TRAINING MANUAL
LEADERSHIP, MANAGEMENT AND GOVERNANCE

AMREF VIRTUAL TRAINING SCHOOL (AVTS) FACULTY, NAIROBI

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MODULE ONE

Unit 1: Leadership, Management and Governance

Unit 1: Leadership and Management
Module 3

Leading People

Unit 1

Interpersonal Communication
Objectives

By the end of the unit, the learner will be able to:
• Describe the interpersonal communication process
• Explain factors that affect organizational communication
• Describe channels of communication
• Apply interpersonal communication skills to build trustful workplace relationships.
• Describe components of a balanced team, roles and characteristics

Definitions

• Interpersonal communication refers to that communication between people who have known each other for some time. These persons view each other as unique individuals not as people who are simply acting out social situations
• It examines how many people are involved, how physically close they are to one another, how many sensory channels are used and the feedback provided
Definitions cont’d

• Communication embodies attitudes and behaviour such as dressing, body language, style, method of presentation, listening and (perceptions) and interpretation.

• Communication is thus much more than the use of words, either spoken or written.

• Communication is the process through which people share meanings of symbolic transmission.

• Communication is a process of transferring information from one entity to another.

• Communication is the process by which we interact with each other.

Definitions cont’d

• Effective communication refers to the process of relaying messages in a way that results to desired response.

• It is therefore inseparable from the management aspects of an organisation.
Activity 3.1

• Participants role play the “broken telephone”.
• In groups participants discuss, the main communication issues in their workplaces and report to plenary.

Interpersonal Channels

• This is the process of face-to-face communication between individuals. Such communication may take several forms.
  – Messages may be spoken, or they may not involve words at all but consist of gestures, facial expressions, and certain postures;
  – They may also communicate in writing, to give instructions, get suggestions and document actions for disciplinary purposes.
People’s Reactions

Get in touch with the way the other person reacts:

• Feelings are 55%
• Body language 38% and
• Words 7%.

(Bernard Baruch quotes [American Financer])

Characteristics of interpersonal Communication

• It involves fewer participants
• The persons interacting are in close physical proximity to each other
• Many sensory channels are used –non verbal, words, body language, facial expressions, space, tone, gestures and actions
• Feedback is immediate
• Contextual definition does not take into account the relationship between the persons interacting
• It is often direct and interactive
• It calls for insight into behaviour and understanding how people react to different situations
Most common ways to communicate

- Speaking
- Visual Images
- Writing
- Body Language

Models of Communication

- **Linear model**
  - Sender – message – receiver

- **Circular model**
  - Sender – message – receiver
  - feedback

sender

Receiver
Then feedback

message
Elements of Communication

- Sender – who sends the message;
- Encoding – put in familiar language;
- Message – should be well thought out, well worded, convincing, understood;
- Channel – The means of communication. Is it economical, depends on audience, aim, urgency, distance, form of message;
- Decoding – Has the message been understood and interpreted effectively;
- Receiver – Is the message well understood.
Perception

• Giving meaning to messages
  – Personal frame of reference
  – How one’s mind works
  – Mood
• Effected by:
  – Jargon
  – Information Overload
  – Medium

Perception (cont)

• Frame of reference - filter through which perceptions screened and limited
• Projection - attributing to others one’s own thoughts, ideas, feelings, traits
• Figure ground-positive features in environment
• Ground - background & competing stimuli
• Selective Perception - screening out of information that you want or need to avoid
• Stereo-typing - assumptions about individuals based on their membership in a generalized group
• Halo-effect - tendency to overrate an individual based upon a single trait
Role of Effective Communication

• Promotes teamwork;
• Enhances managerial and leadership skills;
• Enhances personal effectiveness;
• To change behaviour
• To get action
• To ensure understanding
• To persuade
• To get and give information

Non-Verbal Communication

• They tend to express true feeling more than written/ spoken language.
• Non-verbal communication tends to duplicate, complement or replace verbal communication.
• Use of non-verbal symbols that appeal to senses and have socially shared, yet hidden meanings.
• These include gestures, eye contact, tone of voice, use of space, touch etc.
Forms of Non-Verbal Communication

- Sign language
- Action language
- Objective language
- Silence
- Demonstration
- Proxemics
- Time
- Para-language
- Non-verbal cues

Communication skills - Good Questioning

- Asking good questions is an art that can be learned.
- Not all questions are good questions.
- Sometimes they are statements or commands that are disguised as a question for example, “Don’t you think you should have done that differently?”
  - Such inquiry blocks learning;
  - Leading questions also block learning.
<table>
<thead>
<tr>
<th>Inquiry that Encourages Learning</th>
<th>Inquiry that Blocks Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do you see this differently?</td>
<td>• Don’t you agree? (especially when said in an intimidating way).</td>
</tr>
<tr>
<td>• What’s your reaction to . . .?</td>
<td>• Did you do that because of X, Y, Z?</td>
</tr>
<tr>
<td>• What led you to that conclusion/ action?</td>
<td>• Do you really think you did a good job? (when you think he did not).</td>
</tr>
<tr>
<td>• Could you say more about that?</td>
<td>• Why don’t you just try what I’m suggesting?</td>
</tr>
<tr>
<td>• Why is that so?</td>
<td>• Why didn’t you just tell me?</td>
</tr>
<tr>
<td>• What makes you . . .?</td>
<td>• Why are you so defensive?</td>
</tr>
<tr>
<td>• What kept you from telling me?</td>
<td>• Why don’t you . . .?</td>
</tr>
<tr>
<td>• How do you think l/you contributed to that?</td>
<td>• What’s the matter with you?</td>
</tr>
</tbody>
</table>

**Communication Skills - Effective Listening (Cont’d)**

- There are three disciplines for learning to listen better:
  - focus:
  - empathy
  - silence

- To practice **focus**, periodically summarise briefly what the other person said.
  - Ask if that is what she meant to say.

- To practice **empathy**, try to rephrase in your own words what you think the other person must be feeling.
Communication Skills - Effective Listening (Cont’d)

• To practice silence, give time to the other person to think about a question you made.
  – Practice silence by not jumping in, counting until 30 if you must, and observe what happens.

Communication Skills: Feedback and Speaking Hints

Feedback
• Evaluative;
• Interpretive;
• Supportive;
• Probing;
• Understanding.

Speaking Hints
• Ask listener if they are following your message;
• Give receiver chance to comment or ask questions;
• Clarify and look at receiver;
• Ensure words match message, tone and body language;
• Vary tone and pace;
• Avoid ambiguity and note signs of confusion.
Personal Communications

Why focus on improving communications skills?
• Employers list communication skills as a basic requirement and a primary flaw in candidates
• Are you comfortable with your ability to communicate orally and in writing?
• Do you know how to listen and if not, is this a problem?
• Do you know how to give and receive effective feedback?

Activity
What barriers do you often come across as you communicate with:

a) Colleagues;

b) Clients.

How do you deal with them (if at all)?
Communication Barriers

• There are aspects or conditions in a place that interfere with effective exchange of ideas or thoughts.
• Therefore, a communication barrier is anything that stops a message from reaching its destination.

Barriers to effective communication

• Leads to differences in perceptions;
• Error and uncertainty;
• Language that’s not common;
• Emotional state of mind;
• Distrust and personal conflict;
• Evaluation of source;
Barriers cont’d

- Lack of clarity;
- Too much/little information;
- Wrong channel of communication;
- Lack of feedback;
- Mechanical failure.

Communication Barriers (Cont’d)

Many physical and psychological barriers exist. Some of the examples are:

- Culture, background, and bias – (may intertwine with the rest);
- Caused by recipients;
- Caused by the sender ('holder' of information);
- Caused by the channel of choice;
- Barriers caused by the environment.
Overcoming Communication Barriers (Cont’d)

- Be brief;
- Language – does your listener/reader understand you?
- Feedback – learn the value of feedback and seek it;
- Ensure you have an appropriate environment.

How to be an active listener

- Set the stage
  - Choose an appropriate physical environment
  - Remove distractions
  - Be open and accessible
  - Maintain relaxed, open posture that shows concentration
- Ensure mutual understanding
  - Reflect feelings
  - Offer acknowledgements (say “uh-huh”)
  - Paraphrase main ideas
  - Interrupt to clarify
  - Confirm next steps
How to be an active listener cont’d

Listening takes...
- concentration and energy
- curiosity and open-mindedness
- analysis and understanding

Speaking requires...
- sharp focus
- logical thinking
- clear phrasing
- crisp delivery

How to be an active listener cont’d

- Understand body language
  - Observe position and posturing
  - Make eye contact
  - Consider expression and gestures
- Suspend judgment
  - Concentrate
  - Keep an open mind
  - Hear the person out
  - Do not react to emotive words
Barriers to effective listening

- Behaviors that hinder effective listening
  - Act distracted (look at your watch!)
  - Tell your own story without acknowledging theirs
  - Give no response
  - Invalidate response, be negative
  - Interrupt
  - Criticize
  - Diagnose what was said
  - Give advice/solutions quickly
  - Change the subject
  - Reassure without acknowledgment

Organizational Communication

- Focuses on getting work done and meeting organizational goals
- Focuses on change and adaptation
- Focuses on social aspects and motivation of individuals
Organizational Communication

- Studies show that managers spend over 70% of their time communicating
- If this is so, why do most managers identify communications as their #1 challenge?
- There is a big difference between doing it, and doing it well

Key Areas in Organisational Communication

- Leadership;
- Teams;
- Communication networks;
- Organisational culture;
- Organisational learning.
Six Areas of Organisational Communication Problems

• Accessibility of information;
• Communication channels;
• Clarity of messages;
• Span of control;
• Flow control/communication load;
• Individual communicators.

Directions of Organisational Communication

• Downward communication - from supervisor to subordinate;
• Upward communication - from subordinate to supervisor;
• Horizontal communication - this is communication between staff at the same level
MODULE THREE

Leading people

Unit 2

Assertiveness and conflict management
Objectives

By the end of unit, the learner will be able to:

• Describe assertiveness communication model
• Explain assertive communication skills
• Describe the approaches of conflict management
• Apply knowledge & skills gained to manage workplace conflicts

Activity 3.2.1

• Facilitator guides learners to individually write a one sentence definition of the word assertiveness
• A few participants share their sentences as the class contributes
Definition of concepts

- **Assertiveness**: The ability to clearly communicate one’s opinions, needs, wants, interests, feelings etc. to another in a non-defensive and no threatening way.
- An honest, direct and appropriate expression of one’s feelings, thoughts and beliefs

Assertiveness

- Right.
- Respecting others’ rights as well as your own rights.
- Communicating effectively, directly, and with confidence.
- Dealing with conflict effectively and calmly.
- Handling and receiving feedback effectively.
- Setting boundaries.
- Focus is on behavior and problem-solving instead of attacking/ignoring the person.
Concepts cont’d

• Assertive people tend to respect themselves and their own rights:
  – They have better balance relationships with fewer bad feelings
  – They tend to be less anxious and have a sense of control without needing to control others.
  – Assertiveness increases your ability to reach their goals while maintaining your rights and dignity
  – Assertiveness is neither passive nor aggressive

Activity 3.2 2

Let’s role play 😊 in pairs

When you…I feel…I would like:

• When you (describe the person’s behavior)
• I feel (state your emotion)
• I would like (state alternative behavior)
• Cautions…..
Basic assertiveness rights

- The right to act in ways that promote your dignity and self-respect as long as others’ rights are not violated in the process.
- The right to be treated with respect.
- The right to say no and not feel guilty.
- The right to experience and express your feelings.
- The right to take time to slow down and think.
- The right to change your mind.

Rights cont’d

7. The right to ask for what you want.
8. The right to do less than you are humanly capable of doing.
9. The right to ask for information.
10. The right to make mistakes.
11. The right to feel good about yourself.
Non-Assertive (Passive) Behavior

• You are overly concerned about hurting someone else’s feelings
• You try to fool yourself into believing your feelings aren’t real; you shouldn’t have your feelings; your feelings don’t matter compared to others
• You become manipulative so other person will change and you don’t have to take responsibility for saying what you believe, feel, or want

Advantages of Assertion

• Helps us feel good about ourselves and others
• Increases self-esteem
• Develops mutual respect with others
• Minimizes hurting or alienating others
• Helps us achieve our goals
Assertiveness risks

• Others may not approve of your assertive behavior
• When you regard other’s rights as well as your own, there will be times when you won’t get what you want
• You may find out that you are wrong

Assertiveness techniques

■ I want statements
  ■ I want to do this…
  ■ I want you to do this…
  ■ Would you do this…?
  ■ I’d appreciate it if you’d do this
Assertiveness techniques

• Guidelines for I want statements
  • Ask other person about her preferences or willingness to do what you want
    • I want to drop a letter off at the post office before we go shopping. Is that OK with you?
  • Quantify how strong or mild your wants are
    • I’d like to eat Chinese food tonight; it’s not a strong preference – about a 2.
    • I want you to stop pressuring me about getting a new job; that at 10 on a scale of 10!

• Guidelines for I want statements
  • Tell what your I want means and doesn’t mean
    • I’d like for you to stay overnight with me; that doesn’t mean I expect you to or that you must; I’d just like it if you would.
Assertiveness techniques cont’d

- I feel statements
  - When you did …, I felt …
  - I liked it when you did…
  - I didn’t like it when you did

Guidelines for I feel statements
- Do not use just one word to describe most of your feelings (I’m upset)
- Specify the degree of your feelings
  - I’m extremely angry
- It is helpful to first describe the specific behavior you find offensive and then express your feeling
  - When you are late getting home without calling me; I get frighten.

Assertiveness techniques cont’d

- Mixed feeling statements
  - Name more than one feeling and explaining where each is coming from
    - I’ve got mixed feeling about what you just said. I am happy that you are willing to play tennis with a novice like me. Yet I don’t like the comments you made about me being a rotten player; I found that irritating.
Identification of conflicts

• In the workplace, two main types of disputes have been noted (although these two types may also happen in other situations). These are: Disputes of rights and interests

• Disputes of right: where people or groups are entitled by law, by contract, by previous agreement or by established practice to certain rights.

• Disputes of right will focus on conflict issues such as employment contracts, legally enforceable matters or unilateral changes in accepted or customary practices. A dispute of rights is, therefore, usually settled by legal decision or arbitration and not by negotiation.

Managing Team Diversity

Conflict:

• Conflict is a natural phenomenon, neither good nor bad, but may have positive or negative outcomes.

• Conflict management is a process of working through opposing views in order to reach a common goal or mutual purpose.
Causes of Conflicts

- Scarcity of resources (finance, equipment, facilities, etc)
- Different attitudes, values or perceptions
- Disagreements about needs, goals, priorities and interests
- Poor communication
- Poor or inadequate organizational structure
- Lack of teamwork
- Lack of clarity in roles and responsibilities

Conflict types

Conflict between individuals

- People have differing styles of communication, ambitions, political or religious views and different cultural backgrounds.
- In our diverse society, the possibility of these differences leading to conflict between individuals is always there, and we must be alert to preventing and resolving situations where conflict arises.
Conflict types cont’d

• **Conflict between groups of people**
  • Whenever people form groups, they tend to emphasise the things that make their group "better than" or "different from" other groups.
  • This happens in the fields of sport, culture, religion and the workplace and can sometimes change from healthy competition to destructive conflict.

Conflict types cont’d

• **Conflict within a group of people**
  • Even within one organization or team, conflict can arise from the individual differences or ambitions mentioned earlier; or from rivalry between sub-groups or factions.
  • All leaders and members of the organization need to be alert to group dynamics that can spill over into conflict.
Disputes of interest

• Where the conflict may be a matter of opinion, such as where a person or group is entitled to some resources or privileges (such as access to property, better working conditions, etc).
• Because there is no established law or right, a dispute of interest will usually be solved through collective bargaining or negotiation.

Disputes of interest cont’d

• Often, committed group members attempt to resolve group conflicts by actively communicating information about their conflicting motives or ideologies to the rest of the group (e.g., intentions; reasons for holding certain beliefs), and by engaging in collective negotiation.
• Ultimately, a wide range of methods and procedures for addressing conflict exist, including but not limited to, negotiation, mediation, diplomacy, and creative peace building.
Conflict management

- **Conflict management** refers to the long-term management of intractable conflicts.
- It is the label for the variety of ways by which people handle grievances—standing up for what they consider to be right and against what they consider to be wrong.
- Those ways include such diverse phenomena as gossip, ridicule, lynching, terrorism, warfare, feuding, genocide, law, mediation, and avoidance.

Conflict management

- Conflict is inevitable
- It develops because we are dealing with people’s lives, jobs, children, pride, self-concept, ego and sense of mission purpose.
- Early indicators of conflict can be recognized.
- There are strategies for resolution that are available and DO work.
- Although inevitable, conflict can be minimized, diverted, and or resolved.
A Model of Styles to Handle Conflict

1. Accommodating (Teddy Bear)
   • Yielding ones opinion to appease others;
   • Yielding vs conceding.

2. Avoidance (Turtle)
   • Refusing to become involved in conflict;
   • Protecting vs withdrawing.

3. Compromise (Fox):
   • Focus on give & take;
   • Firm vs flexible.

4. Collaborative/Integration (Owl):
   • Try to ensure everyone wins;
   • The best but most difficult.

5. Competitive/Domination (Shark):
   • Winning conflict at expense of others;
   • Forcing vs contending.
1. Accommodating

**Uses**
- To build the relationship;
- When the issue is relatively unimportant to you, but important to the other person;
- When you have less experience or expertise compared to the other person;
- When preserving harmony and avoiding disruption are especially important.

**Danger of inappropriate use**
- Your needs are not met;
- You may begin to feel taken advantage of and resentful.

2. Avoidance

**Uses**
- When the issue or relationship is unimportant;
- To prevent an immediate conflict (e.g. inappropriate time, place, or feelings are escalated);
- When someone else can resolve the conflict more effectively;
- When you have little chance of satisfying your concerns (e.g. national policy, someone’s basic personality, etc.).

**Danger of inappropriate use**
- Conflict may fester until it escalates;
- The relationship remains superficial;
3. Collaboration

**Uses**
- To find a solution that integrates both sets of concerns, as they are both important;
- To merge insights from people with different perspectives on a problem;
- When commitment and “buy-in” is needed;
- When hard feelings have been interfering with an interpersonal, working relationship.

**Danger of inappropriate use**
- May waste time and energy on issues that are not important;
- Since the process can take longer, it may frustrate some people.


**Uses**
- When quick, decisive action is important, such as emergencies;
- When your core values need to be defended;
- When it is important to you to have it your own way.

**Danger of inappropriate use**
- May weaken relationships if it is perceived that you won and the other person lost;
- You receive less input and ideas from others;
- Others may not “buy-in” and sabotage the decision.
5. Compromise

Uses
- When an agreement needs to be reached – time is important;
- When mutually exclusive goals prevent collaboration;
- To achieve temporary settlements to complex issues;
- As a backup mode when collaboration or competition is unsuccessful.

Danger of inappropriate use
- Nobody really gets what they want or need;
- The focus becomes what you did not manage to get;
- Problems reoccur as they were not fully explored and resolutions found that truly work for those involved.

Activity 2.2.4.1: Brainstorming (20 minutes)
- Brainstorm on a conflict at your workplace and describe how you handled the issue and its outcome.
- Sample at least 3 responses.
## Conflict Resolution Skills and Roadblocks

### Does
- Get the facts;
- Engage in active/reflective listening;
- Defuse/manage anger/negotiate outcomes;
- Empathise and appeal to cognitive restructuring;
- Deal with clashing egos - Styles of conflicts.

### Don’ts
- Name calling;
- Personalising issues;
- Sarcasm/ridicule/insulting;
- Threats/blaming/inflexibility;
- Defensive body posturing;
- Offensive language.

