

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH



**REGIONAL SECRETARIAT/REGION
HEALTH MANAGEMENT TEAM TRAINING**

**TRAINING MODULE IN SUPPORT OF
DISTRICT HEALTH SERVICES**

MODULE TWO: MANAGEMENT OF HEALTH RESOURCES

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Foreword

There has been growing concern that Health services delivered hospital are not to the expected standards and therefore it has become a priority on the health delivery services improvement agenda.

In implementing the Health Sector Reforms, the Ministry of Health had identified the Council Health Management Teams and the Hospital management teams (CHMTs and HMTs) to be the functions units in executing all the necessary reform inputs aiming at improving the quality of health services delivery in their respective locations with a close supervision from the Regional Secretarial and Regional Health Management Team (RS/RHMTs).

To respond to this challenge, the Ministry of Health has been conducting various courses targeting at improving capability of the CHMTs/HMTs to ensure quality health care.

However, under the restructuring of Regional Administration, the RS/RHMTs have been identified as important bodies to facilitate and support the CHMTs in implementing the reforms. The RS/RHMTs role major/roles functions include:

- Regular supportive supervision
- Technical and Administrative advisory
- Quality control on health care services
- Capacity building support
- Interpretations of health policy

RS/RHMTs have been mandated as immediate supervisors of the CHMT/HMTs to ensure that quality health services are delivered. However, it has come to light that not all members of RS/RHMTs are acquainted with skills required to execute this prime role. In view of this the Ministry of Health through the Continuous Professional Development Unit developed a Training needs assessment for the RS/RHMTs a task which was done in October, 2003 with the main aim of developing modules to be used in teaching the RES/RHMTs on the key issues to be addressed. The aim is to improve their knowledge, skills and performance for effecting support to the CMTs/HMTs.

Recently, Four Modules have been critically worked upon so that they can correctly meet the targets of improving the RS/RHMTs capability, these modules include:

- The health sector reforms and planning
- Management of Health Resources
- Effective supervision for Quality Health service and
- Health Systems Research and Information Management

It is our high expectation that these modules if well utilized are going to be useful in identifying the key competence areas that are essential to the RS/RHMTs such that they can enhance their capacity and be able to develop interventions that will address gaps in the whole issue of providing both the Managerial and technical support and deliver the expected quality health care to the Councils and Hospitals. We welcome our Development partners and all Stakeholders who might be willing to support our endeavor in building technical capacities to

our Regional Teams in support of district health services to do so unreservedly and untiringly. We thank and welcome them all.

Mariam J. Mwaffisi
PERMANENT SECRETARY

Acknowledgements

The development of RS/RHMT Training Modules is another milestone towards HSR goal on capacity building at regional and strict level, aimed at improving the quality of health services in the country. The success of this task is the result of tremendous contributions from people with vast knowledge and experiences in different sectors and government institutions. It is therefore hard to mention everybody who has contributed to this noble task.

Nevertheless, I would like to express my tributes to DANIDA for providing financial support to write the modules following a study that identified gaps in RS/RHMT performance for effectively support of CHMTs in carrying out their roles towards provision of quality health care.

Special thanks go to Dr. Amos O. Mwakilasa the Head, Continuing Professional Development Unit Ministry of Health (MoH) and Mrs Agnes Kinemo, training Officer MoH for coordinating the process of developing the modules.

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MINISTRY OF HEALTH

LIST OF ABBREVIATIONS

BP	-	Blood Pressure
CCHP	-	Comprehensive Council Health Plan
CDH	-	Council District Hospital
CHMT	-	Council Health Management Team
CHSB	-	Council Health Service Board
CPD	-	Continuing Professional Development
CT scanner	-	Computerized Tomography scanner
DANIDA	-	Danish International Development Agency
DDH	-	Designated District Hospital
DMO	-	District Medical Officer
EHP	-	Essential Health package
FP	-	Family Planning
GTZ	-	Germany Technical Agency
HMT	-	Hospital Management Team
IMF	-	International Monetary Fund
ITN	-	Insecticide Treated Nets
MoH	-	Ministry of Health
PHN	-	Public Health Nurse
PORALG	-	President's Office, Regional Administration and Local Government
PPP	-	Public Private Partnership
RHMT	-	Regional Health Management Team
RS	-	Regional Secretariat
STI	-	Sexually Transmitted Infections
UNICEF	-	United National International Children Education Fund
USAID	-	United States of America International Development
VA	-	Voluntary Agency
WHO	-	World Health Organization

MANAGEMENT OF HEALTH RESOURCES

INTRODUCTION TO THE MODULE

This module introduces the RS/RHMT to the basic skills of managing health resources. The RS/RHMT will then be in a position to provide adequate advisory role to the CHMTs/HMTs, and other health workers at different levels on the best practices in managing health resources.

The module contains four units namely:-

Unit 1: Introduction to Management

Unit 2: Human Resource Management

Unit 3: Logistics, Financial Management and Accountability

Unit 4: Report writing

Aim: The aim module is to equip the RS/RHMT with capacity to support and advice the CHMTs and HMT on the proper planning, acquisition, deployment utilization and maintenance of health resources

Objectives:

At the end of this module; the RS/RHMTs should be able to:-

- Describe the basic concepts of management
- Advice the CHMTs and HMTs on management of health resources
- Demonstrated ability in interpreting procedures for management of logistics and finance in the council health system
- Advice and guide CHMTs and HMTs on good report writing.

UNIT 1 INTRODUCTION TO MANAGEMENT

1.0 Introduction

This unit provides basic concepts of management that include definition, functions and environmental factors in which management takes place.

