and Bossert Model**

Brinkerhoff and Bossert (2008) define Good Health Governance in terms of Roles and responsibilities and relationships that are governed by:

- Responsiveness to public health needs and beneficiaries'/ citizens' preferences while managing divergences between them;
- Responsible leadership to address public health priorities;
- The legitimate exercise of beneficiaries'/citizens' voice;
- Institutional checks and balances;
- Clear and enforceable accountability;
- Transparency in policymaking, resource allocation, and performance;
- Evidence-based policymaking; and
- Efficient and effective service provision arrangements, regulatory frameworks, and management systems

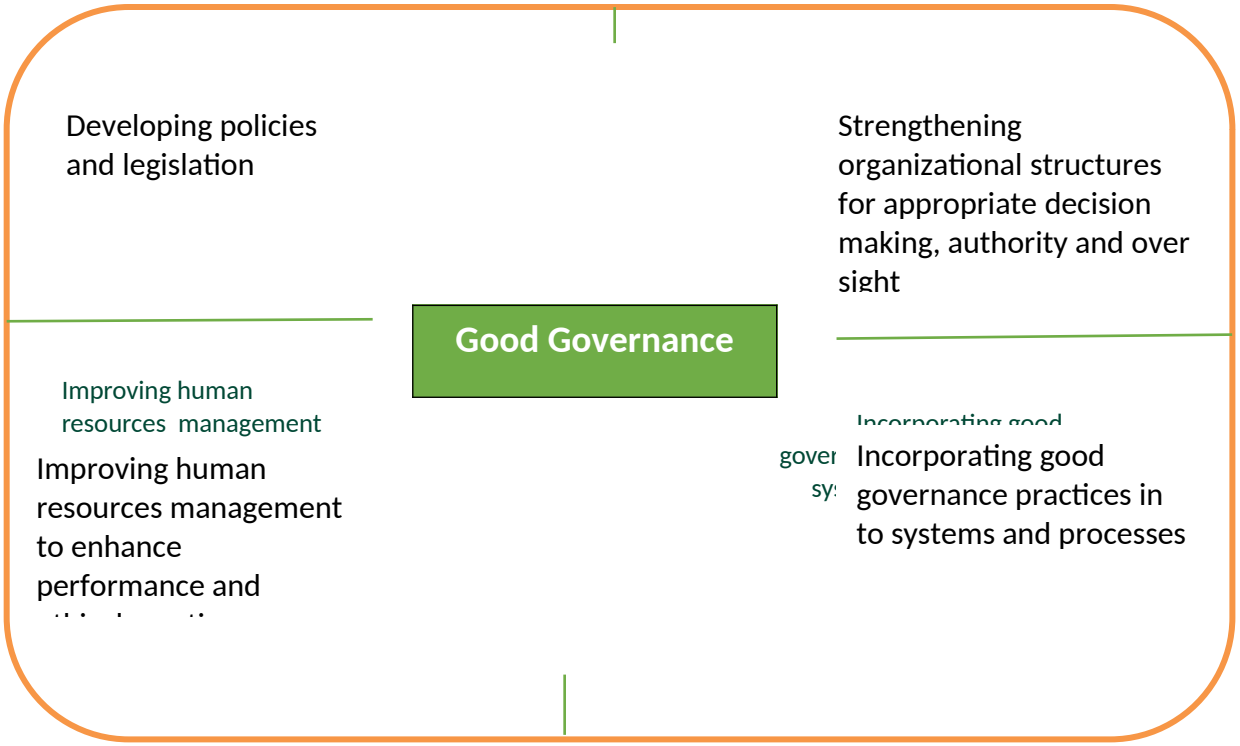
## Other Frameworks

Mikkelsen-Lopez, Wyss and de Savigny (2011) have proposed a framework for addressing governance from a health system framework perspective based upon a systems thinking approach. They provide an example of how this approach could be applied to illuminate areas of governance weaknesses that can be addressed by targeted interventions and policies. This approach is problem-driven and considers the major health system building blocks at various levels in order to ensure a complete assessment of a governance issue rather than a simple input-output approach. It seeks to facilitate a more comprehensive assessment of governance in health systems leading to the development of governance interventions to strengthen system performance and improve health.




**Source**: Mikkelsen-Lopez, Wyss and de Savigny (2011)

**Figure 3.9: Framework to addressing governance from a health system framework perspective**




**Source**: Strengthening Pharmaceutical Systems (SPS). *Pharmaceuticals and the Public Interest: The Importance of Good Governance.* Submitted to the U.S. Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health.

**Figure 3.9:The Importance of Good Governance**

| Paradigm key elements | Theoretical roots | Nature of the state | Focus | Emphasis | Relationship to external (non-public) organizational partners | Governance mechanism | Value base |
|---|---|---|---|---|---|---|---|
| Public Administration | Political science and public policy | Unitary | The policy system | Policy implementation | Potential elements of the policy system | Hierarchy | Public sector ethos |
| New public Management | Rational/public choice theory and management studies | Disaggregated | Intra-organizational Management | Service inputs and outputs | Independent contractors within a competitive market place | The market and classical or non-classical contracts | Efficacy of competition and the market place |
| New public governance | Organizational sociology and network theory | Plural and pluralist | Inter-organizational governance | Service process and outcomes | Preferred suppliers and often inter-department agents within ongoing relationships | Trust or rational contracts | Neo-corporatist |

**Table 3.4: Elements of new public governance in contrast to public administration and new public management**

## Enabling and impeding factors in the Health System Governance:

### Empirical views on Health System Governance of Developing Nations;

A conference held among public health association leaders from across the world identified top 10 factors that could threaten the effectiveness of managers and leaders in the national health systems:

1. Many of those individuals in governance roles luck competencies and are content with the privilege of political partnership but likely to work against the principles of governance and public service.
2. Appointees governing organizations more for political reasons than competence often have hidden agenda which is in conflict with the organizational goals and missions
3. Lack of clear governance model with modern definition of roles, responsibilities, issues and ways of good decision making
4. Lack of commitment to a good governance; failure managers, the public, the media or politicians to appreciate/recognize good work
5. Poor remuneration for the work board members do, mismanagement of time and meetings
6. Systems which are too ineffective to prevent and fight corruption
7. Leaders lacking know how to develop or guide their board to use best practices
8. Board members need more knowledge and experience about public health delivery, challenges and also good board membership due to little or no orientation and education to improve governance competencies
9. Board members do not take up accountability very well and rarely undergo management accounting to prove positive outcomes due to correct decisions it made and poor reporting of the board work
10. Service organizations or health enterprises do not usually allow beneficiaries to participate or even know how their governance is work for the public and miss their wisdom to shape smarter goals and help implement policies and plans (13th World Congress of International Federation of P H A, 2012).

    - According to the forum, therefore, successful leaders of the future need to work on these challenges

## What are the enablers of effective governance for health?

**Ethics**

Rakhal et al. (2010) review the evidence on the effect of corruption in the health sector: "The effects of corruption in the health sector have been described in a number of different ways and at different levels. These include general effects, effects on the healthcare system, and effects on health outcomes."

**"General systemic effects**: Corruption tends to produce more unequal distribution of income (Li 2000). Corruption also inhibits the improvement of services and the ability of reform in improving a range of services (Ensor 2004). Corruption increases the cost of key public services

and limits the access for those least able to pay (Falkingham 2004; Rose-Ackerman 2004; Szende 2006)."

**"Health system effects:** Within the health sector, corruption tends to favour the construction of hospitals and purchase of expensive, high technology equipment over primary healthcare programs such as immunization and family planning (U4 2006). As resources are drained from health budgets through embezzlement and procurement fraud, less funding is available to pay salaries and fund operations and maintenance, leading to demotivated staff, lower quality of care and reduced service availability and use (Lindelow 2006). Corruption in the form of informal payments for care reduces access to services, especially for the poor, and causes delays in care-seeking behavior (Lewis 2000)."

**"Health outcomes**: Corruption has been associated with lower immunization rates, delays in vaccination and failures to treat patients, less use of public health clinics, reduced satisfaction with care and increased waiting times (Azfar 2004; Azfar 2005).

"A wide range of strategies to reduce corruption has been described in the literature, but these have uncertain impacts, may have adverse effects, and may require substantial investments of resources.

These include

1. Dissemination of information (information campaigns aimed at changing knowledge, attitudes or beliefs about corruption; or skills to address corruption),
2. Reduced monopolies (increasing the ability to choose from different providers of a service),
3. Reduced incentives (removing or reducing incentives or factors that motivate corrupt behaviours),
4. Increased transparency and accountability (increasing transparency and accountability in decision-making processes; e.g. by increasing stakeholder participation or mandatory documentation of decisions that is open to access),
5. Decreased discretion (decreasing discretion of those who have power),
6. Improved detection and enforcement (improving detection and punishment of corruption), and
7. Establishment of an independent agency (establishing an anti-corruption agency to coordinate anti-corruption activity)"

**Transparency**

A range of interventions enhancing transparency in the health sector or the health institutions has been attempted and these interventions appear to work.

**Accountability**

**Participation**

**Leadership**

## Governance practices in the Health System:

**Cultivating Accountability**

**Enabling Factor: Openness and Transparency**

Transparency International defines transparency as follows: Transparency is about shedding light on rules, plans, processes and actions. It is knowing why, how, what and how much. Transparency is a characteristic of governments, companies, organizations and individuals that are open in the clear disclosure of information, rules, plans, processes and actions.

**ACT NOW!**

Publish relevant information in a timely way. Information should be presented in simple, comprehensible language and in formats appropriate for different stakeholders. It should retain the details and disaggregation necessary for analysis.

Grant access to information to those who are affected by the decision or activities of the organization. Internal transparency increases employee loyalty and collaboration.

Share information about budget, spending, and outcomes with the public.

Use modern information and communication technologies for wider and more effective information sharing and exchange.

## Cultivating Accountability

Governance takes place in all sectors and at all levels, although its structures differ. Everyone, everywhere, has a distinct role to play in a successful system of governance—from the patient demanding high quality care, to the governing board charged with managing hospital resources, to the Minister of Health reporting to the cabinet or parliament. Regardless of where and how governance happens, there are a handful of effective governing practices that apply across the non-profit, private-for-profit, and public sectors.

**GOVERNING PRACTICE 1— CULTIVATE ACCOUNTABILITY**

Many people link accountability to the idea of personal responsibility, as in "I am accountable to my boss for making sure that my reports get written." On the institutional level in the health system, however, accountability has a much larger meaning. It means that institutions—

ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom the institutions were created to serve and protect. Cultivating accountability means creating an environment in which governing actions are fair, inclusive, and trustworthy. In doing so, that governing body or process establishes itself as legitimate. Openness, transparency, and responsiveness are the key enabling factors of our first governing practice: cultivate accountability. Of the four effective governing practices, cultivating accountability may be particularly difficult to achieve; nevertheless, it has clear benefits, as seen in the example of Social accountability program in Ethiopia.

Accountability exists when there is a relationship between two parties, and the performance of tasks orfunctions by one party is subject to the other's oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

Social accountability refers to a broad range of actions and processes that citizens, communities, independent media, and civil society organizations can use to hold public officials and public servants accountable. Social accountability is increasingly recognized by health institutions as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community monitoring, social audits, public hearings, and community radio. These tools can contribute to improved governance and increased development effectiveness through better service delivery and empowerment.

When accountability is strengthened, the opportunity for corruption is diminished, and governance outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. There are five ingredients that need to be present to support accountability in public governance: delegation, financing, performance, information about performance, and enforceability.

*Enabling Factor: Openness and Transparency*

## Social Accountability

**The Protection of Basic Public Services (PBS) consists of four components:**

**Component1: Protecting the Delivery of Basic Services**

The delivery of basic services is protected by providing funds to the Federal Government. The funds are then transferred to the regions and Woredas (districts) through inter-governmental fiscal transfers and block grant systems.

**Component 2: Delivering Basic Health Services**

Funding is provided for the procurement of critical health commodities which cannot be efficiently financed through the block grant mechanism. It has a specific focus on malaria control and capacity building activities for strengthening procurement and logistics.

**Component 3: Financial Transparency and Accountability**

The component supports government-implemented activities at sub-national levels to significantly enhance transparency around public budget procedures and foster broad engagement and strengthened voice and client power to citizens and citizen representative groups on public budget processes and public service delivery. In addition it will strengthen information technology and auditing capacities.

**Component 4: Social Accountability Project**

By engaging citizens and civil society organizations in social accountability initiatives, the project strengthens citizen voice and enhances the accountability of public sector service providers. Pilot activities seek to build social accountability capacities in the context of a decentralized service delivery.

To enhance social accountability there are various transparency and accountability tools among them the followings are the major ones

**Community Scorecard**

Community Scorecard is a participatory tool that can be used in the assessment, planning, monitoring and evaluation of service delivery. The community score card can be very useful to a community health council.

It is a participatory, community based monitoring tool that enables community members to express their assessment of the health services provided by the health post and the health facility. It is used to inform community members about available services and to solicit their opinions about the accessibility and quality of these services.

**Citizen Report Cards**

Citizen report cards are participatory surveys that solicit user feedback on the performance of public services. They can significantly enhance public accountability through the media coverage and civil society advocacy that accompanies the process. They are used in situations where data such as user perceptions on quality and satisfaction with public services is absent. By systematically gathering and disseminating public feedback, citizen report cards serve as a useful medium through which citizens can credibly and collectively signal to agencies about their performance and advocate for change.

**Participatory Budgeting**

Participatory Budgeting is broadly defined as a mechanism or process through which citizens participate directly in the different phases of the budget formulation, decision making, and monitoring of budget execution. Public budgeting can be instrumental in increasing public expenditure transparency and in improving budget targeting. Since it is a useful vehicle to promote civic engagement, public budgeting has been referred to as an effective school of citizenship.

**Independent Budget Analysis**

Independent budget analysis work has taken many forms. A common characteristic of this work is that it serves to demystify the often highly technical language of official budgets and to open up to public scrutiny the often opaque budgetary process. Budget analysis is closely linked with the process of budget formulation, as it is aimed at generating debate on the national budget and

at influencing the budget that is ultimately approved. Typically, independent budget analysis focuses on one or more of the following issues:

1. improving information sharing and public understanding of the budget;
2. increasing pro-poor allocations;
3. improving targeting of funds for vulnerable groups, including women and children;
4. initiating debates on sector specific implications of budget allocations;
5. influencing revenue policies; and
6. Tracking revenues and expenditures.

**Public Expenditure Tracking Survey**

The Public Expenditure Tracking Survey (PETS) is a quantitative survey of the supply side of public services. The unit of observation is typically a service facility or local government rather than a household or an enterprise. The survey collects information on facility characteristics, financial flows, outputs (services delivered), accountability arrangements, etc. PETS, as quantitative exercises is separate from, but complementary to qualitative surveys on the perception of consumers on service delivery, have been found to be very influential in highlighting the use and abuse of public money.

**Social Audit**

Social Audit is a process that collects information on the resources of an organization. The information is analyzed and shared publicly in a participatory fashion. The central concern of a social audit is how resources are used for social objectives. Most social audits will usually consist of the following activities and outcomes: produce information that is perceived to be evidence-based, accurate and impartial, create awareness among beneficiaries and providers of local services, improve citizens' access to information concerning government documents, act as a tool for exposing corruption and mismanagement, permit stakeholders to influence the behavior of the government, and monitor progress and help prevent fraud by deterrence.

**Citizen's Charter**

A citizen's charter is a document that informs citizens about the service entitlements they have as users of a public service, the standards they can expect for a service (time frame and quality), remedies available for non-adherence to standards, and the procedures, and costs and charges of a service. Citizen's charter aims to improve the quality of services by publishing standards which users can expect for each service they receive from the Government. The charters entitle users to an explanation and in some cases compensation if the standards are not met. If citizens are well informed about their rights as clients of public services and about existing complaint mechanisms to voice grievances, they can exert considerable pressure on service providers to improve their performance. The standards to which service providers commit themselves are useful yardsticks for monitoring and evaluation of service delivery.

**Public Hearings**

Public hearings are formal meetings at the community level where local officials and citizens have the opportunity to exchange information and opinions on community affairs. A typical example would be public hearings of community budgets. These meetings are open to the

general public and are therefore an important tool for citizens to raise their concerns in front of elected officials and bureaucrats on the one hand and an important feedback mechanism for the officials to gain a better understanding of the citizens' experiences and views on the other hand.

**E-Governance**

E-Governance is the use of information and communication technologies with the aim of improving information and service delivery, encouraging citizen participation in the decision-making and making government more accountable, transparent and effective.

## Engage Stakeholders

### GOVERNING PRACTICE 2—ENGAGE STAKEHOLDERS

Inclusion and collaboration are two important principles that enable effective governance. Being inclusive involves engaging all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process. Collaborating involves building partnerships across ministries, sectors, and levels of authority. In addition to a ministry of health, many other players in the public sector play a role in improving health within a country. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation are all involved in activities that impact health. Collaboration also involves working with private-for-profit and non-profit groups and civil society and nongovernmental organizations. Finally, collaboration means working across all levels—local, state, national, and international. Collaboration, participation, inclusion—all of these are elements of engaging stakeholders.

**Enabling Factor: Inclusion and Participation**

Inclusion and participation are vital for achieving health equity, where all men and women—young or old—have opportunities to improve or maintain their health and
well-being. For example, non-representation of women and youth in decision making deeply affects their access to health care, as barriers they face remain unaddressed. Similarly, perspectives of people with disabilities, the elderly, and the very poor are not adequately represented in the governance decision-making process. Citizen participation can be broadly defined as the processes by which public concerns, needs, and values influence decision making. Citizen participation happens in many places and can take many forms, from information exchanges to democratic elections. It encompasses the whole set of activities, processes, and techniques that may be used to engage people.

**Enabling Factor: Gender-Responsiveness**

Gender-responsiveness in governance has the potential to enhance positive health outcomes, not only for women but also for the entire community. Women play three important roles in a health system—as decision makers, as health care providers, and as service users. Nevertheless, governance structures in health systems and health institutions in low- and middle-income

countries are most often dominated by men. As a result, issues faced by women in leadership, governance, and senior management roles; in the health workforce; and as service users are too often ignored. It is the responsibility of all of those working in the health system to help move institutions along the spectrum of gender-responsiveness from "gender-exploitative" to "gender-transformative."

**ACT NOW!**

- Involve those affected by a decision or their representatives in the decision making process in a meaningful way. Establish a transparent selection process of those representatives-they should truly be affected by the decision and act on behalf of the larger population they represent. Don't wait for them to come to you. Be proactive and go out into their affected communities to seek those with opinions and concerns.
- Provide participants with the information and time they need so they can meaningfully contribute to decision-making processes.
- Empower the public to participate and let their contributions influence the decision. Have courage and humility, and trust in the public participation process.
- Communicate to the participants how public input has affected the decision taken. Provide clear guidance on what they can expect before, during and after the process as well as concrete results of how their environment impacted the decision making and the decision.
- Plan to meet the time and resource costs of well-structured participation processes.

## Set shared direction

### GOVERNING PRACTICE 3—SET SHARED DIRECTION

Enabling Factor: Leadership and Management

Effective leadership is a prerequisite for effective governance and effective management. Leaders are critical to the governing process. The full potential of governance cannot be realized without strong and effective leadership, and sound management.

Health leaders who govern define the vision for health as well as the strategy to achieve this vision; they exert influence across all sectors for better health; they govern the health system in ethical ways; they ensure that the system design is aligned with health system goals; and they make policies that enhance health outcomes for the populations they serve. They raise and allocate the resources for the organization to meet its mission and objectives. Effective governors engage with stakeholders and foster inclusion and participation, as discussed previously. We break down effective leadership and management into four leading and four managing practices that you can easily follow. Please see the 'Act Now!' section in the handout.

## Steward Resources

**ACT NOW!**

- Publish and regularly update information (preferably on the internet) on health budgets and performance at the national, local, and health center levels. Make all stages of budget formulation, execution, and reporting fully accessible to civil society.
- Introduce codes of conduct on corruption and conflict of interest that clearly outline sanctions for breaches and enforce them through an independent body.
- Create avenues for public oversight, and make policies, practices, and expenditures open to public and legislative scrutiny.
- Adopt and enforce conflict of interest rules.
- Ensure that information about tender processes is publicly available on the internet: Apply a binding agreement to both bidders and contracting agencies not to offer or accept bribes in public contracting; and debar companies found to have engaged in corrupt practices from participating in tender processes for a specified period of time.
- Rigorously pursue and prosecute corrupt acts, and take preventive measures. Prevention is the best strategy. Leakage in a health system may at times be unintentional – for example, because of weak public financial management. Tighten the control systems, such as public financial management and commodity procurement systems.

**GOVERNING PRACTICE 4—STEWARD RESOURCES**

Stewardship is the ethical use of common resources in pursuit of financially efficient outcomes.

**Enabling Factor for stewarding Resources: Ethical and Moral Integrity**

Current ethical thinking is based on the concepts of human rights, individual freedoms and autonomy, and minimizing harm to others. The concept of equality, or equal consideration for every individual, is paramount. Ethics is the discipline concerned with what is morally good and bad, right or wrong. Morality, on the other hand, is whether an individual actually conforms to Enabling Factor: Ethical and Moral Integrity ideals of right human conduct. Ethics and morality relate to individual integrity.

The lack of ethical and moral integrity can occur in any area of the health sector—for example, in the construction and rehabilitation of facilities; purchase of equipment, supplies, and drugs; education of health professionals; and the provision of services by medical personnel and other health workers. A lack of integrity might manifest itself through bribes, kickbacks, poor performance, refusal to uphold institutional policies, absenteeism, informal payments, or theft of public resources.

Corruption in a health system results in higher costs and lower quality of care, hitting the poor the hardest if services become biased toward society's elite. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. Patients may not receive high-quality care. There is a risk of harm due to substandard drugs and equipment, inappropriate treatment and inadequate training of personnel. The patients and citizens lose faith and trust in the health system and in the government if the health system is riddled with corruption. The government to an extent loses its legitimacy. The example from the field shows how ethical and moral behaviors can contribute to resource stewardship.

**Enabling Factor: Pursuit of Efficiency and Sustainability**

Efficiency refers to the extent to which resource use is maximized to achieve the greatest possible outcomes. To be sustainable is to achieve a state in which future positive impacts of a system or decision are maximized. Efficiency in the governance context means that processes and institutions make the best use of resources at their disposal, producing results that meet the needs of society.

**Efficiency has three dimensions:**

- *Technical efficiency*: The use of productive resources in the most technologically efficient manner. It implies the maximum possible output from a given set of inputs.
- *Allocative efficiency:* The ability of an organization to use the inputs in optimal proportions, given their respective prices and the available production technology. It is concerned with choosing between the different technically efficient combinations of inputs used to produce the maximum possible outputs.
- When taken together, allocative efficiency and technical efficiency determine the degree of *economic efficiency.*

Sustainability refers to a health system's capacity to continue its activities in the future and to expand activities to keep up with population growth and with health needs. A health service is sustainable when it has the long-term ability to mobilize and allocate sufficient and appropriate resources (human resources, technology, information, and finance)for activities that meet individual or public health needs/demands. The health system is sustainable when it has the

capacity to initiate desired changes, or adapt to changes in demand or in environmental conditions while ensuring the required resources to achieve the intended results.

**Sustainability has three dimensions:**

- *Institutional sustainability*: a well-managed organization able to consistently adapt its governance practices, structure and systems to remain mission-driven and market-adjusted, allowing the organization to respond to its supporters and to its clients new responsibilities, while creating a positive work climate for its staff.
- *Financial sustainability*: a well-managed organization able to consistently secure, manage, and report on the use of revenue from various sources to support its ongoing programs and undertake new initiatives.
- *Programmatic sustainability*: a well-managed organization able to deliver quality products and services that respond to its clients' needs through well-managed programs supported by a strong knowledge management system. The organization is able to anticipate new areas of client needs.

The concept of efficiency and sustainability of the health system in low- and middle-income countries is increasingly important, as in many of these countries there has been a "disconnect" between the operation plans developed and the actual allocation, use, and control of the budget. Responsible stewardship of resources improves the efficiency which, in turn, contributes to increased sustainability. The field example from Bolivia shows how leaders who govern the health system can better allocate resources to respond to the population's needs.

**Enabling Factor: Measurement of Performance**

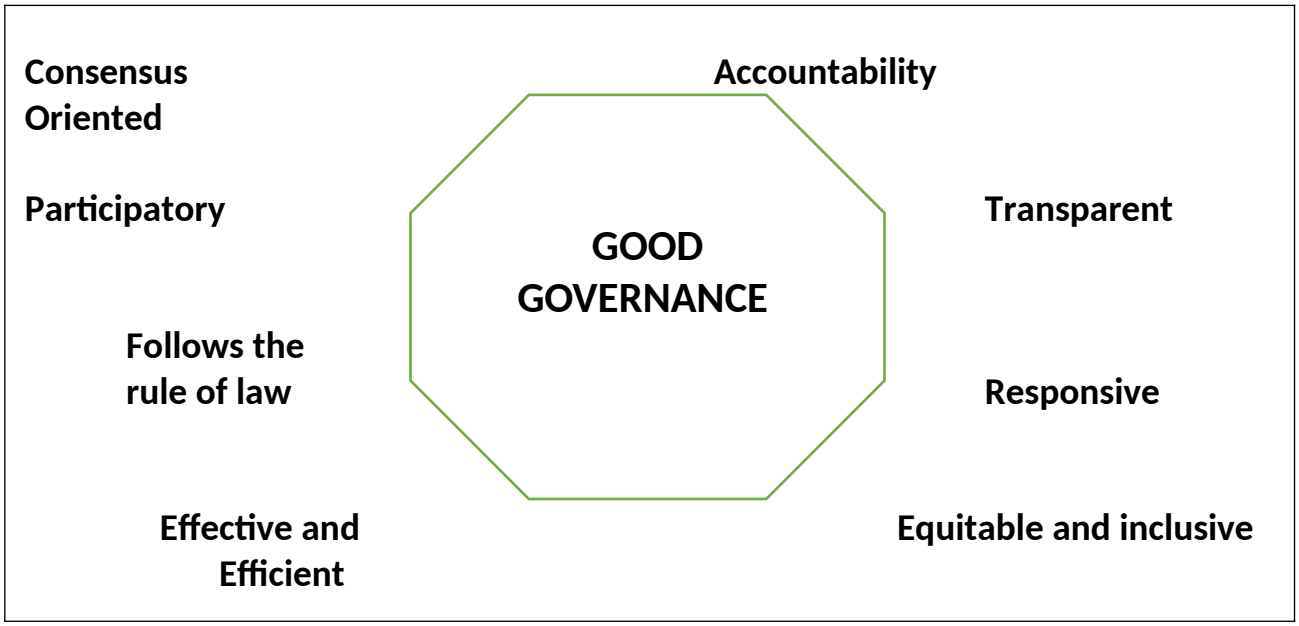
Leaders who govern and the leaders who manage can use performance measures to evaluate, control, budget, motivate, promote, celebrate, learn and improve. However, no single performance measure is appropriate for all eight purposes. Table 3 presents an overview of how the different performance measures can serve different purposes.

The development of measurement systems helps establish a performance-based culture in the public sector. In the governance context, performance measurement also helps promote accountability. Performance measures help those who govern communicate better with the public, to build public trust. Improving accountability and increasing communications with the public have the potential to improve programs, there by leading to better outcomes.

| Purpose | Question that the Performance Measure can Help Answer | Type of Performance Measure Used |
|---|---|---|
| Evaluate | How well is my public agency performing? | Outcomes, combined with inputs and the effects of external factors |
| Control | How can I ensure that my managers are doing the right thing? | Inputs that can be regulated |
| Budget | On what program or projects should my agency spend the public's money? | Efficiency measures (outcomes or outputs divided by inputs) |
| Motivate | How can I motivate my managers, stakeholders, and citizens to do the things necessary to improve | Outputs compared with targets |

| | | |
|---|---|---|
| | performance? | |
| Promote | How can I convince superiors, legislators, stakeholders, journalists and citizens that my agency is doing a good job | Easily understood aspects of performance about which citizens really care |
| Celebrate | What accomplishments are worth of celebrating success? | Performance targets that, when achieved, provide people with a sense of personal and collective accomplishment |
| Learn | Why is something working or not working? | Disaggregated data that can reveal deviancies from expected |
| Improve | What exactly should one do differently to improve performance? | Relationships that connect changes in operations to changes in outputs and outcomes. |

**Table 3.5: How performance measurement can be used to improve governance in the public sector**




**Source: UNESCAP Model of Good Governance, 2006**

Figure 3.11: Summary of good governance Characteristics

| # | Shift from … | Shift to … |
|---|---|---|
| 1 | Labor-intensive 20th century governance | Technology-supported 21st century governance processes |
| 2 | Silo-like health ministry | Whole-of-society and whole-of-government governance |
| 3 | Central Ministry of Health control | Decentralized provincial and district health governing bodies |
| 4 | Governance as usual | Pursuit of efficiency and sustainability in health systems |
| 5 | Input-oriented governance | Results-orientation i.e. culture of measuring and reporting results |
| 6 | Arbitrary decision making processes | Transparent decision making processes |

| | | |
|---|---|---|
| 7 | Intuition- and opinion-based governance | Evidence-based governance |
| 8 | Authoritarian decision making | Stakeholder engagement in governance decision making |
| 9 | Management-driven strategic planning | Stakeholder needs-driven strategic planning |
| 10 | Appointments to governing positions based on personal relationships | Competency-based appointments to governing positions |
| 11 | Static governance process | Continuous governance enhancement |
| 12 | Male-dominated governance | Women holding governance positions |

**Table 3.6: Governance shifts**

## Governance Structures, Laws, and Regulatory Policies of the national Health System

### The structure and function of the Health System Governance

According to the constitution of the nation, the national council of people's representatives is the supreme power the federal state. As part of the executive body/government, the Federal Ministry of Health (FMOH) over sees the health sector primarily at the level. In the same manner, regional health bureaus and Woreda health offices managing and directing health systems at the corresponding level are answerable to their respective regional and Woreda councils.

### Engendering situations in the Health System Governance

As part of the Government's Business Process Reengineering (BPR) – a fundamental rethink and radical redesign to increase performance outcomes, the FMOH has increasingly decentralized oversight and management of its public health system to the Regional Health Bureau (RHB) level. As a result, several new institutions like the new regulatory authority and public health institute are created. The government also undertook civil service reform to implement BPR in the health sector; establish customer-focused institutions; rapidly scale up health services; and enhance the quality of care.

Even though these regional and Woreda administrative bodies are autonomous in many ways, they would need to accept and interpret/implement national policies, strategies and plans originating from the national legislative body.

### Major functions of the Health System at Federal and Regional levels

Following the reform of the civil service, the nation was in the course of changes. As one among ministerial structures, the FMOE underwent the reform. Hence, streamlining of its structures and trimming down the number of civil service personnel took place and its redefined roles in the national health care system became limited almost to policy-making and regulation rather than implementation.

**Woreda Health Offices** are mandated to manage and coordinate the operation of primary health care services at the level. Besides, they are responsible for planning, financing, monitoring and evaluating of all health programs and service deliveries in the Woreda.

**Leadership, Management & Governance roles to foster efforts of the Health Development Army:**

- Refer the Federal Ministry of Health document on Health Development Army

## Unit II: Gender dimension in the health system

### Gender Equality

Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. It also means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

### Gender Equity

Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women.

### Practical Gender Needs

Practical Gender Needs (PGNs) are identified by women within their socially defined roles, as a response to an immediate perceived necessity. PGNs usually relate to inadequacies in living conditions such as water provision, health care, employment and they do not challenge gender divisions of labor and women's subordinate position in society.

### Strategic Gender Interests

Strategic Gender Interests (SGIs) are identified by women as a result of their subordinate social status, and tend to challenge gender divisions of labor power and control, and traditionally defined norms and roles. Although SGIs may vary in particular contexts, it generally includes issues like legal rights, domestic violence, equal wages and women's control over their bodies.

### Gender Mainstreaming

Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, such that inequality between men and women is not perpetuated

### The key components of mainstreaming gender in health

### Gender analysis

Gender analysis is a fundamental step toward identifying, assessing and informing actions that are essential to address gender inequality. Gender analysis in health contributes to the

understanding of the gender related factors and socio cultural issues with respect to differentials in risk factors and exposures to disease, differences in the severity and frequency of diseases among men, women, boys and girls. It shows the responses of the culture, society and health system to these problems. Some information that will be
collected will be about 'who' gets ill, on 'who' has access to and use of health services. It is also possible to understand the health-seeking behaviour, treatment options, experiences in health care settings and the health and social outcomes and consequences of the particular disease.

### Gender Audit

It is primarily a process for undertaking reviews of an organization's commitment to implement gender mainstreaming in policies and programs. A Gender Audit aims to assess how well policies have been institutionalized within organizational departments and individuals. Among others, a Gender Audit also reviews; resources allocation, gender balance of staffing, mainstreaming of gender responsive interventions within programs. Such audits are useful to establish baselines, identify critical gaps, challenges, and document good practices and to recommend strategies to address gaps and challenges towards the achievement of gender equality (9 & 10). As Gender Audits are often undertaken through participatory approaches, they allow for an assessment and re-visiting of the perceptions of staff members on gender issues, thus opening avenues for change in organizational culture.

### Gender responsive budgeting in health (GRB)

GRB in health sector looks at the full spectrum of health spending/health financing from a gender perspective to assess how it addresses the different health related priorities, needs and interests of women and men, girls and boys.It is not about allocating separate budgets for women or men, but it is about making the budgeting process gender sensitive. The GRB in health helps to decide how budget and policies need to be adjusted to achieve maximum impact and where resources need to be reallocated to achieve gender equity in health.

### The two broad approaches to gender mainstreaming

- **Programmatic (operational) gender mainstreaming** applies gender analysis methods to health problems to better understand how gender norms, roles & relations.
- **Institutional gender mainstreaming** examines how organizations function: policy development & governance, agenda-setting, administrative functions & overall system-related issues. It includes organizational procedures & mechanisms such as staffing, functions or governance such as recruitment & staff benefits polices (e.g. establishing work-life balance; sex parity & gender balance in staffing; equal opportunities for upward mobility; & mechanisms for the equal participation of male and female staff in decision – making procedures).

**Gender mainstreaming for health sector is very significant for the following key reasons:**

- It indicates how health problems affect women and men of all ages and groups differently;
- It uses women's empowerment and women-specific conditions to address historic and current wrongs women and girls face;

- It examines how gender norms, roles and relations influence male behavior and health outcomes and how these shapes the role of men in promoting gender equality;
- It adopts a broad equity approach to look at issues of age, socioeconomic status , ethnic diversity, autonomy, empowerment, sexuality, etc. that may lead to inequities;
- It provides an evidence to enable appropriate, effective and efficient health planning, policy making and service delivery.
- It is essential for securing human rights and social justice for women as well as men in the health sector.

