Health Service Management course to Medical laboratory students year III/II

Course Code------- ComH4203
Credit Hour ---------2

Health Service Management & Health Economics unit

Department of Public Health

May 2020

General Objective

- At the end of the course, the students are expected to recognize management as a science and critically identify weaknesses and strengths of different theories; discuss basic management functions; explain about environmental analysis/scanning of health service organizations; prepare a plan for managing organizational development, identify the implementation of planned activities in complement with appropriate and fair distribution of human, financial and material resources.

Instructional Objectives

At the end of the course, the students will be able to:

- Describe historical development of management

- Discuss basic concepts and principles in management

- Discuss levels of management.

- Explain basic management functions and their importance

- Describe organizational process subsystems including coordination, authority, delegation, decentralization, organizational change, innovation, and organizational development.

- List the key elements of organizational structure in order to select or modify organizational design to make it effective and appropriate to function.

Instructional Objectives

- Explain human resource management.
- Describe the Ethiopian health service delivery system
- Explain the importance of health management information system.
- Conduct environmental analysis and prepare a plan for managing the organizational environment.
- Conduct a strategic and policy analysis for formulating and translating strategic health plan, objectives and operations.

Instructional Objectives

- Recognize the key elements of organizational structure in order to select or modify organizational design.

- Realize the importance of organizational missions and goals

- Recognize varieties of leadership and management style.

Course outline

Chapter – one

- **General introduction to management**
  - Concepts of management
  - Management theories
- Analysis of the external environment of health

Chapter – two

Functions of management

- Planning
  - Strategic planning
  - Operational planning

Course outline

- Organizing
- Organizational structure & functions
- Power, authority, delegation & decentralization
- Leading
- Controlling
- Decision making
  - Types of decision making
  - Steps in decision making
- Communication
  - Types of communication
  - Barriers of communication

Chapter three

- **Human resource management**
  - Definition and concept
  - Recruitment, hiring, orientation, training, performance appraisal, promotion and demotion.

Chapter four

- **Health delivery system and health policy in Ethiopia**

- Historical development of health service

- Six ,four and third tier health delivery system

Chapter five

- **Leadership**

  - Types of leadership

  - Visit to health service to evaluate management components

  - Field trip report

- Theories of leadership

Chapter 6

Health Management Information System

Teaching and Learning Methods

- Lecture
- Individual and group presentation
- Discussion
- Brainstorming
- Assignment
- Visit

Evaluation /assessment

- Quiz ------------------------------ 10
- Test(s) --------------------------- 15%
- Assignment 1 ----------------15%
- Assignment 2----------------10%
- Final exam-------------------- 50%

Chapter 1-Introduction

Rationale for the course

- Management is **universal and essential function in all kinds of** organizations.

- Planning and management skills are needed as most health professionals find themselves in a **managerial position without proper orientation and** training.

- Health planning and management skill is an important tool to bring about **change in the health care system**.

- Resources are scarce, urging the need for proper skills in planning and management for **efficient utilization.**

Cont...

- Difficulty to address all health problems at a time.

- Therefore it is necessary to **prioritize problems and make an informed decision which** requires health professionals with such skills.

- **Increasing competition for health care provision and demand for quality** from users

- Management is a means for **development & provides abundant job opportunities.**

Over view of Management

Definitions and concepts

What is Management ?

What is Management ?

- Although management is broad and universal, defined in different ways but having a strong underlying similarity

• Getting things done through **people**

• The efficient use of **resources**

• Getting people to work harmoniously together and to make efficient use of **resources** in order to achieve **objectives**

What is Management ?

-The process of reaching **organizational goals** by working with and through people and other organizational **resources**

- The process of planning, organizing, staffing, leading, and controlling the work of organization members and of using all available organizational **resources** to reach stated **organizational goals** (George R. Terry)

Who is manager?

- A manager is a person who plans, organizes, leads and

- controls human, financial, and other resources to meet organizational goals.

Management and Administration

Administration

- Implementing policy decisions

Management :

- Regulating the day-to-day activity (office)

Three views regarding management and administration:

Management and administration are the same: administration is used for higher executives functions for government circles while the term **management** is used for the same functions in the business world.

Cont…

- **Administration is above management:** administrative is determinative while management is executive function

- **Administration is part of management**: Management is the general term used for the total process of executive control while administration is concerned with the installation and following of procedures

Common points in management

- Is a **process** – a set of interactive & interrelated ongoing functions and activities

- Involves accomplishing organizational **objectives**

- use of human & other **resources**

- Occurs in a **formal** organizational setting

- ➢ **N.B** *People are the most important resources*

Concepts of Management

Concepts

Efficiency: *The ability* to minimize the use of resources in achieving organizational objectives.

- ***Doing things right.***

Effectiveness: The ability to meet organizational objectives; the ability to determine appropriate objectives.

- ***Doing the right thing.***

Concepts …

Efficiency (Means)

Resource Usage

Low Waste

Effectiveness (Ends)

Goal Attainment

High Attainment

Management Strives for:

Low Resource Waste (high efficiency)

High Goal Attainment (high effectiveness)

EFFICIENCY

	LOW	HIGH
HIGH (EFFECTIVENESS)	**Low efficiency/ High effectiveness** Manager chooses the right goals to pursue, but does a poor job of using resources to achieve these goals. Result: A product that customers want, but that is too expensive for them to buy.	**High efficiency/ High effectiveness** Manager chooses the right goals to pursue and makes good use of resources to achieve these goals. Result: A product that customers want at a quality and price that they can afford.
LOW (EFFECTIVENESS)	**Low efficiency/ Low effectiveness** Manager chooses wrong goals to pursue and makes poor use of resources. Result: A low-quality product that customers do not want.	**High efficiency/ Low effectiveness** Manager chooses inapppropriate goals, but makes good use of resources to pursue these goals. Result: A high-quality product that customers do not want.

High-performing organizations are efficient *and* effective.

Types, Skills, and Functions of Managers

Classifications of Managers

1. Traditional by level / hierarchy

First-line (low level) ,Supervisory mangers:

- **Middle managers**: Middle level
- **Top/ senior managers** : high level

| Top Managers |
| Middle Managers |
| First-Line Managers |
| Nonmanagerial Employees |

Classifications of Managers

1.*First-line(low level),Supervisory mangers*

- Responsible for the work of operating and do not supervise other managers

- Direct non management employees

- Report to middle-level managers

- Have authority and responsibility for a specific type of work and a particular group of workers.

- lowest level of managers in the organizational hierarchy.

Classifications of Managers

2. *Middle managers*

- Managers in the midrange of the organizational hierarchy

- They are responsible for other managers and sometimes for some operating employees

- They report to more senior managers

Classifications of Managers

3.Top/senior managers

- Mangers responsible for the overall management of the organization

- They establish operating policies

- Guide the organization's interaction with its environment.

- Small in number

Class Exercise

1 .List **types** of managers for the **three** levels by choosing one organization.

2. Are there different names for a manager? List.

Different names of manager include:

➢ Executive Administrator

➢ Leader, Boss, Principal

➢ Chief, Supervisor, Senior Manager

➢ Superintendent, Commissioner

➢ Overseer, Officer, Coach

➢ President, Executive, Prime Minister etc.

Managerial Skills

The three basic types of skills for successful management are:

1. Technical skills

2. Interpersonal skill (human relations)

3. Conceptual skill

Managerial Skills

1. Technical skills

The ability to use; procedures, or techniques,,

- ✓ methods

- ✓ knowledge of a specialized field

- ✓ using specialized knowledge and expertise in executing work related techniques and procedures.

➢ It is the managers understanding of the nature of job that people under him/her have to perform

➢ Such skills can be acquired through training, education and work experience.

➢ Technical skills are frequently referred to as *hard skills*

2. Interpersonal skill (human relations)

➢ A manager's ability to work as a team member and to build cooperative effort in the unit.

➢ Communication skills are an important component of interpersonal skills

➢ Interpersonal skills are often referred to as *soft skills*

➢ Many managers at all levels ultimately fail because their interpersonal skills do not match the demands of the job.

➢ An important subset of interpersonal skills for managers is *multiculturalism*, the ability to work effectively with people from different cultures

3. Conceptual skill

➢ Is the ability to see the organization as a total entity

➢ It includes recognizing how the various units of the organization depend on one another and how changes in any one part affect all the others

➢ A manager deals with the relationship of the organization to its **environment**: the community; political, social, and economic forces of the nation as a whole

➢ For top-level management, conceptual skill is a **priority** because executive managers have the most contact with the outside world

Managerial Skills...

All levels of managers use the 3 types of skills in management work but in different degree

> ➢ The senior manager is vitally concerned with visualizing the complex relationships in the organization - conceptual skills

> ➢ The low level manager, may be constantly required to make decisions on the basis of technical knowledge.

> ➢ The human skill is critical and equally important for all levels of managers
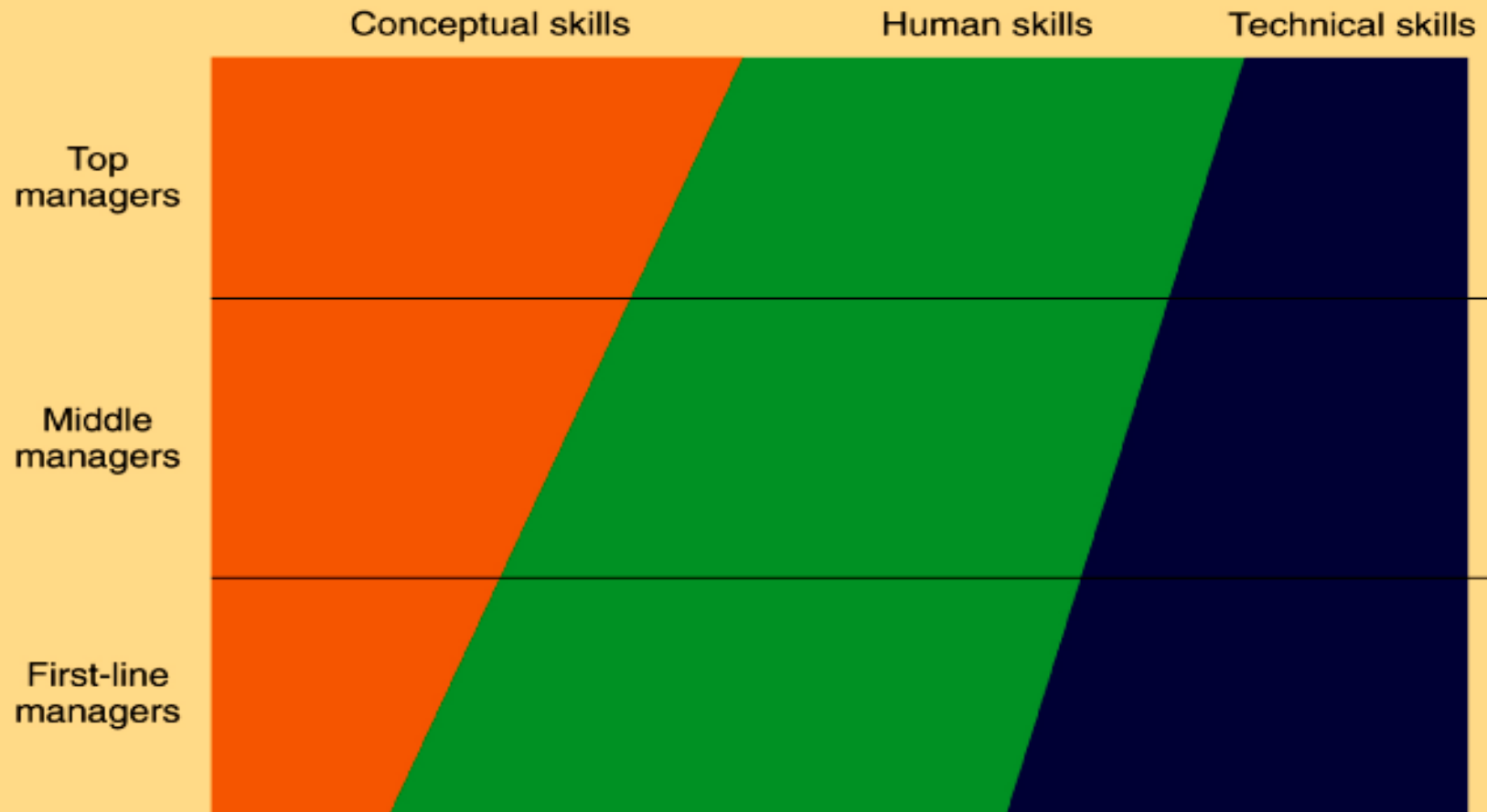
Management functions

➢ To accomplish goals, the manager performs five managerial functions in the context of the management process

Major management functions includes:

1. Planning   --------------- **Planning**

2. Organizing

3. Staffing   -------- **Implementation**

4. Leading(directing, motivating)

5. Controlling   ---------------- **Evaluation**

Management Functions

1. Planning

> If you have no particular destination in mind, then you can take any road

> Involves the process of defining goals, establishing strategies for achieving those goals, and developing plans to integrate and coordinate activities

Management Functions...

2. Organizing

> ➤ The process of making sure the necessary human and physical resources are available to carry out a plan and achieve organizational goals

> ➤ Involves assigning activities, dividing work into specific jobs and tasks, and specifying who has the authority to accomplish certain tasks

> ➤ Involve grouping of activities into departments or some other logical subdivision

Management functions...

3. Staffing

➢ It is the process of filling and keeping filled the positions required by the organizational structure with right people, at right places, and at the right time

➢ Acquiring and placing of qualified people

➢ It includes several sub-functions like

  ➢ Recruitment

  ➢ Selection

  ➢ Hiring

  ➢ Training

  ➢ Transfer and promotions

Management Functions...

**4. Leading/Directing**

➤ Influencing others to achieve organizational objectives

➤ It involves energizing, directing, persuading others, and creating a vision

➤ Involves interpersonal processes: motivating, communicating, coaching, and showing group members how they can reach their goals

➤ Leading focuses on inspiring people and bringing about change, whereas the other three functions focus more on maintaining a stable system

Management Functions...

5. Controlling

➤ Controlling generally involves comparing actual performance to a predetermined standard

➤ Any significant difference between actual and desired performance would prompt a manager to take corrective action

➤ Determining whether the original plan needs revision, given the realities of the day

➤ It causes a manager to return to the planning function temporarily to fine-tune the original plan

Planning

Organising

Monitoring

Staffing
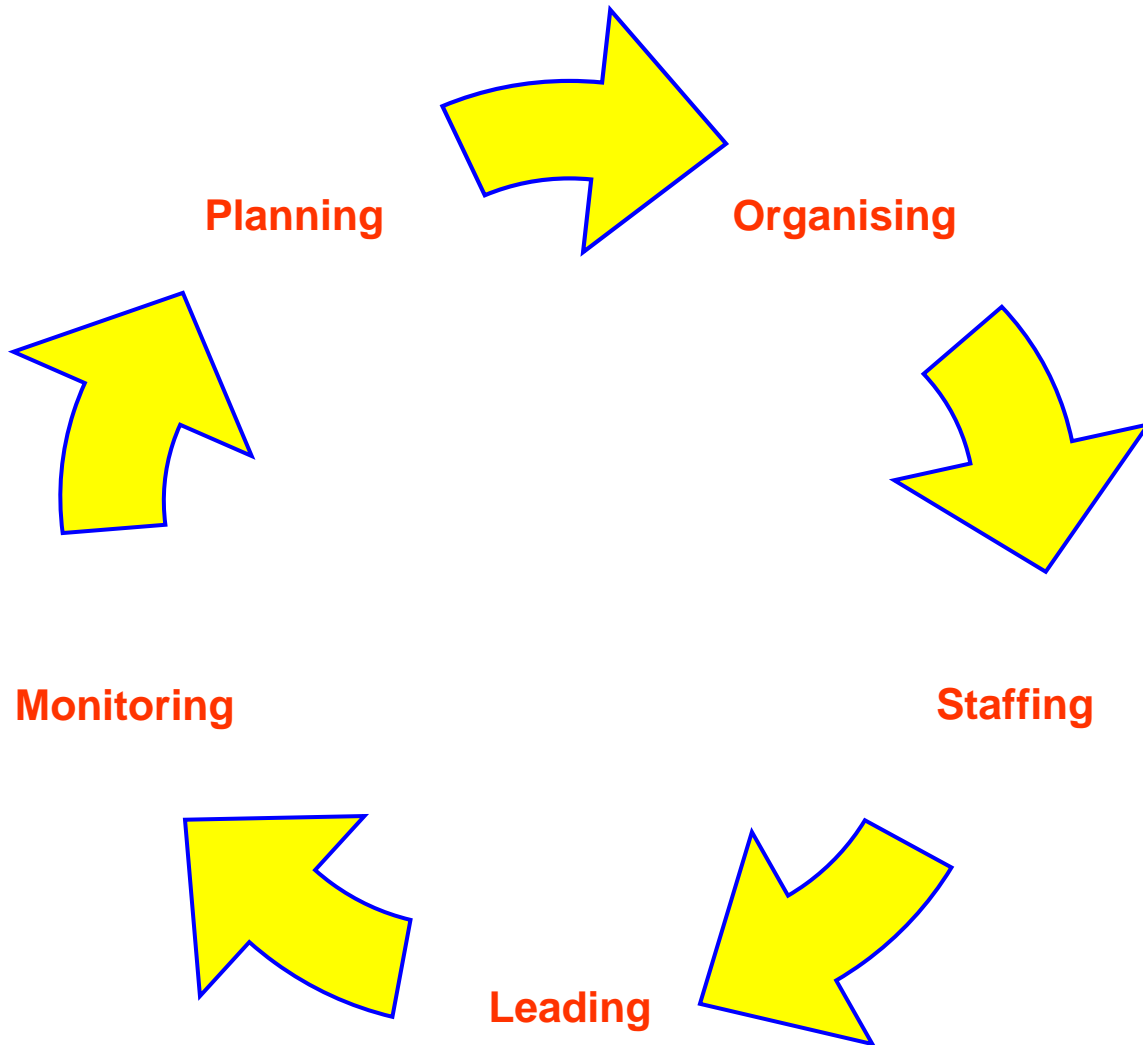
Leading

Assignments

Further readings on

2. Decision making

- Types of decision making

- Steps in decision making

2.Communication

- Types of communication

- Barriers of communication

Thank you very much!

5/16/2020

45

Health Planning

Functions of Management

- Planning

- Organizing

- Staffing

- Directing/Leading

- Controlling

It can also be called as *PIE* (Planning, Implementing and Evaluation).

- Decision making and communication are key processes in management.

Objective

At the end of the course, the student will be able to:

- – Define planning;
- – Understand the purpose of planning;
- – Understand types of plan;
- – Know the formal planning process;
- – Understand strategies for health planning
- – Acquire planning skills so as to plan and prepare health action plan for HSO or a health project

Planning

Introduction

Planning:

➢ is a systematic process of identifying and specifying desirable future goals and

➢ outlining courses of action and determining the resources required to achieve them

➢ It is the combination of compiling and analyzing information, dreaming up ideas, using logic and imagination and judgment in order to arrive at a decision about what should be done

Planning

➢ It functions like a ***blueprint:*** it defines the ***steps*** and ***decision points*** required to achieve a ***desired result*** or ***a large goal***

➢ **Health planning** is simply a planning focusing to health and health care system

➢

Cont...

➢ It is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals

➢ The planning process starts with the assumption that the future will be different from the present, and it attempts to determine how the organization can take advantage of that difference

THE RATIONALE FOR PLANNING

Planning helps :

- ❖ Copping with future uncertainty & changes

- ❖ Focus attention on objectives

- ❖ For economical operation

- ❖ Provides performance standards & facilitate

   control

- ❖ Helps foreseeing & identifying potential risks

Cont…

Planning answers questions:

→ Where are we now(asses the present situation)

→ Where are we going (objectives)

→ With what (Resources)

→ How (efficient and appropriate implementation

strategies & activities)

→ When (period of time)

Features of Planning

➢ Good plan should give

- ✓ Clear vision/mission, goal and objectives

- ✓ A clear picture of the tasks to be accomplished

- ✓ The resources needed to accomplish the task

➢ Planning must be collective undertaking

- ✓ It requires the participation of Professionals (from health and other sectors, Community, NGO, Government)

Features of Planning ...

➢ Good plan must be flexible

➢ Effective managers use plans as guidelines, rather than as rigid, unchangeable prescriptions

➢ They adjust their plans according to changing circumstances and the results of monitoring

➢ It must be dynamic

Features of Planning ...

➢ Planning takes place at all levels of the health system

    ✓ Central

    ✓ Provincial

    ✓ District

    ✓ Facility

    ✓ community

➢ Plans can also cover varying time periods: three to five years, one year, a quarter, or a month

Types of Plans

Plans can be classified on different bases or dimensions
 The important ones are:

       Repetitiveness

       Time dimension, and

       Scope/breadth dimension

Classification of Plans Based on Repetitiveness

1. Standing Plans

2. Single-use Plans

Standing Plans

➢ That can be used again and again

➢ That are followed each time a given situation encountered

➢ Include mission or purpose, goal or objective, strategy, policy, procedure, method, and rule

Classification of Plans Based on Time

1. **Long-range plan**

➢ the time may range usually from 5-10 years

➢ Distant future

➢ The development of a plan for accomplishing a goal over a period of several years.

2. Short-range plan

➢ Complementary of long- range plans

➢ Constitute the steps towards the implementation of long-range plans

➢ Generally 1 year, sometimes up to 2 years

3. Intermediate-range plan

➢ Ranges between long and short- range plans

Classification of Plans Based on Scope/Breadth

1. Strategic Planning
2. Tactical Planning
3. Operational Planning

Strategic Planning

➢ Process of analyzing and deciding on the organization's mission, objectives, major strategies, major resource allocation

➢ **Strategic planning is:**

- performed by top level mangers

- mostly long range in its time frame

- expressed in relatively non-specific terms

- type of planning that provide general direction

Tactical Planning

➤ Refers to the process of developing action plans through which strategies are executed

➤ Departmental managers in organizations are often involved in tactical planning. Examples are:

- Developing annual budget

- Implementing strategic plans

- Deciding on course of action

Operational Planning

➤ Most specific and detailed

➤ Concerned with day-to-day activities

➤ Short-range and more specific and more detailed

➤ Contains details for carrying out or implementing, those plans in day-to-day activities

Planning Outcomes

- **Items that traditionally are considered to be outcomes of planning are *Organizational Vision*, *Mission*, *Objectives*, and *Strategies*, and *unit Operational Policies*, and *Procedures*.**

Mission and vision statement

Mission

- An organization's mission is:

  - *its purpose,*

  - *- its reason for being,*

  - provides orientation, consistency, and meaning to the organization's decisions and activities at all levels.