Objectives

At the end of this unit the RS/RHMT should be able to:-

- Define the term management
- Explain the environmental factors surrounding the management process
- Describe the management functions

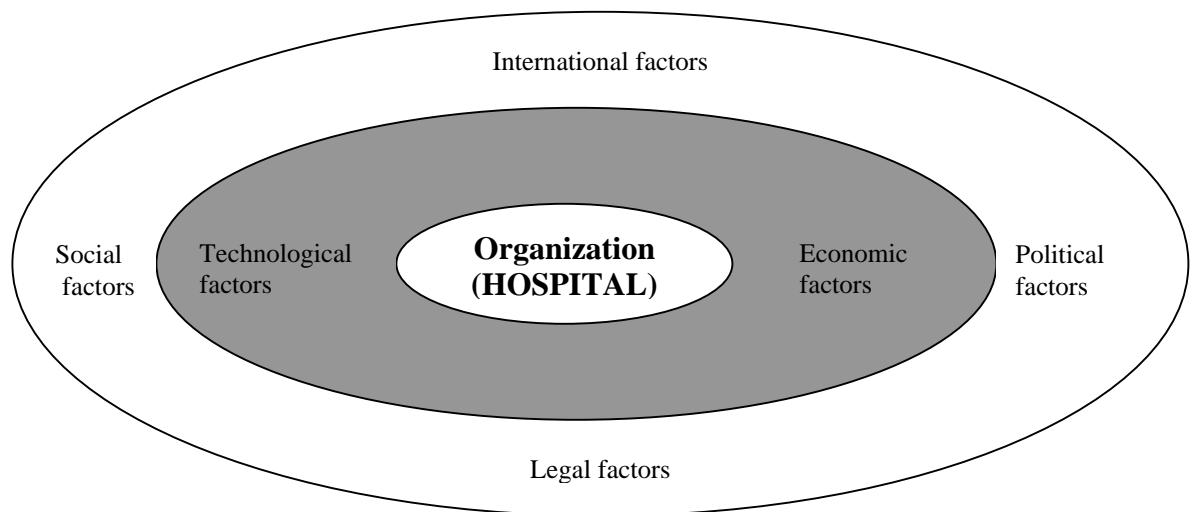
1.1 Definition of Management

Management is the process of setting and accomplishing goals through the use and coordination of human, technical and financial resources within the context of the environment.

1.2 Management and its environment

Management operates within the context of the environment and each factor in the environment may help or hinder the organization performance as shown in figure 1 below

Figure 1: Management and its environment



Source:

Adapter from Lloyds Baird, James E. Post, John F. Mahon (1990)

Figure 1: shows how management is surrounded by different factors that influence its functions. These factors can be internal or external

Activity 1

Discuss how each environmental factor in figure 1 above influence RS/RHMT, HMTs and CHMTs performance in providing health care in the region.

Some of the environmental factors are outline below:

- **International factors**

The policies that are developed by international organization such as, WHO, NICEF, World Bank, IMF, DANIDA, USAID, GTZ etc may influence decisions made by Government in management of resources in various organizations. For example, implementation of WHO policies could need re-allocation of resources, which were not originally budgeted for, thus affecting the management functions.

- **Political factors**

Tanzania is highly committed to equitable distribution of health services to various communities (rural and urban). Unfortunately in some places conflicts among the various political parties have negative effects to social and economic development of the people in the affected areas. This situation could affect the management functions

- **Legal factors**

International and national laws, policies and regulations have limiting influence on managerial roles. For example bond aid cannot be diverted to save even emergencies in case of need.

- **Educational and technological factors**

The educational level of managers and their subordinates has an influence to the quality of the management that is offered in an organization. Thus RS/RHMTs need to update themselves in their management functions.

Furthermore globalization provides a competition for the few jobs available. This necessitates the RS/RHMTs and their subordinates to improve their competence to meet the needs of their functions. It addition, the RS/RHMTs and their subordinates need to orient themselves to the use of computers and information technology to access information through the Internet.

- **Social economic factors**

The social-economic status of the people and Government as a whole has an influence to the management functions that are carried out in various organizations. Economic recession has influenced decline on public funding to health services thus making poor nations to be unable to provide adequate and appropriate management of health resources.

LEARNING HOW TO MANAGE IN A CHANGING ENVIRONMENT IS A MANAGERS' MOST DIFFICULT AND MOST EXCITY CHALLENGE

1.3 Basic functions of management

Managers use decision making skills and tools to perform the basic functions of management i.e. Planning, Organizing, Staffing, Directing, Controlling, and Coordinating

1.3.1 Planning

The process of analyzing the environment by identifying problems, priorities, setting objectives and designing a course of action to achieve them (For detailed information on planning see module 1 of RS/RHMT series unit 3)

1.3.2 Organizing

This is a process of identifying the work to be done, dividing it into units and coordinating efforts to accomplish the goals (Deciding who should do what).

1.3.3 Staffing

Involves filling the positions in the organizational structure. Identifying workforce requirements, staff inventory, recruiting, selecting, placing, promoting, appraising, career development, compensating and training.

1.3.4 Directing

This is the art of guiding and getting others to follow or do things to accomplish expected results.

1.3.5 Controlling

Involves setting performance standards, comparing actual performance to these standards and taking appropriate corrective measures. Controlling provides information on the organization efficiency and effectiveness. Effectiveness is the accomplishment of proper goals or objectives while efficiency means, the best possible use of time, money, human and other resources.

1.3.5 Coordination

Coordination is bringing activities or groups of activities into proper relation with each other to make certain that everything that needs to be done is done and avoiding job duplication

To enhance coordination and communication, RS/RHMTs should work closely with CHMTs/HMTs during planning and implementation of health services. Coordination and communication among them is important. Unfortunately, problems to achieve intersectoral coordination between local government representative and central ministries do exist due to differences in lines of authority, Professional cultures and areas of cooperation. Cooperation is one of the weaknesses of RS/RHMTs. Therefore; more emphasis has been given to address this function.

- **Why Coordination?**

Coordination is important because it facilitates:

- Building trust and decreases competition and conflict among service providers

- Sharing of information and lessons learned from the experiences of others.
- Reduction, elimination of gaps in services or duplication activities
- Broadening the scope of activities
- Standardization of policies
- Operation of programmes which are under similar policies
- Interaction among the organization becomes much easier when policies and media message the standardized.
- Creation of greater influence when different actors speak with one strong voice, thus becoming more likely to be heard, respected and answered.

