# Strengthening health management in districts and provinces

Andrew Cassels
Liverpool School of Tropical Medicine
Liverpool, England

Katja Janovsky
Division of Strengthening of Health Services
World Health Organization
Geneva, Switzerland



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#### **Preface**

This handbook describes a process for strengthening the management capacity of district and provincial health management teams. It is based on an initiative that was developed in Ghana and subsequently adapted for use in other countries, including Guinea, Guinea-Bissau, Lao People's Democratic Republic, Nepal, Sierra Leone, Viet Nam and Zambia. The workshop handouts that make up the bulk of the book were originally prepared in Ghana. Over two years they were repeatedly revised and refined in the light of practical experience.

The basic process of identifying problems, developing solutions, planning action, implementing it and evaluating achievements is not new. Variations on the sequence of this process are found in most manuals on planning and management. However, this handbook sets out a detailed strategy for implementing the process and provides a set of tools and techniques that have been thoroughly field-tested. In Ghana, over a period of five years, all 110 districts in the country's 10 regions have completed the full SHM cycle. Implementation in a number of other countries has shown that the strategy described in this book can be successfully adapted to vastly differing sociocultural settings and organizational structures.

The proposed process for strengthening health management (referred to as the SHM process throughout this book) provides a clear structure for dealing with problems of implementation. Within this structure, however, the problems addressed and solutions attempted are determined by the participating teams of management personnel.

The SHM process is a means for improving the overall functioning of health systems. It helps health personnel learn to overcome problems that hinder effective implementation of programmes, and it does so largely within existing resource constraints. The SHM process is not a new project and does not involve special project activities. The decision to implement the SHM process does not add significantly to recurrent costs in the health sector.

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#### Introduction

This handbook is for facilitators of the SHM process. The target groups for the process itself are district and provincial health management teams.

The handbook consists of three main parts. Part A provides an overview of the SHM process, providing answers to a range of questions the reader may have, such as "Why is the SHM process needed?" and "What can the SHM process achieve?"

Part B is concerned with the coordination and planning of the SHM initiative. This includes planning and running workshops and providing support during the implementation phase. Since there are several variants of the SHM process, the generic handouts in this handbook will need to be adapted. A section outlining steps for changing the handouts so that they reflect the local situation is, therefore, included.

Part C contains a full set of handouts for SHM workshops. For each module, there is a brief synopsis outlining what happens during and after the workshop. Also included for each workshop is a set of facilitator notes that give guidelines on how to run the main sessions and how to organize plenaries and group work.



#### PART A

# Overview



#### A1. Why is the SHM process needed?

The SHM process is concerned with increasing the confidence and skill of health management teams. Its approach to starting a sustainable process of management development is based on the actual working situation, abilities and needs of district and provincial staff.

Despite considerable investment in management training, especially for district health personnel, results in many countries have been disappointing. The frustrating gap between what is taught in management training seminars and workshops and what happens in practice has remained. The SHM process was developed in response to this situation.

Yet the process is designed to do more than just improve the functioning of individual district health management teams. It is critical that the process covers the entire country so as to give a boost to management throughout the health care system and to orient health managers towards problem-solving. Measures for extending the process beyond a few districts to whole provinces and eventually to all the country must, therefore, be developed from the outset.

#### A2. Who are the participants in the SHM process?

The target groups for the SHM process are district health management teams (DHMTs) and provincial health management teams (PHMTs). These teams consist of officials with responsibility for specific health programmes (such as immunization, nutrition, sanitation) and for certain types of staff (such as nurses and health inspectors). The team may also include key administrative staff, such as hospital secretaries and accountants. In some countries, health management teams will include representatives of other sectors, such as education and agriculture. Traditionally, health management teams are headed by a district or provincial medical officer of health. In decentralized health care systems, local officials play a critical role.

This handbook does not recommend how a health management team should be constituted. It is assumed that the full management team is the group of people who meet regularly to take decisions concerning the implementation of health programmes.

Where health management teams have not been formally constituted, groups of district or provincial officers responsible for different aspects of the health programme are an appropriate target group for the SHM process. Participation in the process has in some instances acted as a stimulus for the formation of an official health management team.

The term district is widely accepted as a generic term for the level of health systems management where plans and budgets are prepared and implementation is coordinated with local government and with other sectors. In the same way, the term province is used throughout this handbook as a generic term for the intermediate level of health systems management—between the centre and the district—although it is recognized that other terms (such as region, for example) are used in some parts of the world.

The essential point is that both provinces and districts are involved in the process. Although aiming to strengthen implementation in districts, the SHM process recognizes the need to strengthen provinces so that they in turn can support districts. It stresses the important relationship between provinces and districts which may often be ignored if emphasis is placed exclusively on the district.

#### A3. What can the SHM process achieve?

When given the opportunity to define problems in their own terms and to focus on the ones they think are most important, DHMT members tend to identify issues that cut across programme-specific barriers. Problems of financial management, coordination of transport, staff morale and community involvement are the ones most frequently singled out to be remedied.

In countries that have implemented the SHM process, participating DHMTs and PHMTs have started to meet regularly to plan their work. They have prepared job descriptions for all their members to clarify roles and responsibilities, drawn up detailed itineraries to make better use of existing vehicles, prepared new supervisory checklists for use by DHMT members, organized the district into health zones to improve programme coordination, arranged meetings with other health providers, and prepared guidelines for village health committees and other representative bodies. Although most of these subjects are covered in formal primary health care training sessions attended by team members, the impetus for putting this knowledge to use in their daily work is often missing.

- ■■ In Ghana, nearly all health districts have begun to improve their financial management systems, particularly with regard to disbursement of government funds. In a number of instances the financial situation has improved as there has been a better understanding of the existing system and better control of the spending of what little is available.
- ■■■ In the Lao People's Democratic Republic, the effect of better management in improving delivery and utilization of health services, particularly with regard to uptake of immunization, has already been demonstrated.

The teams' experience in preparing, implementing and reviewing management improvement plans also encourages them to prepare more **realistic** plans for technical action in health programmes. The two processes are complementary and contribute to the development and preparation of more comprehensive district health plans.

#### A4. How does the SHM process work?

Many health management teams have little experience of fulfilling a managerial role. The SHM strategy requires teams to analyse day-to-day problems in implementing programmes, plan how to tackle those problems within the resources available, and review achievements critically. By working on a limited number of problems in a structured way with support from trained facilitators, teams gain confidence in their role as managers. In the SHM process the most important training does not take place at seminars and workshops. Instead, the most important work takes place in the field, between the workshops, in putting the plans of action into practice.

The SHM process takes district and provincial health management teams, separately or together, through three training modules. Each module consists of a workshop and an implementation period. The entire process therefore comprises three workshops at provincial level and, where appropriate, three workshops in each participating district, together with the implementation period following each workshop. The second module usually starts 3–4 months after the first, and the third starts 6–7 months after the second. At the end of the third implementation period, a final review meeting takes place. The complete process described in this handbook lasts some 15–18 months. To progressively cover an entire country of, say, 10–15 provinces or

regions will take three to four years, depending on how fast the programme is spread (see also Section A8).

#### Module 1

The start-up workshop includes sessions on problem identification, problem analysis, strategy development and formulation of action plans. These plans are implemented during the following three to four months.

#### Module 2

The review workshop serves to assess the experience of participants in trying to implement their plans and in analysing achievements and constraints. Lessons learned are reviewed, problem statements are reformulated, and strategies are reviewed and revised. The relationship between the strengthening of management and the implementation of technical programmes is also analysed at this stage, using a tool called the health systems matrix (see page 54). Participants then draw up revised or new action plans to be implemented over the next six to seven months.

#### Module 3

The advanced review workshop takes participants through further review and reformulation and introduces them to a more comprehensive format for planning actions. The new format puts greater emphasis on developing ways of monitoring achievements. A final review meeting is held at the end of the implementation period.

The SHM process moves from problems to strategies, rather than from problems to objectives. The emphasis of the SHM process is on practical ways of solving problems. Clear statements of objectives are formulated only in the third module, after implementation of strategies has begun and initial experiences and outcomes have been reviewed.

#### A5. Why does the SHM process work?

The SHM strategy is based on a number of important principles and assumptions:

#### **Ownership**

Management teams will be more committed to implementing plans if they are helped to analyse and tackle problems that they themselves perceive to be important. The SHM process does not supply ready-made solutions to problems identified from a national or international perspective.

#### Teamwork

Problems are identified and solutions developed by members of the health management team. Responsibility for implementation is shared because tasks are assigned to different team members and not just to the medical officer in charge.

#### Repetition

Management and planning skills improve with practice and guidance. The SHM process allows DHMTs to review progress after a relatively short period (3–7 months) so that adjustments can be made in the light of experience. The series of workshops ensures that reviews take place at regular intervals.

#### Incremental learning

The workshops are structured to allow teams to build on initial achievements. New ideas are introduced as they become relevant. As teams gain experience, they gradually develop and implement more sophisticated plans.

#### Support between workshops

It is accepted that the most important things happen not at the workshops but between them. Support and encouragement to DHMTs and PHMTs between workshops are thus an indispensable part of the process.

#### A6. What are the options for organizing the SHM process?

There are three basic options for organizing the SHM programme. Each option has several variations.

Decisions must be made about several fundamental issues:

- Will all members of DHMTs attend workshops and, if not, how will other members of the team become involved in the process?
- Will provincial teams participate primarily to prepare action plans of their own, or to be better informed about district problems, plans and needs for support?
- Will additional funds be made available for the implementation of action plans, or will the plans operate completely within available resources?

The decisions will depend on the needs and prevailing circumstances in particular countries. A brief sketch of each basic option and some major variations is given below, followed by a set of sample scenarios.

#### Option 1

Entire DHMTs and the complete health management team of the province participate in the workshops.

#### Variations

- A: In countries where provinces have few districts, all DHMT members of all districts participate at the same time.
- B: Where provinces have many districts, full DHMTs participate but do so in two or three separate groups.
- C: Only DHMTs prepare action plans during the workshop.
- D: In addition to DHMTs preparing their plans, the PHMT prepares its own provincial action plan during the workshop.

#### Option 2

Selected members of DHMTs and the complete health management team of the province participate in the workshops. On return to their districts, the DHMT representatives inform their colleagues of the plans agreed for implementation.

#### Variations

- A: Only DHMT representatives prepare action plans during the workshop.
- B: In addition to DHMTs preparing their plans, the PHMT prepares its own provincial action plan during the workshop.

#### Option 3

Selected members of DHMTs participate in the workshop which is conducted as a simulation exercise at provincial level. On return to their districts, the DHMT representatives hold workshops for the rest of the team and act as facilitators for them. Full action plans for implementation are developed only in the district and not at the simulation workshop.

Option 3 differs significantly from the other two options in the introduction of a twotier system of provincial-level simulation workshops and district-level workshops.

#### Variations

- A: Only DHMTs prepare action plans.
- B: The PHMT prepares the provincial action plan during a provincial-level simulation workshop.

#### Additional variations

- A: No additional funds are available for the SHM process. Health management teams implement their action plans with the resources routinely available to them or with any additional funds that they themselves can raise.
- B: Health management teams are provided with a relatively small amount of money to assist them to implement their action plans as part of the SHM process. Although it is considered preferable for health teams to implement their action plans within existing resource constraints, the economic situation, particularly in least developed countries, may make a modest amount of additional funds necessary.

