THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

DISTRICT HEALH MANAGEMENT TRAINING

**MODULE TWO: PROMOTING PARTNERSHIP IN THE
DISTRICT**

Second Version June 2001

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FOREWORD

The Ministry of Health has made another important milestone in its endeavours to improve health services for the people of Tanzania through district capacity strengthening. A series of modules on district health management training with a focus on capacity strengthening for the Council Health Management Teams (CHMTs) have been established and reviewed. This aims to bridge the performance gap among CHMTs in the management of district health services arid enhance the decentralisation process. The review of the modules has been done to accommodate new developments in line with the ongoing reforms processes in the health sector and local government Authority.

The management training modules are timely in that they are being reviewed at a time when the MOII is involved in the process of implementing. CHMT management training for district capacity building in response to Health Sector Reforms demands. The modules are tools that will ensure the change process well moderated by die district teams and that the aim of the reforms is achieved. Moreover, the policy on Human Resources for Health stresses that a reformed health sector, requires well trained motivated and managed workforce. The focus is on the district level to:

- Enhance an effective and efficient decentralisation of health services in terms of problems identification, priority setting, planning and decision making process
- Promote teamwork among CHMT members in the process of delivering quality health care services.
- Enhance programme integration for a rationalised resource use in the district
- Empower the district to make own decisions and priorities
- Promote and strengthen partnership in health as there are other partners or actors who contribute significantly in health issues

I believe that this management course will address our need in the Ministry of Health in four key areas ie.
- the Health Sector Reforms and District Health Systems,
- promoting Partnership in the District,
- management of Health Resources, and
- planning and Implementation of District Health Services.

This management training is unique in that it is taking place at the district and is work related as the teams learn within the context of their experiences. Two or more CHMTs do share and exchange experiences to find out what works and what does not work in their respective districts.

This enables the district to reflect on their performance gaps and how to correct existing anomalies or deficiencies through improved and update management skills from the course. It is my hope that this course will continue to provide an answer to the deficient management skills currently observed among many untrained CHMT members. The expectations of the Ministry of the Health is that the course will:

- Produce effective and efficient CHMTs that will manage the reformed health sector better for overall improvement of quality health service

- Promote and rationalise better use of scarce resources In the district

- Improve and integrate health care services by avoiding duplication of activities. Thus using resources in the most cost effective way

- Promote better use of information in planing (evidence - based planning) and make
- informed judgements and decisions

- Promote and address tile issue of quality in health care (Quality assurance) in the districts. Performance norms and standards with criteria for judging quality of care will be developed and implemented in every district

The module review process did take into consideration all health sector cross cutting issues that needed harmonizating among all stakeholders and partners.

I have every hope that all partners in health including governments, Non Governmental Organisations, local and international health institutions and faith based organisations will find this strategy towards district capacity strengthening an interesting and challenging initiative. It requires the support of everybody. We welcome those who may want to support us, in whatever form, to do so!

Hon. Anna Abdallah (MP)
Minister for Health
June, 2001

ACKNOWLEDGEMENTS

ACRONYMS

AIDS	-	Acquired Immune-deficiency Syndrome
ANC	-	Ante-Natal Clinic
AWP	-	Annual Work Plan
ROD	-	Burden of Disease
CBR	-	Crude Birth Rate
CDR	-	Crude Death Rate
CEDMA	-	Centre for Educational Development in Health Arusha
CHMT	-	Council Health Management Team
CORPs	-	Community Owned Resource Persons
DAS	-	District Administrative Secretary
DED	-	District Executive Director
DIIB	-	District Health Board
DHMT	-	District Health Management Team
DHP	-	District Health Plan
DHPT	-	District Health Planning Team
DM0	-	District Medical Officer
DPLO	-	District Planning Officer
EDP	-	Essential Drugs Programme
FAMS	-	Financial Administration Management System
HCWs	-	Health Care worker
HESOMA	-	Health and Social Management
HMIS	-	Health Management Information
HRH	-	Human Resources for health System
HSR	-	Health Sector Reforms
1DM	-	Institute of Development Management
IEC	-	Information Education and Counselling
IMR	-	Infant Mortality Rate
KCMC	-	Kilimanjaro Christian Medical Centre
MCII	-	Maternal Child Health
MMR	-	Maternal Mortality Rate
MOH	-	Ministry of Health
MTUHA	-	Mfumo Wa Taarifa za Utekelezaji Wa Huduma za Afya (Health Management Information System - IIMIS)
MUCHS	-	Muhimbili University College of health Science
NDHPGS	-	National District Health Planning Guidelines
NGO	-	Non-Governmental Organisation
PHAST	-	Participatory Hygiene And Sanitation Transformation
PHC	-	Primary Health Care
PHCI	-	Primary Health Care Institute - Iringa
PHN	-	Public Health Nurse
RHMT	-	Regional Health Management Team
RMO	-	Regional Medical Officer
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendant
TEHIP	-	Tanzania Essential Health Interventions Project

ToR	-	Terms of Reference
TOT	-	Training Of Trainers
TT	-	Tetanus Toxoid
USMR	-	Under Five Mortality Rate
WHO	-	World Health Organisation
WHO-AFRO	-	World Health Organisation Africa regional Office
DWE	-	District Water Engineer
DE	-	District Engineer
DALDO	-	District Agricultural and Livestock Dev. Officer
CSD	-	Civil Service Department
PORALG	-	President's Office Reg. Admin. and Local Government
POW	-	Plan of Work
SWAP	-	Sector Wide Approach

DEFINITION OF TERMS

Integration of Health Services

The act of joining forces and resources in provision of health services for improved, optimal and rationalised comprehensive outcomes

Partnership

Means working together in a harmonious and supportive way for a common goal and outcome

Public -Private Partnership

Inter-sectoral collaboration either non - contractual or contractual between two or more organisations

Equity

A principle of fairness' An equitable distribution of resources and services for example geographical equity, equity or access etc.