**Prerequisites for a successful gender mainstreaming in health sector are:**

- Political will;
- Gender equality policy framework or separate gender equality policies;
- Structure and mechanisms to support gender issues and enforce commitments to gender equality( including "gender machinery");
- Civil society engagement , along with gender expertise in civil society;
- Availability of sex-disaggregated data;
- Knowledge of gender relation and current research on gender quality;
- Accounting and evaluation frameworks;
- Necessary funds and human resources;

**Basic measures to mainstream gender in programs**

- It advances women to reach their developmental potential since programs and policies will be analyzed from the perspectives of men and women.
- It minimizes negative impacts by ensuring that needs and concerns are addressed
- It ensures development programs and policies are people centered and sustain the effects of development.
- Undertake gender needs analysis.
- Establish attainable gender objectives, results and performance indicators.
- Align resources both human and financial with objectives.
- Ensure equal participation of both men and women.
- Ensure the attainment of gender is measured through gender impact studies and evaluations.

**Gender Mainstreaming in an organization (Key consideration)**

- Have a gender focal person.
- Staff training
- Formulate a gender policy
- Mainstream gender in all programs
- Gender sensitive budget
- Sharing of decision positions between men and women
- Maintain gender balance in staffing
- Have mechanisms to address gender biases.

- Gender disaggregated data.
- Invite gender experts in project management.

## Gender-Neutral, Gender-Sensitive and Gender Transformative

The primary objective behind gender mainstreaming is to design and implement development projects, programs and policies that:

1. Do not reinforce existing gender inequalities (Gender Neutral)
2. Attempt to redress existing gender inequalities (Gender Sensitive)

Attempt to re-define women and men's gender roles and relations (Gender Positive/ Transformative)

The degree of integration of a gender perspective in any given project can be seen as a continuum

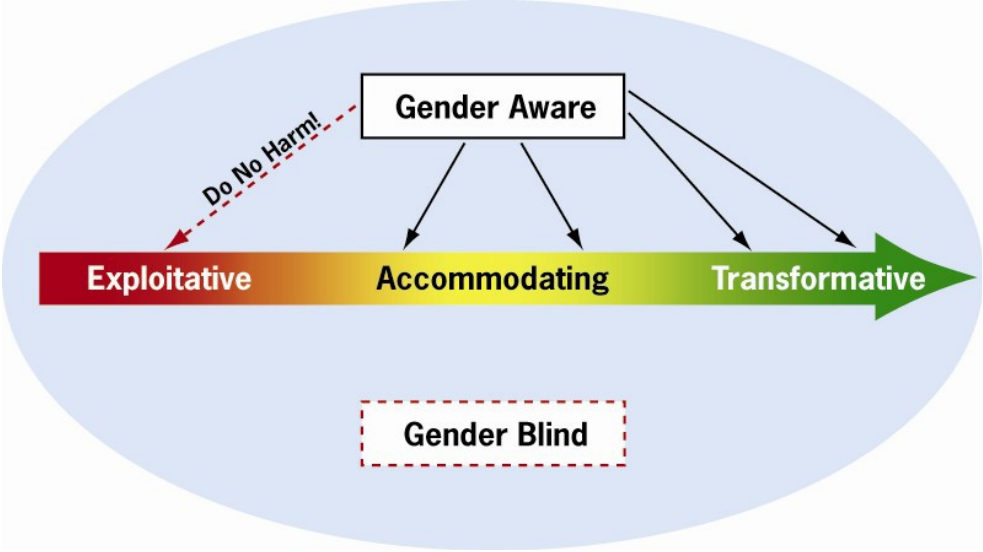



**Figure 3.12: Gender integration continuum/scale**

*Source: A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action. 2nd Edition. August 2009. USAID and IGWG*

| Gender Negative | Gender Neutral | Gender Sensitive | Gender Positive | Gender Transformative |
|---|---|---|---|---|
| Gender inequalities are reinforced to achieve desired development outcomes<br><br>Uses gender norms, roles and stereotypes that | Gender is not considered relevant to development outcome<br><br>Gender norms, roles and relations are not | Gender is a means to reach set development goals<br><br>Addressing gender norms, roles and access to resources in so far as needed to reach | Gender is central to achieving positive development outcomes<br><br>Changing gender norms, roles and access to | Gender is central to promoting gender equality and achieving positive development outcomes<br><br>Transforming unequal gender relations to promote shared power, |

| | | | | |
|---|---|---|---|---|
| reinforce gender inequalities | affected (worsened or improved) | project goals | resources a key component of project outcomes | control of resources, decision-making, and support for women's empowerment |

**Table 3.7 Gender-responsiveness Spectrum**

# Handout for Module 3
# Module Three: Governance for Health
## Unit I: Introduction to Governance and Governing practices

### WHO governance frameworks

### Stewardship

World Health Organization introduced the concept of stewardship in the context of health. WHO's World Health Report 2000, defined stewardship as ''the effective trusteeship of national health." Richard B. Saltman and Odile Ferroussier-Davis (2000) have reviewed the concept of stewardship in the context of WHO's World Health Report (2000). The following are excerpts from this review:

"The concept of stewardship has religious origins. According to the Old Testament, a steward is a selfless servant, who manages assets without owning them, anticipates future trends and devises grand plans. The New Testament extends it. According to New Testament, when entrusted with something of value one has an obligation to improve it. Christian and Jewish faiths thus define the notion of stewardship as a responsibility for protecting and developing one's resources. The concept of ecological stewardship has emerged in northern Europe and North America out of this religious tradition."

"WHO had felt that the configuration and the application of state authority in the health sector should be realigned in the interest of achieving agreed policy objectives. The expectation was good governance would emerge and serve the public interest. Stewardship as a concept, it was felt, had a potential for encouraging state decision-making that is both normatively based and economically efficient. The World Health Report 2000 proposed that stewardship – which in its traditional definition points to the ethical use of common resources in pursuit of financially efficient outcomes – is the appropriate basis on which to reconfigure the governing role of the state in the health sector."

### Other World Health Organization (WHO) Frameworks

### Good Governance in Medicines

The WHO program on good governance in medicines was launched in 2004 to raise awareness of abuse in the public pharmaceutical sector, and to promote good governance. Its aim is to ensure that pharmaceutical spending is not misappropriated, and essential medicines reach

people. The WHO's framework for good governance in the pharmaceutical sector has two basic strategies: a discipline approach based on the legislative and administrative reforms necessary to establish transparent systems, and a values approach, building institutional integrity through the promotion of moral values and ethical principles. The first strategy is by nature top-down, whereas the latter tends to be a bottom-up approach (WHO, 2006). Central to this program is the application of new

administrative procedures for increased transparency/accountability and the development of leadership capabilities.

### WHO Regional Office for Europe

Ilona Kickbusch and David Gleicher (2011), in their study conducted for the WHO Regional Office for Europe have discussed governance for health in the 21st century in European context. They define smart governance for health in terms of how governments approach governance for health challenges strategically in five dimensions, by:

Governing through collaboration (how the state and society co-govern in the 21st century);
Governing through citizen engagement;
Governing by a mix of regulation and persuasion;
Governing through independent agencies and expert bodies; and
Governing by adaptive policies, resilient structures and foresight.


**Figure 3.6: Governance for health in the 21st century**

## USAID

The U.S. Agency for International Development (USAID) has described effective health governance as the process of "competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people." For health care interventions to work, countries need effective policy making, transparent rules, open information, and active participation by all stakeholders in the health sector." (USAID 2006)

Health Systems 20/20, a USAID Project, in its *Health Systems Assessment Approach: A How-To Manual* (Islam, M., ed. 2007), considers the following five dimensions of governance in the health sector:

**Information/Assessment Capacity:** information available to decision makers and a broad range of stakeholders on trends in health and health system performance and on possible policy options. Available information is used for planning and decision making.

**Policy Formulation and Planning:** appropriate processes in place to develop, debate, pass, and monitor legislation and regulations on health issues. The government planning process is functioning. There is consistency and coherence between health sector laws or plans and actual implementation.

**Social Participation and System Responsiveness: i**nvolvement of a broad range of stakeholders (nongovernmental and representatives of various public sector actors) in understanding health issues and in planning, budgeting, and monitoring health sector actions as well as the health system's responsiveness to the input of these stakeholders.

**Accountability:** existence of rules on publishing information about the health sector (e.g., plans, health data including health statistics, fee schedules); a functioning free popular and scientific press; functioning watchdog organizations; and consumer protection from medical malpractice; and

**Regulation:** capacity for oversight of safety, efficacy, and quality of health services and pharmaceuticals; enforcement capacity for guidelines and standards and regulations; and perception of the burden imposed by excessive regulation.

**Brinkerhoff and Bossert Model**

Brinkerhoff and Bossert (2008) have created a framework that defines the roles, rules and responsibilities, and institutions that shape the interactions among three main sets of actors — citizens, service users, government and health service providers. These interactions include how governments respond to citizen demands, how providers and citizens engage to improve service quality, and how citizen and provider groups advocate and report on health concerns.

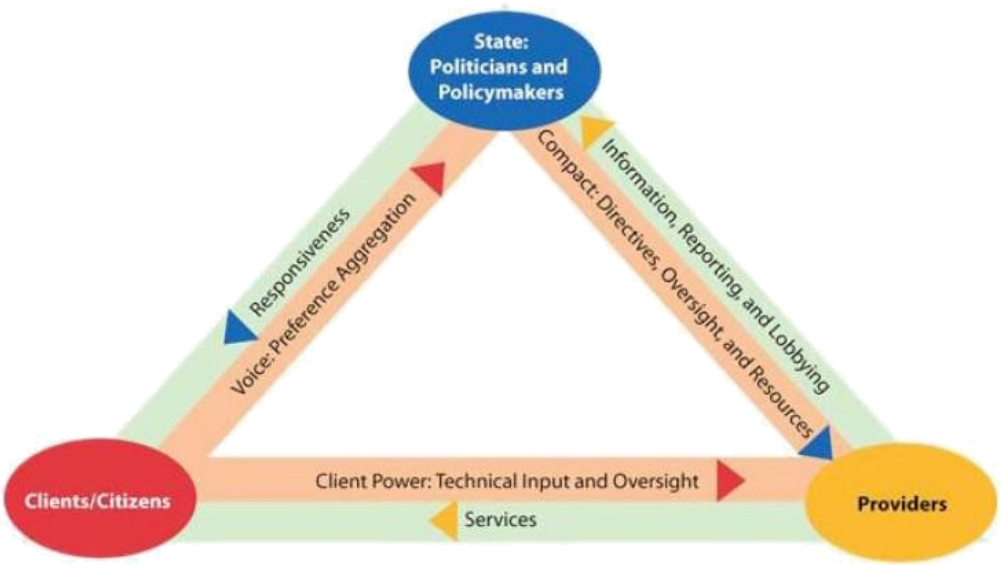


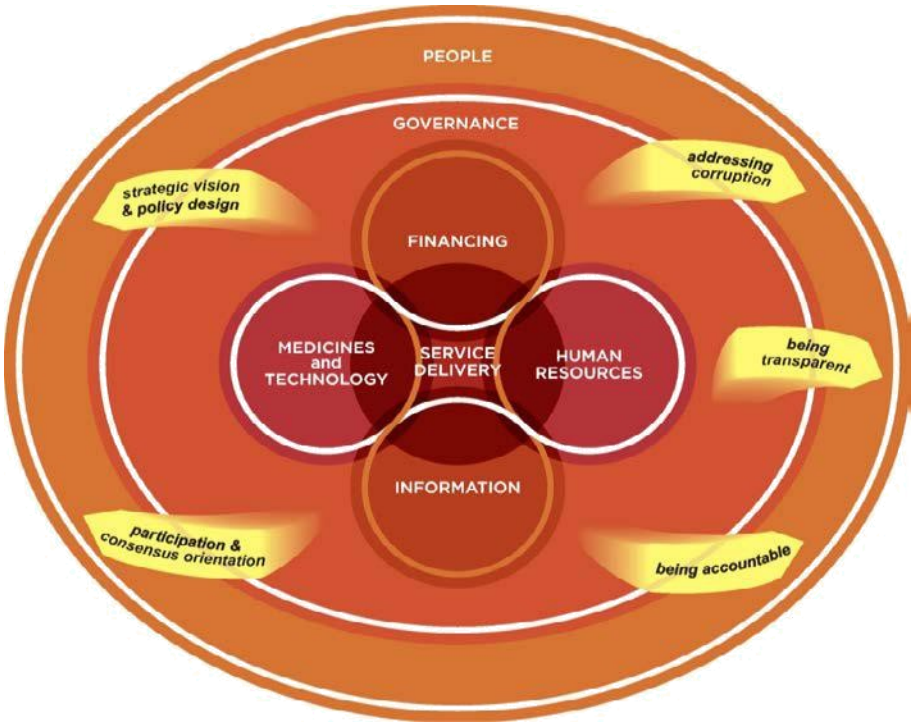

**Figure 3.7: Brinkerhoff and Bossert Model**

Brinkerhoff and Bossert (2008) define Good Health Governance in terms of Roles and responsibilities and relationships that are governed by:

Responsiveness to public health needs and beneficiaries'/ citizens' preferences while managing divergences between them;
Responsible leadership to address public health priorities;
The legitimate exercise of beneficiaries'/citizens' voice;
Institutional checks and balances;
Clear and enforceable accountability;
Transparency in policymaking, resource allocation, and performance;
Evidence-based policymaking; and
Efficient and effective service provision arrangements, regulatory frameworks, and management systems

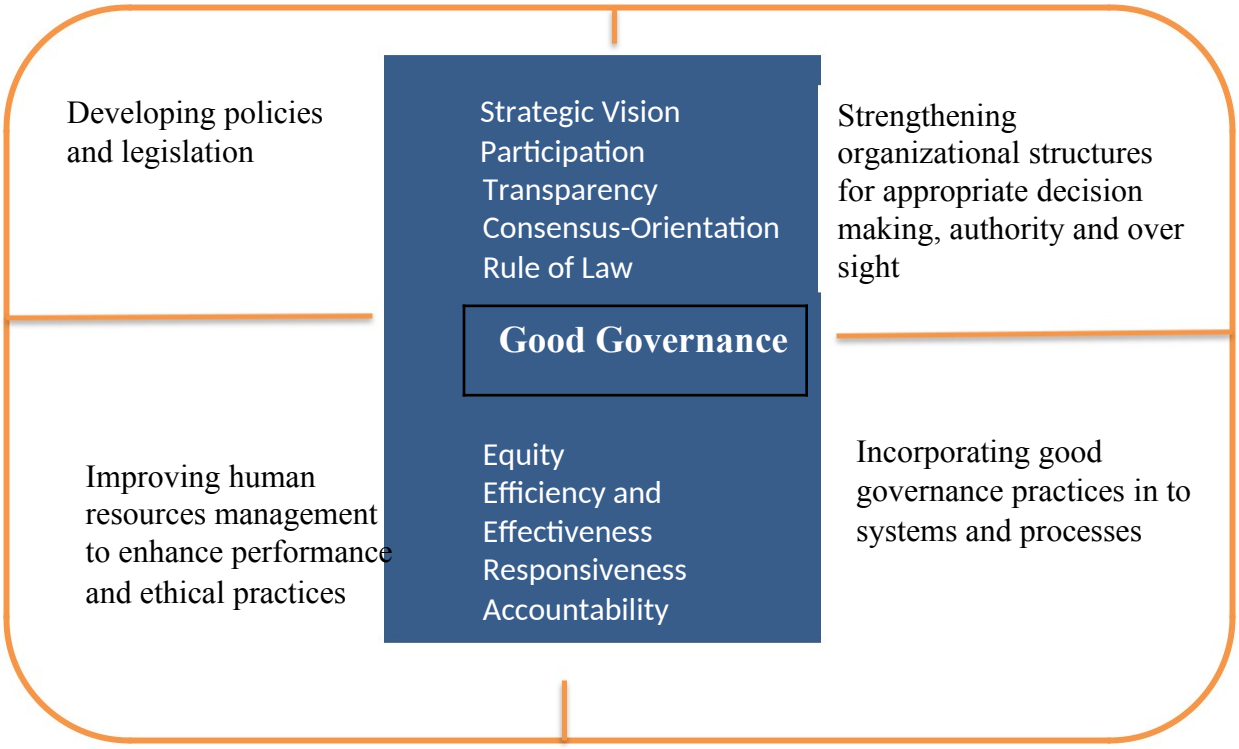
## Other Frameworks

Mikkelsen-Lopez, Wyss and de Savigny (2011) have proposed a framework for addressing governance from a health system framework perspective based upon a systems thinking approach. They provide an example of how this approach could be applied to illuminate areas of governance weaknesses that can be addressed by targeted interventions and policies. This approach is problem-driven and considers the major health system building blocks at various levels in order to ensure a complete assessment of a governance issue rather than a simple input-output approach. It seeks to facilitate a more comprehensive assessment of governance in health systems leading to the development of governance interventions to strengthen system performance and improve health.




**Source**: Mikkelsen-Lopez, Wyss and de Savigny (2011)

**Figure 3.8: Framework to addressing governance from a health system framework perspective**




**Source**: Strengthening Pharmaceutical Systems (SPS). *Pharmaceuticals and the Public Interest: The Importance of Good Governance.* Submitted to the U.S. Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health.

**Figure 3.9: The Importance of Good Governance**

| Paradigm key elements | Theoretical roots | Nature of the state | Focus | Emphasis | Relationship to external (non-public) organizational partners | Governance mechanism | Value base |
|---|---|---|---|---|---|---|---|
| Public Administration | Political science and public policy | Unitary | The policy system | Policy implementation | Potential elements of the policy system | Hierarchy | Public sector ethos |
| New public Management | Rational/public choice theory and management studies | Disaggregated | Intra-organizational Management | Service inputs and outputs | Independent contractors within a competitive market place | The market and classical or non-classical contracts | Efficacy of competition and the market place |
| New public governance | Organizational sociology and network theory | Plural and pluralist | Inter-organizational governance | Service process and outcomes | Preferred suppliers and often inter-department agents within ongoing relationships | Trust or rational contracts | Neo-corporatist |

**Table 3.4: Elements of new public governance in contrast to public administration and new public management**

## Enabling and impeding factors in the Health System Governance:

### Empirical views on Health System Governance of Developing Nations;

A conference held among public health association leaders from across the world identified top 10 factors that could threaten the effectiveness of managers and leaders in the national health systems:

- Many of those individuals in governance roles luck competencies and are content with the privilege of political partnership but likely to work against the principles of governance and public service.
- Appointees governing organizations more for political reasons than competence often have hidden agenda which is in conflict with the organizational goals and missions
- Lack of clear governance model with modern definition of roles, responsibilities, issues and ways of good decision making
- Lack of commitment to a good governance; failure managers, the public, the media or politicians to appreciate/recognize good work
- Poor remuneration for the work board members do, mismanagement of time and meetings
- Systems which are too ineffective to prevent and fight corruption
- Leaders lacking know how to develop or guide their board to use best practices
- Board members need more knowledge and experience about public health delivery, challenges and also good board membership due to little or no orientation and education to improve governance competencies

Board members do not take up accountability very well and rarely undergo management accounting to prove positive outcomes due to correct decisions it made and poor reporting of the board work

Service organizations or health enterprises do not usually allow beneficiaries to participate or even know how their governance is work for the public and miss their wisdom to shape smarter goals and help implement policies and plans (13th World Congress of International Federation of P H A, 2012).

According to the forum, therefore, successful leaders of the future need to work on these challenges

## What are the enablers of effective governance for health?

### Ethics

Rakhal et al. (2010) review the evidence on the effect of corruption in the health sector: "The effects of corruption in the health sector have been described in a number of different ways and at different levels. These include general effects, effects on the healthcare system, and effects on health outcomes."

**"General systemic effects**: Corruption tends to produce more unequal distribution of income (Li 2000). Corruption also inhibits the improvement of services and the ability of reform in improving a range of services (Ensor 2004). Corruption increases the cost of key public services and limits the access for those least able to pay (Falkingham 2004; Rose-Ackerman 2004; Szende 2006)."

**"Health system effects:** Within the health sector, corruption tends to favour the construction of hospitals and purchase of expensive, high technology equipment over primary healthcare programs such as immunization and family planning (U4 2006). As resources are drained from health budgets through embezzlement and procurement fraud, less funding is available to pay salaries and fund operations and maintenance, leading to demotivated staff, lower quality of care and reduced service availability and use (Lindelow 2006). Corruption in the form of informal payments for care reduces access to services, especially for the poor, and causes delays in care-seeking behavior (Lewis 2000)."

**"Health outcomes**: Corruption has been associated with lower immunization rates, delays in vaccination and failures to treat patients, less use of public health clinics, reduced satisfaction with care and increased waiting times (Azfar 2004; Azfar 2005).

"A wide range of strategies to reduce corruption has been described in the literature, but these have uncertain impacts, may have adverse effects, and may require substantial investments of resources.

These include

Dissemination of information (information campaigns aimed at changing knowledge, attitudes or beliefs about corruption; or skills to address corruption),

Reduced monopolies (increasing the ability to choose from different providers of a service),

Reduced incentives (removing or reducing incentives or factors that motivate corrupt behaviours),

Increased transparency and accountability (increasing transparency and accountability in decision-making processes; e.g. by increasing stakeholder participation or mandatory documentation of decisions that is open to access),

Decreased discretion (decreasing discretion of those who have power),

Improved detection and enforcement (improving detection and punishment of corruption), and

Establishment of an independent agency (establishing an anti-corruption agency to coordinate anti-corruption activity)"

**Transparency**

A range of interventions enhancing transparency in the health sector or the health institutions has been attempted and these interventions appear to work.

**Accountability**

**Participation**

**Leadership**

## Governance practices in the Health System:

**Cultivating Accountability**

**Enabling Factor: Openness and Transparency**

Transparency International defines transparency as follows: Transparency is about shedding light on rules, plans, processes and actions. It is knowing why, how, what and how much. Transparency is a characteristic of governments, companies, organizations and individuals that are open in the clear disclosure of information, rules, plans, processes and actions.

**ACT NOW!**

Publish relevant information in a timely way. Information should be presented in simple, comprehensible language and in formats appropriate for different stakeholders. It should retain the details and disaggregation necessary for analysis.

Grant access to information to those who are affected by the decision or activities of the organization. Internal transparency increases employee loyalty and collaboration.

Share information about budget, spending, and outcomes with the public.

Use modern information and communication technologies for wider and more effective information sharing and exchange.

## Cultivating Accountability

Governance takes place in all sectors and at all levels, although its structures differ. Everyone, everywhere, has a distinct role to play in a successful system of governance—from the patient demanding high quality care, to the governing board charged with managing hospital resources, to the Minister of Health reporting to the cabinet or parliament. Regardless of where and how governance happens, there are a handful of effective governing practices that apply across the non-profit, private-for-profit, and public sectors.

### GOVERNING PRACTICE 1— CULTIVATE ACCOUNTABILITY

Many people link accountability to the idea of personal responsibility, as in "I am accountable to my boss for making sure that my reports get written." On the institutional level in the health system, however, accountability has a much larger meaning. It means that institutions—ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom the institutions were created to serve and protect. Cultivating accountability means creating an environment in which governing actions are fair, inclusive, and trustworthy. In doing so, that governing body or process establishes itself as legitimate. Openness, transparency, and responsiveness are the key enabling factors of our first governing practice: cultivate accountability. Of the four effective governing practices, cultivating accountability may be particularly difficult to achieve; nevertheless, it has clear benefits, as seen in the example of Social accountability program in Ethiopia.

Accountability exists when there is a relationship between two parties, and the performance of tasks or functions by one party is subject to the other's oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

Social accountability refers to a broad range of actions and processes that citizens, communities, independent media, and civil society organizations can use to hold public officials and public servants accountable. Social accountability is increasingly recognized by health institutions as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community monitoring, social audits, public hearings, and community radio. These tools can contribute to improved governance and increased development effectiveness through better service delivery and empowerment.

When accountability is strengthened, the opportunity for corruption is diminished, and governance outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. There are five ingredients that need to be present to support accountability in public governance: delegation, financing, performance, information about performance, and enforceability.

*Enabling Factor: Openness and Transparency*

## Social Accountability

**The Protection of Basic Public Services (PBS) consists of four components:**

**Component1: Protecting the Delivery of Basic Services**

The delivery of basic services is protected by providing funds to the Federal Government. The funds are then transferred to the regions and Woredas (districts) through inter-governmental fiscal transfers and block grant systems.

**Component 2: Delivering Basic Health Services**

Funding is provided for the procurement of critical health commodities which cannot be efficiently financed through the block grant mechanism. It has a specific focus on malaria control and capacity building activities for strengthening procurement and logistics.

**Component 3: Financial Transparency and Accountability**

The component supports government-implemented activities at sub-national levels to significantly enhance transparency around public budget procedures and foster broad engagement and strengthened voice and client power to citizens and citizen representative groups on public budget processes and public service delivery. In addition it will strengthen information technology and auditing capacities.

**Component 4: Social Accountability Project**

By engaging citizens and civil society organizations in social accountability initiatives, the project strengthens citizen voice and enhances the accountability of public sector service providers. Pilot activities seek to build social accountability capacities in the context of a decentralized service delivery.

To enhance social accountability there are various transparency and accountability tools among them the followings are the major ones

**Community Scorecard**

Community Scorecard is a participatory tool that can be used in the assessment, planning, monitoring and evaluation of service delivery. The community score card can be very useful to a community health council.

It is a participatory, community based monitoring tool that enables community members to express their assessment of the health services provided by the health post and the health facility. It is used to inform community members about available services and to solicit their opinions about the accessibility and quality of these services.

**Citizen Report Cards**

Citizen report cards are participatory surveys that solicit user feedback on the performance of public services. They can significantly enhance public accountability through the media coverage and civil society advocacy that accompanies the process. They are used in situations where data such as user perceptions on quality and satisfaction with public services is absent. By systematically gathering and disseminating public feedback, citizen report cards serve as a useful medium through which citizens can credibly and collectively signal to agencies about their performance and advocate for change.

**Participatory Budgeting**

Participatory Budgeting is broadly defined as a mechanism or process through which citizens participate directly in the different phases of the budget formulation, decision making, and monitoring of budget execution. Public budgeting can be instrumental in increasing public expenditure transparency and in improving budget targeting. Since it is a useful vehicle to promote civic engagement, public budgeting has been referred to as an effective school of citizenship.

**Independent Budget Analysis**

Independent budget analysis work has taken many forms. A common characteristic of this work is that it serves to demystify the often highly technical language of official budgets and to open up to public scrutiny the often opaque budgetary process. Budget analysis is closely linked with the process of budget formulation, as it is aimed at generating debate on the national budget and at influencing the budget that is ultimately approved. Typically, independent budget analysis focuses on one or more of the following issues:

- improving information sharing and public understanding of the budget;
- increasing pro-poor allocations;
- improving targeting of funds for vulnerable groups, including women and children;
- initiating debates on sector specific implications of budget allocations;
- influencing revenue policies; and
- Tracking revenues and expenditures.

**Public Expenditure Tracking Survey**

The Public Expenditure Tracking Survey (PETS) is a quantitative survey of the supply side of public services. The unit of observation is typically a service facility or local government rather than a household or an enterprise. The survey collects information on facility characteristics, financial flows, outputs (services delivered), accountability arrangements, etc. PETS, as quantitative exercises is separate from, but complementary to qualitative surveys on the perception of consumers on service delivery, have been found to be very influential in highlighting the use and abuse of public money.

**Social Audit**

Social Audit is a process that collects information on the resources of an organization. The information is analyzed and shared publicly in a participatory fashion. The central concern of a social audit is how resources are used for social objectives. Most social audits will usually consist of the following activities and outcomes: produce information that is perceived to be evidence-based, accurate and impartial, create awareness among beneficiaries and providers of local services, improve citizens' access to information concerning government documents, act as a tool for exposing corruption and mismanagement, permit stakeholders to influence the behavior of the government, and monitor progress and help prevent fraud by deterrence.

**Citizen's Charter**

A citizen's charter is a document that informs citizens about the service entitlements they have as users of a public service, the standards they can expect for a service (time frame and quality), remedies available for non-adherence to standards, and the procedures, and costs and charges of a service. Citizen's charter aims to improve the quality of services by publishing standards which users can expect for each service they receive from the Government. The charters entitle users to an explanation and in some cases compensation if the standards are not met. If citizens are well informed about their rights as clients of public services and about existing complaint mechanisms to voice grievances, they can exert considerable pressure on service providers to improve their performance. The standards to which service providers commit themselves are useful yardsticks for monitoring and evaluation of service delivery.

**Public Hearings**

Public hearings are formal meetings at the community level where local officials and citizens have the opportunity to exchange information and opinions on community affairs. A typical example would be public hearings of community budgets. These meetings are open to the general public and are therefore an important tool for citizens to raise their concerns in front of elected officials and bureaucrats on the one hand and an important feedback mechanism for the officials to gain a better understanding of the citizens' experiences and views on the other hand.

**E-Governance**

E-Governance is the use of information and communication technologies with the aim of improving information and service delivery, encouraging citizen participation in the decision-making and making government more accountable, transparent and effective.

## Engage Stakeholders

### GOVERNING PRACTICE 2—ENGAGE STAKEHOLDERS

Inclusion and collaboration are two important principles that enable effective governance. Being inclusive involves engaging all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process. Collaborating involves building partnerships across ministries, sectors, and levels of authority. In addition to a ministry of health, many other players in the public sector play a role in improving health within a country. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation are all involved in activities that impact health. Collaboration also involves working with private-for-profit and non-profit groups and civil society and nongovernmental organizations. Finally, collaboration means working across all levels—local, state, national, and international. Collaboration, participation, inclusion—all of these are elements of engaging stakeholders.

#### Enabling Factor: Inclusion and Participation

Inclusion and participation are vital for achieving health equity, where all men and women —young or old—have opportunities to improve or maintain their health and well-being. For example, non-representation of women and youth in decision making deeply affects their access to health care, as barriers they face remain unaddressed. Similarly, perspectives of people with disabilities, the elderly, and the very poor are not adequately represented in the governance decision-making process. Citizen participation can be broadly defined as the processes by which public concerns, needs, and values influence decision making. Citizen participation happens in many places and can take many forms, from information exchanges to democratic elections. It encompasses the whole set of activities, processes, and techniques that may be used to engage people.

#### Enabling Factor: Gender-Responsiveness

Gender-responsiveness in governance has the potential to enhance positive health outcomes, not only for women but also for the entire community. Women play three important roles in a health system—as decision makers, as health care providers, and as service users. Nevertheless, governance structures in health systems and health institutions in low- and middle-income countries are most often dominated by men. As a result, issues faced by women in leadership, governance, and senior management roles; in the health workforce; and as service users are too often ignored. It is the responsibility of all of those working in the health system to help move institutions along the spectrum of gender-responsiveness from “gender-exploitative” to “gender-transformative.”

**ACT NOW!**

Involve those affected by a decision or their representatives in the decision making process in a meaningful way. Establish a transparent selection process of those representatives-they should truly be affected by the decision and act on behalf of the larger population they represent. Don't wait for them to come to you. Be proactive and go out into their affected communities to seek those with opinions and concerns.

Provide participants with the information and time they need so they can meaningfully contribute to decision-making processes.

Empower the public to participate and let their contributions influence the decision. Have courage and humility, and trust in the public participation process.

Communicate to the participants how public input has affected the decision taken. Provide clear guidance on what they can expect before, during and after the process as well as concrete results of how their environment impacted the decision making and the decision.

Plan to meet the time and resource costs of well-structured participation processes.

Ensure that the participation process emulates or respects traditional practices.

## Set shared direction

**GOVERNING PRACTICE 3—SET SHARED DIRECTION** Enabling Factor: Leadership and Management

Effective leadership is a prerequisite for effective governance and effective management. Leaders are critical to the governing process. The full potential of governance cannot be realized without strong and effective leadership, and sound management.

Health leaders who govern define the vision for health as well as the strategy to achieve this vision; they exert influence across all sectors for better health; they govern the health system in ethical ways; they ensure that the system design is aligned with health system goals; and they make policies that enhance health outcomes for the populations they serve. They raise and allocate the resources for the organization to meet its mission and objectives. Effective governors engage with stakeholders and foster inclusion and participation, as discussed previously. We break down effective leadership and management into four leading and four managing practices that you can easily follow. Please see the 'Act Now!' section in the handout.

## Steward Resources

**ACT NOW!**

Publish and regularly update information (preferably on the internet) on health budgets and performance at the national, local, and health center levels. Make all stages of budget formulation, execution, and reporting fully accessible to civil society.

Introduce codes of conduct on corruption and conflict of interest that clearly outline sanctions for breaches and enforce them through an independent body.

Create avenues for public oversight, and make policies, practices, and expenditures open to public and legislative scrutiny.

Adopt and enforce conflict of interest rules.

Ensure that information about tender processes is publicly available on the internet: Apply a binding agreement to both bidders and contracting agencies not to offer or accept bribes in public contracting; and debar companies found to have engaged in corrupt practices from participating in tender processes for a specified period of time.

Rigorously pursue and prosecute corrupt acts, and take preventive measures. Prevention is the best strategy. Leakage in a health system may at times be unintentional – for example, because of weak public financial management. Tighten the control systems, such as public financial management and commodity procurement systems.

Source: Transparency International

**GOVERNING PRACTICE 4—STEWARD RESOURCES**

Stewardship is the ethical use of common resources in pursuit of financially efficient outcomes.

### Enabling Factor for stewarding Resources: Ethical and Moral Integrity

Current ethical thinking is based on the concepts of human rights, individual freedoms and autonomy, and minimizing harm to others. The concept of equality, or equal consideration for every individual, is paramount. Ethics is the discipline concerned with what is morally good and bad, right or wrong. Morality, on the other hand, is whether an individual actually conforms to Enabling Factor: Ethical and Moral Integrity ideals of right human conduct. Ethics and morality relate to individual integrity.

The lack of ethical and moral integrity can occur in any area of the health sector—for example, in the construction and rehabilitation of facilities; purchase of equipment,

supplies, and drugs; education of health professionals; and the provision of services by medical personnel and other health workers. A lack of integrity might manifest itself through bribes, kickbacks, poor performance, refusal to uphold institutional policies, absenteeism, informal payments, or theft of public resources.

Corruption in a health system results in higher costs and lower quality of care, hitting the poor the hardest if services become biased toward society's elite. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. Patients may not receive high-quality care. There is a risk of harm due to substandard drugs and equipment, inappropriate treatment and inadequate training of personnel. The patients and citizens lose faith and trust in the health system and in the government if the health system is riddled with corruption. The government to an extent loses its legitimacy. The example from the field shows how ethical and moral behaviors can contribute to resource stewardship.