The following scenarios illustrate how these options may be combined in different circumstances. The scenarios are based on SHM programmes that have been or are currently being implemented in different countries.

#### Scenario 1

The province has 14 districts. The SHM process begins with three start-up workshops (Module 1) within a period of one month at three different sites in the province. Each workshop caters for four or five districts and each is attended by the full DHMTs of those districts. The PHMT is involved in each workshop though not to prepare provincial action plans but rather to become more aware of district problems. In this way the PHMT is better prepared to provide support to the districts when they implement their district plans. The process is repeated for the review workshop and for the advanced review workshop.

#### Scenario 2

Provincial workshops are held for all members of the provincial health management team and for four representatives from each of the province's ten districts. The PHMT constitutes one working group, while three more working groups are made up of DHMT representatives. The PHMT prepares its own action plan, as do the representatives of each district within each working group. A small fund (US\$700 for the PHMT and US\$500 for each DHMT) is available to contribute to the cost of implementing the action plans.

On return to their districts, the representatives who participated in the workshop inform their colleagues of what took place and what decisions were taken. The entire district team then works together to implement the action plans. Slight modifications may be agreed after team discussion but the basic plan, although not prepared by the whole team, is adhered to in principle. The same district representatives take part in the second and third provincial-level workshops and repeat the process on return to their district.

#### Scenario 3

Provincial-level workshops are held for members of the PHMT and for two or three representatives from each of the province's 14 DHMTs. These provincial workshops are conducted as a simulation exercise that aims to show how the process of problem identification, analysis, strategy development and action planning works.

After the provincial workshop, DHMT representatives return to their districts. Within one month, these representatives organize workshops in which all DHMT members participate. These district workshops develop action plans that the whole DHMT is committed to implement. The same process is followed for the subsequent two modules.

#### A7. Who facilitates, coordinates and supports the SHM process?

The development of a network of national facilitators is essential for running a countrywide programme. The network will be responsible for planning and implementing the overall SHM strategy in collaboration with the relevant national authorities. The specific tasks of the network are listed in Section B1.

The national facilitator network may be an informal group of experienced individuals or it may be a formally constituted body. It can be made up of individuals from a number of different institutions, it may be located solely in the Ministry of Health, or it may be linked with a training institution. In selecting members of the network, it is critical to emphasize the need for persons with experience of managing district and provincial health programmes and services. A facilitator network with too many training or planning specialists is likely to divert attention from the practical realities of work at district level.

■ ■ In Ghana, the facilitator network consists mostly of provincial and district medical officers and some other members of PHMTs and DHMTs.

Involvement of selected Ministry of Health officials in the SHM process is important to ensure there is a link between strengthening health management in districts and provinces and the national health system concerns of the Ministry of Health. Often, the participation of Ministry of Health officials can be secured by inviting them as observers rather than by making them members of the facilitator network.

Provincial workshops are run by members of the facilitator network in collaboration with the PHMT. District workshops that follow the provincial-level simulation workshops are usually organized by DHMTs themselves. In addition to a member of the national facilitator network, DHMT members who attended the provincial workshop, as well as selected PHMT members, serve as facilitators at the district workshops.

Once an initial core group of facilitators has been brought together, the expansion of the network is usually based on "talent-spotting" during SHM workshops. It is often possible to identify a workshop participant with a particularly clear understanding of the problems that health management teams face and with a talent for facilitating constructive discussion.

Support for the implementation of SHM action plans is an essential component of the entire process. Support should ideally be provided in the course of routine supervision but if routine supervision is not carried out, the facilitator network should provide additional support.

More information on the role and responsibilities of facilitators is provided in Part B of this handbook.

#### A8. How is the SHM process extended throughout the country?

It is often advisable to start the SHM process in one or two districts. This approach has several advantages. It provides an opportunity to train an initial group of facilitators, to refine the methodology and materials and adapt them to local circumstances, and to familiarize key decision-makers with the process and its

potential benefits. This is not, however, a recommendation for a pilot project in which the effects of the entire process are assessed before proceeding further. Indeed, activities may start in other districts or in another province well before all the modules have been completed in the first district.

An alternative strategy is to conduct a planning workshop in which key personnel are introduced to the SHM methods in a simulation exercise. Having gained some insight into how the process works, they then plan for the initial stages of a national programme.

The next step is to decide how the full-scale process will be organized. The options and variations outlined in Section A6 should be considered in the light of a country's particular needs. A province with a relatively strong management team should be chosen for initiating the process to ensure that it gets off to a good start. It may then be appropriate to move to a neighbouring province so as to have easy access to the experienced facilitators. Progress thereafter will be determined by the national facilitator network. There is, however, a good case to be made for not leaving poorer, more remote provinces till last.

The schedule for implementation must remain flexible to allow for the delays that inevitably occur. In some circumstances, the SHM process may take place at least partly in response to demand. Rather than conforming to a strict schedule for countrywide implementation, the order in which provinces become involved is determined by the timing of requests from provincial directors to the coordinating group of the facilitator network. This approach has the clear advantage of gaining increased provincial commitment to the SHM process before the process begins.

■ ■ In Ghana, at the beginning of each module in the series, directors of health services from other provinces were invited to workshops as observers. On the basis of their impressions of the SHM process and its potential benefits, provinces then asked to be included in the programme.

The factor limiting the speed at which the SHM process can be extended is the availability of experienced facilitators. The national facilitator network should ensure that resources are not stretched too thinly by taking on too many commitments.

The timetable below, based on the initial plan for the Lao People's Democratic Republic, shows how the number of workshops for which facilitation will be required rapidly increases as successive provinces become involved in the SHM process.

	Jun	Oct	Apr	Aug	Dec	Feb	Apr	
Province 1 Province 2 Province 3 Province 4	WS-1	WS-2	WS-3 WS-1	WS-2	WS-1	WS-3 WS-1	WS-2	etc. etc.

WS = workshop

As in any other large-scale process, quality control is important if effectiveness is to be maintained. The quality of facilitation must be sustained by refresher training for core members of the facilitator network and by thorough induction training of new members.

#### A9. What financial resources are required to implement the SHM process?

The SHM process is not costly. Because it is primarily a strategy for enabling health system managers to carry out their current responsibilities more effectively within

existing resource constraints, there are none of the costs normally associated with a new project.

The financial resources required for the process itself include: cost of workshops and meetings (travel and subsistence of participants, stationery); transport for supervision and support during the periods of implementation; where not already available, some essential workshop equipment (easels or flipchart holders, overhead projectors, stencil machine, filing cabinet); and sometimes a modest honorarium for the facilitators. In cases where the "with additional funding" option has been selected (see page 9), a fixed amount per district and province needs to be made available as well.

In the countries where the SHM process is being implemented, the local cost for a province with 10 districts ranges from US\$35000 to US\$40000 (at 1990 prices).

#### A10. Where does the SHM process end and others begin?

The SHM process is not a comprehensive management development programme and cannot substitute for one. (Such a programme would have to address all aspects of health systems management, including organizational reform, development and improvement of management and support systems, review and revision of standard operating procedures and regulations, and provision of skills and knowledge in management principles and methods.)

Yet although its prime concern is with improving management performance within the existing system by guiding DHMTs and PHMTs through a process of solving three or four important problems, the SHM process can provide entry points and opportunities for initiating other kinds of change in the system as well.

- SHM offers a number of tools and methods for problem analysis and strategy development which can be of continuing use in the future. Examples of this are the "But why?" method,¹ the health systems matrix, and the SHM action plan (all described in Part C).
- Regular meetings to review activities and achievements and to plan future action, started in the course of the SHM process, usually continue afterwards. These meetings, based on a shorter version of the advanced review workshop, can also be linked to the annual planning and budgeting cycle of the Ministry of Health.
- The SHM process tends to create a demand for more structured training inputs, such as in financial management and in information analysis and use. Requests for more information on management procedures and regulations, and for guidance in developing supervisory protocols, start flowing from the districts to the provinces and from the provinces to the ministry. This strengthens the links between different levels of the health care system.
- Some of the more successful strategies developed by DHMTs and presented at SHM workshops have been adopted by other districts. The SHM process can thus serve as a method for disseminating innovative solutions to common problems.
- Districts and provinces that have participated in the SHM process often become interested in carrying out more detailed operational research studies. Training for problem-oriented action research provides additional tools while building on skills acquired in the SHM process.
- As one analyses problems encountered in districts and provinces, a number of persistent concerns in the national health care system can also be identified.

<sup>&</sup>lt;sup>1</sup>From: Werner D, Bower B. Helping health workers learn. Palo Alto, Hesperian Foundation, 1982.

These concerns usually require action at national level. As an important followup to the SHM process, national meetings may be organized to focus attention on these concerns. In countries where the SHM process has been implemented, the most persistent concern in national health care systems is the lack of coordination between separate vertical programmes.

# Planning, facilitation and support



Even when a comprehensive handbook is widely available, there is no guarantee that it will be used. Ultimately, someone in a position of authority has to decide that a particular initiative is needed, that it is appropriate to a country's needs, and that resources should be allocated to it. If the impetus for a programme comes from a donor agency, the capacity of local institutions to sustain the programme will be an important consideration in planning and implementation.

Strategies for starting and extending an SHM initiative were outlined in Section A8. However, apart from providing the overall rationale for the SHM process, it is clearly beyond the scope of the present book to prescribe the steps leading to a decision to begin. This part of the handbook provides operational guidelines for planning, facilitation and support. These guidelines outline what needs to be done once a decision to embark on the SHM process has been made.

#### B1. Key functions of the network of national facilitators

The facilitator network will be responsible for planning and implementing the overall SHM strategy in collaboration with the relevant authorities. One or two members of the network are usually appointed as coordinators. In some countries, coordinators take turns in serving for periods of up to 12 months. The eight key functions of the coordinators and other facilitators are:

- to coordinate and manage the introduction of the SHM process and its extension throughout the country;
- to adapt and, if necessary, translate handouts and learning materials;
- to plan and organize workshops;
- to provide facilitation at workshops;
- to organize and run refresher and orientation training for facilitators;
- to provide support for the implementation of SHM action plans between workshops, if required;
- to monitor progress in improving management practices and performance;
- to serve as advocates of health management development.

Support for the implementation of SHM action plans should ideally be provided in the course of routine supervision. However, if the health system functions poorly and routine supervision is not carried out, members of the facilitator network should provide additional support.

This handbook does not include a separate module for facilitator training. Like provincial workshops, training workshops for new facilitators are carried out as simulation exercises. Each of the major sessions in the series of workshops will be worked through. In addition, experienced members of the facilitator network will discuss with participants the practical problems likely to be encountered at each stage of the process.

#### B2. Planning and organization of workshops

It is useful to form a task force to plan and organize each workshop. This group should consist of officials from the provincial or district health office hosting the event, plus members of the facilitator network. The activities of the task force will be as follows:

— to decide on dates and venue;

- to ensure that the venue has a large room for plenary sessions and sufficient space for small group work;
- to ascertain the total funds available for running the workshop and prepare a detailed operational budget, covering the cost of room and board, travel, participants' daily allowance, honoraria, special meals and entertainment, stationery and any other relevant expenditure;
- to send invitations to participants well in advance, including an outline of the workshop objectives and tentative schedule, details of travel, room and board, and daily expense allowance;
- to send invitations to officials asked to open and close the workshop, together with an outline of the workshop objectives and any addresses they are required to give;
- to send invitations to observers from other parts of the country, if appropriate;
- to produce sufficient copies of handouts for all participants and observers;
- to order any stationery that is needed.