## Conflict resolution

- Refers to resolving the dispute to the approval of one or both parties
- It may also be used interchangeably with dispute resolution, where arbitration and litigation processes are critically involved.
- Furthermore, the concept of conflict resolution can be thought to encompass the use of nonviolent resistance measures by conflicted parties in an attempt to promote effective resolution.
Conflict Resolution cont’d

- Conflict resolution focuses on behavior/problem (Conflict may resume despite your best efforts):
  - Do not personalize or attack.
  - Describe behavior you can actually see instead of something that could have varying definitions to the other person or instead of emotionalizing it and attacking the person directly or indirectly.

Conflict resolution cont’d

- Which forms of conflict management will be used in any given situation can be somewhat predicted and explained by the social structure of the case.
- In order for actual conflict to occur, there should be an expression of exclusive patterns, and tell why the conflict was expressed the way it was.
- Conflict is not just about simple inaptness, but is often connected to a previous issue.
Key Components of Conflict Resolution

• Control emotional responses;
• Seek understanding;
• Identify needs and common interests of self and others in the team;
• Seek mutual benefit or purpose.

Conciliation conflict style

• Conciliation or “compromising” conflict style is typical of individuals who possess an intermediate-level of concern for both personal and others’ outcomes.
• Compromisers value fairness and, in doing so, anticipate mutual give-and-take interactions.
• By accepting some demands put forth by others, compromisers believe this agreeableness will encourage others to meet half-way, thus promoting conflict resolution.
• This conflict style can be considered an extension of both “yielding” and “cooperative” strategies.
Collective bargaining

- Especially in workplace situations, it is necessary to have agreed mechanisms in place for groups of people who may be antagonistic (e.g. management and workers) to collectively discuss and resolve issues.
- This process is often called "collective bargaining", because representatives of each group come together with a mandate to work out a solution collectively.
- Experience has shown that this is far better than avoidance or withdrawal, and puts democratic processes in place to achieve "integrative problem solving", where people or groups who must find ways of co-operating in the same organization, do so within their own agreed rules and procedures.

Conciliation

- The dictionary defines conciliation as "the act of procuring good will or inducing a friendly feeling".
- Labour relations legislation provides for the process of conciliation in the workplace, whereby groups who are in conflict and who have failed to reach agreement, can come together once again to attempt to settle their differences.
- This is usually attempted before the more serious step of a strike by workers or a lock-out by management is taken; and it has been found useful to involve a facilitator in the conciliation process.
- Similarly, any other organization (e.g. sports club, youth group or community organization) could try conciliation as a first step.
Negotiation

• This is the process where mandated representatives of groups in a conflict situation meet together in order to resolve their differences and to reach agreement.
• It is a deliberate process, conducted by representatives of groups, designed to reconcile differences and to reach agreements by consensus.
• The outcome is often dependent on the power relationship between the groups.
• Negotiations often involve compromise - one group may win one of their demands and give in on another.
• In workplaces Unions and management representative usually sue negotiations to solve conflicts.
• Political and community groups also often use this method.

Mediation

• when negotiations fail or get stuck, parties often call in and independent mediator.
• This person or group will try to facilitate settlement of the conflict.
• The mediator plays an active part in the process, advises both or all groups, acts as intermediary and suggests possible solutions.
• In contrast to arbitration, mediators act only in an advisory capacity - they have no decision-making powers and cannot impose a settlement on the conflicting parties.
• Skilled mediators are able to gain trust and confidence from the conflicting groups or individuals.
Arbitration

- Means the appointment of an independent person to act as an adjudicator (or judge) in a dispute, to decide on the terms of a settlement.
- Both parties in a conflict have to agree about who the arbitrator should be, and that the decision of the arbitrator will be binding on them all.
- Arbitration differs from mediation and negotiation in that it does not promote the continuation of collective bargaining; the arbitrator listens to and investigates the demands and counter-demands and takes over the role of decision-maker.
- People or organizations can agree on having either a single arbitrator or a panel of arbitrators whom they respect and whose decision they will accept as final, in order to resolve the conflict.

Dual model of CR

- The dual concern model of conflict resolution is a conceptual perspective that assumes individuals' preferred method of dealing with conflict is based on two underlying themes or dimensions
  - A concern for self (i.e. assertiveness ), and
  - A concern for others (i.e. empathy).
- According to the model, group members balance their concern for satisfying personal needs and interests with their concern for satisfying the needs and interests of others in different ways.
  - The intersection point between these two dimensions ultimately lead individuals towards exhibiting different styles of conflict resolution
  - The dual model identifies five conflict resolution styles/strategies that individuals may use depending on their dispositions toward pro-self or pro-social goals.
Tips for Managing Workplace Conflict

• Build good relationships before conflict occurs
• Do not let small problems escalate; deal with them as they arise
• Respect differences
• Listen to others’ perspectives on the conflict situation
• Acknowledge feelings before focussing on facts
• Focus on solving problems, not changing people
• If you can’t resolve the problem, turn to someone who can help
• Remember to adapt your style to the situation and persons involved
MODULE THREE

BUILDING WORKING TEAMS

Unit 3

Teamwork, Recognition And Motivation.
Objectives

By the end of the unit, the learner should be able to:

• Describe motivational theories
• Identify factors that demotivate human resource for health
• Explain how to create a motivating work climate for staff
• Describe individual vs. collective staff motivators

Definition of a Team

A team is a collection of individuals, who highly communicate, directing their energies towards a known defined goal, which is achieved through their joint, complementary efforts, for the benefit of all.

SYNERGY: 1+1>2
Combined efforts of team members can achieve more than what single individuals can
Together
Each
Achieves
More
Definition of a Team (Cont’d)

• Two or more individuals with a high degree of interdependence geared toward the achievement of a goal or the completion of a task.

• Teams make decisions, solve problems, provide support, accomplish missions, and plan their work.

• Nobody is perfect but a team can be.

Rationale of Team Building in Health Systems

Team building is necessary because:

• Managers spend 50% of their working day in one team or another.

• Organisations are broken down into functional teams known as divisions, departments and sections.

• Organisational tasks require the cooperation of individuals in units and sub-units.
Importance of Teamwork in Healthcare

Promoting teamwork and good communication among health professionals can dramatically improve efficiency and effectiveness of healthcare delivery, resulting in better outcomes for the consumers.

Team Development Process

- Forming
- Storming
- Norming
- Performing
- Adjourning

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<tr>
<td>HONEYMOON (NO ROCKING THE BOAT)</td>
<td>(The Polite Stage)</td>
</tr>
<tr>
<td>CONFLICT IS EVIDENT</td>
<td>(The Fighting Stage)</td>
</tr>
<tr>
<td>FROM “Disorder &amp; instability”, TO ORDER &amp; STABILITY</td>
<td>(The Settling Stage)</td>
</tr>
<tr>
<td>ACHIEVE GOALS &amp; RESULTS</td>
<td>(The Performing Stage)</td>
</tr>
<tr>
<td>EXIT IN STYLE, REWARD &amp; SANCTION</td>
<td>The “Ending” Stage</td>
</tr>
</tbody>
</table>
Stage 1 – Forming

- Provide structure, broad goals/norms/TOR and clarify task direction.
- Focus on basic information, keep social distance.
- Allow for “get-acquainted time”, break the ice, create atmosphere of confidence and optimism.
- Members tend to feel suspicious and confused.
- Be visionary, inspiring, facilitate communication/interaction/active involvement.
- Members tend to accept the power and authority figure.

Stage 2 - Storming

- Conflict evident but encourage participation, and appreciate individual differences.
- Leader is a facilitator, trainer, coach and role model.
- Acknowledge personalities and conflicts that emerge and resolve issues.
- Lack of unity and cohesiveness prevails hence guide others toward consensus.
- Get members to assume more task than people oriented responsibilities.
- Train on conflict resolution methods.
Stage 3 - Norming

- Teams emerge at the norming stage in group development.
- Coach and sponsor new norms “modus operandi”.
- Norms can be written or unwritten.
- Give feedback and support, clarify roles, norms and values.
- Plan celebrations for short term wins.
- Allow for less structure and promote discussion and contributions from all team members.
- Encourage others to make decisions and assess relevance of norms to team productivity.

Stage 4 - Performing

- Observe, inquire, facilitate and fulfill team needs and achieve results.
- Provide little direction and allow members to participate more in final decisions.
- Low amounts of two-way communication needed.
- Give positive reinforcement and support.
- Leader sets goals: team accomplishes, solves problems, shares new information.
Stage 5 - Adjourning

- Help team with options for renewal or termination.
- Effective, active listening and provision of information in many different formats.
- Offer direction to move group back through initial stages and guide the process.
- Create opportunities for feedback, rewards and sanctions.
- Reflect and engage in continuous learning and improvement for the next task.

Characteristics of a Team

- Teams embody a collective action arising from task interdependency.
- Members of the team agree on the goal.
- Members agree that they must work together to achieve the goal.
- Each member is viewed as having one or more important roles to play to successfully achieve the goal.
- There is less hierarchy within the unit than in most work groups.
Characteristics of Effective Teams

- **Team goals** are developed through team interaction and agreement.
- **Participation** by all team members and roles are shared.
- **Feedback** is asked for by members and freely given as a way of evaluating the team's performance and clarifying both feelings and interests of the members.
- **Leadership** is distributed and shared among team members and individuals willingly contribute their resources as needed.

(Francis and Young, 1979)

Characteristics of Effective Teams (Cont’d)

- **Problem solving,** discussing team issues, and critiquing team effectiveness are encouraged by all team members.
- **Conflict** is not suppressed, members are allowed to express negative feelings and confrontation within the team which is managed and dealt with by team members.
- **Team member resources,** talents, skills, knowledge, and experiences are fully identified, recognised, and used whenever appropriate.
- **Risk taking and creativity** are encouraged. When mistakes are made, they are treated as a source of learning rather than reasons for punishment.
Characteristics of Effective Teams (Cont’d)

• High level of interdependence among members.

• Team leader has good people skills and is committed to team approach.

• Each member is willing to contribute, relaxed climate for communication.

• Members develop mutual trust.

• Team and individuals are prepared to take risks.

Characteristics of Effective Teams (Cont’d)

• Clarifies goals and establishes targets.

• Roles are defined, team members know how to examine team and individual errors without personal attacks.

• Team has capacity to create new ideas.

• Each team member knows he can influence the team agenda.

Team decision making involves a process that encourages active participation by all members.
### Team Leader

An effective team leader makes sure that:

- Team members understand and share the leader’s vision.
- Team members respect and ideally like one another.
- Individuals derive satisfaction from being members of the team.
- The team learns to work together in a relaxed fashion.
- Team recognition and credit for a good job is freely given.
- Team members understand and share goals, objectives, vision and mission.

### Causes of Team Failure

- Unclear goals and objectives.
- Non-measurable goals.
- Poorly defined boundaries and responsibilities.
- Inappropriate leadership style and behaviour.
- Ineffective meetings.
- Unwillingness of team members to accept responsibility.
- Individually oriented rewards and/or recognition.
- Functional resistance and politics.
- Stifling of individual creativity and other resourcefulness.
Symptoms of a Failing Team

- No shows at scheduled meetings/events.
- Late arrival and early departure.
- Substitutes, time and time again.
- Chronic complaining and non-constructive criticism.
- Domination and bull-dozing.
- Drop outs (from the team).
- Missed/unmet deadlines.

Conflict resolution amongst team members

- Determine the importance of the issue to all people involved.
- Determine whether the people involved are willing and able to discuss the issue in a positive manner.
- Make sure that both sides understand they are responsible for both the problem and solution.
- Solicit opening comments from both sides. Express concerns, feelings, ideas and thoughts in a non accusatory manner.
- Guide participants towards a clear and specific definition of the problem.
Conflict resolution amongst team members

• Encourage participants to propose solutions, examine the problem from a variety of perspectives and discuss all solutions proposed.
• Evaluate the costs verses the gains of all proposed solutions and discuss them openly.
• Reflect on the issue and encourage participants to express their opinions on how to improve the process.

Why Teamwork

• Teamwork improves the working environment
• Keeps communication consistent
• Relieves stress
• Reduces errors
• Keeps communication lines open.
Characteristics of effective team members

• Supportive to achieve results.
• Avoid ‘whining’ or looking good at the expense of others.
• Open to others ideas
• Share information and ideas
• Support contribution of others.

Recognition

• Acknowledgment of employee achievement.
• Can be public or private, and involve a monetary reward or nonmonetary reward.
• Employee recognition shows appreciation for an employee’s achievement and motivate employees to continue with good performance and loyalty to the organization.
• Successful employee recognition will help the organization to retain key employees and keep employees happy along the way.
Why recognition

• Helps to attract and retain key employees.
• Motivates employees to perform at higher levels.
• Increases employee productivity.
• Can increase employee competitiveness.
• Can increase company revenues and profitability.
• Improves business quality and service.
• Improves safety.
• May lower stress.
• Reduces absenteeism and turnover costs.
• Fosters employment longevity.
• Encourages employees to continue education and training.

Recognition tips for managers

• Offer employee reward options.
• Identify what's meaningful to your employees.
• Keep employee recognition fresh.
• Recognize all levels of employees.
• Make sure recognition is given consistently.
• Keep it simple.
• Keep it adaptable.
• Make it timely.
Monetary Vs Non monetary approaches

- Verbal, written or formal praise from managers or informal praise by peers
- Gift cards
- Spot award (monetary)
- Choice of interesting and challenging projects
- Opportunities to attend conferences or other trainings
- Opportunities to mentor other employees and work with people outside their areas
- Call employee and thank them, with no other purpose for call

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Monetary Vs Non monetary approaches

- Add a personal thank-you note to paycheck or bonus
- Allow employees to clang bells or whistles when they reach a goal
- Company logo items
- Plaques or trophies
- Catered lunch or out to lunch
- Anyone have any other suggestions?
Summary on recognition

- Recognition can be monetary or nonmonetary.
- Recognition should be flexible, yet consistent and meaningful to employees.
- Managers should provide performance feedback on a regular basis.
- There are many ways to recognize employees’ performance achievements.
- Nonmonetary rewards are encouraged and do not require a form or approval.
- Monetary rewards require approval of Recognition Request Form.

Motivation defined

- **Motivation** is the psychological feature that arouses an organism/individual to action toward a desired goal and elicits, controls, and sustains certain goal directed behaviors.
- It can be considered a driving force
- A psychological drive that compels or reinforces an action toward a desired goal.
- For example, hunger is a motivation that elicits a desire to eat. Motivation has been shown to have roots in physiological, behavioral, cognitive, and social areas.
Motivation cont’d

• Motivation is defined simply as what causes people to behave as they do.

• All organizations need motivated employees and motivation is also critical to our own personal success.

• Motivation is particularly important in the health sector as it is aimed at the achievement of public purposes.

• In a very real sense, the quality of our neighborhoods, communities, and world depends upon motivation.

Motivation in Organizations

• Motivation is not:
  – directly observable
  – the same as satisfaction
  – always conscious
  – directly controllable
## Motivation in the Public Sector

- There is a persistent and widespread belief that people who work in the public sector are fundamentally lazy and unmotivated—there are three main reasons for this:
  - Rewards and incentives available for use by public sector managers, particularly in terms of pay and promotion, might be limited
  - Many people who pursue public sector careers are less achievement-oriented and primarily attracted to public service for job security

## Connt’ d

- Motivation is said to be more complex in public organizations because the goals are often more ambiguous than those in the private sector, where clear-cut motive is profit
Types of motivation

Motivation can be divided into two types: intrinsic (internal) motivation and extrinsic (external) motivation.

- Intrinsic motivation refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on external pressures or a desire for reward.
- Employees who are intrinsically motivated are more likely to engage in the task willingly as well as work to improve their skills, which will increase their capabilities.
- Staff are likely to be intrinsically motivated if they:
  - Attribute their productivity or results to factors under their own control, also known as autonomy,
  - Believe they have the skills which will allow them to be effective agents in reaching their desired goals without relying on luck
  - Are interested in mastering a skill, not just in achieving good results

Intrinsic motivation cont’d
Extrinsic motivation

- This refers to the performance of an activity in order to attain an outcome, whether or not that activity is also intrinsically motivated.
- Extrinsic motivation comes from outside of the individual.
- Common extrinsic motivations are rewards (for example money or grades) for showing the desired behavior, and the threat of punishment following misbehavior.

Extrinsic motivation cont’d

- Competition is an extrinsic motivator because it encourages the performer to win and to beat others, not simply to enjoy the intrinsic rewards of the activity.
- A cheering crowd and the desire to win a trophy are also extrinsic incentives.
**Employee Motivation**

- Workers need something to keep them working
- Employees must be motivated to work
- People differ on a personality dimension called locus of control (What controls behaviour)
- When motivating staff, you can use general motivational strategies or specific motivational appeals
- Motivation is the force that initiates guides and maintains goal oriented behaviours
- Motivation causes people to action

**Principles of motivation**

- Needs/ drive
- Interest
- Values
- Self actualization
- Ego
Theories of motivation

They are categorized as:
- Behavioral views
- Humanistic views
- Cognitive theories
- Affective theories
- Needs theories

Maslow’s theory

- Maslow’s hierarchy of need categories is the most famous example:
  - Self-actualization
  - Esteem
  - Belongingness
  - Safety
  - Physiological
Maslow's Hierarchy of Needs

• A basic assumption of this model is that humans are perpetually wanting
• the level does not need to be fully satisfied only that it must be partially or adequately satisfied

McGregor (1957) Theory X and Theory Y

• Theory X assumptions:
  – people are naturally lazy and work as little as possible
  – workers lack ambition, avoid responsibility, and preferred to be led
  – employees are interested only in their own needs and not the needs of the organization
  – people are resistant to change
  – workers are basically gullible and not very bright
McGregor (1957) Theory X and Theory Y

- Theory Y Assumptions:
  - people are not passive by nature and are capable of self-control and self-direction
  - work is natural and pleasurable
  - workers are not resistant to change and will work towards organizational goals
  - people seek and accept responsibility

- delegation, job enlargement, and participative management are consistent with Theory Y assumptions

Herzberg (1968) Two-factor or motivation-hygiene theory

- Factors that produced job satisfaction or motivation are different than factors that lead to dissatisfaction
- motivating or intrinsic factors are those associated with the nature of the work itself
  - achievement, recognition, challenging work, responsibility and growth
Herzberg (1968) Two-factor Or Motivation-hygiene Theory

- low-level needs, called hygiene or extrinsic factors, do not lead to motivation
  - they only lead to dissatisfaction
- hygiene factors such as pay or working conditions, supervision, interpersonal relations, status, and security can cause dissatisfaction
  - satisfying these needs however will not lead to motivation

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Herzberg (1968) Two-factor Or Motivation-hygiene Theory

- We are most preoccupied with a unmet needs -- what do you need to be motivated?
  - Skill variety -- the job requires wearing skills, activities, tasks, and talents
  - task identity -- the job allows completion of a whole and identifiable piece of work or work product
  - task significance -- the work is important and has a positive impact or others in and outside of the organization
Expectancy Theories

- instead of focusing on individual needs, expectancy theories suggest that people will be motivated when they expect their efforts will result in desirable outcomes.

- valence, expectancy, and force
  - valence refers to the strength of a person's desire for a particular outcome
  - expectancy is the association between actions and outcomes
- force is the combination of valance and expectancy which results in the force to perform or act
- The stronger the valence or value of the reward and the strength of the expectancy that a person's efforts will be successful and result in the reward, the stronger the motivational force to engage in the behavior.
Expectancy Theories

- Expectancy theories are more complex than needs-based theories of motivation on several factors
  - they introduce a cognitive aspect of motivation--people think about expected payoffs for their efforts
  - they suggest motivation involves not just the individual but also opportunities, rewards, and incentives and the work environment
- To have different skills and abilities and that people tend to exert more effort in the areas that they believe they are more likely to perform well.