- The **Mission Statement** describes clearly and concisely *why the organization exists.*

Constructing the Mission Statement

- A Mission Statement should answer four basic questions:

  A. *What do we do?*

  B. *Whom do we serve?*

  C. *How do we do it? and*

  D. *Why do we do it?*

- **Finalize and disseminate** the mission Statement to staff, and board members, those who are served by the organization, and the general public.

Planning out comes

VISION

- It usually accompanies the statement of mission.

- It is *"a strategic view of the future direction and a guiding concept of what the organization is trying to do and to become"*.

- *Shared vision is very important to inspire organizational members*

Benefits of Visioning

- Breaks the manager out of boundary thinking.

- Provides continuity of actions.

- Identifies direction and purpose.

- Alerts stakeholders to needed change.

- Promotes interest and commitment.

- Encourages openness to unique and creative solutions.

- Encourages and builds confidence.

- Builds loyalty through involvement (ownership).

Mission and vision

E.g. 1- City administration health office

Mission: To reduce morbidity and mortality through provision of quality and equitable, promotive , preventive and curative health services to the inhabitants in the city administration.

Vision: We aspire to see healthy and productive inhabitants in the city administration.

E.g. 2- Apple Computer company:

- **Mission**: To bring the best personal computing products and support to consumers around the world.

- **Vision**: One person, one computer.

OBJECTIVES

✓ Corporate or specific objective

✓ Corporate objectives are broad like goals, not specific

✓ specific objectives are detailed and designed at facility level

✓ Are HSO/HS *outputs*. They are the *ends, targets and desired results* toward which all organizational activities are directed.

✓ Are *specific, measurable, appropriate, realistic,* and have *time bound*, SMART.

Strategic objectives…

- ➢ To serve their purpose, objectives must be:
  - **S** = Specific
  - **M** = Measurable
  - **A** = Appropriate to the scope of activities/importance
  - **R** = Realistic within the allotted time
  - **T** = Time bound, with a specific date for completion
- ➢ Strategic objectives are the results the organization intends to achieve in the medium to long term
- ➢ They derive from the organizational vision

SMART OBJECTIVES. . .

➢ **Specific**- helps to solve the cause of the problem that it is meant to solve.

➢ **Measurable**- allows monitoring / Evaluation

➢ **Appropriate**- to the problems, goals & strategies

➢ **Realistic**- achievable & meaningful

➢ **Time specific (bound)-** has specified period of time

• E.g. By the year 2005, 50% of eligible pregnant mothers will receive antiretroviral therapy in Jimma town.

SMART OBJECTIVES

E.g. To make measles immunization coverage for <1 children of our district to 97% at the end of 2015.

- To reduce the number of new HIV infection of the district inhabitants by 25% at the beginning of 2020.

- To reduce IMR of the region from 81/1000 Live Births to 42/1000 LB by end of 2015.

- E.g. By the year 2015, 80% of eligible pregnant mothers will receive antiretroviral therapy in Bahir Dar town

EXERCISE:

- Construct the Mission Statement of an institution.

The steps of health planning

1. Situational analysis

2. Priority setting

3. Setting objectives and targets

4. Identifying potential obstacles and limitations

5. Designing the strategies

6. Preparing action plan and budget

7. Writing the plan

STEP 1
SITUATIONAL ANALYSIS CONT...

This step is used to :

- Gather information from the community

- Identify useful information from records

- Collect information on resources

- Review existing health work

- Tabulate cumulative data

- Analyze and interpret information

SITUATIONAL ANALYSIS INVOLVES

1. Population characteristics

- Target population identification

- Determine population size by category

- Estimate overall population growth rate

- Determine religious, educational & cultural characteristics

SITUATIONAL ANALYSIS CONT…

2. Review area characteristics

- Geographical and topographical situation
- Infrastructure

    - Transport modes & routes

    - Communication facilities

    - Water supply & sanitary facilities

- Socio economic situations
- Public & private sector situation

SITUATIONAL ANALYSIS CONT…

3. Policy & political environment

- Consider national health policy & programmes and relate to actual situation in the area
- Political stability
- Social security

SITUATIONAL ANALYSIS CONT…

4. Analyzing health needs

- Prerequisite for planning, but complex to measure needs

- Can be assessed through

  - Medical indicators,

  - Community perceptions of needs,

SITUATIONAL ANALYSIS CONT...

5. Analyzing health services

- ➢ Organizational structure & function of health services
- ➢ Service provision of facilities
- ➢ Service utilization
- ➢ Service gaps
- ➢ Limitations

SITUATIONAL ANALYSIS CONT…

6. Analyze resources

- ➢ Financial resources
- ➢ Personnel
- ➢ Material & equipment
- ➢ Space & building
- ➢ Time
- ➢ Information

SITUATIONAL ANALYSIS CONT...

7. Review past implementation experience

- Find out information or experiences from activities implemented in the past.
  - ➢ Success
  - ➢ Failure /short comings

STEP 2 -SELECTING CRITICAL PRIORITY PROBLEMS

- The 2nd stage sets priorities for the organization, in the light of competing needs & limited resources

CONT...

This step is used to :

- Identify and list problems in the community,

- Select important /prioritized problems according to criteria,

- Recognize problems which are the responsibility of other agencies outside the health service

PRIORITY SETTING CONT...

- A **problem** is a perceived gap between what exists and what should exist.

- It is useful to **group problems** under common headings E.g. - Environmental problems

    - Disease problems

    - Socio-economic problems

    - Health service problems

Criteria for problem prioritization

- *Magnitude of the problem*: the public health burden imposed by the problem

- *Degree of severity*: consequent suffering, death and disability

- *Feasibility:* in terms of cost effectiveness, social acceptability and local sustainability

- *Gov't concern:* political acceptability with consideration of equity, multi-sectoral approach, consistency with gov't plan and budgetary system

Cont…

- **<u>Community concern</u>**: how much does it relate to community perceived health needs?

- **Ranking is then done by using criteria on 5 point scale**

- very high (5), high (4), moderate (3), low (2) and very low (1)

- Involvement of at least primary stakeholders, experts and health workers is mandatory in prioritization

- At the completion of this step there should be a list of the important problems of the community
    - Clearly defined – with possible causes, or
    - Analyzed in order of importance

E.g. Prioritization of health problems for a Health Center, Nov, 2013

NO	Problems	Magnitude	Severity	Feasibility	Community concern	Government concern	Sustainability	Total	Rank
1	EPI 50%	4	3	5	5	4	4	25	2
2	Delivery 3.4%	5	5	5	5	5	4	29	1
3	Latrine 84%	2	2	3	4	4	4	19	4
4	FP 76%	3	3	5	5	4	4	24	3
5	HCT 20%	2	3	4	3	4	3	19	4

STEP 3- SETTING OBJECTIVES

➢ Describing the desired direction of a service definition in terms of measurable parameters

- **Importance**

Clear statement of objectives enables:

- To decide how to achieve them

- Objectives of a program must be **'SMART'**

STEP 4
IDENTIFYING OBSTACLES & LIMITATIONS

- *Obstacles /limitations* are any situations or factors that may prevent the achievement of each objective
- Obstacles /limitations could be
  - **Resources**
    - People
    - Equipment
    - Money
    - Time
    - Information etc.

CONT...

– **Environmental**

    - Geographical features

     - Climate

     - Social factors

Obstacles are either removable,

    modified or can not be changed

Cont…

- **This step is used to**:

  – **Identify obstacles to the achievement of a goal**

  – **Analyze ways of overcoming obstacles**

  – **Recognize limitations that cannot be diminished**

STEP 5-DESIGNING STRATEGIES

- <u>Strategies</u> are the tactics or techniques that should be devised or adopted & utilized to facilitate the achievement of objectives

- Strategies are ways of achieving objectives

- The potential strategies often include

  – Technology to be applied

  – Procedures to be used

  – Defining the role of communities and other sectors

Cont …

✓ For each chosen strategy, the corresponding activities to be undertaken should be detailed

✓ Resource needed, including

– Who will do the activities (job description)

– Which things would be needed (resources)

– Where the work will be done

✓ **Preparing action plan and budget**

✓ **Monitoring and Evaluation**, etc.

Cont . . .

Gantt chart

- is a bar graph with time on horizontal axis and the resources /activities to be scheduled on the vertical axis

Columns of a Gantt chart

➢ list of the project activities

➢ a column that shows when the activities will occur

➢ Responsible bodies

➢ Resource column

Operational Planning Template – GANTT Chart

Strategic Objectives	Desired Measurable Results	Strategies	Activities	Person Responsible	Resources Needed	Schedule											
						1	22	33		5	6	7	8		10	11	12

STEP 7
WRITING THE PLAN

- **The purpose of writing the plan**

  ➢ To request resource /funds

  ➢ For monitoring & evaluating the implementation process by all concerned bodies

OUT LINE FOR WRITING THE PLAN

1. Summary of main points

2. Back ground and introduction including the profiles of the organization ,mission , vision. . .

3. Objectives and targets should be clearly stated

4. Strategies & activities should be clearly stated using Gantt chart

5. Resources requirement

- The type and number of resources needed should be documented

Cont …

- How each of the resources are going to be utilized has to be mentioned

  6. Monitoring & evaluation

- Mention how monitoring and evaluation is to be performed

- By whom?

- When?

- Indicators of effectiveness should be decided

PLANNING TOOLS

Planning tools are techniques used to help develop plans.

Some planning tools are:

➢   The Delphi methods

- Various experts are asked to answer independently, in writing a series of questions-related to planning

➢   Nominal group techniques

- Silent generation of ideas & discussion for clarification ,editing and priority setting

Cont…

- The nominal group technique and Delphi methods are techniques that are used to improve group consensus.

- These techniques are important as the planning process is increasingly considered a joint venture of many concerned parts

SWOT analysis

- **SWOT (Strength and weakness, opportunities and threats)**

- a strategic planning tool that matches internal organizational strengths and weakness with external opportunities and threats.

- **Strengths** may be availability of

  – resources

  – trained human power

  – appropriate technology

  – good management experience

Cont…

- **Weakness include**

  - lack of dedicated staff

  - high staff turn over

  - obsolete facilities

- **Opportunities:-** are positive or favorable factors in the external environment

- *Example*

  - Clear and supportive government policies

Cont..

- **Threats:-** are negative or unfavorable external factors in the environment

Example

- Worsening economic conditions

- Fast growing population

- Natural disaster

- Shrinking resources etc

SWOT ANALYSIS:A FRAME WORK FOR SELECTING
STRATEGIES. SWOT MATRIX

	Positive	Negative
Internal	**Strength**	**Weakness**
External	**Opportunity**	**Threat**

Thank you !!

Plan your work, Work your plan!

No plan, No work !!!!!!!!

Organizing

Organizing

➢ Next step of mgt function after planning.

➢ A key issue in accomplishing the goals identified in the planning process.

➢ structuring the work of the organization.

➢ Is a process of deciding what work needs to be done,

➢ deals with formal assignment of tasks and authority and coordination

➢ is arranging them into a decision-making framework.

Organizing….

The steps in the organizing process include:

1. review plans,
2. list all tasks to be accomplished,
3. divide tasks into groups one person can accomplish - a job,
4. group related jobs together in a logical and efficient manner,
5. assign work to individuals,
6. delegate authority to establish relationships between jobs and groups of jobs

Characteristics of organizations:

Whatever their purpose, all organizations have four characteristics:

1. coordination of effort
2. common goal or purpose
3. division of labor, and
4. hierarchy of authority.

Unique characteristics of HSOs

- Defining outputs are more difficult
- Delivery of health services involves the organized public or private efforts
- Work involves extremely high level of specialization
- More of the work is emergency & non-deferrable in nature
- Organization participants are highly professionalized & their primary loyalty is to their profession rather than their organization

Organizational Design

- The *determination* of the organizational structure that is most appropriate for the *strategy, people, environment, technology and tasks* of the organization.

- Matching goals ,strategic plan, capabilities with environment.

- The way, in which an organization's activities are divided, organized and coordinated.

- Is the formal decision-making framework by which job tasks are divided, grouped, and coordinated.

Organizational structure

Views(types) of organizational design

1) Mechanistic System (Flat structure)

- Traditional or classical design, common in medium -& large - sized organizations.

- Organizational activities are broken down into separate, specialized tasks

- Objectives for each individual & units are precisely defined **by top level managers**

Views on organizational design

Mechanistic System ….

- It is best suited to **a stable environment**

- Each organization member is likely to continue performing **the same task**

- Skill specialization is appropriate

2. **Organic system (Tall structure)**

- More flexible, adaptable to a participative form of management

- Open to the environment

Views on organizational design

Organic system …

- Individuals are more likely to work informally in a group setting than alone

- Less emphasis on taking orders from a manager or giving orders to employees

- It is best suited to a turbulent environment

- Jobs must constantly be redefined to cope up with the ever changing world

- Organizational members must be skilled at solving a variety of problems

- Creative problem solving & decision making.

Organizing….

Organization charts/high level maps/

- The formal organization can be seen and represented in chart form.

An organization chart

➢ Displays the organizational structure and shows job titles, lines of authority, and relationships between departments.

➢ Is helpful for managers as it is an organizational blue print for deploying human resource.
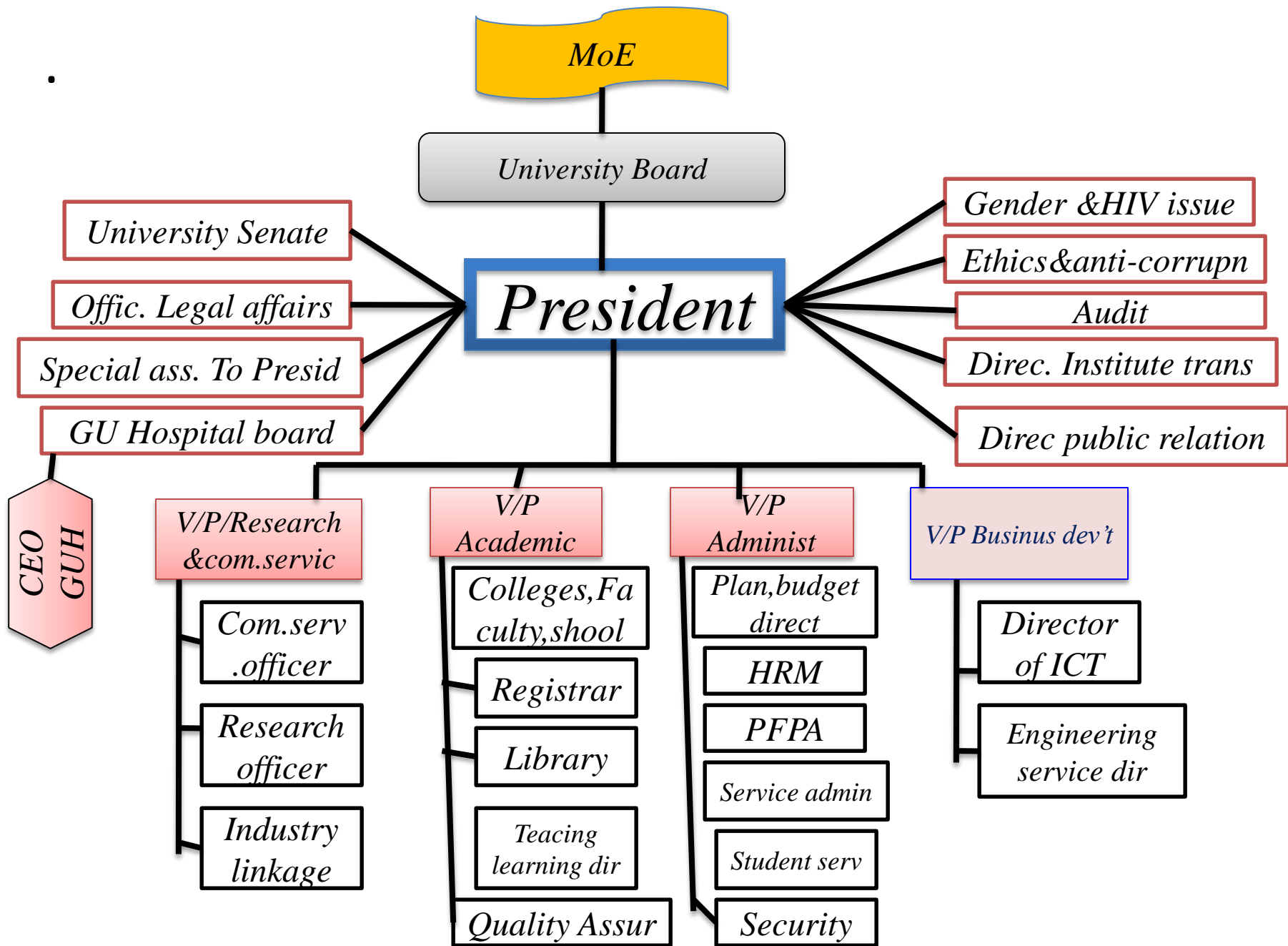
Structure of GUH
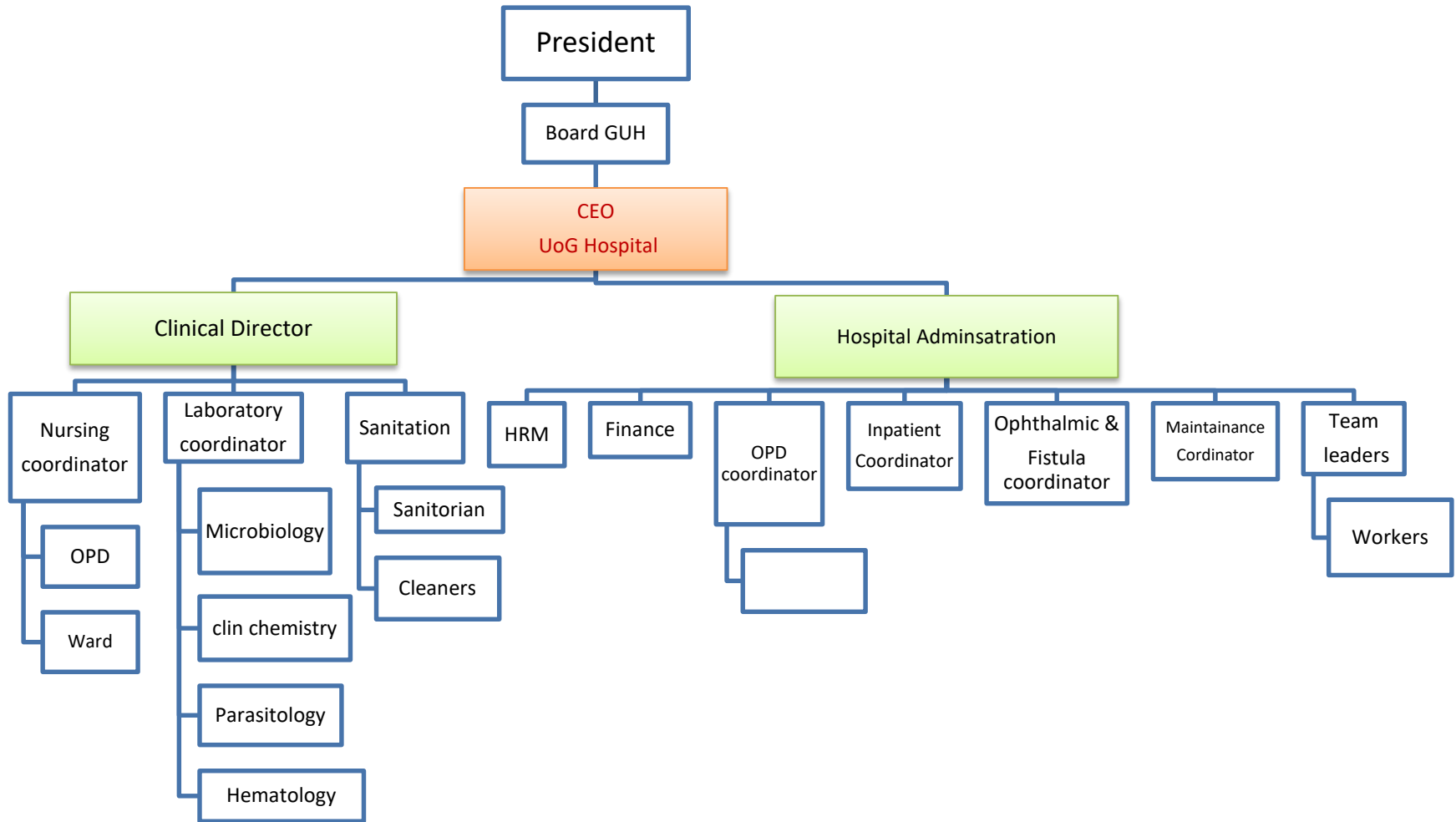
Organizing…

Why do we need an organizational structure?

A clear organizational structure

- Clarifies the work environment,

- Creates a coordinated environment,

- Achieves a unity of direction, and

- Establishes a chain of command

Organizing….

Functional Steps in Organizing

- The four building blocks of organizing are:
  - ➢ *Division of work*
  - ➢ *Departmentalization*
  - ➢ *Hierarchy*
  - ➢ *Coordination*

Organizing….

1. Division of work / Division of labour/ work specialization

- Is the degree to which tasks in an organization are divided into separate jobs.

- Is breaking of a complex task into components

  ➢ Individuals are responsible for a limited set of activities instead of the entire task.

- Work process requirements and employee skill level determine the degree of specialization

- Placing capable people in each job ties directly with productivity improvement.

Organizing….