Activity 2:

Discuss the problems that impinge coordination and communication at various levels your region and how do you solve them?

Why coordination can be difficult?

Coordination is necessary, desirable and frequently leads to many positive outcomes. Nevertheless there are potential problems, which impinge coordination and communication for example:

- Territorial battles: some organizations may view coordination as threat to their established role and autonomy
- Leadership vacuum: Lack of effective leadership will deter coordination
- Passivity when action is needed
- Unwillingness to do too much work
- Fear of being overloaded with tasks
- Crediting success: A successful coordination effort sometime creates disagreement among organizations as to which one deserves the credit for the success
- Fear of revealing secrets or weakness
- Conflict of interest

Strategies for effective Coordination

Coordination can be effective and fruitful if certain strategies are implemented involving all parties that are to be coordinated. Such strategies include:

- Formations of inter departmental, interdisciplinary and inter-sectoral teams for conducting work planning and evaluation
- Scheduled staff meetings to ensure an exchange of information on current activities make presentation on its current program of activities
- Established mechanisms for sharing information e.g.
 - Quarterly coordination meeting
 - A short newsletter

Formal and informal channels

UNIT 2: HUMAN RESOURCE MANAGEMENT

2.0 Introduction

Human resources are essential in the provision of health services. The RS/RHMT has the responsibility of ensuring that there is adequate number of health workers (staff) with adequate skill mix in all health facilities in the region. This unit deals with staffing, promotion of teamwork and effective leadership.

Objectives

At the end of this unit, the RS/RHMT should be able to:

- Assist the HMT and CHMTs in the process of recruitment, selection and placement as well as deployments of staff.
- Develop mechanism for motivation of Hospital and Council Health Management Teams.
- Promote teamwork among RS/RHMTs, Hospital Management Teams and CHMTs.
- Demonstrate effective leadership skills and provide advice to Hospital Teams and CHMTs on effective leadership.

2.1. Staffing

RS/RHMTs have got a role to advise the Hospital Management Team (HMT) and CHMTs on issues of human resource management regarding recruitment, selection, deployment, motivation, performance appraisal and training.

Activity 3

3.1 In your working experience with HM and CHMTs which factors are commonly reported/observed to be contributing to inadequate staffing?

3.3 Based on those factors suggest workable strategies to be used by both PORALG and councils to overcome this problem

2.1.1. Recruitment, selection and deployment

These are key management functions of an organization. They are concerned with competence of health workers at the stages of selection and recruitment. One the other hand deployment ensures the placement of the right number of staff with the right qualifications to the right place at difference levels.

The RS/RHMT are supposed to support the HMTs and CHMTs to establish a mechanism for filling in the vacant posts with skilled health workers.

Activity 4.

During HMTs and CHMTs supervision, the RS/RHMTs encountered the problem of vacant posts. On assisting them, which procedure should be followed by CHMTs in order to fill the posts? Discuss in groups and share in plenary

2.1.2 Training

Training is part of effective management of resources. The leader, who wants to have the best possible team of skilled staff, uses training to make sure that each member of the team knows his/her job well. The RS/RHMTs should advise HMTs and CHMTs on the importance of developing programmes for Continuing Professional Development (CPD) of health workers at the work place.

Some of the purposes of training are:

- To improve and maintain the quality of health care
- To extend the scope of health care
- Solve and reduce health problems in the community

2.1.3 Motivations and performance appraisal Motivation

Motivation is a concept that describes a range of issues that affect the behavior of the staff and thus influence their level of commitment and effort they put in the work.

Activity 5:

How do you motivate your staff at your work place? Discuss in groups and present in plenary

It is important for RS/RHMTs to understand that individual needs are too diverse and change from time to time. They should constantly seek for various ways to motivate their staff.

Some of the motivating factors include:

- Providing good incentive package, e.g. salary/wages, benefits and promotion
- Creating good working environment, e.g. housing, good offices and appropriate/adequate working tools
- Good leadership and communication
- Clear objectives and tasks
- Performance feedback
- Making job more interesting
- Ensuring job security
- Supportive supervision
- Promoting professional advancement

Performance Appraisal

An organization within the Public Service shall be required to operate a performance appraisal system for all its employees. Performance appraisal systems may vary from organization to organization and from level to level, but shall have the following common elements:

- Every employee, including heads of departments, shall be given tasks, which have specific measurable objectives for the results they are to achieve in one year.

- Employees shall be given feedback at regular intervals of not less than six months on their performance against the objectives, and shall given advice and support to improve any shortcomings.
- A written performance assessment shall be completed each year and its contents discussed between the employee and his or her reporting officer/employer
- The employee shall have the opportunity to comment on the performance appraisal report, and shall be given a personal copy of completion. The report shall preserved on the employees' personal file
- In order to ensure fairness and common reporting standard a senior manager shall review all performance assessment reports
- A third person (neutral) as witness will observe the fairness during assessment (if required)

Activity 6

What problems do you face in using open performance appraisal system in your region? Give suggestions for improvement.

2.2 Teamwork

Introduction

This RS and RHMT have multiple roles and task that are performed to ensure that there is smooth running and achievement of planned health objectives. Working together as an effective team enhances the desired success. Teaming up of RS and RHMT will enable the HMTs and CHMTs gain the skills of working together in a team spirit

Objectives

At the end of the session, the RS/RHMTs should be able to:

- Define the term team work
- Advice HMT/CHMT on how to maintain teamwork

Definition of Teamwork:

Teamwork is defined as coordinated effort of team members on certain tasks and activities aiming at achieving a common goal.

Activity 7:

- What features do you think can strengthen teamwork among the RS/RHMTs, HMTs and CHMTs?
- What important factors do you consider to be potentials to weakening RS/RHMT and CHMTs in relation to teamwork and how would you take care of them?