Expectancy Theories

- Motivations can be impacted in three ways
  - choose rewards that are of value to particular workers
  - managers can work to change the expectancy of existing outcomes so that the link between hard work and rewards is strengthened
  - managers can attempt to change the valance of existing outcomes – or shared goals for the individual and organization
Goal Setting Theories

- Goal setting is recognized explicitly or implicitly by virtually every major theory of work motivation
  - the existence of goals in and of themselves can motivate behavior
  - people assigned difficult goals tend to perform better than those with moderately difficult to easy goals
  - the idea behind goal setting theory is that goals motivate people to compare current performance to performance needed to meet goals
  - it is better to state a specific goal than to simply urge people to do their best
  - goal setting has been found to enhance performance about 90 percent of the time

Strategic Management Model
Goal Setting Theories

- Goal setting can raise expectations and trigger productive self-fulfilling prophecies
  - worker motivation will be enhanced
  - expectancy or judgment that their efforts will payoff is increased and people will exert more effort in goal attainment

Equity Theories

- Equity theories are based on social exchange
- People make choices based on their assessments of particular situations before exerting effort to achieve goals
- People evaluate the situation on the basis of what they perceive to be fair or advantageous compared to what others receive and/or the effort required
Equity Theories

• People’s expectations about what is fair or equitable are learned through the process of socialization -- and also comparison of their experiences with those of others
• The “equity norm” suggest that those who contribute more to an organization should receive more rewards

Equity Theories

• Motivation according to this model is a consequence of perceived inequity
• Perceived inequity creates tension in proportion to the magnitude of the inequity
• People can either feel guilty because they think they are paid too much (overpayment inequity)
  – Or be angry because they are paid too little (underpayment inequity)
• Individuals are motivated to reduce this tension by either changing what they do or changing what they think
Equity Theories

- Research evidence on equity theories is generally strong
  - Although it might be a mistake to reduce our understanding of all interpersonal interactions at work to a type of social exchange bargaining
  - Equity theories may provide important insights into understanding how people believe they are treated work
- Research on equity theories provides important information on the influence of pay on motivation and on how people look to others to evaluate whether they think they are treated fairly

Alderfer’s ERG theory

This theory posits that there are three groups of core needs — existence, relatedness, and growth, hence the label: ERG theory.

The existence group is concerned with providing our basic material existence requirements.

The second group of needs are those of relatedness — the desire we have for maintaining important personal relationships.

These social and status desires require interaction with others if they are to be satisfied, and they align with Maslow’s social need and the external component of Maslow’s esteem classification.

Finally, Alderfer isolates growth needs as an intrinsic desire for personal development. These include the intrinsic component from Maslow’s esteem category and the characteristics included under self-actualization.
Alderfer’s cont....

- Human beings have wants and desires which influence their behavior. Only unsatisfied needs influence behavior, satisfied needs do not.
- Since needs are many, they are arranged in order of importance, from the basic to the complex.
- The person advances to the next level of needs only after the lower level need is at least minimally satisfied.
- The further the progress up the hierarchy, the more individuality, humanness and psychological health a person will show.

Self-determination theory

- Self-determination theory (SDT) focuses on the importance of intrinsic motivation in driving human behavior.
- Like Maslow's hierarchical theory and others that built on it, SDT posits a natural tendency toward growth and development.
- Unlike these other theories, however, SDT does not include any sort of "autopilot" for achievement, but instead requires active encouragement from the environment.
- The primary factors that encourage motivation and development are autonomy, competence feedback, and relatedness.
Achievement motivation

- Achievement Motivation is an integrative perspective based on the premise that performance motivation results from the way broad components of personality are directed towards performance.
- As a result, it includes a range of dimensions that are relevant to success at work but which are not conventionally regarded as being part of performance motivation.
- Especially it integrates formerly separated approaches as Need for Achievement with, for example, social motives like dominance.

Affective factors in motivation

- According to self-worth theory, the ability to achieve is strongly valued in our society, and people’s self-worth is strongly linked to their perceptions of their ability.
- Some workers will procrastinate, blame others, and engage in other self-handicapping behaviors to protect their perceptions of high ability.
- Anxiety reduces performance primarily by filling working memory space with thoughts about failure and the negative consequences of that failure.
- With increased understanding, failure decreases, which in turn lessens fear of lowered performance.
From this Mayo concluded that workers are best motivated by:

• **Better communication** between managers and workers (Hawthorne workers were consulted over the experiments and also had the opportunity to give feedback)

• **Greater manager involvement** in employees working lives (Hawthorne workers responded to the increased level of attention they were receiving)

• **Working in groups or teams.** (Hawthorne workers did not previously regularly work in teams)

• In practice therefore businesses should re-organise production to encourage greater use of team working and introduce personnel departments to encourage greater manager involvement in looking after employees’ interests. His theory most closely fits in with a paternalistic style of management.
What motivates team members

- a) Acceptance, the need for approval
- b) Curiosity, the need to learn
- c) Eating, the need for food
- d) Family, the need to raise children
- e) Honor, the need to be loyal to one’s social group
- f) Idealism, the need for social justice
- g) Independence, the need for individuality
- h) Order, the need for organized, stable, predictable environments.

What motivates team members cont’d

- e) i) Physical activity, the need for exercise
- j) Power, the need for influence of will
- k) Romance, the need for sex
- l) Saving, the need to collect
- m) Social Contact, the need for friends (relationships)
- n) Status, the need for social standing/status
MODULE FOUR

Unit I: Managing Human Resources for Health

Objectives

• Describe the key concepts and components of a HRM System
• Explain HR Policy essentials
• Explain the HR components in brief
Activity 4.1

Work in pairs and define the following:
• Human resource management
• Human resources for health management
• Human resources for health

Sample a few pairs and share in plenary

Definition of concepts

• Human resource management is the systematic acquisition, maintenance, utilization and outplacement of workforce to achieve organizational objectives
• It has several functional areas like planning, recruitment and selection, training and development, performance management amongst others.

Source: Dessler (2006) HRM
Definition of concepts cont’d

- **Human Resources for Health**: refers to all categories of healthcare workers who play a role in promoting health.
- **Human resources for health management**: This is the integrated use of policies, systems, management and leadership practices to plan for necessary staff and to recruit, motivate, develop and maintain employees so that health institutions or organizations can meet their goal.

Global HRH crisis

- **Coverage**: Inadequate numbers, inadequate skills mix for health workers offering MNCH services
- **Work environment**: poor remuneration, lack of supportive health systems
- **Competencies**: lack of opportunities for continuous learning, lack of appropriate attitudes and skills
Current trends in HRH

- Task shifting and task sharing
- Work place improvement
- HRH strategic plans
- WHO code of practice
- Creation of HRH observatories
- Incentivized community health volunteers

The Health Action Framework

[Diagram showing the Health Action Framework with various components such as Preparation & Planning, Critical Success Factors, Implementation, Country specific context including labour market, Improved Health Workforce Outcomes, Better Health Services Equity, Efficiency, Effectiveness, Accessibility, and Other health system components.]

WHO (www.who.int/workforcealliance 2005)
Activity - 10 mins

• Ask participants to discuss HRH policies that exist in their facilities and country

Functions of HRH policies

• Provide a mechanism to manage risks by keeping up to date with current trends in employment
• Allow for clarity and expectations of MNCH services that are acceptable to be offered
• Supports in developing the right culture for MNCH workers
HRH policies and plans

• Labour laws are designed to protect both workers and employers
• They are administrative rulings and precedents which address the legal rights of workers and their organizations
• Good laws are as good as their enforcement

Common policies

• Employment Act
• HRH terms and conditions
• HIV/AIDS workplace policy
• Gender mainstreaming policy
• Occupational Health Hazards policy
• Trade unions Act
Activity 4.2

- Participants take gallery walk and post the various HRH functions on flip charts

Components of HRM

- HRH is the system acquisition, maintenance, utilization and outplacement of work force to achieve organizational objectives:
  - Human resource planning
  - Recruitment and selection
  - Training and development
  - Performance management
  - Compensation and rewards
HR components cont’d

• Human resources research
• Employee wellness
• Employee relations
• Retention and motivation
• Exit/separation management

HR planning

• The process through which an organization determines current and future requirements of the proper number of employees, appropriate skills, in the right jobs at the right time to achieve objectives of the MNCH services
HR Recruitment and selection

- **Recruitment**: Is the process of searching the candidates for employment and stimulating them to apply for the jobs in the organization
- Searching for prospective employees
- **Selection**: a process of differentiating between applicants in order to identify and hire those with a greater likelihood of success in a job

Training and development

- Training of staff is planned learning experience which provides knowledge, attitudes and skills to enable them perform a specific job either today or in the future
- It refers to organized learning to develop and sustain behaviors that bring about improvement and personal growth
Training needs assessment in MNCH

- Identify gaps in knowledge and skills of the workers which inhibit performance
- Develop a projection plan of the identified needs for purposes of taking action
- Budget for the training
- Administer the training while considering transparency, meritocracy, relevance, cost effectiveness, gender equity and availability of funds

Orientation and induction

- A procedure where managers provide new employees with basic background information about the department and services to be offered
- New staff orientation effectively integrates the new staff into the department duties and thus assists in motivation, retention, job satisfaction and quickly enable the members work as a team
Performance management

- As the struggle to meet the relevant MDGs continues, it is in order for nurse managers to establish a shared understanding about what is to be achieved and have an approach to manage people in a way that will increase their probability of achieving objectives.

Importance of performance management

- Maximize productivity
- Ensure efficient and effective MNCH services
- Provide conducive environment for individual employee growth and development
- Reward contribution
- To make decisions
Performance appraisal tools-MNCH

- Formal annual performance forms
- Interviews
- Skill or job related tests
- 360 degrees assessment
- Observation on the job

Activity 4.3

- Ask participants to role play supervisor/supervisee appraisal process in the department as other observe and make comments finally.
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Unit 2

Mobilizing Resources

Objectives

By the end of the unit, the learner will be able to:

- Describe the process of resource mapping
- Discuss an overview of developing a resource strategy
- Explain various methods of resource mobilization
- Describe the process of developing a budget
- Discuss essential commodities in MNCH
- Apply knowledge and skills gained to mobilize resources for the identified project
Definitions and concepts

• **Resource mobilization** refers to getting resources using different mechanisms from different providers to implement organization work.

• **Fund raising** - Providing or availing financial and non financial resources to support an objective of the organization, department or a project

• Resource mobilization and fund raising begins by mapping or taking inventory of the organization resources or assets

• It involves mobilizing resources from individuals, government and non governmental organizations

Importance of fundraising

• Organizational or project survival

• For expansion and development

• Building networks

• Enhancing viability and sustainability

• Reducing dependency on a few resources
Principles of fundraising

- Effective mobilization requires planning
- It is based on good relationship with funders
- It starts with the leadership of the department
- It requires a communication strategy

Skills for fundraising

- Interpersonal skills
- Communication skills
- Organizational skills
- Team leadership skills
- Persuasion skills
Fundraising sources

- Government
- International donor agencies
- Individuals or families
- Foundations
- Companies or corporations
- Special events
- Online fundraising

Fundraising strategies

- Fundraising team or committee
- Organizing fundraising
- Public collections
- Direct mail
- Committed giving and membership
- Personal solicitation
- Sales
- Legacies and memorials
Preparing for fundraising

- Commitment to vision and mission
- Targeting projects that will yield results
- Evidence of past accomplishments
- Effective management and leadership
- Financial systems that will safeguard resources
- Ability to attract, create and sustain new resources
- Knowledge of legal and cultural requirements

Maximizing available resources

- Mobilizing resources is as much about making judicious or better use of available resources as it is about additional ones
- It is important to identify opportunities for involving new actors and new resource partnerships
- Explore the specific reasons which may appeal to potential new comers to get involved and commit resources for current strategies
Elements of a good proposal

- Proposal summary
- Project rationale
- Project design
- Management and implementation
- Monitoring, reviewing and reporting
- Risk factors to be monitored and contingency management plan
- Budget itemization and explanation

Activity 4.1

- Participants in groups discuss essential commodities in MNCH and share in plenary
Essential MNCH commodities

- Access to good quality, affordable medicines and supplies would enable health workers to provide better care to girls, women, new borns’ and children.
- Currently, access is hampered by inefficient procurement and supply systems, poor partner collaboration, and the lack of crucial reproductive, maternal, new born and child health (RMNCH) commodities on national essential medicines lists.
- MNCH commodities are products for maternal, newborn and child health including medicines, drugs and vaccines. There are also medical equipment, devices and laboratory diagnostics.

Challenges in provision of MNCH commodities

- There is evidence on how to ensure commodity security, particularly in relation to vaccines and contraceptives.
- Applying these lessons across the RMNCH continuum of care would help ensure that women and children have access to the essential interventions they need, when and where they need them.
- Medicines, devices and equipment for RMNCH often do not reach those who need them the most.
- National procurement and supply management (PSM) systems are often weak.
Challenges in provision of MNCH commodities cont’d

- Commodities are delivered in a vertical and uncoordinated fashion. This results in poor procurement, storage and distribution yielding for example overstocks in central medical stores and stock-outs in remote areas.
- Inefficient national procurement and supply systems lead to the development of parallel mechanisms to procure and distribute medicines, devices and equipment, thereby further reducing efficiency.
- The lack of coordinated implementation and information exchange between the private and public sectors, across countries, and between local, national and global levels

Supply chain management

- A supply chain is the system of organizations, people, activities, information and resources involved in moving a product or service from supplier to customer. Supply chain activities transform raw materials and components into a finished product that is delivered to the end customer.
Supply chain management

- The network of external suppliers, internal processes and external distributors and the links connecting them, that deliver a finished product or service to the customer
- It entails making decisions regarding the structure of supply chain
- Coordinating the movement of goods and delivery of services
- Sharing information between members of supply chain

Why it is difficult to match supply and demand

- Uncertainty in demand and/or supply
- Changing customer requirement
- Decreasing product life cycles
- Fragmentations of supply chain ownership
- Conflicting objectives in the supply chain
- Conflicting objectives in the organization (sales want more inventory, fast delivery, many package types.)
**Activity 4.2**

- Group work: Work in groups and design a plan to improve the supply chain for contraceptives in your hospital
- Share in plenary and it will be part of the selected project

**Developing a budget**

- A budget is an estimate of expenditure and revenue presented
- A budget should express targets of government policy measures and instruments to reach these targets; costs connected to the targets and measures
- It is a managerial tool to explain how programs achieve policy objectives
- It is a control tool to hold managers accountable for outcomes and outputs
Classification of budgets

1. Recurrent Estimates (votes) for:
   a. Services
   b. Salaries
2. Development estimates (vote) for all development projects/programs/activities in all the ministries.

Types of Budgets

• Medium-Term Expenditure Framework (MTEF)
  – This is a three-year rolling budget process aimed at aligning policy, planning and budgeting.

• Annual budget
  – An annual estimate of Government expenditures and revenues for all ministries.
Types of Budgets Cont’d

• **The Revised/Supplementary Budget**
  – Prepared in December of every year.
  – Enables ministries and departments to adjust their budgetary allocation in line with the expenditure trends observed over the past six months.
  – Usually, treasury only allows reallocations where savings can be realised from other expenditure areas.

Different Budget Formats

- **Budget Formats**
  - **Line item Budgets**
  - **Programme Budgets**
1. Line Item Budgets

- The expenditures are expressed in considerable details but activities being undertaken are given little attention.
- It shows the nature of the spending but not the purpose.
- The amounts in this type of budget are frequently established on the bases of historical costs that have been adjusted for anticipated changes in cost and activity levels.

Line Item Budgets Cont’d

- Control oriented – it is a form of financial control rather than effectiveness.
- Shows exactly how much is spent on each item of expenditure.
- Focuses on ‘inputs’ not ‘outputs’ or ‘delivery’.
- Itemises payments (and receipts) by standard categories.
- Helps to ensure aggregate fiscal discipline.
Why Move to a Programme Based Budgeting System?

• To improve efficiency and cost-effectiveness in public financial management using techniques and planning frameworks based on international best practice;

• To improve resource allocation by identification, ranking and prioritisation of programmes;

• To improve the efficiency of budget management by including performance information in budget documents to assist monitoring and evaluation;

• To use performance information to guide outlays on different activities, providing a more structured framework for budget resource allocation, both within and across sectors.

2. Programme Budget

• Programme Budgeting is an approach and process that relates resources to proposed and actual results.

• Clusters of related activities that represent the highest level of classification of the work undertaken by a department in carrying out assigned responsibilities.

• Allocates money to functions/activities and focuses on total cost of providing a service, supported by line item detail.

• Stresses on the end product, not the means.
Objective of Programme Based Budget

- Making public management results-oriented;
- Improving efficiency/effectiveness of activities;
- Using performance information for setting targets and priorities;
- Guiding resource re-allocation with greater information;
- Making efficiency savings wherever necessary.

Line Item Budgeting vs. Programme Based Budgeting

<table>
<thead>
<tr>
<th>Line Item Budgeting</th>
<th>Programme Based Budgeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on compliance/use of inputs</td>
<td>Focuses on outputs/results</td>
</tr>
<tr>
<td>Presentation in terms of categories of inputs (line item)</td>
<td>Presentation by activities/tasks performed (fewer appropriation items)</td>
</tr>
<tr>
<td>No information on performance</td>
<td>Performance measures defined</td>
</tr>
<tr>
<td>No information on unit costs of goods and services provided</td>
<td>Costing facilitated by defining outputs</td>
</tr>
<tr>
<td>Lack of information on future funding needs</td>
<td>Greater predictability in funding needs</td>
</tr>
<tr>
<td>No clear distinction between externally “administered” items (e.g., level of grants or subsidies) and “controlled” items (subject to managerial control)</td>
<td>“Controlled” and “administered” items are identified and separately recorded</td>
</tr>
</tbody>
</table>
The Budget Preparation Process

Sector Working Groups (SWGs):

- The MTEF process grouped ministries in economic divisions referred to as sectors.
- Various ministries in a sector submit their budget proposals to the sector for funding (popularly known as bidding process).
- The requests from the various ministries are evaluated by the Sector Working Groups (SWGs) which comprises officers from the respective ministries in the sector, Treasury and Ministry of Planning officials.

Budget Steps

- Ministries prepare their strategic Plans indicating their overall Objectives, Programs and Activities.
- Budget Outlook Paper (BOP) is prepared by Ministry of Finance and Ministry of Planning and National Development. BOP gives the macro-economic projections and policy direction for fiscal year.
- Ministerial Public Expenditure Reviews (MPERs)
- Sector Meetings
- Sector Working Groups (SWGs)
**Budget Implementation**

- From 1st July, ministries operate on Vote on Account, whereby they are allowed to spend only one half of their provisions/allocations until the Appropriation Bill is passed.

- Field stations are given authority to incur expenditures (AIES) and cheques/checks quarterly in order to implement their planned activities.

**Budgeting process at facility**

- Budgeting should be carried out in tandem with the planning process
- Consider each objective separately
- Define the operational targets and specify the operational output and the quantification
- List the activities including support activities necessary for the operational targets and quantify these activities
Budgeting process cont’d

• Assess the costs related to activities
• Develop a table that shows the plan, objectives, approaches, activities, targets and costs
• Apply the costs of each target to a line item budget format by categories (personnel, supplies, equipment, travel)
• Prepare a clear presentation of the budget linked to the plan and be ready to defend it

What is MTEF (Medium Term Expenditure Framework)

• MTEF is a Budgeting Technique that links Policy, Planning and Budgeting.
• Under MTEF process all the Government Ministries/Departments have been categorized into functional sectors
• A three year rolling budget
Importance of MTEF

– Brings together policy-making, planning, and budgeting early in the budgeting cycle
– Encourages cooperation across ministries/county departments
– Enhances stability by letting entities know what resources are available
– Improves transparency by making public the governments’ long term policy goals and fiscal strategy

Documents For Recording Expenditure

- **F.O. 11** - Vote Book
- **F.O. 20** - Used exclusively in payment for accounting expenditure incurred on Voted Provision
- **F.O. 21** - Used exclusively in payments not chargeable to the voted provision i.e.; suspense, clearance, deposits.
- **F.O. 22** - Used for payment of claims for travel and subsistence allowances chargeable to voted provisions only.
- **F.O. 25** - Used for adjustments involving the ledger, cashbook or within Expenditure items.
- **F.O. 17** - Receipt voucher prepared to account for money received by the Government for which official receipts have been issued.
• **L.P.O. (Local purchase Order)** - For ordering physical items/goods

• **L.S.O. (Local Service Order)** - For ordering a service to the Government e.g. vehicles repairs

• **A.I.E.** - Authority to Incur Expenditure by one Accounting officer on behalf of the other and ask for reimbursement from the issuing authority.