2. Departmentalization

- Once work activities are divided in to jobs or jobs have been classified through work specialization,

  ➢ they are grouped so those common tasks can be coordinated and can be similarly and logically connected.

- *Departmentalization* is the basis on which work or individuals are grouped into manageable units.

- An organization chart shows the formal relationships
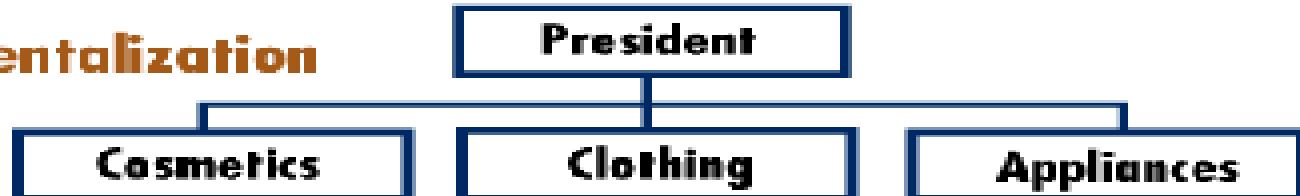
➢ Each single box in an organizational chart represents departments

Organizing…

Departmentalization Formats

- The five basic departmentalization formats, each with its own combination of advantages and disadvantages, are:

  ➢Functional

  ➢Product-service,

  ➢Geographic location,

  ➢Customer classification, and

  ➢Work flow process departmentalization
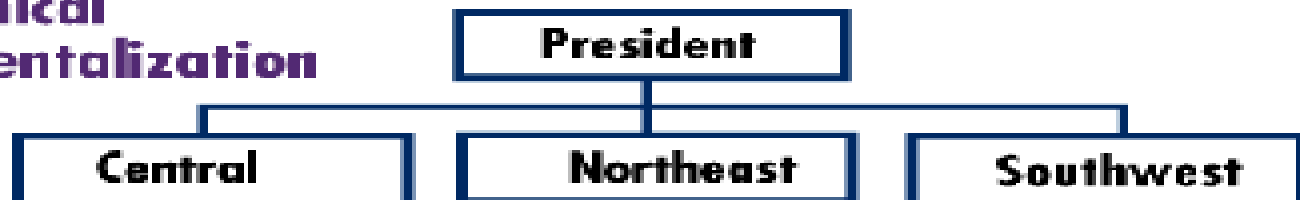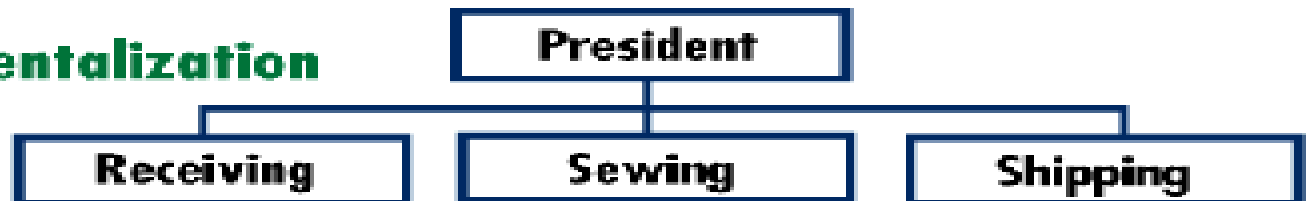
Functional Departmentalization

President

- Marketing
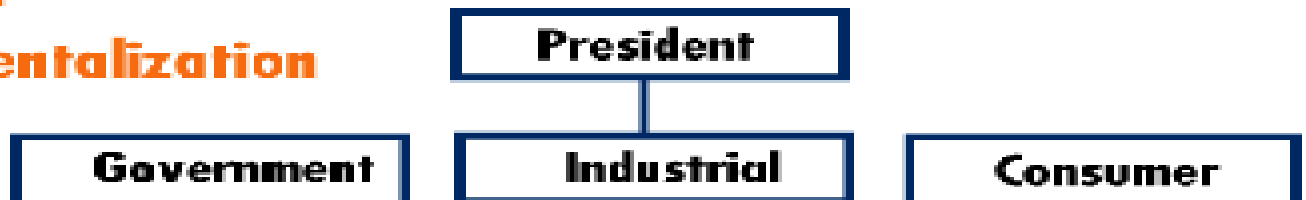- Finance
- Production

Product Departmentalization

President

- Cosmetics
- Clothing
- Appliances

Geographical Departmentalization

President

- Central
- Northeast
- Southwest

Process Departmentalization

President

- Receiving
- Sewing
- Shipping

Customer Departmentalization

President

- Government
- Industrial
- Consumer

Organizing…

3. Hierarchy

- A concept that shows how many could be effectively handled

- A pattern of multiple levels of an organizational structure

- At the top the senior-ranking manager

- Bottom - low-ranking managers located at various levels

Hierarchy

Span of management or span of control

- The number of people/departments directly reporting to a given manager.

  ➢ After work is divided, departments created and span of control chosen decide on chain of command.

Chain of command

- The plan that specifies who reports to whom

- Fundamental feature of an organization

  ➢ The result of the two decisions lead to a pattern: hierarchy

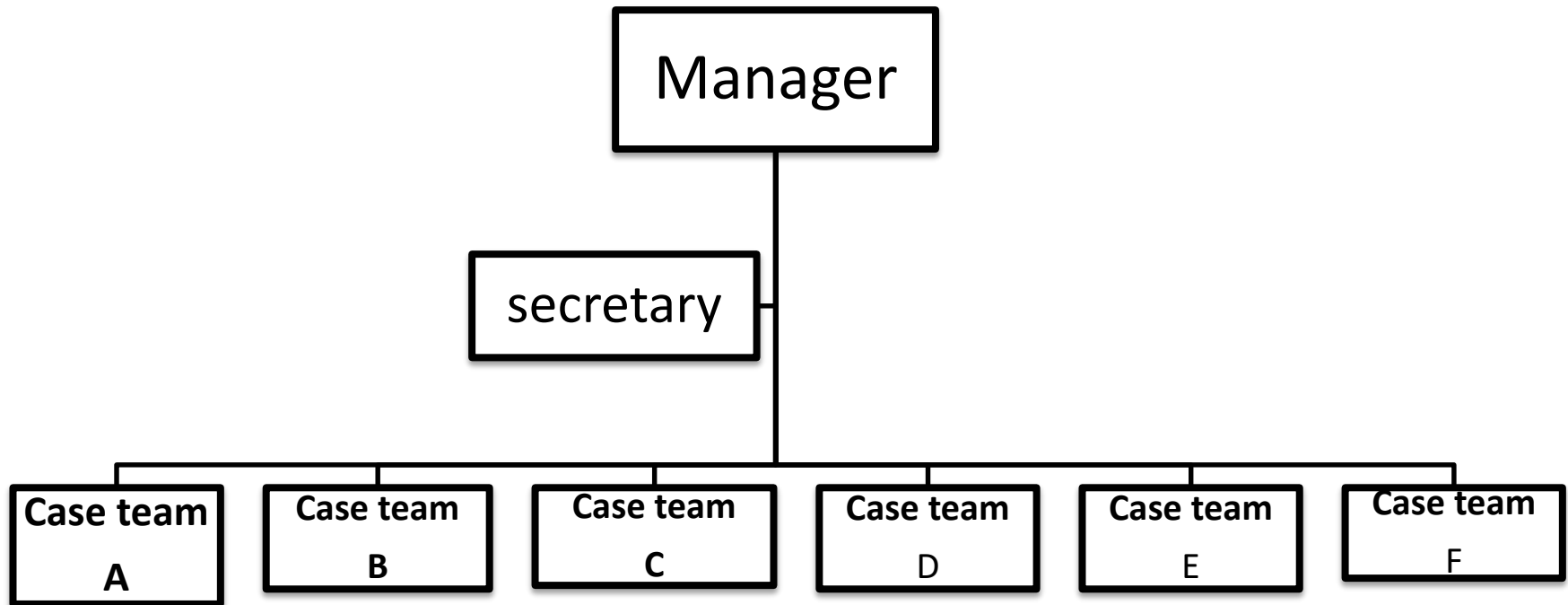# Hierarchy….

Span of management control

- Number of subordinates & departments that report directly to a particular manager

- It affects an organizational design

The classical view of span of control :

- should have limited numbers of subordinates

- Their conclusion was based on the ability of managers to exercise close control

A. *Too wide:* Create flat hierarchies (fewer management levels between the top and the bottom)

Too wide span of control

Manager

secretary

| Case team A | Case team B | Case team C | Case team D | Case team E | Case team F |

Hierarchy.....

B. *Too narrow*: Create tall hierarchies (many levels between the highest and lowest managers)
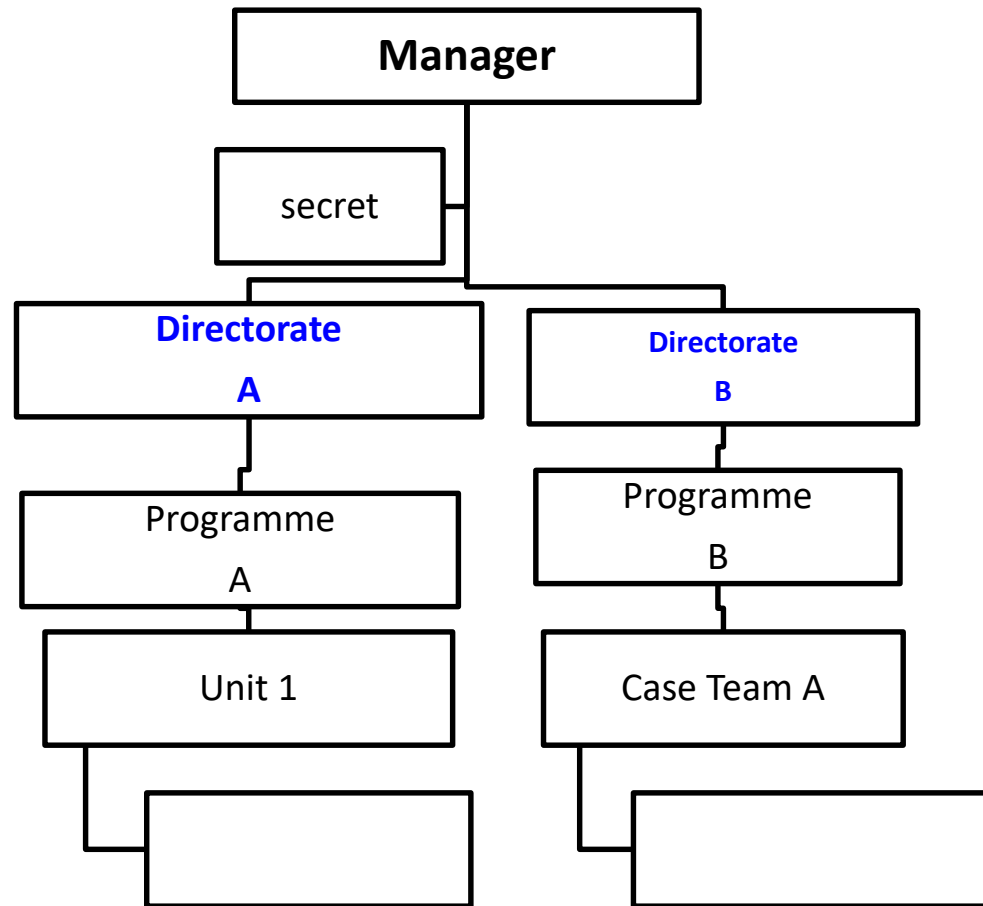
Span of control	Implications
Too wide	Overburdened manager
	Little guidance or control of employee
	Overlooking or ignore serious errors
Too narrow	Managers are underutilized
	In-efficient
	Affects the speed of decisions (delay in decision making)

Contemporary view of spans of control

- Highly relevant to HSOs design
- Consider varied factors in determining appropriate spans of control

Factors affecting span of control

❖*Level of profession & training of staff:*

- Skilled staff require less close supervision **(Wider spans of control)**

❖*Level of uncertainty in the tasks to be done :*

- Complex & varied works require close supervision **(narrower spans of control)**

Factors...

❖ *Degree of standardization of tasks :*

• Standardized tasks require less frequent supervision compared to less standardized ones

 (wider spans of control)

❖ *Degree of interaction between managers &*

subordinates :

• Effective interactions require narrower spans

❖ *Degree of work integration :*

• Integrating work of few people requires a narrower spans compared to large group of people

❖ *Abilities & personal qualities of the managers themselves*

Organizing…

4. Coordination:

- The integration of activities of separate parts of an organization for accomplishing the organizational goals

Integration: the degree to which various departments work in a unified manner

The degree of coordination depends on:

- Nature of task

- Degree of interdependence of people in the various units

- Eg. Clinical services

High degree of coordination is needed:

- When communication between units is important
- For non-routine & unpredictable works
- When organizations are challenged with unstable environment
- When there is high interdependence between units
- When the organization has set high performance objectives
- For highly specialized task

Types of Organizational Authority (Power)

Legitimate	Power based on one's position in the formal hierarchy
Coercive	Power based on fear/force
Reward	Power based on the ability to distribute something that others value
Expert	Power based on one's expertise, special skill, or knowledge/academy
Referent	Power based on identification with a person who has resources or traits

# Organization Structure: Its Determinants and Outcomes
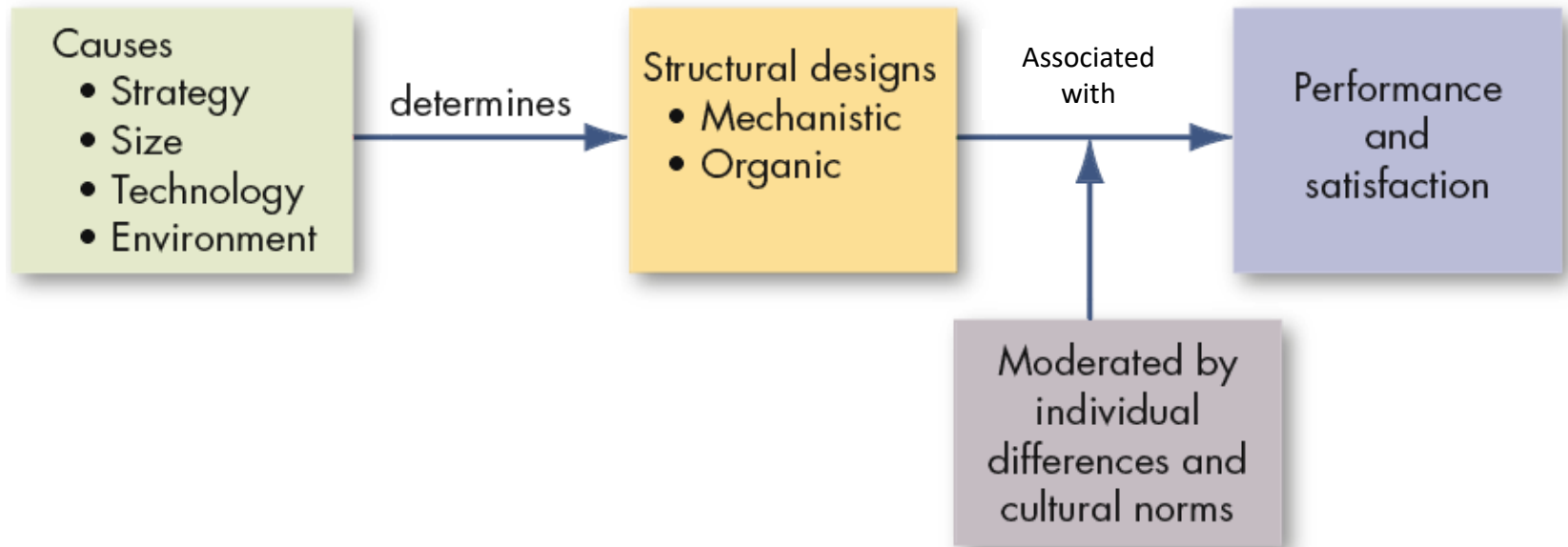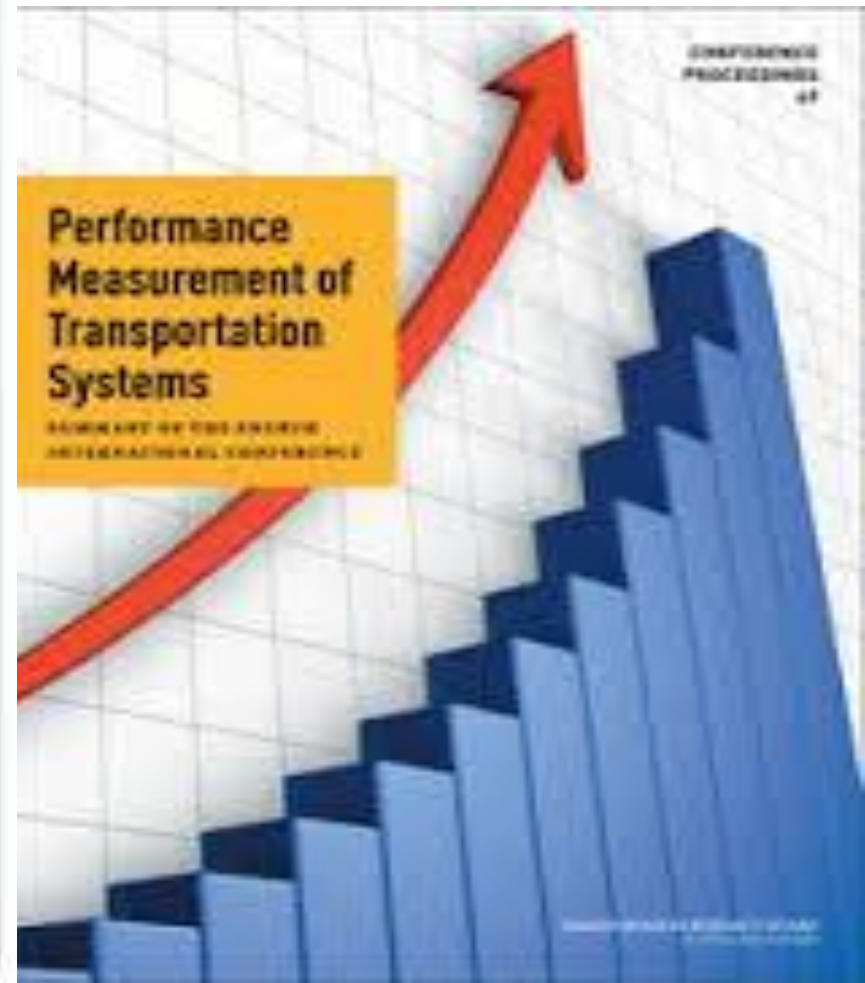
Monitoring & Evaluation

Session Objectives

➢ Define program controlling , monitoring & evaluation

➢ Determine the purpose of M&E

➢ Understand different steps of monitoring & evaluation practices

➢ Describe the r/nship b/n M&E

➢ Identify the types of evaluations

➢ Evaluate the characteristics of indicators

Controlling (M&E)
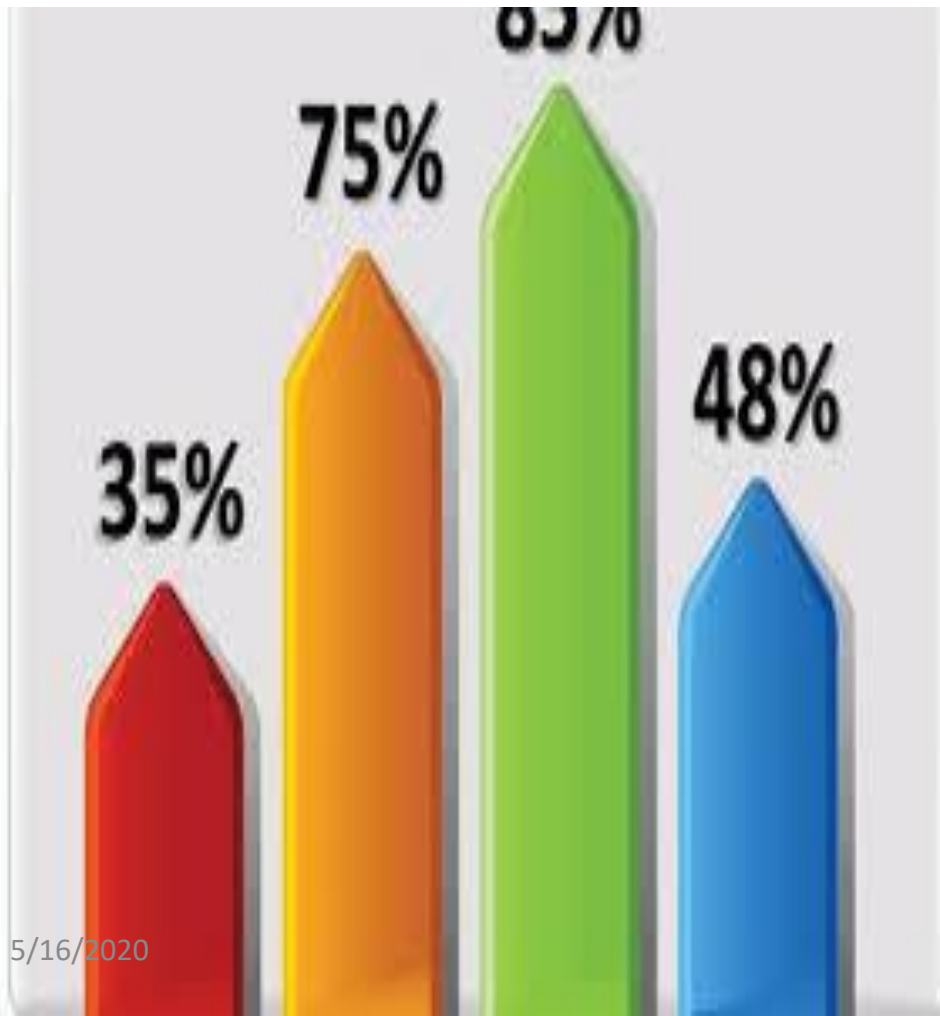
Controlling (M&E

Implementing

➢ Practice of mgt next to planning .