Guide to RS/RHMT to build teamwork in HTMs and CHMTs

- The leader should lead the team members into understanding the purpose and set a common goal.
- Create a clear understanding of individual member roles and tasks and elaborate on the linkages that exist with what other members will be doing and avoid overlaps.
- Each member should be conversant with what others are doing and see how he/she can fit in to do the work of another member when this member is absent. This ensures that there is continuity in implementation.
- Avoid making frequent changes in individual members functions as it destabilizes teamwork.
- The leader should encourage learning and training within the team as way of gaining updates.
- Enable the team to rationally use the available resources by developing working methods and procedures that are clear and practiced by each member.
- Establish an effective mechanism of making self and team assessment in terms of the functions, achievements and failures.
- Develop strong working relationship and sense of cohesiveness and faithfulness.

2.3 Leadership

Introduction

Leadership refers to the art of influencing, guiding and getting others to follow or do things to achieve objectives of an organization. Effective leadership is essential for RS/RHMTs to influence work performance of Hospital Management Teams and CHMTs. Moreover RS/RHMTs have a role of advising the CHMTs and HMTs on effective leadership. Effective leadership is demonstrated through proper delegation, motivation, effective communication, discipline and resolving emerging conflicts in teams.

Objective

At the end of this topic the RS/RHMTs will be able to advice HMTs and CHMTs on:

- The application of theories and styles of effective leadership
- The application of delegation, motivation, communication, conflict resolution and disciplinary code/ethics in effective leadership
- How to conduct meetings effectively

2.3.1 Theories of leadership

There are three prominent theories of leadership as outlined below:-

- Trait theory
This theory advocates the determination of the personal characteristics of an effective leader. Effective leader is supposed to be:
 - Of good personality
 - Tireless
 - Encouraging
 - Intelligent
 - Reliable
 - Imaginative
 - Capable of understanding others mind

- **Situational theory**

The theory seeks to determine that leadership is strongly affected by a situation from which a leader emerges and in which he/she works. It is based on the assumption that there exists an interaction between a group and its leaders and that people tend to follow the person who is capable of fulfilling their needs. This theory maintains that leadership cannot be considered independent of the group of which an individual is leading.

- **System theory**

The theory makes use of the fact that leadership is known by person's act more than his/her traits. Traits influence acts, but so do subordinates goals and the situation in which he/she coordinates the efforts of the people and stimulates them towards the achievements of their goals in particular situations. This is called system's approach because it considers the variables that include: the leader, subordinates, goals and environment

2.3.2 Leadership styles

Leadership style refers to leader's behaviour. Behavioral pattern that that leaders reflect in their roles is often described as the style of leadership. The commonly used leadership styles include:

Autocratic or authoritarian

This type of leadership, the leader will always say that "Do what you are told and don't ask questions" This type of leadership style tends to humiliate people and make them irresponsible.

Democratic leadership

Is a type of leadership in which a leader gives orders only after consulting a group. In democratic type of leadership, the leader never ask people to do things without sketching out the long term plans on which they are working.

Motivational

Motivation is an internal state that induces an employee to engage in a particular behavior, or a set of factors that cause employees to behave in certain ways.

Negative motivation type of leadership has undesirable effects as workers are always guided by fears. On the other hand, positive motivation approach exercises power through people rather than power over people.

Laissez faire

This type of leadership, the leader does not lead but leaves the team entirely itself,\. "This leader always says that I don't mind what or how you do it". The leader avoids power and leaves all responsibilities for most of the work to his or her subordinates.

The choice of leadership style to be used at any given time mainly depends on the situation in which both nature of task to be accomplished and the workers' knowledge, attitude, skill and available resources have to be considered

Activity 8:

Discuss in groups, the situations that you would apply for any of the above leadership styles in your workplace. Share your views in plenary.

2.3.3. Qualities of a good leader:

Effective leadership is important in working as a team. Good leaders must therefore possess the following qualities:

- Physical and mental energy, intelligence and faith
- A sense of purpose, vision and direction
- Enthusiasm, communication ability and alignment
- Friendliness, affection, emotional balance and patience
- Self confidence, diligence and industrious
- Should build up confidence in the team
- Should try to ensure voluntary co-operation from subordinates in realizing the common objectives.
- Should keep the subordinates well informed of their duties and obligation and adopt motivational techniques to stimulate subordinates for spontaneous performance with interest, sincerely and loyalty
- Should have initiative and creative ability, drive, empathy, ability to inspire, teach and guide people so as to secure subordinates cooperation

2.3.4 Delegation

Delegation is a process of granting authority and responsibility to a subordinate to perform specified duties.

Advantages of delegation

- Delegating some decision-making saves time for other duties
- When responsibilities are shared among many, health workers on the spot must be able to make decision according to circumstances.
- Delegation of responsibility saves long delays that occur when awaiting decision from a distance or from a central office.
- Health workers who are allowed to make decisions enjoy their work more and become more knowledgeable, skillful and satisfied.
- A leader concentrate on other issues which need attention
- Utilize the skills of the subordinates and therefore enhancing performance in the organization.
- Promote good relationship, trust and team work in the organization

Disadvantages of delegation

- If wrong decisions are made, the work may not be done or it may be done less well.
- If delegation is not done properly, a leader may pass all his work on to his team and do little himself
- A leader may delegate responsibility to person with insufficient experience

Rules for delegating authority and responsibility

- Be clear about exactly what is delegated in terms of duties, responsibilities and authority
- Select the right person and make sure he/she can do the work
- Explain to other that you have delegated work and to whom
- Do not interfere unless asked to, and be prepared for some mistakes
- Give support as needed and follow-up the progress of work.

Activity 9:

Why do you think some managers do not prefer to delegate and why subordinates are reluctant to accept delegation. Discuss in groups and share in plenary.

2.4 Motivation

Motivation is an internal state that induces an employee to engage in a particular behavior or a set of factors that cause employees to behave in certain ways.

Activity 10:

1. Discuss the main motivating factors at your work place
2. Discuss the common cause of dissatisfaction of staff at your workplace and how they can be improved.