• **Cheques** - Document of payment through the bank
### Cont...

- **Receipt Books** - Miscellaneous receipt book (F.O.6) and Other document/receipt issued to acknowledge monies received by the Government
- **Imprest Warrant Forms** - Form used to process cash advance to An officer to meet government expenditure and Account for the advance.
- **C.B.K. Oversees(Payment Authority Form P.A.)** - Form used by the Government to pay or transfer money for overseas payment

- **NOTE**: The above documents/forms must be preserved for a certain prescribed period by the Treasury in the Financial orders

### Activity 4.3

- Participants budget and identify resources of the MNCH problem identified in the challenge model.
MODULE FOUR

Unit 3: Managing Change

Objectives

- Define change concepts
- Describe the process of change
- Recognize types of change in an organization
- Deal with peoples’ reaction to change process
- Incorporate critical success factors into a change process
**Activity 4.3**

Participants brainstorm on the following questions:-

- What are your reactions when you hear the word change?
  
  - Negative perception……..

- Positive perception.........

**Definition**

- Change is the process of analyzing the past to elicit the present action required for the future.
- It is also the continuous adaptation of cooperate strategies and structures to changing external conditions.
- The only constant is change thus change is inevitable
- Change can be forced on us or created by ourselves
Definition cont’d

• Change is inevitable in today’s complex environment. It has been said that change is the only constant.

• Change management is a structured approach to shifting/transitioning individuals or teams from a current state to a desired future state.

• It is an organisational process aimed at helping employees to accept and embrace change in their current work environment.

Definition cont’d

• All leaders and managers must be prepared for changes by being flexible, positive and proactive in their approach. A leader would learn change practices that produce results.
The change process

• The process starts with the awareness of the need to change
• A good analysis at this point would lead to diagnosis of the change factors and their characteristics to indicate the direction which change should take
• Possible courses of action will be identified and evaluated and a choice made of the preferred action

Phase one-denial

• How good things were in the past’
• ‘It can’t happen here’
• As usual attitude
• Refusing to hear new information
Resistance stage

- Anger
- Hurt
- Stubbornness
- Blaming others
- Getting sick
- Doubting own ability
- Confusion
- avoidance

Exploration

- ‘What is going to happen to me’
- Seeing possibilities
- Chaos
- Indecisiveness
- Unfocused work
- Undirected energy
- Clarifying goals
- Exploring alternatives
Commitment

- This is where am heading’
- Focus
- Team work
- Vision
- Cooperation
- Balance

W. Bridges Transition Curve
Forces of change

External force: government laws and regulations, Labour market, Economic change

Internal force: Change in organizational strategies, workforce change, new equipment, employee attitude

How people respond to changes they like

• Unrealistic optimism
• Reality shock
• Constructive direction
How people respond to changes they dislike

Getting off on the track
Laughing it off
Growing self doubt
Destructive direction

How people react to change

• Lack of trust
• Belief that change is unnecessary
• Belief that the change is not feasible
• Economic threats
• Fear of personal failure
• Loss of status and power
• Surprise
• Inertia/sluggishness
• Different assessments
How people react to change cont’d

- Fear of the unknown
- Disruption of stable friendships
- Distrust of management
- Fear of letting-go-off the experience which led to success in the past
- Competing commitments
- Poor timing
- Emotional side effects
- Low tolerance for change

Types of change

- Anticipatory change: planned change based on expected situations
- Reactive change: changes made in response to unexpected situations
- Incremental change: subsystem adjustments required to keep the organization on course
- Strategic change-altering the overall shape and direction of organization
Types of Change

Three types of change

I. Developmental Change:

• Developmental change occurs when an organisation makes an improvement to their current business.

• If an organisation decided to improve their processes, methods or performance standards, this would be considered developmental change.

Types of Change (Cont’d)

Transitional Change

• Transitional change is more intrusive than developmental change as it replaces existing processes or procedures with something that is completely new to the organisation.

• The period when the old process is being dismantled and the new process is being implemented is called the transitional phase.
Types of Change (Cont’d)

Transformational Change

• Transformational change occurs after the transition period. Transformational change may involve both developmental and transitional change.

• It is common for transitional and transformation change to occur in tandem.

Transformational Change (Cont’d)

• This is mainly when organisations are faced with the emergence of radically different technologies, significant changes in supply and demand, unexpected competition, lack of revenue or other major shifts in how they do business.

• Formal changes are the responses of an organisation to major internal forces and external pressures (drivers).
**Change management**

- Mobilize energy and commitment through joint identification of problems and solutions
- Develop a shared vision
- Identify the leadership
- Focus on the results not activities
- Monitor and adjust as you go
- Start at the periphery then let it spread
- Institutionalize success through policies and structures

**Sources of resistance to change**

- **Organizational level forces**: organizational structure, organizational culture, strategy and over-determination
- **Group level forces**: group norms, group cohesiveness and group thinking
- **Individual level forces**: cognitive biases, uncertainty, fear of loss, selective perception, habit and logical reason
- **Sub unit level forces**: difference in orientation, power and conflict
### Strategies for Dealing with Change Resistance

<table>
<thead>
<tr>
<th>Resistor position…</th>
<th>Helpful responses…</th>
</tr>
</thead>
<tbody>
<tr>
<td>They believe it's not in their interest to change</td>
<td>“Step into their shoes”</td>
</tr>
<tr>
<td>They feel they were not involved in the decision to change</td>
<td>Communicate with honesty and integrity</td>
</tr>
<tr>
<td>They are skeptical about the likely success of the project</td>
<td>Build credibility</td>
</tr>
<tr>
<td>They think the change is the wrong thing to do</td>
<td>Build awareness, clarify relevance</td>
</tr>
<tr>
<td>They don’t have the time or resources to change</td>
<td>Resource, prioritise</td>
</tr>
<tr>
<td>They don’t think that they will be able to change (fear and anxiety)</td>
<td>Encourage, coach</td>
</tr>
</tbody>
</table>


### Effective Change Management Requires

1. Motivation;
2. Creating a vision;
3. Developing political support;
4. Managing the transition;
5. Sustaining momentum.
Steps to Successful Change Management

- **Increase urgency** - inspire people to move, make objectives real and relevant.

- **Build the guiding team** - get the right people in place with the right emotional commitment, and the right mix of skills and levels.

- **Get the vision right** - get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency.

Ingredients for Successful Change

- Establish a compelling need to change;
- Create a clear vision that shows people how their lives will be better;
- Go for early wins/low lying fruits;
- Communicate, communicate, communicate!
- Build a strong and committed coalition of the willing;
  - Keep it simple and interesting;
  - Set direction; let them execute with a lot of leeway!
- Provide evidence that the sacrifices are worth it.
Steps to Successful Change Management (Cont’d)

• **Communicate for buy-in** - involve as many people as possible, communicate the essentials, simply, and to appeal and respond to people's needs. De-clutter communications - make technology work for you rather than against

• **Empower action** - remove obstacles, enable constructive feedback and lots of support from leaders - reward and recognise progress and achievements.

Steps to Successful Change Management (Cont’d)

• **Create short-term wins** - set aims that are easy to achieve - in bite-size chunks. Manageable numbers of initiatives. Finish current stages before starting new ones.

• **Don’t let up** - foster and encourage determination and persistence - ongoing change - encourage ongoing progress reporting - highlight achieved and future milestones.

• **Make change stick** - reinforce the value of successful change via recruitment, promotion, new change leaders; weave change into culture.
Methods of Managing Resistance to Change

- Education and communication
- Participation
- Negotiation
- Top management support
- Coercion

Managing change

ORGANISING FOR CHANGE

RESISTANCE TO CHANGE

Managing The Change

ATTITUDES AND CHANGE

CHANGING THE CULTURE
Attitudes and Change

People build up attitudes which fit their needs and values as they perceive them to be.

Cognitive
- What a person knows about the situation

Affective
- How the person feels about it

Behavioural
- How the person reacts

ASPECTS OF ATTITUDE

Critical success for change

Managing The Change

Understanding and dealing with resistance

Understanding attitudes

Knowing and using change strategies

Organize For change

INVolVES
The Change “Journey”

Basic Facts about Change

- Change is constant and is inevitable.
- Change can be managed if the environment is understood.
- Change is a fact of life and does not care who it hurts.
- Change can be traumatic through anxiety, fear and stress.
- Change is a pre-requisite for organisational growth and development. It seeks to add value.
- Change in one sub-system will affect other sub-systems and ultimately the entire organisation system.
- To change a sub-system or the entire system, relevant aspects of the environment must also be considered.
CONCLUSION

• It is the responsibility of concerned managers to effect changes.
• Managers should use their managerial skills through accepted organizational policies (imposed changes, and persuasive changes), as a means of persuading individuals to change their ways to comply with the norms of the organization.
• Ensure the employees/citizens ‘own’ the change.
MODULE FIVE

Unit 1: Monitoring and Evaluation

Unit 1

Monitoring and Evaluation
Objectives

By the end of the unit, the participants will be able to:

- Describe basic monitoring and evaluation concepts
- Describe monitoring and evaluation system
- Develop simple M&E framework.
- Monitor and evaluate midwifery services.

Definitions

- Monitoring: This is the routine process of data collection and measurement of progress toward program objectives.

- It is a continuing function that uses methodical collection of data to provide management and the main stakeholders of an on-going project or programme with early indications of progress and achievement of project/program objectives.

- Monitoring is the routine process of data collection and measurement of progress toward program objectives.

- It involves regular collection and analysis of information to assist timely decision-making, ensure accountability and provide the basis for evaluation and learning.
**Evaluation**

• This is the use of social research methods to systematically investigate achievement of a program's results

• Evaluation looks at performance against goals. It should take place while the programme is underway and it is concerned with evaluating how the intervention is meeting performance goals

• It overlaps with monitoring to the extent that it uses the data gathered during monitoring that specifically performance related

**Indicators**

• Indicators are either qualitative or quantitative criteria used to check whether the planned changes have taken place as intended

• Indicators are variables with which we can measure changes either directly or indirectly

• Indicators are performance standards that allow project outputs to be verified and eventual project impacts measured i.e. they help in determining how to measure the extent to which the objectives have been achieved at different times
Indicators: Classification

- **Result-based:**
  - Input
  - Process
  - Output
  - Outcomes
  - Impact

- **Effect:**
  - Direct
  - Indirect

- **Measurement type:**
  - Qualitative
  - Quantitative

Indicators by type

- **Input indicators:** that will track the means allocated for implementation of the activities either financial, personnel (technical assistance volunteers) facilities, equipment & supplies
- **Process indicators:** that will track the activities in which the inputs are utilised for instance in training, in establishment of a logistic system, in planning of the service delivery
- **Performance indicators:** measures that show how well a project/programme is achieving its set objectives
- **Output indicators:** track the direct and immediate results of input and processes at project level
- **Outcome indicators:** refer to the intermediate results at the target population level that are closely linked to the project
- **Impact indicators:** long-term results of interventions on the health of individuals, households, communities
Characteristics of a good indicator

- When selecting indicators, ensure that they are:
  - Specific
  - Measurable
  - Achievable
  - Realistic & Reliable
  - Time-bound
- A quality indicator is:
  - needed and useful
  - has technical merit
  - fully-defined
  - has been field-test or used operationally
  - set is coherent and balanced

Indicators: Importance

- Better decision-making, lower risks and costs, identify limits and opportunities
- Identification of emerging risks - prevention
- Identification of impacts - corrective action
- Performance measurement of the implementation of development plans and management actions
- Greater public accountability, better communication
- As “signs” or “signals” of progress, indicators can be observed, assessed or measured. Yet, in reality, indicators show only a partial view of a rather complex reality. In other words, change in real life is far more complex, and may be beyond the capacity of one indicator to capture
Definitions cont’d

- **Impact**: benefits to or achievement by the target group
- **Outcome**: change in behavior of or use of new capacities by target group, changes in systems
- **Output**: new capacities (Knowledge and skills)
- **Activity**: specific action taken
- **Input**: resources like human and financial resources used in the activity
- **Goal**: a broad statement of a desired, long-term outcome of the program
- **Objectives**: statements of desired, specific, realistic and measurable program results

Rationale for Monitoring and Evaluation

- To improve program implementation
- Inform future programming
- Inform stakeholders hence improves accountability
- It measures quality and quantity. It looks at input, process, outputs and outcomes
- It assesses impact of the intervention or program
- Accountability for resources expended
- Advocacy for policy change and more resources
- Replication or scale up or continuation
- Cost effectiveness and efficiency
Who conducts M&E....?

Program implementer  
Stakeholders  
Beneficiary

Remember ..  
M&E Technical skills

Data sources

• **Primary**
  - Surveys such as DSS, DHS,  
  - HMIS

• **Secondary**
  - **Check in meetings** – to review successes and lessons learnt since the last meeting  
  - **Activity report forms** – to record what happened, who attended, successes  
  - **Filling in the registers**  
  - **Quarterly meetings** – teams meet to ensure they are on track in achieving the desired outcomes and summarises lessons learnt  
  - **Reports** – monthly and quarterly
Tools for data collection

These are the common tools for data collection for M&E:

- Checklists
- Questionnaires
- Interview guides
- Focus group discussion guides
- Observation guides
- Secondary data from internet

Comparing Monitoring and Evaluation

<table>
<thead>
<tr>
<th>item</th>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary use of the data</td>
<td>Project management</td>
<td>Accountability and for planning future projects</td>
</tr>
<tr>
<td></td>
<td>Improving efficiency</td>
<td>Improves effectiveness/impact</td>
</tr>
<tr>
<td></td>
<td>Adjusting work plan</td>
<td></td>
</tr>
<tr>
<td>Frequency of data collection</td>
<td>Ongoing/regular</td>
<td>Periodic /episodic</td>
</tr>
<tr>
<td>Type of data collected /</td>
<td>Information on process and effects /inputs/outputs/</td>
<td>Information on effects /impact/sustainability, relevance/effectiveness/efficiency</td>
</tr>
<tr>
<td>focus</td>
<td>outcomes/work plans</td>
<td></td>
</tr>
<tr>
<td>Who collects the data</td>
<td>Project staff</td>
<td>External evaluators</td>
</tr>
</tbody>
</table>
Evaluation categories

There are several categories to evaluation

They include:

• The results chain approach
• The expert driven approach
• The participatory approach
• The peer approach

Types of Evaluation

• **Baseline/Formative**: Conducted before implementation: to assess needs and potentials and to determine feasibility of the plan

• **Midterm evaluation**: During implementation to identify areas for changes or modifications, to detect deficiencies and ensure immediate redesign of intervention strategies;

• **Summative/end term evaluation**: At the end of programme to assess outcomes;

• **Ex-post evaluation**: conducted to measure the programme sustainability after its closure
Approaches of evaluation

- There are two general categories of evaluation: Informal Evaluation, Formal Evaluation

**Formal Evaluation**: Systematic well-planned procedures
- Most valuable procedure in health program evaluation
- Controlled for a variety of extraneous variables that could produce evaluation outcomes that are not correct

**Informal Evaluation**: an absence of breadth and depth; no procedures and formally collected evidence
- e.g., consulting colleagues about a program concern, making a program change based on participant feedback.
- Adequate when making minor changes in programs

Characteristics of *Formal and Informal Evaluation*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Degree of freedom</td>
<td>Planned activities</td>
<td>Spontaneous activities</td>
</tr>
<tr>
<td>b. Flexibility</td>
<td>Prescribed process</td>
<td>Flexible procedures or protocols</td>
</tr>
<tr>
<td>c. Information</td>
<td>Precision of information</td>
<td>Depth of information</td>
</tr>
<tr>
<td>d. Objectivity</td>
<td>Objective scores of measure</td>
<td>Subjective impressions</td>
</tr>
<tr>
<td>e. Utility</td>
<td>Maximal comparability</td>
<td>Maximal informativeness</td>
</tr>
<tr>
<td>f. Bias</td>
<td>Potential narrowed scope</td>
<td>Subjective bias</td>
</tr>
<tr>
<td>g. Setting</td>
<td>Controlled settings</td>
<td>Natural settings</td>
</tr>
<tr>
<td>h. Inference</td>
<td>Strong inferences</td>
<td>Broad inferences</td>
</tr>
</tbody>
</table>

Evaluation Approaches, Frameworks, and Designs

1. Systems Analysis Approaches
   • Efficiency-based: determining which are the most effective programs using inputs, processes, and outputs.

   • Economic evaluations are typical strategies used in system analysis approaches – Comparison of alternative courses of action in terms of both costs and outcomes.

   – In economic evaluation, cost-benefit (how resources can be best used – yielding the dollar benefits received from the dollars invested in the program) and cost-effectiveness (quantifies the effects of a program in monetary terms) can be analyzed.

Evaluation Approaches, Frameworks, and Designs cont’d

2. Objective-Oriented Approaches
   • Specify program goals, and objectives, and collect evidence to determine if the goals and objectives have been reached
3. Goal-Free Approaches
   - Focus on all outcomes, including unintended positive or negative side effects.

4. Management-Oriented Approaches
   - Focus on identifying the meeting the informational needs of managerial decision makers

Evaluation approaches ...

- Expert-driven approach
  - One or more outside evaluators are given full responsibility for conducting the evaluation

- Participatory approach
  - An evaluation coordinator, often from outside the programme or organisation, works in partnership with programme “stakeholders” in all phases of the evaluation process

- Peer approach
  - Professional or teams assess each other
5. Consumer-Oriented Approaches
   • Focus on developing evaluative information on “products.” (e.g., using checklists and criteria to allow an evaluation of the “product.”)

6. Exercise-Oriented Approaches
   • Reply “primarily on the direct application of professional expertise to judge the quality of whatever endeavor is evaluated

7. Participant-Oriented Approaches
   • A unique one. Focus on a process in which involvement of participants (stakeholders in that which is evaluated) are central in determining the values, criteria, needs, data, and conclusions for evaluation.
Framework For Program Evaluation

The following six Steps should be followed in any evaluation, regardless of the setting:

- Step 1: Engaging stakeholders
- Step 2: Describing the program
- Step 3: Focusing the evaluation design
- Step 4: Gathering credible evidence
- Step 5: Justifying the conclusions
- Step 6: Ensuring use and sharing lessons learned
Standards of Evaluation

- Utility standards ensure that information needs of evaluation users are satisfied
- Feasibility standards ensure that the evaluation is viable and pragmatic
- Propriety standards ensure that the evaluation is ethical
- Accuracy standards ensure that the evaluation produces findings that are considered correct

Selecting an Evaluation Design
A Four-Step Model (Dignan, 1995)

Step 1
Orientation to The situation
Resources, constraints, And hidden agendas

Step 2
Defining the problem
Dependent variables Independent variables Confounding variables

Step 3
Basic design decision
Qualitative
Quantitative
Combination of both

Step 4
Plans for Measurement
Data collection
Data analysis
Reporting of results
Characteristics of a good evaluation design

In order to contribute to health system performance, the evaluation process should be:

• **Impartial**, implying neutrality, transparency, and fairness of the analysis and findings. The evaluator can have no vested interest or conflict of interest.

• **Credible**, using appropriate evaluation design and reliable data that ensures the thoroughness of data analysis. The connection between findings, conclusions, and recommendations should also be made explicit.

• **Cost-beneficial**, balancing the need for thoroughness and validity with appropriate return.

Characteristics of a good evaluation design cont’d

• **Useful** for NGOs and key stakeholders who should benefit from timely contributions to decision-making processes and learn from the evaluation.

• **Participatory**, reflecting different stakeholders interests, needs, and perceptions.