**Enabling Factor: Pursuit of Efficiency and Sustainability**

Efficiency refers to the extent to which resource use is maximized to achieve the greatest possible outcomes. To be sustainable is to achieve a state in which future positive impacts of a system or decision are maximized. Efficiency in the governance context means that processes and institutions make the best use of resources at their disposal, producing results that meet the needs of society.

**Efficiency has three dimensions:**

*Technical efficiency*: The use of productive resources in the most technologically efficient manner. It implies the maximum possible output from a given set of inputs.

*Allocative efficiency:* The ability of an organization to use the inputs in optimal proportions, given their respective prices and the available production technology. It is concerned with choosing between the different technically efficient combinations of inputs used to produce the maximum possible outputs.

When taken together, allocative efficiency and technical efficiency determine the degree of *economic efficiency.*

Sustainability refers to a health system's capacity to continue its activities in the future and to expand activities to keep up with population growth and with health needs. A health service is sustainable when it has the long-term ability to mobilize and allocate sufficient and appropriate resources (human resources, technology, information, and finance)for activities that meet individual or public health needs/demands. The health system is sustainable when it has the capacity to initiate desired changes, or adapt to changes in demand or in environmental conditions while ensuring the required resources to achieve the intended results.

**Sustainability has three dimensions:**

*Institutional sustainability*: a well-managed organization able to consistently adapt its governance practices, structure and systems to remain mission-driven and market-adjusted, allowing the organization to respond to its supporters and to its clients new responsibilities, while creating a positive work climate for its staff.

*Financial sustainability*: a well-managed organization able to consistently secure, manage, and report on the use of revenue from various sources to support its ongoing programs and undertake new initiatives.

*Programmatic sustainability*: a well-managed organization able to deliver quality products and services that respond to its clients' needs through well-managed programs supported by a strong knowledge management system. The organization is able to anticipate new areas of client needs.

The concept of efficiency and sustainability of the health system in low- and middle-income countries is increasingly important, as in many of these countries there has been a "disconnect" between the operation plans developed and the actual allocation, use, and control of the budget. Responsible stewardship of resources improves the efficiency which, in turn, contributes to increased sustainability. The field example from Bolivia shows how leaders who govern the health system can better allocate resources to respond to the population's needs.

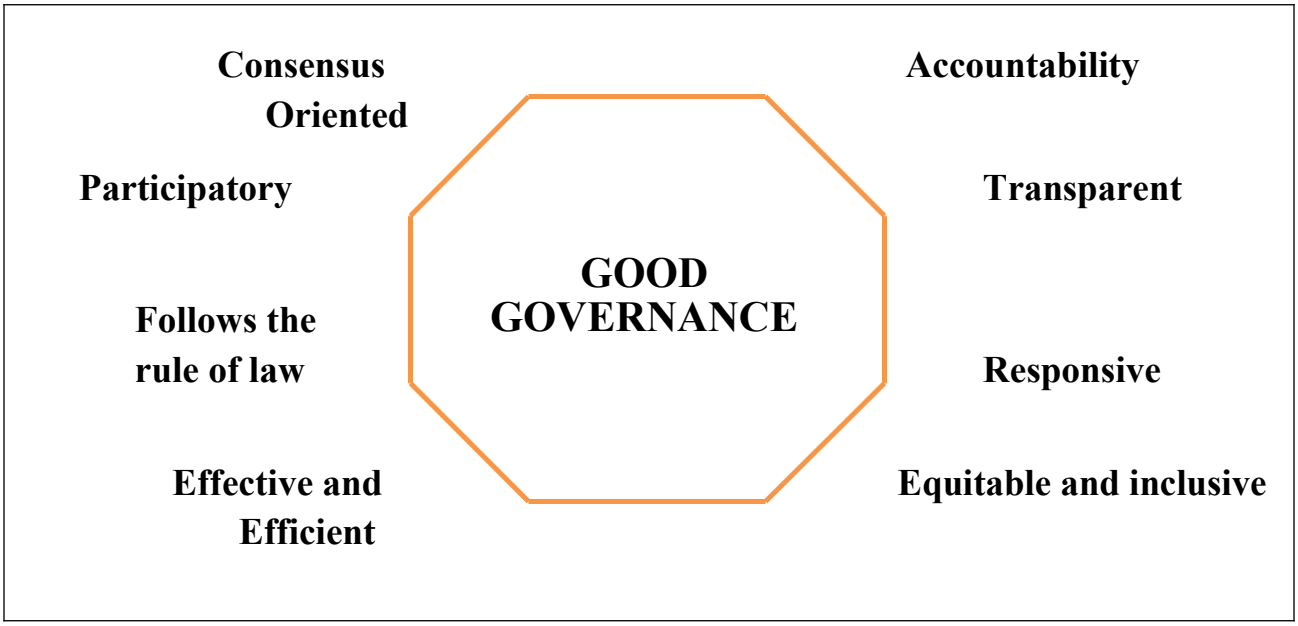
**Enabling Factor: Measurement of Performance**

Leaders who govern and the leaders who manage can use performance measures to evaluate, control, budget, motivate, promote, celebrate, learn and improve. However, no single performance measure is appropriate for all eight purposes. Table 3 presents an overview of how the different performance measures can serve different purposes.

The development of measurement systems helps establish a performance-based culture in the public sector. In the governance context, performance measurement also helps promote accountability. Performance measures help those who govern communicate better with the public, to build public trust. Improving accountability and increasing communications with the public have the potential to improve programs, there by leading to better outcomes.

| Purpose | Question that the Performance Measure can Help Answer | Type of Performance Measure Used |
|---|---|---|
| Evaluate | How well is my public agency performing? | Outcomes, combined with inputs and the effects of external factors |
| Control | How can I ensure that my managers are doing the right thing? | Inputs that can be regulated |
| Budget | On what program or projects should my agency spend the public's money? | Efficiency measures (outcomes or outputs divided by inputs) |
| Motivate | How can I motivate my managers, stakeholders, and citizens to do the things necessary to improve performance? | Outputs compared with targets |
| Promote | How can I convince superiors, legislators, stakeholders, journalists and citizens that my agency is doing a good job | Easily understood aspects of performance about which citizens really care |
| Celebrate | What accomplishments are worth of celebrating success? | Performance targets that, when achieved, provide people with a sense of personal and collective accomplishment |
| Learn | Why is something working or not working? | Disaggregated data that can reveal deviancies from expected |
| Improve | What exactly should one do differently to improve performance? | Relationships that connect changes in operations to changes in outputs and outcomes. |

**Table 3.5: How performance measurement can be used to improve governance in the public sector**




**Source: UNESCAP Model of Good Governance, 2006**

**Figure 3.10: Summary of good governance Characteristics**

| # | Shift from … | Shift to … |
|---|---|---|
| 1 | Labor-intensive 20th century governance | Technology-supported 21st century governance processes |
| 2 | Silo-like health ministry | Whole-of-society and whole-of-government governance |
| 3 | Central Ministry of Health control | Decentralized provincial and district health governing bodies |
| 4 | Governance as usual | Pursuit of efficiency and sustainability in health systems |
| 5 | Input-oriented governance | Results-orientation i.e. culture of measuring and reporting results |
| 6 | Arbitrary decision making processes | Transparent decision making processes |
| 7 | Intuition- and opinion-based governance | Evidence-based governance |
| 8 | Authoritarian decision making | Stakeholder engagement in governance decision making |
| 9 | Management-driven strategic planning | Stakeholder needs-driven strategic planning |
| 10 | Appointments to governing positions based on personal relationships | Competency-based appointments to governing positions |
| 11 | Static governance process | Continuous governance enhancement |
| 12 | Male-dominated governance | Women holding governance positions |

**Table 3.6: Governance shifts**

## Governance Structures, Laws, and Regulatory Policies of the national Health System

### The structure and function of the Health System Governance

According to the constitution of the nation, the national council of people's representatives is the supreme power the federal state. As part of the executive body/government, the Federal Ministry of Health (FMOH) over sees the health sector primarily at the level. In the same manner, regional health bureaus and Woreda health offices managing and directing health systems at the corresponding level are answerable to their respective regional and Woreda councils.

### Engendering situations in the Health System Governance

As part of the Government's Business Process Reengineering (BPR) – a fundamental rethink and radical redesign to increase performance outcomes, the FMOH has increasingly decentralized oversight and management of its public health system to the Regional Health Bureau (RHB) level. As a result, several new institutions like the new regulatory authority and public health institute are created. The government also undertook civil service reform to implement BPR in the health sector; establish customer-focused institutions; rapidly scale up health services; and enhance the quality of care.

Even though these regional and Woreda administrative bodies are autonomous in many ways, they would need to accept and interpret/implement national policies, strategies and plans originating from the national legislative body.

### Major functions of the Health System at Federal and Regional levels

Following the reform of the civil service, the nation was in the course of changes. As one among ministerial structures, the FMOE underwent the reform. Hence, streamlining of its structures and trimming down the number of civil service personnel took place and its redefined roles in the national health care system became limited almost to policy-making and regulation rather than implementation.

**Woreda Health Offices** are mandated to manage and coordinate the operation of primary health care services at the level. Besides, they are responsible for planning, financing, monitoring and evaluating of all health programs and service deliveries in the Woreda.

### Leadership, Management & Governance roles to foster efforts of the Health Development Army:

Refer the Federal Ministry of Health document on Health Development Army

## Unit II: Gender dimension in the health system

### Gender Equality

Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. It also means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

### Gender Equity

Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate

for the historical and social disadvantages of women.

**Practical Gender Needs**

Practical Gender Needs (PGNs) are identified by women within their socially defined roles, as a response to an immediate perceived necessity. PGNs usually relate to inadequacies in living conditions such as water provision, health care, employment and they do not challenge gender divisions of labor and women's subordinate position in society.

**Strategic Gender Interests**

Strategic Gender Interests (SGIs) are identified by women as a result of their subordinate social status, and tend to challenge gender divisions of labor power and control, and traditionally defined norms and roles. Although SGIs may vary in particular contexts, it generally includes issues like legal rights, domestic violence, equal wages and women's control over their bodies.

**Gender Analysis**

Gender analysis is a systematic way of looking at the different impacts of development, policies, programs and legislation on women and men that entails, first and foremost, collecting sex-disaggregated data and gender-sensitive information about the population concerned. Gender analysis can also include the examination of the multiple ways in which women and men, as social actors, engage in strategies to transform existing roles, relationships and processes in their own interest and in the interest of others.

**Gender Mainstreaming**

Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, such that inequality between men and women is not perpetuated

**Gender Mainstreaming**

**Programmatic (operational) gender mainstreaming** applies gender analysis methods to health problems to better understand how gender norms, roles & relations.

**Institutional gender mainstreaming** examines how organizations function: policy development & governance, agenda-setting, administrative functions & overall system-related issues. It includes organizational procedures & mechanisms such as staffing, functions or governance such as recruitment & staff benefits polices (e.g. establishing work-life balance; sex parity & gender balance in staffing; equal opportunities for upward mobility; & mechanisms for the equal participation of male and female staff in decision –making procedures).

**Gender mainstreaming for health sector is very significant for the following key reasons:**

It indicates how health problems affect women and men of all ages and groups differently;

It uses women's empowerment and women-specific conditions to address historic and current wrongs women and girls face;

It examines how gender norms, roles and relations influence male behavior and health outcomes and how these shapes the role of men in promoting gender equality;

It adopts a broad equity approach to look at issues of age, socioeconomic status , ethnic diversity, autonomy, empowerment, sexuality, etc. that may lead to inequities;

It provides an evidence to enable appropriate, effective and efficient health planning, policy making and service delivery.

It is essential for securing human rights and social justice for women as well as men in the health sector.

**Prerequisites for a successful gender mainstreaming in health sector are:**

Political will;

Gender equality policy framework or separate gender equality policies;

Structure and mechanisms to support gender issues and enforce commitments to gender equality( including "gender machinery");

Civil society engagement , along with gender expertise in civil society;

Availability of sex-disaggregated data;

Knowledge of gender relation and current research on gender quality;

Accounting and evaluation frameworks;

Necessary funds and human resources;

**Basic measures to mainstream gender in programs**

It advances women to reach their developmental potential since programs and policies will be analyzed from the perspectives of men and women.

It minimizes negative impacts by ensuring that needs and concerns are addressed

It ensures development programs and policies are people centered and sustain the effects of development.

Undertake gender needs analysis.

Establish attainable gender objectives, results and performance indicators.

Align resources both human and financial with objectives.

Ensure equal participation of both men and women.

Ensure the attainment of gender is measured through gender impact studies and evaluations.

**Gender Mainstreaming in an organization (Key consideration)**

Have a gender focal person.
Staff training
Formulate a gender policy
Mainstream gender in all programs
Gender sensitive budget
Sharing of decision positions between men and women
Maintain gender balance in staffing
Have mechanisms to address gender biases.
Gender disaggregated data.
Invite gender experts in project management.

## Gender-Neutral, Gender-Sensitive and Gender Transformative

The primary objective behind gender mainstreaming is to design and implement development projects, programs and policies that:

Do not reinforce existing gender inequalities (Gender Neutral)
Attempt to redress existing gender inequalities (Gender Sensitive)

Attempt to re-define women and men's gender roles and relations (Gender Positive/ Transformative)

The degree of integration of a gender perspective in any given project can be seen as a continuum

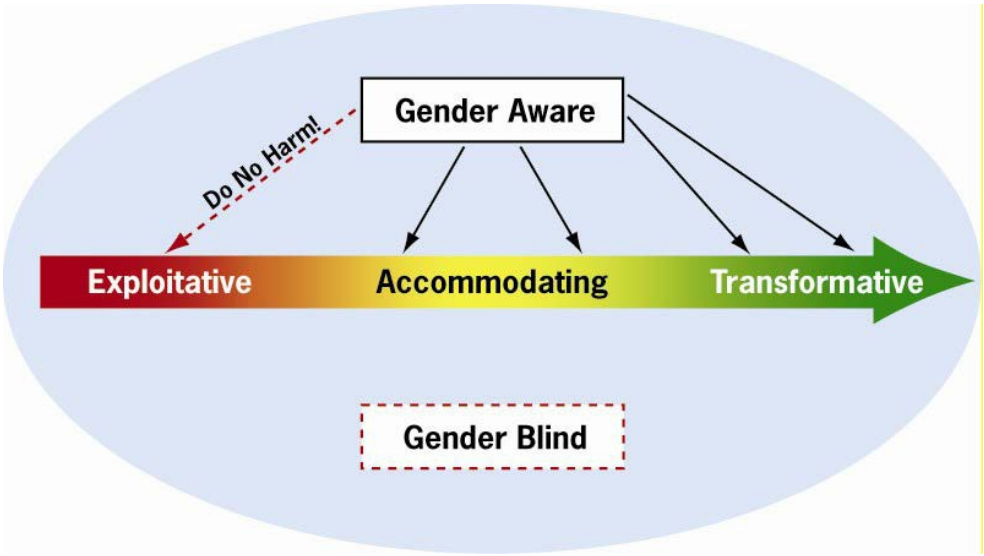



**Figure 3.11: Gender integration continuum/scale**

*Source: A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action. 2nd Edition. August 2009. USAID and IGWG*

| Gender Negative | Gender Neutral | Gender Sensitive | Gender Positive | Gender Transformative |
|---|---|---|---|---|
| Gender inequalities are reinforced to achieve desired development outcomes<br>Uses gender norms, roles and stereotypes that reinforce gender inequalities | Gender is not considered relevant to development outcome<br>Gender norms, roles and relations are not affected (worsened or improved) | Gender is a means to reach set development goals<br>Addressing, gender norms, roles and access to resources in so far as needed to reach project goals | Gender is central to achieving positive development outcomes<br>Changing gender norms, roles and access to resources a key component of project outcomes | Gender is central to promoting gender equality and achieving positive development outcomes<br>Transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment |

**Table 3.7 Gender-responsiveness Spectrum**

# Module Four: Resource Management for Health

**Duration: 4:55 hrs.**

## Module Description:

**Module Outline**

4.1 Human Resource Management for Health
4.2 Health Care Financing and Financial Management
4.3 Logistics and Pharmaceutical Management
4.4 Management of Health Information
4.5 Managing Time and Space
4.6 Managing Physical Infrastructures

**Module Description:** This module is designed to introduce the basic concepts about human resource management & regulations, health care financing, techniques of logistics management, health information systems and time, space, physical infrastructures management in light of Leadership Management Governance (LMG)

## Enabling Objectives

**At the end of this module participants will be able to:**

- Validate priority areas for improving management of human resource for health
- Analyze how strategic HRH planning is linked to the organizational mission, vision, and strategic priorities
- Comply with the principles underlying Caring, Compassionate, and Respectful health professionals in the delivery of health services.
- Describe health professional regulation systems of Ethiopia.
- Monitor health care financing schemes and financial management
- Outline the application of major techniques of managing logistics and pharmaceuticals
- Apply effective ways of acquiring, maintaining and utilizing health information
- Describe the appropriate ways of managing time and space at the work set up
- Apply the proper ways of handling the physical infrastructures

**Outline**:

4.1. Management of human resource for health
4.2. Health care financing & financial management
4.3. Logistics and pharmaceutical management
4.4. Management of health information
4.5. Managing time and space
4.6. Management of physical infrastructures

## 4.1. Management of Human Resource for Health

Introduction to Human Resource Management

**Activity 1**
**Duration: 15 minutes**
**Group discussion**
Discuss in your team, the human resource functions and its structural arrangement of your organization and major areas for improvement. From your professional experience discuss how human resource planning performed.

### 4.1.1. Basic Concepts of Human Resource Management

**Human resource**: people who work in an organization.

**Human resource for health**: "all people engaged in actions whose primary intent is to enhance health" (WHO, 2006).

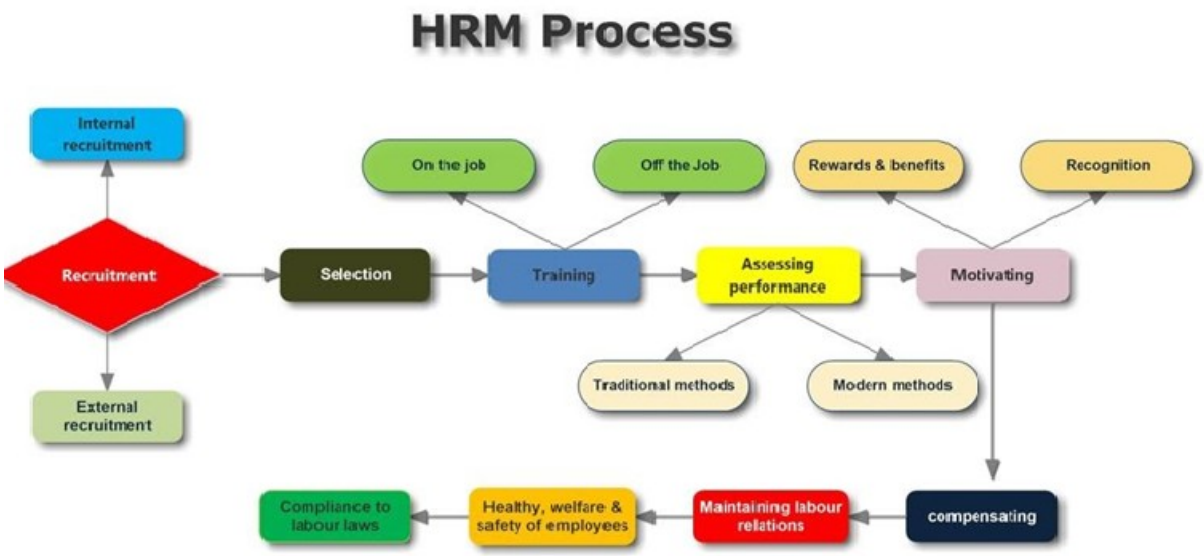
According to this definition, the human resource for health includes public and private sector nurses, doctors, midwives, pharmacists, technicians and other personnel. The list also includes untrained and informal sector health workers, such as practitioners of traditional medicine, community health workers and volunteers.

Persons involved in an organization are referred as human resource. Simply, the overall management of such personnel in an organization is called human resource management (HRM).

**Human Resource Management (HRM)**

- An organizational function that effectively uses and manages the working force.
- A proactive acquisition, retention, and development of human resources necessary for organizational success.
- Addresses an organization's or health system's need (with the right number, with the right skills, in the right locations, the right time and with right cost) for a competent and stable workforce capable of achieving set organizational goals.
- Responsible to create and maintain a self-envisioned, trained, motivated and competent workforce, HR management must also address the needs of employees.

The key functions of HRM include: human resource planning, recruitment, selection, performance appraisal and management, compensation, training and development, health and safety and other related activities such as benefits, employee relations and labor relations.




## 4.1.2. Human resource planning

Human resource planning involves forecasting human resource needs for an organization and planning the necessary steps to meet these needs. It is comprehensive, attempting to ensure organizations have the right 'fit': the right number of people, with the right skills, at the right time and at the right cost. HR managers need to employ a systematic process which includes labor demand forecasting, labor supply analysis and balancing supply and demand. Failure to do this accurately will result in subsequent staffing problems which will affect organizational effectiveness and success the HR planning process begins with considering the organizational objectives and strategies. Then both external and internal assessments of human resource needs and supply sources must be done and forecasts/plan developed. Key to assessing internal human resources is having solid information, which is accessible through a human resource information system (HRIS). Once the assessments are complete, forecasts must be developed to identify the mismatch between HR supply and HR demand. HR strategies and plans to address the imbalance, both short and long term, must be developed.

**Estimating requirement of Human Resource for Health**

Human Resource Planning includes the estimation of numbers and categories of personnel required both in the immediate and long-term and the allocation of resources to train and pay these staff.

**There are four methods used in calculating health personnel requirements:**

**Health needs approach**

The approach is based on assessments by experts of the future health needs of a population that is based on demographic and epidemiological forecasts. This approach is difficult to operationalize and would require extensive research.

**Health care demands or utilization method**

This is the common method employed by ministry of health. The health staff requirement is estimated by taking into account the effective demand i.e. utilization of services.

**Human resource to population ratios**

This is done based on desired empirical or normative population to health worker ratios. The problem with this approach is that it does not take into account socio- economic realities. The ratios have little meaning if health personnel are mal distributed.

**Service targets**

The most recommended approach which involves the setting up of specific health service targets and then assesses the human power requirement by taking into account priorities, health wants, technical and financial feasibility of providing the services.

#### The Ethiopian plan of Human Resource Development for Health

Health Sector is one of the labour-intensive sectors heavily relying upon the availability of adequate skilled human power. The Ministry of Health has prepared the Health Sector Human Resource Development Plan to address human resource problems of absolute shortage, misdistribution and low productivity.

The major objective of the human resource development component of HSTP is to train and supply relevant and qualified health workers of different categories governed by professional ethics. Ethiopia has major HRH management challenges including shortage, urban/rural and regional disparities, poor motivation, retention and performance. Human resource management is sub optimal as modern HRM concepts and practices are lacking and HR functions are generally limited to traditional personnel administration tasks. Due to limited efforts to modernize HR functions as a strategic resource in the health sector, there is limited investment into HRM capacity development as evidenced by limited technical skills and experience of existing HR staff in HRM and leadership, inadequate HR structure and staffing at all levels, limited capacity and practices in strategic and operational HR planning and budgeting. Human resources information system (HRIS) is not fully functional to support HR planning and development, supportive supervision, performance monitoring and improvement. There are also major gaps in performance management and accountability where strong system and practices are required to link performance planning/goal setting with monitoring and improvement and regular performance appraisal, rewards/sanctions and professional development needs.

The government also endorses Caring, Respectful and Compassionate health professionals as a major transformation agenda with the following principles and essential characteristics.

Consider patients as human beings with complex psychological, social and economic needs and provide person-centered care with empathy

Effective communication with health care teams, interactions with patients and other health professionals over time and across settings;

Respect for and facilitation of patients' and families' participation in decisions and care; and

Take pride in the health profession they are in and get satisfaction by serving the people and the country.

## 4.1.3. Talent acquisition /recruitment and selection

### Duration Time: 20 minutes

It is the process for searching prospective employees and stimulating them for job in our organization.

It deals with:

a. Identification of existing source of applicants.
b. Creation or identification of new source of applicants.
c. Stimulating and attracting the candidate to apply for jobs in organization.
d. Make a balance between internal and external sources.

Human resource strategic selection strategic plans should be aligned to the strategic organizational and to the strategic human resource management plan. Job analysis and human resource planning is the base for human resource selection.

There are a number of positive consequences associated with good planning of the selection process as well as making right selection decisions.

The following are among the benefits of choosing the right person.

- ✓ Customers will receive the right quality service within the right time and get satisfied and

delighted.

- ✓ Fellow workers will receive a cooperative and compatible service and satisfied and delighted to work with
- ✓ Fellow workers will be happy to work and stay at their organization
- ✓ Superiors (supervisors) will be satisfied and delighted to work with here will be cooperation and harmony among workers which will result in positive synergy. Therefore, there must be valid, reliable testing methods for the selection process.

### 4.1.4. Job Description and Induction

***Group work***
***Time 15 min***
***Identify areas that you feel are important to improve? Share your team consensus points***
***Reflect your experience when you arrived at your work place for the first time; what the organization/supervisor has done for you with regard to the work environment.***
***Have you faced any challenge? How did you resolve it?***
***Present to the plenary***

**Job Descriptions:**

An undertaking which defines what employees are expected to do and how they should be prepared for their job, are necessary so that both employees and their supervisors can be held accountable for performance. This is necessary for performance management, review and appraisal. Job Description is an organized factual statement of the duties and responsibilities of a specific job. It should tell what is to ***be done, how it is done and why.***

*Every employee should be provided with a job description that has*

- Job title

- Organizational location of the job
- Supervision given and received
- Materials, tools, machinery and equipment worked with
- Designation of the immediate superiors and subordinates
- Salary levels: Pay, DA, other allowances, bonus, incentive wage, method of payment, hours of work, shift, break etc.

**Job induction and orientation**

**Job induction** is the process of introducing a new comer to her/his employer/company and work environment welcoming new staff into their role within the organization. While induction and orientation are sometimes used interchangeably, there are distinct differences between the two concepts that can impact new staff management. The induction process is shorter and onsite.

***Job orientation*** is familiarization of a health worker to the new working environment. This is necessary from the understanding that performing one's duties depend on getting trained and acquainted with the tradition and experiences of the setting.

Each worker should be informed on the norms and standards expected of him or her on carrying out a task.

Orientation serves the following purposes

I) Removes fears:

Induction/orientation helps a new employee overcome such fears of:

(a) The job, its content, policies, rules and regulations.

(b) The people with whom he is supposed to interact. .

(c) The terms and conditions of employment.

ii) Creates a good impression: it makes the newcomer feel at home and develop a sense of pride in the organization. It helps her/him to:

(a) Adjust and adapt to new demands of the job.

(b) Get along with people.

(c) Get off to a good start.

iii) Act as a valuable source of information.

## 4.1.5: Performance appraisal and management

Duration Time: 25 minutes

Performance Appraisal is a formal system of periodic review and evaluation of an individual's job performance. It also involves communicating to an employee how he or she is performing the job.

**Performance**: It is the degree of accomplishment of the tasks that make-up an individual's job. It is a result of three elements:

- **Effort**: Refers to the amount of energy (physical and/or mental) used by an individual in performing a task.
- **Abilities**: Personal characteristics used in performing the task (skills, knowledge, behavior, attitude, etc.)
- **Role perception**: refer to the direction(s) in which individuals believe they should channel their efforts on their jobs. I.e. their own way of understanding their job.

Beyond these factors, other environmental factors may have an indirect impact on performance level. Such factors may include lack of time, inadequate work facilities, equipment, restrictive policies, lack of cooperation from other, type of supervision, etc.

**Uses of Performance Appraisal**

- To create and maintain a satisfactory level of performance
- To identify employees' needs for training and thus contribute to their growth and development
- To facilitate fair and equitable compensations based on performance
- To facilitate selection test validation, i.e., employees rating on performance evaluation may be used as the variables against which test score are measured.
- It provides essential data for assessing employees' potential for promotion and also for making administrative decision relating to salary increment, terminations, demotions etc.
- It helps in encouraging performance among employees.

  Result of performance appraisal is communicated to indicate how they're doing and suggesting needed changes in behavior, attitude, skills or knowledge. It gives clear indication of what is expected of employees.

**The Performance Appraisal Process**

a. **Establishing Performance Standards:** established based on job description and specification. The standard should be clear and incorporate all factors.
b. **Communicating standards to employees**
c. **Measuring actual employees' performance:** through observation, interview, records, and reports.
d. **Evaluating factors affecting performance:** internal and external factors that may have an effect on performance such as inadequate work facilities, equipment, restrictive policies, lack of cooperation from others, type of supervision, working conditions, etc.
e. **Comparison of actual performance with set standards:** Comparing actual with standards set and find any deviation.
f. **Discussing the appraisal with the employee:** presenting accurate appraisal to the employee and have the person accept the appraisal in a constructive manner.

   **Initiating necessary corrective actions:** This includes guiding, counseling, coaching and directing the employee or making arrangements for training and development of the employee in order to ensure improved performance. It could also involve making suggestions for some changes to be made in the standard, job analysis, or other internal or external factors to facilitate effective performance of employees.

Performance management focuses on future performance planning and improvement rather than on retrospective performance appraisal. It functions as a continuous and evolutionary process, in which performance improves over time. It provides the basis for regular and frequent dialogues between managers and individuals about performance and development needs. It is mainly concerned with individual performance but it can also be applied to teams. The emphasis is on development, although performance management is an important part of the reward system through the provision of feedback and recognition and the identification of opportunities for growth. It may be associated with performance or contribution-related pay, but its developmental aspects are much more important.

## 4.1.6. Training and Development

***Duration:***

***Group exercise***

*Discuss your experience about your organizations training and development activities? continuing professional development (CPD) implementation and its practical challenges in your organization?*

*Write your responses on a flip chart and present it to the plenary*

*Time 5 min*

***Continuing professional development (CPD)***

It is an organized learning experience taking place in a definite time, to increase the possibility of improving job performance and growth.

Continuous Professional Development is all activities health professionals undertake formally to maintain, update and develop their Knowledge, skills and attitude in response to the health service needs of the public.

The major goals of Continuous Professional Development are ensuring quality health service by

Competent health professionals and linking the Continuous Professional Development with License

Renewal so that no Health professional shall be relicensed without fulfilling the required CEU (Continuous Educational Unit).

**CPD activities include:**

- Face to face training
- E-learning (online or offline)
- Publications and Attending scientific conferences;
- Moderating panel discussion.
- Structured health Education(HE) session
- Case reports
- Educational visit.
- Knowledge sharing.

**Modalities of CPD**

The training courses should encompass integrated practical and theoretical components to enhance the quality

of health services. They can be delivered in the form of live, electronic or blended programs.

- **Live programs**: A group of learners interacts with each other and a facilitator face to face. Live programs
  can be conducted on-site or off-site.
- **Electronic Courses:** In this case, training is provided to health workers through electronic media like
  the internet and memory disk. Such programs can entertain interaction with the trainer and other trainees
  through the internet using various programs including video conferencing. In self-paced programs, the

learner works on his/her own pace without interacting directly with a facilitator. Educational materials downloaded from the internet and memory disk can be used for self-paced electronic
learning.

- **Blended courses:** are a mix of both electronic/self-directed and live/group-based learning. First, the
learner will study the educational materials downloaded from the internet or the memory disk. Then
face to face live program will be set up in the presence of a qualified facilitator to ensure the transfer
of relevant knowledge, skills, and attitude. It is recommended that training is delivered electronically
or in blended form, whenever possible, as they are more cost-effective and in order not to significantly
interfere with the health care delivery in health institutions.

It is an organized learning experience taking place in a definite time, to increase the possibility of improving job performance and growth.

**The health management teams are responsible for:**

- Ensuring that Health professionals have allocated and protected time and opportunities to
Participate in CPD activities.
- Integrating the CPD program in the annual performance appraisal of health professionals
- Undertake continuing professional development need assessment for their health workers and, where appropriate, support the professionals accordingly.

They also must conduct a survey/situation analysis of continuing education needs for various health workers at different levels to find out the performance gaps/differences among each cadre and priorities the needs accordingly. It is the responsibility of the health management team to ensure that plans for continuing education for various health cadres are done both on a long term and short-term basis. A human resource training profile for various health workers at the facility level must be maintained and regularly updated.

**Importance of training and development.**

- Individual – help employees in achieving their personal goals, which in turn, enhances the individual contribution to an organization.
- Organizational – assist the organization with its primary objective by bringing individual effectiveness.
- Functional – maintain the department's contribution at a level suitable to the organization's needs.
- Societal – ensure that an organization is ethically and socially responsible to the needs and challenges of the society.

In the context of health management system, it is a set of activities designed to improve the effectiveness, quality and efficiency of health personnel's action in the delivery of health care. In continuing education to health workers variety of methods like: meeting , supportive supervision, workshops, seminars, and online and face-to- face CPD

activities can be used.

**Necessary conditions to establish Continuing education**

- It is the responsibility of the health management team to ensure that plans for continuing education for various health cadres are done both on a long term and short-term basis.
- A human resource training profile for various health workers in the federal, regional/ or Woreda's must be maintained and regularly updated.
- The health management team must conduct a survey/situation analysis of continuing education needs for various health workers at different levels to find out the performance gaps among each cadre and prioritise the needs accordingly.

**Merits of continuing education:**

- Share and exchange experience with colleagues
- Avoid professional decay and continuing ignorance
- Motivate health workers

Improve performance efficiency and proficiency

The steps in the human resource planning process are shown in Figure 4.1 of the handout section. Notice that the

### 4.1.7. Motivating employees

*Group work*

*Time 15 min*

*As a health sector manager, share techniques that you have applied to motivate your employees.*

*What do you recommend to reduce staff turnover and improve satisfaction in your organization?*

*Present your findings to the plenary.*

**Motivational theories**

**1. Maslow's Theory of Hierarchical Needs**

People have hierarchical needs. When a need is relatively fulfilled, another emerges in a predictable sequence.

**2. Relevance of Maslow's Theory for managers**

- The emergence of needs beyond physical and safety needs are unpredictable.
- A fulfilled need does not motivate an individual.
- Effective managers can anticipate emerging needs based on individual need profiles and provide opportunities for fulfillment.
- The esteem level of needs manageable by provision of satisfactory job environment and explicit recognitions of work is the greatest opportunity to motivate workers for better performance.

**1. Herzberg's Two-Factor Theory**

A theory of motivation based on job satisfaction.

A satisfied employee is motivated from within to work harder.

A dissatisfied worker is not self-motivated to work.

**2. Implications of Herzberg's Theory**

Satisfaction is not the opposite of dissatisfaction.

There is a need to think carefully about what motivates employees.

Meaningful, interesting, and challenging (enriched) work is needed to satisfy and motivate employees.