Burden of Disease (BOD)

The number of Years of Life Lost (LLY) annually due o deaths from that disease. These diseases which afflict large segments of the population, strike younger age groups and carry high case fatality rates and contribute most significantly to the disease burden.

Essential Health interventions

A package of health interventions comprising of promotive preventive, curative and
rehabilitative intervention which are likely to have the greatest impact to reduce BOD for every level of care

Health Sector Reform

Sustained process of fundamental change in national policy and institutional arrangements which are evidence base guided by the government, designed improve the functioning and performance of the health sector and ultimate health status of the population

Community Participation

Voluntary involvement of the public/ community members in activities affecting their health. They actively participate in the process of identifying problems, setting priorities and taking actions

Participatory Rural Appraisal

An approach lending itself to methods of open conversation with communities for knowing each other in detail. It creates dialogue with communities and uses "MAPPING" for communities to analyse their own situation

Planing for the planning

The first step of getting prepared before the actual planning process

Planning

A Systematic process mobilising information and organising ,resources to ensure bat resources are used efficiently to achieve set organisational objectives.

Objective Health Needs

These are perceptions from the point of view of health professionals, usually determined by epidemiologically means

Subjective Health Needs

These are health needs as determined and seen by the community as priority problems not necessarily supported and verified epidemiologically

Indicator

A statement which reflects the degree of achievement of an objective. This can be qualitative or quantitative It shows change in health status An indicator allows us to measure exactly bow far the objectives have been achieved at different time periods

Health Management Information System

A combination of health statistics from various sources. Used to derive information about the health status health care provision, use or services and impact on health. Health related the health
information required by health planners managers and other members of the professions is inclusive

Monitoring
1%. lie continuous follow-up of the various activities of a planned intervention e.g. a health care programme, to ensure that they are proceeding according to plans or stared objectives

Evaluation

Is the formal determination of relevance, acceptability. effectiveness, efficiency and impact of a planned intervention e.g. a health care programme n achieving stated objectives in the light of its structure, process and outcome

Cost-effectiveness
The extent to which a specific intervention, procedure, regimen or service when deployed in the field, does what it is intended to do for a defined population at a relatively cheaper or reasonable price

Supervision
Supervision refers to the process of following up implementation of planned activities to ensure maximum achievement or outcomes The process involves supporting juniors in their work encounters, teaching; and facilitating them to cope with work challenges and motivating them towards better performance and achievement of planned objectives

Health
Health is more than just the absence of disease. World Health Organisation define health as "A complete state of physical, mental and social well- being and not merely the absence of disease or infirmity oil
Health is more than just the absence of pan or discomfort. Good health is s dynamic relation ship between the individual, friends, family and the environment within which we live and work

OVERALL INTRODUCTION TO THE MODULES

There have been considerable achievements in Tanzania as a result of implementation of the Primary Health Care (PHC) Strategy. However, health problems and ill health continue to exist despite these tremendous initiatives. For example, inequity in health care delivery is still dominant in many pails of the country Health systems and programmes are often blamed for inefficiency and ineffectiveness, putting them tinder pressure be re-orientated and
to re-organised.

The set-backs have been partly attributed to the continuing economic crisis and lack of resources. However much still has to do with poor management especially in the organisation and Health
of district health systems and the difficulties faced in translating PHC principles and Health Sector Reform proposals into practice.

One of the major problems is inherent to the tradition of managing district health Systems in a top-down approach, will limited chances for integration, collaboration and participation of the ninny groups in the society who are responsible for health as pan of general development. Related to this is lack of comprehensiveness in lie organisation of health services, which is indicated by failure to integrate medical and curative interventions with preventive, health promotion and other development activities.

These problems are associated to a great extent with jack of appropriate knowledge, skills and capacities, among those who are responsible for managing district health systems and programmes The gap which exists between training of district health managers and what they are called upon to do, poses one of the major issues to be addressed for the achievement of health sector reform objectives as well as goal of health for all.

Bearing in mind this challenge, the Ministry of Health has developed a National Strategy to
build managerial capacity of the CHMTs through training as part of conforming with the
National Health Sector Reforms proposed in the Human Resources for Health five years plan
(1996 -

District Health Management Training
The need for improved health service management at the district level is emphasised in the National Health Policy (1991), HRH Policy l995, National PHC strategy (1992), HRM 5 years plan 1996 - 200l. and the National Health Sector Reform Proposals of 1994. Improved district health management is aimed to ensure effective and efficient planning, co-ordination, implementation of integrated and comprehensive health services in the district.

The Ministry of Health has taken various initiatives towards improving the district health planning and management capacity. The initiatives include training of RHMTs and CHMTs in health management planing geared towards improving skills in management and health services in the district.

Training of CHMTs in health management has been going on for sometime. Different institutions have developed training materials on academic grounds not based on lie current thinking of practical and decentralised districts health management requirement.

However, this training has not been consistent. It has addressed itself to different priorities, sometimes addressing to vertical PHC programme needs at the expense of national focused health needs. It is therefore, imperative to standardise training in management to enhance co-ordination by CHMTs in the decentralised district.