• **Supportive** by feeding back into decision-making and organisational learning. Thus, the evaluation managers have particular responsibility for ensuring the systematic dissemination of findings to NGO staff (in particular project planners) and other stakeholders.
Important Points

- The evaluation must be designed early in the process of program planning
- Begins when the program goals and objectives are being developed
- Must also answer questions about the program as it is being implemented
- Must involve a collaborative effort of program stakeholders (i.e., those who have a vested interest in the program)
- Understand that evaluation can be a political process
  - Judgment often carries the possibilities of criticism, rejection, dismissal, and discontinuation

Reflect: is it worthwhile advice?

- If you do not measure or observe or ask for results, you cannot tell success from failure
- If you cannot recognize success, you cannot reward it
- If you cannot reward success, you cannot learn from it
- If you cannot recognize failure, you cannot correct it
- If you can demonstrate/report results, you can win public support, trust and respect
Activity 5.1

- Participants develop a monitoring and evaluation framework for the MNCH problem identified in the challenge model.
MODULE FIVE

Unit 2: Health information for decision making

Objectives

• Explain basic concepts in health information management
• Describe Health Management Information Systems (HMIS)
• Generate process, disseminate and use strategic information.
Definition of terms

• **Health information system**: Set of information elements or components that collect input, manipulate processes, disseminate output data and information, store/save data for future reference and provide a feedback mechanism to meet an organizational objective and mandate.

Definitions cont’d

**Health Management of Information System**: a comprehensive and integrated structure that collects, collates, analyses, evaluates, stores, disseminates, health and health related data and information for use by stakeholders.

HMIS is made of two broad parts (facility/institution and population based).
Definitions cont’d

- **Data**: data are input raw materials from which information is produced. These are facts obtained by reading, observation, counting, measuring, weighing which are then recorded.
- **Information**: data that have been analyzed, interpreted, presented and understood by the recipient of the communication.
- **Data sources**: health facilities, community, other government sources agencies (registration of births and deaths, Kenya National Bureau of Statistics)

Data sources

- Censuses
- Civil registration
- Population surveys
- Individual records
- Service records
- Resource records
Activity 5.1 Sources of data

- In two groups: one group discusses sources of primary data
- Another group discusses sources of secondary data
- Write on flip charts and share in plenary

Sub-systems of HMIS

- **Human Resource Information System (HMIS):** An information system used to capture data, manipulate, analyze, store, retrieve and disseminate information regarding an organization's human resources
- **Financial Information System (FIS):** An information system used to capture data, manipulate, analyze, store, retrieve and disseminate information regarding an organization’s financial management
- **Logistics and Supplies Management Information System (LMIS):** An information system used to capture data, manipulate, analyze, store, retrieve and disseminate information regarding an organization’s commodity supply chain management
Elements and components of HMIS system

- Resources: legislative, personnel, financial, logistical and ICT
- Indicators: related targets
- Data management: collection, analysis, storage and compilation at timely intervals
- Information products: to turn data into relevant information
- Dissemination and use: information is shared and used to inform decision making

Source: Health Metrics Network Framework and Standards for Country HIS@008)

System elements and components

Systems have three principal elements:
- **Inputs**: data from different sources both the facilities and community
- **Processing mechanism**: analysis-processing or manipulation can include performing calculations, making comparisons, selecting alternative actions or merely storing data for future use
- **Output**: output is defined as the product from information system processes. It is important that every information system has a feedback process because feedback is used to influence future inputs into the system
Logical framework

- Monitoring and evaluation are tied together by a logical framework. It helps set performance indicators for the planned activities used to measure results.

<table>
<thead>
<tr>
<th>Log frame hierarchy</th>
<th>Performance indicator</th>
<th>Means of verification (of the results)</th>
<th>Assumptions (e.g. For outputs to be achieved from activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact (goal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes (purpose)</td>
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<td></td>
<td></td>
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<tr>
<td>Outputs</td>
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<td></td>
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<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inputs</td>
<td></td>
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</tr>
</tbody>
</table>

Data management

- Information systems support a range of management decisions and actions:
  - Planning programmes and obtaining resources
  - Enhancing population’s access to MNCH services
  - Quality measurement and improvement
  - Productivity and efficiency
  - Bench mark to national or global standards
  - Accounting for resources
  - Financial and physical resources (drugs and supplies)
Role of HMIS in policy and decision making

- Management of routine information
- Link between plans and implementation
- Link between strategy, approach, intervention, outcomes and impact
- Operational research
- Programme evaluation
- Rapid surveys
- Surveillance systems

Role of HMIS for policy and decision making

<table>
<thead>
<tr>
<th>Indicator domains</th>
<th>Inputs and processes</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health workforce</td>
<td>Intervention access and services readiness</td>
<td>Coverage of interventions</td>
<td>Improved health outcomes and equity</td>
</tr>
<tr>
<td></td>
<td>Supply Chain</td>
<td>Intervention quality, safety and efficiency</td>
<td>Prevalence risk behaviors and factors</td>
<td>Social and financial risk protection</td>
</tr>
<tr>
<td></td>
<td>Health Information systems</td>
<td></td>
<td></td>
<td>Responsible</td>
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<td></td>
<td>Financing</td>
<td></td>
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<td></td>
<td>Governance and leadership</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Administrative resources (financial tracking system, databases and records, HR, Infrastructure, medicines and policy data)</th>
<th>Facility assessments</th>
<th>Population based surveys (coverage, health status, equity, risk protection, responsiveness)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis and synthesis</td>
<td>Data quality assessment, estimates and projections, use of research results, assessment of progress and performance, evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication and use</td>
<td>Targeted and comprehensive reporting, regular country review processes, global reporting</td>
<td></td>
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<td></td>
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</tbody>
</table>
Data collection and information processing

- Abstraction-involves editing and reducing incoming information in order to provide managers with only the information that is relevant to their particular tasks
- Indexing-classifying information for storage and retrieval purposes
- Storage-provide for storage of information to permit its use again when needed

Information dissemination and use

- **Dissemination**-getting the right information to the right manager at the right time. This is the overriding purpose of HMIS
- Information use depends on quality/accuracy, form, timeliness and relevance to provide the right information to the right decision maker at the right time
Conclusion

- Good HIS understands data
- Good HIS records all data
- Good HIS records every time
- Good HIS records in the same way every time

Activity 5.2

- Participants present a complete project with monitoring and evaluation processes.
**Objectives**

- By the end of the unit, the learner will be able to:-
  - Define concepts of leadership and management
  - Explain the qualities of effective leadership
  - Describe leadership and management theories
  - Describe the leading managing practices
  - Apply appropriate L&M practices in delivery of MNCH services.

**Activity** 1-20 minutes

**Participants brainstorm on:**
- Who is a leader?
- What is leadership?
- Think of a leader that you worked for or observed...
- What does this person do and what qualities does this person have that make you admire him or her as a leader?
Definitions of a leader

• One who is able to influence and inspire a group or organizational members to achieve its goal
• A person that holds a dominant or superior position within its field and is able to exercise a high degree of control or influence others
• Leader is a person who influences a group of people towards the achievement of a goal

Definition of leadership

• Leadership is a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task
• A process whereby an individual influences a group of people to achieve a common goal
• Leadership is organizing a group of people to achieve a common goal
Levels of leadership

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>TYPE</th>
<th>CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Executive</td>
<td>Building enduring greatness through a paradoxical blend of personal humility and professional will</td>
</tr>
<tr>
<td>4</td>
<td>Effective</td>
<td>Catalyzes commitment to and vigorous pursuit of a clear and compelling vision, stimulating higher performance standards</td>
</tr>
<tr>
<td>3</td>
<td>Competent</td>
<td>Organizes people and resources towards the effective and efficient pursuit of predetermined objective</td>
</tr>
<tr>
<td>2</td>
<td>Contributing team leader</td>
<td>Contributes individual capabilities to the achievement of group objectives and works effectively with others in group setting</td>
</tr>
<tr>
<td>1</td>
<td>Highly capable individual</td>
<td>Makes productive contribution through talents, knowledge, skills and good work habits</td>
</tr>
</tbody>
</table>

Theories of leadership

- Behavioral theories
- Trait theories
- Power and influence theories
- Contingency theories
- Great man theories
Great Man theory

- Leaders are exceptional people, born with innate qualities, destined to lead
- Term 'man' was intentional - concept was primarily male, military and Western

Trait Theories – What Type of Person Makes a Good Leader

- Traits are external behaviors that emerge from the things going on within our minds
- It's these internal beliefs and processes that are important for effective leadership
**Trait theories cont..**

- Trait theories argue that effective leaders share a number of common personality characteristics, or "traits."
- Leadership is an innate, instinctive quality that you do or don't have.
- Traits and qualities for example, integrity, empathy, assertiveness, good decision-making skills, and likability.

**Behavioral Theories – What Does a Good Leader Do?**

- Behavioral theories focus on how leaders behave. For instance, do leaders dictate what needs to be done and expect cooperation?
- Or do they involve their teams in decision-making to encourage acceptance and support?
Behavioral theories

In the 1930s, Kurt Lewin developed a framework based on a leader's behavior. He argued that there are three types of leaders:

1. **Autocratic leaders** make decisions without consulting their teams. This style of leadership is considered appropriate when decisions need to be made quickly, when there's no need for input, and when team agreement isn't necessary for a successful outcome.

2. **Democratic leaders** allow the team to provide input before making a decision, although the degree of input can vary from leader to leader.

3. **Laissez-faire leaders** don't interfere; they allow people within the team to make many of the decisions. This works well when the team is highly capable, is motivated, and doesn't need close supervision.
Contingency Theories – How Does the Situation Influence Good Leadership?

• The realization that there is no one correct type of leader led to theories that the best leadership style depends on the situation. These theories try to predict which style is best in which circumstance.

Contingency cont...

• For instance, when you need to make quick decisions, which style is best? When you need the full support of your team, is there a more effective way to lead? Should a leader be more people-oriented or task-oriented?
Power and Influence Theories

• Power and influence theories of leadership take an entirely different approach – these are based on the different ways that leaders use power and influence to get things done, and they look at the leadership styles that emerge as a result.

Roles of a leader

• **Interpersonal roles**- figure head, coordinator
• **Informational roles**- monitor, disseminator, spokesman
• **Decisional roles**- entrepreneur, disturbance handler, resource allocator, negotiator
### Leadership styles

- Autocratic (Authoritarian)
- Bureaucratic
- Democratic
- Coercive
- Transactional
- Transformational
- Laissez-Faire

### Autocratic /authoritarian

- Manager retains power (classical approach)
- Manager is decision-making authority
- Manager does not consult employees for input
- Subordinates expected to obey orders without explanations
- Motivation provided through structured rewards and punishments
When to use authoritarian style

- New, untrained employees
- Employees are motivated
- Employees do not respond to any other leadership style
- High-volume production needs
- Limited time for decision making
- Manager’s power is challenged by an employee

Bureaucratic

- Manager manages “by the book”
- Everything must be done according to procedure or policy
- If it isn’t covered by the book, the manager refers to the next level above him or her
- Police officer more than leader
When to use bureaucratic style

- Performing routine tasks
- Need for standards/procedures
- Use of dangerous or delicate equipment
- Safety or security training being conducted
- Tasks that require handling cash

Democratic

- Often referred to as participative style
- Keeps employees informed
- Shares decision making and problem solving responsibilities
  
  - “Coach” who has the final say, but…
  
  - Gathers information from staff members before making decisions
Democratic cont....

- Helps employees evaluate their own performance
- Allows employees to establish goals
- Encourages employees to grow on the job and be promoted
- Recognizes and encourages achievement
- Can produce high quality and high quantity work for long periods of time

Democratic cont..

- To keep employees informed
- To encourage employees to share in decision-making and problem-solving
- To provide opportunities for employees to develop a high sense of personal growth and job satisfaction
- Complex problems that require a lots of input
- To encourage team building and participation.
Coercive

• Power from a person’s authority to punish

• Most obvious types of power a leader has.

• Good leaders use coercive power only as a last resort:
  • In today’s sophisticated and complex workplace, excessive use of coercive power unleashes unpredictable and destabilizing forces which can ultimately undermine the leader using it.

When to use coercive

• To meet very short term goals

• When left with no other choice

• In times of crisis
Transactional leadership.

- This approach assumes that people do things for reward and for no other reason.
- Therefore, it focuses on designing tasks and reward structures.
- While this may not be the most appealing leadership strategy in terms of building relationships and developing a highly motivating work environment, it often works, and leaders in most organizations use it on a daily basis to get things done.

Transactional

- Motivate followers by appealing to their own self-interest
- Focuses on the accomplishment of tasks & good worker relationships in exchange for desirable rewards.
- Encourage leader to adapt their style and behavior to meet expectations of followers
When to use transactional

- Leader wants to be in control
- When there are approaching deadlines that must be met
- Relationship is short term

Transformational leadership

- It is often the best leadership style to use
- Transformational leaders show integrity, and they know how to develop a robust and inspiring vision of the future
- They motivate people to achieve this vision, they manage its delivery, and they build ever stronger and more successful teams.
Transformational

- Charismatic and visionary
- Inspire followers to transcend their self-interest for the organization
- Appeal to followers' ideals and values
- Inspire followers to think about problems in new or different ways
- Common strategies used to influence followers include vision and framing

Transformational cont...

- Instills feelings of confidence, admiration and commitment
- Stimulates followers intellectually, arousing them to develop new ways to think about problems.
- Uses contingent rewards to positively reinforce desirable performances
- Flexible and innovative.
When to use transformational

- When leaders want members to be an active part of the organization and have ownership to it
- When leaders are building a sense of purpose
- When the organization has a long term plan
- When people need to be motivated

Laisses-faire

- Also known as the “hands-off` style
- Little or no direction
- Gives followers as much freedom as possible
- All authority or power is given to the followers
- Followers must determine goals, make decisions, and resolve problems on their own.
When to use laissez-faire

- Employees are highly skilled, experienced, and educated
- Employees have pride in their work and the drive to do it successfully on their own
- Outside experts, such as staff specialists or consultants are being used
- Employees are trustworthy and experienced

Frameworks of leadership

- This model highlights three types of positional power – legitimate, reward, and coercive – and two sources of personal power – expert and referent (your personal appeal and charm).
- The model suggests that using personal power is the better alternative, and that you should work on building expert power (the power that comes with being a real expert in the job) because this is the most legitimate source of personal power.
Qualities of good leadership

- **Vision** - Have a vision of the future and lead people to their vision
- **Creativity** - Able to come up with new ideas
- **Awareness** - Ability to scan the environment for opportunities and resources to realize objectives
- **Initiative** - Ability to start something anew, stop something occurring, or shift the direction

Qualities cont…

- **Inquisitive** - Ability to gain access to facts and data from other sources
- **Supportive** - Should be supportive to the led
- **Advocacy** - Taking a position in support for a cause
- **Making decisions** - Refers to choosing or selecting two or more causes of action
- **Critiquing** - Able to give and accept constructive critique and feedback
Qualities cont....

- **Transparency**-is open, avoiding doubt through effective communication and understanding of those involved, creating respect by doing so
- **Understanding**-understands and is able to understand others thereby earning confidence and respect

Leadership skills

- Getting and giving information
- Understanding group needs and characteristics
- Knowing and understanding group resources
- Controlling the group
- Counseling
- Setting the example
- Representing the group
Leadership skills cont…

- Planning
- Evaluating-progress, performance, people
- Sharing leadership
- Managing learning

Activity 2

- Watch a video on Martin Luther King – ‘The last speech’
- Ask participants to reflect on it as they assess their personal leadership styles.
Management defined

• The process of getting things done efficiently and effectively with and through other people
• It involves planning, leading, organizing and controlling an organization
• Regarding management as a process helps to ensure that management operations achieve their objectives and that essential health systems are improved in MNCH services

Management functions

• Planning-working in a broad outline of the things that need to be done and the methods for doing them to accomplish set goals
• Organizing-establishing the formal structure through which work subdivisions are arranged
• Leading and guiding-on an ongoing basis, making decisions, embodying them in specific general orders and instructions
• Controlling- coordinating, monitoring, evaluating and supervising
Principles of management

- Division of work
- Authority and responsibility
- Discipline
- Unity of command
- Unity of direction
- Subordination of individual interest
- Remuneration
- Degree of centralization

Principles cont...

- Scalar chain
- Order
- Equity
- Stability of tenure of personnel
- Initiative
- Espirit de corps
Basic roles

- **Interpersonal**: roles that involve coordination and interaction with employees
- **Informational**: roles that involve handling, sharing, and analyzing information
- **Decisional**: roles that require decision-making

Management skills

- The skills may be used singly or in combination depending on the situation and circumstances;
- Technical skills
- Human skills communication skills
- Computer skills
Managerial roles

- Interpersonal roles-
- Informational roles-
- Decision roles -

Leading Versus Managing

<table>
<thead>
<tr>
<th>Leaders</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovative</td>
<td>Administer</td>
</tr>
<tr>
<td>Do the right things</td>
<td>Do things right</td>
</tr>
<tr>
<td>Develop</td>
<td>Maintain</td>
</tr>
<tr>
<td>Inspire</td>
<td>Control</td>
</tr>
<tr>
<td>Long term view</td>
<td>Short term view</td>
</tr>
<tr>
<td>Ask what and why</td>
<td>Ask how and when</td>
</tr>
<tr>
<td>originate</td>
<td>Initiate</td>
</tr>
<tr>
<td>Challenge the status quo</td>
<td>Accept the status quo</td>
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</table>
Comparing managers and leaders

<table>
<thead>
<tr>
<th>Managers</th>
<th>Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer</td>
<td>Innovate</td>
</tr>
<tr>
<td>Focus on systems and structures</td>
<td>Develop</td>
</tr>
<tr>
<td>Relies on control</td>
<td>Focuses on people</td>
</tr>
<tr>
<td>Have a short range view</td>
<td>Inspires trust among followers</td>
</tr>
<tr>
<td>Ask how and when</td>
<td>Asks what and why and has a long range perspective</td>
</tr>
<tr>
<td>Focus on the bottom line</td>
<td>Focus on the horizon</td>
</tr>
</tbody>
</table>
Key features of RBM

It focuses on:
• Analyzing problem and determining their cause
• Identifying measurable changes results to be achieved based on problem analysis
• Designing strategies and activities that will lead to these changes
• Balancing expected results with the resources available

Key RBM features cont....

• Monitoring progress regularly and adjusting activities to ensure results are achieved
• Evaluating documenting and incorporating lessons learnt into next planning phases
• Reporting on the results achieved and their contribution to achieving goals
**Key principles of RBM**

- Define expected results first and activities later
- Foster the active participation of stakeholders
- Ensure that all stakeholders work towards achieving expected results
- Appraise work critically and learn the lessons

**Why RBM**

- Resources are shrinking and increasing demand for better quality results
- Increasing needs to improve efficiency and accountability for results
- It’s a global trend: using results based management to improve the efficiency of the development programs of MNCH
- The need to improve statistical support for monitoring development goals
Management by objectives

- Management by objectives is a systematic and organized approach that allows management to focus on achievement goals and to attain the best possible results from available resources.

Features of MBO

- An approach and philosophy to management
- Work as integrating device
- Objective
- Participation of concerned managers
- Periodic review of performance
- Provide guidelines for appropriate system and procedure
- Focused on a result, not an activity
- Negotiating a contract of goals
Principles of MBO

- Cascading of organizational vision, goals and objectives
- Specific objectives for each member
- Participative decision making
- Explicit time period
- Performance evaluation and feedback

Where to use MBO

- Knowledge based programs
- To build employees management and self leadership
Process of MBO

- Setting of organizational purpose and objectives
- Key result areas
- Setting subordinate objectives
- Matching resources with objectives
- Appraisal

Benefits of MBO

- Better management
- Clarity in organizational action
- Personnel satisfaction
- Basis for organizational change
- Focus
Conclusion

- Necessity of performance management
- For maximum utilization of resources
- Benefits accrue to large sections of society

“what is not measured cannot be managed”

Quality management

The quality management system is defined as the organization structure, responsibilities, activities, resources and events that together provide organized processes and techniques of implementation to ensure the capability of the organization to meet quality requirements
Requirements

• Identify the processes needs for the system
• Determine the sequence and interaction of these processes
• Determine criteria and methods needed to ensure that both the operation and control of these processes are effective
• Ensure availability of resources and information necessary to support the operation and monitoring of these processes
• Monitor, measure and analyze these processes
• Implement actions necessary to achieve planned results and continued improvement of these processes

Implications

• Strong leadership
• Vision, goals and mission
• Operational plans and policies
• Mechanisms for feedback
MODULE ONE

Unit 2: Governance Practices

Objectives

• By the end of the unit, the participant will be able to:
• Explain the basic concepts of governance
• Describe dimensions of health sector ethics
• Describe roles and responsibilities of legal and regulatory frameworks
• Identify governance gaps in the local health system context
Health systems building Blocks

**Components/building blocks**

- **Service delivery**: refers to delivery of effective, safe, quality personal and non personal health interventions to those that need them, when and where needed with minimum waste of resources.
- **Health workforce**: refers to human resource that is responsive, fair and efficient in order to achieve the best health outcomes given available resources and circumstances.
Components cont’d.