Motivating factors at work place

Some of the motivating factors include:

- **Achievement**

Most people like to do things well. They like to succeed. Their satisfaction in success and in getting things done well comes largely from achieving what they expect to be able to achieve and what they aim at achieving. Thus achievement is extremely important to the individual.

HELP PEOPLE TO ACHIEVE WORK OBJECTIVES

- **Recognition**

Very few people are satisfied with simply knowing in their own minds that they have been successful. Most people would like success to be known by others. Lack of recognition can be very discouraging. Leaders should be willing to praise other when praise is due.

GIVE PRAISE WHEN DUE

- **The work itself**

People like to do useful and worthwhile work, helpful to other people and helping themselves achieve their ideas. The good leader will take every opportunity to ensure that the team members value their work.

EXPLAIN THE VALUE OF WORK

- **Responsibility**

The good leader takes the opportunity in such a way that the staff's sense of responsibility increases rather than diminishing it by petty criticisms

HELP OTHERS TAKE RESPONSIBILITY

- **Advancement**

Advancement is a form of recognition. Recognition without rewarding is not very convincing. People prefer recognition that comes in a tangible form such as more responsibilities with freedom to use their own initiative, which leads to job satisfaction. The acknowledging good work, the team leader or supervisor should not make promises of advancement that are not possible to attain. Instead he or she should encourage people to increase their knowledge and skills so that they can perform their work well.

HELP OTHER TRAIN FOR PROMOTION

- **Self Improvement**

Many people want opportunities to develop, use their own abilities fully. Leaders should help health workers take such opportunities by providing learning materials, and by giving them all necessary help. Given such an opportunity, health workers are likely to bring energy and enthusiasm to their work.

PROVIDE OPPORTUNITIES FOR PERSONAL DEVELOPMENT

Some of the common causes of dissatisfaction include:

- **Inefficient administration**

People like to work for an administration that is both efficient and just administrators and managers who fail to attend to staff needs without valid reasons cause serious dissatisfaction and discourage their staff.

- **Incompetent supervisors**

Supervisors are expected to be technically competent. They must be thoroughly familiar with the details of the work they are supervising. Thus supervisors who cannot give

supportive supervision where needed will lose their respect and lower morale to the supervisees.

- **Poor Interpersonal relationship**

People should be treated fairly. Supervisors who have favorites or who are dishonest in reporting on the work of the staff are disliked. Therefore it is important that staff should be treated equally.

- **Poor leadership qualities**

Leaders should demonstrate good leadership qualities of staff so that they can have confidence on them. Poor leadership demoralizes staff and causes dissatisfaction in their work

- **Poor working environment**

It is normal for health personnel to feel and express dissatisfaction with poor working environment. Leaders should try as much as possible to make sure that the working environment is conducive to staff.

Note
 You as managers/leaders avoid frustrating workers, which result in lack of satisfaction in motivation. If workers are frustrated they lower their contribution as well as achievement

2.5 Communication

Effective communication is a social interaction between the sender and the receiver through an appropriate channel. It is a two way traffic as illustrated in the figure below:

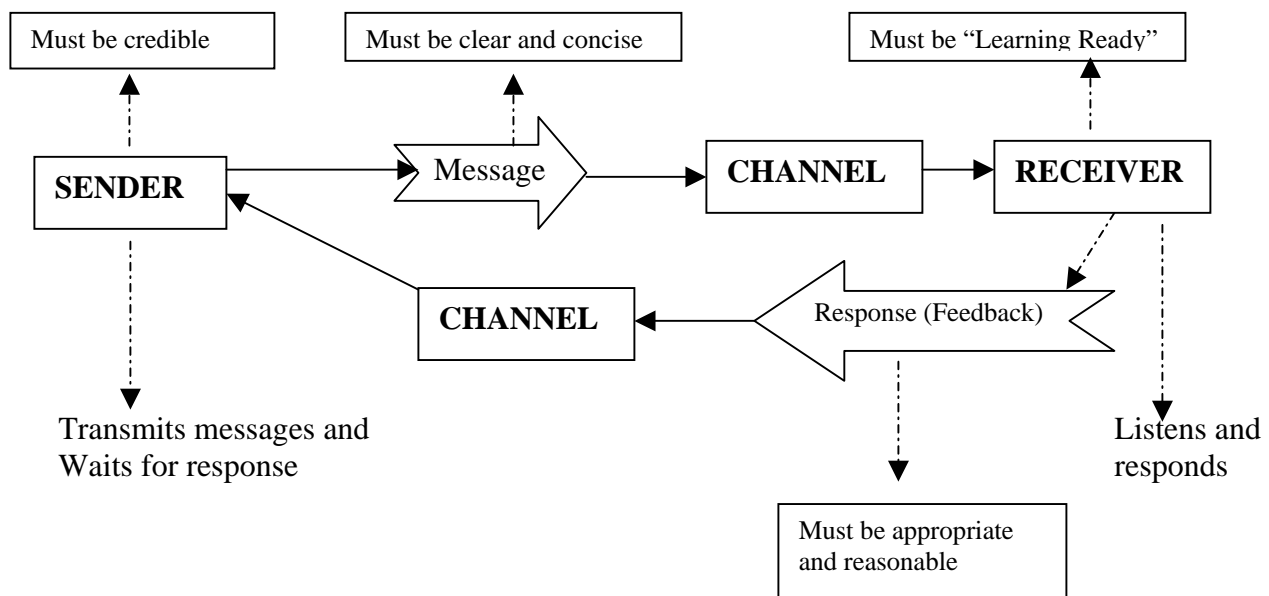


Figure 3: Effective Communication

(Source: Scot net, N. 1988)

Characteristics of each component

1. Sender
 - Be credible
 - Convincing, so that people believe what he says
 - Transmit message
 - Await for response
2. Message: Must be clear and concise, of interest to the receiver (i.e. must be relevant to his or her concerns and needs)
3. Channel (media): Must be familiar to the audience
4. Receiver: Must be learning ready. He/she must listens and responds
5. Response (feedback): Must be appropriate and reasonable (i.e. must arise from the message and related to it.