➢ Excision of actual activities based on the plan

➢ integrate systems and coordinate work flow

➢ coordinate activities with other programs and sectors

➡ Controlling is a mgt practice next to implementing

Controlling (M&E

Definition

- Controlling is the process which managers assure that actual activities conform to the planned activities .

- Checking current performance against the standard in the plan

- The nature of follow to the other three fundamental function of management .

- ✓ Planning ,Organizing and directing

- Controlling can not takes place in a vacuum

Organizational Control

Management Control

➢ **Controlling** : is the process of ensuring that actual activities conform to planned activities.

➢ Checking current performance against the standard in the plan

➢ is more pervasive & persistent than planning.

➢ helps managers monitor the effectiveness of

  ✓ their planning,

  ✓ their organizing, and

  ✓ their directing or leading

➢ Taking corrective action is an essential part of control process

Organizational Control…

Can be classified as;

1.Feed forward Control

➢ The active anticipation and prevention of problems, rather than passive reaction.

➢ monitor inputs

2.Concurrent Control

➢ Monitoring and adjusting ongoing activities and processes.

3.Feedback Control outputs/products

➢ Checking a completed activity and learning from mistakes.

Functional steps of Controlling

- ➤ **Establish standards of performance**

- ➤ **Gather information and Measure current performance**

- ➤ **Compare performance with standard**

- ➤ **Taking corrective action**

- ➤ Rewarding

1. *Establish standards and methods for measuring performance*

➢Ideally, the goals and objectives established during the planning process

➢*Improving patient satisfaction (35% to 85%)* through delivering quality services by the end of 31 December, 2016.

2. *Measure Performance*

➢Measurement is an ongoing, repetitive process

➢The frequency of measurement depends on:
   ✓ the type of activity to be measured.

➢Collect, organize and analyze data from monitoring

3. Determine whether performance matches the standard

➢ It is a matter of comparing measured results with the established targets

➢ If performance matches the standards, managers may assume that "everything is under control."

4. Take corrective action

➢ Necessary if
   ✓ performance falls short of standards , and
   ✓ the analysis indicates action is required

➢ Could involve a change in one or more activities of the organization's operation.

Why Control is Needed

1. **To create better quality service/product**

2. **To cope with change**

3. **To create faster cycle**

✓ A customer demands improved design, quality or delivery time.

4. To add value

✓ Speedy cycles are one way to gain a competitive edge.

✓ Minimizing mistakes saves resources

Forms of Management Control:

There are three basic forms of management control:

1. Monitoring
2. Supervising
3. Evaluation

1. What is Monitoring?

Monitoring is the **day-to-day** watch on

◆ Continuous follow-up of on going activities

◆ It is carried out through *observation* of

◆ human resources and materials

◆*Discussion*: - With workers

◆supervisors and

◆beneficiaries, and

◆*review* of reports, diaries and statistical data.

➢ _Monitoring_ is a continuous process of gathering, analyzing and interpreting of information and,

➢ The daily use of inputs and their outputs in order to enable timely adjustment or correction on the development programme/project when necessary.

➢ Hence it is a basic part of implementation management.

The goals of monitoring are:

- To identify problems early.

- To solve without delaying the progress of the program

2. Supervision:

– Continuous processes to be conducted by the management in line with controlling

– The three main styles of supervision are autocratic, anarchic and democratic.

Autocratic & anarchic supervisions

– tend to humiliate people, make them irresponsible and mostly one way.

– It may dry up the initiative of colleagues.

Democratic supervision

– Participation of all

– Follows two-ways communication

– People like to be consulted

– helps people to grow, become responsible for their own work to show initiative

– Most people prefer to work under democratic leadership.

3.Evaluation

➢ is a systematical and **periodical** gathering, analyzing and interpreting of information on the [operation](#) as well as the [effects and impacts](#) of a development programme/project.

➢ An assessment of the overall project performance and objective achievement

➢ Any impact resulted from the program/project

➢ Reasons contributing for success and failure

➤ Distinctive Characteristics of M & E

Characteristics	Monitoring	Evaluation
Purpose/objective	Specific	Broad
Scope	Narrow	Broad
Frequency	Continuous	Periodic
Data Gathered	Primarily Quantitative	Primarily Qualitative
Main Action	Oversight	In-depth analysis
Focus	Inputs/Outputs	Impact and Sustainability

TYPES OF EVALUATION

Some authors use the terms

- Input, Process, output ,Outcome and Impacts to determine the value of a program

Others use the term

- Formative/diagnostic or progressive Evaluation to Evaluate input and it is performed during implementation.

- Summative or Terminal Evaluation to evaluate output

Types of evaluation

1. Formative Evaluation: Is performed during the entire planning process and program execution.

- It provides solutions for program and organizational improvement.

- Stakeholders should be involved during formative evaluation.

Formative…

- It is equivalent to **process evaluation**

- Answers questions such as:

  - How can the intervention be modified to achieve its outputs and outcomes?

Cont….

2. **Summative Evaluation**: Usually performed to provide judgment to managers or users about a program's worth and merit.

– Stakeholders may not be involved; only evaluators can do it.

– Answers questions such as:

- was the program effective?

- Should the program be continued?

Based on Evaluating Persons:

1. ***Internal Evaluation*:**

➡ Performed by persons who have a direct role in the program/project implementation

➡ Can be done by the management team or persons assigned from the implementing agency

➡ On-going evaluation can be performed by internal evaluators

2. *External Evaluation*:

- It is carried by persons/institutions from outside the program/project

- In most cases it is conducted by the funding /sponsoring/ agencies with formally designated persons outside the project at fixed points in time

When to Conduct M & E?

- Planning a new program
- Assessing a developing program
- Assessing a stable mature programme
- Assessing a program after it has ended

Conception → Completion

Information for monitoring & evaluation?

1. **Progress Reports**

➢   **Common in all projects**

➢   **Prepared at regular intervals**

➢   **Frequency vary according to status & complexity of the project**

➢   **The report should be concise & informative**

2. Progress Review Meetings

✓ Review meeting would help to identify and take timely action where and when problems arise or prevent from occurring.

✓ Frequency of the meeting depends upon the nature and time-scale of the project. But should not be carried more frequently than weekly.

✓ Minutes should carefully recorded and signed

✓ Do not allow discussions to be personalized in such meetings.

3. Site Visits/Observation

➢ Important means of communication in the monitoring & control of project physical activities progress.

➢ Has to be done to have an in depth impression in the performance of the project.

➢ Has to be conducted in a participatory way before progress review meeting is arranged.

4. Formal Survey

➲ *Involves collection of focused data about specific performance questions or indicators from a sample.*

5. Rapid Appraisal Methods

✪ *This is a qualitative way of doing the   evaluation.*

✪ *It involves gathering the views and feedback of beneficiaries and other stakeholders.*

✪ *It has the advantage of being quick, cheap and flexibility to explore new ideas.*

Programme vs project

➢ **Project**—an intervention designed to achieve specific objectives within specified resources and implementation schedules, often within the framework of a broader program.

➢ A **project** is "a temporary endeavor (enterprise) undertaken to create a unique product, service, or result."

➢ **Program**—an overarching national or sub-national response to a disease or health service.

➢ "A group of related projects managed in a coordinated way

Program vs project

Project

➢ Temporary and unique

➢ Definite beginning and end

➢ Unique purpose

➢ Require its own resources

Program

➢ A group of projects managed in a coordinated way

➢ Long Term for: a collection of projects

➢ National HMIS program

➢ Smart care project

➢ **Program Components**

➡ **Inputs**

- ➢ Resources used in a program, such as money, staff, curricula, and materials

➡ **Activities**

- ➢ Services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training

➢Program Components (cont.)

➡️ ## Outputs

➢ Direct products or deliverables of the program/project, such as intervention sessions completed, people reached, and materials distributed

➡️ ## Outcomes

➢ Program results that occur both immediately and some time after the activities are completed,

➢ Changes in knowledge, attitudes, beliefs, skills, behaviors, access, policies, and environmental conditions

➢Program Components (cont.)

➡ Impacts

> ➢ Long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality
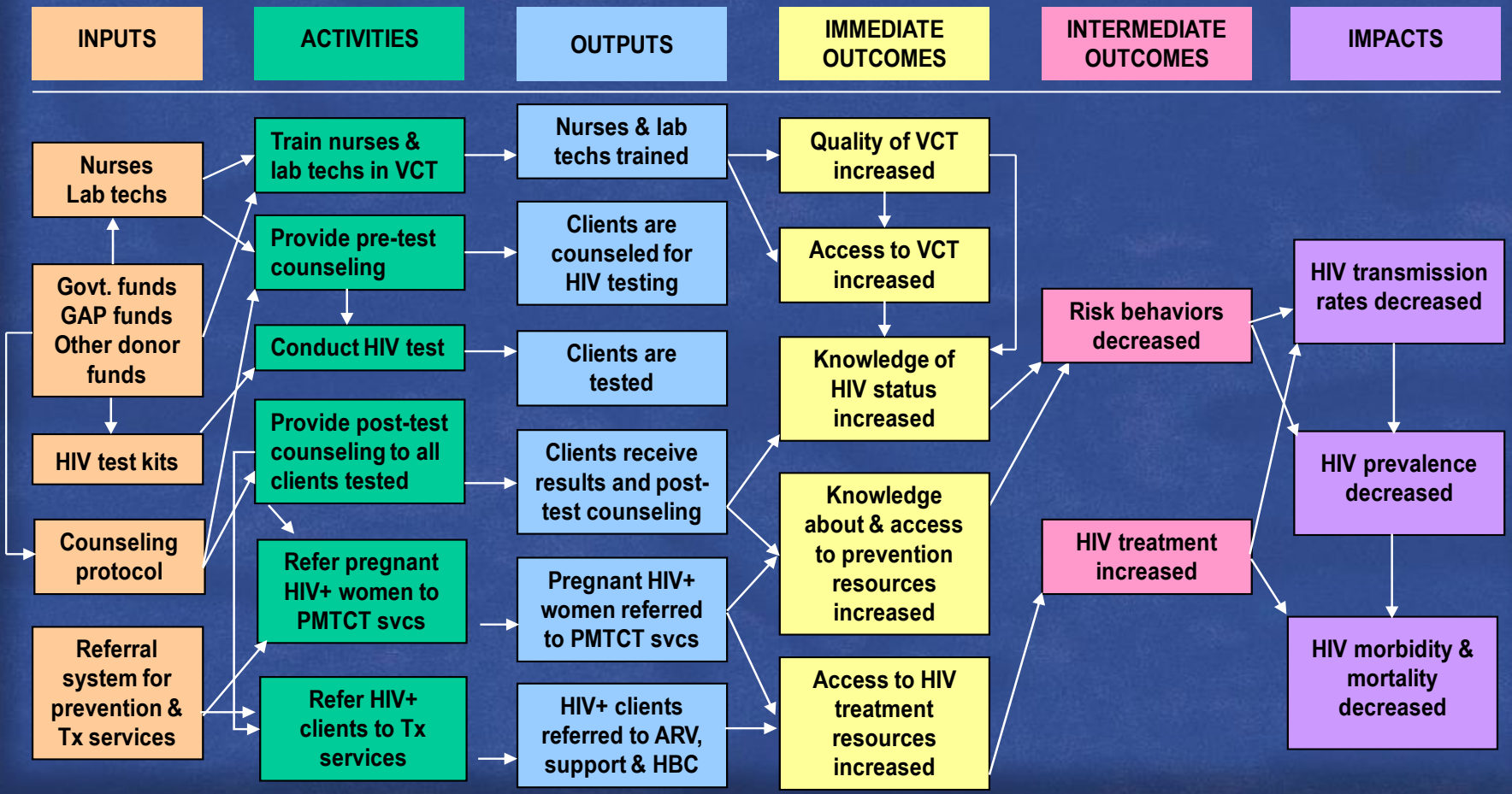
Components of a program or Level of M&E

Input	Resource ,staff, fund ,supply ,facilities, trainers
Process(activities)	Level of implementation of Activities ,achievement, constraints
Output	Quality of Services(HCT,STI),trained staff ,BCC, condom availability
Outcome	Risk behavior, Knowledge, treatment practices
Impact	Incidence, level of prevalence rate (MMR, IMR, NMR, infection rate decrease)

M&E program components

HTC Program Implementation Logic Model

Problem Statement: Country X has a high prevalence of HIV. VCT has been identified as an effective intervention and a critical entry point to other HIV/AIDS prevention and care interventions. However, the quality of services clients receive is questionable and varies across sites. Many people do not receive their HIV test results, HIV prevention messages, or HIV-related health care; and they continue to transmit HIV to their partners & infants.
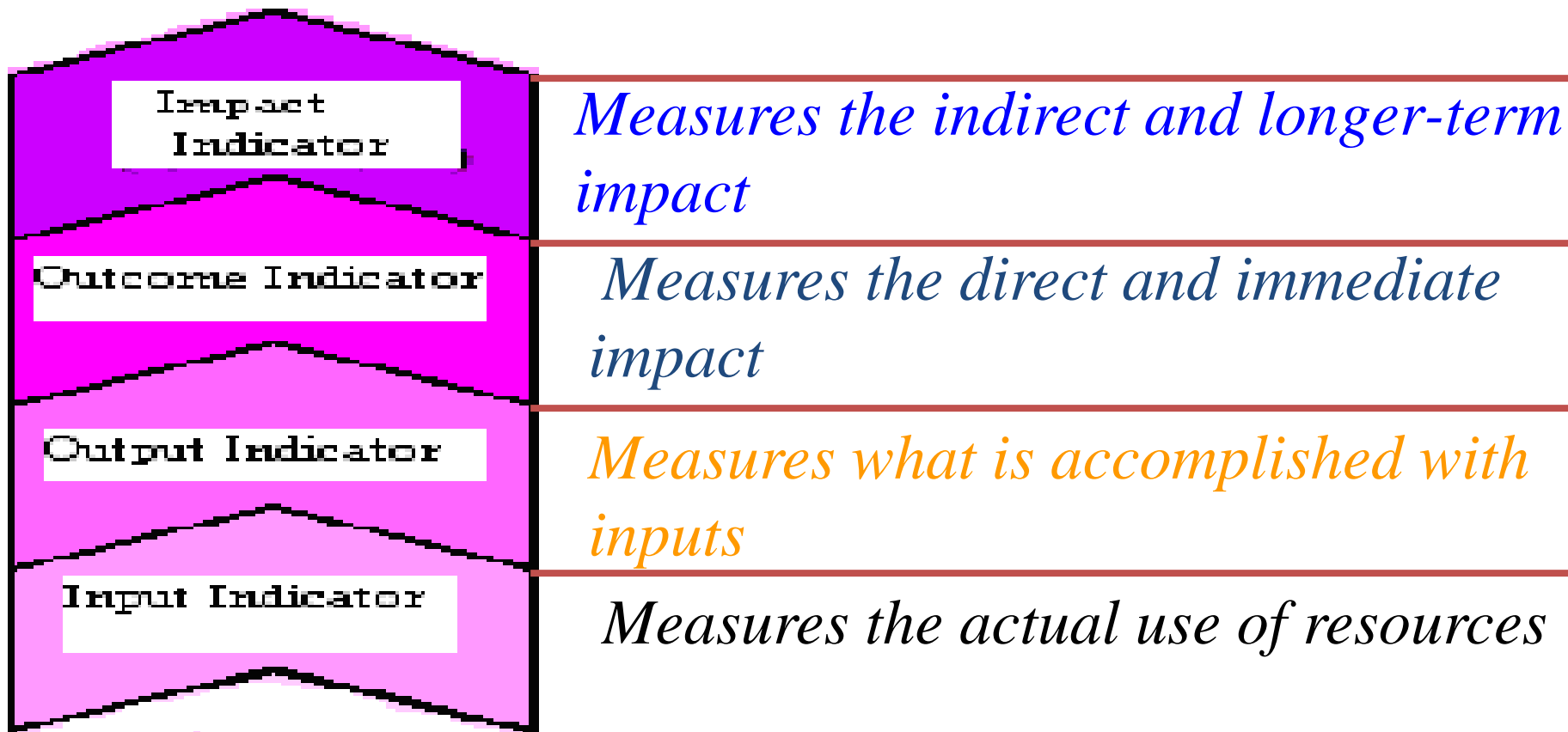
INPUTS	ACTIVITIES	OUTPUTS	IMMEDIATE OUTCOMES	INTERMEDIATE OUTCOMES	IMPACTS
Nurses Lab techs	Train nurses & lab techs in VCT	Nurses & lab techs trained	Quality of VCT increased		
Govt. funds GAP funds Other donor funds	Provide pre-test counseling	Clients are counseled for HIV testing	Access to VCT increased	Risk behaviors decreased	HIV transmission rates decreased
HIV test kits	Conduct HIV test	Clients are tested	Knowledge of HIV status increased		HIV prevalence decreased
Counseling protocol	Provide post-test counseling to all clients tested	Clients receive results and post-test counseling	Knowledge about & access to prevention resources increased	HIV treatment increased	HIV morbidity & mortality decreased
Referral system for prevention & Tx services	Refer pregnant HIV+ women to PMTCT svcs	Pregnant HIV+ women referred to PMTCT svcs			
	Refer HIV+ clients to Tx services	HIV+ clients referred to ARV, support & HBC	Access to HIV treatment resources increased		

INDICATORS

Development & selection for M&E

➡️ "If you cannot measure results, you can not tell success from failure!"

What is an indicator ?

* A measure, typically numeric, that provides key information about a system's condition.

* Indicators are an objective measure of change or results brought about by an activity or an output from an activity.

* Indicators are designed to provide a standard against which to measure, or assess the progress of an activity against stated targets/objectives

* They are predetermined and pre-defined and are employed to compare the expected with the actual performance.

➢Types of indicators

Impact Indicator	*Measures the indirect and longer-term impact*
Outcome Indicator	*Measures the direct and immediate impact*
Output Indicator	*Measures what is accomplished with inputs*
Input Indicator	*Measures the actual use of resources*

➢ **Indicators are signals which show;**

 ✓ Whether we are on the right track & direction,

 ✓ How far we have progressed

 ✓ How far we still have to go to reach our destination/objectives and

➢ **Indicators can be :**

 ✓ Quantitative, measuring tangible effects, or

 ✓ Qualitative, dealing with judgments

➢Common Indicator Metrics

➢ **Counts**

➢ Number of trained clinicians

➢ Number of condoms distributed

➢ **Calculations: percentages, rates, ratios**

➢ % of facilities with trained provider

➢ Maternal mortality ratio, Total fertility rate

➢ **Thresholds**

➢ **Max/min level**

➢ Presence, absence

➢ Pre-determined level or standard

Sources of Indicators:
Using Pre-Defined Indicators

✓ From past years of the program

✓ From related or similar programs

✓ From lists of global or recommended indicators

- Millennium Development Goals

- HIV/AIDS: UNAIDS/WHO

- Reproductive Health: *Indicators for Evaluating Reproductive Health Programs*

- Poverty Reduction Strategy Goals (World Bank)

Indicators . . .

➢ Mostly expressed in terms of numbers (quantitative):

➢ Counts- 30 peer promoters trained

➢ Percentages-90 % CSW use condoms

➢ Averages- average age of first marriage (15 years)

➢ Rate- IMR 77/1000LBs

Characteristics of Good Indicators

➢ **Valid:** accurate measure of a behavior, practice or task

➢ **Reliable:** consistently measurable in the same way by different observers

➢ **Precise:** operationally defined in clear terms

➢ **Measurable:** quantifiable using available tools and methods

➢ **Timely:** provides a measurement at time intervals in terms of program goals and activities

Thank you very much!

Leading/Leadership

Understanding Leadership

◆ Leading is a continuous process of directing and influencing the work related activities of group members towards achievement of organizational objectives.

• Instructing, guiding and inspiring others in the organization to achieve organizational objectives

Leadership…

- Leadership is establishing direction through visioning, aligning people with the vision and strategies, and motivating and inspiring staff

- Marshalling the people, capital and intellectual resources of the organization to move it in the right direction

Brainstorming Exercise

1 Think of a person whom you know; have worked with; or admire as a leader & who has positively influenced your personal & professional life.

2.   List the characteristics of these leaders each.

Activity 3.2: Group exercise

1. Get into small groups of 5-6 & choose a chair person & a speaker

2. Discuss on the individual experiences & present it to the whole group using flipchart.

Leadership

5/16/2020
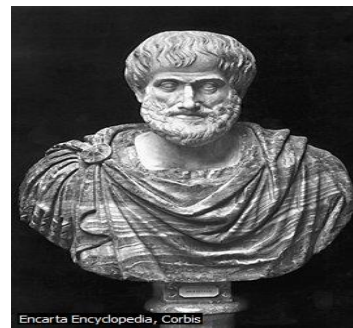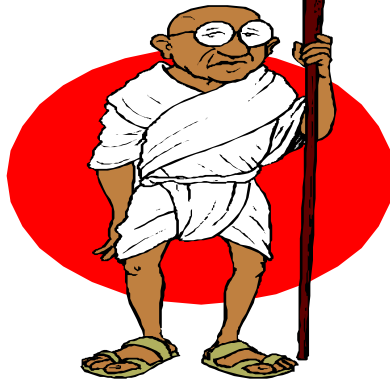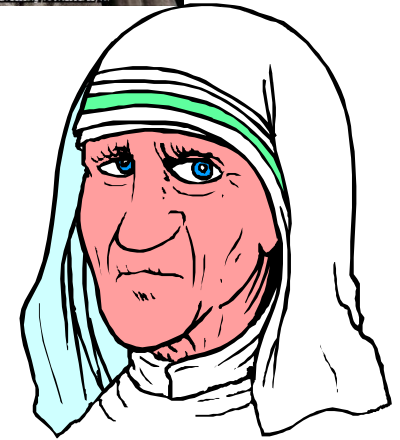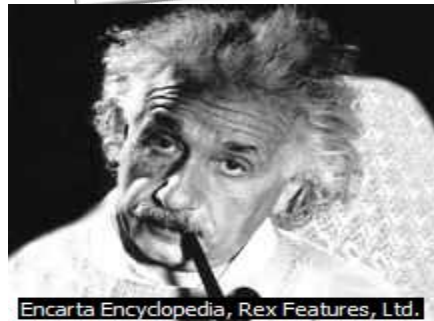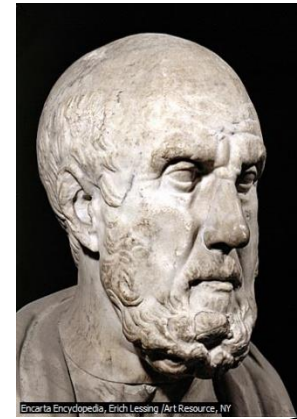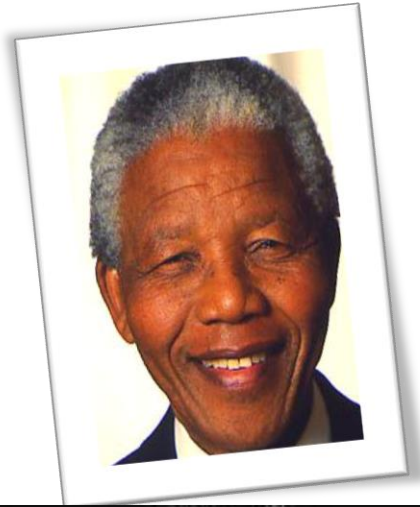
Leadership

Great leaders don't tell you what to do....they show you how its done

Formal & informal leadership

Formal leadership

- Occurs when a manager leads by exercising formal authority.