• **Health information**: HIS ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status by all decision makers at all levels of the health system.

• **Leadership and governance**: this is stewardship that ensures that strategic frameworks exist and are combined with effective oversight, regulation, attention to system design, transparency and accountability.

Components cont’d.

• **Health financing**: includes raising adequate funds for health and ensures that people can use needed services. It requires that countries develop policies that support sustainable options of social protection.

• **Medical products and technologies**: these ensure equitable access to essential medical products and technologies that provide scientifically sound, quality, safe efficacious, efficient and cost effective. They include medicine, reagents and infrastructure.
Delivery of health services

- Delivery of services depend on networks close to client primary care organized as health districts on local area networks with the back up of specialized hospital services responsible for defined populations.
- **National referral services**: comprise all secondary and tertiary referral facilities which include highly specialized services

Delivery of services cont’d …

- **County Health Services**: Comprise all level four hospitals and services in the county including those managed by non-state actors
- **Primary health services**: comprise all level two dispensaries and three (Health centre) facilities including those managed by non state actors. They facilitate referral of clients from communities and to referral facilities
Delivery of health services

- Community services focused on demand creation
- Primary care services comprising dispensaries, health centres and maternity homes of both public and private providers.
- County referral services include all the former level 4 and district hospitals in the county – government, and private.
- The national referral services will include the service units providing tertiary / highly specialized services including high level specialist medical care, laboratory support, blood product services, and research.

Global health issues

- Reduction of child mortality (MDG4)
- Improve maternal health (MDG5)
- Implementation of the recommendations of the Commission on Information and Accountability for Maternal, Newborn and Child Health (MNCH)
- National evaluation platform approach for accountability in women’s and children’s health
- Strategic investments in measles and rubella prevention -
Global health issues cont’d …

- Maximizing efficiencies in vaccine supply chains
- Increasing demand, access, and retention in Preventing Mother-to-Child Transmission/Maternal Newborn and Child Health services at the community level
- Reducing maternal and child under-nutrition

National MNCH issues

- Through health systems strengthening, integrated service delivery, and demand creation, Kenya is determined to strategically and intensively coordinate integrated programming and use all relevant and appropriate funding streams to produce a comprehensive public health effect for women, children and their families.
National issues

- Kenya will leverage all potential funding sources (e.g. malaria, TB, HIV) to ensure that programs benefit the needs of women and girls.
- By combining effective program efforts at the facility/community level, Kenya aims to boost MNCH performance and reduce mortality rates which have been at plateau for many years.

National MNCH issues

- Family planning
- Making pregnancy and child birth safer
- Infancy, child and mother care
Definition of Governance

• This the exercise of political, economic and administrative authority in the management of a country’s affairs at all levels

• It is about the role of the government in health and its relation to other actors whose activities impact on health. This involves overseeing and guiding the whole health system, private as well as public in order to protect the public interest.

Governance Simplified is……TAPE

Definitions: Oxford English Dictionary
Principles of governance

There are three principles that guide the practice of governance in all the sectors.

- Transparency
- Accountability
- Participation

Principles of governance in Health

- Strategic vision
- Participation and consensus orientation
- Rule of law
- Transparency
- Responsiveness equity and inclusiveness
- Effectiveness and efficiency
- Accountability
- Intelligence and information
- Ethics
Governance structures at various levels

- **International level**: includes summit of health Ministers and Heads of State
- **Central/National level**: the governance structure for the health system include autonomous boards and committees at national/parliamentary level, Ministries of Health and Office of the President
- **Regional/county levels**: the health boards set up under regional and county levels

Governance structures cont’ d..

- **Sub-regional levels**: health boards or committees responsible for the sub-regions including health facility boards
- **Community level**: Village and Community health Boards or committees that provide oversight on health matters
Structures in Kenya’s Health System

Coordination

Joint Inter Agency Coordinating Committee

Health Sector Coordinating Committee

County Health Stakeholders Forum

Sub County Health Stakeholders Forum

Community Health Committee

Governance

County Executive Committee

County Department for Health

County Hospital Board

Primary Care Facility Management Committee

Stewardship

National Ministry of Health

County Health Management Team

County Hospital Management Team

Sub County Health Management Team

Primary Care Facility Management Team

Activity 2.1

- Ask participants to identify governance issues that affect MNCH services in their facilities.
- Participants report in plenary.
Governance structures for health facilities

- Hospital Level: The hospital Boards appointed by the Minister responsible for Health, provide the oversight role to the delivery of medical services to citizens
- Primary Health Care Level: Health Facility committees with membership drawn from community members and provide the oversight functions

Governance structures

- Community level: Governance structures are represented by community or village Health committee and have a role in governance of health outposts, health centres, dispensaries and clinics
Organization of Health Services Delivery

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>DESCRIPTION</th>
<th>FOCUS</th>
</tr>
</thead>
</table>
| NATIONAL REFERRAL FACILITIES | All PHC’s, and National Referrals Are general, regional, or discipline specialists | • Highly specialised health care, for area / region of specialization  
• Training and research services on issues of national importance |
| COUNTY REFERRAL FACILITIES | All district, sub-district hospitals, including NGO / private, together, form network of County Referral Services in a county | • Comprehensive in-patient diagnostic, medical, surgical and rehabilitative care, including reproductive health services  
• Specialised outpatient services  
• Facilitate, and manage referrals from lower levels, and other referrals  
• With other County Referral Facilities, form the County Referral System |
| PRIMARY CARE FACILITIES | All dispensaries, health centres, clinics, maternity homes  
Catchment area: 30,000 persons | • Disease prevention and health promotion services  
• Basic outpatient diagnostic, medical surgical & rehabilitative services  
• Inpatient services for emergency clients awaiting referral, clients for observation, and normal delivery services  
• Facilitate referral of clients from communities, and to referral facilities |
| COMMUNITY UNITS | No physical facilities | • Facilitate individuals, households and communities adopt appropriate healthy behaviours  
• Provide agreed health services  
• Recognise signs and symptoms of conditions requiring referral  
• Facilitate community diagnosis, management, & referral |

Characteristics of good governance

• Consensus oriented
• Participatory
• Follows the rule of rule
• Effective and efficient
• Equitable and inclusive
• Responsive
• Transparent
• Accountable
Linking governance and management

<table>
<thead>
<tr>
<th>Board (Governance)</th>
<th>Executive Management (Management)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define expectations</td>
<td>Communicates expectations</td>
<td>Stakeholders expectations met</td>
</tr>
<tr>
<td>Grants power</td>
<td>Implements</td>
<td>Effective, quality programs</td>
</tr>
<tr>
<td>Verifies performance</td>
<td>Reports performance</td>
<td>Compliance with requirements and regulations</td>
</tr>
</tbody>
</table>

Functions of governance

- Defines the division of power
- Establishes mechanisms to achieve accountability in the organization
- Ensures policy and decision making
- Offers oversight of the organization’s operations
- Strengthens positioning and planning the organization towards achieving its mission
- Fosters acceptability, credibility, viability and good reputation of the organization
- Provides social and environmental protection
**Impediments to good governance**

- Lack of voice and accountability
- Government ineffectiveness
- Low level of regulatory quality
- Weakness in establishing rule of law
- Lack of transparency
- Mismanagement by the government
- Lack of adequate human and financial resources
- Corruption

**Health Laws and Regulations**

- Defines limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the protection or promotion of community health
- There are Country health Acts and Legal statutes dealing with health issues
Health Laws cont.:

- Rights of access to health care and health service
- Sexual and reproductive health
- Alcohol control
- Mental health law
- Rights of a patient

Health Laws

- Health law refers to a statute, ordinance or code that prescribes sanitary standards and regulations for the purpose of promoting and preserving the community's health. (Black's Law Dictionary, 8th ed., 2004).

- Health law covers a wide range of legal concerns for the entire health field.
Regulation of Health Services

Health services are regulated by health laws and commitments on improving health that countries make at international, regional and national forums.

Role of Health Laws

- Assist countries in the development of regulatory frameworks to promote good health.
- Form the legal frames for technical corporation in promoting good health.
- Regulation of registration of medical products.
Examples of Health Laws

- Public health;
- Health care law;
- Mental health;
- Specific laws governing the health industry:
  - physicians,
  - nurses,
  - health maintenance organisations,
  - health insurers,
  - managed care companies.

Activity 2.2

- Ask participants to discuss various selected health laws in group and share at plenary
MODULE ONE

Unit 3: Gender issues in Leadership and management

Objectives

• Describe the basic gender concepts
• Explain the effects of gender on leadership approaches
• Identify gender issues that affect delivery and/or access to MNCH services
• Integrate gender diversity in working teams
• Select and initiate interventions that promote gender equity
Gender Concepts

- **Gender**: Refers to social differences and relations between men and women that are learnt, changeable over time and have wide variations both within and between societies and cultures.
- The distinct roles and behaviours may give rise to gender inequalities i.e. differences between men and women that systematically favour one group.

Gender concepts cont’d

- Gender is distinct from sex since it does not refer to the different physical attributes of men and women, but to socially formed roles and relations of men and women and the variable sets of beliefs and practices.
Gender stereotyping

- Refers to discrimination based on one’s sex. It may involve unfair treatment or infringement upon the rights of a certain sex requiring them to act in a certain manner.
- It is greatly influenced by culture and upbringing.

Gender roles

- They are learnt behaviour in a given society, community or social group in which people are conditioned to perceive activities, tasks and responsibilities as male or female. The perceptions are affected by age, class, caste, race, ethnicity, culture, religion or other ideologies and by the geographical, economic and political environments.
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 and prejudices.

• It is the absence of discrimination on the basis of a person’s sex in providing opportunities in allocating resources and benefits or in access to services.

Gender equity

• Fairness of treatment for women and men according to their respective needs. This may include equal treatment or treatment that is different but which is considered in terms of rights, benefits, obligations and opportunities.
**Gender mainstreaming**

The process of accessing the implication for women and men for any planned action including legislation, policy and programs in any areas and at all levels. Before decisions are made and taken, gender analysis is undertaken to assess the effect of the action on both men and women.

**Discrimination**

- Any distinction, exclusion or preference based on race, colour, sex, religion, political opinion, national extraction or social origins which nullifies or impairs equality of opportunities or treatment in employment or occupation. It refers to the different treatment of men and women in employment, education and access to resources and benefits on the basis of their sex. It may be direct or indirect.
Affirmative action

- Means special temporary measures to redress the effects of past discrimination in order to establish de facto equal opportunity and treatment between men and women. It should last for a period till the past discrimination have been rectified.

Gender Based Violence

- GBV is violence that is directed against a person on the basis of gender
- It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between men and women, non discrimination, physically and mental integrity
- All acts of GBV that result in or are likely to result in physical, sexual, psychological or economic harm of suffering to men and women including threats of such acts coercion or arbitrary deprivation of liberty whether in public or private
Gender and health

- The distinct roles and behaviours of men and women in a given culture, dictated by the culture’s gender norms and values, give rise to gender differences.
- Gender norms and values however, also give rise to gender inequalities.
- The fact that throughout the world, women on average have lower cash incomes than men is an example of gender inequality.

Gender in health cont’d

- Both gender differences and inequalities can give rise to inequities between men and women in health status and access to health care e.g.
  - A woman cannot receive needed health care because norms in her community prevent her from travelling alone to a clinic.
  - A teenage boy dies in an accident because of trying to live up to his peers expectations that young men should be bold risk takers.
  - A married woman contracts HIV because societal standards encourage her husband’s promiscuity while simultaneously preventing her from insisting on a condom.
Effects of gender on leadership

• Females and males are equally effective leaders
• The only difference in female & male conflict management styles include age, education, & managerial experience—the leaders must share similarities to one another
• Both men and women say that female bosses were more collaborative, and less aggressive than men; they seek consensus, emphasize team building, are more nurturing and empathetic, and are more approachable
• However, males are still frequently rated more positively than females for the same behaviors

Effects of gender on leadership cont’d

• Men are often rated as showing more leadership, having higher-quality contributions, being more desirable for hiring, meriting a higher salary, and meriting a more responsible job
• For the same behaviors females were rated as bossier, more dominating, more emotional, less warm, less sensitive, and less attractive than males
• Women have overwhelmingly less respect, responsibility, and power than men
• People react more negatively towards women than men in powerful positions and women have to fight harder to get the same recognition as men for the same tasks
Emergent issues

- Gender bias
- Lack of opportunity
- Socialization
- Gender neutrality
- Women in the workforce
- Under representation in upper management

Socialization

- Traced to habits learned in early childhood socialization
- Promotion of managers often depends on skill in negotiating authority and
- Whether or not others support of undercut their efforts
- Lower self-efficacy expectations than men
Socialization

• Men speak up, and women do not.
• Women are less likely to blow their own horn, and therefore are less likely to be recognized.
• Girls are often taught to play quietly, and act in ways that will not attract attention.
• Men more often than women engage in behaviors that get them recognized with those in power.
• Women should be the primary caretakers of young children and relatives.
• Differences in labor-force attachment arise from a form of indirect discrimination.

Men language versus women

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive and direct</td>
<td>Polite and insecure</td>
</tr>
<tr>
<td>Conversational style - competitive</td>
<td>Conversational style – cooperative</td>
</tr>
<tr>
<td>Women use more adjectives, modal verbs, interjections</td>
<td>A simpler structure</td>
</tr>
<tr>
<td>A smaller vocabulary</td>
<td>Use fewer abstract words</td>
</tr>
</tbody>
</table>
Gender Neutrality

- Women are diminished by a discourse of gender neutrality that renders women's distinctive circumstances --- invisible, irrelevant, or inappropriate
- Expectation of being more like the masculine model for leadership required by many corporations, puts women at odds with gender neutrality theory
- Girls and women develop a sense of connection based on their original relationship with the (similar) mother
- While boys' (men's) original issue is to separate from their (different) mothers and to become autonomous

Gender Neutrality

- Boys are taught to play war games or cowboys
- While girls play with dolls
- Weaklings play with dolls
- Therefore, girls are weaklings
- The inference is --- weaklings are not good leaders, this is generalized towards females at the workplace
Leadership and Dependency

- Only the strong survive—in general males are stronger than females
- The meaning symbolically in the workplace is the strong male leadership model will survive,
- While the weaker female leadership model will not survive
- Followers tend to follow strength
- Strength viewed as a masculine trait
- The implication—if a female leads the corporation, the weaker sex, the company will be weak

Workplace

- The sex ratios, the ratio of men to women or women to men, exerts a great deal of influence on group behavior in organizations
- Women are still often viewed as less effective leaders
- Beliefs that women lack leadership abilities may lead to resistance to women in managerial positions
- Women are still often viewed as less effective leaders
- Beliefs that women lack leadership abilities may lead to resistance to women in managerial positions
Workforce

- Nonprofit sector labor force - women make up the majority --- men are over represented in management positions
- A glass ceiling exists resulting in lower salaries and lower managerial representation for women

Glass Ceiling – Pay

- Exists for both promotions and pay raises and other organizational bonuses
- Women are paid less
- Receive less perks and time off for training and education
- Disparities exist in the pay rates of male and female employees even when tenure, education, and skills are equated
Glass Ceiling – Legitimate Power

- An invisible barrier, the ‘glass ceiling,’ which prevents their rising further
- The glass ceiling applies to women as a group who are kept from advancing higher because they are women
- Women who are viewed as incompetent and doubt their own leadership abilities may be passed over
- A recent study reported that 40% of the women had been denied a raise or promotion because of being a women
- Attractive female managerial candidates received lower ratings of their performance, lower starting salaries, and fewer promotions

Glass Ceiling – Legitimate Power

- The most successful attractive males were rated as more capable than unattractive males
- With women, the least attractive females were often seen as the most capable
- Keep women from rising above a certain level in organizations
- Discrimination which increases women's probability of failure
- Denying them access to developmental opportunities
- Presenting only stereotypical challenges based on sex stereotypes
Activity 3.1

• Participants discuss in groups gender related issues that affect MNCH services in their facilities.
MODULE TWO

Strategic Problem Solving

Unit 1

Creating a Vision of success
Objectives

- Define organizational vision and mission concepts
- Explain the steps of strategic problem solving
- Describe strategic problem solving models
- Apply strategic problem solving process to address identified organizational challenges

Inspiring quotes

“Good leaders create a vision, articulate the vision, passionately own the vision and relentlessly drive it to completion” Jack Welch

Martin Luther did not say, “I have a strategic plan”, instead he shouted, “I have a dream!”
**The Nature of the Vision**

- A vision statement: reflects desired impact of the organization in the future
- Describes future aspirations
- Defines the dream, long term, unconditional direction an organization is heading in
- It is inspirational, motivational and hopeful
- Provides a clear picture of the future
- Helps organizational focus
- An attractive, ideal future that is credible yet not readily available

**Vision**
Common Themes of Vision

- Vision has broad appeal
- Vision deals with change
- Vision encourages faith and hope
- Vision reflects high ideals
- Vision defines the destination and the journey

Mission

- It is a statement that expresses an organization’s identity and overriding purpose
- Outlines the contribution the organization will make and outcomes it seeks to deliver
  - Captures interests of key stakeholders and motivates them in a common direction
  - Core values guide the organization
  - Core purpose is why the organization exists
Vision and Mission

• 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.

• Mission is the purpose of an organisation. It states why the organisation exists.
  – Being clear about your mission helps you to focus

Vision and Mission (Cont’d)

One approach to defining Vision and Mission is to pose two questions:

• "What aspirations does the organisation have for the world in which it operates and has some influence over?"
  – The answer to this question provides the basis for the Vision statement.

• "What can (and/or does) the organisation do or contribute to fulfil those aspirations?"
  – The answer to this question determines the Mission statement.
Creating organizational vision and mission

• One of the most important things to do in the preparation stage is to VISUALIZE things in your mind.
• Says what you want out of life.
• It defines the person you are.
• Details principles and beliefs.
• Gives you the power to create and design your life around your personal values.

Shared / Team Vision

• You can create the future of your organisation and have a shared vision. A shared vision has power:
  – When a team develops a shared vision, they own it and feel compelled to work together to achieve the desired results;
  – The shared vision is important because it inspires, motivates and also helps to remind the team what they are doing;
  – It provides the big picture and the inspiration to keep a team going in the face of obstacles as it strives to achieve its results. The vision provides a picture of the desired future.
Values

• Values are beliefs that are shared among the stakeholders of an organisation.

• They are principles or commitments that organisational members stand for.

• Qualities and behaviours highly regarded by organisation as a whole.

Values (Cont’d)

• Define ethical guidelines and standards that direct actions in the organisation.

• Values drive an organisation's culture and priorities and withstand test of time.

• Values are often described as the “invisible hand” that guides all organisational activities.
Activity Visioning

Think about yourself a few years from now:
1. Think about your personal life. What do you want your state of health to be like? Imagine yourself and your body exactly the way you want it to be.

2. Think about your work. Imagine what you most want to be doing. Who are you working with, who are you serving and what are you doing?

3. Think about your contribution to the world. What would you most like to contribute, to give back? What does it look like when you are giving something to society or your organisation that you are proud.