*Note that one person's dissatisfied can be another person's satisfier.*

**3. Vroom's Expectancy Theory**

A model that assumes motivational strength is determined by perceived probabilities of success.

**Expectancy:** one's subjective belief or expectation that one thing will lead to another. One's motivational strength increases as one's perceived effort-performance and performance-reward probabilities increase the likelihood of obtaining a valued reward.

**4. Relevance of Expectancy Theory to managers**

Employee expectations can be influenced by managerial actions and organizational experience.

Training increases employee confidence in their efforts to perform.

Listening provides managers with insights into employees' perceived performance- reward probabilities.

The developed ability to effectively set goals can be transferred readily to any performance environments.

**Factors promoting staff motivation**

**Environment**: make the working situation conducive to work

**Achievement**: assist/coach the staff to achieve work objectives

**Recognition**: recognize and praise good work performance duly

**The work itself**: explain the value of good work to the staff

**Responsibility**: help the staff to take responsibility

**Advancement**: help the staff to get ready for promotion

**Self-improvement**: provide the staff with opportunities of personal development through training

**Arrange salary, fringe benefits and favorable working conditions** in a way it would serve as important motivating factors for the work force

## 4.1.8. Health and Safety

***Individual reflection***

***Time 15 min***

Does your organization have health and safety policies? Are senior managers committed to health and safety?

**Ethiopian labor proclamation 377/2003 article 98 sub article 1 defines occupational Disease** as any pathological condition whether caused by physical, chemical or biological agents which rise as consequence of:

The type of work performance by the worker or

The surrounding in which the worker is obliged to work during a certain period prior to the date in which the disease becomes evident.

The achievement of the highest standards of health and safety in the workplace is important because the elimination, or at least minimization, of health and safety hazards and risks is the moral as well as the legal responsibility of employers. Close and continuous attention to health and safety is important because ill-health and injuries inflicted by the system of work or working conditions cause suffering and loss to individuals and their dependents. In addition, accidents and absences through ill-health or injuries result in losses and damage for the organization.

The biggest emerging health problem is stress, there are four main reasons why organizations should take account of stress:

1. They have the social responsibility to provide a good quality of working life.
2. Excessive stress causes illness.
3. Stress can result in inability to cope with the demands of the job, which, of course, creates more stress.
4. Excessive stress can reduce employee effectiveness and organizational performance.

The ways in which stress can be managed and prevented by an organization include:

- *Job design* – clarifying roles, reducing the danger of role ambiguity and conflict and giving people more autonomy within a defined structure to manage their responsibilities;
- *Senior management commitment* – stress interventions are unlikely to be implemented successfully without the long-term commitment of management.
- *Participative approach* – involving employees from all levels of the organization.
- *Risk assessment and task analysis* – an appraisal of work activities should enable an employer to recognize stress hazards before interventions are designed.
- *Work-related and worker-related prevention and management* – interventions should be designed to tackle the causes of stress emanating from the work environment and support individuals who are not protected by the first set of interventions, or who are subject to special stressors.
- ***Work–life balance policies*** which take account of the pressures on employees who have responsibilities as parents, partners or careers, and which can include such provisions as special leave and flexible working hours. In general summary the function of HRM can be explained in the diagram

### 4.1.8. Health professional regulation systems

Duration Time: 40 minutes

*Activity 1*
*Duration: 15 minutes*
*Group discussion: Describe and discuss the basic concepts of Health professional regulation.*

**Basic concepts about Health professional regulation systems.**

Health care regulation is now receiving much more attention in many developing countries and becomes one of the critical functions for ministries of health to guarantee the efficiency, quality and equity of health care and protect individuals and society from any undesirable outcomes related to the health system. Ultimately the aims of a regulatory system, is to promote good practice, prevent poor practice and intervene when unacceptable practice takes place. The credentialing mechanisms—licensure/registration, certification and accreditation-are among the most frequently used quality assurance tools in health care and serve as valuable instruments in the broader function of health care regulation.

Licensure is a process by which a governmental authority grants permission to an individual practitioner or Licensure health care organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensure to individuals is usually granted after some form of examination or proof of education and may be renewed periodically through payment of a fee and/or proof of continuing education or professional competence.

Competence encompasses knowledge, skills and abilities. It is gained in the healthcare professions through pre-service education, in-service training and work experience. Competence is a major determinant of provider performance as represented by performance with various clinical, non-clinical, and interpersonal standards. Measuring competence is essential for determining the ability and readiness of health workers to provide quality services. Although competence is a precursor to doing the job right, measuring performance periodically is also crucial to determine whether providers are using their competence on the job.

Ministry of health has a responsibility to **protect the public** from incompetent, unsafe practitioners and promote quality health care by ensuring that only qualified individuals receive a license to practice in the health sector by using standardize competency assessment tool.

**Main activities of Health professional regulations system are:**

1. Conducting periodic task analysis study
2. Create conducive environment for competency assessment Mechanism (item development, exam administrations)
3. Ensure robust health professional registration, certification, accreditation, licensing and re-licensing procedures across the nations.
4. Improve Health professional regulation system periodically based on the research findings.
5. Provide strong feedback to higher education institutions and other related stakeholders, based on their performance.

## Summary

The goal of Human Resource Development is:

- Improve organizational performance by maximizing the efficiency and performance of its employees.
- Establish effective CPD/training programs and other interventions that develop the knowledge, skills and attitudes of the health workforce
- Encourage succession planning

Motivating employees stimulate the desire and energy in employees to be continuously interested in a job and committed it, role, or subject, and to exert persistent effort in attaining a goal. The most important motivating factors for employees are to have a healthy and good working environment, to have good monitory benefits, compensation and rewards, to have encouragement and support from management and to have a chance of professional growth and raise.

Human Resource Management involves management functions like planning, organizing, directing and controlling

- It involves procurement, development, maintenance of human resource
- It helps to achieve individual, organizational and social objectives
- Human Resource Management is a multidisciplinary subject. It includes the study of management, psychology, communication, economics and sociology.
- It involves team spirit and team work.
- It is a continuous process.

## **4.2.** Health care financing & financial management

## 4.2.1. Health care financing in Ethiopia

***Activity 1***
***Duration: 15 minutes***
***Group exercise***
*In your experiences within the health sector, remember a time when you were told to cancel an important health care activity that was initially approved in your plan. What was the reason you were told? Have you attempted to mobilize resources within your organization or outside to fill in the gap? How was the outcome?*

*In your team, discuss challenges and opportunities in health care financing?*

**Health Care Financing**

A mechanism, by which financial resources/money is mobilized, allocated and utilized to fund the health sector activities.

Deals with mobilization, allocation, and utilization of funds for health care to cover the health needs of the people and for specific types of health care services.

- Is concerned with the whole process of health care financing: where the money comes from; how it is collected; how it is pooled; and how it is used to pay health service providers

Health care financing reform, similarly, is an alternative arrangement for mobilizing, collecting, paying and managing health resources in order to increase efficiency, promote equity and improve access and quality of health services.

### 4.2.1. Health Care Financing in Ethiopia

***The main elements of Health care financing include:***

*Raising sufficient revenue in a sustainable manner*
*Pooling risk equitably and efficiently*
*Purchasing health services to cover the health needs of the community*

Lack of sufficient funds has been one of the most critically limiting factors to improve access and quality of the health care system in Ethiopia. To alleviate the persistent under-financing of the health sector and mobilize sufficient amount of resources, the Federal Ministry of Health of Ethiopia has been implementing the Health Care and Financing Strategy since its development in 1998.

Allowing health facilities to retain and utilize fees, rationalizing, and systematizing rules for fee waivers and exemption; taking steps to revise user fees and reforms on facility governance are among the specific strategies of the Health Care Financing.

***The main objectives of the health care financing strategy include:***

*Mobilization of increased resources to the health sector*
*Promoting efficient allocation*
*Effective expenditure management for allocative equity*
*Efficient utilization of available health resources*
*Promoting and strengthening sustainable health care financing*

**Major questions to be addressed on health care financing:**

What services should be produced to achieve health goals?
How much do they cost?
Who gets what?
Who pays?

*A health financing should aim to utilize local potentials and consider and include all private and public service providers and resources.*

**Basic principles of resource mobilization:**

**Strive for sufficiency:** Make every possible effort in raising enough revenues to meet the gaps in health financing

**Focus on technical efficiency:** Align to priorities & doing first things right

**Ensure Equity**

**Transparent management of resources:** Make use of modern management methods,

**Effective expenditure**: Manage, Financial Control and Auditing

**One Budget**

Every cost center (federal, regional, zonal, Woreda, facility) should know about all financial and non-financial resources allocated and spent in each health sector. Ideally, the money should be in one, pooled health account.

One budget means bringing together all the sources of money each received into one document (and ideally even into one, pooled account). This is a vital management tool - planning and setting priorities cannot be done properly without this.

### 4.2.2. Health Care Financing Reform in Ethiopia

***Activity 1***
***Duration: 20 minutes***
***Group exercise***

*As a health manager, you are in a position to make decisions on revenues generated by health facilities. You delayed your decision because you feel that you need more information about the targeting criteria for fee waiver and exemption services and incomplete income reports received from private wings.*

*Discuss how you leverage information about the qualification for exemption?*
*Which services/conditions qualify someone for exemption?*
*How you plan to improve management of the private wing in your setting? In your team discuss:*
*The practical challenges in managing revenues generated within the health sector. And propose possible strategies to overcome the challenges?*
*Make brief presentations to the plenary*

**Facility Governance, revenue retention and utilization**

The health care financing reform strategy shall be implemented at all levels of the health system which includes Federal, Regional and Woreda health management and facility levels. At facility level,

Each Hospital shall be administered by Hospital Management Board that has legal personality and accountable to the Bureau/Zone Health Desk according to the level of the hospital.

Each Health center shall be administered by a Management Committee established from the Health Center's departments and chaired by the Health Center Head (Overseen by basic Health Service Management Committee/in Amhara/). The Health Center's Management Committee is accountable to the Woreda Health Office

**Role of RHBs in facility governance**

Ensure block budget provision to hospitals
Provide technical assistance in setting proper system for operation
Create an enabling environment for hospitals to obtain the necessary manpower, material and finances
Nominate board members

Approve short, medium and long term plans and budget of the hospital
Hires general manager and approves employment and promotion of department heads
Hire required employees and fire those found unfit
Determine responsibility and duty allowances
Determine non-clinical services to be outsourced
Set standards and follow operation of private wing

Details of implementations are indicated in the Health Care Financing Manual of Federal Ministry of Health.

**Revenue Retention and Utilization**

Revenue retention is one of the components of the health care and financing reform for increasing the provision of quality health services in Ethiopia.

**Sources of Facility Revenue and collection mechanism:**

Block budget appropriated by the government

Fees collected from health care and diagnostic services as well as beds and other services related to medical treatment;

Sale of drugs and medical supplies

Revenue collected from third parties in connection with waiver and health insurance schemes

Fees collected from consultancy, trainings and research activities

Income from non-medical services and goods such as lease of facilities and other similar activities

Direct aid in cash and in kind obtained from domestic and outside sources

Other similar revenue sources

**User fee setting and revision**

One of the key guiding principles of the health care and financing strategy is that health services at government health facilities will be based on a ***cost-sharing principle***. As a result, setting health service fee became the responsibility of the regional government, i.e., the bureau of health/regional council.

The health facility management can initiate the proposal for user fee revision and submit the proposal to the health bureau through the Hospital management board and Health centers through the Health Offices.

The respective RHB shall examine the user fee proposal in terms of the ***ability*** and ***willingness of users to pay***; the intended purpose for the revision; and submits to the regional cabinet for ratification. User fees may be revised every of five years based on careful assessment of the response to changes in fees.

## Health Insurance

Formal arrangements where insured persons are protected from the cost of medical services are covered by the insurance plan.

A lawful provision relieving the public from the unforeseen medical bills that would otherwise be a burden on the hard earned savings.

**Rationale for health insurance:**

Elimination of catastrophic health expenditure,
Improves utilization of health services
Creates risk pooling b/n different income groups.
Improves the quality of healthcare services.
Ensures equity in health care provision.
Strengthen community participation in the management of health services.
It provides additional source of funds to the health sector.
Cost sharing

**Types of Insurance**

**i. Social Health Insurance**:

A mandatory, non-for- profit health insurance program for formal sector employees financed by earmarked payroll/pension contributions both from employees and employers.
Funded by Government & operated through Ministry of Health.
Provide Universal coverage.

**Community Based Health Insurance:**

Voluntary health insurance schemes organized at the level of the community
Communities finance or co-finance the costs of health services they benefit.

**Voluntary Health Insurance:**

Unlike social health insurance, voluntary systems do not rely as much on local or national social solidarity and stable formal labor markets.

### 4.2.3. Financial Management

***Activity 1***
***Duration: 20 minutes***
***Group Exercise***

*Share to a person next to you any experience you had regarding financial documents you submitted after a field trip. The document returned back to you because of inadequate accounting documentation/s and budget coding. How did you respond to? What lesson you learned after wards?*
*In your team discuss the accounting procedures and the accounting cycle taking place in your work place. How do you often use financial data to make evidence based decisions? Report your discussion points to the plenary*

**Financial Management**

Financial management could be defined as the planning, directing, monitoring, organizing and controlling of the financial resources of health facilities to ensure regular and adequate supply of funds to provide health services and optimum utilization of resources.

The purpose of financial management is to assure adequate funding for all health care services in the nation, provided they are shown to be necessary, effective, and economical.

**Basic accounting procedures and cycle in the health system**

Managers within the sector have to ensure that deferent units of the health sector are following and implementing proper financial management system. Revenue collection, utilization and reporting systems should align with government financial management following modified government cash base accounting system.

### 4.2.4. Financial Audit in the Health Sector

***Activity 1***
***Duration: 20 minutes***
***Group exercise***
*In your team discuss any of your experiences applying audit recommendation to improve your department's financial management. How was it important to work closely with your finance team?*
*In contrast: as sometimes happened; any experience you have a finding unattended between two audit periods. Why it was not improved after the first audit? How did you manage to improve it later?*
*Report your experiences to the plenary*

An audit is the examination of the financial report of an organization - as presented in the annual report - by someone independent of that organization. The financial report includes a balance sheet, an income statement, a statement of changes in equity, a cash flow statement, and notes comprising a summary of significant accounting policies and other explanatory notes.

When examining the financial report, auditors must follow auditing standards which are set by a government body, usually ministries of finance or audit commissions. Once auditors have completed their work, they write an audit report, explaining what they have done and giving an opinion drawn from their work.

Auditing is required because it helps in improving internal controls in an organization and therefore helping an organization meet its objectives. For the case of a public sector organization like MOH, an external audit is compulsory, as this takes care of any foul play taking place through the interference of management or workers in the public company. It is also considered that an auditor from outside will carry out the work professionally and impartially.
Auditing is only important and useful for stakeholders that have an interest in public organizations. Stakeholders require an assurance on management behaviors and assertions that they make in financial reports. This is the primary function of external auditors; that's to provide credibility to the financial information that stakeholders need to make sound decisions. Stakeholders do not need every type of information; they specifically need error free reliable information.

Leaders and managers are usually expected to work with their teams in planning, implementing and following up of audit recommendations. They are expected to be so pragmatic, not defensive for specific and objective audit findings, as they are instrumental to improve performances of their organization, departments, directorates they lead and manage.

## 4.3. Logistics and Pharmaceutical Management

### 4.3.1. Introduction to Logistics and Pharmaceutical Management

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Have you ever encountered any problem with supply chain management in your organization? Identify specific intervention areas that could be manageable at your level. Share your responses to the plenary.*

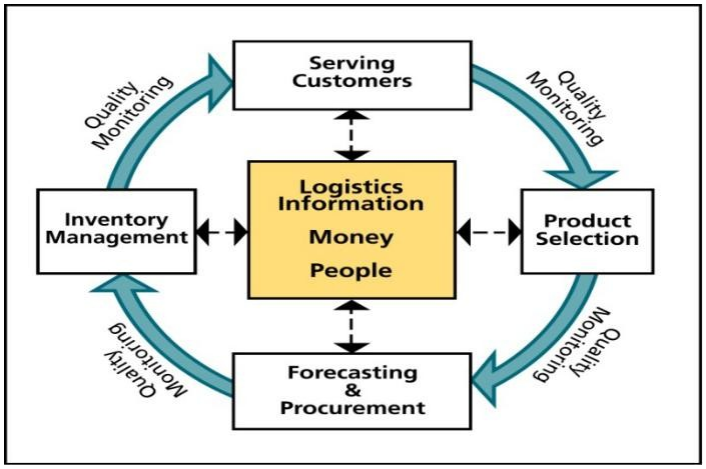
**Pharmaceutical Logistics System** is a system of selecting, quantifying, supply-planning, ordering/procuring and distributing products from one level to another and for collecting information according to schedule.

Different products are being managed through different systems. But, according to the Proclamation to establish FMOH Pharmaceutical Fund and Supply Agency (PFSA), in the future, all pharmaceutical products will be managed under an Integrated Pharmaceutical Logistics System (IPLS).

**Types of Logistics Systems**

**I. Allocation or "Push" System:** is a logistics system that the higher-level decides what, when and how much of each pharmaceuticals move down through the system. Quantities to be issued are determined by the authority issuing the supplies.

**Requisition or "Pull" system:** is a logistics system that the lower level orders what, when and how much of each pharmaceuticals, thus pulling or receiving through the system.




Source: USAID/JSI/DELIVER. 2004.

**Figure 4.3: Components of the Logistics Cycle**

The circular shape in the above figure indicates the interdependence of the various elements in the cycle. For example, product selection should be based on serving customers.

**Integrated Pharmaceutical and Logistics System**

**A. Overview of Pharmaceuticals and Information flow in IPLS**

Figure below illustrates the overall flow of pharmaceuticals and information in the IPLS. Pharmaceuticals are ordered every two months by hospitals and health centers from the Pharmaceutical Fund and Supply Agency (PFSA) and delivered by PFSA to these facilities. Health posts report to health centers monthly and collect pharmaceuticals from those health centers; the health centers use the data in the Health Post report to calculate consumption and re-supply quantities. Health centers and hospitals manage their own budgets for the purchase of pharmaceuticals.

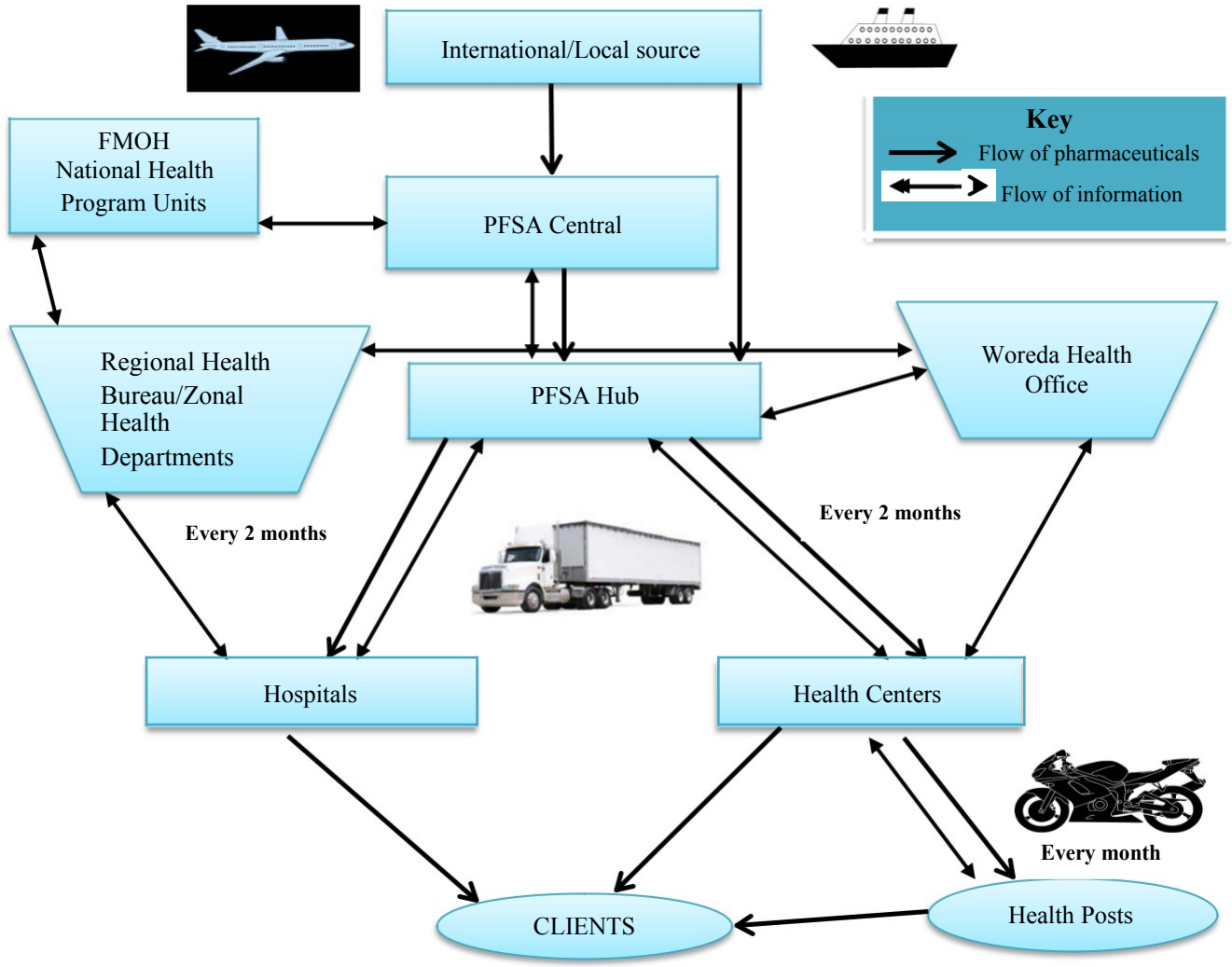



**Figure 4.4: Flow of Pharmaceuticals and Information in the Integrated Pharmaceutical Logistics System (IPLS)**

Logistics information is collected and reported monthly by health posts and every other month by health centers and hospitals on logistics management information system (LMIS) forms.A combined report and order form is completed by health centers and hospitals and sent to PFSA Hubs for order processing; the health center order includes the pharmaceuticals requirements of the health posts. A copy of the health center report and order and a copy of each health post report are sent to the Woreda Health Office for management and supervision purposes; a copy of the hospital report and order is sent to the Regional Health Bureau for management and supervision purposes.

The Woreda Health Office aggregate logistics data from the health centers and send aggregated reports of logistics data to the RHB/ZHD.

The overall information system also includes a mechanism for providing “feedback” to

lower level facilities from upper level facilities. In the feedback reports, facilities will be able to see how they are performing compared to other facilities in their geographical area. For instance, the Woreda or PFSA Hub may provide a short report to all of the health center in the Woreda/Hub showing the stock status of priority products (key pharmaceuticals) in the various health centers, the number of stock outs, the reporting rate or increases/decreases in consumption. The Woreda or PFSA might also provide specific reports to health centers pointing out errors in their reports.

### B. Roles and Responsibilities

IPLS implementation requires collaborative efforts of different officials and professionals working at all levels of the Ministry's system. The roles and responsibilities for organizations and personnel involved in this system are listed below.

| Unit | Personnel | Roles and Responsibilities |
|---|---|---|
| PFSA | Relevant officials and professionals | 1. Forecast national pharmaceuticals need based on the demand of Health Facilities.<br>2. Procure and store pharmaceuticals.<br>3. Determine stock levels.<br>4. Receive reports and orders from health facilities and distribute to pharmaceuticals health facilities<br>5. Maintain stock records and monitor stock status.<br>6. Build the capacity of health facilities in the areas of pharmaceuticals supply management and rational pharmaceuticals use through provision of technical and material support.<br>7. Exchange information with FMOH and Regional Health Bureaus (RHBs) regarding the supply and use of pharmaceuticals.<br>8. Coordinate a n d lead partners w o r k i n g o n supply management and rational pharmaceuticals use.<br>9. Undertake supportive supervision in health facilities in collaboration with relevant stakeholders<br>Prepare data recording, requisition and reporting formats.<br>10. Monitor and evaluate the performance of the logistics system.<br>11. Improve facility store management in collaboration with the ministry and partners |

| | | |
|---|---|---|
| FMOH - Relevant Programs | Relevant officials and professionals | Participate in pharmaceuticals forecasting with PFSA<br>Advocate for financial support for pharmaceuticals<br>Coordinate donor contributions to pharmaceuticals stocks<br>Monitor stock levels and program supply performance<br>Process payment to PFSA for delivery of program products<br>Communicate program plans and donor activities that affect demand for pharmaceuticals with PFSA. |

| Unit | Personnel | Roles and Responsibilities |
|---|---|---|
| Regional Health Bureaus/ Zonal Health Department | Relevant officials and professionals | Receive and review Woreda aggregated reports; aggregate and summarize hospital and health centre pharmaceuticals logistics data contained in the reports they receive<br>Provide technical assistance and supervision in logistics management to health facilities<br>Supervise stock management, ordering, and reporting functions of Hospitals<br>Monitor pharmaceutical budget and pharmaceutical availability<br>Ensure adequate funds for procurement of essential pharmaceuticals at each hospital.<br>6. Monitor and evaluate system performance (reporting rates, consumption rates, stock levels, storage conditions); provide feedback to facilities and/or Woreda<br>7. Provide guidelines to facilities when necessary<br>8. Enforce policies as related to pharmaceutical logistics management<br>9. Monitor and oversee annual pharmaceutical quantification of Woreda health offices |
| | | |

| | | |
|---|---|---|
| Federal Woreda Office | Relevant officials and professionals | 1. Aggregate and summarize health center pharmaceuticals logistics data and provide to the regions<br>2. Supervise stock management, ordering, and reporting functions of health posts and health Centers; confirm pharmaceuticals are in place at Health Centers and Health Posts<br>3. Monitor pharmaceutical budget and pharmaceutical availability<br>4. Ensure adequate funds for procurement of essential pharmaceuticals at each health center.<br>5. Monitor system performance (reporting rates, consumption rates, stock levels, storage conditions)<br>6. Review client satisfaction w i t h the provision o f pharmaceuticals i n health facilities.<br>7. Monitor annual pharmaceutical quantification of health facilities<br>8. Aggregate annual pharmaceutical quantification of health facilities and send it to respective PFSA hub. |

It is also important for the participants to know that the **Auditable Pharmacy Transactions and Services (APTS)** initiative is underway to improve the quality of pharmacy services in high volume hospitals. Through APTS, hospitals have established evidence-based, transparent and accountable pharmaceutical services and financial transactions. Moreover, the pharmaceutical services have become auditable, therefore, reducing wastages of medicines, expiry rates, as well as, improving rational drug use. Currently more than 30 hospitals from different regions have been implementing APTS with encouraging results.

### 4.3.2: Inventory Management & Good Storage Practices

***Activity 1***

***Duration: 15 minutes***

*In your team, review your organization's inventory system:*

*What challenges your organization faced related to inventory and storage of logistics? How generated data from inventory report are used for improving decision making regarding inventory?*

*Share your response to the plenary.*

**Inventory Management (Inventory Control) System**

An **inventory management** is a system that informs the store manager how much stock is available, when to order more stock, when to issue, how much to order or issue, and how to maintain an appropriate stock level of all pharmaceutical products to avoid shortages or overstock. Inventory management also comprises **distribution** and **transportation.**

**Purpose of Inventory Management (Inventory Control System)**

The underlying purpose of inventory management system is to make sure enough pharmaceutical products are readily available.

In order to manage pharmaceuticals successfully, complete and accurate information (record) should be available at each level of the logistics system: when they are stored (using Inventory Control Cards); transported (using Transaction Records); and used (using Consumption Records).

**Responsibilities in Inventory & Storage of Logistics/Pharmaceuticals**

Management of warehouse/stores is the responsibility of almost all stakeholders and all can contribute to for the establishment of standard and acceptable storage condition. Regional/ Woredas responsibilities include:

- Allocating budgets to improve the storage condition in health facilities under their area,
- Provide supportive supervision and training in improving storage conditions
- Help facilities to distract damaged and expired pharmaceutical products according to the national guideline

## Inventory Control System in IPLS

The purpose of an inventory control system is to inform personnel when and how much of a pharmaceuticals to order and to maintain an appropriate stock level to meet the needs of patients.

A well designed and well operated inventory control system helps to prevent shortages, oversupply, and expiry of pharmaceuticals.

To help maintain adequate stock levels, the *maximum months of stock, minimum months of stock and* an *emergency order point have* been established for each health facility in the system.

- The maximum months of stock is the largest amount of each pharmaceutical a facility should hold at any one time. If a facility has more than the maximum, it is overstocked and risks having stocks expire before they are used.
- The minimum months of stock is the level of stock at which actions to replenish inventory should occur under normal conditions.
- The emergency order point is the level where the risk of stocking out is likely, and an emergency order should be placed immediately.

The inventory control system for the IPLS is a 'Forced Ordering Maximum/Minimum' inventory control system. This means that all facilities are required to report on a fixed schedule (monthly at health posts, every other month at health centers and hospitals) for all products. In addition, all products are re-supplied each time a report is completed. In emergencies, an emergency order can be placed. In practice, this means that:

Health centers and hospitals are required to report and order every two months.

Health centers and hospitals calculate their own order quantities, ordering sufficient quantities of all pharmaceuticals to bring stock levels up to the maximum level.

Health posts report data monthly to their affiliated Health Centre.

The Health center calculates the re-supply quantities that are needed to bring health post stocks up to the maximum level.

If the stock on hand for any product at a facility falls below a set emergency order point before the end of the reporting period, an emergency order should be placed.

The maximum months of stock, the minimum months of stock and emergency order points for the different levels of the health logistics system are shown in the following table:

| **Level** | **Review Period** | **Maximum Months of Stock** | **Minimum Months of Stock** | **Emergency Order Point** |
|---|---|---|---|---|
| Health Centers and Hospitals | Every other month | 4 months | 2 months | 0.5 months (= 2 weeks) |
| Health Posts | Monthly | 2 months | 1 months | 0.25 months (= 1 week) |

Within hospitals and health centers, products will be managed centrally in the Pharmacy Store. All products will be received into the pharmacy store and most of the products will be stored there, until they are needed in the various dispensing units within the facility.

The pharmacy store manager and pharmacy head in collaboration with staffs in dispensing units will establish a re-supply schedule for the dispensing units. For example, each dispensing unit will have one day per week/per 2 weeks designated for re-supply. On that day, dispensing unit staff will complete an internal facility report and resupply Form; the pharmacy store manager will use the information to determine the re-supply quantity needed to serve clients until the next scheduled re-supply day. For example, every Monday (on a weekly or twice monthly basis), the MCH service provider reports data to the pharmacy store and receives enough product to serve clients during the week or next 2 weeks. This system ensures that the dispensing units are not overworked with pharmaceuticals management responsibilities and that the quantities issued to the dispensing units from the pharmacy stores reflect actual consumption by the clients.

**Storage of Pharmaceuticals in the IPLS**

Storing is the safe keeping of pharmaceuticals to avoid damage, expiry, and theft. Proper storage procedures help to ensure that storage facilities protect the shelf life of products, that only high-quality products are issued, and that there is little or no waste due to damaged or expired products. If proper storage procedures are followed, customers can be assured that they have received a high quality product.

Storage conditions will affect the quality of the pharmaceuticals being stored. Rooms that are too hot, stacks of cartons that are too high, and other poor storage conditions can cause damage or cause a reduction in shelf life. A well-organized storeroom will simplify a facility's work; time will not be wasted trying to find needed supplies.

Facility pharmacy Store improvement is among the major IPLS related pharmaceuticals management improvement initiatives. Major steps involved are de junking, logical organization and arrangement following "good pharmaceutical storage practices" and "overall pharmaceuticals management efficiency".

### 4.3.3. Logistics Management Information System (LMIS)

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Take an incident in the past where your organization has faced with stock outs. How did it happen and resolved?*
*Review your organization with regard to decisions made in the past on logistics issues;*
*List the sources of information for logistic related decision making.*
*How do you utilize the solicited information for effective logistic management?*
*Share your responses to the plenary.*

**Overview of Logistics Management Information System (LMIS)**

**A. Logistics Management Information System (LMIS) in IPLS**

The purpose of a Logistics Management Information System (LMIS) is to collect, organize, and report information to other levels in the system in order to make decisions that govern the logistics system and ensure that all six rights

The primary function of the LMIS is to support the management of essential pharmaceuticals.

Three essential data items are required to run a logistics system and, therefore, must be captured by the LMIS. These three essential data items are:

Stock on Hand: quantities of usable stock available at a particular point in time.
Consumption Data: the quantity of pharmaceuticals used during the reporting period.
Losses/Adjustments: losses are the quantities of products removed from your stock for anything other than in the provision of services to patients or issuing to another facility (e.g. expiry, lost, theft, or damage) and are recorded as negative (-) numbers. Adjustments are quantities of a product received from any source other than PFSA, or issued to anyone other than your health facility. An adjustment may also be a correction due to an error in mathematics. An adjustment may be a negative (-) or positive (+) number.

There are only three activities that happen to pharmaceuticals within a logistics system: the y are stored in inventory, moved between facilities, and used to provide health services to patients. A well-designed logistics management information system will include records and forms that collect and report the three essential data items as they relate to these three activities.

Records and forms have been designed for the Integrated Pharmaceuticals Logistics System (IPLS) LMIS and are included in this Standard Operating Procedures (SOP) Manual along with step-by-step instructions on how to complete them.
The roles and responsibilities of key personnel in the system were highlighted in the previous section, and these same people are responsible for completing these LMIS forms.

An information system that collects, organize and report data in the logistics system to make logistics decisions such as resupply, forecasting, quantification and procurement. It is the motor that drives the logistics cycle at each level of the logistics system. Logistics information, such as the past period consumption, disease prevalence, available usable stock, future programming needs and assumptions help to calculate how much pharmaceuticals the program require for the next period. It could be for two month, a quarter, half a year or for a year.

There must be well trained staffs to make decisions based on the information and also enough budgets must be available to run the system. Some of the decisions could be quantifying, supply planning and procuring or placing orders and bringing enough pharmaceutical products to their facility.

**Movement of Logistic Information**

Flows through the system in the form of reports and requests and also as feedback.

The primary source starts at health facility level

A copy of the report and request form will be submitted to PFSA branch/hub every two months, and, at the same time, another copy will be sent to RHB/Zone/Woreda for monitoring and budget purpose

PFSA branch checks accuracy of reports, requests and make immediate decisions. Aggregation and analysis of reports is also done at this level based on delivery decisions are made.

Central PFSA receive reports and requests from branches to make decisions like direct delivery to each branches based on their request. They also make data aggregation and analysis to use for future planning.