- The exercise of formal authority through assigning duties derives, from the managers official position within the organization's hierarchy of authority.

- Any employee who is assigned a managerial position has the opportunity and responsibility to exercise formal leadership

Informal leadership

- Arises when a person without formal authority is influential

Leadership styles

1. **Autocratic/ Authoritarian L.S.**

   Under this leadership, a leader

   - ✓ Exercises close control & supervision over his/her subordinates

   - ✓ Holds much degree of authority/ centralization,

   - ✓ Always gives commands & requires to compel to the orders,

   - ✓ Uses one-way communication /Top-Down/,

   - ✓ Motivates usually by punishment & threatening, &

   - ✓ Does not welcome suggestions from subordinates

Leadership Styles cont…

Authority retained…

2. Democratic/ Participative L.S.

A leader:

- ✓ Encourages the participation of subordinates in decision making,

- ✓ Used two-ways communication systems (Top-Down and Bottom-up), and

- ✓ Consults subordinates while making a decision and promotes team spirit.

Leadership Styles cont…

Authority retained…

3. Laissez-fair/ Free Reign L.S.

A leader under this style:

- ✓ Uses very little of his/her degree of independence in his/her operations

- ✓ Delegates much of his/her authority to subordinates.

The main duties of a leader under this style are:

- Coordinating the activities of subordinates,

- Furnishes them with information acting as a contact with the groups & external environment.

• Comparison of Leadership Styles

	Autocratic Leadership	Democratic Leadership	Free-Rein Leadership
Concentration of Power	With Manager	Shared between Manager and Employees	With Employees — Minimal Supervision
Decision Making	By Manager	By Manager and Employees	By Employees
Communication Flow	From Top Down	Two Way	Widespread and as Needed

Leadership Styles cont…

Which leadership style best fits for a manager?

N.B.

1. There is no one style, which is appropriate for all situations

2. Combination of these styles can be applied.

Who is a leader?

To achieve objectives

Influence followers behavior

Who is a leader?

- A nurse at a rural health post in Egypt commented on how her views on leadership have changed:

- *"When we first came to attend the leadership development meeting, we thought that the clinic director will be the leader, but we realized that every one of us is a leader."*

Who is a leader?

- Leader is an individual in a team influencing group activities towards goal formulation and achievement.

- A leader is someone who has a vision, and

ability to see it through to reality, while keeping

every one else concerned on board.

- Leaders are *agents of change*, persons whose acts affect other people more than other people's acts affect them

Leadership…

Leading and managing practices

❑ **Leading practices**
  - ➢ Scanning
  - ➢ Focusing
  - ➢ Aligning and Mobilizing
  - ➢ Inspiring
❑ **Managing practices**
  - ➢ Planning
  - ➢ Organizing
  - ➢ Implementing
  - ➢ Monitoring and Evaluation

Scanning

❑Involves keeping yourself tuned for information about new trends in the external & internal environments.

  ✓ Identify client & stakeholder needs & priorities
  ✓ Recognize trends, opportunities & risks
  ✓ Look for best practices
  ✓ Identify staff capacities & constraints

❑Helps you know yourself, your staff & your organization (values, strengths & weaknesses)

❑**Main outcome;**

➢Managers have up-to-date, valid knowledge of their clients, the organization, and its context

Focusing

- Using information from scanning, focus on a response.

- Focusing is critical as resources are limited; otherwise, you lose direction & misallocate resources.

Focus on:

- Strategic/critical challenges

- Organization's mission & strategy for common picture of the future

  - *Articulating long-term direction, purpose & strategies*

- Key priorities for action

Aligning and mobilizing

➢ Ensure congruence of values, mission, strategy, structure, systems, and daily actions

➢ Facilitate teamwork

➢ Unite key stakeholders around an inspiring vision

➢ Link goals with rewards and recognition

➢ Enlist stakeholders to commit resources

➢ The essential skill needed for this practice is being able to connect and work with others toward a common vision

Inspiring

➢ Match deeds to words

➢ Demonstrate honesty in interactions

➢ Show trust and confidence in staff, acknowledge the contributions of others

➢ Provide staff with challenges, feedback, and support

➢ Be a model of creativity, innovation, and learning

➢ Encourage people to be the best they can be

Actions DO speak louder than words

Be a role model

Leadership Skills:

Key leadership skills include the following:

a) Visioning skill/strategic planning:

- All leadership activities start with "the end in mind,"

- Mental ability of leaders to see the big picture to understand the complexities in an organization.

206

Leadership Skills……

b) Technical skill: ability of a leader to use knowledge, methods, processes & techniques necessary for leading change.

c) Communication skill: Leaders must be able to convey meaningful, compelling & inspiring messages & transmit or exchange information with a variety of people inside & outside the organization.

207

Communication Skill…

Key leadership communication skills are:

- Clarify & articulate points of view for productive dialogue

- Relate positively with people at all levels of the organization

- Create messages that inspire others to support organization's goals & team work

- Select appropriate channel for the message & receiver

- Consider how culture (your own & your colleagues, staff, etc.) impacts your communication (culturally appropriate)

Leadership Skills…..

d) Negotiation skill: The underlying philosophies of negotiation or conflict resolution can be understood in four ways:

1. Win/Win,   4.Lose/Lose
2. Win/Lose,   5 .No Deal
3. Lose/Win,

- Win/Win is the only viable option to produce sustainable agreements without damaging relationships in most cases.

- In the long run, if it isn't a win for both parties, they lose.

Leadership Skills...

e) Team development skill

- Effective leaders select the right mix of people with the needed knowledge & skills.

Key advantages of being on a team:

- *Motivation & flexibility in work environment*

- *Shared responsibility & more ownership of tasks*

- *Effective delegation of workloads*

- *Opportunities for professional skills development*

- *Proactive approach to problems*

.

Leadership Skills…

f) Time management skill

- This skill helps create a shared vision and sense of urgency to others so that they could be able to envision a better future, use this vision to focus on priority issues by putting first things first.

- Many activities compete for our time in our daily lives.

211

How will we find the time for everything we need to do?

Table 2: Time Management Matrix

	URGENT	NOT URGENT
IMPORTANT	**Quadrant-I: Activities** ✖ Crises ✖ Pressing problems ✖ Deadline-driven projects or activities	**Quadrant-II: Activities** ✖ Crisis prevention, planning ✖ Relationship building ✖ Recognizing new opportunities
NOT IMPORTANT	**Quadrant-III: Activities** ✖ Interruptions, some calls ✖ Some mail, some reports, some meetings ✖ Proximate, pressing matters ✖ Popular activities, e.g., opening ceremonies	**Quadrant-IV: Activities** ✖ Some mail ✖ Some phone calls ✖ Time wasters ✖ Pleasant activities

(Source: Covey SR., 1989)

Manager vs. Leader

- Sometimes used interchangeably.

- A person emerges as a leader. A manager is put in to his position by appointment.

- If a manager cannot influence others he is not a good leader; though he is a manager.

- There are good leaders who are not managers (informal leaders).

Manager vs. Leader

- A **Manager** is a formally appointed and authorized individual in an organization/system.

  - Direct and support others to do their work effectively

  - Oversee resource utilization and

  - Is accountable for work results.

- A **Leader** is an individual in a team capable of influencing group activities towards goal formulation and achievement.

Managing vs. Leading...

➢ **leadership** can be defined as the process in which one engages others to set and achieve a common goal, often an organizationally defined goal (Robbins and Judge, 2010).

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

Leadership *vs.* Management

Leading

- SCANNING

- FOCUSING

- ALIGNING/MOBILIZING

- INSPIRING

Managing

- PLANNING

- ORGANIZING

- staffing/directing

- MONITORING & EVALUATING

MANAGER	LEADER
➢Administers	❖Innovates
➢A copy	❖An original
➢Maintains	❖Develops
➢Focuses on systems & structure	❖Focuses on people
➢Relies on control	❖Inspires trust
➢Short- range view	❖Long-range perspective
➢Asks how and when	❖Asks what and why
➢Eye on the bottom line	❖Eye on the horizon
➢Imitates	❖Originates
➢Accepts the status quo	❖Challenges the status quo
➢Does things right	❖Does the right thing

Reading Assignment

The Evolution of Leadership Theory

- The historical context & how the different leadership theories developed.

- Distinguish the different approaches of leader theory.

1. Great Man Theory
2. Trait Theory
3. Behavioral Theories
4. Contingency Theory
5. Situational Theories

Resource Management for Health

Contents

Unit 1: Human Resource for Health Management

Unit 2: Managing Time

Unit 3: Health Care Financing and Financial Management

Unit 4:Management of Health Information

Unit 5:Logistics and Pharmaceutical Management

Unit 1: Human Resource for Health Management

Human Resource Management

k5768355 www.fotosearch.com
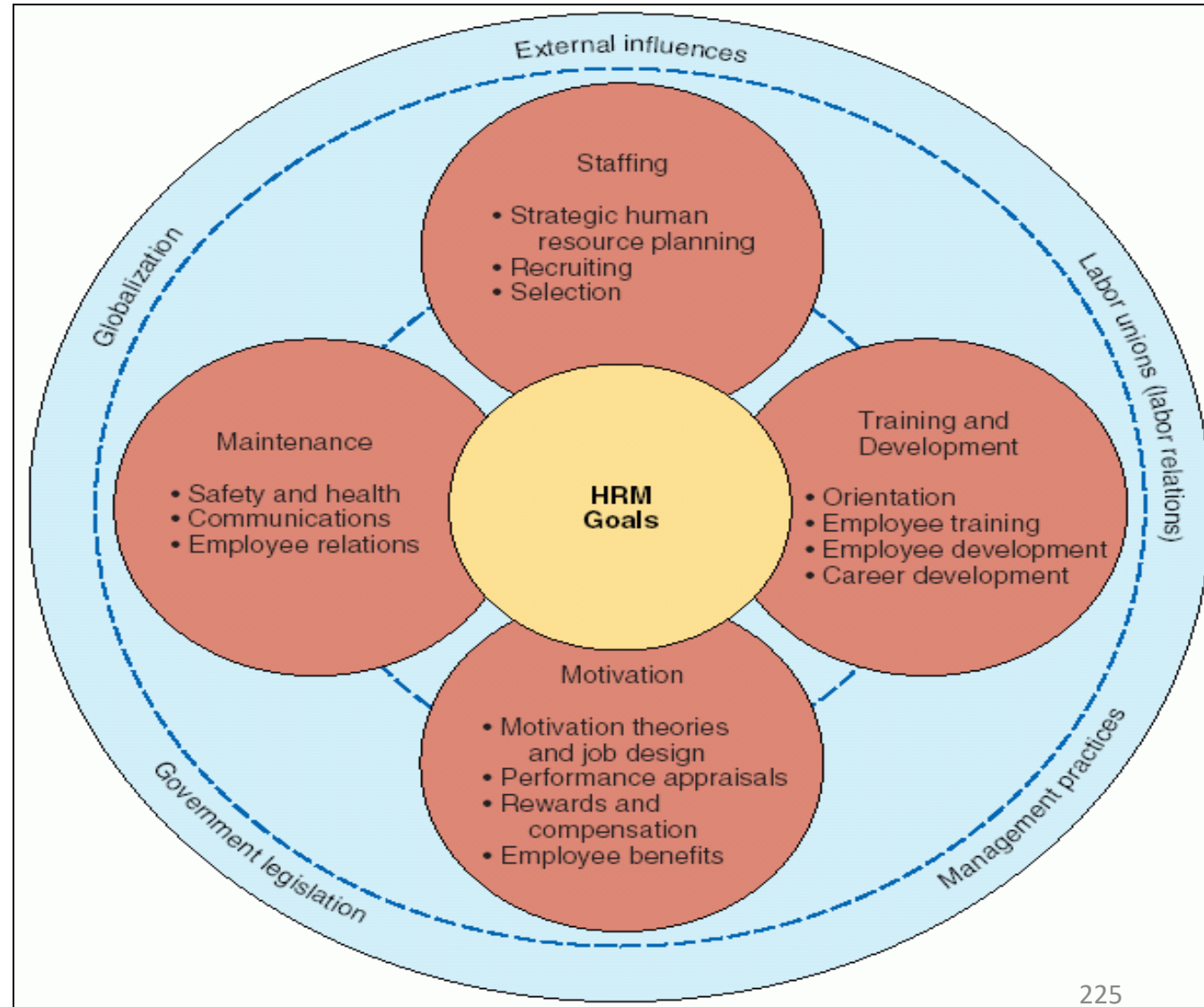
Human Resource Management

Session objectives

➢ Understand functions related to HRM

➢ Identify the different steps of employment

➢ Understand the concept of performance appraisal

➢ Describe the different steps of disciplinary actions

Human Resource Management

➢ HRM is the part of the organization concerned with the "people" dimension.

➢ *The process of attracting, developing and maintaining a talented and energetic workforce to support organisational mission, objectives and strategies.*

Four basic functions of HRM

- ➤ Staffing
- ➤ Training and Development
- ➤ Motivation
- ➤ Maintenance

Human Resources Management

Definition:

HRM is the management function that deals with:

➢ Recruitment,

➢ Selection,

➢ Placement,

➢ Training, and

➢ Development of organization members

HRM…

HRM is the process of accomplishing organizational objectives by:

➢ Acquiring , Retaining, Developing And properly using human recourses in the organization

➢ This is the management function that tries to keep the organization supplied with the right people in the right position, when they are needed.

HRM…

HRM includes seven basic activities:

 1. Human resource planning

 2. Recruitment

3. Selection

4. Socialization/Orientation/induction/

5. Training and Development

6. Performance Appraisal

7. Promotions, Transfers, Demotions, and Separations.

1.Human Resource Planning

➢ The process by which management ensures it has the right number and kinds of people in the right places at the right time, who are capable of helping the organization achieve its goals

➢ Steps in the planning process:

1. Assessing current human resources
2. Assessing future human resources needs and developing a program to meet those needs
3. taking into account analysis of both internal and external factors.
4. Planning for recruiting & development of employees

2. Recruitment

➢ Searching for and attracting prospective employees

➢ The development of a pool of job candidates in accordance with a human resource plan

Recruitment includes:

➢ **Job Specification**

   ➢ The human qualifications in terms of traits, skills, and experiences required to accomplish a job.

➢ **Job Description**

   ➢ A document that identifies a particular job, provides a brief job summary, and lists specific responsibilities and duties of the job including its location on the organization chart.

   ➢ Note: *Every employee should be provided with a job description.*

2. Recruitment...

Methods of recruitment

➢ **Peer recruiter** (advantage: well informed, person is identified)

➢ **Within the organization** (advantage: familiar, inspiring, less expensive)

➢ **Outside the organization** (e.g. colleges, graduate schools, other organizations)

➢ **Formal announcement** (mass media)
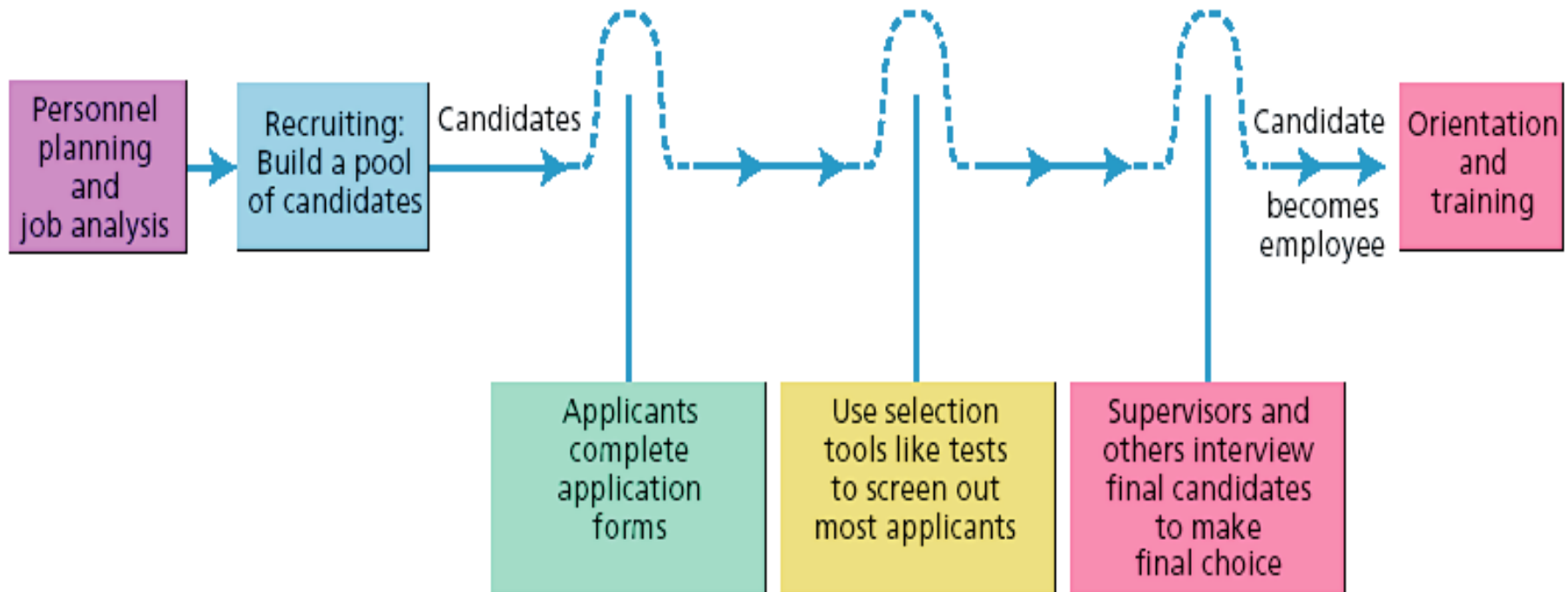
Legal considerations

1. Prohibiting discrimination by: Race, Sex, Age, Colour, National origin

2. Equal employment opportunity, which

    should apply to both public and private sectors.

3. Affirmative action for (women, disabled or minority group)

4. Comparable worth: Different jobs that require comparable skills and knowledge deserve comparable pay (like pay for like job)

3. Selection

➢ It is the process of choosing individuals who can successfully perform a job from available candidates

➢ It is a crucial process in management and requires constant attention, interest and concern of management.

➢ The three sources of information used in selection are **application forms, pre-employment interviews and testing**

Selection…

➢ Selection process varies from organization to Organization which depends on Level of placement of employee in the organizational hierarchy.

| Personnel planning and job analysis | Recruiting: Build a pool of candidates | Candidates | Applicants complete application forms | Use selection tools like tests to screen out most applicants | Supervisors and others interview final candidates to make final choice | Candidate becomes employee | Orientation and training |

Steps of Selection Process

The seven standard selection steps include:

1) Completed job application(Desired position)

2) Initial screening interview (Quick evaluation)

3) Testing(Job skills)

4) Background investigation(Truthfulness)

5) In depth selection interview (Manager)

6) Physical examination(Effective performance)

7) Job offer(Vacancy)

4. Introduction (Socialization) and Orientation

- When the candidates or the best applicant is selected and offered a job, it is necessary to introduce the new employee to the philosophy, rules and polices, etc. of the organization.

- Thus, before the employee begins his/ her work, he/she should be assimilated to job and organizational environment.

- It is a program designed to help employees to fit into the organization smoothly

Socialization…

Employee's concerns:

➢ Anxious(new environment)

➢ Perception of the tasks and performance

➢ Experience in relation to job &organization

➢ How to go along with other employee

➢ Personal and family problems.

5. Training and development

➢ **T**r**aining** begins the very first day, which is designed to improve the person's skills and knowledge to do the current job at high level.

➢ Designed to provide learners with the knowledge and skills needed for their present jobs – *formal and informal*

➢ **Development**: Involves learning that goes beyond today's job – more long-term focus

Merits of continuing education

➢ Shares and exchanges experience with colleagues

➢ Avoids professional decay and continuing ignorance

➢ Motivates the health work force

➢ Improves performance efficiency and proficiency

The Ethiopian plan of Human Resource Development for health

➢FMOH has prepared the Health Sector Human Resource Development Plan to address human resource problems.

➢The health policy of Ethiopia also supports the following mechanisms to retain health workers.

✓ Developing an attractive career structure

✓ Remuneration and incentives

✓ Developing appropriate continuing education for all categories of workers

✓ Strengthening administration and management of health systems

6. **Performance Appraisal**

Activity 3

➢ What are the types of the appraisal systems?

➢ What are the advantages of PA?

➢ Why usually the implementation of PA fails?

Performance Appraisal

➢ The _process_ by which an employee's _contribution_ to the _organization_ during a specified _period_ of time is _assessed_.

➢ It is the process through which a manager measures employees' activities and output against organizations objectives.

➢ It involves measuring actual performance of an employee and providing information about his/her strengths and weakness

➢ It is systematic, periodic review and analysis of employees' performance.