Activity

1. What was it like to tell/listen to another person telling you what she or he would like to create?

2. Do you think a personal vision is important?

3. Do you think that you personal vision is relevant to the people you are working with as a team?
Barriers in implementing a vision

- Vision barrier
- People barrier
- Resource barrier
- Management barrier

Strategic problem solving process

- Good strategies should identify core business
- Identify customer needs and determine how to solve them
- They communicate vision and mission inside the facility
- Should be planned well in advance
- Ensure it is flexible leaving room for alternative plans
Strategic problem solving process

- Ensure it builds on people’s experience
- Strategy should involve people
- Should be realistic
- Includes activities that build spirit and keep people interested and involved
- Has depth to include not only good ideas but steps to carry out those ideas

summary

- You have to have a plan for success!
- It starts with a vision.
- You get the vision by reaching each goal.
- You reach goals by hard work, dedication, and perseverance.
- A successful vision is a shared vision so as to inspire the team together towards a goal
MODULE TWO

Unit 2: The Challenge model
Objectives

By the end of the unit, the participants will be able to:
• Define the challenge model
• Describe the steps of the challenge model
• Apply the use of the challenge model in addressing challenges at the workplace

Problem Versus Challenge

• Problem - is something difficult to deal or solve. It can also be a question or puzzle set for solution.

Challenge- is a demanding or stimulating situation. It can also be a call to take part in a contest or fight
The challenge model

- The Challenge Model is a simple learning tool for teams to use in the workplace to address real challenges and achieve results.
- Beginning with creating a shared vision, the Challenge Model creates motivation and commitment within teams enabling them to face their challenges and achieve results.
The challenge Model cont’d

• The Challenge Model helps you create the path to the result by focusing on one challenge at a time: if this is our organization’s mission and this is our vision, then this is one result that will get us closer to the vision

• Assess the current situation, identify obstacles and their causes, then you can state the challenge

Challenge model

• Next, given the current reality, these are the obstacles we need to overcome, and here is how we plan to go about it.

• Your success in facing each challenge inspires your team to apply the process repeatedly with new challenges to keep moving toward the vision.

• The process and the experience of applying the Challenge Model strengthen the team and build confidence among its members that they can effect real change in the health care of their clients.
Using the challenge model

• See handouts on how to use the challenge model
• The participants will use this to work on a project throughout the course and will be implemented in their workplace.

Activity

In working through the Challenge Model, participants:
• create a shared vision and define one measurable result;
• assess the current situation and identify opportunities and obstacles;
• define their challenge and select priority actions;
• develop an action plan;
• implement their plan and monitor and evaluate their progress toward achieving their desired result.
Objectives

• By the end of the unit, the participants will be able to define the situation analysis concept
• Describe the tools and techniques used in situation analysis
• Describe the steps in carrying out a situation analysis
Situation Analysis

- An effort undertaken by programme planners to gather and analyse information that will help them to design, implement and evaluate interventions.

- The kind of information collected relates to:
  - who is affected and why or how they are affected;
  - the severity of the problem; and
  - resources and strategies that might be employed to produce the desired outcomes.

- There are three processes namely:
  - problem identification,
  - problem analysis and
  - priority setting.

Situation analysis

It refers to systemic collection and evaluation of past and present political, economic, social and technological and legal (PESTEL) data. It is aimed at:

- Identification of internal and external forces that may influence the choice of strategies and performance of an organization

- Assessment of the organization current and future strengths, weaknesses, opportunities (SWOT)
Situation analysis cont’d

• Generally, situation analysis may answer the key questions:
  – What is the problem?
  – Why is there a problem?
  – What are the probable causes?
  – How serious is the problem?
  – Who are affected by the problem?
  – How many are they?
  – Where are they located?
  – What are their characteristics?
  – What has been done to solve the problem?’

Methods of Conducting Situation Analysis

i. Review of previous plans/documents.

ii. Political, economic, social, technological (PEST) or political, economic, social, technological, environmental and legal (PESTEL) analysis.

iii. Strengths, weaknesses, opportunities & threats (SWOT).

iv. Environmental, political, informatics, social, technological, economic and legal (EPISTEL).
i. Review of Previous Plans

- Has government policy over the period changed? what is its impact on the plan?
- Review the previous plan to see whether there are any changes in such information as population, health delivery, community participation and other social, economic and cultural factors.
- Recognise change in resource availability, e.g. human labour, money and materials and their allocation at the national and community levels.

Review of Previous Plans (Cont’ d)

- Analyse management support as a requirement for the new demands.
- It is essential to review the existing policy documents and guidelines in order to familiarise self with the existing directives and regulations to be followed in the course of preparing a health plan.
ii. PEST / PESTEL

• Systemic collection and evaluation of past and present political, economic, social, technological and legal (PEST/PESTEL) data.

• It is aimed at identifying internal and external forces that may influence the choice of strategies and performance of an organisation.

SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weakness</th>
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<tbody>
<tr>
<td>• Usually internal</td>
<td>• Internal</td>
</tr>
<tr>
<td>• Those things that do well; the high value of performance points e.g. good leadership, strategic insights, customer intelligence, solid reputation, high skills workforce</td>
<td>• Those things that prevent you from doing what you really need to do e.g. bad leadership, unskilled workforce, insufficient resources, poor product quality, slow distribution and delivery channels, outdated technologies, lack of planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• External</td>
<td>• External</td>
</tr>
<tr>
<td>• Potential areas for growth and higher performance</td>
<td>• Challenges confronting the organisation, external in nature</td>
</tr>
</tbody>
</table>
iv. EPISTEL

- It is a systematic collection and evaluation of past and present Environmental, Political, Informatics, Social, Technological, Economic and Legal (EPISTEL) environment of the organisation.
- It aims at identifying internal and external forces that may influence the choices of strategies to be adopted.

2. Priority Setting

- Agree on the problem or need that should be analysed;
- Identify the ‘focal problem’, i.e. the problem or need that the target group considers to be the most critical;
- Identify all of the other problems associated with the focal problem;
- Develop a problem tree to show the hierarchy of all of the problems in terms of their cause and effect relationship.
Priority Setting (Cont’d)

• **Prioritisation** - making decisions on how limited resources could be best allocated to priority health problems or needs.

• Setting priorities can be a complex process.

• It uses a combination of different approaches and criteria. In order to determine priorities, capacities to implement should be reviewed.

Priority Setting (Cont’d)

• The following questions should guide priority setting:
  
  – What is the capacity to mobilise resources?

  – Which gaps in the capacity can feasibly be filled in the planning?

  – What key issues, challenges and constraints were identified during the situational analysis?
Priority Setting (Cont’d)

• Health priorities, whether national or district, are arrived at by using explicit criteria.

• In planning, one has to make choices among needs so that scarce resources can be used efficiently.

• The process of selecting priorities must be as objective as possible, and must therefore be well structured.

Priority Setting Tools

• One way is the priority-matrix table.

• Criteria such as severity and demand are used to rank different health problems, which are entered in order of importance for each criterion.

• For example, if a certain disease affects the greatest number of people, it should be entered first under “magnitude”.

Considerations for Priority Setting

Criteria for ranking health problems:

- **Magnitude**: The proportion of the population affected, such as women, pre-school children, school children, the elderly, etc. Describes how big the problem is.

- **Severity/danger**: To the individual and the community. How serious is the condition. Does it threaten life? cause major suffering? decrease the ability to lead a normal life? reduce productivity?

- **Responsiveness to intervention (feasibility)**: If a problem is not responsive to intervention, it makes little sense to include it in the list of those targeted for action.
Considerations for Priority Setting (Cont’d)

- **Cost-effectiveness of the intervention**: This criterion should answer the question whether the problem, if addressed, is worth the financial cost involved.

- **Political expediency**: Even if a problem fulfils all of the above criteria, if it is not recognised as politically useful by the central authority, it is very difficult to include it among the high priority list.
  
  - This is why it is important to have an evidence base for such prioritisation in order to make it convenient for the local politicians.

3. Formulating Goals, Objectives and Targets

A **goal** is a broad description of a desired end result:

- It describes a future end-state or the desired outcome that is supportive of the mission and vision;

- It shapes the way ahead in actionable terms;

- It is best applied where there are clear choices about the future;

- It puts strategic focus into the organisation.

Goals tend to be long-term for environments that have limited choices about the future.
Formulating Goals, Objectives and Targets (Cont’d)

- **An objective** is a set of statements describing an outcome an organisation wishes to achieve and time frame within which it will be achieved.

- It directly supports the goal. It may need several objectives to meet a goal. A good objective should be “SMART” i.e.:
  - **Specific**- This provides a clear message as to what needs to be accomplished.
  - **Measurable**- There must be at least one indicator (or yardstick) that measures progress against fulfilling the objective so as to measure the results.
  - **Appropriate/applicable**- It must be consistent with the vision and mission of the organisation.
  - **Realistic**- It must be an achievable target given the organisation’s capabilities and opportunities in the environment. In essence, it must be challenging but doable.
  - **Timely-bound**- there needs to be a time frame for accomplishing the objective.
**Target Setting**

- **Target** - commitments we make to achieve a specific quality or level of service.

- Target setting enables service delivery to be focused and measured, leading to continuous improvement. Targets can be long and/or short term.
  - **Long-term targets** - statements of where we want to be in, say, three to five years time.
  - **Short-term targets** - underpin these and represent the steps we take to achieve the long-term targets.

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**4. Formulating Interventions**

- Identifying and short-listing gaps and weaknesses in existing service components by looking into:
  - Appropriate service inputs such as service delivery infrastructure, resources and support systems;
  - Management and organisation, focusing on resource control, activity monitoring, quality control, health service distribution, community involvement and participation;
  - Identifying additional components and activities that are required to bring about the desired changes in the existing service components;
Formulating Interventions (Cont’d)

• Addressing constraints by using community resources.
• Modifying job responsibilities and tasks.
• Shifting available resources from one activity to another.
• Obtaining additional resources.
• Improving management and administration in line with identified interventions.

Steps in Formulating Interventions

– Identifying potential constraints and limitations to planned interventions.

• The following criteria should be used to modify the interventions:
  – any intervention or option which has very strong political support, should be included;
  – any intervention that has a binding constraint that would make it unfeasible should be dropped.
Factors to consider

- Has government policy over the period changed and what is its impact on the plan?
- Review to see whether there are any changes in such information as population, health delivery, community participation and other social, economic and cultural factors
- Recognize change in resource availability
- Analyse management support as a requirement for the new demands.

Factors to consider cont’ d …

- The purpose of review is to ensure that policy guidelines are being adhered to and that community decisions are being interpreted and translated into appropriate actions.
- Review resources available for implementing the plan in terms of human and financial resources, equipment, infrastructure and supportive services.
Factors to consider cont’d

- Review the performance of the previous plan.
- Review and interpretation of policy documents
- It is essential to review the existing policy guidelines in order to familiarize yourself with the existing directives and regulations to be followed in the course of preparing a health plan.

Activity 2.3

Work in groups to conduct a situation analysis and prioritize the issues
Groups present in plenary

Incorporate this information in your project
Module Two

Unit 4: Defining measurable results

Objectives

- By the end of the unit, the participants will be able to:
- Explain results measurement concepts; output, outcome & impact
- Set measurable outputs, outcomes and goals
- Apply knowledge acquired to set measurable results in own designed project
Introduction

A measurable result has four dimensions
• Program Purpose & Design
• Strategic Plan
• Program Management
• Program Results

How to Plan - Goals & Objectives

• Nothing happens until we plan!
  – A good plan has short and long term goals and clearly defined objectives
• What are goals?
  – Related to our aspirations, purpose and vision
• What are objectives?
  – The battle plan, the stepping stones, the roadmap on the path toward achievement of the goals
Formulating Goals, Objectives and Targets

A **goal** is a broad description of a desired end result:

- It describes a future end-state or the desired outcome that is supportive of the mission and vision;
- It shapes the way ahead in actionable terms;
- It is best applied where there are clear choices about the future;
- It puts strategic focus into the organisation.

Goals tend to be long-term for environments that have limited choices about the future.

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Formulating Goals, Objectives and Targets (Cont’d)

- **An objective** is a set of statements describing an outcome an organisation wishes to achieve and time frame within which it will be achieved.

- It directly supports the goal. It may need several objectives to meet a goal. A good objective should be **“SMART”** i.e.:
  - **Specific**- This provides a clear message as to what needs to be accomplished.
Formulating Goals, Objectives and Targets (Cont’d)

- **Measurable**- There must be at least one indicator (or yardstick) that measures progress against fulfilling the objective so as to measure the results.
- **Appropriate/applicable**- It must be consistent with the vision and mission of the organisation.
- **Realistic**- It must be an achievable target given the organisation’s capabilities and opportunities in the environment. In essence, it must be challenging but doable.
- **Timely-bound**- there needs to be a time frame for accomplishing the objective.
Specifics of S.M.A.R.T. Objectives

- Specific – concrete, detailed, and well defined.
- Measurable – numbers, quantity, and comparisons
- Attainable – achievable and actionable.
- Realistic – considers resources, and can be achieved.
- Time bound – a defined time line in which activities are to be achieved.
- Straightforward and emphasize action and outcome.
- Communicate what you would like to see happen.
How to set Specific Objectives?

- To help set specific objectives it helps to ask:
  - **WHAT** am I going to do?
  - **WHY** is this important for me to do?
  - **WHO** is going to do what?
  - Who else need to be involved?
  - **WHEN** do I want this to be completed?
  - **HOW** am I going to do this?

Specific Diagnostic Questions

When developing objectives, ask:

- What exactly are we going to do, with or for whom?
- What strategies will be used?
- Is it clear who is involved?
- Is it clear where this will happen?
- Is it clear what needs to happen?
- Is the outcome clear?
- Will this objective lead to the desired results?
Attainable…

Is your objective achievable?:
- Objectives need to be achievable, if the objective is too far in the future, you’ll find it difficult to keep motivated.
- Objectives, unlike goals need to be achievable within a period of time and should keep you motivated.

Attainable Diagnostic Questions

Is your objective Attainable?
- Can we get it done in the proposed timeframe?
- Do I understand the limitations and constraints?
- Can we do this with the resources we have?
- Has anyone else done this successfully?
- Is this possible?
Realistic...

Are your objectives realistic?

- Objectives that are achievable, may not be realistic... however, realistic does not mean easy.
- Realistic means that you have the resources to get it done.

Realistic Diagnostic Questions

- Do you have the resources available to achieve this objective?
- Do you need to revisit priorities in your life, or someone else’s life to make this happen?
- Is it possible to achieve this objective?
Measurable...

- If the objective is measurable, it means that the measurement source is identified and you are able to track the actions as we progress towards the objective.
- It’s important to have measures that will encourage and motivate you on the way as you see the change.
- This may require interim measures.
- Measurements go along way to help us to know when we have achieved your objective.

Measurable – Is it measurable & can WE measure it?

- This means that the objective can be measured and the measurement source is identified.
- If the objective cannot be measured, the question of funding non-measurable activities is questionable.
- All activities should be measurable at some level.
Time bound…

- Time-bound means setting deadlines for the achievement of the objective.
- Deadlines need to be both achievable and realistic.
- Timeframes create the necessary urgency and prompts action.

Time-bound Diagnostic Questions

- When will this objective be accomplished?
- Is there a stated deadline?
- Are there any real or perceived obstacles, what are they and can we overcome them to accomplish these tasks on time?
Notable Quotable

• “There’s a difference between interest and commitment. When you’re interested in doing something, you do it only when circumstance permit. When you’re committed to something, you accept no excuses, only results.” - Unknown

Food For Thought!

• You goals and objectives may not be SMART if:
• You mission and vision has changed over the past few years
• You recently got new leadership whom may not have bought into the project just yet
Activity 2.4

• Participants using the challenge model, identify measurable results they want to achieve in MNCH services
MODULE TWO

Unit 5: Root Cause Analysis

Objectives

• By the end of the unit, the participants will be able to define root analysis concepts
• Describe root cause analysis tools and methods
• Apply root cause analysis knowledge to identify a problem
What is Root Cause Analysis?

Root Cause Analysis is an in-depth process or technique for identifying the most basic factor(s) underlying a variation in performance (problem).

• Focus is on systems and processes
• Focus is not on individuals

Why Determine Root Cause?

• Prevent problems from recurring
• Reduce possible injury to personnel
• Reduce rework and scrap
• Increase competitiveness
• Promote happy customers and stockholders
• Ultimately, reduce cost and save money
When Should Root Cause Analysis be Performed?

- Significant or consequential events
- Repetitive human errors are occurring during a specific process
- Repetitive equipment failures associated with a specific process
- Performance is generally below desired standard

How to Determine the Real Root Cause?

- Assign the task to a person (team if necessary) knowledgeable of the systems and processes involved
- Define the problem
- Collect and analyze facts and data
- Develop theories and possible causes - there may be multiple causes that are interrelated
- Systematically reduce the possible theories and possible causes using the facts
Determining the Real Root Cause? Cont’d

• Develop possible solutions

• Define and implement an action plan (e.g., improve communication, revise processes or procedures or work instructions, perform additional training, etc.)

• Monitor and assess results of the action plan for appropriateness and effectiveness

• Repeat analysis if problem persists- if it persists, did we get to the root cause?

Determining the Real Root Cause? Cont’d

• Often the stated root cause is the quick, but incorrect answer
  For example, a normal response is:
  – Equipment Failure
  – Human Error
  Initial response is usually the *symptom*, not the root cause of the problem. This is why Root Cause Analysis is a very useful and productive tool.
Determining the Real Root Cause? Cont’d

• Most times root cause turns out to be much more
  Such as:
    – Process or program failure
    – System or organization failure
    – Poorly written work instructions
    – Lack of training

Look Beyond the Obvious
• Invariably, the root cause of a problem is not the initial
  reaction or response.
• It is not just restating the Finding

Common Errors of Root Cause

• Looking for a single cause- often 2 or 3 which contribute and
  may be interacting
• Ending analysis at a symptomatic cause
• Assigning as the cause of the problem the “why” event that
  preceded the real cause
Useful Tools For Determining Root Cause are:

- The “5 Whys”
- Pareto Analysis
- Brainstorming
- Flow Charts / Process Mapping
- Cause and Effect Diagram
- Tree Diagram
- Benchmarking (after Root Cause is found)

Problem analysis

- Analysis is done by constructing a problem tree. It is important for the health managers to analyse identified problems in the context of prevailing conditions in their respective organizations, using both problem and needs trees. The analysis is done by constructing a problem tree.
Problem identification/analysis

- based on available data from: HMIS, community surveys, census, reports and your own experience. Health problems can either be primary or secondary.
- **Primary problems** include illnesses identified in the community such as malaria, tuberculosis, AIDS, and leprosy, as well as existing inequity, unfairness and client dissatisfaction.
- **Secondary problems (also called contributory problems)**, can be inadequate health resources, inefficient health delivery services or poor management skills, which cause or contribute to the primary problems.
Problem Tree Analysis involves four Main steps:

- Agree on the problem or need that should be analyzed.
- Identify the ‘focal problem’, i.e. the problem or need that the target group considers to be the most critical.
- Identify all of the other problems associated with the focal problem.
- Develop a problem tree to show the hierarchy of all of the problems in terms of their cause and effect relationship.

Problem prioritization

- **Prioritization** - making decisions on how limited resources could be best allocated to priority health problems or needs.
- Setting priorities can be a complex process. It uses a combination of different approaches and criteria. In order to determine priorities, capacities to implement should be reviewed.
- The following questions should guide priority setting: What is the capacity to mobilize resources? Which gaps in the capacity can feasibly be filled in the planning? key issues, challenges and constraints identified during the situational analysis.
Criteria for ranking health problems

• **Magnitude**: In terms of the proportion of the population affected such as women, pre-school children, school children, the elderly, etc. This basically describes how big the problem is.

• **Severity/danger**: To the individual and the community. How serious is the condition. Does it threaten life, cause major suffering, decrease the ability to lead a normal life, reduce productivity?