Health Management Training Needs and Strategies

Under the Health Sector Reform strategy, many changes arc flow occurring in the way health
services are organised and financed. The reforms are placed high on the agenda of the government. One of the many inter-linked strategies that aim at meeting the challenges providing health services within the health sector reform agenda is addressing the challenges of human resources development to ensure that well-trained and motivated staff arc deployed at die appropriate health service level. This strategy is thus one approach that will focus on quality assurance in the provision of health *care* services at institutional level.

CHMT's and all other health services providers at the district level are the main focus for the management training. This may later be followed by involving Regional Health Management teams, District Health Boards, and heads of health facilities at sub-district level. In this case specific modules will be used

The institutions which will assume a leading role in this training are PHCI Iringa and the Centre for Educational Development in Health Arusha (CUDIIA). Other institutes which are expected to support this programme are the Institute of Public Health - MUCHS, Department of Community Health - KCMC. 1DM and private or independent Institutions which are recognised by the MOH. The existing Continuing Education Centres/Zonal Training Centres, under the Directorate of Human Resources Development and Training will be responsible for the training of the CHMTs within their respective zones.

The course is designed to strengthen managerial skills and capacities of Council Health Managers with the ultimate purpose of having in place CHMTs which are capable to manage District Health Systems and Programmes in more cost-effective manner in line with National Health Sector Reforms.

Objectives for Developing CIIMT Training Modules

The CHMT training modules have been developed to

I.   Strengthen and harmonise the district health management training initiatives in the country, using management training modules developed by the MOH in conformity with PHC strategy and the National Health Sector Reforms.

2.   Put in place CHMT members with adequate managerial skills and capacities for the s implementation of Health Sector Reforms.

3.   Sustain the programme of district health management training in Tanzania by promoting the training capacities of the existing zonal training centres.

The district health management training modules have been developed to cover four major areas. The units in each module are organised sequentially as summarised next page:

Module 1: Health sector reforms and District Health Systems.

Unit I   Primary Health Care Strategy and Health Sector Reforms
Unit 2   District Health Structures
Unit 3   Important concepts of management and leadership
Unit 4   Team work

Module 2: Promoting partnership in the District.

Unit I   Partnership; why and with whom
Unit 2   Approaches to partnership
Unit 3   Partnership between organisations
Unit 4   Promoting partnership with the community
Unit 5   Communication skills

Module 3: Management of Health Resources

Unit I   Management of human resources
Unit 2   Management of finances and accounts
Unit   Management logistic support systems
Unit 4   Management drugs
Unit 5   Management of time and space
Unit 6   Management of information

Module 4: Planning and implementation of District Health Services

Unit I   Basic concepts of district health planning
Unit 2   Preparation for planning
Unit 3   Steps in the planning process
Unit 4   Disaster preparedness

The training for all modules is estimated to take a least four weeks. It is advisable to introduce the learners in all the four modules as they form a comprehensive course package for the district health management.

Training will be conducted within the zonal training centres or In other health institutions in the districts. Teaching and learning activities within the districts will enhance effective correlation of theory and practice.

PROMOTING PARTNERSHIP IN THE DISTRICT

Introduction

Partnership means working together in a harmonious and supportive fashion. More broadly speaking partnership involves collaboration between two or more organisations each having specified right and responsibilities related to their partnership. Always there are several partners with an interest or influence on health in the district

CHMTs should know about partnership in health care development because It is necessary as a way of working planning and managing together to achieve common objectives It does not mean that everybody and al organisations should agree on everything arid should do everything together You need to bc a skilled manger to ensure that these partnership functions are taking place on a regular basis.

There are two types of partnerships described in this module. Type one partnership between organisations providing. health care in the district and types two partnership between the health care providing organisations and the community.

The main objectives of this module are to ensure that CHMT members wilt be able to:
- Encourage good working relationships among various partners working in the health sector within the district
- Establish and encourage community participation on health development

UNIT 1: PARTNERSHIP

Introduction

Partnership refers to a relationships of two parties that collaborate to meet each others needs. This relationship includes trust, and respects the equality between the parties. Partnership also has a joint commitment on long term interaction and has jointly agreed purposes and values. Furthermore, thus long tent committed relationship based on shared values and purposes should be transparent and with reciprocal accountability under the conditions of understanding each others political, economic, cultural and institutional contexts.

This description which is comprehensive is difficult to realise in real practice. It is however, useful to focus on this definition so that organisation contemplating partnership should thrive towards this idea.

Objectives

At the end of this unit CHMTs should be able to:

- Explain the importance of partnership among organisations providing health care
- services
- Identify different patterns health care in the of relationships which exist among organisations providing
- Identify main organisations providing health services iii the district

1.1   Why partnership?

When resources are scarce there is an obvious need for partners to pull their resources together which could he technical, organisation, geographic, human or financial. Isolated efforts have limited impact because experiences, expertise and lessons learnt
are neither shared nor concentrated

Activity 1

Give reasons why partnership or collaboration between organisations in your
district may be beneficial.

Reasons why partnership is beneficial:

- Partnership make the best use of resources and increase efficiency by avoiding duplication

- Significant health problems always have environmental, social, economical, legal and possible other causes. Such multiple causes can only be addressed through combined efforts including various sectors political,

- Through collaboration organisations will identify common areas of interest and in the end they may pursue activities in similar standards. Eventually they may develop common policies and thus increase a common sense of direction.