At the first meeting of the task force, responsibilities need to be clearly assigned and accepted. The task force should have a coordinator who is responsible for checking that assigned tasks are completed on time.

During the workshop itself, a workshop secretariat responsible for secretarial and administrative tasks can be very helpful. The timely production of a short workshop report is made easier if rapporteurs submit notes and records of group work promptly to the workshop secretariat.

The following materials are required to run an SHM workshop:

- workshop schedule and handouts;
- individual note pads and pencils for each participant;
- large sheets of paper for recording group decisions (at least 12 sheets per working group);
- small cards for carrying out the "But why?" analysis and strategy development (at least 15 cards per participant);
- material for fixing cards either directly to the wall or to a large soft board (e.g. masking tape or small pins);
- coloured felt-tip pens.

#### B3. General guidelines for facilitation

Introducing and clarifying tasks

All participants must understand what they are required to do at each stage of the workshop. A key role of facilitators in SHM workshops is to make clear what has to be done and who should do it. This may require a great deal of repetition. Above all, it is important that facilitators themselves fully understand what has to be done.

Visual aids are an essential tool for making effective presentations. Whenever possible, use transparencies with an overhead projector or write on large sheets of paper with coloured felt-tip pens to present the key points being made.

On completion of the initial presentation in plenary, group facilitators should repeat the explanation of the task in small groups. They should give group members time to read through the handout and then encourage questions to see if further clarification is needed.

#### Working with groups

Carefully listen and observe what is going on. By monitoring the way group members work together, it will be easier to judge when they need assistance. Some groups will work well together and need little guidance. Others will need a great deal of help, either with the task itself or with the process of working together as a team. It is worth remembering the following points:

- The role of a facilitator is to stimulate and guide discussion. This will involve: regularly summarizing discussions and synthesizing the main points that have been made; finding ways of increasing participation within the group; dealing positively with disagreements; and preventing repetitive arguments or unproductive debate.
- **Do not** impose ideas on participants. Although facilitators are selected because of their practical experience, they should not always lead the discussion. Use practical experience as a basis for posing questions, suggesting different options, clarifying arguments and interpreting instructions but encourage participants to trust their own judgement.
- **Do not** get involved in arguments over the definition or use of technical terminology with participants or other facilitators. Whenever possible it is advisable to give explanations of what is meant by citing practical examples. It is unwise to get involved in discussion about concepts since this can create confusion and reduce the confidence of participants. A short guide to terms and concepts used in the SHM process is provided in Annex 1.
- When joining a group in which another facilitator is already working, **do not** intervene until it is clear that it is appropriate to do so. If, on the other hand, an observer or guest starts to dominate the group, it is important to intervene as rapidly and tactfully as possible.

Additional reference material on facilitation and on workshop management is given on p. 70.

#### **B4.** Adaptation of handouts

The handouts presented in Part C need to be carefully reviewed to see what changes are needed. Despite considerable variation in the approaches used in countries where the SHM process has been implemented, adaptation of the basic handouts has been relatively quick and easy.<sup>1</sup>

- It may be appropriate to substitute the local terms for levels of the health system (e.g. province, region, state) and for categories of personnel (e.g. hospital secretary, district administrator). These changes are most easily made at the time of translation, if this is required. Examples given in the handouts may also be changed to reflect the local situation.
- The handouts in this book are designed for use at workshops where the entire health management team takes part directly in all stages of the process. If the workshop is held at provincial level as a simulation exercise for representatives of DHMTs, the handouts and workshop schedule should be slightly altered.

Simulation workshops tend to be shorter than full workshops since complete action plans are not prepared until the entire team works on them together. For provincial

<sup>&</sup>lt;sup>1</sup> The handouts are available on diskette in WordPerfect 5.0 or 5.1, from the Division of Strengthening of Health Services, World Health Organization, 1211 Geneva 27, Switzerland. Diskettes will be sent on request to Ministries of Health interested in starting an SHM programme.

simulation workshops, most of the required changes in the handouts will be in the first and last of each series. The most substantial alteration will be needed in the final handout which should list for DHMT representatives the requirements for running workshops on their return to the district.

- Handout 1 of each module presents an outline of the workshop programme, suggesting the number and length of sessions to be held each day. The proposed outline should form the basis for the workshop schedule which will need to specify dates and times and should incorporate information on any other events taking place in connection with the workshop. Ideally, the workshop schedule should be sent out with the invitation to the workshop.
- A general information sheet on the SHM process needs to be prepared for workshop participants, observers and other interested parties.
- A major variation in the SHM process in different countries is the availability of additional funds. Where this option is chosen, the management teams prepare a budget during the final stage of the workshop to show how these funds will be allocated. An additional budget handout, to be used directly after preparation of the action plan, is given in Annex 2. The budget handout needs to be adapted to reflect the amount of funds available and restrictions on them. Other SHM handouts will also need to be amended to reflect the inclusion of funds.
- The technical programmes and support units listed in the handout on the health systems matrix (Module 2, Handout 4) may vary from country to country. For example, Ghana has a National Guinea-worm Control programme, while in the Lao People's Democratic Republic malaria is the top priority for disease control. The list used to construct the health systems matrix needs to be modified accordingly.

#### **B5.** Support between workshops

Since the most important aspect of the SHM process is what happens between workshops, special efforts should be made to provide support and encouragement at that stage.

DHMTs are invited to turn to the PHMT and to members of the facilitator network for advice and support. Individual PHMT members may be assigned to support a particular district or set of districts.

■■■ In Ghana, the concept of a "district parent" is the basis of a strategy for assigning regional health staff to support and monitor work in a specific district.

PHMT members, "district parents" or members of the facilitator network should not necessarily wait to be approached by DHMTs for help. Rather, they should visit each district at least once between Module 1 and Module 2, and twice between Module 2 and Module 3. If a system of regular support and supervision is not already in place, this could be the start of it. PHMTs may also need support from the facilitator network.

Support may range from attending meetings of health management teams to helping with difficulties that arise in the implementation of SHM action plans.

There is often a need to help in the preparation of reports for the next workshop. To be useful, these reports need to go beyond mere description of activities and include an analysis of what happened (and what did not) and why.

#### PART C

### Modules

## Module 1

#### **Synopsis**

The first workshop covers problem identification, problem analysis, strategy development and formulation of action plans.

Participants start by focusing on day-to-day problems of programme implementation. They analyse the causes of these problems and then devise solutions for aspects of the problems that can be tackled largely with existing resources. The action plans prepared at the end of the workshop are implemented over the following three to four months.

Teams learn the use of the "But why?" technique in problem analysis. They should also come to realize that, despite the many difficulties with which they have to contend, they can identify important problems that they can resolve.

#### Workshop schedule-Handout 1

Day 1

Registration and distribution of workshop schedule

(Handout 1)

Overview of the SHM process

(Information sheet)

Introduction to the workshop

(Handout 2)

Work session on problem identification

(Handout 3)

(remainder of the day)

Day 2

Problem identification – continued (half-day) Work session on problem analysis (half-day)

(Handout 4)

Day 3

Problem analysis - continued (half-day)

Work session on strategy development (half-day)

(Handout 5)

Day 4

Work session on action plans (one day)

(Handout 6)

Day 5

After the workshop (1 hour)

(Handout 7)

Presentation of action plans to an invited audience (optional)

#### Introduction to the workshop-Handout 2

The purpose of this workshop is to help you become more effective in implementing health programmes in your district. To this end, the module takes you through a process of identifying and analysing problems that hinder your work. You will develop strategies aimed at overcoming problems that you have identified as important, and you will prepare action plans for implementing these strategies. An important principle in selecting problems and strategies is that they must be amenable to local action. The aim is to seek solutions to problems that can be tackled in the district, by the district, and largely within the existing resource constraints of the district.

The following steps are involved in this workshop:

#### ■ Problem identification

This means identifying a range of problems considered important in preventing effective implementation of primary health care in the district.

#### ■ Problem analysis

Once the problems have been identified, their underlying causes are examined.

#### ■ Strategy development

A number of feasible strategies to overcome the problems should be outlined, focusing on what is possible within the resource constraints of the district.

#### ■ Development of action plans

The preparation of detailed plans for implementing problem-solving strategies may involve collecting additional information, consulting colleagues and superiors, or direct implementation.

#### Problem identification – Handout 3

Your first task in this workshop is to prepare a set of problem statements. Agreeing as a group on a clear formulation of the most important problems you face is not as easy as it may seem at first.

The following procedure will help to ensure that everyone in the group is involved and has a chance to contribute:

- 1. First, each group member works alone, preparing brief notes about four or five specific incidents that have adversely affected programme implementation during the past few months. Do not try to analyse or classify problems at this stage. Just make brief notes about what happened.
- 2. Next, group members choose partners and work in pairs. Compare the incidents each partner has noted and produce a list of the common problems that are suggested by the events you have discussed.
- 3. Each team of two presents its list of problems to the rest of the group. Although many of the problems may be similar, the group will probably end up with quite a long list. The group should discuss the problems, decide which are the most important and draw up a list of four to six key problems.
- 4. In reaching agreement over what are the most important problems facing your district, it is tempting merely to make a list of topics expressed as single words or short phrases (e.g. finance, shortage of transport, coordination, participation). However, these words are not particularly useful just by themselves.

Once you have selected a set of problems, formulate a full statement to clarify the nature of each of them. This can be a difficult step in the process of problem identification. Team members often have quite different ideas about which particular aspect of the problem they should focus on.

- For example, while most people may agree that transport is a problem, they may see the nature of the problem in very different ways. The group statement should explain whether you are primarily concerned with transport
- as a resource problem

("We do not have enough vehicles."

"The budget for operating vehicles is insufficient.")

- as a management systems problem

("Vehicles are not well maintained and repaired, and procedures for their use have not been clearly established.")

- as a planning and coordination problem

("We have few vehicles, and their use is not well coordinated among DHMT members.")

As you consider the exact nature of the problem you wish to address, your formulation is likely to change. What started out as a simple transport problem may end up as "outreach services are inadequate" or "there is insufficient supervision of health centres". Lack of transport could turn out to be just one of several factors contributing to the problem.

#### Problem analysis-Handout 4

After you have prepared several problem statements and decided which should receive priority attention the next task is to analyse the problems. This means breaking down large problems into their component parts. Problem analysis will help you to identify the reasons why these problems occur. Most problems are not caused by a single factor but have many underlying causes.

Begin by listing the most important causes you can think of. Next, discuss these causes further in order to gain a fuller understanding of why they are there and why they are so persistent. A method called the "But why?" technique will help you to do this. This technique simply consists of asking "But why?" after each problem statement. This is how the process works:

- 1. Start by writing the problem statement on a single sheet of paper which is pinned to the wall. Each member of the group is given a set of cards and a felt-tip pen. The facilitator will ask you to write what you think are the main causes of the stated problem on your cards. Write only one cause on each card, and use as few words as possible. The facilitator will then arrange the cards underneath the problem statement. For each of the main causes, the process continues: the facilitator asks "But why?" and you write your responses on single cards to be arranged under the main causes.
  - ■■■ Example: Health workers are not motivated to do fieldwork.