Case Study

Mrs. Maganga came to attend the family planning clinic for the first time. She met a Public Health Nurse who welcomes her. After knowing that Mrs. Maganga wanted to join Family Planning (FP) for the first time, the nurse gives her a paper that has information on different FP methods.

She was advised to go home with the paper so that she could share her choice of the FP method with her husband. The public health nurse further told her that she should come back to the clinic the following day with her husband and get the blood pressure measurement.

The following day Mrs. Maganga woke-up with a lot of domestic work to do. She then asked her husband to go the FP clinic for his blood pressure checked. The husband went to the FP clinic and met the PHN and narrates what his wife told him about BP check.

The PHN falls in laughter! She told Mrs. Maganga's husband that it was only Mrs. Maganga whose Blood pressure was to be checked and that the husband was only to approve his wife's intention to join the FP.

Questions

- What do you learn from this case study? What is the problem?
- Do you experience similar cases in your region?
- What are the causes and what solutions would you advice to health workers in your region?

- **What are the skills for effective communications?**

The following are required skills for effective communication

Telling/lecturing

Ability to give new information to clients and workers to avoid misunderstanding, the information should be clear, concise, complete and convincing to get the attention of listeners.

Asking

Asking questions during communication process is a skill vital for finding out understanding of the message.

Listening

A good communicator should be a good listener. Listening helps the communicator of information understand the receiver.

Observing

During communication the listener/receiver should be observed for (non-verbal reactions like; smiling, frowning, and yawning, sleeping or whispering. Such reactions will describe how the message is received and should be used to improve the quality of communicated message.

Understanding

Describes the ability to interpret communicated words and messages into our own words and thoughts.

Activity II

From your experience as health managers, explain different communication barriers you encountered in your work place and ways used to overcome them

The following are some of the barriers of effective communication in a work place:

- **Organizational barriers:**
 - Physical distance between people in organization
 - Peoples' inability to look beyond their own areas of task
 - Bias of sender of message as to who gets and who does not get the message
 - Credibility of source
 - Source of information administrator or office attendant
 - Complexity of channels – a message passing through too many people can be distorted by the time it reaches the intended person
 - Organizational climate – in an organization where climate is that of threat or fear, information may not be given or can be interpreted differently

- **Personal communication barriers**
 - Bias, prejudice and personal opinions leading to not objectively considering facts
 - Motivation and interest – if subject is interesting people will listen
 - Generalization of opinion e.g. youngsters can assume no responsibility

- Lack of trust – if we have not trust in other people we tend not to bring them up to date with information
- The tendency to:
 - o Ignore the fact that the same word can mean different things to different people
 - o See one and only one way of doing something
 - o Speak or react before thinking
 - o Assume that receiver has already some knowledge on the
 - o Ignore to communicate if he/she have no concern for other people, their feelings and expectations
 - o Think that we know everything or have said everything that can be said about a particular issue/subject – leading to giving or receiving less information than is necessary
 - o Have negative or positive attitude on the subject

Communication barriers may be overcome in many ways; the following are some of them:

- Encourage people to take notes on what is said
- Slow down the instruction giving process
- Have team education programme on how to remove communication barriers
- Improve listening skills
- Train how to give and receive positive as well as negative feedback in such way the two partners grow from it
- Change sympathy to empathy so that you can see and understand the way others do.

2.6 Conflict Management

Conflict arises when two or more values, perspectives and opinion are contradictory in nature and haven't been aligned or agreed.

- **Important of conflict in workplace**

- Helps to raise and address problems
- Energizes workers and management to be on the most appropriate issues
- Helps people learn how to recognize and benefit from their differences
- Helps to bring people closer to management

Remember: Conflict is not the same as discomfort

- **Conflict is a problem when it:**

- Hampers productivity
- Lowers morale
- Causes more and continued conflicts
- Causes inappropriate behaviours

Activity 12

Discuss in groups, the practical conflicts experienced during HMTs and CHMTs supervision. Focus on the causes and approaches applied to resolve them

Types of Managerial Actions that Cause Workplace Conflicts

Workplace conflicts are categorized as follows:

- **Poor communications**
 - Employees experience continuing surprises, they aren't informed of new decisions, programs, etc
 - Employees don't understand reasons for decisions, they aren't involved in decision-making. As a result, employees trust the "rumor mill" more than management

- **The alignment or the amount of resources is insufficient there is:**
 - Disagreement about "who does what"
 - Stress from working with inadequate resources

- **Leadership problems, including inconsistent, missing, too-strong or unformed leadership (at any level in the organization), evidenced by:-**
 - Little follow up on conflicts
 - Employees see the same continued issues in the workplace
 - Supervisors don't understand the jobs of their subordinates

Key Managerial Action/structures to Minimize Conflicts include

- Regularly review job descriptions. Get your employees input to them.

- **International build relationship with subordinates**
 - Meet at least once a month alone with them in office
 - Ask about accomplishment, challenges and issues

- Get regular written status reports and include:
 - Accomplishments
 - Current issues and needs from management
 - Plans for the upcoming period

- Conduct basic training about:
 - Interpersonal communications
 - Conflict management
 - Delegation

- Develop procedure for routine tasks and include the employees' input by:
 - Asking employees to write procedures when possible and appropriate
 - Get employees' review of the procedures
 - Distributing the procedures
 - Training employees about the procedures

- Regularly hold management meetings, for example, every month, to communicate new initiatives and status of current programs

- Consider an anonymous suggestion box in which employees can provide suggestions

2.7 Discipline

A discipline is a rule or system of rules governing conduct or activity. Discipline in the workplace can have different meanings. It can be a punishment for a violation of a work rule or direct order; or can be a training that molds and strengthens the employees behaviors

Activity 13:

Discuss in groups and share in plenary the discipline matters, the CHMTs and HMTs have experienced and the ways they used to harmonize the situation at their workplace

Discipline is intended to be a corrective action

RS/RHMTs are supposed to advice HMTs and CHMTs on matters related to discipline of staff at various levels of health services in the region.