Generally, information moves from lower to central level. However, it also moves the other way round in the form of feedback.

Feedback reports may include: acknowledgments, error corrections, correcting late reports, etc.

**Essential Data of the Logistics System**

Stock on hand
Consumption
Losses and adjustments

Although there are other data items which are being used in logistics, these three data items are absolutely required to run a pharmaceutical logistics system in order to have successful customer service. These data items are needed to make decisions on: how much usable stock they have, for how long it lasts, what quantity they should order and when to order.

## 4.1. Management of Health Information

### 4.4.1. Basics of Health Information Management

***Activity 1***
***Duration: 15 minutes***

***Individual exercise***
*As a health manager you are expected to make informed decision, share your experience where you used evidences for decision making and in contrast share another experience where you made decision with inadequate evidences. How was the outcome of the two decisions?*

***Group exercise***
*In your team identify challenges you encountered with the roll out of Health Management Information System (HMIS). Show how organizational activities are affected as a result of the challenges you mentioned. Propose possible strategies to make informed decision to improve organizational performance.*
*Share your response to the larger group*

**Information system**

It's a set of interrelated components that collect or retrieve process, store and distribute information to support decision making and control

**Health management information system** (**HMIS**) is an information system specially designed to assist in the management and planning of health programs. (WHO, 2000)

**Transforming Data into Information and Information into Action: The Data Cycle**

HSTP identified evidence based decision making strategic objectives to transform the existing M&E system. That means an effective cycle of data gathering, sharing, analysis, understanding, reporting, and application in decision making - the process whereby data are transformed into information and knowledge for action. It highlights the current situation and indicates improvements to be made in the coming years. Detail explanation of the data cycle components are explained in the Road Map of Health Information System (HIS 2013-2020). To address the intent of the HSTP, the HIS will further be developed to National Monitoring & Evaluation Strategy.

**Data sources**

Multiple data sources will be used in the M&E framework of HSTP. Data sources will include routine administrative sources (such as the Health Management Information System), household surveys (such as the Demographic Health Survey, MIS, EPI coverage survey, NHA), health-facility surveys (such as Service Provision Assessment – SPA$^{+}$ and Service Availability and Readiness Assessment – SARA), disease and behavioral surveillance, civil registration and vital statistics, financial and management information, censuses, and research studies. Data from both public and private sectors will be gathered to provide full picture of health system performance.

**Types and Sources of Health Data**

There are two main types of data available, which are:

- Quantitative data based on measurement of quantity or frequency and are described in numerical numbers, e.g. height, weight, number of delivered, etc.
- Qualitative data, expressed in terms of categories e.g. sex, ethnic groups etc.

**Classification based on duration:**

- **Routine health data:** are health service based data collected at regular intervals through mechanisms designed to meet predictable information needs. For example, the data on patients seen, services provided, such as number of vaccinations given

and number of deliveries attended that are collected daily and aggregated on a monthly basis are called the routine health data.

**Semi-permanent data**: data that change in a long-term duration. For example, data on population in a district, number of staff and beds in a facility are called semi-permanent data.

**Permanent data:** data that are rarely changed. For example, geographical data (roads, rivers, location of a health facility etc) are permanent data.

**Non-routine data:** Special studies, qualitative and quantitative rapid assessments and surveys. The demographic health survey and the welfare monitoring survey which has direct input in describing the health status of the community are good examples.

**Indicators**

List of input, output, outcome and impact indicators are included in the M&E framework, together with their baseline and target in the HSTP period. There are a total of 167 indicators selected to monitor and evaluate the HSTP (56 to measure health system performance and 111 indicator related to program and health outcomes). In addition, Agencies and Directorates in the MoH will have specific indicators related to their operational and program monitoring and evaluation.

**Data quality**

Issues affecting data quality are not only related to technical factors, such as data-collection tools and processes and IT devices, but include also organizational and behavioral factors: all these factors will be properly addressed in HSTP to ensure sustainable production and use of good-quality information. The information from routine data source such as HMIS and information reported from population based surveys such as DHS may have some discrepancy due to different methodology implemented. Caution should be exercised in interpreting differences between DHS and HMIS estimates. The M&E framework will ensures the reliability of different data sources through conducting special survey, conducting similar regional level surveys and conducting district level Lot Quality Assurance Sampling (LQAS).

**Data management**

The information from various sources will be kept in an integrated data warehouse and repository for easy access, triangulation, and made accessible to all stakeholders, so that self-generated reports and analytical reports will be produced by responsible agencies and disseminated. Data exchange standards will be implemented in the various HIS components

to enable interoperability among the different systems. In order to realize it, rules, regulations and guidelines will be issued and infrastructure will be developed.

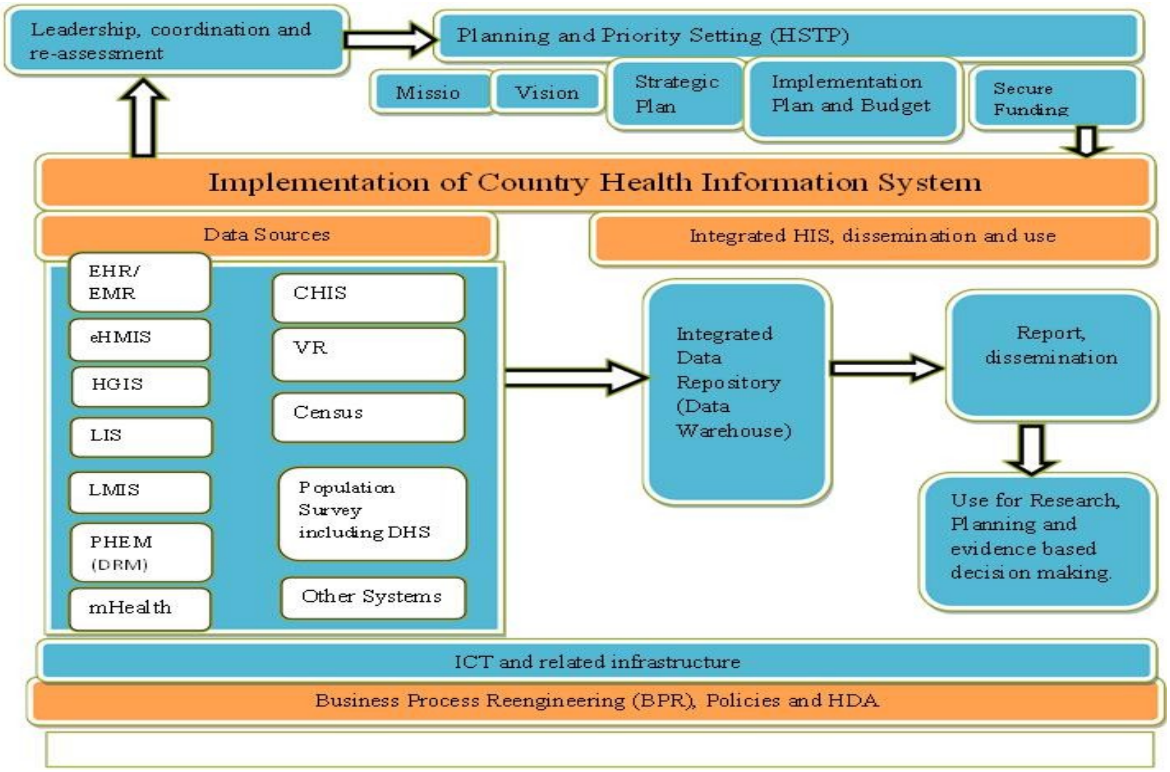



**Figure 4.5 : HIS Implementation Framework**
Sources – SHPT 2015/16-2019/20 October 2015

As depicted in the figure above , an integrated HIS is designed to pull together data from a range of sources, so that all information is stored in such a way that it can be easily found by users in different locations, in a form that is suited to their needs.

**Data reporting**

Information flow of the existing HIS system follows the "one report" principle of "one plan-one budget-one report" of harmonization, meaning that all institutions and stakeholders report according to the standard reporting format based on the common set of indicators and to one monitoring calendar, as stipulated in the Health Harmonization Manual. HSTP will regularly assess reporting mechanism, and implement interventions to ensure accountability towards "**Zero Tolerance for Parallel Reporting**".

**Use of information for action**

Available information needs to be timely disseminated and used for strategic decision making at all levels of the health system. Focus will be given on strengthening information culture, knowledge management, and capacity to use information for action at all levels.

**Dissemination and communication**

M&E findings will be disseminated to stakeholders using different channels. Monthly, quarterly, and annual reports will be produced in the health sector according to the Health Harmonization Manual.

**Performance review**

The Health Harmonization Manual (HHM) calls for every two months, quarterly, biannual, and annual participatory review meetings at all levels. In these meetings local authorities and health partners are brought together with health institutions' staff to review performance, based on the health institution's own self-assessment, and to determine actions needed to ensure achievement of the annual plan.

**Evaluation**

Different evaluation mechanisms are outlined in the Health Harmonization Manual, including Joint FMOH-HPN Review Mission (JRM), Mid-Term Review (MTR), and Final Evaluation of the strategic plan.

**Involvement of all stakeholders**

HSTP promotes the involvement of all stakeholders in the M&E process up to use of information including finance providers, managers and users of health service. In this perspective, it is crucial to further promote community participation in planning, development, implementation, review and appraisal of health service delivery. Recently the FMOH has started involvement of key stakeholders in review of sector performance which is called "**360 Performance Evaluation**". It aims to understand service provision capacity of FMOH from multiple perspectives.

**Importance of the Health Information system**
**What you need from the HIS**

To make informed decisions, health care managers need an information system that yields reliable information about such factors as:

The health needs of the people in their catchment area;
The priorities of the country, province, district, and communities they serve;
The quality and coverage of the services they offer;
The resources they have used and resources still available;
Progress in the implementation of their activities.
The HIS in health facilities should also provide baseline for monitoring and evaluation of the effect (outcome) and impact of the services to the community.

### 4.4.2: Leading, Managing and Governing Practices for
## Ensuring Information Revolution

***Activity 2***
***Duration: 10 minutes***
***Group exercise***
*In your team, discuss roles of a leader for ensuring the underpinning principles of Information revolution; below are flow of discussion points:*
*How your organization;*
- *collect clinical and non-clinical data*
- *Compile*
- *Analyze*
- *Use and disseminate health information*

*Share your findings and recommendations to the plenary.*

**Information Revolution:**
The term information revolution refers to the phenomenal advancement on the methods and practice of collecting, analyzing, presenting and disseminating information that can influence decisions in the process of transforming economic and social sectors.

The main objective of information revolution is to enhance the use of timely, accurate and reliable information for decision-making at the local level across the sector. To bring about a radical shift in terms of information management in the health sector by:

- Advancing the data collection, aggregation, reporting and analysis practice: This includes revolutionizing the data management from patient level data to national level reports. The routine systems that are built to collect aggregate and report data should be supported with appropriate technology to efficiently operate across the line.
- Promoting the culture of information use: Data is not collected for reporting purposes solely. It needs to be used at the point of collection as an input for decision-making. This can be enhanced by building the capacity at all levels on data analysis and information use. This needs wider capacity building exercise at facility, district, sub-national and national levels.
- Harnessing ICT: Information revolution needs to be complemented with appropriate selection and application of information communication technologies (ICT). The feasibility, scalability, sustainability and interoperability of such technologies should be carefully assessed before application.
- Data visibility and access: Revolutionizing the information system requires that data and information on health and health-related issues should be accessible for wider public use.
- Data will be accessible for researchers and interested individuals in a central data

repository. Data visibility and presentation should also experience dramatic improvement

- Addressing the human element: The data revolution can be achieved if human resources, with all the required skills and competency, is available. It is important to introduce a different approach in terms of optimizing existing HIT professions and also advocate for better value for information by health professionals.
- Strengthening verification and feedback systems: Data quality is an essential element for information revolution. Verification and feedback systems improve the quality of Health Sector Transformation Plan data and improve the effectiveness of local and hierarchical utilization of information.
- Multi-sectoral approach: various information systems managed by other sectors significantly contribute for information revolution in the health sector. These include Civil Registration and Vital Statistics, Central Statistics Authority database, Agriculture and weather information systems, Geographic Information system, financial information system and education information system. Harmonization and appropriate integration with these information sources is crucial.

In general, all functions of the health system rely on the availability of timely, accurate and dependable information for decision-making. Hence, revolutionizing the existing practice of collecting, analyzing, disseminating and utilizing information in the health sector can considerably contribute towards holistic transformation.

## 4.5. Managing Time and Space

### 4.5.1: Time Management

***Activity 1***
***Duration: 15 minutes***
***Individual Exercise***
*Take a day as an example in the past week and list what you have done in that particular day. Categorize the activities at personal and organizational level so as to appreciate the amount of time you spent on each activity. What led you to spend your time for the listed tasks? Share your experience to the team members.*

***Group work***

*Referring the session on Urgent and Important matrix covered in module II; discuss the methods that help you identify tasks that are important and taken as a priority to be carried out in your department/directorate/case team.*

*What are the different methods you have employed to manage your time in your directorate/section. Put your team's responses on a flipchart and present it to the plenary*

## Managing Time

Time is a precious commodity that cannot be replaced, once gone it is unrecoverable. Our ability to manage our time is the ONE thing that will make a difference to what we achieve in life.

### What Is Time Management

It is the ability to decide what is important in life, both at work and in our home and personal life. To prioritize certain jobs so that we complete the tasks we need to and also those that we think are really important.

## Making the best use of time

Sometimes it is useful to know what proportion of time is really spent on the work. If for instance a worker's travel to a distant health unit takes four hours, he/she would have an hour only to spend on the work followed by four hours to return back home. In this case, the ratio of time spent on health work to that spent in travelling is 1 to 8.

## Why Is Time Management Important

- It gives us the ability to keep a balance in our lives or to recognize where the imbalance is
- It is a skill that can be learnt, practiced and improved upon all the time
- It enables us to fix our undivided attention on what needs to be done and take away the stress of having things going round and round in our minds
- It is a skill that everyone needs unfortunately not everyone will acquire it and as a result they will achieve less in their lives that they are capable of.

## Identifying Your Priorities

To balance your time, you need to know what your priorities are. With your salary, you know that a priority is your mortgage or rent, therefore you will ensure that you have enough money to pay for that. Similarly with time, you need to ensure that you are spending it on your priorities.

To identify your priorities you need to know:

- What is the purpose of your job?
- What are you expected to achieve and
- In what time scale?
- What do you need to do [which tasks do you need to carry out] in order to achieve that purpose?

The answers to the above questions are your priorities. When deciding which task to tackle first, remind yourself of your purpose. For example, if you are short of time, you should perhaps deal with the customer's query rather than write the internal report.

**Preparing a program chart**

**A program**

A plan that outlines a series of events/ activities that take place in the future. Usually includes what to do, where it takes place, who does it and when it occurs. The time plan is therefore only part of the total program.

A simple program of health education may be a series of monthly discussions in the community, indicating when different health workers will help with discussions on various health problems.

In more complex programs later activities depend on earlier ones; for example, to organize a special or extra immunization program, it may be necessary first to order the equipment (e.g. syringes) or, if a new activity is to commence, a staff member may have to be sent on a training course, and the public must be informed.

There are several ways to make a program chart. A convenient way is to list the activities; in the order, in which they must occur, down the left side of the page, then fill in the weeks or months across the top of the page and then show with a line opposite each planned which activity it is to take place.

**Preparing a year calendar**

In the course of a year many things happen that are outside the normal routine. These may be matters of administration such as annual stocktaking, estimates, annual reports, and statistical returns, or they may be external events such as festivals, elections, courses and seminars, or visits by dignitaries.

To see the whole year at once, it is very convenient to have a page on annual calendar or year planner pinned on the wall, with important events marked. This has two functions.

It acts as a reminder of definite events, usually outside one's control.

It shows where to fit in new events such as special meetings or periods of travel.

**Time plans**

**Time table:** for daily, weekly or monthly regularly recurring events.

**Schedule:** for intermittent, irregular or variable events, including where the events take place.

**Roster:** for duties planned for different staff members, for different times, in turn.

**Program:** for long term arrangements of survey on different events or activities of which the time-plan is only a part.

## 4.5. 2. Space Management

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Discuss in your team; factors that affect job performance in relation to office physical structure and arrangement.*
*With the scarce resources we have as a nation, what do you recommend in order to create conducive space arrangement for the health work force in your directorate/unit/organization at large and the clients you serve?*
*Share your team response to the larger group.*

This section is concerned with two kinds of space, and how to make the best use of them in providing health care.

The buildings and settings where different activities takes place
The geographical or catchment area of the HSM setup

### Arranging workspace

A good management carefully arranges the space where different types of work or activities take place. Buildings or individual rooms which are too small or unsuitably designed would give little or no chance for managers to organize or reorganize space utilization.

**A couple of questions would give clues on the simple rules of arranging working space:**

What work has to be done?
Is there any other better space arrangement to opt to?

**Workflow** is an *arrangement* in which a series of work functions are co-ordinated *in space and time* so that delays are minimal. The greatest obstacle to wards the improvement in the workflow of some organizations is attitudinal problem. Congestion and queues are so common in HSOs for most people regard them as normal or inevitable and make no effort to prevent them. Some even think that the long queue shows how busy and hardworking they are.

## 4.6. Management of Physical Infrastructures

### 4.6.1. Physical Infrastructures Management in the Health Sector

***Activity 1***
***Duration: 15 minutes***
***Group work***
*From your previous experience as an employee of the ministry of health, what key problems did you observe in health infrastructure management?*

- *Construction*
- *Maintenance*
- *Rehabilitation/renovation*

*How did you solve those problems encountered? Do you think it is linked with corruption, fraud, and rent seeking behaviors?*
*What do you recommend to mitigate these challenges from the lessons you have covered in the past modules?*
*Discuss in your team and share your consensus points to the plenary.*

**Health Facility Construction and Expansion**

Since HSDP I, major activities under the health facility construction, expansion, rehabilitation, furnishing and equipping focused mainly on the PHC facilities: HPs and HCs and to a certain extent hospitals. By the end of HSDP II, the number of public HCs has increased by 70% from 412 in 1996/97 to 519 in 2003/04.

For the same periods, the number of HPs increased from 76 in 1996/97 to 2,899. The number of hospitals (both public and private) also increased from 87 in 1996/97 to 126 in 2003/04. There has been also considerable health facility rehabilitation program and furnishing during the HSDP I and HSDP II including improvements in support facilities.

As a result, the potential health service coverage increased from 45% in 1996/97 to 64.02% by 2003/04. The HSDP III plan was to further expand these and other services with the aim of achieving universal health service coverage by the end of 2008 and also improving the delivery of primary health care services to the most neglected rural population.
The HSTP 2015/16-2020/21 indicated that the health centre expansion has enabled the sector to enhance access to services for programs. Potential health coverage has increased to almost 100% in 2007 EFY. While access to services has improved because of the issues around functionality, health facilities are not able to provide some of the priority services such as deliveries in a manner that attracts mothers. In EFY 2007, there were a cumulative number of 16,251 HPs, 3,541 health and 311 hospitals.

**Common problems faced in Physical Infrastructure Management**

Health centres are under-utilized mostly due to patients' tendency to choose secondary and tertiary-level facilities over the primary level;

New or rehabilitated health facilities often require recurrent expenditure, which is not available in the government's budgets.

Constructions are in many cases completed timely but with other arrangements on human resources, medical equipment, electricity, water etc. lagging behind.

Omission of some important components in design level make it difficult to achieve required standards and functionality of the health facilities,

One type of constructional design for setting with different climatic conditions

In many cases, constructional designs do not accommodate sewerage, disposal and other hygiene related systems.

Lack of expertise and resources at remote location to maintain compromised the quality and efficiency of health facilities

**Setting of Health Infrastructure Priorities**

The health facilities priority should consider selection of site for construction, status of medical equipment, utilities (water, electricity) and availability of qualified health professionals.

When decisions are being made concerning specific health facility, the above mentioned checklist data need to be supplemented by on-site-collected observations.
Standard health centre plans are usually available at the Ministry of Health.

**Factors that Influence the Size and Distribution of Health Services at a health facility**

Frequency with which the population visit health facilities;
Services the population require when they arrive at the facility;

Capacity of individual staff members or items of equipment to satisfy the requirements of the population;
Rate of admission of in-patients;
Average length of stay of in-patients in the different wards;
Acceptable bed occupancy rate

### Maintenance and rehabilitation of Health Facilities and Equipment

As one of the major components of HSDP III the objective of this component is to increase accessibility and improve quality of health services through the health facility construction, expansion, rehabilitation, furnishing and equipping them giving special emphasis to primary health care facilities (HPs and HCs) and to some extent to hospitals.

Most importantly, issues of maintenance are inevitable throughout. Therefore, Problems of maintenance should be anticipated and mechanisms should be put in place to solve them as follows:

**General consideration**

Establish a guideline that indicate the responsibilities of each level of the administrator (Health facilities, Regions, Contractors)
Establish a maintenance information system (possibly as part of the HMIS).
Proper handling of medical equipment and entire building maintenance should be considered.

**Medical equipment**

Identifying and recruiting the necessary experts/technicians/health workers with special training to conduct prevent and basic maintenance
Establishing primary workshops in the health centers and secondary workshops at regional level
The procurement of equipment should be inclusive of an adequate number of the respective basic spare parts lasting for 3 years maintenance and service period.
Further service contracts with suppliers should be proposed and funded where possible
Small workshops and maintenance stores meant for health facility needs should be in place where ever possible (this is possible in central ,regional or Woreda HMS)
Much of the maintenance required for health facilities (particularly in rural areas) can be done using basic level skills, requiring few spare parts and very little organisation.

**Constructions**

A basic assessment and maintenance should be conducted based on damage observed,
The maintenance should consider at facility level or outsources based on the level of work.

## Handout for unit 1

# Unit I: Human Resources Management for Health

## Human Resource Management (HRM)

Too often, HRM is thought of merely as personnel management: basically, policies and payroll. While personnel management is a key element of HRM, effective HRM intersects with and contributes to the broader issues of organizational strategy, management and performance.

The effective management of an organization's human resources is a major source of competitive advantage and may even be the single most important determinant of an organization's performance over the long term.

However, the challenge for HR managers is to influence their resources so that they are continuously aligned to

The organisation and its strategy
The community in which it functions

It is important to remember that HR is about managing people and positively influencing their behaviour

**Key elements of HRM**

- HR Planning
- HR development
- Job descriptions
- Recruitment
- Retention
- Salaries and Benefits
- HR Policies
- Time management
- Performance management
- Motivation and commitment

Align employee's personal values to the values of the organisation
Create an environment that contributes to a sense of belonging
Contribute and influence employee goals by developing a culture of growth and development

**Human Resource Development for health in Ethiopia**

The Ministry of Health has prepared the Health Sector Human Resource Development Plan to address human resource problems of absolute shortage, mal distribution and low productivity. This plan is part of the HSDP III underway by the joint effort of Ministry of Health and Ministry of Education.

The health policy of Ethiopia also emphasizes training of community based task-oriented frontline and midlevel health workers.

As a mechanism to retain health workers the policy supports developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment. Besides, there will be a focus on developing appropriate continuing education for all categories of workers in the

health sector. Strengthening administration and management of health systems is another area the policy gave priority.

## Human resource planning

It is a process by which the management and leadership scrutinize, make decisions proactively towards the acquisition, placing, and maintaining human power who will be responsible for implementing the strategies necessary to fulfill organizational mission and reach its vision.

**Techniques/tools useful to investigate organizational needs:**

There are several basic need assessment techniques. You can use a combination of some of these as deemed necessary:

Direct observation
Questionnaires
Consultation with persons in key positions, and/or with specific knowledge
Review of relevant literature
Interviews
Focus groups
Records & report studies

***Always ask:***

What are the costs if no solution is applied?
What are the costs if the solution (conducting programs) is applied to change the situation?

*The difference determines if intervention activities will be cost-effective. Afterwards, it makes sense to design, develop, and implement the proposed human resource development solutions.*

Human Resource Planning includes the estimation of numbers and categories of personnel required both in the immediate and long-term and the allocation of resources to train and pay these staff.

**Human resource strategy**

A means used to aid the organization in anticipating and managing the supply and demand for human resources. These human resource strategies provide overall direction for how human resource activities will be developed and managed. Finally, specific human resource plans are developed to provide more specific direction for the management of human resource activities.

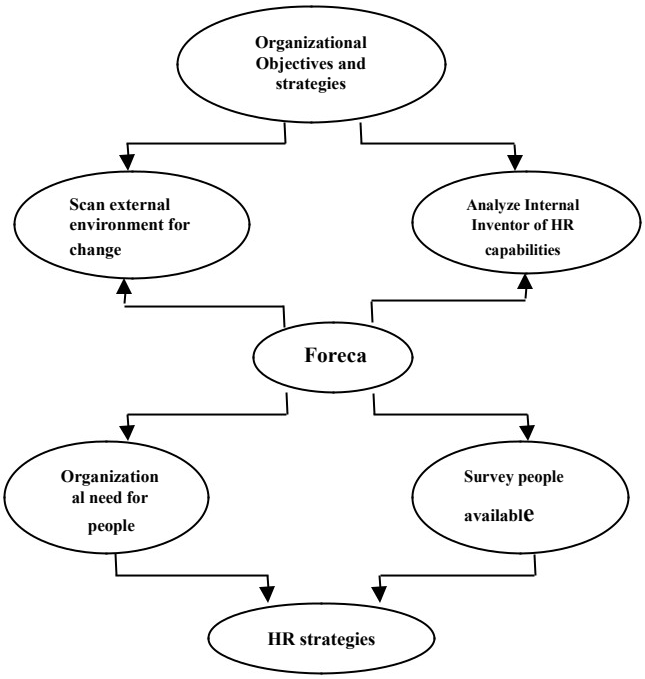



**Figure 4.1: Human Resources/Development Planning Process**

## Steps in Human Resource need assessment

### I. perform a gap analysis

Analyze current situation and identify the desired or necessary situation. The difference, the gap, between the current and the necessary will identify our needs, purposes and objectives.

Considerations on determining whether human resource development is useful in resolving the identified problems:

**Problems or deficits** --- can they be solved by human resource development activities?

**Impending change**--- are there problems which do not currently exist but are foreseen due to changes, such as new processes and equipment, changes etc., in staffing?

**Opportunities** --- can you take advantage of new technologies and training programs?

**Strengths**--- how can we take advantage of our organizational strengths?

**New directions**--- could you take a proactive approach, applying human resource development to move our organizations to new levels of performance? For example, do activities help to improve quality of health service delivery?

Are there policies or management decisions to which you must comply?

**II. Identify priorities and importance**

List needs for human resource development interventions and examine these in view of their importance to your organizational goals, realities, and constraints.

**Cost-effectiveness**: how does the cost of the problem compare to the cost of implementing a solution?
**Legal mandates**: are there laws requiring a solution?
**Executive pressure**: does the top management expect a solution?
**Population**: are many people or key people involved?
**Customers:** what influence is generated by customer/client specifications and expectations?

***If some of the identified needs are of relatively low importance, devote your time addressing other problems***

**III. Identify causes of performance problems and/or opportunities**

After you have prioritized and focused on critical organizational and personal needs, you will then identify specific problem areas and opportunities in your organization.

**You should ask two questions for every identified need:**

Are our staffs doing their jobs effectively?
Do our staffs know how to do their jobs?

These in turn require analysis on staff, their jobs and your organization's situations.

**IV. Identify possible solutions and growth opportunities**

If staffs are doing their jobs effectively you might not take any actions. But if staffs are not doing their jobs effectively:

Training may be the solution, if there is a knowledge problem.
Organization development activities may be solutions when the problem is not

Due to lack of knowledge but primarily associated with systematic change.

*These interventions might include strategic planning, organization restructuring, performance management and/or effective team building*.

***Always make sure*** that you lay out the difference in cost between acting or not acting on the proposed solution.

**Considerations for effective continuing education**

There is an organizational system and structure that is responsible for it; these guarantee better coordination and where possible, integration of hitherto vertical program based training activities;
Continuing education is considered important enough to give it adequate financial allocations;
Continuing education should be integrated in the development of health systems and hence in the health plan of the level;

- Educational needs of individuals and teams are taken into consideration and a proper information system on continuing education of individuals should be kept;
- Training is well targeted so as to provide the workforce dealing with a particular health problem with continuing education together;
- Learner's educational levels and circumstances is taken into account;
- Learners are as much as possible involved in the determination of their education needs and in the planning of their continuing education; Problem-solving, learner-oriented, work-based training methods are used
- Suitably experienced and qualified resource persons are identified for the continuing education
- Learning materials are to used or developed in line with the expected educational outcomes;
- There is a dynamic resource center with good networking functions ;
- Supervision is an integral part of the continuing education system;

The continuing education system should inculcate quality assurance, self-evaluation and periodic external evaluation.

**Caring, Respectful, and Compassionate:**

Compassionate care is about our individual willingness to be present, to be kind, to listen, to show appreciation and gratitude, and to respond to suffering.

Patients are Human Beings

Effective communication

Respect for and facilitation of patients' and families' participation in decisions and care; and

Proud and Servant.

**CRC is a Movement of Human-Centered Care**

It's a movement that requires champions who identify with their profession and take pride by helping people.

It calls for a mechanism to persistently remind health professionals the values, hopes, and aspirations that brought them into healthcare.

It requires a culture change and a change in attitude, manner, and approach of health care delivery.

**Why CRC?**

The Signing is on the wall!!!

Lack of role models in many health facilities

Measuring the worth of a health profession by how much it pays

low productivity of health workers and ever rising healthcare cost

lower patient satisfaction rates

No show during regular working hours

Nursing Care is given by relatives.

The Public is losing trust and confidence in our system.

**How are we going to implement CRC?**

multi-pronged approach

- Reforming the recruitment of students for health science students
- Improving the health professionals' training curriculum
- Include patients and families, and citizens as partners of the movement
- Recognition of best performing health professionals
- Inspirational leadership
- Enacting a Patients' Rights and Responsibilities law

## Job Classification, Description and Induction/Orientation

### Job Classification

- Indicates that jobs for all staff are classified based on a system of job evaluation according to a series of predetermined wage grades).
- Enables an organization to determine the overall worth and value of a job to that organization for the purpose of establishing a compensation system.
- The organization evaluates and groups its job descriptions with regard to the work to be done (for what purpose, with what methods and materials, qualifications).
- Each job fits within a classification (e.g., medical officer, nurse) that describes duties, responsibilities and qualifications.
- Allows organizations to standardize the jobs and types of skills required as well as salary ranges based on qualifications.
- Establishes a formal classification system with job or position descriptions comprising title, qualifications, duties for various levels of staff (clinical, technical, and support staff).
  - Qualification standards are used to set minimum requirements and guide pay grades.

## Motivation Theories

### The process of motivation

Motivation is goal-directed behavior. People are motivated when they expect that a course of action is likely to lead to the attainment of a goal and a valued reward – one that satisfies their needs and wants.

### Types of motivation

The two basic types are intrinsic and extrinsic motivation.

### Motivation theories

There are a number of motivation theories which, in the main, are complementary to one another. The most significant theories are those concerned with expectancy, goal setting and equity, which are classified as process or cognitive theories.

**Motivation and money**

Money is a powerful motivating force because it is linked directly or indirectly to the satisfaction of many needs. Money may in itself have no intrinsic meaning, but it acquires significant motivating power because it comes to symbolize so many intangible goals.

**Motivation strategies**

Motivation strategies aim to create a working environment and to develop policies and practices that will provide for higher levels of performance from employees.
They include the development of total reward systems and performance management processes, the design of intrinsically motivating jobs and leadership development programs.

## Supervision

**Supportive supervision**

It is a proven approach that helps transfer knowledge. The practice also ensures that learning goes further beyond the traditional training setting. The ultimate goal of supervision, therefore, is to create a sustainable system that provides health workers with consistent guidance and mentoring for them to implement and maintain effective services.

Supportive supervision is helping to make things work, rather than checking to see what is wrong.
Supportive supervision is aimed towards the goals of improved performance and quality of service. Supportive supervisors serve as catalysts for staff development and capacity building.

**Supportive Supervision Is Essential For Health Work Force Performance**

Supportive supervision is a process whereby managers and supervisors guide and encourage personnel to optimize their performance in a supportive environment and recognize them when they attain a high level of performance. Unlike traditional approaches to supervision, in supportive supervision the supervisor works closely with people he or she supervises to establish goals, monitor progress and identify opportunities for improvement. If carried out properly, supportive supervision can lead to:

- higher health worker motivation
- increased and sustained job satisfaction
- improved service quality, as staff learn and improve skills on-the-job
- efficient use of resources, as staff are supported to prioritize activities and allocate resources accordingly
- enhanced equity in access to services, as staff are reminded of the health needs of the population and encouraged to work towards meeting these needs.

## Supervision checklists

**To supervise a health facility you have to answer the following questions:**

Who is responsible for clinical supervision of primary care facilities?

Does each facility have a recognized clinical supervisor?

How many different clinical supervisors (e.g., for different programs such as HIV, malaria, maternal health) visit a primary care facility (the more supervisors, the less integrated the system)?

Is supervision of the supportive or the traditional inspection type?

How many supervisors received training on how to conduct supervision in the last year?

To what degree is supervision integrated? Do supervisory teams conduct supervisions using a single supervision tool?

What is the frequency of supervision visits? To be conducted each month or quarter?

Does a document that formally defines the content of supervision or method of supervision exist? If so, describe it. Get a copy to be able to describe how supervision works.

- How do supervisors stay up-to-date with new standards of care? How many supervisors received clinical updates in the last year?
- Do supervisors have a plan and schedule; conduct joint problem solving, keep supervision records, and follow up (continuity) on issues identified in the last visit

# Unit 2: Health Care Financing & Financial Management

## AIM

This unit aims to help training participants oversee financial resource utilization and facilitate the rollout of health care financing reform and strategy of the nation.

### Unit outline

**Session 1**: Health care financing in Ethiopia
**Session 2**: Health care financing reform in Ethiopia
**Session 3**: Financial Management
**Session 4**: Financial Audit in the Health Sector

## Session 1: Health Care Financing in Ethiopia

### Session objectives

**At the end of this session, participants will be able to:**

- Discuss the health care financing strategies in Ethiopia
- Identify financial resource mobilization schemes

**Materials**

- Power point presentation
- Flipchart and Marker
- Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Group exercise***

*In your experiences within the health sector, remember a time when you were told to cancel an important health care activity that was initially approved in your plan. What was the reason you were told? Have you attempted to mobilize resources within your organization or outside to fill in the gap? How was the outcome?*

*In your team, discuss challenges and opportunities in health care financing?*

**Health Care Financing**

- A mechanism, by which financial resources/money is mobilized, allocated and utilized to fund the health sector activities.
- Deals with mobilization, allocation, and utilization of funds for health care to cover the health needs of the people and for specific types of health care services.
    - Is concerned with the whole process of health care financing: where the money comes from; how it is collected; how it is pooled; and how it is used to pay health service providers

Health care financing reform, similarly, is an alternative arrangement for mobilizing, collecting, paying and managing health resources in order to increase efficiency, promote equity and improve access and quality of health services.