Performance Appraisal…

Purpose:

➢ To give feedback,

➢ To recognize outstanding performance,

➢ To locate the need for additional training

➢ To identify candidates for promotion

Performance Appraisal

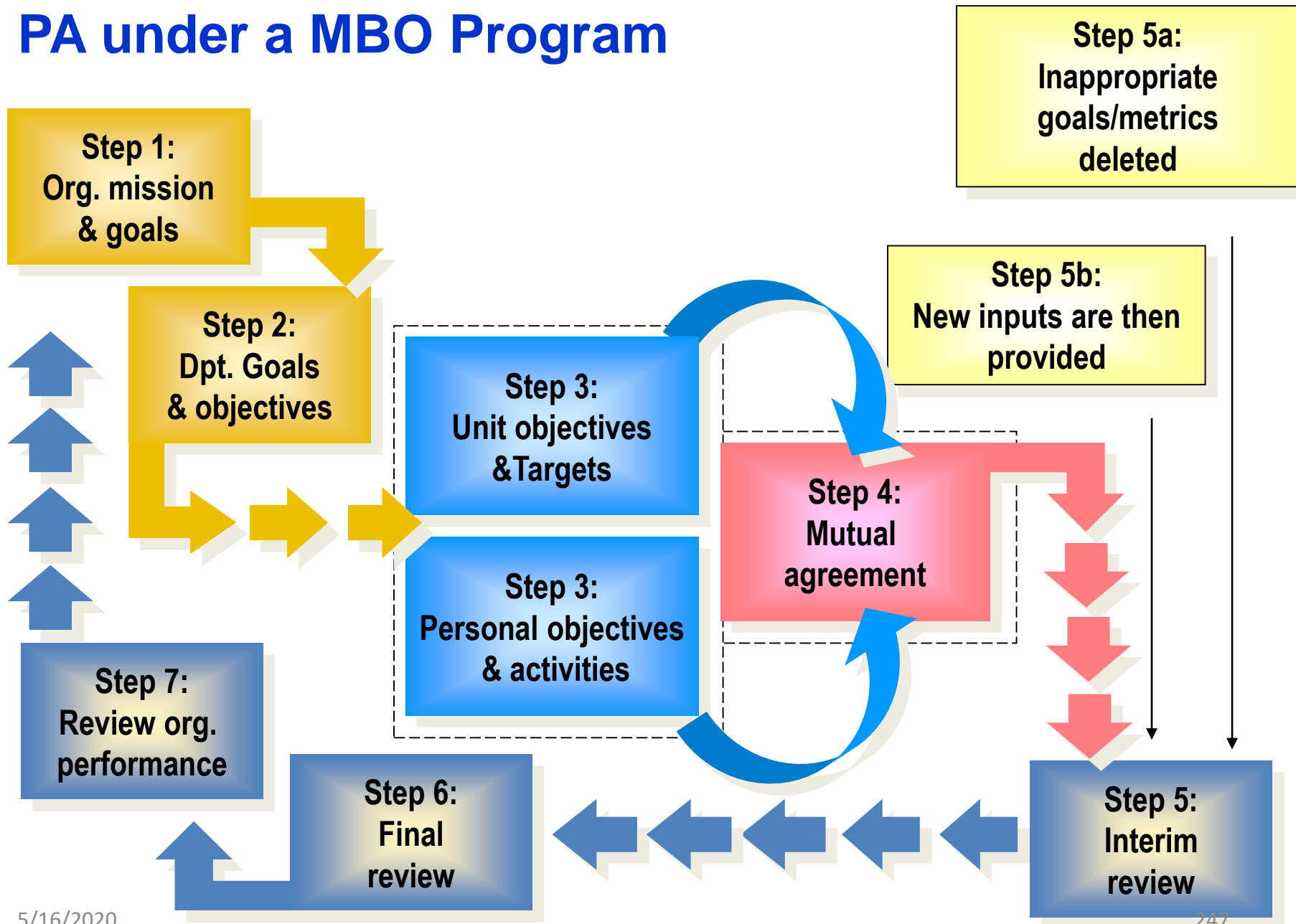***Types***: informal appraisal and formal systematic appraisal

➤ Formal appraisals

An appraisal conducted at a set time during the year and based on performance dimensions that were specified in advance(usually semi-annually or annually)

➤ Informal appraisals

An unscheduled appraisal of ongoing progress and areas for improvement

PA under a MBO Program

Step 1:
Org. mission & goals

Step 2:
Dpt. Goals & objectives

Step 3:
Unit objectives &Targets

Step 3:
Personal objectives & activities

Step 4:
Mutual agreement

Step 5a:
Inappropriate goals/metrics deleted

Step 5b:
New inputs are then provided

Step 5:
Interim review

Step 6:
Final review

Step 7:
Review org. performance

5/16/2020

247

Who Appraises Performance?

➢ **Self**

Self appraisals can supplement manager view.

➢ **Peer appraisal**

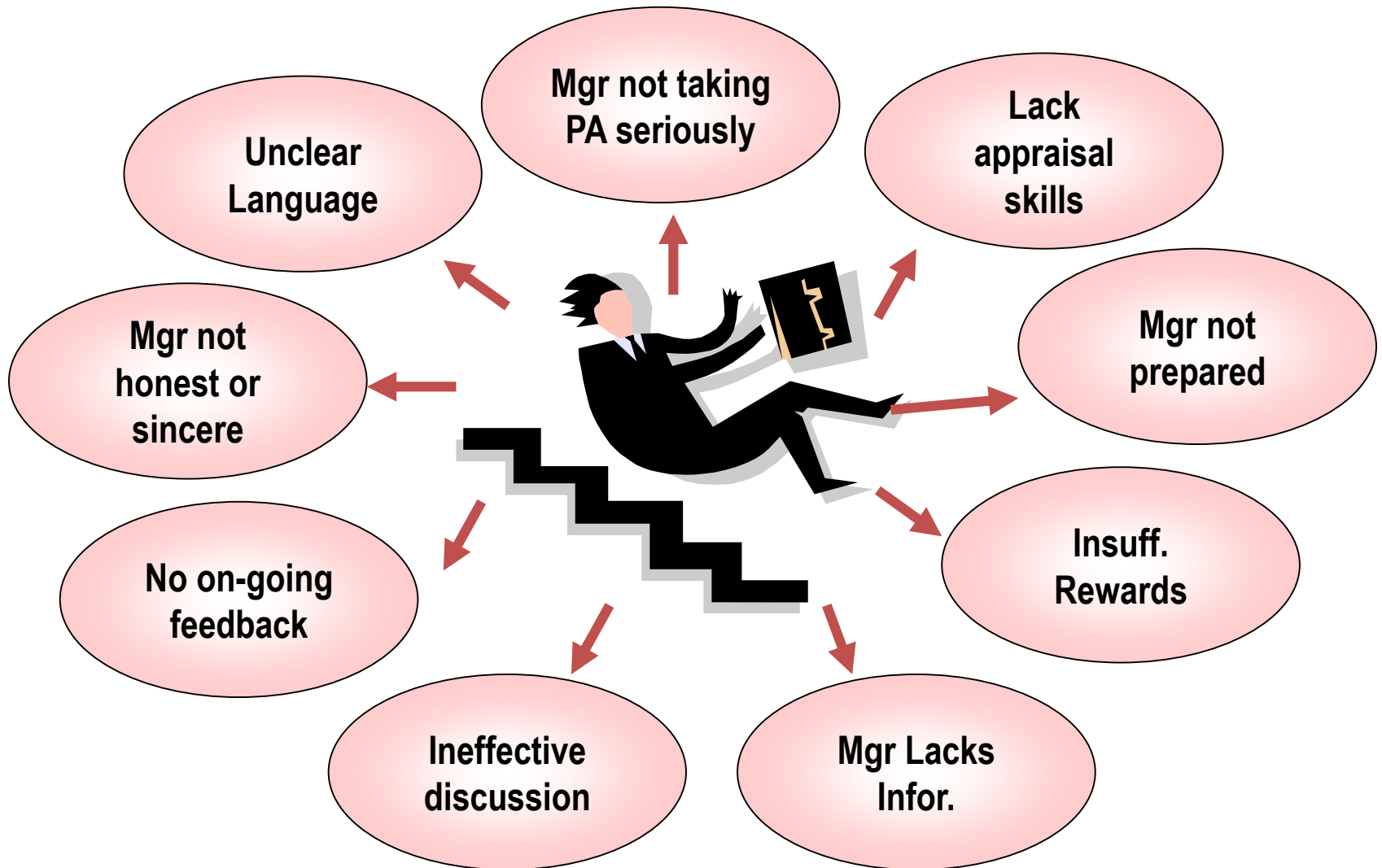Coworkers provide appraisal; common in team settings.

➢ **360 Degree**

A performance appraisal by peers, subordinates, superiors, and clients who are in a position to evaluate a manager's performance

Balanced & 360 Performance Appraisal

SUPERIOR

CUSTOMERS

PEERS

TEAM

SELF

SUBORDINATES
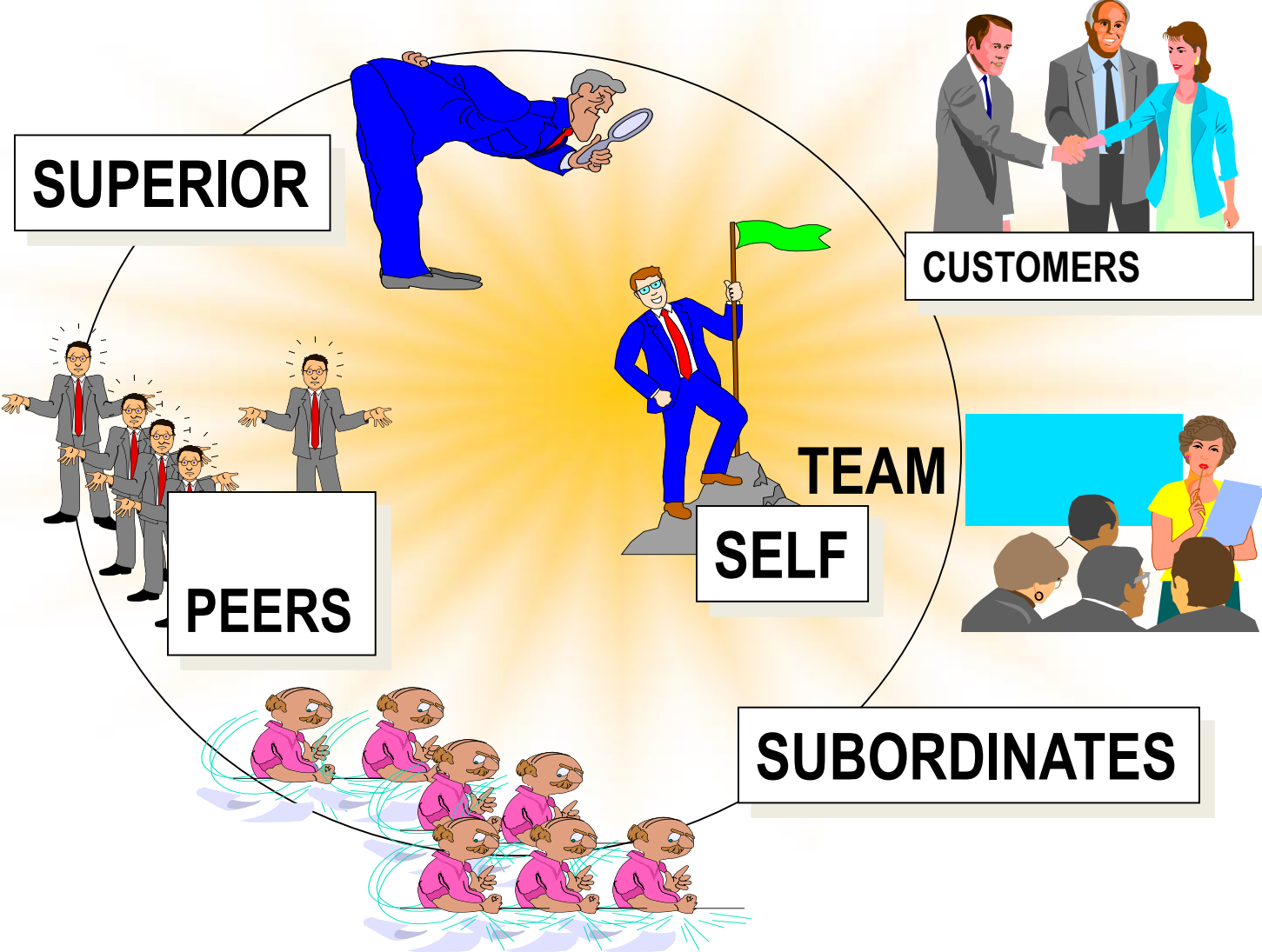
Why Performance Appraisal Fails?

- Mgr not taking PA seriously
- Lack appraisal skills
- Unclear Language
- Mgr not prepared
- Mgr not honest or sincere
- Insuff. Rewards
- No on-going feedback
- Ineffective discussion
- Mgr Lacks Infor.

Poorly Implemented PM Systems

➢ False and misleading information.

➢ Increased turnover.

➢ Wasted time and money.

➢ Damaged relationships.

➢ Decreased motivation.

➢ Job dissatisfaction.

➢ Risk of litigation.

➢ Unfair standards.

7. Promotion, Transfer, Demotion and Separation

Promotion

➢ Moving to a higher position and responsibility

➢ Recognize outstanding performance

➢ Should be fair (merit-based)

Transfer

Shift to other positions without change in status or pay.

➢ For experience

➢ To fill gap

➢ To keep promotion ladders open

➢ To keep individuals interested in the job sometimes, for those with inadequate performance

Discipline, Demotion and Separation…

When the organization's policy is violated. Steps:

➢ Counseling/Advising

➢ Warning

➢ Probation

➢ Suspension

➢ Disciplinary transfer

➢ Demotion& discharge

➢ *"For poor performance, separation is better than letting the employee stay on the job".*

Unit 2: Managing Time

Time Management

Session objectives

➢ Understand the concept of time management

➢ Explain benefits of time management

➢ List the characteristics of time management Obstacles to effective time management

➢ Understand time management matrix

➢ Describe strategies of effective Time management

Individual activity

➢ *Take a day as an example in the past week and list what you have done in that particular day.*

➢ *Categorize the activities at personal and organizational level so as to appreciate the amount of time you spent on each activity.*

➢ *What led you to spend your time for the listed tasks?*

➢ *Share your experience to the team members.*

There are 168 hours in every week, 24 hrs for a day

How are you spending yours?

- ✓ **Sleeping**
- ✓ **Going for a recreation**
- ✓ **Shopping for groceries**
- ✓ **Caring for family members**
- ✓ **Cultivating a relationship**
- ✓ **Meeting new people**
- ✓ **Going to office hours**
- ✓ **Volunteering**
- ✓ **Going to class**
- ✓ **Reading in library**

- ✓ *Taking a nap*
- ✓ *Exercising*
- ✓ *Communicating*
- ✓ *Helping a friend*
- ✓ *Checking email*
- ✓ *Getting coffee*
- ✓ *Chatting with friends*
- ✓ *Personal hygiene*
- ✓ *Attending religious issues*

Time

➤ It is a non-renewable resource

➤ No event can take place unless there is time for it.

➤ Using time efficiently requires managerial skills.

➤ Time can not be stored

➤ Time is equally shared to people

➤ Time is expensive and utilization is fixed

Time management

➢ It is a skill that can be learnt & practiced

➢ It is a skill that everyone needs

➢ It is not a way to make you work harder and longer, but a means to help you work smarter to accomplish your work more easily and rapidly.

➢ Spending time on important, not just urgent matters

➢ Distinguishing clearly between importance and urgency

➢ Focusing on results not methods

➢ Not feeling guilty when saying no

Time Cont'd…

➢ Time management can be seen as "self management", the skill of making smart decisions about how to allocate your time in order to accomplish set goals.

❖ It is about working "smart" and not just "hard"
❖ Strategically determining how you use your time in order to succeed

The Benefits of Time Management

✓**You are more productive.**

✓**You reduce your stress.**

✓**You improve your self-esteem.**

✓**You achieve balance in your life.**

✓**You avoid meltdowns.**

✓**You feel more confident in your ability to**

✓   **get things done.**

✓**You reach your goals.**

Yes!

What is Time Management?

Simply, making the most of your time and energy for smart activities !

Symptoms of Poor Time Management

> ➢ Messy desk and cluttered files

> ➢ Miss appointments, need to reschedule them late

> ➢ Unpreparedness for (tasks, classes, meetings…)

> ➢ Volunteer to do things other people should do

> ➢ Tired/unable to concentrate, stress. . .

> ➢ Getting early or staying late at work

> ➢ Difficulty of Saying No.

> ➢ Overlapped programs

Strategies to Effective Time Management

1. Set Goals

2. Set priorities

3. Scheduling yourself

4. Avoid Procrastination

5. Delegation

Where to start?

1. Set Goals!

➢ What should your goals be?

➢ Start big, then set smaller goals designed to achieve the large goal

✓ Make your goals specific and concrete.

➢ Set both long-term goals and short-term ones to support them.

➢ Set a deadline for your goals.

➢ Integrate your goals: school, personal and career.

➢ Realize that goals change, but know which goals to stick to!

Go for the goal!

2. Set priorities

➤ What's important and what isn't?

➤ What order do things need to be done?

➤ Based on your priorities, plan out a schedule for the time period

➤ Planning may seem hard at first, but the more you do it, the easier and more natural it gets.
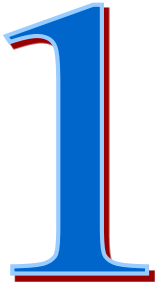
3. Make a Schedule/time planning

- ➢ Begin with blocking/portion/ all activities.

- ➢ Office Work, field work, social work religious, meetings and so on…

- ➢ Highlight all project *due dates.*

- ➢ Identify routine work days.

➢ Remember to Expect the Unexpected...

Learn to say "No!"

➤ Avoid the temptation to socialize when you've scheduled work.

➤ If friends ask you to join them last minute, ask if you could get together later in the week.

➤ Socializing is important when you don't have other things to worry about!

➤ Study somewhere you won't be tempted to chat, watch movies, YouTube, or use social utilities like Face book.

Can we . . .
No! I have a study group tonight. Are you free on Thursday?

Make a Schedule...

Planning time arrangements for work

➢ what will be done (list of activities), where it will be done (place), who will do it, and when it will occur?

➢ There are common ways of time plan arrangement.

➡ **Time table**:- used for daily/weekly recurring and regular events e.g. staff meeting, classes...

➡ **Schedule**: - for intermittent, irregular or variable events, including details of where the events take place.

E.g. visit to peripheral health centers

Time plans. . .

- **Program:** - for long term arrangements of several different events or activities of which the time plan is only one part.

  Example: Apprentice, semester break. . .

- **Year calendar**: - acts as a reminder of definite important events, usually out of one's control.

- ✓ In addition it shows where it is possible to fit in new events such as special meetings or periods of travel

4. Avoid Procrastination

➢ **"Procrastination is the thief of time"** – it is a time waster.

➢ It is the act of postponing tasks that could have been done now.

➢ Doing things at the last minute is much more expensive than just before the last minute

➢ Deadlines are really important: establish them yourself!

Procrastination:

Forms of procrastination:

➢ Ignoring the task, hoping it will go away

➢ Underestimating how long it will take

➢ Overestimating your abilities and resources

➢ Telling yourself that poor performance is okay

➢ Doing something else that isn't very important

➢ Believing that repeated "minor" delays won't hurt you

➢ Becoming paralyzed when having to make choices

How to Overcome Procrastination

➢ Set and keep deadlines.

➢ Organize, schedule & plan.

➢ Divide a big job into smaller ones/blocking/

➢ Find a way to make a game of your work or make it fun.

➢ Tell your friends and room mates to remind you of

➢   priorities and deadlines.

➢ Use memo

➢ Learn to say "no" to time wasters.

Use lots
of Stickies
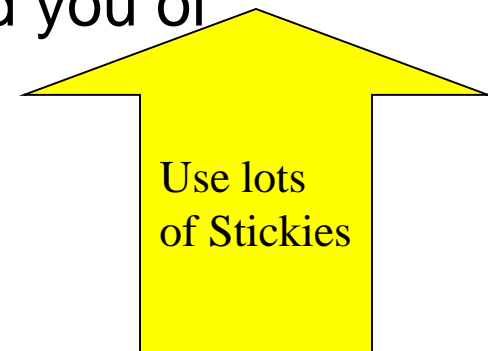
5. Delegation

➢ No one is an island

➢ You can accomplish a lot more with help

➢ Delegation is not dumping/discarding tasks.

➢ It is granting authority with responsibility.

➢ Treat your people well by delegating for tasks

➢ Graduate students, subordinates, secretaries, families, colleagues . . .are member's to be delegated; they should be treated well!

Time management Matrix (first things first)

	Urgent	Not Urgent
I M P O R T A N T	**I** ✓ Crisis ✓ Pressing problems ✓ Deadline-driven projects, meetings, preparations ✓ vital programs/schedules	**II** ✓ Preparation ✓ Prevention ✓ Values clarification ✓ Planning ✓ Relationship building ✓ True re-creation
Not I M P O R T A N T	**III** ✓ Interruptions, some phone calls ✓ Some mail, some reports ✓ .Some meetings ✓ . Many popular activities-breaking news	**IV** ✓ Irrelevant talks ✓ Some Time wasters ✓ Irrelevant e-mail, chat ✓ Excessive TV ✓ Long fictions/novels

Quadrant I

➢ Represents things that are both "urgent" and "important" – *we need to spend time here.*

➢ This is where we manage, we produce, where we bring our experience and judgment to bear in responding to many needs and challenges.

➢ Many important activities become urgent because we don't do enough prevention and planning

Quadrant II

➢ Includes activities that are "important, but not urgent"-Quadrant of Quality

➢ Here's where we do our long-range planning, anticipate and prevent problems, empower others, broaden our minds and increase our skills

➢ Ignoring this Quadrant feeds and enlarges Quadrant I, creating stress, burnout, and deeper crises for the person consumed by it

➢ Investing in this Quadrant shrinks Quadrant I

Fail to anticipate crises/result of failure in Q-II.