- Monitoring of progress is easier when efforts and technology are harmonised

- Combined health interventions or programmes can be more responsive to the specific health needs of a particular are or community than multiple isolated efforts

- Exchange of data, information and networking can improve the approaches of individual partners and sustain the capacity of large programmes that cover many areas-Such exchange may benefit the design, implementation and evaluation of programmes in all sorts of field including health education home-based care etc

- Maintenance of equipment will be both convenient and inexpensive when technical inputs are made compatible.

1.2   Partnership with whom?

There are several actor/ stakeholders providing hearth services in the district. The current health sector reform process encourages a more open and transparent collaboration between the public and private sector to improve health services in the district. Partnership ca-n exist between the public sector and the following.

> Non Governmental Organisations
> Private for profit organisations
> Community
> International organisations

In summary partnership builds solidary, decreases unnecessary competition and uncertainties among stakeholders in activities addressing major health problems. Therefore, or Organisations need to remove doubts they have to each other if they have to establish aid develop the spirit of co-operation.

1.3   Characteristics of an organisation

- Before entering into partnership you would like to know your partner better. It is therefore good to consider briefly what determines the character of an organisation. Organisations are defined as collections of people joined together in some normal association in order to achieve group or individual objectives. They differ according to:

- The purpose of the organisation. For example, the purpose of a religion organisation is obviously different from the purpose of a transport company. Sometimes the differences of purpose intentions ire not all that clear. " Hidden" goals and objectives nay exist that may even be different for departments and individuals working in the same organisation

- The people who are associated with the organisation their attitudes and values, their aspirations, their experience of different types of work etc.

- The strategies and tactics as evidenced from plans and policies. These strategies may relate to services provided, intended target group and area, finances and personnel. Also strategies may differ to the extent that they encourage or discourage innovation and changes

- The technology or equipment they have or are specialised in. A research institute may have computers and information communication equipment, a transport firm has vehicles equipment and expertise for maintaining and reaping cars.

- The environment in which the organisation is operating. This environment consists of individuals, groups, and most importantly other organisations, which have their own internal complexities anti sources of stress and strength. A church hospital works in a partly different environment from a government hospital.

- The structure of roles and relationships, which is partially revealed in organisation charts and job description, but extends to the content and form of control systems and administrative structure.

- The culture of the organisation, which consists of its shared values and beliefs. This culture creates special patterns of thinking and feeling within each organisation. Large government and donor organisations may have a bureaucratic culture very different from the organisation culture of a local NCO

Activity 2

Determining characteristics of organisation and patterns of collaboration in the district.

i) Identify agencies to be visited within the area. Include agencies within the area that have been analysed the group and plenary discussions. The group must be involved in preparing this list.

ii) Write to the agencies and required them to accept the visiting team. Indicate the date, time and purpose of visit. State clearly in the letter that a senior staff of the agency is requested to meet the group and talk to them on the agency's strategies in health provision, structure, resources, and performance. Copies of annual reports and plans should be requested.

iii) Divide the team into groups of three or four members each. Let each group choose which agency they with to visit. Prepare agency specific tool for collecting information on strategies, plans, resources and technology.

iv) On return each group should prepare a report, to be presented in plenary for discussion.

v) Identify similarities and differences between the agencies and identify existing or potential areas of co-operation.

UNIT 2:   APPROACHES TO PARTNERSHIP

Introduction

It is important to understand the range of approaches in developing inter-agency partnership. However, promoting partnership may be difficult. There are usually various obstacles or constraints that you may find on your way There are also factors that make it easier to achieve your intentions.

Objectives

At the end of this unit the participant should be able to.
*   Describe approaches in developing partnership among organisations in the district
*   Identify factors facilitating partnership.
*   Identify constraints to partnership
*   Develop and maintain partnership among organisations in the district

2.1   Developing Partnership

Approaches to develop partnership include Organisation - bureaucratic approach, mutual adjustment and development of networks. The choice of these approaches would depend on the degree of autonomy of the separate organisations between the forms of partnerships.

*   The organisation - bureaucratic approach has emphasis on control Systems whereby management, uses the techniques of control, direction, and planning to influence other people to come together. Some policies, rules and regulations created by government and other large organisations are meant to achieve more collaboration.

*   With mutual adjustment, parties retain their autonomy and partnership is achieved by voluntary, more or loss spontaneous interaction and is based on informal rules, mutual agreement. Mutual agreement as an approach which sees organisations as different, competing and decentralised, but these features are also seen as positive.

*   Co-ordination in this form is not through imposition from above, but rather as mutual negotiation or through informal mechanisms. Co-ordination can be achieved by agencies adjusting what they do according to activities of other organisations. They have their own interest and try to influence the decisions of other agencies through manipulation, bargaining, and negotiation.

*   Networks or alliance is indicative of a situation in which no authority exists and where partnership is achieved by negotiated miles In all health care organisations there are individuals and institutions that have connections or channels of influence relating with other individuals or institutions. This leads to the development of organisational networking. Management has to devote time and attention to these lateral and horizontal approaches and not to concentrate only to those activities within the structure of the organisation.

In the process of influencing relationship tile following techniques can be used:

- Personal informal interactions eg. hospitality: lunch, visits and entertainment
- Co-opting or incorporating individual groups or organisation to boards or advisory
- committee
- Bargaining on the exchange of valued scarce resources
- Agreeing on common pricing standards Contractual agreements
- Technological advancement through training, exchange of information and joint research

Activity 3

i)   List important partner organisations in health within your district
ii)   Analyse the types or relationship that the CHMT has with these partner organisations.
iii)   Identify strengthens and weaknesses of these links.
iv)   Formulate concrete actions that can be taken to improve relations and to encourage partnership.