#### But why?

Conditions of service	Equipment and transport	Knowledge, skills and confidence	Community not interested	etc.
But why?	But why?	But why?	But why?	

For each reason you come up with, you continue to ask "But why?"

If one answer is that health workers lack the necessary skills, then you will continue by asking "But why?" If another answer is that the community is not interested in the services provided, then ask "But why?"

- 2. As you analyse problems and look at their causes, you may find that you wish to formulate the problems differently. Feel free to do this.
  - ■ For example, what appeared as a problem of lack of supplies for an immunization programme may, when you look hard at the causes, turn out to be a problem of planning or communication. Or what appeared to be a problem of lack of finance may turn out to be a problem of inappropriate resource allocation.
- 3. Look at each of the causes you have identified and ask: "Is this something we can remedy here in the district?"

While it is necessary to explore fully the underlying reasons for the problems you think most important, remember to focus on the reasons for failure that the district health management team has power to improve, even if only in a small way. Try to identify as many underlying causes as possible that are under your control, and perhaps under that of the Provincial Medical Officer. Causes identified in this way will be clearly marked by the facilitator. They will be referred to again in the next session of the workshop when you will be asked to agree on ways and means for overcoming problems in the district.

#### Developing strategies-Handout 5

At this stage of the workshop, you begin the process of laying plans for actions that you will undertake when you return to your district. Go back over the key problems and their causes, and think about what can be done. Remember that the solutions you identify must be implemented by you, the district health management team, with existing resources.

Developing viable problem-solving strategies involves several steps. These will normally take you forwards but may occasionally also take you backwards, obliging you to return to the problem again to clarify your ideas as the discussion continues. It is often necessary to revise and reformulate strategies after carefully reflecting on what is feasible and practical.

Just what is a strategy? A strategy is perhaps best understood as the route you take to achieve a particular result. You can often get to the same place by a number of different routes.

■ ■ For example, to improve your outreach programme, you could either improve existing health education materials (Strategy 1), carry out a survey of local beliefs (Strategy 2), conduct a refresher training course for staff involved in outreach and health education (Strategy 3), or persuade agricultural extension workers to include health messages in their work (Strategy 4). All these routes may lead to the same end

The choice of strategy will depend on both what is feasible and what you regard as the major cause of the problem. You may, of course, decide to combine two or more strategies. Thus, strategies that address complicated problems may have a number of components.

■ ■ For example, your overall strategy may be to develop a viable financial management system. The strategy has three components: (1) strengthen your relationship with the district treasury; (2) undertake a series of investigations to obtain information on income and expenditure, and to understand how the existing system works; (3) set up a financial information system to improve allocation and use of available resources.

In some cases the problems selected for analysis may have underlying causes in common, and a strategy that deals with one set of causes may also affect other key problems.

■ ■ For example, not having procedures for setting priorities for resource allocation (funds, transport, staff) may be an underlying cause of several problems. Thus the group may decide on a common strategy for addressing this issue.

It is not necessary to address all the causes of all the problems you have identified as amenable to local action. Instead, concentrate on a few of the causes that you know can be tackled. Consider carefully which are both the most important and the most feasible actions you can take.

Some of the strategies and solutions you will develop may be implemented right away when you return to your district. For certain problems, however, you may need additional information before deciding on a more specific course of action. In other

#### Developing strategies - Handout 5 (continued)

instances, you may need to consult colleagues, local committees or provincial authorities.

Do not take on too much at once. Select a limited number of strategies—say three—that you are sure you can implement. Develop these strategies for implementation over the coming months and expand or add to them later on.

#### Action plans-Handout 6

You have now chosen three strategies that you will start to implement during the coming months. The next task is to translate these strategies into detailed action plans.

Action plans should be prepared according to a common format modelled on Table 1. The format will need to be drawn on a large sheet of paper and pinned to the wall so that everyone in the group can cooperate in preparing the plan.

Starting from the problem you are dealing with, list each strategy you intend to implement. If your strategy has several components, specify each of them. The next step is to break down each strategy and its components into activities. For each activity, decide who will be responsible for doing it, what support is needed and when it will be carried out. Also decide what outcome you expect as a result of your strategy and your planned activities.

Here are some guidelines for completing each section of the table:

#### Problem statement

Write down the problem statement as formulated during your discussions.

#### Strategy

State the strategy you have chosen.

Table 1. SHM action plan (Format 1) **Problem statement:** Strategy 1: Strategy component 1a: Activities Timing Person(s) Resources needed Expected outcome responsible From Τo Strategy component 1b: Expected outcome Activities Timing Person(s) Resources needed responsible From To

# Action plans - Handout 6 (continued)

#### Strategy component

If your strategy has several components, state each of them.

#### Activities

Each strategy or strategy component should be broken down into its constituent activities and tasks. This has to be done in considerable detail. It is best to go step-by-step through each of the actions required to complete each task. Think, for example, of all the things that have to be done to prepare for a workshop in the district. In listing the tasks, carefully consider the order in which they will have to be started and the time by which each task has to be completed.

#### **Timing**

It is useful to specify when you aim to start each activity. Before fixing dates, consult any calendar of activities that has already been planned (e.g. provincial meetings, immunization campaigns). Some activities will continue once they have been initiated (e.g. regular DHMT meetings) while others will be completed after a finite period of time. For activities that should be completed, specify the date by which you hope they will be finished. If this is uncertain, you may decide to say "before the end of January" or "between 15 March and 31 March". Remember not to schedule too many activities during the same period of time.

#### Person(s) responsible

For each task or activity listed, consider who will be responsible either for doing it or, in some cases, for making sure that it is done. This is a good way to check whether your plan is realistic. If you simply write, for each activity, that the DHMT should be responsible, then it is easy to become too ambitious. If you assign each activity to an individual or to a named group, then the persons concerned are more likely to consider seriously whether they have the time to do the task adequately. Be sure not to assign too many tasks to a single person, such as the District Medical Officer.

#### Resources needed

Most of the strategies you have developed will be based on what can be done within existing resource constraints. For some activities, however, you will require additional support in the form of advice (from the District Administrator or from the Provincial Medical Officer, for example) or funds. Be sure to note here if there is a need for additional funds, inputs or supplies (e.g. bags of cement) that are not routinely available.

## Expected outcome

Finally, specify for each main activity in the plan what you expect to happen as the result of the action. This is important so that each member of the DHMT knows what the activity is supposed to achieve. Do not think only about the completion of the activity but, more importantly, consider the effect your action is expected to have on the problem you are trying to solve.

# After the workshop-Handout 7

You have now decided on the main strategies that you will adopt to address priority problems in your district. The most important work has yet to come. So far there has been discussion and planning, but it is implementation that counts!

- 1. In the course of the next three months, you will be carrying out a number of activities planned during this workshop. In some cases, you will implement activities that will be completed in a relatively short time. In other cases, you will hold meetings and collect information to develop your strategies further. You will make contact with colleagues in other district offices and with superiors, where necessary, to consult them and to clarify issues.
- 2. Think carefully about how you will know if you are making progress. For each component of your strategies, you will need to decide how to assess whether your activities are achieving the outcomes you are aiming for. If things do not go the way you planned, give some thought to the reasons why.
- 3. You will receive periodic visits from the provincial office and from other resource persons to help you review progress and to provide support and advice in implementing your action plan. If you need help, tell one of the provincial or national facilitators who have been with you in this workshop.
- 4. For the next workshop, which will take place in about three months, please prepare a brief progress report containing the following information:
  - Activities planned What had you planned to do?
  - Achievements
    What activities have you successfully carried out?
  - Problems
    What difficulties did you encounter and how did you deal with them?

We wish you the best of luck in implementing your plans!

# Notes for facilitators

## Workshop plan

The workshop begins with plenary sessions which provide an overview of the SHM process and an introduction to the workshop.

Each working session in this module is introduced in plenary. Participants divide into small groups for the sessions on problem analysis, strategy development and action planning. More detailed instructions on the group work for the session on problem identification are provided in the following notes.

At provincial-level workshops, the small groups should be organized so that PHMTs form one group by themselves. The other groups will consist of DHMTs or DHMT representatives. Unless a large number of facilitators are available, district working groups will contain persons from more than one district. It is important that each district team works on its own strategies and action plan within the larger working group.

The final session entitled "After the workshop" is held in plenary.

### **Problem identification – Handout 3**

The method used for this task is designed to encourage each member of the DHMT to contribute to the identification of problems of general concern. By focusing initially on specific incidents, the method allows group members to identify general problems on the basis of their actual working experience. In this way, terms that are often used in problem statements, such as "coordination", "integration" and "participation", will be very relevant to group members.

## Specific incidents

The first step is for individuals to make brief notes of two or three specific incidents that have recently occurred in the course of their work. Stress that no one else is going to look at these notes; they are just a reminder. Incidents should be of the kind that provoked strong feelings. These may have been very positive feelings, but more likely they will have been feelings of anger or frustration, like the feelings one experiences when unjustly criticized or when work planned for many weeks has to be cancelled. Participants should note what happened, who was involved, and why the incident was important. Allow about 15 minutes for participants to work on their own

# Formulating problem statements

The formulation of problem statements can be difficult, time-consuming and repetitive. Clear and concise problem statements, however, will greatly facilitate the subsequent process of analysis and strategy development. Problem statements should make clear which aspect of the problem the group wishes to focus on.

Most DHMTs will start by making a long list of problems. It is nearly always necessary to intervene at this stage. Frequently, problems will be expressed in one or two words, such as "no coordination" or "poor supervision" or a long list of "lack of ..." (ranging from petrol to leadership). Do not start the process of setting priorities by immediately asking which problems are the most important since this is likely to lead to the premature elimination of several problems proposed by individuals on the team. The aim is to guide group members to an understanding of the

general problems that underlie their preliminary list. Start the discussion by asking individuals to explain what they mean by one or two of the problems they have listed. Ask them to give examples of how a particular problem affected their work. By listening carefully to the discussion, you should be able to discern both underlying problems and differing concerns in the group.

The facilitator should then feed his or her impressions back to the group, often in the form of a question. For example: "It seems that the DHMT has many resource problems. You have listed a lack of transport, funds and drugs. Is your prime concern finding ways of obtaining more resources, or is the main problem making the best use of what little you have?" By asking questions and making suggestions you can guide the group members towards the development of their problem statements. You may even write some draft statements for the group to consider and change. Remember, however, that the main task is to guide and to clarify—not to tell DHMTs what their problems are or ought to be!

# Problem analysis: the "But why?" technique - Handout 4

In preparing for the session, make sure that each problem statement is clearly written on a single sheet of paper. Make sure that you have materials which will allow you to pin up and rearrange the cards used by DHMT members.

The technique is very simple. Starting with the basic problem, ask the DHMT to think about what causes it—"But why is it a problem?" For each cause that is proposed, continue to ask "But why?" Using small cards allows everyone in the team to make a visible contribution to the analysis. This is a brainstorming session. Encourage group members to be creative and to write as many responses as they can think of.

To get the maximum benefit from the technique, participants should write only one cause on each card, and should do so in as few words as possible, using large letters. If this is not done, it will be very difficult for the rest of the team to read the cards, and the visual impact of the method can be easily lost.