Quadrant III

➢ Includes things that are "urgent, but not important"

➢ Quadrant of Deception/misleading.

➢ The noise of urgency creates the illusion of importance.

➢ Actual activities, if they're important at all, are important to someone else.

➢ Many phone calls, meetings and interruptions fall into this category
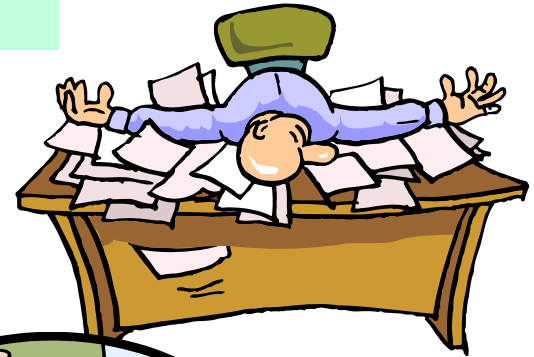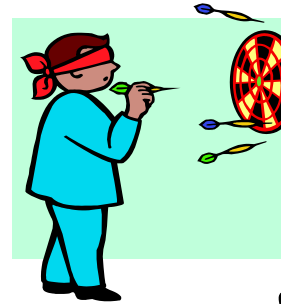
Quadrant IV

➤ Reserved for activities that are "not urgent, not important"- Quadrant of Waste.

➤ Reading addictive novels, watching mindless television shows, or gossiping and talking at office would qualify as Quadrant IV time-wasters.

➤ *Prioritize, and do the most important things first*
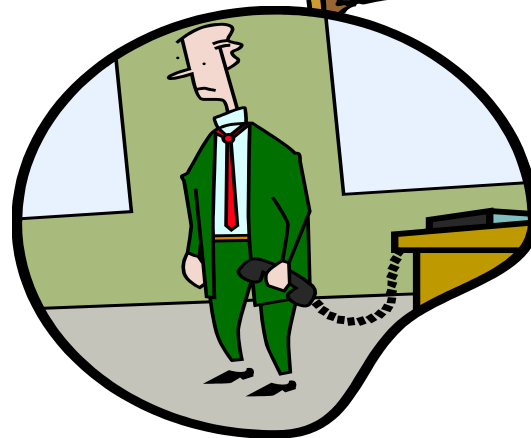
Socialize between tasks.

Obstacles to effective TM

❖Unclear objectives

❖Inability to say "no"

Obstacles to effective time. . .
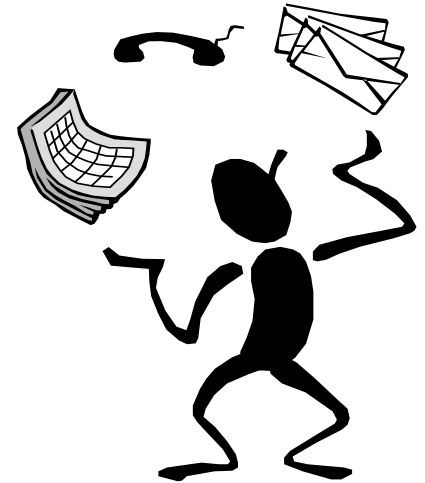
❖Interruptions

More interruptions

❖Periods of inactivity

Obstacles to effective time. . .

❖Too many things at once

❖Stress and fatigue

❖All work and no play

Manage yourself manage your time!

285

Further reading Assignment

Thank you

Health care Financing & Financing Mgt

Management of Health Information

The Ethiopian H/Policy and
Health Care System

Session objectives

➢ Evaluate the historical development of health services in Ethiopia

➢ Mention some of the general theme, priorities and general strategies of the health policies and HSDP

➢ Describe the current organizational hierarchy of the health sectors

➢ Explain the components of PHC

Historical development of medicine in Ethiopia

➢ Long before the advent of modern medicine, Ethiopia had its own methods for combating diseases and injuries.

➢ This traditional medicine in Ethiopia, in many cases, was concerned with both the prevention and cure of disease.

➢ Modern medicine was introduced in the 16th century & remained as a privilege to the members of the royal courts until the establishment of 1st hospital in Addis Ababa in 1900 GC.

➢ The foundation for formalized health service in Ethiopia goes back to 1908 GC (when office dealing with health was created in Ministry of interior).

Historical develop. cont…

➢ The 1st health legislation-established in 1947 which guarantees the creation of separate Ministry.

➢ Ministry of Health (MOH) established -1948 G.C. MOH was established with the technical assistant of WHO and USAID (United States Aid for International Development).

➢ The goal of MOH was to provide adequate medical care and health services to Ethiopian population.

Historical develop. Cont…

➢ In 1954 E.C (1962 GC) Gondar College of P.H established to train three categories of health workers, Health Officers, Sanitarians and Community Nurses to staff rural health centers.

➢ The first medical school in Addis Ababa was opened in 1966.

➢ **Generally we can summarize historical development of modern medicine in Ethiopia as follows: As divided into 6 periods**

Historical develop. Cont…

1. **Period I- period of introduction (1500-1900)**

➢ Joas Bermudes Portuguese diplomatic mission to Lebnedengel in 1520 – 1526 was the 1st documented one.

➢ Preventive medical activities were practiced to controlcholera and small pox

➢ Few medical doctors for royal circles

➢ During this time, the practice had been introduced by

➢ Diplomatic visits

➢ Religious visits

➢ Explorers

➢ Merchants

2. Period II: period of Ethiopianization (1900-35)

- ➢ Further progress of western medicine

- ➢ The reign of Minelik

- ➢ Vaccine of small pox

- ➢ The 1st hospital (**Russian Red Cross in Addis by 1897**)

- ➢ **Ras Mekonnen Hospital** – 1st Ethiopian Sponsored hospital built in 1901 in Harar – run by French Missionaries.

- ➢ 1908- 1st **Public Health dep't** was opened under the ministry of interior

- ➢ 1909- 1st Gov't hospital in Addis (**Minelik hospital**) established.

- ➢ 1910- More private hosp, clinic, pharmacies etc.

- ➢ 1930- 1st medical legislation to regulate the work of medical practitioners and pharmacies

3. Period III: Italian occupation (1935 -1941)

➢ The Italian government had destroyed the limited health services organization in Ethiopia

➢ Made aggressive measures to protect the Italian troops from infectious disease such as malaria, veneral diseases. Cholera, typhus, etc.

➢ Distributing prophylactic medicines

➢ Providing extensive vaccination against typhoid, cholera & small pox

➢ Introducing sanitary and personal hygiene measures

➢ Almost all hospitals were designated for the exclusive use of the white population

➢ 2000 physicians for their troops

➢ No benefit to Ethiopians

4. Period IV (1941 – 1974)

- ✓ Period of restoration and basic health services

- ✓ Overtaking of the health care by Ethiopian Gov't

- ✓ Ministry of health was established in 1948.

- ✓ 1949 – Ethiopia became member of WHO& 1st nursing school was opened

- ✓ 1952 – 38 hospitals and 80 physicians all foreigners

- ✓ The first health personnel training school was established at the red cross hospital

- ✓ 1954 – Gondar public health college (HO, Nurse and Sanitarian)

- ✓ Basic health services(BHS) approach were implemented

- ▪ establishing HC, health stations, training health workers

- ▪ The BHS approach was also combined with vertical communicable diseases program

- ▪ The era of 'BHS' since 1954 is considered as one of the success stories

5. Period V Period of Socialism (1974 – 1991)

➤ Period of primary health care

➤ In 1974, 20 yrs after BHS approach, the health facilities were in few cities and served only 5% of the population

➤ Many countries including Ethiopia were failed to reach the underserved population

➤ In 1977, WHOset a goal of "health for allby the year 2000"

  PHC was declared as the key approach to achieve this goal

Since 1980, PHC has been the main strategy in Ethiopia to provide health care services

➤ Total change of social system

➤ Control taken – over by the gov't

➤ No private sectors

Health policy emphasizes on

➤ Prevention

➤ Rural areas

➤ Appropriate technology

➤ Community participation
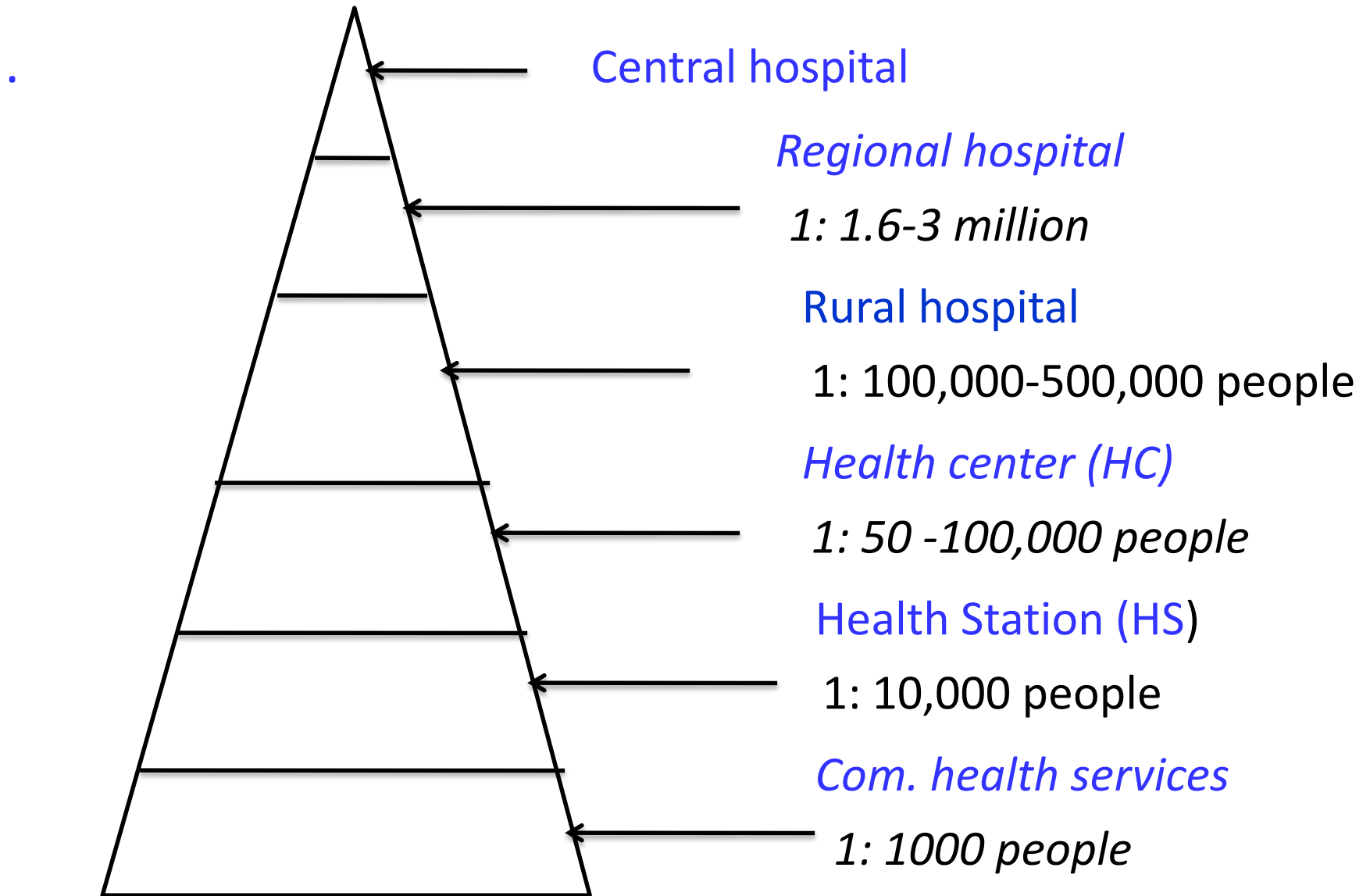
Primary Health Care

5. Period V Period of Socialism . . .

➢ The government developed 10 yrs perspective plan.

When health condition was assessed

➢ 6,474 health personnel of all categories

➢ 650 health stations

➢ 93 health centers

➢ 84 hospitals with 8,624 beds

➢ Emphasis on primary health care and rural health services

➢ Community participation

➢ Adoption of the Alma – Ata declaration

➢ It was stated that "To ensure full and meaningful life for the broad masses, all the necessary effort will be undertaken to provide adequate health services"

➢ 6 tier health care delivery system

The 6 tier health care delivery system

.

Central hospital

Regional hospital

1: 1.6-3 million

Rural hospital

1: 100,000-500,000 people

Health center (HC)

1: 50 -100,000 people

Health Station (HS)

1: 10,000 people

*Com. health services*

1: 1000 people

The 6 tier health care delivery system

➢ It is very centralized and lacks professionalism

➢ Undesirable impacts on efficiency and resource allocation

➢ Health service institutions clustered around immediate points of supervision.

➢ Overlapping services around a minor segment of the population

➢ In conclusion, the dev't of health services in Ethiopia since the revolution has been relatively rapid, particularly in rural areas,

➢ but hampered by economic and political problems.

6. Period VI (1991 – up until now)- Sector Wide Approaches

➢ Again, complete socio- political change

➢ Free market economy/privatization

➢ Decentralization

➢ Democratization

➢ A 4 tier health care delivery system was developed

1. Specialized/Teaching hospitals 5,000,000 population

2. Regional hospital 1,000,000 People…..

3. District hospital 250,000 people…

4. PHCU = (1 HC + 5 HPs)

A 4 tier health care delivery system
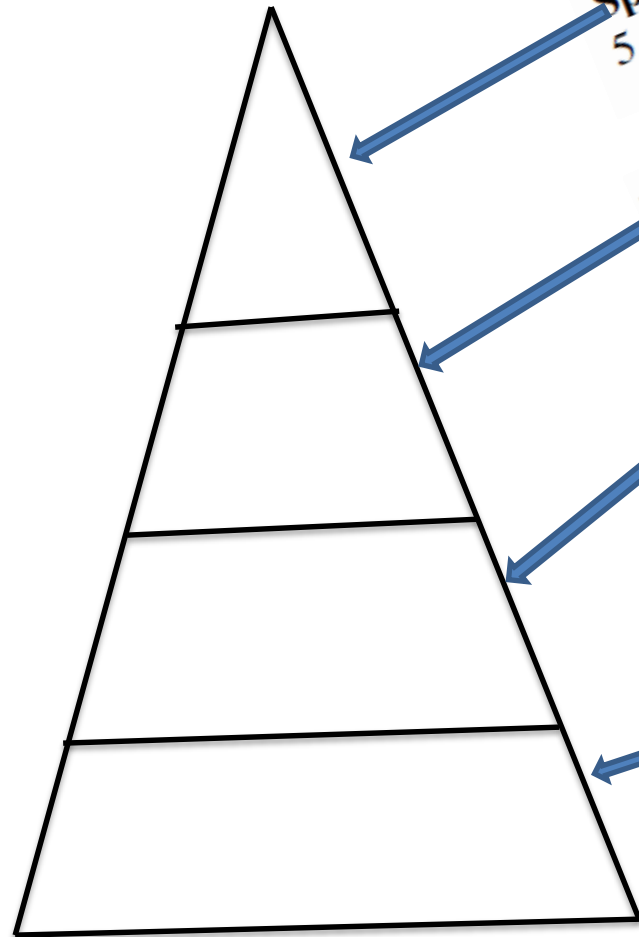
Specialized/Teaching hospitals
5,000,000 population

Regional hospital 1,000,000 people
- Highly technical level
- Most of the specialists

District hospital 250,000 people
- Provide promotive preventive, curative services
- GPs and others

Primary health care unit and a health center and 5 satellite CHP – 25,000 people in –10km radius each CHP serve 5000 population
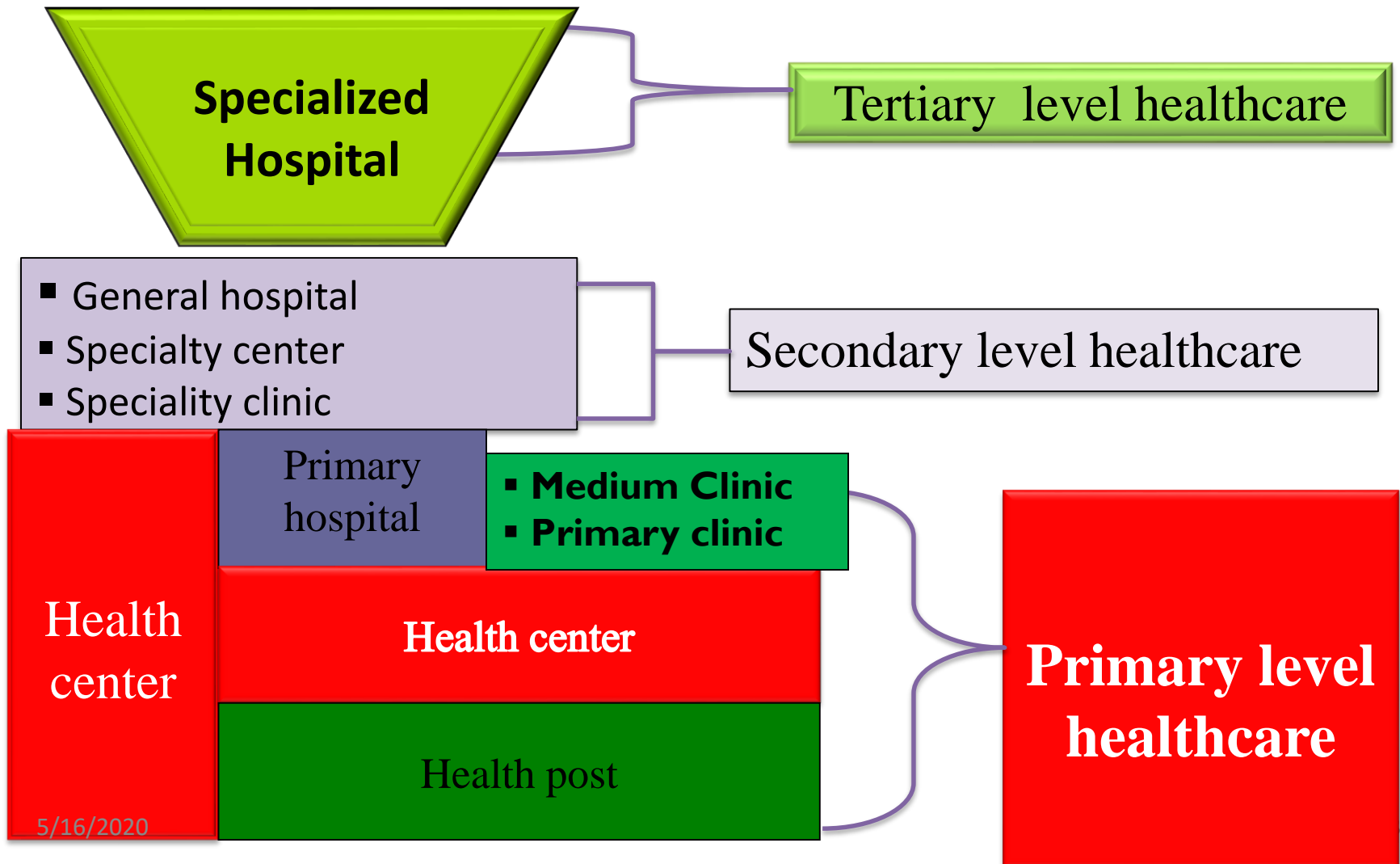PHCU = 1 HC + 5 CHPs
Basic activity
- Promotive
- Preventive
- Curative
- HOs and other staffs

6. Period VI cont…

➢ The SWAPs were introduced by the world bank in the late 1980s and promoted in the early and the late 1990s

➢ They seen as ways of delivering agreed upon health policies and managed domestic as well as aid resources.

➢ HSDP was implemented as part of reformation process in the framework of the government's of sector wide approach (SWAPs).

➢ The HSDP was launched in 1998 in response to the prevailing and newly emerging health problems in Ethiopia and in recognition of weaknesses observed in the existing health delivery system.

➢ The initial HSDP which was drafted in 1993/4was designed for a period of 20 yrs, with a rolling five yr program period.

➢ Other key events during this period were:

. The development health policy of the country in 1993

. A change in health service delivery structure from 6-tier to a simpler 4-tier system (during the 1st HSDP)

6. Period VI cont…

➢ Restructuring of the 4-tier health service delivery system to a 3-tier service delivery system (during the 4th HSDP)

➢ The development of the health extension package (HSEP initiative)

Specialized Hospital — Tertiary level healthcare

- General hospital
- Specialty center
- Speciality clinic

Secondary level healthcare

Health center | Primary hospital | ▪ **Medium Clinic** ▪ **Primary clinic**

Health center

Health post

Primary level healthcare

Health Policy of FDRE

General theme of the Ethiopian health policy

1. Democratization/ Decentralization

2. Comprehensive health care *(Prev., Prom. & Curative)*

3. Equitable/Acceptable *health service for all*

4. Intersectoral collaboration

5. National self reliance *in health development*

6. Accessibility

7. Work closely with neighboring, *regional and international organizations*

8. Capacity building *(need based)*

9. Pay/Free service

10. Private sector & NGO participation

Priorities of the health policy

1. I.E.C

2. Emphasis on - communicable diseases, epidemics and diseases related to malnutrition and poor living conditions

> ➢ Occupational health

> ➢ Environmental health

> ➢ Infrastructure rehabilitation

> ➢ Health service management

3. Curative/Rehabilitative health

4. Beneficial aspects of traditional medicine

5. Applied health research

Priorities . . .

6. Procurement of medical supply/drugs

7. Human Resource Development

8. Health needs of

      -- Family

      – Fore front productivity

      – Neglected regions

      – Rural areas

      – Urban Poor

      – Victims of disasters

General strategies

1. Democratization within the system shall be implemented by establishing health councils with strong community representation at all levels and health committees at grass-root levels to participate in identifying major health problems, budgeting planning, implementation, monitoring and evaluating health activities.

2. Decentralization shall be realized through transfer of the major parts of decision-making, health care organization, capacity building, planning, implementation and monitoring to the regions with clear definition of roles.

3. Intersectoral collaboration shall be emphasized particularly

3.1 Enriching the concept and intensifying the practice of family planning for optimal family health and planned population dynamics.