2.2   Factors facilitating partnership

It is good to know what factors encourage partnership. Knowing those factors help you to shape the right climate for partnership and to recognise opportunities they arise.

Activity 4

From your own experiences list examples of what may facilitate partnership.
If you know a very good real life example, share it with the whole group.

Factors that promote partnership include:

- Clear purpose and commitment to inter-organisational partnership by all partners. This is sometimes called "political will"

- Partnership at all levels. Partnership is easier to achieve if there is a national framework for facilitating a similar process at regional, district, and community level

- Partnership is facilitated by decentralisation. Decentralisation provides district managers with the decision-making authority over resources which facilitate partnership.

- Joint planning makes a useful contribution to partnership because planners join the effort to identify and agree on problems, setting objectives. identification of resources, budgets, time tables and procedures

- Sometimes formal rules, regulations and procedures indicate where different agencies can make common use of resources such as finance, personnel, and transport. Agencies in various sectors should review their policies am regulations to make provision for collaboration and joint decision making procedures.

- Inter-sectoral co-ordination can further be encouraged when workers at various level maintain contact with worker at similar levels in other organisations Such "lateral" contacts should be encouraged both in a formal and informal way. When regular contacts exist between many individuals in different organisations they form a networking to facilitate partnership

- In many respects, effective partnership depends on the development of a collaborative style of interpersonal relationship both within and between agencies. There is also a need to trust others and reward initiatives of individuals fostering partnership.

- It is important to recognise how inter-sectoral action and community participation depend on each other A single agency cannot develop and sustain community participation effectively In
co-ordination this way community participation can promote Inter-sectoral

- It would help if health information Systems use indicators that measure progress in key areas of PHC activities, health status and quality life contributed by multiple agencies. Feedback of this information will eventually direct policies in similar direction

- If organisations are already used to innovation and inquiry to guide their inter-agency partnership it will be easier to establish partnership

23   Problems to partnership

If you intend to work together it is important to foresee and identify possible problems of collaboration and seek ways of solving them. Problems in collaboration are related to differences in organisation structure, procedures and financial constraints.

Activity 5

From your experience list real problems which may interfere with development of partnership among organisations. Share your list with the whole group.

Problems related to organisational purpose and structure

- Different policy priorities held by different organisations. For instance, interests and priorities of individual districts and local organisations are commonly sacrificed when collaborating with large international organisations that have their own agenda

- With the changing role of government arid the proliferation of NGO's and private agencies there is a danger of breaking up public service provision.

- Establishing local partner relationships is difficult when partners are still under central control and are lacking autonomy

- Partnership is further made difficult when agency boundaries are different. For example, a diocese may *have* facilities spread out over several districts and regions while a particular CHMT is interested in the health facilities in it is own district only

Problems related to differences in procedures

- Differences in planning horizons arid cycles may interfere smooth collaboration

- Differences an management systems such as budget procedures should also be taken into considerations

Problems related to finances

Collaboration may be difficult because of:

- Different funding mechanisms and funding basis

- Differences in the stocks and flows of financial resources

- Lack of resources to be used in joint programmes establishing and the considerable costs of maintaining collaboration

- Poor control and accountability of funds

- Lack of transparency

Problems related to professional differences

Professional differences that may come in the way of collaboration include

- Differences in ideologies and values

- Professional self-interest and concern for threats to autonomy

- Conflicting views about the roles of the health service users

Problems related to status and organisational culture

- Organisational members may hesitate to collaborate because they fear loss of autonomy and bureaucratic control

- Mistrust and conflict may further be based on differences in organisational culture. For example, the difference in attitude towards modern family planning between the government and the Roman Catholic Church

- Donors and NGOs often compete for access to national policy makers and specific districts

UNIT 3:   PARTNERSHIP BETWEEN ORGANISATIONS AND THE COMMUNITY

Introduction

This unit on partnership between organisations and the community aims to provide the necessary skills to CHMTs and other providers of health services in the district to promote partnership. The unit addresses partnership between agencies providing health care and the community in the district.

Objectives

- At the end of this unit the CHMTs should be able to:

- Explain why community participation is so important for district health management and planning

- Describe what the CHMT should know about the community and vice versa

- Facilitate interaction with the community on how to know each other

3.1   Why community participation important for di4Aflct health management and planning?

"One of the priority strategies to implement PHC is community participation"
Community members know about their own health situation and they are also in a position to determine and implement what to do about it. The role of the health system is to facilitate self discovery in health matters among communities Community members should be involved in planning and given the power to change their situation or better health services.

Community participation in management and planning provides the following advantages;

- You are likely to achieve more and better results because management and planning are adapted to the local health needs and circumstances

- Communities make important contributions to the whole management process including ideas, knowledge, organisation structure, communication channels, land, Labour, materials and finance

- If the community has been fully involved in all the steps ie. planning there implementation, monitoring and evaluation right from the beginning, there is a great chance that improvements will be long lasting

- Community participation strengthens accountability because the community will have I voice in the running of the services

- Community involvement can lead to community acceptance of health programmes that are important from the expert is point of view

3.2   Getting to know the community and the community getting to know you

Before you can involve a community in anything, you have to know the community and vice versa

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Activity 6

In connection with community involvement in health development list what you want to know about a community and what you think community members want to know about you. Discuss these points in groups.