Before a card is pinned up, read out what is written on it and ask where it should be placed in relation to the others. This helps to get all members involved in the process of analysis. Cards with similar responses should not be discarded but should be grouped close together. As more suggestions are made, arrange the cards to show the relationship between different causes.

It is important to keep the analysis productive and to avoid discussions that go round in circles. However, the principle should be that all suggested causes can be considered initially, even if they are not amenable to local action. When the analysis is complete, review all the causes with the DHMT and ask for each one, "Is this something the DHMT can change?" Causes that can be addressed by the DHMT, or by the PHMT, within existing resource constraints should then be clearly marked.

Several problems have common underlying causes. If space permits, keep the "But why?" analysis sheets next to each other on the wall, so that links between the problems can be demonstrated. This will help in the process of strategy development in the next session.

## **Developing strategies – Handout 5**

As with problem analysis, it is important that all members of the DHMT contribute to the process of developing strategies. To this end, possible strategies should be visibly recorded and the links between them should be demonstrated.

Ask DHMT members to record each suggested strategy in a few words on a small card
— as they did in the problem analysis session. The strategy cards can then be

arranged in groups. Strategies to promote better planning or coordination are often suggested and these are likely to emerge in relation to a number of different problems. So, for example, if all similar coordination strategies are grouped on cards, DHMT members will realize that one overall strategy may have an effect on several aspects of their work. By using cards, it is also easy to show that one overall strategy may have several components (see example on financial management in Handout 5).

# Action plans - Handout 6

Handout 6 includes a format for preparing action plans (Table 1). This should be copied onto large sheets of paper and pinned to the wall so that all members of the DHMT can participate in preparing the plans. Preparing detailed action plans is a time-consuming task if it is to be done thoroughly.

The process is best started by again distributing a number of small cards to each participant. Ask participants to write on the cards the activities that are needed (one activity per card). When all the cards are collected, work with the group to arrange the activities in sequence. After all the activities have been written on the larger sheet, participants should complete all other details for the plan. Refer to the handout for more information on each section of the table.

Throughout the process of preparing action plans, the role of the facilitator is to ensure that DHMT members keep a firm grip on reality. They are drawing up their own plan, for which they are responsible. Encourage them to ask critical questions as part of the process of planning: "Is there really time to do it?" "What other commitments do we have at the same time?" "Do our staff have the necessary skills?" "What needs to be done first?" "Is it necessary to seek approval?" "Will colleagues cooperate?" To ensure that the entire team is committed to implementation, it is important that preparation of plans is not monopolized by one or two persons.

The following pages show brief examples of action plans (Tables 2, 3 and 4) presented in the format of Table 1.

Table 2. SHM action plan (Format 1)

ices	es (VHCs) as a means of involving community members in the planning and organization of outreach services
ocal communities show little interest in primary health care outreach services	lage health committee
Problem statement: Local communiti	Strategy 1: Establish vill

Strategy component 1a: Workshops for outreach staff on		"Planning with the community"		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Select appropriate resource persons to facilitate workshop	Following DHMT meeting on 2 January	District Medical Officer of Health (DMOH) and Public Health Nurse (PHN)		<ul> <li>Outreach staff in selected areas aware of methods for working with VHCs</li> </ul>
Convene meeting with resource persons to discuss schedule and content	Depends on availability, but before 9 January	PHN		<ul> <li>Outreach staff + community leaders contribute to preparation of VHC guidelines</li> </ul>
Contact key community leaders to discuss workshop purpose and content	Before 15 January	DMOH and PHN	Transport for 2 day visits	
Workshop arrangements: venue, invitations, copy materials, stationery, etc.	To be completed by 28 February	PHN and assistants	Funds trom regular budget for materials, honoraria, etc.	
Strategy component 1b: Selection of members and inauguration of VHCs	n of members and inauguratio	on of VHCs		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Following workshop prepare draft guidelines for use by outreach staff and local leaders	First draft to be finished within 2 days of workshop	NHA	Stationery, typist's time	<ul> <li>Guidelines clearly specifying how VHC should be formed and how it will function have been prepared</li> </ul>

PHN and staff

By 15 March

Distribute guidelines to staff in selected areas

Outreach staff work with community leaders to select and brief VHC members	March–April	Outreach staff in selected facilities	ſ	
Initial meetings of VHCs formally opened by DMOH and local leaders	March-April	DMOH and PHN	Contribution to funds for entertainment	<ul> <li>VHCs in first 10 villages established and formally inaugurated</li> </ul>
Strategy component 1c: Preparation of plans for outreach clinics with VHC members	tion of plans for outreach clin	ics with VHC members		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Meeting with VHC members to explain key health programmes cand discuss concerns  VHC and clinic staff prepare joint action plan for outreach clinics (specifically timing, location). Community members to provide inputs (food, accommodation for staff, publicity, etc.)	Meetings in two communities before end April	Outreach staff from selected facilities	<ul> <li>Support from PHN and other district staff</li> <li>Regular provision of travel and overnight allowances</li> </ul>	VHCs in 10 villages ensure that local communities become more involved in planning outreach. As a result, use of services will have been increased

Table 3. SHM action plan (Format 1)

Problem statement: Vehicles are	not properly maintained and	repaired and procedures for	Problem statement: Vehicles are not properly maintained and repaired and procedures for coordinating their use have not been established	stablished
Strategy 2: Establish DHMT transport committee (DTC)		to oversee all aspects of vehicle use		
Strategy component 2a: Establish DTC and appoint district transport officer (DTO)	DTC and appoint district tra	nsport officer (DTO)		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
DHMT to agree on terms of reference and membership of DTC	At next DHMT meeting 15 January	рнмт		DTC has agreed on detailed plan of action for 2-month period 1 February to 1 April
Appoint DTO	At next DHMT meeting 15 January	рмон		
Convene first meeting of DTC	Before 22 January	ОТО	Provincial transport officer (PTO) to	
Prepared detailed plan of action	At DTC meeting	DTC/DTO	on plan of action	
Strategy component 2b: Establish planning procedures for coordinating vehicle use	h planning procedures for coo	ordinating vehicle use		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Request to all unit heads for monthly travel schedule	To be submitted to DTC by 25 January	DMOH to unit heads		First trial of integrated travel schedule for outreach work completed by end of March
Prepare draft of integrated tavel schedule for discussion at DHMT meeting on 17 February	15 February	DTC members	Advice from PTO and district administrative officer	
Prepare first trial travel schedule for March	Distribute to unit heads by 25 February	070		

Strategy component 2c: Establish system for monitoring use, maintenance and repair activities	sh system for monitoring use,	maintenance and repair activ	ities	
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Prepare comprehensive inventory of all available vehicles	To be completed by 31 March	DTO and unit heads	Check list from PTO	Comprehensive record of vehicle status for discussion with Provincial Medical Officer
Order stationery for logbooks	To be collected by 31 January	DHMT secretary	Funds from regular budget	Logbooks in use by all drivers and motorcycle-users by end of March
Prepare guidelines for use of vehicle logbook	Draft for discussion by DTC by 28 February	ото	Advice from PTO	I
Distribute logbooks and guidelines to all drivers and motorcycle-users	By 15 March	DHMT secretary		I

Table 4. SHM action plan (Format 1)

Problem statement: The DHMT is short of funds and lacks adequate information on income and expenses	short of funds and lacks adeq	luate information on income al	sesuedxe pu	
Strategy 3: DHMT to establish an improved system for		financial management		
Strategy component 3a: Strengthen relationship between DHMT and key district and provinicial personnel	an relationship between DHM7	and key district and provinici	al personnel	
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Invite accounts officer to become a member of DHMT	Invitation to be issued at DHMT meeting 15 January	рмон	1	<ul> <li>More cooperation from MOH</li> <li>Accounts officer seconded to MOH</li> </ul>
Form DHMT finance subcommittee	At DHMT meeting 15 January	Members nominated by DMOH		
Arrange meetings between subcommittee, district treasury officer and provincial Ministry of Health (MOH) accountant	To be held between 15 January and 31 January	Finance subcommittee and DMOH	Travel costs	Improved understanding of government disbursement and accounting procedures
Strategy component 3b: Arrange workshop on financial management for full DHMT	workshop on financial manag	ement for full DHMT		
Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Invite provincial accountant, district treasury officer and Provincial Medical Officer (PMO) to act as resource persons at district workshop	Discuss possible dates at initial meeting, set date before end February	Finance subcommittee		
Prepare provisional schedule for 2-day workshop	By 15 February	Finance subcommittee in consultation with resource persons	I	
Workshop arrangements: venue, invitations, materials, copying, secretariat, etc.	February	Finance subcommittee	Funds from regular budget for stationery, travel and honoraria	DHMT started the process of setting up its own system for monitoring income and expenditure

Activities	Timing	Person(s) responsible	Resources needed	Expected outcome
Carry out inventory of all sources of income (including user fees) for discussion at DHMT meeting	March	Finance subcommittee	Advice from provincial accountant DHMT can critically review magnitude and relative importance of different sou of income	DHMT can critically review magnitude and relative importance of different sources of income
Prepare expenditure vouchers to facilitate rapid disbursement of quarterly financial allocation	All possible vouchers to be prepared before beginning of 2nd quarter	Finance subcommittee and unit heads		Rapid disbursement resulted in increase in spending limit
Design expenditure return forms for use by health facility staff and district unit heads	March-April	Finance subcommittee	Advice from district treasury officer and provincial accountant	New return forms will satisfy government accounting requirements and allow monitoring of key expenditures of facilities
Prepare first draft of guidelines on how to increase spending limits and obtain supplementary government funds	February-April	Finance subcommittee	Draft to be reviewed by PMO, provincial accountant and full DHMT	The experience of the DHMT has been documented for future reference and for use by other districts



# Module 2

# **Synopsis**

The second workshop has sessions to review achievements, reformulate problem statements, revise or expand strategies, examine the relationship between management strengthening and technical programme implementation, and prepare revised action plans for the next 6–7 months.

The review of achievements and problems allows participants to draw up a list of lessons learned for better planning and implementation. These are used when revised action plans are prepared at the end of the workshop. A new tool called the "health systems matrix" is introduced for analysing the relationship between management strengthening strategies and technical programme implementation.

Team members learn to review and amend plans in the light of practical experience. They become more aware of the potential effect of better management on the technical programmes for which they are responsible.

# Workshop schedule – Handout 1

Day 1

Registration and distribution of workshop schedule (Handout 1)

Overview of the SHM process (Information Sheet)

Introduction to the workshop (Handout 2)

Brief presentation of progress report (see Handout 7 of first workshop)

Work session on lessons for effective planning (Handout 3)

and implementation (2 hours)

Work session on the health systems matrix (Handout 4)

(2 hours)

Day 2

Work session on review and reformulation of problems (Handout 5)

(half-day)

Work session on review and revision of strategies (Handout 6)

(half-day)

Day 3

Work session on action plans (one day) (Handout 7)

Day 4

After the workshop (1 hour) (Handout 8)

Presentation of action plans to an invited audience (optional)

# Introduction to the workshop – Handout 2

The purpose of this workshop is to assess progress made during implementation of the initial action plans, to find out what lessons have been learned and to use these in developing more effective strategies and improved plans for the next six months.