Activity 14:

- *In your group, discuss on common problems that led to disciplinary action to staff in your working places.*
- *What should be done to ensure adherence to professional ethics among health staff at various levels of health facilities in your region?*

2.8 Conducting meetings

Introduction

Information and experience sharing or exchange between individuals involved in activities that interact is an essential activity. RS/RHMTs members will frequently need to meet among themselves or/ and with the hospital staff. Organizing regular meetings enhance smooth management of health care.

The importance of having organized meetings

- Organized meetings help staff in identifying problems and their possible causes and help to develop interventions in a joint venture aiming at addressing identified problems
- Facilitate learning new skills and approaches
- Are essential in seeking opinions on how to continue working within the established system

Planning for a meeting

When planning for a meeting, make all the necessary preparations for the meeting to progress as desired.

Preliminaries

Before conducting a meeting:

- Decide who need to attend, where and when
- Inform of what is to be discussed, that is distribute the agenda
- Circulate the minutes of the previous meeting and any other documents that will need to be read before the meeting

Define purpose of the meeting:

- Clarify on the agenda
- Clarify on the roles of the participating members
- Set ground rules
- Determine venue and time
- Stress on secretarial roles

Procedures to be followed in conducting a meeting:

- Check attendance to ensure that, quorum is met
- Check if the guest of honor for official opening of the meeting is well prepared (if required)
- Opening statement – clarifies objectives, define terms and scope of discussing
- Minutes of the previous meeting (for the first meeting this does not feature)
- Matter arising from the previous meeting (for the first meeting this does not feature)
- Substantive items of the agenda (new business) – these are the items for which the meeting was essentially called
 - Track down the meeting by keeping time and ensure the meeting remains alive
 - Maintenance of democracy is very important as it allows members to effectively contribute to the meeting (giving equal chance/time to members)
 - Keep recording all the important points that are discussed during the meeting
- Any other business (AOB)
 - Any incidental queries or issues, which do not merit a specified agenda item
- Closing the meeting (summary of issues discussed)

Roles of the chairperson and a secretary

In the course of discussion, the chairperson and the secretary will have the following roles:-

- **Chairperson**
 - Controls the meeting without doing all the talking
 - Clarify the objectives of the meetings
 - Maintains the group and develop confidence of individual members
 - Activate members to participate fully

- **Secretary**

- Taking the notes**

- Before starting to take notes of a meeting, he/she is supposed to record the starting time, date and place of the meeting
 - Circulating a paper to members who attended in order to list their names before commencement of the meeting
 - Record all apologies ie Names of members who did not attend (if applicable) the meeting for various notified reasons
 - While taking notes a secretary should listen carefully throughout, it is also important that a secretary must watch for chairperson reaction
 - Take brief relevant notes under each substance agenda item. Also must record the main points raised and action to be taken by a specific person if relevant.
 - Should check that notes are complete and correct after the meeting
 - If the information is missing or vague, he/she should check with the relevant member.

- Writing up the minutes:**

- The secretary should draft the minutes as soon as possible after the meeting to avoid a danger of forgetting small information. This will help to produce correct and complete minutes
 - Must be accurate, brief and clear with what he/she writes. (Be selective)
 - Should attribute individual contribution to any member
 - Should number the minutes logically and clearly for reference purposes
 - Keep draft notes until the members have confirmed and signed in the next meeting. This helps to clarify questions by members on what was recorded and what was discussed.

UNIT 3: LOGISTICS, FINANCIAL MANAGEMENT AND ACCOUNTABILITY

3.0 Introduction

Logistics and financial management are non human resources that are used to support health services delivery. RS/RHMTs have a core responsibility to advice CHMTs and HMTs to adhere to the procurement and financial regulations.

Objectives:

At the end of this unit the RS/RHMTs should be able to:-

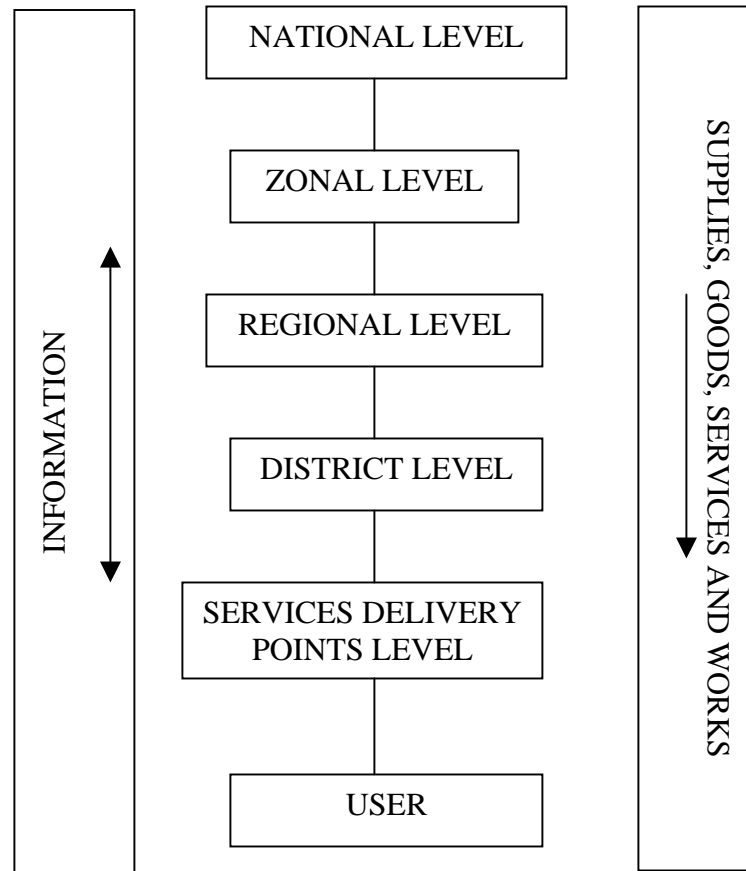
- Advice the HMTs and CHMTs on adherence to financial, procurement acts/regulations and some disbursement procedures for specific funds such as council health basket funds.
- Advice the HMTs and CHMTs on financial management and accountability taking into consideration the following:-
 - General aspects/elements of bookkeeping
 - How to account for revenues
 - How to account for expenditures
 - How to deal and avoid audit issues etc
 - How to account for procured goods, equipment and supplies
 - How, when to produce reports and for whom
- Assists the CHMTs on the development of CCHP and production of error free/accurate progress reports
- Advise the HMTs and CHMTs on the proper management of transport and the need to undertake regular/periodical preventive maintenance for motor vehicle equipments and rehabilitation of buildings
- Advise the HMTs and CHMTs on time management

3.1 Logistics

Logistics is a system or a structure through which goods/supplies move from service to end user with associated information flow. As a function it includes procurement, storage, transport and distribution of supplies, goods and services.