**Health Care Financing in Ethiopia**

***The main elements of Health care financing include:***

*Raising sufficient revenue in a sustainable manner*
*Pooling risk equitably and efficiently*
*Purchasing health services to cover the health needs of the community*

Lack of sufficient funds has been one of the most critically limiting factors to improve access and quality of the health care system in Ethiopia. To alleviate the persistent under-financing of the health sector and mobilize sufficient amount of resources, the Federal Ministry of Health of Ethiopia has been implementing the Health Care and Financing Strategy since its development in 1998.

Allowing health facilities to retain and utilize fees, rationalizing, and systematizing rules for fee waivers and exemption; taking steps to revise user fees and reforms on facility governance are among the specific strategies of the Health Care Financing.

***The main objectives of the health care financing strategy include:***

*Mobilization of increased resources to the health sector*
*Promoting efficient allocation*
*Effective expenditure management for allocative equity*
*Efficient utilization of available health resources*
*Promoting and strengthening sustainable health care financing*

**Major questions to be addressed on health care financing:**

What services should be produced to achieve health goals?
How much do they cost?
Who gets what?
Who pays?

*A health financing should aim to utilize local potentials and consider and include all private and public service providers and resources.*

**Basic principles of resource mobilization:**

**Strive for sufficiency:** Make every possible effort in raising enough revenues to meet the gaps in health financing

**Focus on technical efficiency:** Align to priorities & doing first things right

**Ensure Equity**

**Transparent management of resources:** Make use of modern management methods,

**Effective expenditure**: Manage, Financial Control and Auditing

**One Budget**

Every cost center (federal, regional, zonal, Woreda, facility) should know about all financial and non-financial resources allocated and spent in each health sector. Ideally, the money should be in one, pooled health account.

One budget means bringing together all the sources of money each received into one document (and ideally even into one, pooled account). This is a vital management tool - planning and setting priorities cannot be done properly without this.

## Session 2: Health Care Financing Reform in Ethiopia

### Session objectives

**At the end of this session, participants will be able to:**

- Analyze opportunities and challenges of the health care financing reform
- Make appropriate decisions on health care financing reform agendas
- Discuss Health Care Insurance schemes designed in Ethiopia

**Materials**

Power point presentation

Flipchart and marker and Supplementary note

***Activity 1***
***Duration: 20 minutes***
***Group exercise***

*As a health manager, you are in a position to make decisions on revenues generated by health facilities. You delayed your decision because you feel that you need more information about the targeting criteria for fee waiver and exemption services and incomplete income reports received from private wings.*

*Discuss how you leverage information about the qualification for exemption?*
*Which services/conditions qualify someone for exemption?*
*How you plan to improve management of the private wing in your setting? In your team discuss:*

*The practical challenges in managing revenues generated within the health sector. And propose possible strategies to overcome the challenges?*
*Make brief presentations to the plenary*

**Facility Governance, revenue retention and utilization**

The health care financing reform strategy shall be implemented at all levels of the health system which includes Federal, Regional and Woreda health management and facility levels. At facility level,

Each Hospital shall be administered by Hospital Management Board that has legal personality and accountable to the Bureau/Zone Health Desk according to the level of the hospital.

Each Health center shall be administered by a Management Committee established from the Health Center's departments and chaired by the Health Center Head (Overseen by basic Health Service Management Committee/in Amhara/). The Health Center's Management Committee is accountable to the Woreda Health Office

**Role of RHBs in facility governance**

Ensure block budget provision to hospitals

Provide technical assistance in setting proper system for operation

Create an enabling environment for hospitals to obtain the necessary manpower, material and finances

Nominate board members

Approve short, medium and long term plans and budget of the hospital

Hires general manager and approves employment and promotion of department heads

Hire required employees and fire those found unfit

Determine responsibility and duty allowances

Determine non-clinical services to be outsourced

Set standards and follow operation of private wing

Details of implementations are indicated in the Health Care Financing Manual of Federal Ministry of Health.

**Revenue Retention and Utilization**

Revenue retention is one of the components of the health care and financing reform for increasing the provision of quality health services in Ethiopia.

**Sources of Facility Revenue and collection mechanism:**

Block budget appropriated by the government

Fees collected from health care and diagnostic services as well as beds and other services related to medical treatment;

Sale of drugs and medical supplies

Revenue collected from third parties in connection with waiver and health insurance schemes

Fees collected from consultancy, trainings and research activities

Income from non-medical services and goods such as lease of facilities and other similar activities

Direct aid in cash and in kind obtained from domestic and outside sources

Other similar revenue sources

**User fee setting and revision**

One of the key guiding principles of the health care and financing strategy is that health services at government health facilities will be based on a ***cost-sharing principle***. As a result, setting health service fee became the responsibility of the regional government, i.e., the bureau of health/regional council.

The health facility management can initiate the proposal for user fee revision and submit the proposal to the health bureau through the Hospital management board and Health centers through the Health Offices.

The respective RHB shall examine the user fee proposal in terms of the ***ability*** and ***willingness of users to pay***; the intended purpose for the revision; and submits to the regional cabinet for ratification. User fees may be revised every of five years based on careful assessment of the response to changes in fees.

## Health Insurance

Formal arrangements where insured persons are protected from the cost of medical services are covered by the insurance plan.

A lawful provision relieving the public from the unforeseen medical bills that would otherwise be a burden on the hard earned savings.

**Rationale for health insurance:**

Elimination of catastrophic health expenditure,

Improves utilization of health services

Creates risk pooling b/n different income groups.

Improves the quality of healthcare services.

Ensures equity in health care provision.

Strengthen community participation in the management of health services.

It provides additional source of funds to the health sector.

Cost sharing

**Types of Insurance**

**i. Social Health Insurance**:

A mandatory, non-for- profit health insurance program for formal sector employees financed by earmarked payroll/pension contributions both from employees and employers.

Funded by Government & operated through Ministry of Health.

Provide Universal coverage.

**Community Based Health Insurance:**

Voluntary health insurance schemes organized at the level of the community

Communities finance or co-finance the costs of health services they benefit.

**Voluntary Health Insurance:**

Unlike social health insurance, voluntary systems do not rely as much on local or national social solidarity and stable formal labor markets.

## Session 3: Financial Management

### Session objectives

**At the end of this session, participants will be able to:**

- Discuss principles of financial management
- Utilize financial information for decision making

**Materials**

Power point presentation

Flipchart and Marker

Supplementary note

***Activity 1***
***Duration: 20 minutes***
***Group Exercise***

*Share to a person next to you any experience you had regarding financial documents you submitted after a field trip. The document returned back to you because of inadequate accounting documentation/s and budget coding. How did you respond to? What lesson you learned after wards?*
*In your team discuss the accounting procedures and the accounting cycle taking place in your work place. How do you often use financial data to make evidence based decisions? Report your discussion points to the plenary*

**Financial Management**

Financial management could be defined as the planning, directing, monitoring, organizing and controlling of the financial resources of health facilities to ensure regular and adequate supply of funds to provide health services and optimum utilization of resources.

The purpose of financial management is to assure adequate funding for all health care services in the nation, provided they are shown to be necessary, effective, and economical.

**Basic accounting procedures and cycle in the health system**

Managers within the sector have to ensure that deferent units of the health sector are following and implementing proper financial management system. Revenue collection, utilization and reporting systems should align with government financial management following modified government cash base accounting system.

## Session 4: Financial Audit in the Health Sector

### Session objectives

**At the end of this session, participants will be able to:**

- Describe the importance of financial audits to improve management decisions
- Identify challenges in applying financial audit findings

**Materials**

Power point presentation
Flipchart and Marker
Supplementary note

***Activity 1***
***Duration: 20 minutes***
***Group exercise***

*In your team discuss any of your experiences applying audit recommendation to improve your department's financial management. How was it important to work closely with your finance team?*

*In contrast: as sometimes happened; any experience you have a finding unattended between two audit periods. Why it was not improved after the first audit? How did you manage to improve it later?*

*Report your experiences to the plenary*

An audit is the examination of the financial report of an organization - as presented in the annual report - by someone independent of that organization. The financial report includes a balance sheet, an income statement, a statement of changes in equity, a cash flow statement, and notes comprising a summary of significant accounting policies and other explanatory notes.

When examining the financial report, auditors must follow auditing standards which are set by a government body, usually ministries of finance or audit commissions. Once auditors have completed their work, they write an audit report, explaining what they have done and giving an opinion drawn from their work.

Auditing is required because it helps in improving internal controls in an organization and therefore helping an organization meet its objectives. For the case of a public sector organization like MOH, an external audit is compulsory, as this takes care of any foul play taking place through the interference of management or workers in the public company. It is also considered that an auditor from outside will carry out the work professionally and impartially.

Auditing is only important and useful for stakeholders that have an interest in public organizations. Stakeholders require an assurance on management behaviors and assertions that they make in financial reports. This is the primary function of external auditors; that's to provide credibility to the financial information that stakeholders need to make sound decisions. Stakeholders do not need every type of information; they specifically need error free reliable information.

Leaders and managers are usually expected to work with their teams in planning, implementing and following up of audit recommendations. They are expected to be so pragmatic, not defensive for specific and objective audit findings, as they are instrumental to improve performances of their organization, departments, directorates they lead and manage.

# Handout for unit 2

## Unit II: Health Care Financing and Financial Management

### Health Care Financing

### Components of the health care financing reform

The health care financing reform being implemented in Ethiopia has the following eight components (Zelelew, 2012):

**Revenue retention and utilization:** health facilities are allowed to retain and use their revenue for health service quality improvements.

**Systematizing fee waiver system:** In districts where the new fee waiver system is functioning, a recognizable number of those at the poverty level will be able to access free health care.

**Standardizing exemption services:** Health facilities are expected to post the lists of exempted services and the list need to be uniform for the facility at each level.

**Outsourcing of nonclinical services in public hospitals:** The purpose of outsourcing is to improve efficiency, reduce costs, and enable health facilities to focus on their core clinical services.

**User fee setting and revision:** The health care financing strategy clearly stipulated that user fees needed to be revised to reflect the costs of delivering health care services, but also underscored that individuals should be charged according to their ability to pay. Cost sharing between the government and users was one of the principles of the health care financing strategy.

**Initiation of health insurance:** The government is in the process of initiating health insurance schemes; social health insurance for the formal sector, and community-based health insurance for citizens in the informal and agriculture sectors.

**Establishment of a private wing in public hospitals:** Public hospitals are allowed to open and operationalize a private wing with the primary objective of improving health worker retention, providing alternatives and choices to private health service users, and generating additional income for health facilities.

**Health facility autonomy through establishment of governing bodies.**

### Fee Waiver and Exemption System

#### Concept of Fee Waiver

A fee waiver is a right conferred to a household or individual that entitles the household/the individual to obtain health services in certain health facilities at no direct charge or at reduced price.

One of the main purposes of the fee waiver system is to ensure equity in access to health services by increasing access of the poor to health services. The system's

other major purpose is to increase the financial capacity of health facilities to improve health service quality. This can be achieved if the health facility uses the reimbursements received for the cost of the services they provide through fee waivers to improve care and service at the facility

Public awareness shall be created and information shall be disseminated to the public and concerned bodies including health facility staff concerning:

The availability of such service and procedures to obtain the services

The criteria for eligibility

Misusing of the right and the accountability that follows

The waiver system must be well understood by all concerned staff and fully implemented at all Health Centers and Hospitals.

**Beneficiaries of Fee Waiver Scheme and Eligibility Criteria**

Households/Individuals identified as poor through mechanisms put in place for this purpose are eligible for fee waiver. Those mechanisms are described below

According to the Proclamation and Regulation issued to determine the Health Service Delivery, Administration and Management of the regions, the following individuals and groups are beneficiaries of the fee waiver scheme:

- Households/Individuals who cannot afford to pay for health services and thus are provided waiver certificates from Woreda administration offices. These are persons who are identified as poor, in line with procedures under fee waiver criteria.
- Street children and homeless citizens who can provide evidence from the bureau/office of labor and social affairs. The Bureau/Office of Labor and Social Affairs (OLSA) shall keep record of street and abandoned children who have no support.
- Displaced persons when they provide evidence from Kebele administration, and disaster prevention and preparedness bureau
- Persons receiving 24 hours emergency care provided by health institutions, who cannot afford to pay for the service, and people with no third party accountable for them. These include:

Persons who are admitted to a health facility unconscious. Once the persons are out of the emergency care, they do not qualify for this

Persons who are receiving 24-hour emergency care are required to pay the payment for services rendered, if they are not holders of waiver certificate.

**Exemption System**

Exempted health services refer to those services that are rendered free of charge to all irrespective of level of income by reason of them being of public health nature that widely affects the general public and improving the health seeking behavior of the society.

The following are lists of currently exempted services provided free of charge by health facilities irrespective of the ability to pay under the regional government:

- Diagnosis, treatment and follow-up of TB;
- Prenatal, delivery and postnatal services in primary health care units (Health Posts and Health Center
- Family planning services in health care units;
- Immunization of mothers and children against six child illnesses;
- HIV Voluntary Counseling and Testing (VCT);
- Leprosy management
- Epidemic follow-up and control;
- Fistula management
- Immunization and treatment of health professionals to reduce risk related to occupational hazards
- Other services to be provided free of charge on reason of future endorsement by government.

When the list of exemptions changes, the revised exemption list will be distributed separately from this manual. All concerned with provision of health care services should also be familiar with the current list of exemptions.

The regional government can revise the list of exempted services upon the proposal presented by the Health Bureau.

Health facilities shall post both the fees payable and the conditions under which health services are provided free of charge.

The Health Office/Bureau and health institutions have the responsibility to create awareness of the exempted health services and to encourage the community by posting, broadcasting in the mass medias and or advertising.

The health institutions shall finance the costs of exempted services from the appropriated government budget or donations.

| Source of Finance | Third NHA 2004/05 (Birr) | Fourth NHA 2007/2008 (birr) | Fifth NHA 2010/11 (Birr) | Change in Health Expenditure from NHA 4 to NHA 5 (%) |
|---|---|---|---|---|
| Government including parastatals | 1,376,331,696 | 2,476,381,390 | 4,126,681,043 | 67% |
| Households | 1,382,770,265 | 4,125,367,110 | 8,926,754,560 | 116% |
| Rest of the world [24] | 1,661,413,034 | 4,364,465,742 | 13,193,919,360 | 202% |
| All other sources | 87,228,590 | 156,807,872 | 217,511,290 | 39% |
| National Health Expenditure (NHE) | 4,507,743,585 | 11,123,022,114 | 26,464,866,253 | 138% |

**Table 4.2: Trend in health spending by major financing sources, 2004/2005-2010/2011**

## Health Financing

Regional health bureaus and Woreda health offices and their respective management teams are responsible for planning, managing, coordinating and evaluating the financing and provision of services in regions and Woredas.

***The team is expected to:***

– *Identify financing gaps, mobilize the necessary resources and ensure efficient utilization to deliver quality, efficient, equitable and sustainable health services to the community.*

*The purpose of health financing is to assure adequate funding for all health care services*. Financial requirements need to be assessed in line with agreed health goals, and appropriate resources need to be generated and mobilized. It is essential that the financial source for these resources and the specific payment procedures used should be stated clearly.

**Minimum requirements from all stakeholders at Woreda Level:**

All stakeholders (RHBs, NGOs, etc.) are expected to inform Woreda health office of the amount and purpose of funds during the resource mapping exercise.

All the activities of stakeholders to be described in the Woreda health office detailed annual plan and the funds specified in the accompanying budget.

This means that there will be no need for the Woreda health office to refer to separate stakeholder documents during the implementation and monitoring phases.

Detailed annual plans at all levels should include the activities of all relevant stakeholders/ partners–and the funding should be specified in the accompanying budget.

**Outsourcing and Private Wings:**

Health facilities can outsource non clinical services to third parties so that they can focus on their core business of providing health services.

Accordingly, services to be outsourced include:

- Cleaning services
- Laundry
- Food preparation and supply
- Fixed assets maintenance and services
- Printing services
- Protection services
- Transportation services and others which the hospital board may decide to include in the list

**Why private wing?**

- To mobilize additional resources
- To improve quality of service in the non-private wing sections
- To increase motivation and reduce attrition of health workers
- To provide an alternative choices of care
- Hires general manager and approves employment and promotion of department heads
- Hire required employees and fire those found unfit
- Determine responsibility and duty allowances
- Determine non-clinical services to be outsourced
- Set standards and follow operation of private wing
- Details of implementations are indicated in the Health Care Financing Manual of Federal Ministry of Health.

**Working arrangements**

- Working hour to be determined by board
- No differentiation on quality of care
- Staff to be shared from government referral links
- Surplus margin of fee setting to be determined by RHB
- Detailed fee-for-services to be proposed by hospitals

**Financial management involves two functions: Financial Accounting and Managerial Accounting.**

**Financial Accounting** refers to the counting & valuation of resources that provide internal & external parties information about an organization's financial status & operations. It involves creation of statements or performance reports of the historical financial status (e.g., balance sheet & income statements) & current financial (e.g., cash flow statements) status at the organization (aggregate) level.

**Managerial Accounting** refers to tools & skills necessary for managers to make better financial plans & decisions. It is the critical component of strategic thinking. Here the focus changes from aggregate level to the subunit/department level. Managerial

accounting involves creation of budget, which is one of the financial statements.
Generally, key topics of managerial accounting are:

- Cost behavior – (fixed and variable costs)
- Profit planning
- Cost allocation
- Pricing & service decisions
- Planning & budgeting

The purpose of financial management is to assure adequate funding for all health care services in the nation, provided they are shown to be necessary, effective, and economical.

**Basic accounting procedures and cycle in the health system**

Managers within the sector have to ensure that deferent units of the health sector are following and implementing proper financial management system. Revenue collection, utilization and reporting systems should align with government financial management following modified government cash base accounting system.

## Audit theories

There are several different theories that may explain the demand for audit services. Some of them are well known in research and some of them are more based on perceptions.

Auditing theory helps explain why auditing is needed in the first place. What is the role or purpose the audit process is having in the communication between a company and its environment? Furthermore, auditing theory attempts to explain why some of the postulates and key concepts of auditing are so important (Mautz and Sharaf 1961; Flint 1988). Auditing theory also uncovers some of the laws that govern the audit process and its activities. Finally, it provides us with a framework for understanding the relationships and interrelationships between different parties of a ministry or a bureau.

Audit Regulators: These independent organizations as Audit commissions or agencies like General Audit Agencies are tasked with overseeing wide range of public ministries to ensure individual ministries are operating fairly and legally. They may make use of audited accounts as part of the ongoing monitoring of each ministry or to help with more specific investigations.

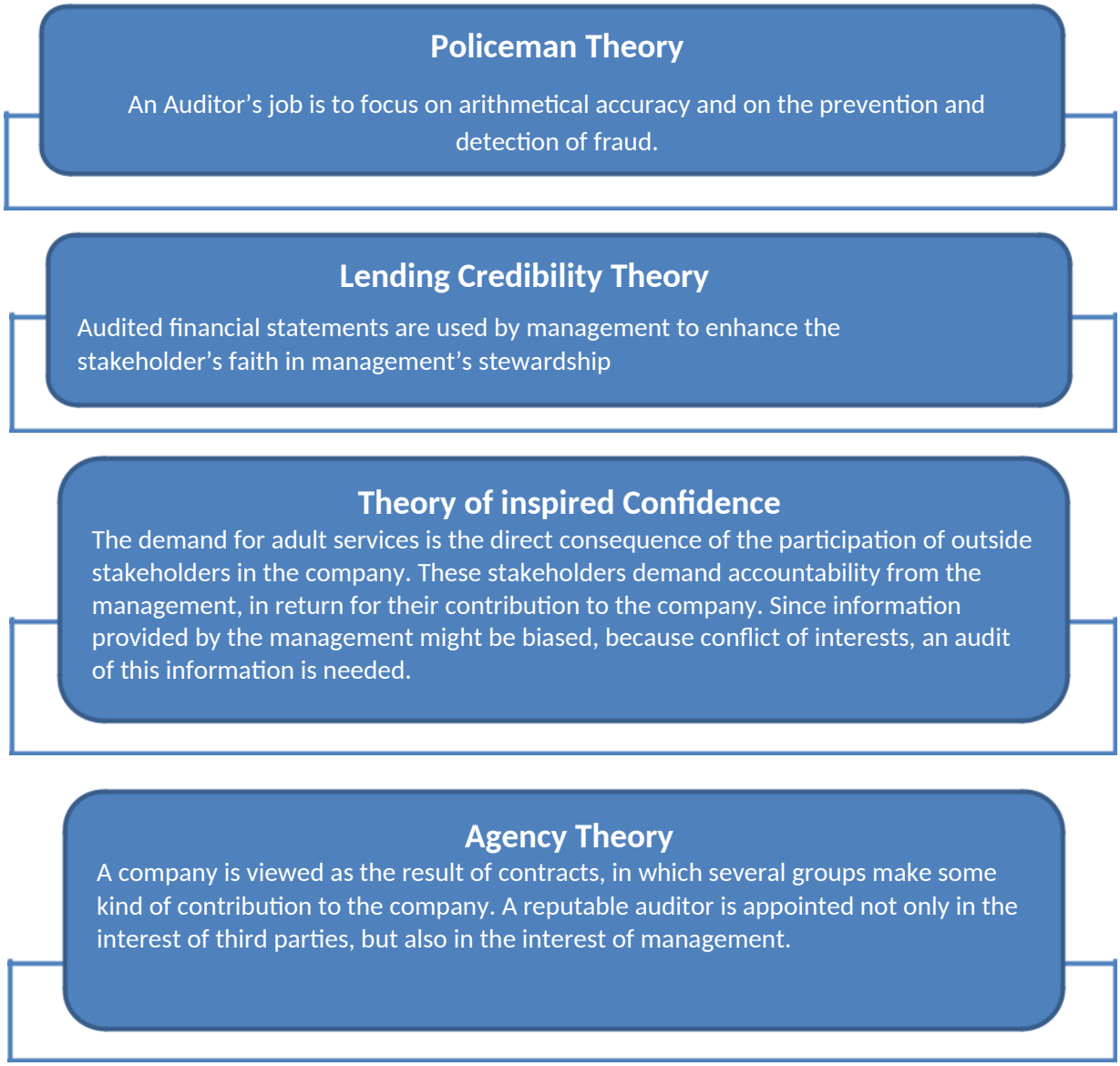



**Figure 4.2: Four theories of auditing (Hayes et al. 2005)**

**How is the audit conducted?**

The management prepares the financial report. It must be prepared in accordance with legal requirements and financial reporting standards.

The senior directors or other relevant authorities approve the financial report.

Auditors start their examination by gaining an understanding of the organization's activities, and considering the economic and sector wide issues that might have affected the activities of the ministry of health/RHBs during the reporting period.

For each major activity listed in the financial report, auditors identify and assess any risks which could have a significant impact on the financial position or financial

performance, and also some of the measures (called internal controls) that the FMOH/RHBs/Organization has put in place to mitigate those risks.

Based on the risks and controls identified, auditors consider what management has done to ensure the financial report is accurate, and examine supporting evidence.

Auditors then make a judgment as to whether the financial report taken as a whole presents a true and fair view of the financial results and position of the bureau/ministry and its cash flows, and is in compliance with financial reporting standards and, if applicable, the financial Act of the ministry of finance .

Finally, auditors prepare an audit report setting out their opinion, for the ministry's /Bureau's/organization's stakeholders.

**Relevance of audit reports**

The professional auditors are assigned by the federal or regional governments. This means that the auditor works for and reports to relevant bodies including for federal and regional parliaments. However, the target group or user group of audit reports can be seen as much broader. External authorities, financial analysts, i.e. users of financial statements, can all be considered users of audit reports.

In reality, the world is far more complex than a simple agency model of audit suggests. While the shareholder-orientated purpose of the statutory audit is clear, many other people have a keen interest in organizations and see the audit as a way of reinforcing trust and confidence.

Audit affects a wide variety of people within an organization. For example, we know that government wants the audit to serve and protect its interests in the ministries/organizations it owns but:

Officials like ministers or directors may want auditors to support them in discharging their responsibilities;

Some officials or managers may want auditors to understand their organizations and add value by providing business advice and helping them improve their financial management ;

Audit regulators as audit commissions ; may want auditors to be accountable for meeting clear standards of performance and maintaining audit quality;

Audit regulators of organizations may see the audit as providing comfort that organizations are complying with their rules and regulations;

Funding agencies or ministries of finance may see the audit as providing comfort that organizations will continue to be able to perform well and provide services

Employees may want the audit to provide some comfort about job security and the future direction of the organization by identifying risks and threats and recommending proper actions for improvement.

## Unit 3: Logistics and Pharmaceutical Management

### AIM

The aim of this unit is to help participants review the national logistics and pharmaceutical management system and use the information generated to improve supply chain management**.**

### Unit outline

**Session 1**: Introduction to Logistics and Pharmaceutical Management
**Session 2**: Inventory Management and Good Storage Practices
**Session 3**: Logistics Management Information System (LMIS)

## Session 1: Introduction to Logistics and Pharmaceutical Management

| Session Objectives |
|---|
| **At the end of this session, participants will be able to:** |
| Discuss the national logistic and pharmaceutical management system |
| Describe the components of logistic cycle |

**Materials**

Power point presentation
Flipchart and Marker
Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Have you ever encountered any problem with supply chain management in your organization? Identify specific intervention areas that could be manageable at your level. Share your responses to the plenary.*

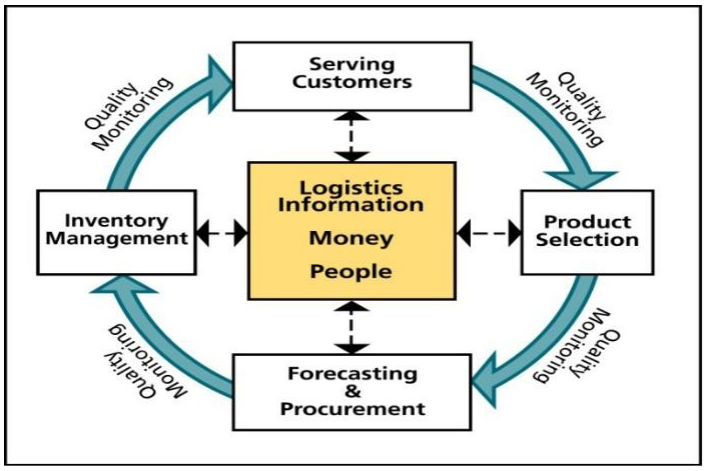
**Pharmaceutical Logistics System** is a system of selecting, quantifying, supply-planning, ordering/procuring and distributing products from one level to another and for collecting information according to schedule.

Different products are being managed through different systems. But, according to the Proclamation to establish FMOH Pharmaceutical Fund and Supply Agency (PFSA), in the future, all pharmaceutical products will be managed under an Integrated Pharmaceutical Logistics System (IPLS).

**Types of Logistics Systems**

**I. Allocation or "Push" System:** is a logistics system that the higher-level decides what, when and how much of each pharmaceuticals move down through the system. Quantities to be issued are determined by the authority issuing the supplies.

**Requisition or "Pull" system:** is a logistics system that the lower level orders what, when and how much of each pharmaceuticals, thus pulling or receiving through the system.




Source: USAID/JSI/DELIVER. 2004.

**Figure 4.3: Components of the Logistics Cycle**

The circular shape in the above figure indicates the interdependence of the various elements in the cycle. For example, product selection should be based on serving customers.

**Integrated Pharmaceutical and Logistics System**

## A. Overview of Pharmaceuticals and Information flow in IPLS

Figure below illustrates the overall flow of pharmaceuticals and information in the IPLS. Pharmaceuticals are ordered every two months by hospitals and health centers from the Pharmaceutical Fund and Supply Agency (PFSA) and delivered by PFSA to these facilities. Health posts report to health centers monthly and collect pharmaceuticals from those health centers; the health centers use the data in the Health Post report to calculate consumption and re-supply quantities. Health centers and hospitals manage their own budgets for the purchase of pharmaceuticals.

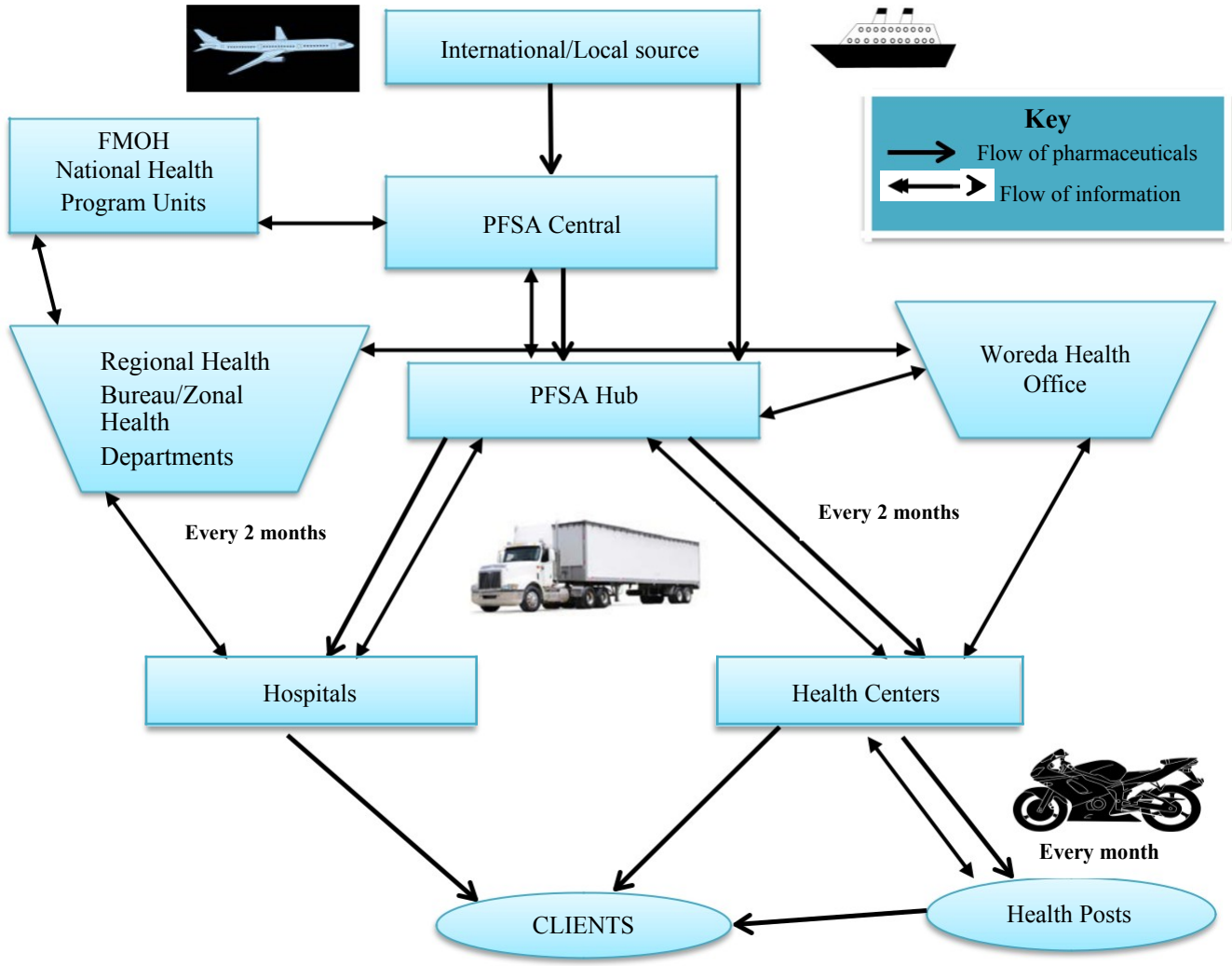



**Figure 4.4: Flow of Pharmaceuticals and Information in the Integrated Pharmaceutical Logistics System (IPLS)**

Logistics information is collected and reported monthly by health posts and every other month by health centers and hospitals on logistics management information system (LMIS) forms.

A combined report and order form is completed by health centers and hospitals and sent to PFSA Hubs for order processing; the health center order includes the pharmaceuticals requirements of the health posts.

A copy of the health center report and order and a copy of each health post report are sent to the Woreda Health Office for management and supervision purposes; a copy of the hospital report and order is sent to the Regional Health Bureau for management and supervision purposes.

The Woreda Health Office aggregate logistics data from the health centers and send aggregated reports of logistics data to the RHB/ZHD.

The overall information system also includes a mechanism for providing “feedback” to

lower level facilities from upper level facilities. In the feedback reports, facilities will be able to see how they are performing compared to other facilities in their geographical area. For instance, the Woreda or PFSA Hub may provide a short report to all of the health center in the Woreda/Hub showing the stock status of priority products (key pharmaceuticals) in the various health centers, the number of stock outs, the reporting rate or increases/decreases in consumption. The Woreda or PFSA might also provide specific reports to health centers pointing out errors in their reports.