Getting to know the community

Important things you may want to know about a community:
- work, living standards and seasons
- family life
- how people in a community relate to each other and their environment.
- values, beliefs and customs
- health attitudes

Work, living standards and seasons

Work directly influences the living Standards of a community. The nature of work/occupation determine the income and well-being of those concerned. Income and well-being further determine bow well communities can participate as partners in any joint activity

Poverty is recognised as the single most important cause of ill health in the world. Therefore you should try to understand the causes of poverty and how seasonally influences various aspects of life in rural areas including work income and occurrence of disease in the district.

Family life

The family is the basic unit in any community Strong family units are the foundation of effective partnership within communities The most important decisions about health are made at family Level and these decisions should be rational and informed. Small health families can cope much better with many changes in society than large but weak ones.

In small families women and men are equally involved to make decisions about the health of the family more realistic. Needs of women and children directly influence what health care services need to be provided. Single parent families, usually have especial difficulties in coping with their survival.

How people in a community relate to each other and their environment.

Relations between people and their environment are very important for health. You should therefore find out who consults who in social and health matters. Who decides whether a sick child should be brought to hospital, who owns the vehicle that may be used in cage of emergency? How knowledgeable are the leaders and how do they set their priorities. How are important decisions made: by one person in a democratic assembly? How much is the leadership supported by the community? Strong community support and collective decision making through meetings will lead to viable long lasting partnership.

Values, Beliefs, Customs and Habits

Every community is founded on beliefs and values about lift and relations. These belief and values form the unspoken commands which influence health, marriage, child birth and death. Try to understand fully the beliefs, customs and value of the people. Often they form effective entry points for communication about health. Traditional songs and dances have been effectively used by health educators. Many individual habits directly affect health. The bad effects of alcoholism, smoking and irresponsible sexual behaviour are well known.

The community getting to know you

Partnership is a two-way relationship and as much as you want to know the community, the community wants to know you. Some of he questions community members may ask themselves about you are for example:

- Who are you as a person, where to do you come from, whom or what do you represent
- Why are you here, what motivate you to enter this community?
- Are you trusted? Will you be dependable, do you keep your promises?
- For how long will you be here?
- What do you know, what money do you bring, how can we benefit?
- Are you sincerely interested in us and our situation?
- What authority do you have? Can you make decisions?

Methods of working with the community

Various methods can be used Co establish relationships with the community. These methods include Participatory Rural Appraisal (PRA), Assessment Analysis and Action (Triple A cycle) and Participatory Hygiene and Sanitation Transformation (PHAST)

I - The assessment Analysis and Action Approach (commonly referred to as a Triple A cycle)

This is based on a cyclical process of assessing the existing situation, followed by analysis of the causes and development of actions based on resources available. The process is facilitated by the village/ ward leaders and extension workers who actively involve the community in the planning, implementation, monitoring *and* evaluation of community based health initiatives.

2. Participatory Hygiene & Sanitation Transformation (PHAST)

PHAST is an approach to promote sanitation, hygiene and community management of water and environmental sanitation. It does this by:

- demonstrating the relationship between sanitation and health status
- increasing the self- esteem of community members, and
- empower the community to plan, implement and evaluate environmental activities.

3. Participatory Rural Appraisal (PRA)

This is a community based method used to gain an in-depth understanding of a community or a situation. In this method community members and the health workers work together to analyse their situation by:

- making maps and models,
- collecting, listing, sorting and ranking information
- sequencing and comparing information and experiences,
- counting, estimating and scoring data, and
- linking and relating data collected with existing community problems

Key features of PRA

The following are essential features of **PRA**
- Triangulation - means cross-checking the information collected using different people, tools, and techniques.
- Flexibility allows the team to accommodate an expected findings.
- Community based - most activities are performed jointly with community members
- On spot analysis the team constantly reviews and analyses the findings to decide how to continue.

Uses of PRA

PRA is a useful approach to:
- Develop bottom - up planning
- Promote partnership with the community
- Conduct operational research.

Stages to PRA

PRA should be planned in the following stages:

Stage 1:   Preparatory stage

This stage include the following steps:
- clarify goals and objectives
- choose the main topic
- prepare the list of subtopics, key indicators and questions.
- identify sources of information for each sub-topic
- select tools to collect and analyse the information.

Stage II: Field work
- create awareness to the community
- data collection and analyses
- decide on what to do next.

Stage III: Presentation of results
At this stage, results are presented to the community, project staff, programme managers and the council.

PRA as a tool for effective partnership with the community

Some *guiding questions on PRA*

1- Questions on work and living standards
- how do they got food?
- how do they get money?
- what occupation are they in, farmers, fishermen, farm workers, factory workers, traders, etc.
- how do they spend their free time?
- who wants? men or women or both? Do children work as well?
- how is standard of living corn pared with the rest of the country
- how is communication network to the area ? roads, telephone, boats etc
- how is water and sanitation situation ?
- how is housing?

2. Questions about family life
- what is the average family site?
- who makes decision/ are male and females given equal chances?
- what family line ages do you have in the area (maternal or paternal). This is
- important in deciding who to give specific health education.
- how stable are most families in the area?
- is the problem of single headed households conspicuous in the area?
- is the problem of orphans widespread In this area arid why?

3. Relationships' between people and their environment
- whit is the predominant system of social organisation in this area?
  (Modern with political parties. Traditional with chieftaincy exclusively tinder a religious order?
- who are the community leaders ant how do they come to power?
- how are decisions made in this society?
- is the political structure democratic or authoritarian?
- do you have places where people can meet to make decisions?

4 Values Beliefs, Customs and Attitude
- what beliefs are most common on the have top health problems of the area?
- which customs (traditiona1 practise) do you feel are harmful to human health?
- do you have any social practices or beliefs which hinder co-operation with certain groups in the area?