During the meeting, you will:

- review difficulties encountered in implementing plans produced during the first SHM workshop;
- analyse lessons you have learned for future planning and strategy formulation;
- review and, if appropriate, reconfirm the continuing importance of the problems initially identified as priorities;
- discuss the relationship between programme-specific action plans and plans to improve management;
- review and revise strategies;
- develop more detailed action plans for implementing revised and expanded strategies.

# Lessons for effective planning and implementation – Handout 3

You have just presented your report on progress in implementing the action plans prepared at the first SHM workshop in your district.

It is likely that there were some activities that you intended to carry out but that did not get finished. Perhaps there were also some activities you carried out without achieving the desired results. The purpose of this session is to analyse in detail the difficulties you encountered in implementing the action plans. Later on in the workshop you will also have a chance to review the effectiveness of the strategies themselves.

- 1. Start by reviewing what it was you set out to do, what actually happened and why.
  - Ask yourself the following questions for each strategy, component by component:
  - What were we trying to achieve?
  - Were we successful?
  - What helped us succeed?

or

— What went wrong?

Remember, you are not asked to make a list of new management problems that the DHMT wants to tackle. You are analysing the reasons why the original plan was or was not implemented in the way you had hoped.

2. The next step is to review the factors that underlie your successes and failures. Try to extract the general lessons you have learned about the process of planning and about the successful implementation of plans. Think of what general advice you would give to people who are just now starting to prepare plans as you did in the last workshop. What should they do to ensure that a plan gets implemented? What should they avoid? What must they not forget?

This session provides an opportunity to learn from your experience and apply what you have learned as you develop and implement further strategies and plans. Some examples of lessons learned by other DHMTs are provided below.

## Lessons for more effective planning and implementation

- Specify clear roles and responsibilities for each task.
  - Do not assign all tasks to the District Medical Officer.
  - Allow time for discussion of responsibilities.
  - Ensure that those responsible are motivated to carry out tasks.
  - Do not assume that everyone understands what is written in a circular letter.
- Break down activities into separate tasks, put tasks in sequence and allow time to do each one.
- An action plan should specify clearly what the DHMT hopes to achieve, and it should contain a schedule for monitoring progress.
- In planning, details of functions of various committees must be specified.

# $Lessons\ for\ effective\ planning\ and\ implementation-Handout\ 3\ (continued)$

- Plan within the limits of your resources. Anticipate all resource requirements. Ensure that plans are realistic if you think there may be delays in financial disbursements.
- In preparing plans:
  - Make allowances for unexpected activities that may be imposed on you.
  - Do not undertake too many unplanned activities or you will not be able to implement your own priority plans.
  - Allow time for making appointments with health officials and with other departments.
- Above all, ensure that plans are realistic and flexible.

# Health systems matrix - Handout 4

This session looks at how management development strategies can support and improve the implementation of technical programmes and health services.

- 1. Start by classifying the programmes and activities of the Ministry of Health as either technical functions or support functions. You will be asked to go over a list of current programmes and units of the Ministry of Health. Divide these into two groups: technical (T) and support (S).
  - Technical programmes are concerned primarily with delivering a technical service. They are often defined in relation to a particular disease or health problem such as AIDS control, family planning or diarrhoeal disease control. By contrast, units such as transport, finance or health education are primarily concerned with supporting these programmes.
- 2. Next, construct a chart of these two functions, with technical programmes listed across the top and support functions down the left hand side. This chart is called a health systems matrix. During the session, you will draw the chart on a large sheet of paper. When all major programmes and units are set out in the rows and columns, you can easily see how well-managed support functions can affect the implementation of all technical programmes.
- 3. Using cards, enter on the chart the various management improvement strategies you have developed and implemented as part of the SHM process. The great majority of your strategies will fall within the support group. Discuss how these strategies have benefited technical programme implementation. Use a plus sign (+) to mark each cell where the strategy has been especially helpful to the implementation of a technical programme.
  - Consider whether your strategies have supported just a few selected technical programmes, or whether they have had an impact on others too. For instance, if financial management improves, it should have a positive impact on the implementation of immunization, medical care, environmental sanitation and so on.
- 4. You will return to the health system matrix again when you get to Handout 6. At that time it will be used as an aid in reviewing SHM strategies.

# Review and reformulation of problems – Handout 5

This session allows you to reconsider the problem statements you formulated and selected for action during the first workshop.

- 1. As a group, you now have to decide:
  - whether you still consider that each of the problems is important;
  - whether you are satisfied that each problem is clearly stated and well defined in terms of its underlying causes;
  - whether you wish to change any of the problems you are addressing or add new ones in the light of experience so far.
- 2. Following your deliberations, produce a list of problem statements. This may:
  - contain the same problems as before, but be reformulated to describe the nature of the problems more clearly;
  - replace one or more problems you no longer consider a priority for immediate action with new and perhaps more acute problems;
  - be largely identical to the list you produced before.

# Review and revision of strategies - Handout 6

In this session you review the strategies you have pursued to overcome the problems you selected for action at the last workshop.

- 1. Discuss, for each problem, whether the strategy you initially chose to solve the problem was appropriate and effective. As a group, decide whether you want to:
  - keep to the same strategy, and simply extend it;
  - expand the strategy by adding new components;
  - revise the strategy in accordance with the lessons you have learned during the last few months;
  - change course and develop a new strategy altogether.
- 2. Earlier you reviewed the difficulties you encountered when trying to implement the plans drawn up at the first workshop. While some of the difficulties may be related to inadequate planning, others are likely to be due to the choice of an inappropriate approach or ineffective strategy.
  - ■■ For example, if you did not receive accurate and timely information from the district accountant, was complaining to the provincial accountant the best way to remedy the situation? Probably not. Think again. How can you obtain the information you want?

Another reason for problems may be that your original strategy was not comprehensive enough.

- ■■ For instance, you aimed to collect financial information but did not include the development of procedures for analysing the information once you had collected it.
- 3. After reviewing your current strategies, use the health system matrix you have just prepared to assess the need for additional work to strengthen management and support systems. You have already entered your strategies on cards and marked those cells in the matrix where implementation of technical programmes has benefited most from improvements in management. Use the matrix as a reminder of other areas of weakness in the system.
  - The matrix may reveal essential support activities that are not adequately addressed by present management development strategies.
  - The matrix may also suggest the need to ensure that more technical programmes benefit from the management improvements you have started.

Consider the most important technical programmes and activities you are now implementing and those being planned. If the required support and management systems are not in place and functioning correctly, you will need to consider additional strategies to strengthen these systems.

4. As in the first workshop, strategies should be adopted on the basis of what is feasible within the resource constraints of the district. Depending on the complexity of the underlying causes of the problem you are trying to address, a strategy may have several components that are mutually reinforcing. Discussions at this stage provide one more opportunity to review the links between different problems and strategies and to adjust some components accordingly.

# Action plans – Handout 7

After the problem-solving strategies have been reviewed and revised, the next task is to prepare action plans that list the activities to be carried out to implement the strategies. As during the last workshop, start from the problem you are trying to address and list each strategy. If the strategy has several components, specify each of them. Then break down each strategy and its components into activities. For each activity, decide who will be responsible for doing it, what support is needed and when it will be done. Also decide what outcomes you expect as a result of the planned activities.

Prepare the action plans according to the format used in the last SHM workshop (Table 1, page 30). Here again are the guidelines for completing each section of the table.

## Problem statement

Write down the problem statement as formulated during your discussions.

#### Strategy

State the strategy you have chosen.

### Strategy component

If your strategy has several components, state each of them.

#### Activities

Each strategy or strategy component should be broken down into its constituent activities and tasks. This has to be done in considerable detail. It is best to go step-by-step through each of the actions required to complete each task. Think, for example, of all the things that have to be done to prepare for a workshop in the district, or to carry out a survey of financial information relating to health centres. In listing the tasks to be done, carefully consider the order in which they will have to be started and the time by which each task has to be completed.

## Timing

It is useful to specify when you aim to start each activity. Before fixing dates, consult any calendar of activities that has already been planned (e.g. provincial meetings, immunization campaigns). Some activities will continue once they have been initiated (e.g. regular DHMT meetings), while others will be completed after a finite period of time. For activities that should be completed, specify the date by which you hope they will be finished. If this is uncertain, you may decide to say "before the end of January" or "between 15 March and 31 March". Remember not to schedule too many activities during the same period of time.

### Person(s) responsible

For each task or activity listed, consider who will be responsible either for doing it or, in some cases, for making sure that it is done. This is a good way to check whether your plan is realistic. If you simply write, for each activity, that the DHMT should be responsible, then it is easy to become too ambitious. If you assign each activity to an individual or to a named group, then the persons concerned are more likely to consider seriously whether they have the time to do the task adequately. Be sure not to assign too many tasks to a single person, such as the District Medical Officer.

# Action plans - Handout 7 (continued)

#### Resources needed

Most of the strategies you have developed will be based on what can be done within existing resource constraints. For some activities, however, you will require additional support in the form of advice (from the District Administrator or from the Provincial Medical Officer, for example) or funds. Be sure to note here if there is a need for additional funds, inputs or supplies that are not routinely available.

## Expected outcome

Finally, specify for each main activity in the plan what you expect to happen as the result of the action. This is important so that each member of the DHMT knows what the activity is supposed to achieve. Do not think only about the completion of the activity but, more importantly, consider the effect your action is expected to have on the problem you are trying to solve.

# After the workshop - Handout 8

Strategies have now been reviewed and revised, and action plans have been modified accordingly. On the basis of the lessons learned while attempting to implement the previous plans, you are likely to make considerable progress in putting the revised plans into action over the next six months.

- 1. In reviewing progress, assess to what extent the expected outcomes, as stated in your action plans, have been achieved and consider whether your management development strategies are influencing the implementation of technical programmes.
- 2. As before, you will receive periodic visits from the provincial office and other resource persons to help you review progress and to provide support and advice in implementing your action programme. If you need more help, tell one of the provincial or national facilitators who have been with you in this workshop.
- 3. The next workshop will take place in about six months. Before that workshop, prepare a brief progress report containing the following information:
  - Activities planned What had you planned to do?
  - Achievements
    What progress did you make in relation to planned activities?
  - Problems
    What difficulties did you encounter and how did you deal with them?
  - Relationship between technical and management issues

    How did management development strategies benefit technical programme implementation?

We wish you the best of luck in implementing your plans!

# **Notes for facilitators**

# Workshop plan

The first part of the workshop takes place in plenary. After a repeat of the overview of the SHM process from the previous workshop and the introduction of this second workshop, the participating health management teams present their progress reports. If there are many reports, it is essential that presentations are kept short and are made with the help of visual aids.

Participants then break into groups for the session on "Lessons for effective planning and implementation". More detailed instructions on the sessions in which the health systems matrix is introduced and used are to be found in the relevant section of the following notes. As in Module 1, management teams or their representatives work on their own action plan.

The final session, "After the workshop", is conducted in plenary. The workshop ends with presentations of revised action plans.

## Lessons for effective planning and implementation - Handout 3

Pin up the sheets on which action plans were recorded at the previous workshop. These will be referred to during the first stage of the review.

## Focusing on problems of planning and implementation

It is important that DHMT members list the difficulties they have encountered in implementing their action plans. Otherwise they will produce another general list of problems facing the DHMT. Unless carefully instructed, DHMT members may well return to the original problem statements and reconstruct a list of reasons why the problem exists. In guiding the DHMT, use the questions listed in Handout 3: "What were you trying to achieve?" "Were you successful?" "What helped you succeed?" "What went wrong?"