### B. Roles and Responsibilities

IPLS implementation requires collaborative efforts of different officials and professionals working at all levels of the Ministry's system. The roles and responsibilities for organizations and personnel involved in this system are listed below.

| Unit | Personnel | Roles and Responsibilities |
|---|---|---|
| PFSA | Relevant officials and professionals | 1. Forecast national pharmaceuticals need based on the demand of Health Facilities.<br>2. Procure and store pharmaceuticals.<br>3. Determine stock levels.<br>4. Receive reports and orders from health facilities and distribute to pharmaceuticals health facilities<br>5. Maintain stock records and monitor stock status.<br>6. Build the capacity of health facilities in the areas of pharmaceuticals supply management and rational pharmaceuticals use through provision of technical and material support.<br>7. Exchange information with FMOH and Regional Health Bureaus (RHBs) regarding the supply and use of pharmaceuticals.<br>8. Coordinate a n d lead partners w o r k i n g o n supply management and rational pharmaceuticals use.<br>9. Undertake supportive supervision in health facilities in collaboration with relevant stakeholders<br>Prepare data recording, requisition and reporting formats.<br>10. Monitor and evaluate the performance of the logistics system.<br>11. Improve facility store management in collaboration with the ministry and partners |

| | | |
|---|---|---|
| FMOH - Relevant Programs | Relevant officials and professionals | Participate in pharmaceuticals forecasting with PFSA<br>Advocate for financial support for pharmaceuticals<br>Coordinate donor contributions to pharmaceuticals stocks<br>Monitor stock levels and program supply performance<br>Process payment to PFSA for delivery of program products<br>Communicate program plans and donor activities that affect demand for pharmaceuticals with PFSA. |

| Unit | Personnel | Roles and Responsibilities |
|---|---|---|
| Regional Health Bureaus/ Zonal Health Department | Relevant officials and professionals | Receive and review Woreda aggregated reports; aggregate and summarize hospital and health centre pharmaceuticals logistics data contained in the reports they receive<br>Provide technical assistance and supervision in logistics management to health facilities<br>Supervise stock management, ordering, and reporting functions of Hospitals<br>Monitor pharmaceutical budget and pharmaceutical availability<br>Ensure adequate funds for procurement of essential pharmaceuticals at each hospital.<br>6. Monitor and evaluate system performance (reporting rates, consumption rates, stock levels, storage conditions); provide feedback to facilities and/or Woreda<br>7. Provide guidelines to facilities when necessary<br>8. Enforce policies as related to pharmaceutical logistics management<br>9. Monitor and oversee annual pharmaceutical quantification of Woreda health offices |
| | | |

| | | |
|---|---|---|
| Health Office<br>Woreda | Relevant officials and professionals | 1. Aggregate and summarize health center pharmaceuticals logistics data and provide to the regions<br>2. Supervise stock management, ordering, and reporting functions of health posts and health Centers; confirm pharmaceuticals are in place at Health Centers and Health Posts<br>3. Monitor pharmaceutical budget and pharmaceutical availability<br>4. Ensure adequate funds for procurement of essential pharmaceuticals at each health center.<br>5. Monitor system performance (reporting rates, consumption rates, stock levels, storage conditions)<br>6. Review client satisfaction with the provision of pharmaceuticals in health facilities.<br>7. Monitor annual pharmaceutical quantification of health facilities<br>8. Aggregate annual pharmaceutical quantification of health facilities and send it to respective PFSA hub. |

It is also important for the participants to know that the **Auditable Pharmacy Transactions and Services (APTS)** initiative is underway to improve the quality of pharmacy services in high volume hospitals. Through APTS, hospitals have established evidence-based, transparent and accountable pharmaceutical services and financial transactions. Moreover, the pharmaceutical services have become auditable, therefore, reducing wastages of medicines, expiry rates, as well as, improving rational drug use. Currently more than 30 hospitals from different regions have been implementing APTS with encouraging results.

## Session 2: Inventory Management & Good Storage Practices

### Session objectives

**At the end of this session, participants will be able to:**

- Describe inventory management
- Review the organization's inventory and storage system

**Materials**

- Power point presentation
- Flipchart and Marker
- Supplementary note

***Activity 1***

***Duration: 15 minutes***

*In your team, review your organization's inventory system:*

- *What challenges your organization faced related to inventory and storage of logistics? How generated data from inventory report are used for improving decision making regarding inventory?*

*Share your response to the plenary.*

**Inventory Management (Inventory Control) System**

An **inventory management** is a system that informs the store manager how much stock is available, when to order more stock, when to issue, how much to order or issue, and how to maintain an appropriate stock level of all pharmaceutical products to avoid shortages or overstock. Inventory management also comprises **distribution** and **transportation.**

**Purpose of Inventory Management (Inventory Control System)**

The underlying purpose of inventory management system is to make sure enough pharmaceutical products are readily available.

In order to manage pharmaceuticals successfully, complete and accurate information (record) should be available at each level of the logistics system: when they are stored (using Inventory Control Cards); transported (using Transaction Records); and used (using Consumption Records).

**Responsibilities in Inventory & Storage of Logistics/Pharmaceuticals**

Management of warehouse/stores is the responsibility of almost all stakeholders and all can contribute to for the establishment of standard and acceptable storage condition. Regional/ Woredas responsibilities include:

- Allocating budgets to improve the storage condition in health facilities under their area,
- Provide supportive supervision and training in improving storage conditions

Help facilities to distract damaged and expired pharmaceutical products according to the national guideline

## Inventory Control System in IPLS

The purpose of an inventory control system is to inform personnel when and how much of a pharmaceuticals to order and to maintain an appropriate stock level to meet the needs of patients.

A well designed and well operated inventory control system helps to prevent shortages, oversupply, and expiry of pharmaceuticals.

To help maintain adequate stock levels, the *maximum months of stock, minimum months of stock and* an *emergency order point have* been established for each health facility in the system.

The maximum months of stock is the largest amount of each pharmaceutical a facility should hold at any one time. If a facility has more than the maximum, it is overstocked and risks having stocks expire before they are used.

- The minimum months of stock is the level of stock at which actions to replenish inventory should occur under normal conditions.
- The emergency order point is the level where the risk of stocking out is likely, and an emergency order should be placed immediately.

The inventory control system for the IPLS is a 'Forced Ordering Maximum/Minimum' inventory control system. This means that all facilities are required to report on a fixed schedule (monthly at health posts, every other month at health centers and hospitals) for all products. In addition, all products are re-supplied each time a report is completed. In emergencies, an emergency order can be placed. In practice, this means that:

Health centers and hospitals are required to report and order every two months.

Health centers and hospitals calculate their own order quantities, ordering sufficient quantities of all pharmaceuticals to bring stock levels up to the maximum level.

Health posts report data monthly to their affiliated Health Centre.

The Health center calculates the re-supply quantities that are needed to bring health post stocks up to the maximum level.

If the stock on hand for any product at a facility falls below a set emergency order point before the end of the reporting period, an emergency order should be placed.

The maximum months of stock, the minimum months of stock and emergency order points for the different levels of the health logistics system are shown in the following table:

| Level | Review Period | Maximum Months of Stock | Minimum Months of Stock | Emergency Order Point |
|---|---|---|---|---|
| Health Centers and Hospitals | Every other month | 4 months | 2 months | 0.5 months (= 2 weeks) |
| Health Posts | Monthly | 2 months | 1 months | 0.25 months (= 1 week) |

Within hospitals and health centers, products will be managed centrally in the Pharmacy Store. All products will be received into the pharmacy store and most of the products will be stored there, until they are needed in the various dispensing units within the facility.

The pharmacy store manager and pharmacy head in collaboration with staffs in dispensing units will establish a re-supply schedule for the dispensing units. For example, each dispensing unit will have one day per week/per 2 weeks designated for re-supply. On that day, dispensing unit staff will complete an internal facility report and resupply Form; the pharmacy store manager will use the information to determine the re-supply quantity needed to serve clients until the next scheduled re-supply day. For example, every Monday (on a weekly or twice monthly basis), the MCH service provider reports data to the pharmacy store and receives enough product to serve clients during the week or next 2 weeks. This system ensures that the dispensing units are not overworked with pharmaceuticals management responsibilities and that the quantities issued to the dispensing units from the pharmacy stores reflect actual consumption by the clients.

**Storage of Pharmaceuticals in the IPLS**

Storing is the safe keeping of pharmaceuticals to avoid damage, expiry, and theft. Proper storage procedures help to ensure that storage facilities protect the shelf life of products, that only high-quality products are issued, and that there is little or no waste due to damaged or expired products. If proper storage procedures are followed, customers can be assured that they have received a high quality product.

Storage conditions will affect the quality of the pharmaceuticals being stored. Rooms that are too hot, stacks of cartons that are too high, and other poor storage conditions can cause damage or cause a reduction in shelf life. A well-organized storeroom will simplify a facility's work; time will not be wasted trying to find needed supplies.

Facility pharmacy Store improvement is among the major IPLS related pharmaceuticals management improvement initiatives. Major steps involved are de junking, logical organization and arrangement following "good pharmaceutical storage practices" and "overall pharmaceuticals management efficiency".

## Session 3: Logistics Management Information System (LMIS)

### Session objectives

**At the end of this session, participants will be able to:**

- Identify essential data for logistic management system
- Use information generated from LMIS for decision making

**Materials**

- Power point presentation
- Flipchart and Marker
- Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Take an incident in the past where your organization has faced with stock outs. How did it happen and resolved?*
*Review your organization with regard to decisions made in the past on logistics issues;*
- *List the sources of information for logistic related decision making.*
- *How do you utilize the solicited information for effective logistic management?*

*Share your responses to the plenary.*

### Overview of Logistics Management Information System (LMIS)

#### A. Logistics Management Information System (LMIS) in IPLS

> The purpose of a Logistics Management Information System (LMIS) is to collect, organize, and report information to other levels in the system in order to make decisions that govern the logistics system and ensure that all six rights

The primary function of the LMIS is to support the management of essential pharmaceuticals.

Three essential data items are required to run a logistics system and, therefore, must be captured by the LMIS. These three essential data items are:

Stock on Hand: quantities of usable stock available at a particular point in time.
Consumption Data: the quantity of pharmaceuticals used during the reporting period.
Losses/Adjustments: losses are the quantities of products removed from your stock for anything other than in the provision of services to patients or issuing to another facility (e.g. expiry, lost, theft, or damage) and are recorded as negative (-) numbers. Adjustments are quantities of a product received from any source other than PFSA, or issued to anyone other than your health facility. An adjustment may also be a correction due to an error in mathematics. An adjustment may be a negative (-) or positive (+) number.

There are only three activities that happen to pharmaceuticals within a logistics system: the y are stored in inventory, moved between facilities, and used to provide health services to patients. A well-designed logistics management information system will include records and forms that collect and report the three essential data items as they relate to these three activities.

Records and forms have been designed for the Integrated Pharmaceuticals Logistics System (IPLS) LMIS and are included in this Standard Operating Procedures (SOP) Manual along with step-by-step instructions on how to complete them.
The roles and responsibilities of key personnel in the system were highlighted in the previous section, and these same people are responsible for completing these LMIS forms.

An information system that collects, organize and report data in the logistics system to make logistics decisions such as resupply, forecasting, quantification and procurement. It is the motor that drives the logistics cycle at each level of the logistics system. Logistics information, such as the past period consumption, disease prevalence, available usable stock, future programming needs and assumptions help to calculate how much pharmaceuticals the program require for the next period. It could be for two month, a quarter, half a year or for a year.

There must be well trained staffs to make decisions based on the information and also enough budgets must be available to run the system. Some of the decisions could be quantifying, supply planning and procuring or placing orders and bringing enough pharmaceutical products to their facility.

**Movement of Logistic Information**

Flows through the system in the form of reports and requests and also as feedback.

The primary source starts at health facility level

A copy of the report and request form will be submitted to PFSA branch/hub every two months, and, at the same time, another copy will be sent to RHB/Zone/Woreda for monitoring and budget purpose

PFSA branch checks accuracy of reports, requests and make immediate decisions. Aggregation and analysis of reports is also done at this level based on delivery decisions are made.

Central PFSA receive reports and requests from branches to make decisions like direct delivery to each branches based on their request. They also make data aggregation and analysis to use for future planning.

Generally, information moves from lower to central level. However, it also moves the other way round in the form of feedback.

Feedback reports may include: acknowledgments, error corrections, correcting late reports, etc.

**Essential Data of the Logistics System**

Stock on hand
Consumption
Losses and adjustments

Although there are other data items which are being used in logistics, these three data items are absolutely required to run a pharmaceutical logistics system in order to have successful customer service. These data items are needed to make decisions on: how much usable stock they have, for how long it lasts, what quantity they should order and when to order.

# Handout for Unit 3

## Unit III: Logistics and Pharmaceutical Management

### Introduction to Logistics & Pharmaceutical Management Logistics System

We all are involved in logistics practically every day of our lives. We encounter hundreds of logistics systems: in hotels, business stores, warehouses, and so on. A hotel is as an example of a simple logistics system. For example, the storage facility in a hotel is the kitchen; the food is held there until it is delivered to the customer. Waiters/waitresses provide the transportation; they carry the food from the kitchen to the customer. The service delivery points are the tables, places where customers sit to order and eat the food.

For customers, a restaurant is not a logistics system; it is a place to eat. They probably never thought of a restaurant as a logistics system. Their expectation of a restaurant, however, is directly related to logistics and some of their expectations could be:

Restaurant will be attractive and pleasing;
Waiters/waitresses will provide excellent customer service;
Food they order will be available;
Food will be served quickly;
Correct order will be delivered to their table;
Food will be of acceptable quality;
Food will be of acceptable quantity;
Cost of the meal will correspond with the value.

The logistics system be it a pull or push system, does not give a clue it is good or bad. The decision to use either of the systems depends on the skills of facility staffs to calculate the required quantity, knowledge in inventory control system and timing of their reports and requests and the feasibility of the level to handle the task, etc.

**Purpose of Logistics in the Health System**

One way or the other, we all are involved in logistics practically every day of our lives for we encounter hundreds of logistics systems in hotels, business stores, warehouses and so on. A logistic system can provide excellent customer service by fulfilling the SIX RIGHTS: ensuring that the RIGHT goods, in the RIGHT quantities, in the RIGHT condition, are delivered to the RIGHT place, at the RIGHT time, for the RIGHT cost.

**To plan and budget pharmaceuticals needs, Regions/Woreda should consider factors such as:**

Target population for the service?
Size of the target population?
Percentage of target population in specific program intervention?
Estimate quantities of pharmaceuticals to be used for specific period.

How much usable products are available and for how long they will be used
How much is the expected wastage rate?
Price of products and operational costs

## Key Levels of the National Pharmaceutical Logistics System

The current National Pharmaceutical Logistics System is designed in such a way that:

- RHBs receive products from FMOH and also procure from local importers and distributors
- Zonal Health Departments receive products from RHBs and also procure from local importers and distributors
- Woredas receive products from Zonal Health Departments and they also procure from local pharmaceutical importers and distributors
- Health centers receive pharmaceuticals from Woreda store, hospitals from RHBs
- Hospitals and health centers procure drugs from local importers and distributors

## Integrated Pharmaceutical Logistics System (IPLS)

The IPLS is designed in such a way that pharmaceuticals are handled and managed in an integrated manner and the pipeline levels are only three levels namely; Central PFSA, PFSA Hubs/branches and Health Facilities (health centers and hospitals).

**Central Level (Central PFSA):** this level is the central medical store where pharmaceutical products are procured, received and stored. The major activities done at this level are;

- Perform forecasting & quantification and procure pharmaceutical products necessary for the country
- Perform supply planning, follow shipment status of procured supplies
- Receive, store, manage and distribute them to PFSA Hubs (branches**)**

**PFSA Branch or PFSA Hub Level: major responsibilities of branch PFSAs are;**

- Plan, quantify and request pharmaceutical requirement from central level for health facilities under their area, periodically.
- Receive, store, and manage supplies coming from central level
- Receive and check requests coming from facilities
- Distribute products to facilities appropriately

**Serving customers:** Each person who works in logistics must remember that he or she selects, procures, stores, or distributes products to fulfill the six RIGHTS and, hence, to meet customer needs. **Product selection:** In a national pharmaceutical logistics system, product selection is the responsibility of a national regulatory body. Most countries including Ethiopia have developed essential drug lists patterned on the WHO model list. This is dependent on what customers are using or what service providers are prescribing.

**Forecasting and procurement:** it is a process of estimating the quantities of the various pharmaceutical products that will be needed for a specified period of time. After products are selected, the quantity required for each product must be determined and procured. Both forecasting and procurement are the most important components of logistics system at the central level where procurement usually takes place.

At Regional/Woreda level, calculating and determining the quantity of pharmaceuticals and budget requirement for a certain period could be related to **Forecasting** and placing orders and bringing enough products to their facility on time could be related to **Procurement**.

It is also performed at health facility level, for example, when a hospital or health center is procuring pharmaceutical products, they will estimate the quantity required for a certain period of time considering the amount of budget and usable stock available.

It is important to know that forecasting is not the same as routine ordering. Routine ordering relies on the forecasting to account for the consumption and it is for shorter period of time compared to the period of forecasting.

During forecasting, long-term trends in usage, disease prevalence/morbidity, target and the procurement process (often lengthy) should be considered and products should be quantified and procured appropriately and timely.

**There are three basic forecasting and quantification methods:**

**The morbidity method:** this method considers disease prevalence and specific program target population. For example, this methodology is adopted and considered to be most appropriate methodology for the forecast of ARVs and Anti-TB drugs requirements. This is because these programs are in a scale-up mode and accurate data on consumption is not reliable. In addition, since steady state status in the program has not yet been attained and there is the potential for changing or switching of regimens, past consumption data is not a strong indicator of the future requirements.

**The consumption method:** this method considers actual quantity of pharmaceuticals dispensed-to-users. It applies when there is no stock-outs and when the recent consumption is a good reflection of previous period consumption. Past performance is a strong baseline from which to project future performance. This method is also best for stable programs when unpredictable program expansion and consumption is not expected.

**The population or Demographic method**: this method is used when data sources to use consumption or morbidity method are considered unreliable or completely unavailable. It considers assumptions about how certain factors, such as disease prevalence rates, will change over time, with respect to the population, and consequently the amount of health commodities to be consumed. Census, Demographic and Health Surveys (DHSs) and other surveys can be used when using this method. Since the population growth rate and target may not be realistic, this method may not reflect actual consumption patterns, too.

Forecasting and quantification should always be exercised using as many data sources as possible. This helps ensure the accuracy of the forecast for budget and pharmaceutical product requirements.

**Movement of Pharmaceutical Products**

The flow of pharmaceutical products in Ethiopia starts at PFSA Central.

From central PFSA they are delivered to the PFSA Branches/Hubs; and from the PFSA Hubs, they are delivered to health facilities.

Health centers also deliver products to their respective health posts according to the Primary Health Care Unit structure.

Finally, they are given to clients by health facilities.

## Inventory Management and Good Storage practices

**Inventory management:** After an item has been procured and received, it must be properly stored until being used. All levels of the logistics system should store sufficient stock for future use and determining how much stock should be stored is an important decision.

**Inventory Management and Good Storage Practices**

We are involved with inventory management in our day to day life. Some of the inventory management issues that we are involved on daily bases include:

How much loaves of bread do we have in our kitchen?

How much kilos of Teff shall we keep in our house, at any time?

How often do we buy and how much?

What is the lowest quantity we want to have before we buy again?

Are there any financial or other constraints to their purchases of Teff or bread, such as limited available supplier(s), enough space to store it, etc?

How many people in our house consume bread?

Does this consumption change (regular or fluctuates)?

**The Purpose of Inventory Management (Inventory Control System)**

We can also ask ourselves why there is fuel gauge in a car?

The answer is that it helps to know how much fuel left in the car, for how far we can drive with the available fuel, where and when we should refill the tanker, how much fuel the car will consume to drive specific distance, and for a certain period of time. Therefore, the purpose of inventory management system the same and it is to make sure enough pharmaceutical products are readily available.

In order to manage pharmaceuticals successfully, complete and accurate information should be available at each level of the logistics system. For example, records should be completed when they are stored (using Inventory Control Cards); when they are transported (using Transaction Records); and when they are used (using Consumption Records).

When products are stored in the warehouse, inventory control cards like stock card and bin card should be used to record information about the supplies in the store.

When they are issued to dispensary, Model 20 and Model 22 are used to record information about the type of product, quantity of product and where they have gone.

When they are finally used or dispensed to clients, then they will be recorded on the daily consumption record book, which will then be summarized at the end of each month for reporting and requesting.

**Key Terms in Inventory Management and Importance of Stock Levels**

In order to perform inventory management system successfully, we need to ensure quantities of products fall within an established range. The established range is called Maximum-Minimum (max-min) Inventory Control System.

**Maximum Stock Level/Minimum Stock Quantity:**

The maximum is the level of stock above which inventory levels should not rise under normal conditions. The maximum level is set as a number of months of stock (for example, the maximum level is set at four months of stock, according to the IPLS). The maximum level can be converted to the maximum quantity (for example, the maximum quantity is 120,000 units), but the maximum level is a more useful term because it indicates how long supplies will last. The maximum stock level is fixed, whereas the quantity varies as consumption changes.

**Maximum Quantity = Maximum Stock Level in months** x **Monthly Consumption**

**Minimum Stock Level/Minimum Quantity**

The minimum stock level is the level of stock at which actions to replenish inventory should occur under normal conditions. When facilities reach their minimum stock level for certain products, they should closely monitor the status if they have to send their request before the normal requisition period. As with the maximum, the minimum can be expressed as a level (for example, the minimum level is two months of stock in IPLS) or as a quantity. The minimum stock level is fixed, whereas the quantity varies as consumption changes. Depending on the system design, reaching the minimum could be a trigger for placing an order (often called the reorder level or reorder point).

**Minimum Quantity=Minimum Stock Level in months** x **Monthly Consumption**

## Review Period or Reporting Period

**The review or reporting period** is the routine interval of time between assessments of stock levels to determine if an order should be placed. This term is also called an order interval or resupply interval.

Review period stock, the quantity of stock dispensed during the review period, should be

held to take care of any consumption occurred within the reporting or review period. Such stock is call review period stock. In the IPLS, the reporting or review period for health facilities is every two months, i.e. facilities are required to report to PFSA branches every two months and get resupplied accordingly.

**Safety Stock**

Safety stock is the buffer, cushion, or reserve stock kept to protect against stock outs caused by delayed deliveries, markedly increased consumption, or other unexpected events. The safety stock level is expressed in number of months. It may also be expressed as a quantity.

**Lead Time**

Lead time is the time interval between when new stock is ordered and when it is received and available for use. When you calculate lead time, it is especially important to include all the time up to when the stock is available for use. Stock that has been received but not recorded and put on the shelf is not ready to be issued and certainly is not available to be used. To satisfy the client's need, stock must be available to be put in the hands of the user right away.

If reports and requests are placed lately, pharmaceuticals will also be delivered lately. Therefore, placing orders and reports on time is important to avoid stock outs due to late delivery.

**Emergency Order Point (EOP)**

What is EOP and why we need to set EOP in a logistics system? The emergency order point (EOP) is the level of stock that triggers an emergency order, regardless of the timing within the review period and emergency order (EO) should be placed when stock level reaches this point.

We set up EOP for products should not be stocked out and clients should get the service all the time. If the system is working well, emergency situation will not happen frequently. For instance, if there is budget shortage, limited supplies from manufacturers, and consumption increased unexpectedly in the country emergency situations may occur.

**Storage Principles**

- In general, pharmaceuticals should be protected from sunlight, heat, and water; and store managers should follow manufacturer's recommendations for storing supplies.
- All the necessary information is usually written on the product carton and boxes. There are standard storage procedures that should be followed at all facilities.
- When all levels of the logistics system follow these procedures, customers can be assured that the same high-quality product has been put in their hands.
- Store managers can also evaluate how well their storage is performing against these procedures and look for ways to improve.

**Visual Inspection**

Visual inspection is the process of examining pharmaceuticals and their packaging by a naked eye to look for obvious problems with product quality. Visual inspection is important

to ensure that quality products reach to customers and health facilities are expected to do visual inspection as frequently as possible.

In a well-functioning health commodity logistics system, all products are stored under ideal temperature and humidity conditions and according to proper storage guidelines. In reality, the quality of storage conditions may vary widely from place to place, and hence, storekeepers can verify quality by regularly checking the condition of all products visually in their facility.

Visual inspection should be done when Pharmaceuticals are : received, issued, dispensed and physical count is being conducted

## Areas of focus on Visual Inspection of Health Commodities

**Missing expiration or manufacturing date on the carton or outer box** – open carton and look for dates on inside boxes and items, mark outer carton with expiration date if found within; if no dates available anywhere, set the pharmaceuticals aside.

**Broken items** – If problem is known to be due to physical damage, remove broken items and continue to use. Otherwise, set aside and do not use.

**No information on boxes or cartons** – Open boxes or carton and look for information on inside boxes and items, mark boxes or outer carton with information; if no information available anywhere, set aside

**Dirty, torn or otherwise damaged boxes** – Open boxes and check for damage of items within. If not damaged, use. If they are damaged, set aside and do not use.

**Water-damaged cartons – Products found outside warehouse or clinic** – Report the situation. Do not use if it is unknown how long the products have been sitting outside of proper storage. If only for a few minutes, use it.

**Cartons with holes** – Open boxes and check for damage of items within. If there is no damage to product or packaging, use it. If damaged, set aside and do not use.

**Some capsules in a tin are empty** – Set aside, do not use, report situation to appropriate authorities.

**Products in the same container are of different colors** – Set aside, report the case and do not use it.

**When a package is opened and there is unusual odor** – If the odor isn't expected of that product, report the case to the responsible authorities and set aside, do not use.

## Logistic Management Information System

### Sources of Essential Logistic Data

In pharmaceutical logistics system, there are different recording tools that are commonly used as a source of data for organizing and reporting.

**Three things will happen to supplies at any level:**

They will be moving places so that they need to record data while they are moving using **Transaction Records**

They will be stored in a warehouse so that they need to record data while they are stored using **Stock Keeping Records**

They will be consumed by clients or users so that they need to record data while they are being consumed using **Consumption Records.**

In pharmaceutical logistics system, there are different recording tools that are commonly used as a source of data for organizing and reporting.

**Transaction Records:** These records keep information about products while they are moving places. For example, when syringes and gloves are issued to injection unit, they are recorded using the government issuing voucher called Model 22. When they are received from PFSA hubs, they will be recorded using the government receiving voucher, Model 19. Therefore, Model 19 and 22 are transaction records.

**Stock Keeping Records:** These records keep information about supplies in the storage. They usually contain data on the **quantity of usable supplies on hand, the quantity of supplies lost/damaged/expired, etc**. Stock keeping records (also called inventory control cards) consist of Stock Card and Bin Card. Every transaction in the store should be recorded on the Stock Card and Bin Card whenever products are received or issued. They are also recorded or updated when supplies are counted during a physical inventory.

**The Purpose of Assessing Stock Status**

According to the IPLS, the maximum and the minimum stock levels are set to be 4 and 2 months of stock, respectively; and hence, under normal conditions, our stock level is expected to be kept between these two levels. The purpose of assessing stock status is to know for how long supplies will last.

**Making Decisions based on MOS**

| **Months of Stock (MOS) = Stock on Hand (SOH) ÷ Consumptions** |
|---|

In pharmaceutical logistics system, to know if there is "enough," "too much," or "too little" products, it is very useful to have information on the number of months of stock on hand. However, it is useless to have that information if decision makers fail to take any required actions based on that information. If we have too much of a product, the excess amount can be transferred to another and if we don't have enough of a product, we should closely monitor Stock Status until next delivery is received or until EOP is reached. We can also borrow some amount of the product from neighboring health facilities.

## Assessing stock status and managing stock out

Stock status is assessed at the end of review period when FCRRF is completed and any time we suspect that we are "running out of stock".

In general, how much Amoxicillin 500mg of 1000 capsules does a health center need to

have? The answer should be that;

Enough to meet the needs of the customers,
Not much due to lack of storage space in their facility or risk of expiry
Enough to avoid a stock out.

Here the important point will be to know what makes "Enough", or "too much", or "not enough". The "maximum" and "minimum" stock levels are two of the indicators which are helpful to know if we have "**Too much**" or "**Too little**" or "**Enough**" stock.

## Global scenario of rational drug use

Worldwide more than 50% of all medicines are prescribed, dispensed, or sold inappropriately, while 50% of patients fail to take them correctly.

About one-third of the world's population lacks access to essential medicines despite increased production and consumption of pharmaceuticals in many countries; and rational use of drugs remains a problem for much of the world's population.

These problems derive from financial and budgetary constraints (mainly in most African countries), market inefficiencies, prescribers, dispensers, consumers and multinational pharmaceutical companies.

To optimize the availability and appropriate use of drugs for patients and consumers, a well-designed and comprehensive national drug policy is necessary. Such a policy should cover drug quality, safety, efficacy, availability and affordability, and it should encourage rational distribution and consumption (WHO, 1995; WHO, 2002).

Irrational prescribing of drugs has been much investigated, as it is a global problem.

Drugs make up a large portion of health budgets and a large proportion of a family's out-of-pocket expenditure on health care is on drugs estimated up to 50% for some poor households in some countries.

It has been estimated that improved drug prescribing can produce savings of up to 70% on national drug expenditures

Therefore, improved drug prescribing can imply huge savings for families and governments.

### Rational Drug Use through Patient Care

Although an ideal consulting time is difficult to estimate, ample time should be provided in order for, the prescriber to make a complete evaluation of the patient, prescribe an appropriate drug and have a proper clinician–patient interaction.

## Dispensing time

Dispensing is the process of preparing and handing out medicine to a named person on the basis of a prescription which requires the correct interpretation of the wishes of the prescriber and the accurate preparation and labeling of medicine for use by the

patient as advised.

Appropriate dispensing is one of the steps for rational drug use, so it is generally advised that the dispenser should have relevant and updated knowledge, skills, and attitudes.

Inappropriate or incorrect dispensing can undo many of the benefits of the health care system.

Regardless of the modern facilities, extensive education, and careful diagnosis, the proper medication must be dispensed to the patient and the patient must comply with therapy for the health system to have accomplished its task.

Dispensing time is used to measure the average time that personnel dispensing drugs spend with patients, i.e. the time between arriving at the dispensary counter and leaving. Waiting time is not included.

More time (not less than 120 seconds) is needed between pharmacy personnel and patient, to explain the dosage regimen, necessary precautions, and adverse effects associated with specific drug therapy. Eventually, this will impact significantly on public awareness about appropriate drug use.

**Adequate labeling and patient knowledge**

These measures the degree to which dispensers recorded essential information on the drug packages they dispense.

One of the essential prerequisites for patient compliance is good patient knowledge of the medicines prescribed and dispensers should be in a position to reinforce patient knowledge about the drugs dispensed.

The quality of labeling applied by dispensers, the time spent informing the patients, and the communication skills of the dispenser can therefore affect compliance rates.

Labeling is expected to comprise at least the drug(s) name, strength, quantity, frequency of administration of the drug dispensed.

According to the National Pharmaceutical Sector Assessment of Ethiopia, on the average, 43% of drugs dispensed to patients in health facilities were inadequately labeled and the percentage of patients who knew how to take the drugs dispensed to them was 67% as compared with an ideal value of 100% (FMOH, WHO. 2003).

On the Federal Negarit Gazeta of the Federal Democratic Republic of Ethiopia proclamation N0.553/2007, a proclamation to provide for the establishment of the drug fund and the pharmaceutical supply agency is approved and being practices at all levels of the health delivery system.

## Unit 4: Management of Health Information

**AIM**

This unit aims at helping training participants to use health information for evidence-based decision making and revolutionize information at all levels in the health system.

### Unit outline

**Session 1**: Basics of Health information Management

**Session 2: Leading, Managing and Governing Practices for Ensuring Information Revolution**

## Session 1: Basics of Health Information Management

| Session objectives |
|---|
| **At the end of this session, participants will be able to:** |
| • Analyze the importance of information in leading, managing, and governing practices for health<br>• Demonstrate abilities to use available data to support evidence based decision making<br>• Discuss the Health Management Information System and Reforms<br>• Review the HMIS implementation in Ethiopia |

**Materials**

Power point presentation
Flipchart and Marker
Supplementary note

***Activity 1***
***Duration: 15 minutes***

***Individual exercise***
*As a health manager you are expected to make informed decision, share your experience where you used evidences for decision making and in contrast share another experience where you made decision with inadequate evidences. How was the outcome of the two decisions?*

***Group exercise***
*In your team identify challenges you encountered with the roll out of Health Management Information System (HMIS). Show how organizational activities are affected as a result of the challenges you mentioned. Propose possible strategies to make informed decision to improve organizational performance.*
*Share your response to the larger group*

**Information system**

It's a set of interrelated components that collect or retrieve process, store and distribute information to support decision making and control

**Health management information system** (**HMIS**) is an information system specially designed to assist in the management and planning of health programs. (WHO, 2000)

## Transforming Data into Information and Information into Action: The Data Cycle

HSTP identified evidence based decision making strategic objectives to transform the existing M&E system. That means an effective cycle of data gathering, sharing, analysis, understanding, reporting, and application in decision making - the process whereby data are transformed into information and knowledge for action. It highlights the current situation and indicates improvements to be made in the coming years. Detail explanation of the data cycle components are explained in the Road Map of Health Information System (HIS 2013-2020). To address the intent of the HSTP, the HIS will further be developed to National Monitoring & Evaluation Strategy.

**Data sources**

Multiple data sources will be used in the M&E framework of HSTP. Data sources will include routine administrative sources (such as the Health Management Information System), household surveys (such as the Demographic Health Survey, MIS, EPI coverage survey, NHA), health-facility surveys (such as Service Provision Assessment – SPA$^{+}$ and Service Availability and Readiness Assessment – SARA), disease and behavioral surveillance, civil registration and vital statistics, financial and management information, censuses, and research studies. Data from both public and private sectors will be gathered to provide full picture of health system performance.

**Types and Sources of Health Data**

There are two main types of data available, which are:

- Quantitative data based on measurement of quantity or frequency and are described in numerical numbers, e.g. height, weight, number of delivered, etc.
- Qualitative data, expressed in terms of categories e.g. sex, ethnic groups etc.

**Classification based on duration:**

- **Routine health data:** are health service based data collected at regular intervals through mechanisms designed to meet predictable information needs. For example, the data on patients seen, services provided, such as number of vaccinations given

and number of deliveries attended that are collected daily and aggregated on a monthly basis are called the routine health data.

**Semi-permanent data**: data that change in a long-term duration. For example, data on population in a district, number of staff and beds in a facility are called semi-permanent data.

**Permanent data:** data that are rarely changed. For example, geographical data (roads, rivers, location of a health facility etc) are permanent data.

**Non-routine data:** Special studies, qualitative and quantitative rapid assessments and surveys. The demographic health survey and the welfare monitoring survey which has direct input in describing the health status of the community are good examples.

**Indicators**

List of input, output, outcome and impact indicators are included in the M&E framework, together with their baseline and target in the HSTP period. There are a total of 167 indicators selected to monitor and evaluate the HSTP (56 to measure health system performance and 111 indicator related to program and health outcomes). In addition, Agencies and Directorates in the MoH will have specific indicators related to their operational and program monitoring and evaluation.

**Data quality**

Issues affecting data quality are not only related to technical factors, such as data-collection tools and processes and IT devices, but include also organizational and behavioral factors: all these factors will be properly addressed in HSTP to ensure sustainable production and use of good-quality information. The information from routine data source such as HMIS and information reported from population based surveys such as DHS may have some discrepancy due to different methodology implemented. Caution should be exercised in interpreting differences between DHS and HMIS estimates. The M&E framework will ensures the reliability of different data sources through conducting special survey, conducting similar regional level surveys and conducting district level Lot Quality Assurance Sampling (LQAS).

**Data management**

The information from various sources will be kept in an integrated data warehouse and repository for easy access, triangulation, and made accessible to all stakeholders, so that self-generated reports and analytical reports will be produced by responsible agencies and disseminated. Data exchange standards will be implemented in the various HIS components

to enable interoperability among the different systems. In order to realize it, rules, regulations and guidelines will be issued and infrastructure will be developed.