3.2 Formulating and implementing an appropriate food and nutrition policy.

PRIMARY HEALTH CARE (PHC)

➢ In 1978,a Conference held in Alma-Ata, USSR, maintain PHC as the key approach to achieving that target.

PHC defined as :

➢ Is essential health care based on **practical, scientifically sound and socially acceptable methods and technology made universally accessible** **to** individuals and families in the community through their **full participation** and at a cost that the community and country can **afford to maintain at every stage** of their development in the spirit of **self-reliance and self-determination.**

Major elements (components) of PHC

1. Education on the prevailing health problems and methods of preventing and controlling them.

2. Locally endemic diseases prevention and control.

3. Expanded program on immunization

4. Maternal and child health including family planning

5. Essential drugs provision

6. Nutrition promotion of food supply

7. Treatment of common diseases and injuries

8. Sanitation and safe water supply.

PHC in Ethiopia, which formally began in 1980s, include the following:

1. Health education

2. Provision of food supply and nutrition

3. Water supply and basic sanitation

4. EPI

5. MCH including family planning

6. Prevention and control of locally endemic diseases

7. Appropriate treatment of common diseases and injuries

8. Provision of essential drugs etc

PHC in Ethiopia....

9. Mental health

10. Dental health (oral health)

11. Control of ARI (Acute respiratory tract infections)

12. Control of HIV/AIDS and other STDS

13. Occupational health

14. The use of traditional medicine

Major problems in the implementation of PHC in Ethiopia

1. Absence of infrastructure at the district level.

2. Difficulty in achieving inter-sectoral collaboration.

3. Inadequate health service coverage and mal-distribution for available health services.

4. Inadequate resource allocation.

5. Absence of clear guidelines or directives on how to implement PHC.

6. Presence of harmful traditional practices or unscientific beliefs and practices in Ethiopia.

7. Absence of sound legal rules to support environmental health activities.

8. Weak community involvement in health

Health Care Systems

➢ **Health care** is one of the basic social services and contributes to:

   ✓ Welfare of a society

   ✓ Growth and development of a country

➢ WHO: Defines a **health system** as the sum of the organizations, institutions, and resources whose shared primary purpose is to improve health.

➢ Six building blocks constitute the health systems framework

Integration of Building blocks of Health systems

Leadership/ stewardship

Human Resources

Health Services
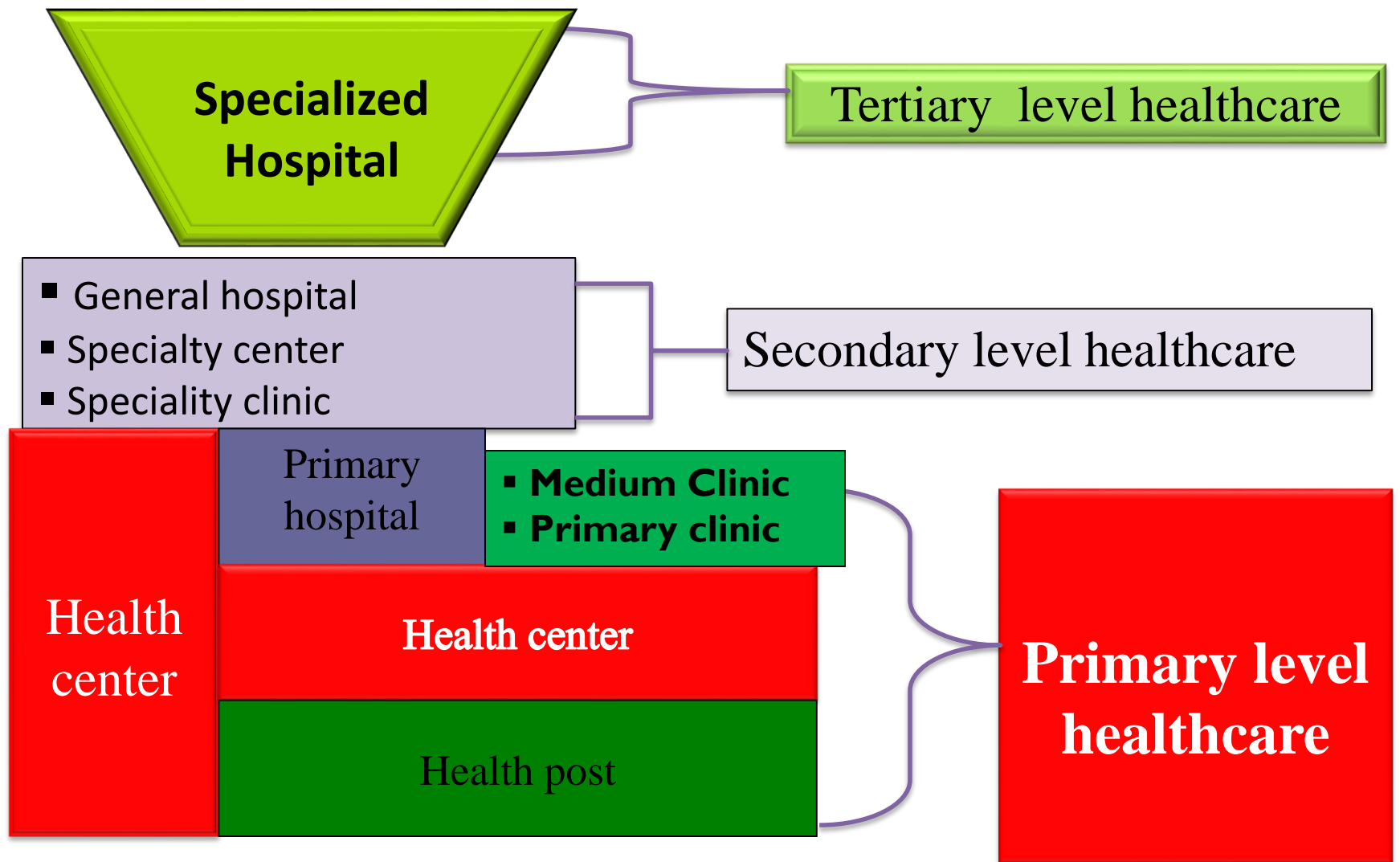
Health Care Financing

Pharmaceuticals

Planning and M&E

➤ If all six components function effectively and deliver their intended results, the entire health system—which includes the health care organization or program—is strong.

Recent Health System Structural Changes

➢ Ethiopia recently introduced a three-tier health care delivery system.

1. Level (Tier) One - Primary Level

2. Level (Tier) Two - Secondary Level

3. Level (Tier) Three - Tertiary Level

Ethiopian health system organization/ tier system

Specialized Hospital — Tertiary level healthcare

- General hospital
- Specialty center
- Speciality clinic

Secondary level healthcare

Health center

Primary hospital

- **Medium Clinic**
- **Primary clinic**

Health center

Health post

Primary level healthcare

1. Level (Tier) One - Primary Level

➢ The woreda (district) includes:

  ✓ a primary hospital (with population coverage of 100,000 – 150,000 people),

  ✓ health centers (25-40,000 people for rural, and 40,000 people for urban) , and

  ✓ their satellite health posts (3-5,000 people) connected to each other by a referral system.

➢ Health centers and health posts form a primary health care unit with each health center having five satellite health posts.
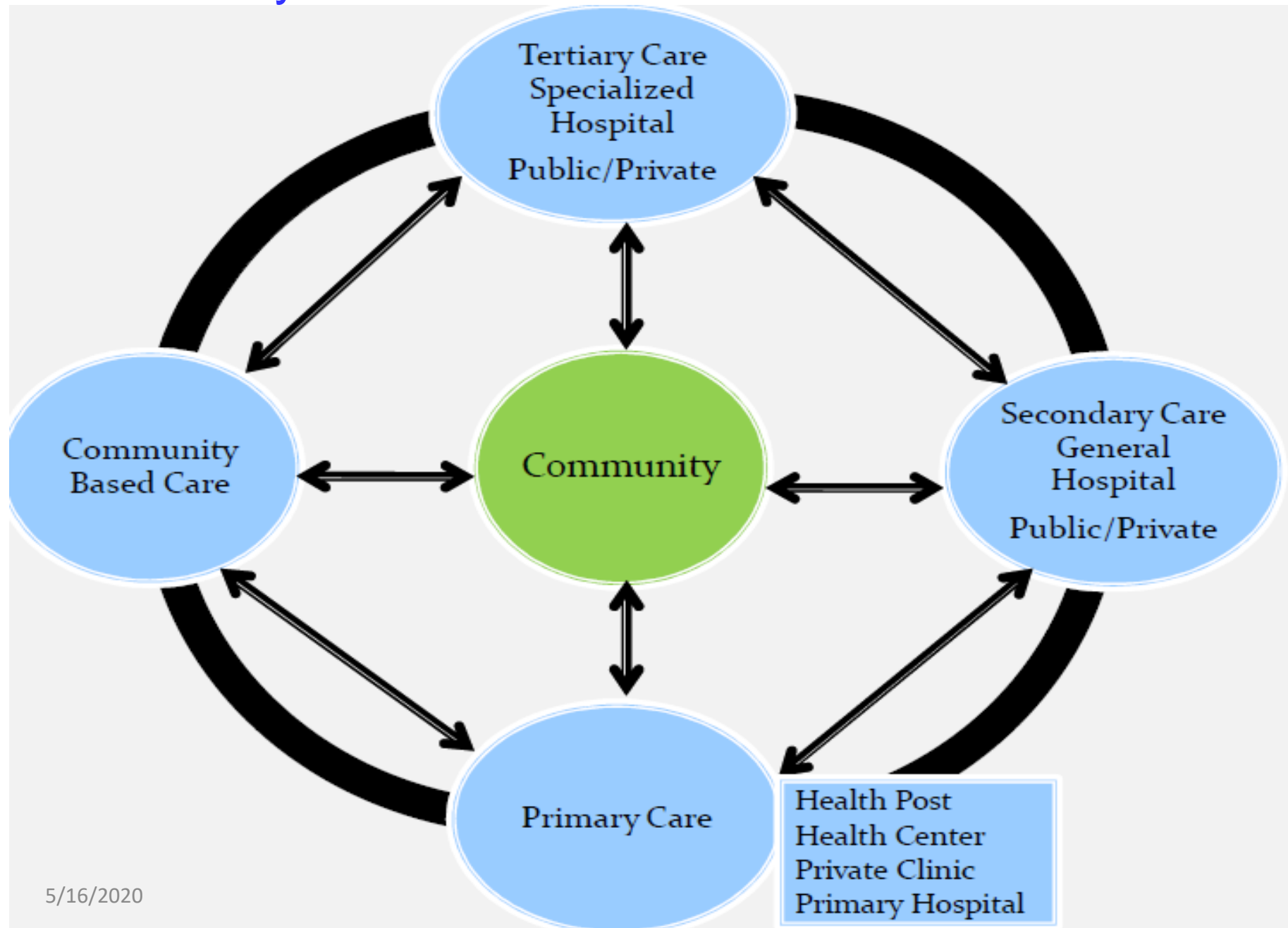
2. Level (Tier) Two - Secondary Level

➢ a general hospital with population coverage of 1-1.5 million people.

3. Level (Tier) Three - Tertiary Level

➢ a specialized hospital that covers a population of 3.5- 5 million.

Referral system flow

Types of health care facilities

➢ Hospitals, 3 in number

➢ Health center

➢ Health post

➢ Specialty Centers, 10 in number

➢ Specialty clinic, 19 in number

➢ Stand alone Medical Laboratories, 2 in number

➢ Medium clinic

➢ Primary clinic

➢ Nursing Home

Type and Category of private HF

➢ Primary clinic

➢ Medium clinic

➢ Specialty clinic(19)

- Pediatric special clinic
- Eye/ ophthalmology,
- Dental,
- Ear-Nose-Throat (ENT),
- Dermatology,
- Psychiatry,
- Obstetrics & Gynecology,
- Internal Medicine,
- surgery,

- Gastroenterology,
- Neurology,
- Cardiovascular,
- Orthopedic,
- Nephrology,
- Rheumatology,
- Chest & Physiotherapy

Health care facilities . . .

➢ **Specialty Center(10)**
  – MCH special centre
  – Pediatrics specialty Centre
  – Internal Medicine
  – Oncology
  – Gastroenterology
  – Surgery
  – Orthopedic
  – Cardiac
  – Neurology
  – Renal

➢ **Hospital(3)**
  – Primary hospital
  – General hospital
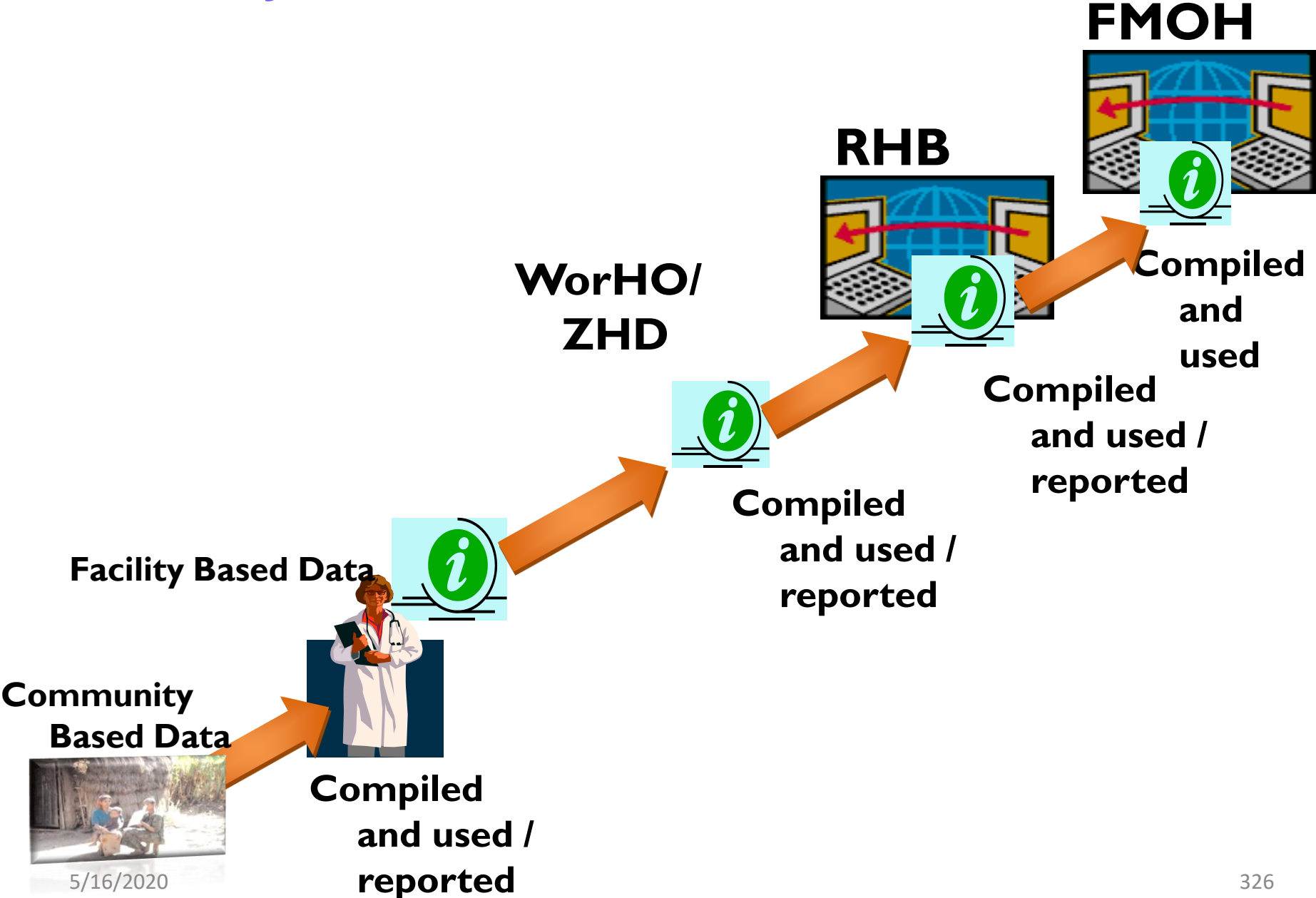 – Comprehensive specialized hospital

Health care facilities . . .

➢ There will not be a Nomenclature for

    ✓ Zonal hospital

    ✓ District hospital

    ✓ Medium or small hospital

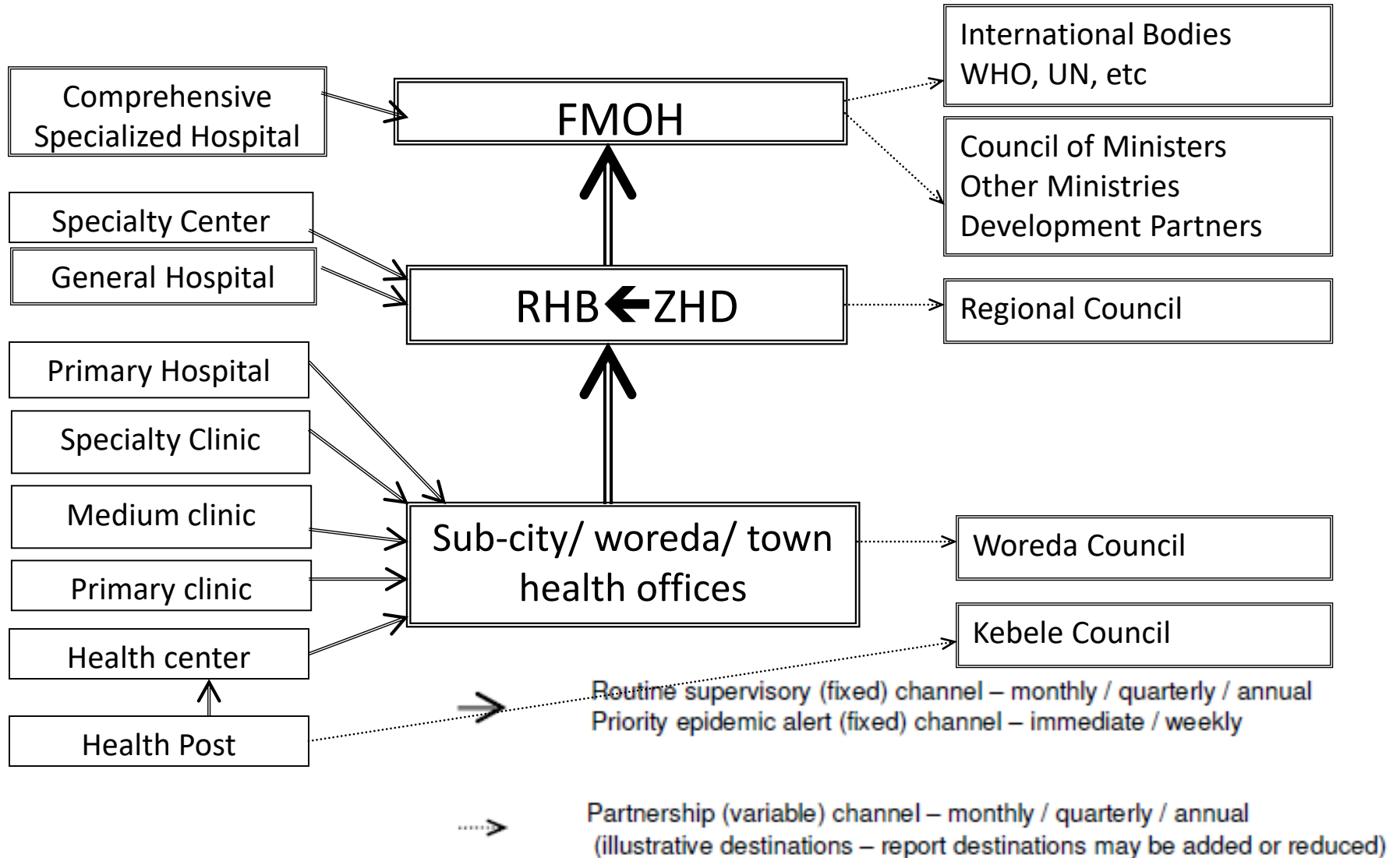   ✓ higher clinic

    ✓ Small clinic

Decision-making Processes, Powers, and Duties

➤ Offices at different levels of the health sector, from the Federal Ministry of Health (FMoH) to RHBs Zonal health depts and woreda health offices, share decision-making processes, powers, and duties:

✓ where FMoH and the RHBs focus more on policy matters and technical support

✓ while woreda health offices focus on managing and coordinating the operation of a district health system that includes a primary hospital, health centers, and health posts under the woreda's jurisdiction.

Hierarchy & Data flow of the HSO

FMOH

RHB

WorHO/ ZHD

Facility Based Data

Community Based Data

Compiled and used

Compiled and used / reported

Compiled and used / reported

Compiled and used / reported

Compiled and used / reported

M&E Reporting Flow Diagram

Reporting hierarchy of **public** health facilities

From	Reporting level	Report arrival date	Frequency of reporting	Comment
HP	HC	20th of the month closing 23th of the month reporting	Monthly & Annual	
Health facility	WorHOs	20th of the month closing 26th of the month	Monthly, Quarterly & Annual	
WorHOs	ZHD / RHB	2nd of the month	Monthly, Quarterly & Annual	Including private health facilities
ZHD	RHB	7th of the month	Monthly, Quarterly & Annual	Including private health facilities
RHB	FMOH	15th of the month	Monthly, Quarterly & Annual	Including private health facilities

Reporting hierarchy of **private** health facilities

S/N	Type of Healthcare facility	Reporting level	Latest date report should be submitted to the next level
1	Primary clinic	Sub-city/woreda/town health offices	20th closing and 26th of the month reporting
2	Medium clinic	Sub-city/woreda/town health offices	20th closing and 26th of the month reporting
3	Specialty Clinic	Sub-city/ woreda/ town health offices	20th closing and 26th of the month reporting
4	Specialty Center	Region/ZHD	20th closing and 26th of the month reporting
5	Primary Hospital	Sub-city/ woreda/ town health offices	20th closing and 26th of the month reporting
6	General Hospital	Region /ZHD	20th closing and 26th of the month reporting
8	Specialized Hospital	FMoH	20th closing and 26th of the month reporting