#### Drawing general conclusions from specific incidents

Many DHMT members do not find it easy to draw general conclusions from specific incidents. This is a very important skill to develop, however, in order to become a more effective management team. It takes time and patience to help DHMTs realize that their findings in one set of circumstances may have more general application. Refer to Handout 3, which suggests that DHMT members should ask themselves how they would turn their experience into general advice for others. What should others do to ensure that plans get implemented? What should they avoid? What must they not forget?

Before the end of this session, check that individual DHMT members understand how their specific problems and difficulties fit into the general statements of "lessons learned". The list of lessons should be pinned up so that it can be referred to again during the workshop. It is particularly important to refer to these lessons when the DHMT starts to prepare revised action plans.

## **Health systems matrix – Handout 4**

Work on the health systems matrix should be conducted in both plenary and group sessions. The plenary has two main aims—firstly to introduce participants to the difference between technical and support functions, and secondly to show how the health systems matrix is used to relate technical and support functions to each other. After the plenary session, groups should have an opportunity to fit the strategies they have planned into their own health systems matrix and to discuss how their work to date has affected the implementation of technical programmes.

# Technical programmes and support services

Before the session, prepare a poster listing technical programmes and support services in alphabetical order. Start the session with a brief explanation of the difference between the two, based on what is written in Handout 4. Then ask participants to indicate which should be marked with a T (technical) and which with an S (support). Most programmes on the list pose no problem. Some, however, will be the cause of disagreement—particularly training and health education. If there is disagreement, acknowledge it by writing T/S, and move on until the whole list has been covered. After reaching the end of the list, return to those marked T/S and repeat the explanation of what constitutes a support service—one that supports or helps the implementation of all technical programmes. For example, although health education is usually a separate organizational unit within the Ministry of Health, its activities and products are critical to the success of all technical programmes. Further explanations should make it possible to resolve any remaining disagreements about what is technical and what is support.

#### Explaining the matrix

Pin up a prepared blank matrix and write the technical programmes across the top and the support services down the left-hand side. Most DHMT members will be familiar with the process of writing action plans for technical programmes—notably EPI, CDD/ARI and other programmes that are listed above the vertical columns. Draw participants' attention to the fact that the action plans they prepared at the first SHM workshop were concerned mostly with support functions—those listed on the left. Their strategies cut across the technical functions. To emphasize the

Table 5. Health systems matrix

Technical functions

	Environ- mental sanitation	MCH/FP	Medical care	Nutrition	EPI	AIDS	CDD/ARI	Other disease control
Finance								
Personnel								
Staff training								
Statistics								
Supplies								
Transport								
Maintenance								
Health education								
Community involvement								

relationship between support services and technical programmes, take an example, such as transport, and ask how improvements in these services might affect the implementation of technical programmes in the district. A blank health systems matrix chart is shown in Table 5.

The members of the DHMT should write on large cards the strategies they have begun to implement. Pin each card on the cell of the relevant support function on the matrix. As explained in the handout, use plus signs (+) to indicate if and to what extent a technical programme has benefited. The pluses should be placed in the cells where the relevant support and technical functions meet on the matrix. An example of a matrix showing selected strategies and marking the effect of these strategies on technical programme implementation can be found in Table 6.

Table 6. Health systems matrix

- ,				
Techn	ICAI	THI	cnon	5

	Environ- mental sanitation	MCH/FP	Medical care	Nutrition	EPI	AIDS	CDD/ARI	Other disease control
Finance Establish improved system for financial management		++	+		++			
Personnel								
Staff training								
Statistics								
Supplies								
Transport Establish DHMT transport committee to oversee all aspects of vehicle use	+	+	+	+	+	+	+	+
Maintenance Use proportion of user fee income for health centre maintenance	,	+++						
Health education								
Community involvement								

# Review and revision of strategies - Handout 6

#### Using the matrix as a checklist

- 1. In reviewing essential support functions, the first question to ask is: "Are there any support systems that are not being addressed by your current management development strategies?" The answer will almost certainly be yes. Help the DHMT to use the matrix to check whether other support functions may require attention. At the same time, make it clear that there is no need to deal with all support functions at once. DHMTs should not take on more than they will be able to handle.
- 2. When reviewing the effect of management strengthening strategies on technical programme implementation, ask: "Can you think of ways in which more of the technical programmes can benefit from the improvements you have begun?" Review with the DHMT what has been recorded on the matrix. The aim is not to amend strategies or add components so that every programme benefits. This would be impossible. The matrix is a checklist to remind DHMT members to consider each programme in turn.

Having used the checklist, the team members must be guided by a clear sense of their own capacity and by existing resource constraints as they decide what action to take.



# Module 3

# **Synopsis**

The third workshop includes another review of lessons learned in planning and implementation and another review of strategies. The workshop also covers the formulation of clear objectives for each major component of a strategy, a more advanced format for preparing action plans, and the specification of indicators for monitoring progress.

Teams learn to clarify their objectives and to understand the need for monitoring systems to assess progress and results.

Module 3 includes a final meeting to review progress six months after the workshop, at the end of the implementation period. The meeting ensures that concepts of monitoring have been successfully translated into action. Needs for further management development are also discussed at this meeting.

# Workshop schedule – Handout 1

# Day 1

Registration and distribution of workshop schedule (Handout 1)

Overview of the SHM process (Information Sheet)

Introduction to the workshop (Handout 2)

Brief presentation of reports (Handout 8 of previous workshop)

Work session on lessons for effective (Handout 3)

planning and implementation

(half-day)

## Day 2

Work session on review and revision of strategies (Handout 4) and clarification of objectives (one day)

# Day 3

Work session on action plan (Handout 5)

(one day)

# Day 4

After the workshop (Handout 6)

(1 hour)

Presentation of action plans to an invited audience (optional)

# Introduction to the workshop - Handout 2

This is the third and final workshop in the SHM process. The aims of this meeting are:

- to review achievements and difficulties experienced during the second implementation period;
- to analyse general lessons that have been learned in relation to strategic and operational planning, and to more effective implementation;
- to review and revise strategies;
- to clarify and formulate objectives for each strategy and each strategy component;
- to identify target outcomes of the main activities;
- to examine how indicators can be used for monitoring the implementation and effectiveness of strategies;
- to prepare detailed action plans for continued implementation of priority strategies;
- to agree on ways of continuing efforts to strengthen management and improve implementation.

# Lessons for effective planning and implementation – Handout 3

You have just presented your report on progress in implementing the action plans prepared at the second SHM workshop in your district.

As before, it is likely that there were some activities that you intended to carry out but that did not get finished. Perhaps there were also some activities you carried out without achieving the desired results. The purpose of this session is to analyse in detail the difficulties you encountered in implementing the action plans formulated at the last workshop. Later on in this workshop you will also have a chance to review the effectiveness of the strategies themselves.

- 1. Start by reviewing what it was you set out to do, what actually happened and why.
  - Ask yourself the following questions for each strategy, component by component:
  - What were we trying to achieve?
  - Were we successful?
  - What helped us succeed?

or

— What went wrong?

Remember, you are not asked to make a list of new management problems that the DHMT wants to tackle. You are analysing the reasons why the original plan was or was not implemented in the way you had hoped.

2. The next step is to review the factors that underlie your successes and failures. Try to extract the general lessons you have learned about the process of planning and about the successful implementation of plans. Think of what general advice you would give to people who are just now starting to prepare plans as you did in the last workshop. What should they do to ensure that a plan gets implemented? What should they avoid? What must they not forget?

This session provides an opportunity to learn from your experience. The product will be a list of lessons that will be useful to you as you develop and implement further strategies and plans. Your list will also be helpful to others who are trying to become more effective in developing and implementing realistic plans.

# Review and revision of strategies and clarification of objectives – Handout 4

During this session, you will review the strategies you have implemented since the last SHM workshop. You will need to review and clarify the objectives of each strategy and strategy component. There will also be an opportunity to revise strategies and to add new ones.

- 1. Start by carefully reviewing each of your current management improvement strategies. Use the report on activities and achievements that you presented on the first day of this workshop. The key issue in this review is whether your strategy was effective in reducing or eliminating the problem you were trying to address. Before you answer this question, however, ask:
  - What were we trying to achieve with our strategy?
  - What changes did we expect?

These questions will help clarify the objective or objectives of your strategy. A well-formulated objective will describe a changed situation from the one presented in the original problem statement. It should be stated in such a way that the changed situation is observable or measurable.

- For example, vehicles are functioning and their use is coordinated and monitored. Or, village health committees are established and meet regularly with health centre staff to plan outreach activities and schedules.
- 2. Now ask yourself to what extent you have achieved the desired change.
  - How well did the strategy work?
  - Is there a need to modify any components?
  - Should the strategy be broadened by adding other components that will help us make further progress?
- 3. After reviewing your current strategies, use the health systems matrix prepared at the previous workshop to assess the need for additional work to strengthen management and support systems. You have already marked those cells in the matrix where your management improvement strategies have clearly benefited the implementation of technical programmes. Use the matrix as a reminder of areas of weakness in the system.
  - The matrix may reveal essential support activities that are not adequately addressed by present management development strategies.
  - The matrix may also suggest the need to ensure that more technical programmes benefit from the management improvements you have started.

Consider the most important technical programmes and activities you are now implementing and those being planned. If the required support and management systems are not in place and functioning correctly, you will need to consider additional strategies to strengthen these systems.

4. In developing expanded strategies, keep in mind the principle you have followed so far. Keep plans within the limits of what can be done by the district team in light of current and foreseeable workloads and resources.

# Action plans - Handout 5

You have now reviewed and revised your management development strategies and considered the impact of these strategies on the implementation of technical programmes. Your next step is to prepare another action plan.

Listed below are the guidelines for completing the modified action plan format (Format 2, see Table 7). Unlike the format you used before, the modified format provides space for recording the objective of each strategy and strategy component, the targets of each main activity, and a column for specifying how results will be monitored.

Prepare a separate sheet for each strategy and complete it as follows:

## $Problem\ statement$

Write down the problem statement as formulated during your discussions.

Table 7. SHM action plan (Format 2)

Problem sta	atement:	•			
Strategy 1:					How monitored
Objective:					
Strategy co	mponent 1a:				How monitored
Objective:					
Activities	Timing	Person(s) responsible	Resources needed	Target(s)	How monitored
	From To	responsible	needed		
•					
***					-
Strategy co	mponent 1b:				
Objective:					
Activities	Timing	Person(s)	Resources	Target(s)	How monitored
	From To	responsible	needed		

# Action plans - Handout 5 (continued)

### Strategy and objective

State the strategy you have chosen and the specific objective you are trying to achieve by implementing this strategy.

#### Strategy components and objectives

Record each component of your strategy, together with the objectives you identified in the previous session.

## Monitoring objectives

When you have specified your objectives, decide how to monitor their achievement.

- How will you know when you have achieved your objective?
- How will you be able to assess how far you have progressed?
- What will you actually observe and/or measure?

Consider carefully what is the best way of demonstrating that each strategy component has achieved the intended result. Specify in your plan not only what will be monitored but also who will do it.