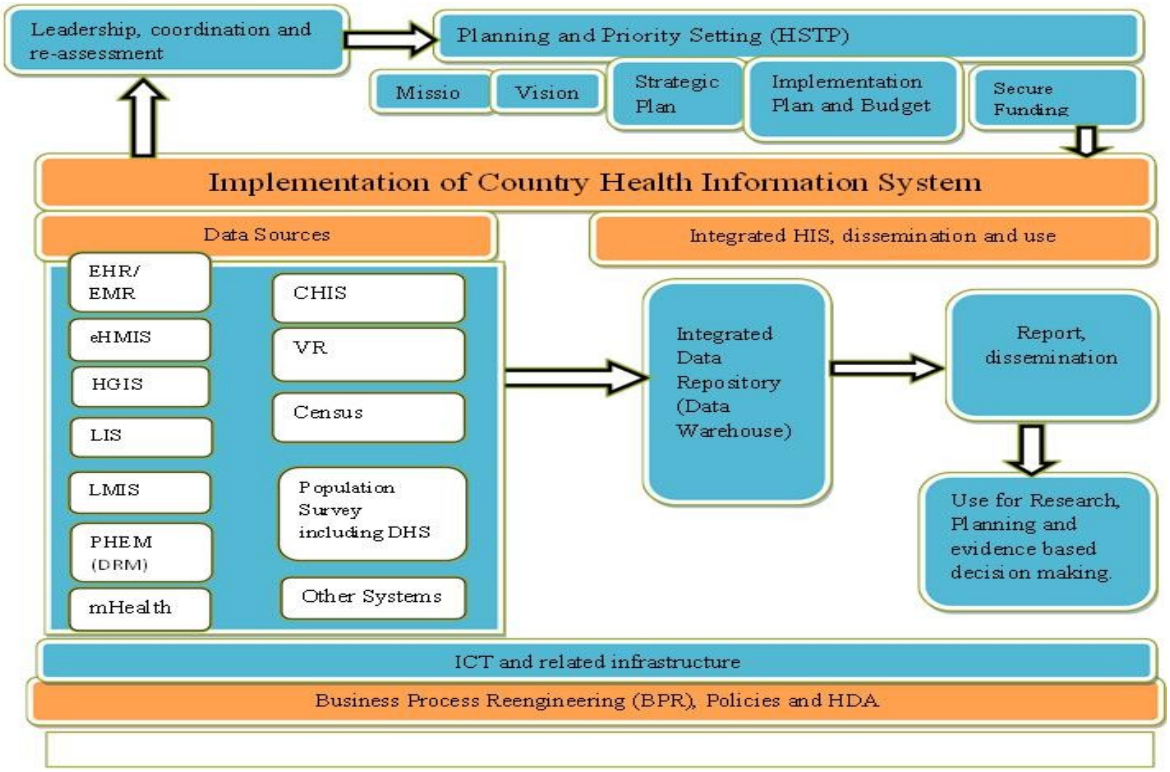



**Figure 4.5 : HIS Implementation Framework**
Sources – SHPT 2015/16-2019/20 October 2015

As depicted in the figure above , an integrated HIS is designed to pull together data from a range of sources, so that all information is stored in such a way that it can be easily found by users in different locations, in a form that is suited to their needs.

**Data reporting**

Information flow of the existing HIS system follows the "one report" principle of "one plan-one budget-one report" of harmonization, meaning that all institutions and stakeholders report according to the standard reporting format based on the common set of indicators and to one monitoring calendar, as stipulated in the Health Harmonization Manual. HSTP will regularly assess reporting mechanism, and implement interventions to ensure accountability towards "**Zero Tolerance for Parallel Reporting**".

**Use of information for action**

Available information needs to be timely disseminated and used for strategic decision making at all levels of the health system. Focus will be given on strengthening information culture, knowledge management, and capacity to use information for action at all levels.

**Dissemination and communication**

M&E findings will be disseminated to stakeholders using different channels. Monthly, quarterly, and annual reports will be produced in the health sector according to the Health Harmonization Manual.

**Performance review**

The Health Harmonization Manual (HHM) calls for every two months, quarterly, biannual, and annual participatory review meetings at all levels. In these meetings local authorities and health partners are brought together with health institutions' staff to review performance, based on the health institution's own self-assessment, and to determine actions needed to ensure achievement of the annual plan.

**Evaluation**

Different evaluation mechanisms are outlined in the Health Harmonization Manual, including Joint FMOH-HPN Review Mission (JRM), Mid-Term Review (MTR), and Final Evaluation of the strategic plan.

**Involvement of all stakeholders**

HSTP promotes the involvement of all stakeholders in the M&E process up to use of information including finance providers, managers and users of health service. In this perspective, it is crucial to further promote community participation in planning, development, implementation, review and appraisal of health service delivery. Recently the FMOH has started involvement of key stakeholders in review of sector performance which is called "**360 Performance Evaluation**". It aims to understand service provision capacity of FMOH from multiple perspectives.

**Importance of the Health Information system**
**What you need from the HIS**

To make informed decisions, health care managers need an information system that yields reliable information about such factors as:

The health needs of the people in their catchment area;
The priorities of the country, province, district, and communities they serve;
The quality and coverage of the services they offer;
The resources they have used and resources still available;
Progress in the implementation of their activities.
The HIS in health facilities should also provide baseline for monitoring and evaluation of the effect (outcome) and impact of the services to the community.

## Session 2: Leading, Managing and Governing Practices for Ensuring Information Revolution

### Session objectives

**At the end of this session, participants will be able to:**

- Discuss what roles can health leaders/managers play to instigate information revolution as a transformation agenda
- Identify key issues specific to their organization which requires greater emphasis.

***Activity 2***
***Duration: 10 minutes***
***Group exercise***
*In your team, discuss roles of a leader for ensuring the underpinning principles of Information revolution; below are flow of discussion points:*
*How your organization;*
- *collect clinical and non-clinical data*
- *Compile*
- *Analyze*
- *Use and disseminate health information*

*Share your findings and recommendations to the plenary.*

**Information Revolution:**

The term information revolution refers to the phenomenal advancement on the methods and practice of collecting, analyzing, presenting and disseminating information that can influence decisions in the process of transforming economic and social sectors.

The main objective of information revolution is to enhance the use of timely, accurate and reliable information for decision-making at the local level across the sector. To bring about a radical shift in terms of information management in the health sector by:

- Advancing the data collection, aggregation, reporting and analysis practice: This includes revolutionizing the data management from patient level data to national level reports. The routine systems that are built to collect aggregate and report data should be supported with appropriate technology to efficiently operate across the line.
- Promoting the culture of information use: Data is not collected for reporting purposes solely. It needs to be used at the point of collection as an input for decision-making. This can be enhanced by building the capacity at all levels on data analysis and information use. This needs wider capacity building exercise at facility, district, sub-national and national levels.
- Harnessing ICT: Information revolution needs to be complemented with appropriate selection and application of information communication technologies (ICT). The feasibility, scalability, sustainability and interoperability of such technologies should be carefully assessed before application.
- Data visibility and access: Revolutionizing the information system requires that data

and information on health and health-related issues should be accessible for wider public use. Data will be accessible for researchers and interested individuals in a central data repository. Data visibility and presentation should also experience dramatic improvement

Addressing the human element: The data revolution can be achieved if human resources, with all the required skills and competency, is available. It is important to introduce a different approach in terms of optimizing existing HIT professions and also advocate for better value for information by health professionals.

Strengthening verification and feedback systems: Data quality is an essential element for information revolution. Verification and feedback systems improve the quality of Health Sector Transformation Plan data and improve the effectiveness of local and hierarchical utilization of information.

Multi-sectoral approach: various information systems managed by other sectors significantly contribute for information revolution in the health sector. These include Civil Registration and Vital Statistics, Central Statistics Authority database, Agriculture and weather information systems, Geographic Information system, financial information system and education information system. Harmonization and appropriate integration with these information sources is crucial.

In general, all functions of the health system rely on the availability of timely, accurate and dependable information for decision-making. Hence, revolutionizing the existing practice of collecting, analyzing, disseminating and utilizing information in the health sector can considerably contribute towards holistic transformation.

# Handout for unit 4

## Unit IV: Management of Health Information

### Information system

Most of us think only of hardware and software when we think of an Information System. There is another component of the triangle that should be considered, and that's the people side, or "persware".
Think of it this way:

Input,
Processing,
Output and
Feedback process

Most important is the **feedback process**; unfortunately it's the one most often overlooked. Just as in the triangle below, the hardware (input and output) and the software (processing) receive the most attention. With those two alone, you have computer literacy. But if you don't use the "persware" side of the triangle to complete the feedback loop, you don't accomplish much. Add the "persware" angle with good feedback and you have the beginnings of information literacy.

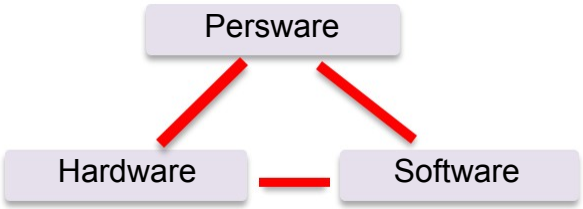



**Figure 4.6: Information system triangle**

### What is HMIS?

Health management information system (HMIS) is an information system specially designed to assist in the management and planning of health programs (WHO, 2000)

**Data:** is the raw material that would give information after being analyzed.
**Information**: is a meaningful collection of facts/data./processed data
**Knowledge**: an item of information which is communicated/transformed into knowledge/personalized data

Data changed into information are highly essential for the effective management of any organization. Information on the delivered service, available resource and problems encountered is vital in monitoring the progress of the organization and in planning future action**.**

**Basic principles**

***Standardize:*** standardization of the following elements was indicated:

Standardized indicators & definitions,
Client/patient flow & data elements,
Recording & reporting forms,
Procedure manual and information use guidelines

***Simplify:*** it is related to reduction of data burden and streamlining data management procedures.

***Integrate:*** the integration is related to integration of data channel client/patient information at facility.

***Institutionalize:*** is related to facilities owning and leading the implementation.

**Importance of information in the health sector:**

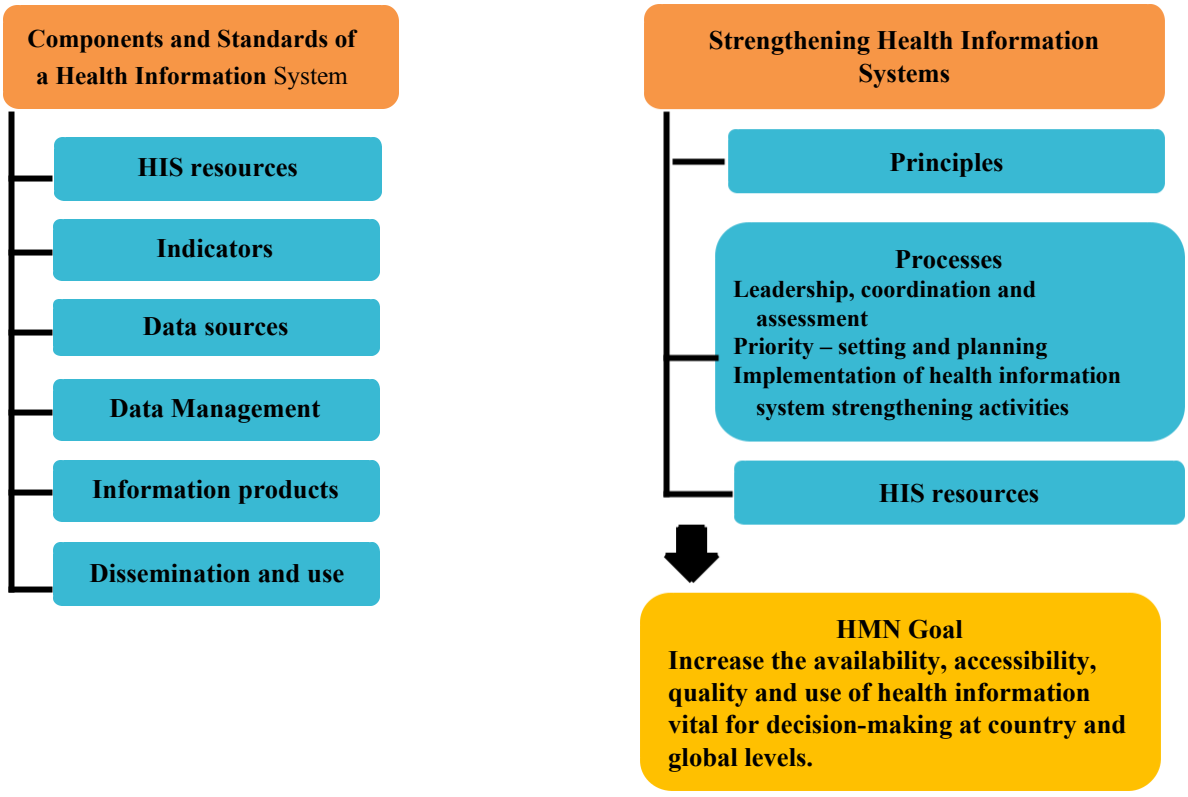
Quantify health problems and needs, health related problems, their distribution, determinants and consequences;

Identify health problems and needs prioritisation, selection of interventions and development of plans;

Determination of the size, distribution and other characteristics of the target population both demographically and ecologically;

Quantifying, type and distribution of remedial services to be taken against determined available resources;

Providing baseline for monitoring, evaluation of the effect (outcome) and impact of the services on health status of the community in the planning.




Source: World Health Organization. Framework and Standards for Country Health Information Systems. Geneva, World Health Organization, 2007.

**Figure 4.7: The Health Metrics Network (HMN) framework for assessing HIS**

To make informed decisions, health care managers need an M&E system that yields reliable information about such factors as:

the health needs of the people in their catchment area—the area from which clients are drawn to receive services;
the priorities of the country, province, district, and communities they serve
the quality and coverage of the services they offer;
the resources they have used and resources still available;
progress in the implementation of their activities.

**Steps in Developing a Health Management Information System**

Review the existing system
Define the data needs of relevant units within the health system
Determine the most appropriate and effective data flow
Design the data collection and reporting tools
Develop the procedures and mechanisms for data processing
Develop and implement a training program for data providers and data users
Pre-test, and if necessary, redesign the system for data collection, data flow, data processing and data utilization
Monitor and evaluate the system
Develop effective data dissemination and feedback mechanisms
Enhance the HMIS

**Data collection tools**

All the data collection tools such as registers, tally sheets and formats should be developed according to a standard. Doing so helps in maintaining the data quality as well as in making reports comparable across all the health sector hierarchical levels.

**Always be certain that the data collecting tools in your health facilities are:**

**S: Simple** or easy to use (layout)
**O: No Overlap** or no duplication on the data elements
**U: Useful** for calculating indicators
**R: Relevant** for making decisions and plans
**C: Clear** or easily understandable (terms used)
**E: Effective** in making decisions

**Producing information from data (data presentation)**

Simple mathematical comparisons using totals, averages, proportions and percentages can be obtained. These help to visualize differences, trends, shortages and excesses. They can also be used to compare to the National standards.

Summarized Data can further be presented using simple tools, which make it easier to visualize and understand better.

**These include:**

Frequency distribution table
Line graph
Histograms
Bar and
Pie charts etc

**Indicators** are variables that help to measure changes and highlight areas that need intervention. Hence, they can give us information that is relevant for managerial purpose. They are mostly calculated based on numerator and denominator values. All the information that should be collected at the health sector has to be changed into indicators in order to be useful.

**Indicators can be divided into:**

**Coverage indicators**: - measure the delivered service in relation to all eligible.

**Quality indicators**: - measure the quality of the health service delivered. Quality indicators help to measure the process of the health service delivery as well as the outcome of the delivered service.

**Technical documentations**

HMIS/M&E Indicator definitions: Technical Standards: Area 1

Definitions, interpretation, method of calculation, and data source.

HMIS/M&E Disease Classification for National Reporting: Technical Standards: Area 2

Includes classification of diseases to be reported through HMIS and case definitions appropriate for higher and lower capacity facilities.

HMIS/M&E Procedures manual: Recording and reporting formats: Technical Standards: Area 3

Includes formats for recording client, for reporting HMIS data. These tools are based on the indicator definitions and disease classification established in the first two technical documents.

Information use guidelines and Display Tools: Area 4

## Unit 5: Managing Time and Space

### AIM

This unit aims at equipping the participants on how to prioritize their job based on its importance, and arrange the required space for the job and service to be carried out considering the scarce resources they have at hand.

### Unit outline

**Session 1**: Time Management
**Session 2**: Space Management

## Session 1: Time Management

| Session objectives |
|---|
| **At the end of this session, participants will be able to:** |
| Use different time management techniques |
| Demonstrate efficient use of time in accordance with the work to be carried out |

**Materials**

Power point presentation
Flipchart and Marker
Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Individual Exercise***

*Take a day as an example in the past week and list what you have done in that particular day. Categorize the activities at personal and organizational level so as to appreciate the amount of time you spent on each activity. What led you to spend your time for the listed tasks? Share your experience to the team members.*

***Group work***

*Referring the session on Urgent and Important matrix covered in module II; discuss the methods that help you identify tasks that are important and taken as a priority to be carried out in your department/directorate/case team.*

*What are the different methods you have employed to manage your time in your directorate/section. Put your team's responses on a flipchart and present it to the plenary*

## Managing Time

Time is a precious commodity that cannot be replaced, once gone it is unrecoverable. Our ability to manage our time is the ONE thing that will make a difference to what we achieve in life.

### What Is Time Management

It is the ability to decide what is important in life, both at work and in our home and personal life. To prioritize certain jobs so that we complete the tasks we need to and also those that we think are really important.

## Making the best use of time

Sometimes it is useful to know what proportion of time is really spent on the work. If for instance a worker's travel to a distant health unit takes four hours, he/she would have an hour only to spend on the work followed by four hours to return back home. In this case, the ratio of time spent on health work to that spent in travelling is 1 to 8.

## Why Is Time Management Important

- It gives us the ability to keep a balance in our lives or to recognize where the imbalance is
- It is a skill that can be learnt, practiced and improved upon all the time
- It enables us to fix our undivided attention on what needs to be done and take away the stress of having things going round and round in our minds
- It is a skill that everyone needs unfortunately not everyone will acquire it and as a result they will achieve less in their lives that they are capable of.

## Identifying Your Priorities

To balance your time, you need to know what your priorities are. With your salary, you know that a priority is your mortgage or rent, therefore you will ensure that you have enough money to pay for that. Similarly with time, you need to ensure that you are spending it on your priorities.

To identify your priorities you need to know:

- What is the purpose of your job?
- What are you expected to achieve and
- In what time scale?
- What do you need to do [which tasks do you need to carry out] in order to achieve that purpose?

The answers to the above questions are your priorities. When deciding which task to tackle first, remind yourself of your purpose. For example, if you are short of time, you should perhaps deal with the customer's query rather than write the internal report.

**Preparing a program chart**

**A program**

A plan that outlines a series of events/ activities that take place in the future. Usually includes what to do, where it takes place, who does it and when it occurs. The time plan is therefore only part of the total program.

A simple program of health education may be a series of monthly discussions in the community, indicating when different health workers will help with discussions on various health problems.

In more complex programs later activities depend on earlier ones; for example, to organize a special or extra immunization program, it may be necessary first to order the equipment (e.g. syringes) or, if a new activity is to commence, a staff member may have to be sent on a training course, and the public must be informed.

There are several ways to make a program chart. A convenient way is to list the activities; in the order, in which they must occur, down the left side of the page, then fill in the weeks or months across the top of the page and then show with a line opposite each planned which activity it is to take place.

**Preparing a year calendar**

In the course of a year many things happen that are outside the normal routine. These may be matters of administration such as annual stocktaking, estimates, annual reports, and statistical returns, or they may be external events such as festivals, elections, courses and seminars, or visits by dignitaries.

To see the whole year at once, it is very convenient to have a page on annual calendar or year planner pinned on the wall, with important events marked. This has two functions.

It acts as a reminder of definite events, usually outside one's control.

It shows where to fit in new events such as special meetings or periods of travel.

**Time plans**

**Time table:** for daily, weekly or monthly regularly recurring events.

**Schedule:** for intermittent, irregular or variable events, including where the events take place.

**Roster:** for duties planned for different staff members, for different times, in turn.

**Program:** for long term arrangements of survey on different events or activities of which the time-plan is only a part.

## Session 2: Space Management

**Session Objectives**

**At the end of this session, participants will be able to:**

- Identify problems related to work space in your organization
- Arrange work space for the convenience of clients and staff

Power point presentation
Flipchart and Marker and Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Group work***
*Discuss in your team; factors that affect job performance in relation to office physical structure and arrangement.*
*With the scarce resources we have as a nation, what do you recommend in order to create conducive space arrangement for the health work force in your directorate/unit/organization at large and the clients you serve?*
*Share your team response to the larger group.*

This section is concerned with two kinds of space, and how to make the best use of them in providing health care.

The buildings and settings where different activities takes place
The geographical or catchment area of the HSM setup

### Arranging workspace

A good management carefully arranges the space where different types of work or activities take place. Buildings or individual rooms which are too small or unsuitably designed would give little or no chance for managers to organize or reorganize space utilization.

**A couple of questions would give clues on the simple rules of arranging working space:**

What work has to be done?
Is there any other better space arrangement to opt to?

**Workflow** is an *arrangement* in which a series of work functions are co-ordinated *in space and time* so that delays are minimal. The greatest obstacle to wards the improvement in the workflow of some organizations is attitudinal problem. Congestion and queues are so common in HSOs for most people regard them as normal or inevitable and make no effort to prevent them. Some even think that the long queue shows how busy and hardworking they are.

# Handout for Unit 5

## Unit V: Managing Time and Space

### Managing Your Priorities

There are effectively two categories into which work falls, those tasks which are REACTIVE and those which are PROACTIVE.

Reactive tasks are those that are an immediate response to something. Proactive tasks are those that you know about in advance and can therefore plan for.

You need to know roughly what percentage of your working day and week you spend on either proactive or reactive tasks. So, if you discover that you spend approximately 70% of your working day on proactive tasks and 30% on reactive tasks then you only plan 70% of work for that day and leave 30% of your time free. That way, when the inevitable happens and something goes wrong or you get interrupted, you will still have achieved what you set out to, that is, 70% of your proactive tasks.

One of the most common mistakes that people make in managing their priorities is that they leave the 'big' and important tasks until last while they clear up all the 'little' jobs. Of course, what normally happens is that they get to the end of the day and realize they have spent all day on relatively unimportant tasks and interruptions and then feel stressed because they still have the important jobs to do it.

Health workers need to be conscious of their clients' waiting times for services they offer and try as much as possible to minimize the waiting time. This will improve user-satisfaction. While clients are waiting for a service, they could be provided with health education, talks or any other pertinent information.

### Time plans in a health facility

Events are arranged in daily, weekly, monthly or yearly time periods depending on their frequency or regularity.

A well-managed health unit may need the following time-plans.

A weekly timetable showing the time of the week when certain regular events always occur (e.g. staff meeting)

Several schedules showing the detailed dates on which intermittent events occur and where they occur (e.g. visits to peripheral health units or mobile clinics)

Several duty rosters for different sections of the work

A program of any special health activity (e.g. a nutrition campaign)

An annual overview of events

Make a summary of your job. Write down all the things that you believe you are expected to achieve and take it to your boss to discuss. This will help both you, and your boss, to be clear as to exactly what you are expected to achieve. It will also help to clear up any previous misunderstandings.

## Working time

If for instance a worker's travel to a distant health unit takes four hours, he/she would have an hour only to spend on the work followed by four hours to return back home. In this case, the ratio of time spent on health work to that spent in travelling is 1 to 8. In such circumstances, the management may decide to visit less often, and to stay overnight and work the following morning.

Then the journey of four hours is followed by four hours work on that day and four hours for the next morning, and a four-hour return journey. This makes the ratio of work to travel 8 to 8, which is a more efficient use of time and gives a better service to the people.

**MANAGING YOUR PRIORITIES**

There are effectively two categories into which work falls, those tasks which are REACTIVE and those which are PROACTIVE.

Reactive tasks are those that are an immediate response to something. Proactive tasks are those that you know about in advance and can therefore plan for.

You need to know roughly what percentage of your working day and week you spend on either proactive or reactive tasks. So, if you discover that you spend approximately 70% of your working day on proactive tasks and 30% on reactive tasks then you only plan 70% of work for that day and leave 30% of your time free. That way, when the inevitable happens and something goes wrong or you get interrupted, you will still have achieved what you set out to, that is, 70% of your proactive tasks.

One of the most common mistakes that people make in managing their priorities is that they leave the 'big' and important tasks until last while they clear up all the 'little' jobs. Of course, what normally happens is that they get to the end of the day and realize they have spent all day on relatively unimportant tasks and interruptions and then feel stressed because they still have the important jobs to do it.

Health workers need to be conscious of their clients' waiting times for services they offer and try as much as possible to minimize the waiting time. This will improve user-satisfaction. While clients are waiting for a service, they could be provided with health education, talks or any other pertinent information.

**A common** feature of many health units is lack of order in which people are dealt with while waiting to be attended. There may be people sitting or standing in queues in the same space. In such cases people get in one another's way and impede the work of the staff. Most of these problems can be improved by developing a smooth "workflow".

**Workflow in an outpatient department**

To organise workflow in an outpatient department each stage must be examined separately. If there is a queue, it is a sign that work speed or work efficiency must be improved or that work distribution must be changed.

It is essential to examine the whole process. Removing a queue from one stage may result only in creating a queue at another stage; for instance, if registration is speeded up and patients get their cards quickly a queue may form outside the examination room. If the position at the examination room is improved, patients may have to wait at the pharmacy for their drugs.

**Improving workflow**

Good workflow has been achieved when each patient can go through each stage in an orderly manner with only a very short waiting time.

**The following are some ways to avoid delays**:

Every door should be labelled so that patients know where to go

***At registration***

There should be registration points for review patients and for new patients.

Review patients should be allowed to keep their cards or be given numbers by which their cards can be found rapidly

A workable filing system should be established by which record cards can be found rapidly

Based on the clinical presentation, a nurse should screen patients so that patients presenting with serious conditions should be attended first**.**

Patients returning daily for a course of treatment should go directly to the treatment room

Clinic days should be established for special conditions that require more time, e.g. tuberculosis, leprosy and malnutrition

Appointments with busy officials should be made during times when they are less busy.

A stock of written instructions to patients on routine courses of drugs should be kept

Routine courses of drugs should be pre-packed

# Unit 6: Management of Physical Infrastructures

## AIM

This unit aims at helping participants to recognize the importance of proper infrastructure management in the health sector. It also helps the trainees to give attention on effective handling of physical structures and equipments for the best use towards attaining organizational goals.

## Session 1: Physical Infrastructures Management in the Health Sector

### Session Objectives

**At the end of this session, participants will be able to:**

- Examine key problems of physical infrastructure management in their organization
- Evaluate the need for maintenance and rehabilitation of health facilities and medical equipment

**Materials**

- Power point presentation
- Flipchart and Marker
- Supplementary note

***Activity 1***
***Duration: 15 minutes***
***Group work***

*From your previous experience as an employee of the ministry of health, what key problems did you observe in health infrastructure management?*

- *Construction*
- *Maintenance*
- *Rehabilitation/renovation*

*How did you solve those problems encountered? Do you think it is linked with corruption, fraud, and rent seeking behaviors?*
*What do you recommend to mitigate these challenges from the lessons you have covered in the past modules?*
*Discuss in your team and share your consensus points to the plenary.*

**Health Facility Construction and Expansion**

Since HSDP I, major activities under the health facility construction, expansion, rehabilitation, furnishing and equipping focused mainly on the PHC facilities: HPs and HCs and to a certain extent hospitals. By the end of HSDP II, the number of public HCs has increased by 70% from 412 in 1996/97 to 519 in 2003/04.

For the same periods, the number of HPs increased from 76 in 1996/97 to 2,899. The number of hospitals (both public and private) also increased from 87 in 1996/97 to 126 in 2003/04. There has been also considerable health facility rehabilitation program and furnishing during the HSDP I and HSDP II including improvements in support facilities.

As a result, the potential health service coverage increased from 45% in 1996/97 to 64.02% by 2003/04. The HSDP III plan was to further expand these and other services with the aim of achieving universal health service coverage by the end of 2008 and also improving the delivery of primary health care services to the most neglected rural population.
The HSTP 2015/16-2020/21 indicated that the health centre expansion has enabled the sector to enhance access to services for programs. Potential health coverage has increased to almost 100% in 2007 EFY. While access to services has improved because of the issues around functionality, health facilities are not able to provide some of the priority services such as deliveries in a manner that attracts mothers. In EFY 2007, there were a cumulative number of 16,251 HPs, 3,541 health and 311 hospitals.

**Common problems faced in Physical Infrastructure Management**

Health centres are under-utilized mostly due to patients' tendency to choose secondary and tertiary-level facilities over the primary level;

New or rehabilitated health facilities often require recurrent expenditure, which is not available in the government's budgets.

Constructions are in many cases completed timely but with other arrangements on human resources, medical equipment, electricity, water etc. lagging behind.

Omission of some important components in design level make it difficult to achieve required standards and functionality of the health facilities,

One type of constructional design for setting with different climatic conditions

In many cases, constructional designs do not accommodate sewerage, disposal and other hygiene related systems.

Lack of expertise and resources at remote location to maintain compromised the quality and efficiency of health facilities

**Setting of Health Infrastructure Priorities**

The health facilities priority should consider selection of site for construction, status of medical equipment, utilities (water, electricity) and availability of qualified health professionals.

When decisions are being made concerning specific health facility, the above mentioned checklist data need to be supplemented by on-site-collected observations.
Standard health centre plans are usually available at the Ministry of Health.

**Factors that Influence the Size and Distribution of Health Services at a health facility**

Frequency with which the population visit health facilities;
Services the population require when they arrive at the facility;

Capacity of individual staff members or items of equipment to satisfy the requirements of the population;
Rate of admission of in-patients;
Average length of stay of in-patients in the different wards;
Acceptable bed occupancy rate

## Maintenance and rehabilitation of Health Facilities and Equipment

As one of the major components of HSDP III the objective of this component is to increase accessibility and improve quality of health services through the health facility construction, expansion, rehabilitation, furnishing and equipping them giving special emphasis to primary health care facilities (HPs and HCs) and to some extent to hospitals.
Most importantly, issues of maintenance are inevitable throughout. Therefore, Problems of maintenance should be anticipated and mechanisms should be put in place to solve them as follows:

**General consideration**

Establish a guideline that indicate the responsibilities of each level of the administrator (Health facilities, Regions, Contractors)
Establish a maintenance information system (possibly as part of the HMIS).
Proper handling of medical equipment and entire building maintenance should be considered.

**Medical equipment**

Identifying and recruiting the necessary experts/technicians/health workers with special training to conduct prevent and basic maintenance
Establishing primary workshops in the health centers and secondary workshops at regional level
The procurement of equipment should be inclusive of an adequate number of the respective basic spare parts lasting for 3 years maintenance and service period.
Further service contracts with suppliers should be proposed and funded where possible
Small workshops and maintenance stores meant for health facility needs should be in place where ever possible (this is possible in central ,regional or Woreda HMS)
Much of the maintenance required for health facilities (particularly in rural areas) can be done using basic level skills, requiring few spare parts and very little organisation.

**Constructions**

A basic assessment and maintenance should be conducted based on damage observed,
The maintenance should consider at facility level or outsources based on the level of work.

# Handout for Unit 6

## Unit VI: Management of Physical Infrastructure

The following simple information can be used as a basis for discussion and setting of health infrastructure priorities:

- Name of institution
- Location
- Catchment population
- Date of construction
- Date of most recent refurbishment
- Number of beds, if possible in the different categories, e.g. male; female; maternity; paediatric etc.
- Number of outpatient consultation rooms
- Number of major and minor operating rooms
- Number of staff houses in different categories
- Availability of electricity
- Availability of Water
- Fuel used in the kitchen

**According to HSDP, Woreda Health Offices are expected to:**

- Implement the health service standards
- Supervise the construction, and equipping and furnishing of health posts, health centers; upgrading of health stations into health centers,
- Construct new district hospitals and renovation,
- Ensure proper allocation (one car/ambulance per health center), maintenance and functioning of vehicles for health activities in the Woreda,
- Ensure proper maintenance of buildings

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# Annex: Workshop evaluation formats

## 1. Daily Course Evaluation

Name of the workshop: _____
Instructors Name _____

Contents covered today: _____
_____
_____

The objectives of the training were:

Completely met _____
Mostly met _____
Unmet _____

Comments:
_____
_____
_____

The length of the training was:

Adequate _____
Too short _____
Too long _____

Comments:
_____
_____
_____

The knowledge and skills I acquired are:

Directly applicable to my every day work _____
Somewhat applicable to my every day work _____
Not applicable _____

Comments:
_____
_____
_____

Please rank the daily overall training progress (Mark)

Very good
Good
Poor

Participant's Comment:

_____
_____
_____

Which topic you liked most?

_____
_____
_____

Which topic you were not comfortable with? Why? (please provide your reason)

| **Session** | | **Reason** |
|---|---|---|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |

Please give us any other feedbacks/comments that you have:

_____
_____
_____

**EVALUATION FORM FOR WORKSHOP #1-3**

**Date:**

Please complete this evaluation form. We appreciate your assistance in helping us to improve the LMG materials and other aspects of this program. Thank you.

What did you learn in this workshop?

How can you apply what you learned in your work?

3. What feedback do you want to give to the LMG facilitators?

## 3. Course End Evaluation

Name of Course LMG for Health _____

Date of completion of the Course _____

**Did the course meet your objectives?**

**Yes** **No** (please circle your answer)

**Please explain your answer:**

_____

_____

_____

_____

_____

_____

**Coverage of the Topics** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Organization of the Course Material** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Relevance of the Course Material Used** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Use of Practical Examples** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Level of Difficulty** (please circle your answer)

**Too Difficult** **5 4 3 2 1** **Too Easy**

**Comment**

_____

_____

_____

**Length of Course** (please circle your answer)

**Too Long** | **5 4 3 2 1** | **Too Short**

**Comment**

_____

_____

_____

**Facilities** (please circle your answer)

**Excellent** | **5 4 3 2 1** | **Poor**

**Comment**

_____

_____

_____

**Suitability of Trainer/s** (please circle your answer)

**Excellent** | **5 4 3 2 1** | **Poor**

**Comment**

_____

_____

_____

**Quality of Handouts** (please circle your answer)

**Excellent** | **5 4 3 2 1** | **Poor**

**Comment**

_____

_____

_____

**Quality of Overheads** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Quality of Exercises** (please circle your answer)

**Excellent** **5 4 3 2 1** **Poor**

**Comment**

_____

_____

_____

**Will You Be Recommending This Course To Your Colleagues?**

**Yes** **No** (please circle your answer)

**What Areas Of The Course Could Be Improved?**

_____

_____

_____