• **Vulnerability to intervention (feasibility)**: If a problem is not vulnerable to intervention, it makes little sense to include it in the list of those targeted for action.

Problem prioritization (Contd…)

Problem prioritization Cont’d

• Health priorities, whether national or district, are arrived at by using explicit criteria. In planning, one has to make choices among needs so that scarce resources can be used efficiently. The process of selecting priorities must be as objective as possible, and must therefore be well structured.

• A good way is to use a priority-setting matrix. Criteria such as severity and demand are used to rank different health problems, which are entered in order if importance for each criterion. For example, if enteric diseases affect the greatest number of people it should be entered first under “Magnitude”.
Problem prioritization Cont’d

- **Cost-effectiveness of the intervention**: expressed in terms of cost-effectiveness. These criteria should answer the question whether the problem, if addressed, is worth the financial cost involved.

- **Political expediency**: Even if a problem fulfils all of the above criteria, if it is not recognized as politically expedient by the central authority, it is very difficult to include it among the high priority list.

- This is why it is important to have an evidence base for such prioritization in order to convince the local politicians.

Bench Marking

All process improvement efforts require a sound methodology and implementation, and benchmarking is no different. You need to:

- Identify benchmarking partners
- Select a benchmarking approach
- Gather information (research, surveys, benchmarking visits)
- Distill the learning
- Select ideas to implement
- Pilot
- Implement
Cause and Effect Diagram
(Fishbone/Ishikawa Diagrams)

“Four M’s” Model

MAN/WOMAN

METHODS

MATERIALS

MACHINERY

OTHER

EFFECT

CAUSES (METHODS) → EFFECT (RESULTS)

Loading My Computer

MAN/WOMAN

Methods

MATERIALS

MACHINERY

OTHER

Cannot Load Software on PC

- Cannot Answer Prompt Question
- Brain Fade
- Power Interruption
- Bad CD
- Not Following Instructions
- CD Missing
- Wrong Type CD
- Not Enough Free Memory
- Inadequate System
- Graphics Card Incompatible
- Hard Disk Crashed

- Inserted CD Wrong
- Instructions are Wrong
- Upside Down
- Backward

- Inadequate System
- Graphics Card Incompatible
- Hard Disk Crashed
Activity 2.5

• Participants choose a method and tool to determine root cause analysis of the MNCH problem identified in the challenge model.
MODULE TWO

Unit 6: Selecting Interventions and Making a Plan

Objectives

By the end of the unit, the learner will be able to:-

• prioritize selection of interventions/ actions to address an identified problem.

• Describe the process of developing an action plan to implement an intervention.

• Apply the knowledge acquired to select an intervention and design an action plan for a problem identified.
Definition of concepts

• **A plan** - statement of future activities and a prediction of the effects that they will have on the present situation.

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

Target Setting

• **Target** - commitment we make to achieve a specific quality or level of service. It enables service delivery to be focused and measured, leading to continuous improvement.

• Setting them enables service delivery to be focused and measured, leading to continuous improvement. Targets can be both long and short term.

• **Long-term targets** - statements of where we want to be in, say, three to five years time.

• **Short-term targets** - underpin these and represent the steps we take to achieve the long-term targets.
Why Set Targets

• helps to clearly focus on what is important.
• helps to improve our efficiency and effectiveness and can be used to demonstrate our performance to the public
• Focus attention on the kind of service that is needed, making it clear to staff, members and the public, what level of service is expected.
• Help front line managers focus effort and resources on priorities.
• Help organizations to develop a culture of continuous improvement.

Formulating interventions

Steps
• Identifying and short-listing gaps and weaknesses in existing service components by looking into:
  • appropriate service inputs such as service delivery infrastructure, resources and support systems;
  • Management and organization focusing on resource control, activity monitoring, quality control, health service distribution, community involvement and participation.
• Identifying additional components and activities that are required to bring about the desired changes in the existing service components.
• Identifying potential constraints and limitations to planned interventions.
Formulating interventions cont’d

- Put national performance standards into a local context.
- Help the public and service users to see whether services are being delivered efficiently and effectively and to hold the authority to account for performance.
- Help organizations/government to know when and how to adjust services and resources according to policy priorities
- Provide a route for involving the public in planning services

Effective targets need to be realistic but challenging

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### Implementation/Action Plan Matrix

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Developing action plan

- Action Plans require the monitoring of progress on Objectives, for which measures are needed.
- A plan of action is usually prepared in a matrix format and will normally contain the following items:
  - the problem,
  - objective(s)/interventions,
  - activities,
  - inputs,
  - key responsible actor/implementer,
  - important assumptions and risks,
  - activity monitoring indicator,
  - planned output,
  - activity cost and implementation time frame.

Developing action plan cont’d

- Modifying proposed interventions in line with geographical, political, climatic and socio-cultural conditions, including existing infrastructure, management and organization.
  Consider the following criteria for modifying the interventions:
  - any intervention or option which has very strong political support, should be included;
  - any intervention that has a binding constraint that would make it unfeasible should be dropped;
Determining resource requirements

- Involves translation of interventions and all activities required to support the interventions into resources such as human labor, materials, money, space, time and information.
- Establish a resource inventory table. The table should specify existing resources, additional resources required and total resources needed.
- List all program activities, and the type and quantities of resources required by each program activity.

Preparing Action Plan and Budget

- An action plan identifies specific steps that will be taken to achieve the initiatives and strategic objectives.
- Action plans are geared toward operations, procedures, and processes.
- They describe who does what, when it will be completed, and how the organisation knows when steps are completed.
- Action plans require the monitoring of progress on objectives for which measurements are needed.
Preparing Action Plan and Budget (Cont’d)

A plan of action is usually prepared in a matrix format and will normally contain the following items:

- the problem;
- objective(s)/interventions;
- activities;
- inputs;
- key responsible actor/implementer;
- important assumptions and risks;
- activity monitoring indicator;
- planned output;
- activity cost and implementation time frame.

Preparing Action Plan and Budget (Cont’d)

- **Budgeting** - process of costing inputs and activities in monetary terms.

- Budgeting is made of estimated costs of inputs and activities that will be required to implement the plan.

- There are two kinds of costs:
  - recurrent costs;
  - capital costs.

- Recurrent costs refer to the costs which you are incurring annually to keep the system running, e.g. salaries, drugs, kerosene and any other consumables.
Preparing Action Plan and Budget (Cont’ d)

• Capital/developmental costs refer to costs that are incurred on a fixed asset.

• During the budgeting process, determine the resources available from both internal and external stakeholders.

• Available resources are apportioned to the different priority areas.

• Cost the various activities for the interventions of the key priority areas.

Implementation of Work Plans (Cont’ d)

Factors for successful planning:

• Consultation of both internal and external stakeholders.

• Adequate time and resources should be allocated.

• Realistic planning in terms of targets, scope of activities, timeframe and budget.
Monitoring and Evaluation

• During the plan implementation, continuous performance reviews should be carried out.

• Monitoring ensures that:
  – work progresses according to schedule;
  – standards such as storage and administration of vaccines are maintained;
  – resources are used rationally and as planned;

Monitoring and Evaluation (Cont’d)

Evaluation is undertaken:

• Before implementation: to assess development needs and potentials and to determine feasibility of the plan;

• During implementation (formative evaluation): to identify areas for changes or modifications and to detect deficiencies and ensure immediate redesigning of intervention strategies;

• At the end of programme (summative evaluation) to assess programme or project effect and outcomes.
Monitoring and Evaluation (Cont’d)

- Comprehensive evaluation addresses context, inputs, process, and outcome.
- However, comprehensive evaluation may be too demanding in terms of resources and, hence, is extremely expensive.
- Before carrying out an evaluation, proper plans must be made in advance to include correct logistics and methodologies to be followed.

Health planning

- Identification and elaboration within existing resources to provide future effective health care relevant to identified health needs for a defined population.
- Aims at improving the health status of a given population while safeguarding equity and fairness of access as well as responsiveness of the health system to the perceived needs of the community.
Reasons for planning

• Clearly defines the purpose of the organization, the goals, objectives which are consistent with the mission in a defined time frame within the organization’s capacity for implementation.

• Ensure the most effective and efficient use is made of the organization’s resources by focusing the resources on the key priorities.

Reasons for planning (Cont..)

• Provide a base from which progress can be measured and establish a mechanism for informed change when needed.

• Build strong teams among health providers for proper management and governance.

• Helps create a sense of unity and unity of purpose.
### Types of plans and their features

- Long term plans (policy directions)- over 10 years
- Medium term plans (strategic plans) - 3-5 years
- Short term plans (operational plans) - 1 year

### Key features of plans

<table>
<thead>
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| **Long Term (Policy)**  | - Period > 10 years  
- Driven by politics and desire for a common good  
- Defines policy imperatives  
- Desired results defined by impact indicators  
- Resources/budget not defined |
| **Medium Term (Strategic)** | - Period between 3 – 5 years  
- Driven by policy, international and regional declarations  
- Defines Strategies for implementing the policy imperatives  
- The desired results are either impact or outcome indicators  
- Implementation work plan based on strategies  
- Required resources and gap identified |
| **Short Term (Operational)** | - Period 1 year  
- Driven by Medium Term Plans (MTP), implementation guidelines  
- Defines interventions/activities for the medium term strategies  
- Desired results defined by output/process indicators  
- Has implementation based on activities  
- Usually based on available resources |
Planning approaches

- **Bottom - up plan** - Plans are developed at the lowest level of health care. These plans are then channeled to the next higher level for its participation until it reaches the board of directors for its approval before implementation.

- **Top down planning** - Plan is developed at the higher level and channeled to the lower level for implementation. Usually, the lower level is not consulted or involved during the planning process.

- **Mixed top down and bottom up plan** - It has ownership from all stakeholders

Planning approaches cont’d

- **Need based planning** - Planning is based on the needs of the community/public. Planning is done without knowledge on the available resources.

- **Resource constraint planning** - Planning based on available resources. Resource envelop is communicated before the beginning of the planning process and budgeting is based on the resource envelop.
Planning Steps

1. Situational Analysis
2. Priority setting
3. Formulation of goals, objectives and Targets
4. Determining resource allocations
5. Implementation plan/Matrix
6. Costing and Budgeting
7. Monitoring and evaluation

(see next diagram for planning steps)
Health Facility Planning Process

Who should be involved in planning

- Technical representatives
- Health Management Team members
- Internal and external stakeholders (any individual community, group or organization with an interest in the outcome of a programme, either as a result of being affected by it positively or negatively, or by being able to influence the activity in a positive or negative way)
Implementation of work plans

- Once the planning and budgeting has been accomplished and approved by the appropriate authority, the success of the plans will depend on how well they have been implemented. There are three aspects that should be kept in mind while implementing the plan of action. These are: Effectiveness, Efficiency, and Timeliness.

Factors for successful planning

- Consultation of both internal and external stakeholders
- Adequate time and resources should be allocated
- Realistic planning; targets, scope of activities, timeframe and budget

Challenges in Planning

- Macro economic instability - rapid inflation can render forward planning impossible.
- Lack of quality and timely financial information on donor flows.
- Weak financial systems to budget ceiling adherence.
- Capacity and institutional weaknesses within line ministries to develop and present priority programmes.
- Lack of budgetary discipline e.g. supplementary allocations made during the year.
- Projections made on the basis of overestimated revenue sources leads to unrealistic budget.
MODULE TWO

Unit 6: Selecting Interventions and Making a Plan

Objectives

By the end of the unit, the learner will be able to:-

• prioritize selection of interventions/ actions to address an identified problem.
• Describe the process of developing an action plan to implement an intervention.
• Apply the knowledge acquired to select an intervention and design an action plan for a problem identified.
Definition of concepts

- **A plan** - statement of future activities and a prediction of the effects that they will have on the present situation.
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Target Setting

- **Target** - commitment we make to achieve a specific quality or level of service. It enables service delivery to be focused and measured, leading to continuous improvement.
- Setting them enables service delivery to be focused and measured, leading to continuous improvement. Targets can be both long and short term.
- **Long-term targets** - statements of where we want to be in, say, three to five years time.
- **Short-term targets** - underpin these and represent the steps we take to achieve the long-term targets.
Why Set Targets

• helps to clearly focus on what is important.
• helps to improve our efficiency and effectiveness and can be used to demonstrate our performance to the public.
• Focus attention on the kind of service that is needed, making it clear to staff, members and the public, what level of service is expected.
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Formulating interventions

Steps

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  • appropriate service inputs such as service delivery infrastructure, resources and support systems;
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• Identifying potential constraints and limitations to planned interventions.
Formulating interventions cont’d

- Put national performance standards into a local context.
- Help the public and service users to see whether services are being delivered efficiently and effectively and to hold the authority to account for performance.
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- Provide a route for involving the public in planning services.

Effective targets need to be realistic but challenging.

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  - planned output,
  - activity cost and implementation time frame.

Developing action plan cont’d

- Modifying proposed interventions in line with geographical, political, climatic and socio-cultural conditions, including existing infrastructure, management and organization.

Consider the following criteria for modifying the interventions:
- any intervention or option which has very strong political support, should be included;
- any intervention that has a binding constraint that would make it unfeasible should be dropped;
Determining resource requirements

- Involves translation of interventions and all activities required to support the interventions into resources such as human labor, materials, money, space, time and information.
- Establish a resource inventory table. The table should specify existing resources, additional resources required and total resources needed.
- List all program activities, and the type and quantities of resources required by each program activity.

Preparing Action Plan and Budget

- An action plan identifies specific steps that will be taken to achieve the initiatives and strategic objectives.
- Action plans are geared toward operations, procedures, and processes.
- They describe who does what, when it will be completed, and how the organisation knows when steps are completed.
- Action plans require the monitoring of progress on objectives for which measurements are needed.
Preparing Action Plan and Budget (Cont’ d)

A plan of action is usually prepared in a matrix format and will normally contain the following items:

- the problem;
- objective(s)/interventions;
- activities;
- inputs;
- key responsible actor/implementer;
- important assumptions and risks;
- activity monitoring indicator;
- planned output;
- activity cost and implementation time frame.

Preparing Action Plan and Budget (Cont’ d)

- **Budgeting** - process of costing inputs and activities in monetary terms.
- Budgeting is made of estimated costs of inputs and activities that will be required to implement the plan.
- There are two kinds of costs:
  - recurrent costs;
  - capital costs.
- Recurrent costs refer to the costs which you are incurring annually to keep the system running, e.g. salaries, drugs, kerosene and any other consumables.
Preparing Action Plan and Budget (Cont’d)

• Capital/developmental costs refer to costs that are incurred on a fixed asset.

• During the budgeting process, determine the resources available from both internal and external stakeholders.

• Available resources are apportioned to the different priority areas.

• Cost the various activities for the interventions of the key priority areas.

Implementation of Work Plans (Cont’d)

Factors for successful planning:

• Consultation of both internal and external stakeholders.

• Adequate time and resources should be allocated.

• Realistic planning in terms of targets, scope of activities, timeframe and budget.
Monitoring and Evaluation

• During the plan implementation, continuous performance reviews should be carried out.

• Monitoring ensures that:
  – work progresses according to schedule;
  – standards such as storage and administration of vaccines are maintained;
  – resources are used rationally and as planned;

Monitoring and Evaluation (Cont’d)

Evaluation is undertaken:

• Before implementation: to assess development needs and potentials and to determine feasibility of the plan;

• During implementation (formative evaluation): to identify areas for changes or modifications and to detect deficiencies and ensure immediate redesigning of intervention strategies;

• At the end of programme (summative evaluation) to assess programme or project effect and outcomes.
Monitoring and Evaluation (Cont’d)

• Comprehensive evaluation addresses context, inputs, process, and outcome.

• However, comprehensive evaluation may be too demanding in terms of resources and, hence, is extremely expensive.

• Before carrying out an evaluation, proper plans must be made in advance to include correct logistics and methodologies to be followed.

Health planning

• Identification and elaboration within existing resources to provide future effective health care relevant to identified health needs for a defined population.

• Aims at improving the health status of a given population while safeguarding equity and fairness of access as well as responsiveness of the health system to the perceived needs of the community.
Reasons for planning

• Clearly defines the purpose of the organization, the goals, objectives which are consistent with the mission in a defined time frame within the organization’s capacity for implementation.

• Ensure the most effective and efficient use is made of the organization’s resources by focusing the resources on the key priorities.

Reasons for planning (Cont..)

• Provide a base from which progress can be measured and establish a mechanism for informed change when needed.

• Build strong teams among health providers for proper management and governance.

• Helps create a sense of unity and unity of purpose.

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Types of plans and their features

- Long term plans (policy directions) - over 10 years
- Medium term plans (strategic plans) - 3-5 years
- Short term plans (operational plans) - 1 year

Key features of plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Key features</th>
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<tbody>
<tr>
<td>Long Term (Policy)</td>
<td>- Period &gt; 10 years&lt;br&gt;- Driven by politics and desire for a common good&lt;br&gt;- Defines policy imperatives&lt;br&gt;- Desired results defined by impact indicators&lt;br&gt;- Resources/budget not defined</td>
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<tr>
<td>Medium Term (Strategic)</td>
<td>- Period between 3 – 5 years&lt;br&gt;- Driven by policy, international and regional declarations&lt;br&gt;- Defines Strategies for implementing the policy imperatives&lt;br&gt;- The desired results are either impact or outcome indicators&lt;br&gt;- Implementation work plan based on strategies&lt;br&gt;- Required resources and gap identified</td>
</tr>
<tr>
<td>Short Term (Operational)</td>
<td>- Period 1 year&lt;br&gt;- Driven by Medium Term Plans (MTP), implementation guidelines&lt;br&gt;- Defines interventions/activities for the medium term strategies&lt;br&gt;- Desired results defined by output/process indicators&lt;br&gt;- Has implementation based on activities&lt;br&gt;- Usually based on available resources</td>
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Planning approaches

- **Bottom-up plan** - Plans are developed at the lowest level of health care. These plans are then channeled to the next higher level for its participation until it reaches the board of directors for its approval before implementation.

- **Top down planning** - Plan is developed at the higher level and channeled to the lower level for implementation. Usually the lower level is not consulted or involved during the planning process.

- **Mixed top down and bottom up plan** - It has ownership from all stakeholders.

Planning approaches cont’d

- **Need based planning** - Planning is based on the needs of the community/public. Planning is done without knowledge on the available resources.

- **Resource constraint planning** - Planning based on available resources. Resource envelop is communicated before the beginning of the planning process and budgeting is based on the resource envelop.
Planning Steps

1. Situational Analysis
2. Priority setting
3. Formulation of goals, objectives and Targets
4. Determining resource allocations
5. Implementation plan/Matrix
6. Costing and Budgeting
7. Monitoring and evaluation
   ▶ (see next diagram for planning steps)

Planning Cycle

- Situation analysis
- Problem prioritization and analysis
- Setting objectives and targets
- Formulating interventions
- Determining resource allocation
- Preparing action plan and budget
- Monitoring and evaluation
Who should be involved in planning

- **Technical representatives**
- **Health Management Team members**
- **Internal and external stakeholders** (any individual community, group or organization with an interest in the outcome of a programme, either as a result of being affected by it positively or negatively, or by being able to influence the activity in a positive or negative way)
Once the planning and budgeting has been accomplished and approved by the appropriate authority, the success of the plans will depend on how well they have been implemented. There are three aspects that should be kept in mind while implementing the plan of action. These are: Effectiveness, Efficiency, and Timeliness.

Factors for successful planning
- Consultation of both internal and external stakeholders
- Adequate time and resources should be allocated
- Realistic planning; targets, scope of activities, timeframe and budget

Challenges in Planning
- Macro economic instability - rapid inflation can render forward planning impossible.
- Lack of quality and timely financial information on donor flows.
- Weak financial systems to budget ceiling adherence.
- Capacity and institutional weaknesses within line ministries to develop and present priority programmes.
- Lack of budgetary discipline e.g. supplementary allocations made during the year.
- Projections made on the basis of overestimated revenue sources leads to unrealistic budget