#### Activities

Break down each strategy component into its constituent activities and tasks. It is best to go step-by-step through each of the actions required to complete each task. Think, for example, of all the things that have to be done to prepare for a workshop in the district, or to carry out a survey of financial information relating to health centres. In listing the tasks to be done, carefully consider the order in which they will have to be started and the time by which each task has to be completed.

## Timing

It is useful to specify when you aim to start each activity. Before fixing specific dates, consult any calendar of activities that has already been planned (e.g. regional meetings, immunization campaigns). Some activities will continue once they have been initiated (e.g. regular DHMT meetings), while others will be completed after a finite period of time. For activities that should be completed, specify the date by which you hope they will be finished. If this is uncertain, you may decide to say "before the end of January" or "between 15 March and 31 March". Remember not to schedule too many activities during the same period of time.

#### Person(s) responsible

For each task or activity listed, consider who will be responsible either for doing it or, in some cases, for making sure that it is done. This is a good way to check that your planning is realistic. If you simply write, for each activity, that the DHMT should be responsible, then it is easy to become too ambitious. If you assign each activity to an individual or to a named group, then the persons concerned are more likely to consider seriously whether they have the time to do the task adequately. Be sure not to assign too many tasks to one person.

#### Resources needed

Most of the strategies you have developed will be based on what can be done within existing resource constraints. For some activities, however, you may require additional support in the form of advice or funds. Be sure to note here if there is a need for additional funds, inputs or supplies that are not routinely available.

# Action plans - Handout 5 (continued)

# Target

For each main activity, state exactly what you expect to achieve within the specified period. Be sure that your target is expressed in a way that allows you and others to observe or measure how far it is achieved.

## Monitoring targets

Write briefly:

- how you will know when you have achieved your target;
- what indicators you will look for on the way.

Also indicate who will be responsible for monitoring. Name a specific person or task force rather than the whole DHMT.

# After the workshop -Handout 6

You have now completed the last workshop in the SHM process. You have reviewed progress in your district over the last few months. You have reviewed and expanded your strategies. Your new action plans state the objectives you are trying to achieve and the targets you expect to reach. You have developed indicators for systematically reviewing the progress and the final results of your activities.

- 1. Over the next six or seven months you will implement the revised plans and monitor achievements according to the indicators you have developed.
- 2. A one-day meeting will be held in six months to review progress. The agenda for this meeting should include:
  - reports on progress and achievements during the six months prior to the meeting;
  - discussion of how monitoring systems have been developed and used;
  - other management development activities that are taking place in your district;
  - additional ideas and plans for improving management in your district and at other levels of the health care system.

We wish you good luck with your continuing efforts to strengthen health management!

# **Notes for facilitators**

# Workshop plan

The first part of the third workshop follows the pattern of the second workshop, with an overview of the SHM process, an introduction to the workshop, presentation of progress reports in plenary session, and a review of lessons learned in groups.

The introduction to each working session and the final sessions, "After the workshop" and "Presentation of action plans", take place in plenary. The work on strategies and objectives and the preparation of action plans take place in groups.

Module 3 also includes a final meeting six months after the workshop, towards the end of the implementation period. At this meeting progress is assessed, the use of monitoring systems is reviewed, and ideas for future management development activities are discussed. This is a one-day meeting conducted in plenary session.

# Clarification of objectives and preparation of revised action plans – (Handouts 4 and 5)

DHMTs should draw Format 2 for the action plan (Table 7) on large sheets of paper. More detail is needed than in previous workshops. Several large sheets of paper can be stapled together to ensure there is enough space to write everything.

# Clarifying and formulating objectives

In order to formulate objectives, DHMTs should think about what will happen as a result of their strategies being implemented. Because they are concerned with the overall intended effect of a particular initiative, objectives describe a changed situation.

Annex 1 explains some of the concepts and terminology used in this handbook. Refer to the sections on outcomes and objectives, as well as to Handout 4, to help you guide the group work.

## Monitoring objectives

The questions to ask DHMT members are set out in the section titled "Monitoring objectives" in Handout 5. Most DHMTs will find this stage quite difficult. Most members will have heard about monitoring but few will have had practice in doing it, particularly in relation to management strengthening strategies. The usual problem is that objectives are stated in very general terms. It is, therefore, necessary to stress the need to be specific: "What will actually change?" "What will you observe in order to know that this change has happened?" "Who will make these observations?"

#### Setting and monitoring targets

In the SHM process, the word target is used to specify the expected outcome of a main activity (see also Annex 1). Monitoring targets is concerned with what will be achieved, and by when.

For example, if a series of meetings is planned, how many meetings will be held by the end of the year? If village health workers are to be trained, how many training courses will be held in the next six months?

In the above example, the targets specify the number of meetings and training courses to be held. Targets can and should also indicate the intended outcome of the activities.

■■■ For example, logbooks distributed to drivers and used for monitoring vehicle use. Or, village health workers who have been trained submit monthly activity reports.

It is not essential to set targets for every activity specified on the action plan. Rather, ask DHMT members to concentrate on the most critical activities. If there are some activities on which the overall success of the strategy depends, these must be monitored most closely.

Finally, ask how information collected as part of the monitoring process will be used. What decisions will be made as a result of information collected?

# Selected further reading

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Rotem A. Managing systems for better health: a facilitator's guide. Manila, WHO Regional Office for the Western Pacific, 1988 (Western Pacific Education in Action Series No. 2).

Thorne M, Sapirie S, Rejeb H. District team problem solving: guidelines for maternal and child health, family planning and other public health services. Geneva, World Health Organization, 1993 (unpublished document WHO/MCH-FPP/MEP/93.2; available from Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland).

Werner D, Bower B. *Helping health workers learn*. Palo Alto, Hesperian Foundation, 1982.

## Annex 1

# Concepts and terminology

This annex gives an overview of the concepts and terminology used in the SHM process. It is intended to supplement the facilitators' notes of the individual modules.

Facilitators should be clear in their own minds about the explanations they give to participants. Extended discussion of definitions during workshops should be avoided because it tends to create confusion and reduces confidence. It is better to give explanations in terms of practical examples rather than to dwell on conceptual issues.

It is important to acknowledge that there are no universally agreed definitions for the most frequently used terms. What one agency calls a purpose is another one's goal; what one calls approach, another calls method; one person's strategy is another person's objective. The definitions proposed here are based on the handouts that have been used and field-tested in the course of the SHM process. What is important is that the use of agreed definitions is consistent.

Fig. 1 shows the relationships between the most important terms and concepts in diagrammatic form. Using everyday language, it starts with the basic concepts — problems, solutions and outcomes — and relates these to the more specific technical terms used in the handouts. The technical terms in the table are defined and explained below.

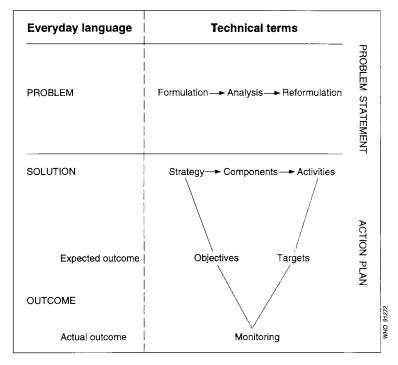


Fig. 1. Relationships between terms and concepts in the SHM process.

## Key terms

The SHM process proceeds from problems to strategies, rather than from problems to objectives. The emphasis of the SHM process is on practical ways of solving problems. Clear statements of objective are formulated only in Module 3, after implementation of strategies has begun and initial experiences and outcomes have been reviewed.

#### Strategy

How are you going to solve this problem?

A strategy describes the route taken or the means chosen to solve a problem and, therefore, to achieve a particular result. Strategy development is the process of choosing, from a variety of options, which way a problem will be tackled.

For example, there are various ways in which a provincial management team might improve the poor quality of district-level supervision. Of the possible options, the team may choose to focus on the preparation of supervisory checklists as its main strategy.

A strategy may have several different components. These are complementary ways of tackling the problem. Each main component is broken down into activities for planning purposes. The distinction between strategy components and activities is somewhat arbitrary. A strategy component is stated in more general terms (e.g. develop a transport management system). This is then divided into a detailed set of activities (e.g. appoint a transport manager, design logbooks).

#### Outcome

What result do you expect to achieve?

What result have you actually achieved?

An outcome is what happens as a result of an activity. At the planning stage, expected outcomes are stated. As implementation proceeds, managers monitor the degree to which these expectations are being realized.

## **Objective**

What are you trying to achieve?

What will be different following the implementation of this plan?

An objective describes the overall purpose of the strategy or its major components and specifies the changed state that will result if the strategy is implemented successfully.

■■ For example, vehicles are functioning and their use is coordinated and monitored. Or, village health committees are established and meet regularly with health centre staff to plan outreach activities and schedules.

In the SHM process, the concept of objectives is introduced only in Module 3 in order to allow DHMTs to move gradually from everyday language to the technical terms commonly used in planning and project formulation.

#### **Targets**

What milestones will you use to assess progress and determine achievements?

Targets are not part of the framework of objectives, outcomes, activities and inputs; they are simply a more specific and often quantitative way of expressing these. Thus, targets may be used for activities (x field visits), outcomes (y immunizations, z children protected, n deaths averted) or inputs (w bags of cement). In the SHM process, the word target is used to specify the expected outcome of a main activity.

Targets are an important management tool for monitoring progress and achievements.

# Monitoring

What will be your system for regularly checking progress and achievements?

Monitoring describes the systematic process of review that compares planned performance against actual performance. Managers monitor progress through routine reports, by checking that specific targets have been met and by observing changes in specific indicators.

#### Annex 2

# **Budget handout**

Financial support in the amount of US\$ [...] for each district and US\$ [...] for the province is available to help you implement your action plans. The next step is to prepare a budget outlining how you intend to spend the available funds.

The basic task is to list the anticipated costs of planned activities. Keep in mind that a budget is a forecast rather than a definitive statement of costs and prices. Although estimates must be realistic, they do not need to be precise. For example, you do not need to state the exact price of 10 pencils and 10 note-pads. Make an estimate of the cost.

The funds available under this programme may not be used for salaries, medical supplies or capital expenditures. They are intended to contribute towards the operating costs of the proposed activities.

Most organizations differentiate between capital costs and operating or recurrent costs. Capital costs relate to physical infrastructure such as buildings, vehicles and durable equipment. Operating or recurrent costs are concerned with maintaining and operating services. Operating costs recur regularly and are needed to carry out a programme of activities. The following is a brief checklist of the recurrent costs you are most likely to incur in implementing your action plan. The list is not exhaustive and you may wish to add other items.

#### Training

- workshops, seminars
- courses

#### Supplies

- office supplies
- training materials
- printing, photocopying

#### Vehicle costs

- petrol, oil
- maintenance

#### Travel costs

- bus, boat, plane
- per diem, allowances

#### Utilities

- postage, telephone
- water, fuel, rent.

It is important to keep good notes regarding the budget calculations you have made. Provide a breakdown of composite items in the budget. A workshop is a typical composite item, made up of a number of separate items. For example, you may state the cost of a workshop as US\$ [...]. Your notes should specify what this amount consists of: stationery, travel, allowances, etc. Also state in your notes what assumptions the estimates of cost are based on. How many participants will be invited? How many facilitators will attend? How many days will the workshop last? What level of per diem will you pay? How much stationery will be provided? How much have you calculated for food and lodging? How much do you estimate for transport of participants and facilitators?