UNIT 4:   PROMOTING PARTNERSHIP WITH THE COMMUNITY

Introduction

This unit identifies some existing forms of community participation in health and briefly analyses sonic of the common obstacles. You will then be challenged to think of strategies to improve partnership with the community

Objectives

At the end of this unit CHMTs should be able to:

- Identify areas of partnership between the community
- Identify obstacles to partnership with the community
- Develop strategies to improve partnership

4.1   What are the areas of community participation in health

Activity 8

Discuss areas of community participation in health system you have seen in practice.

- The community should be involved in the following areas;

- The district health planning process - including setting objectives, priorities, and deciding on where and when resources should be allocated.

- Monitoring and evaluation

- Community management - where the community takes on the role of operating and maintaining a facility such as a village health poster dispensary

- Community contributions - contributions in the form of money food, materials, land or labour towards health delivery

42   Obstacles to partnership with the community

Obstacles to establishing or maintaining partnership can be found within particular communities. Some Communities are much better organised and have better leadership than others. However much more often these hindering factors are within ourselves and the health care organisations that we are working in, Being aware of these obstacles (S a first step in overcoming them.

Common obstacles within the health care system are:
- Too much central control which hinders decision making and flexibility required to collaborate with communities at local level Donor agendas aid planning timetables can be considered as a form of central control.
- Wrong perceptions of health workers toward the communities and vice-versa
- Frequent transfers and turn-over of personnel working at the district and community level
- Gender discriminations in some organisational communities

43 Strategies to promote partnership with communities

Strategies used to promote partnership with the community include decentralisation promoting conditions for community management development of appropriate attitudes, values and approaches to partnership and paving ways for change:

Decentralisation

Decentralisation from national to district love is absolutely necessary to develop community participation. Decentralisation brings decision making closer to the community and providers of the services. Decisions are therefore likely to be more appropriate. Decentralisation further promotes potential for multi-sectoral collaboration as seen in unit 2 of this module.

Decentralisation makes it further easier for local organisations to generate funds using their own initiatives and contacts. Finally, decentralisation should cad to better quality services and thereby promote community confidence. This will ease the way to participation

Promoting the conditions for community management

To encourage community participation it is helpful to build community management capacity which can be achieved by:

- Ensuring that the community directly benefits and recognises that the service vital for them

- Promoting motivation by ensuring that ownership of the programme/ facility placed in the hands of the community

- Training community leaders in the skills of organisation, meeting and programme development

- Establishing close contacts with community based organisations and in particular ensure partnership an implementation of essential health interventions

- Working with communities to come up with ways and methods of dissemination health information.

Development of appropriate attitudes, values and approaches to participation among health workers and managers

It is a matter of great priority to develop the right attitudes and approaches toward community participation. The health workers should recognise that:

- Knowledge resides in both professionals, community members and that partnership is necessary for programme development

- Community responses and involvement can be useful input in health services

- Given the right conditions, communities possess potential for being active the participants to identifying their own needs and priorities

Paving the way for change

Change to achieve full community involvement will take time. The CHMT members can pave the way and start to:

- Review key areas which may require changes

- Promote inter-sectoral approaches to promote community participation

- Schedule the district health planning cycle to the convenience of all parties concerned particularly the community. Solve Problems with the Community, not by telling them what to do, but working with them

UNIT 5: COMMUNICATION SKILLS

Introduction

Communication process is inseparable from planning and other managerial functions within the district health care delivery system- For example levels of achievement in human resources management, partnership, inter-sectoral collaboration and community involvement depends successful communication.

Objectives

At the end of this unit the CHMTs should be able to.

- Define communication
- Explain the importance of communication
- Describe characteristics at communication process
- Describe types and channels of communication
- Explain barriers to effective communication
- Apply communication skills for effective partnership in health

Definition

Communication is the process of transmitting and receiving messages for the purpose of sharing information and ideas.

5.1   Reasons for communication

Reasons for communication in the district towards improving health care delivery are

- strengthen, working relationships, collaboration and co-operation
- rationalise use of scarce resources and avoid duplication
- promote trust and transparency among various actors in health
- facilitate community participation through advocacy and dialogue
- enhance and sustain effective networking and consultative
- process inform each other on various activities and events of the organisation.
- enhance feedback on the health service delivery
- facilitates conflict resolution in an organisation.
- promote sense of ownership of the organisation management outcomes
- clarifies power and line of authority in an organisation.

5.2 Characteristics of communication process

The following are the characteristics of a communication process:

- Communication involves people.-if you want to understand communication, you first have to try and understand people

- Communication involves meaning - this suggests that, in order for people to communicate, they have to agree on the definitions of the terms they are using
    - Communication is symbolic- gestures, sounds, signals, letters, numbers, charts, graphs and words only represent or approximate ideas meant to bc communicated.

53   Types of communication flow

- **Downwards communication**

   This is the most frequently used type of communication. Communicating downward can help the manage spell out objectives, change attitudes and most opinions. However, there is a tendency to misuse this type of communication especially when there are no efforts to encourage response through an upward communication.

   The downward communication without an upward response, is compared to a "one-way street" In other words, messages flow from one direction i.e. sender to recipient without feedback system

- **Upward communication**

   This is a communication which flows upward from a client arid or subordinate to the supervisor or manager. Upward communication is a "two-way" communication which enhances the sharing of opinion and experiences 'ii the processes of planning, implementation, monitoring and evaluation, Upward communication allows decision-making to take place at grass root levels. Managers remain the supporters and catalysts, rather than dominators.

- **Horizontal communication**

   In this type of communication there are lateral or across lines of communication between people working in the same level in the organisation. Messages in horizontal communication usually relate to task co-ordination, problem solving information sharing and conflict resolution.

   An established horizontal communication serve as a basis for collaboration, liasing and networking with all parties involved in the district health management system

5.4   Communication channels

These are the paths through which n message is transmitted from the sender to the receiver. For example. telephone, radio, written messages and electronic media

5.5   Communication barriers

Communication barriers are sometimes called "communication breakdown" A communication barrier is. therefore, anything that stops a message reaching its destination In the form intended.

Activity 11

Discuss common communication barriers in your district and suggest ways to minimise them.

Causes of communication breakdown

Various factors can cause communication breakdown. These include:

Appearance

If your general appearance is unacceptable, you probably won't arouse a favourable response from your listeners. Your message however good, may be rejected by the audience.

Personality

Your personality influences the message sent and the interpretation of the message received. If your personality is poor people may reject what you have to say without any good reason.

Emotions

Sending or receiving messages while experiencing strong emotions can provide an obstacle to communication because ii is difficult to reason or discuss sensibly when you are emotional.

Prejudice or bias

When a person is biased usually rejects ideas without properly considering the issue. For example, if you think that some is very stupid, you will often refuse the ideas even if they are very good.

Jumping to conclusions

People often hear, read or see what they expect instead of what is actually said, or written.

Stereotype

This occurs when you treat different people as if they are all the same. For example, because people in one village understood you, you assume that those in the next village will also understand you.

Differences in perception

People with different experience, age, cultural background, nationality and education view things differently.

Lack of fundamental knowledge

If the person you are communicating with does not have the intellectual capacity to understand you, there will be a communication barrier.

Lack of interest

If either the sender or the receiver lacks interest in the message being sent, then this may result in message distortion.

Faulty system of communication

If words are vague, verbose or omit the necessary information, then people won't understand the message

Faulty communication

If responsibilities are not defined and the chain of command is too long or the span of control too wide, message distortion may occur.

Too many assumptions made by the receiver

If he receiver is too quick in evaluating meanings because of an inability to listen carefully, than there may be a communication breakdown.

Use of technical jargon

If specialist language is used which is not fully understood, for example, computer language then there may be a communication breakdown.

Poor atmosphere

If the atmosphere or communication climate is poor innocent remarks may give wrong interpretations.

56   **Factors facilitating effective communication**

- **Use of different communication methods**

These include formal and informal methods of achieving understanding
between the sender and the receiver of the message within an organisation.

- **Being a good communicator**

   To be a successful health manager you must have good communication skills. By communicating effectively, you and your staff will be able to share experiences and have the same understanding about various issues- To achieve these, there, must a two- way open and mature interaction between you and your subordinates and colleagues

Meetings

One important method of communicating with your staff is to hold regular meetings. These may be scheduled meetings e.g. monthly, with an agenda. At such meeting, programmes running in the district can be discussed and recommendations made for future actions. Meetings also provide opportunity for:

- confusions among members to be cleared or clarified
- new information on policy issues and plans to be delivered to staff members
- complaints and welfare issues from staff to be discussed
- interaction between the different heath workers to share experiences
- timely attention to urgent issues and specific problems
- the adoption of resolution/ recommendations.

- **Ability to understand**

  Understanding is the ability to interpret the communicator's message. Understanding is usually influenced by Factors that surround the communication environment The following techniques help you to understand.

  - learn to reach conclusions by deduction (inferences)
  - reading helps- you to become knowledgeable about different issues
  - ask questions.

- **Clarity of the message**

  The message must he clean complete, convincing and capable to the carried out (5 Cs)

- **Use of appropriate channel/media**

  - e.g. letters. newspapers, telephone etc.

- **Understanding of human needs**

  These are situational and depend on time.

- **Good listening**
  Paying attention to what is being communicated.

- Feedback
  Feedback is the response a receiver gives to the sender of the message. Feedback can he satisfactory, unsatisfactory or misleading. In giving feedback, always consider the circumstances of the sender and sort of response expected. For example:
  - What is the first thing the sender want to know?
  - What are the essential elements to be included'?
  - What action do you want to influence the recipient to bike?

Note: Think carefully about how you use language and how you express yourself, There are always *positive ways of saying things and getting things done.*

5 .7 Ways to improve communication for effective partnership

- establish a forum for sharing and dissemination of information
- involve different partners during planning
- establish capacity building for effective communication
- respect and value each partners policies and organisational hierarchy
- maintain equal volume of response and Issues of interest
- agree and adhere on the timing and programming of events
- put in place a liaison officer to co-ordinate partnership initiatives

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Activity 12

You are about to embark into an exercise to develop a comprehensive CHPs with different partners. Discuss in groups and present in plenary what need to be done to ensure that effective communication will be maintained amongst partners, during and after this event.

5.8 Application of negotiation skills to promote partnership

Definition

Negotiation skills is the ability to sell or market an idea to others in order to reach a common understand and agreement towards subsequent action to be taken.

How to make effective negotiations

The following are important steps for an effective negotiation:

- Preparation for the negotiation
- have a clear goal
- decide whom to meet, where, when and how
- make a summary of issue to be discussed.

- Negotiation process
    - establish good relationships
    - apply the negotiations skills effectively e.g
    - listening, explaining questioning, assertive, and summarising

- Agree on Term Of Reference
    - summary of key Issues agreed upon
    - drawing tip recommendations and action plans
    - follow up

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