The whole process can be displayed in the example below:

LOGISTICS FLOWS



3.2 Procurement management

Procurement is a process of sourcing logistics/supplies and services from recommended and approved sources like medical stores department and tenders.

They require special books for recording their acquisition, storage and issuing. The issue of managing drugs, equipment and medical supplies should be given due attention.

The quantification and utilization of drugs, equipments and medical supplies should taken into consideration the disease pattern, burden of diseases/health problems and the type of services to be provided at different levels of health facility. Management of these resources has to abide to financial and procurement Act of 2001, financial circulars and other regulations from Central and Local Government.

The key areas for consideration in management of drugs, equipment and medical supplies include:

- Selection of drugs, equipment and medical supplies type, quantity and quality of the product
- Procurement of the items
- Purchasing methods, terms of payment, source of supply, storage and transportation
- Distribution inventory control, storage, waste management and transport
- Utilization of the drugs, equipment and medical supplies

Also reallocation and redistribution of over stocked drugs, supplies need to be done wherever appropriate. The RS/RHMT has an advisory role to assist CHMT in ensuring proper management of drugs, equipment and medical supplies all the time for quality service provision.

Activity 15:

Which problems do you encounter during supervising HMTs and CHMTs pertaining to procurement. Particularly ordering, ledger transactions and boarding off unserviceable stores? What are the causes and how do you assist the HMTs and CHMTs to solve them?

3.3. Financial Management and Accountability

Financial Management:

Is the process of monitoring financial resources from acquisition point to the application/usage complying with the financial regulations and procedures in place.

Funds disbursed to CHMTs need to be monitored. The CHMTs receive funds from different sources such as Basket funds, CHF, Block grant, Cost sharing, and Health Insurance. All these sources have guidelines stipulating on how to access use and develop financial reports.

The RS/RHMTs have the responsibility to assist the CHMTs to perform these functions adhering to financial regulations and other guidelines e.g. Block grant, Basket grant, Budget per Cost Centre and Ceilings during preparation of Comprehensive Council Health Plan and implementation.

Block grant, Basket grants have to be allocated to six different cost centers. These cost centers are:

- Office of DMO/MoH, CHSB
- Council Hospital (including DDH and Regional Hospitals, which serve as Council Hospitals)
- Voluntary Agency Hospital (VAH) if none exists, this is designated as “unallocated”
- Health Centre (Public and VA owned)
- Dispensary (Public and VA owned)
- Communities

To each cost center certain percentage allocation range is provided for as follows

Cost center	Allocation ceiling range within allocation to council
Office of DMO/MoH/CHSB	15% - 20%
Council hospital/CDH/Regional hospital serving only one council as CDH	25% -35%
Voluntary Agency Hospitals (VAH) if none exists, this is designated as “unallocated”	10% - 15%
Health Center	15% - 20%
Dispensary	15% - 20%
Communities	5% - 10%

* **Note: Regional Hospitals serving 2 or more Councils will get a share from each Council**

In addition, the RS/RHMTs are required to assess and approve CCHP based on the assessment criteria (Annex 1).

Activity 16

Mkombole district Council has been allocated 200 millions from the Basket Grant to fund the CCHP for one financial year. Based on the PORALG Basket Grant guidelines distribute the funds per cost center.

Accountability:

Is the whole phenomenon of providing explanations through reports showing how much for what activities and for which cost center had health funds been used for. in order to assess and ensure accountability, auditing has to be carried out periodically.

Activity 17

Which problems do you encounter when assessing CCHP financial reports? What efforts do you take to address these problems?

Auditing:

Refers to examination of books of accounts and related statements of an organization for the purpose of establishing whether they present a true and fair view of the state of affairs of an organization.

The RS/RHMT has the role of assisting the HMTs and CHMT on audit matters to enhance the control mechanisms.

3.4 Transport Management

The current transport reform requires that the CHMTs adhere to the PORALG Transport Management Manual of October 2003 and Regulations for operations of Local Government Transport System of September 2003. Critical to the CHMTs transport management is to have an integrated transport management schedules so that vehicles are used efficiently to realize the supervision function.

Activity 18:

Discuss the problems noted in the monthly transport reports from the hospital and council transport officers and consider which advise to be given.

3.5 Buildings, plant and equipment maintenance

Buildings are infrastructures that provide working space area used by health staff like offices, stores, classrooms, theaters, dinning halls, wards etc.

Plant means heavy machine like big standby generators, print shop, heavy machines etc that are fixed or installed permanently

Equipment on the other hand means light or heavy machines that can be movable like computers, min portable generators, autoclaves, microscope, stethoscopes etc.

Buildings, plants and equipment need maintenance for continuity of service to health facilities owning them as per maintenance procedures.

The health facility management teams are supposed to fill F008 forms for reporting broken equipment and F003 for the status of buildings to alert relevant authorities on maintenance and rehabilitation needs. This requires that the reported problem has to be attended to within a period of one month.

NB: the F008 form should be regarded as an emergency report by CHMTs

Activity 19:

Based on your experience should discuss the practicality of maintenance and rehabilitation procedures and device mechanisms for improving the situation.

3.6 Time management

Time management is about planning best use of your most valuable resource. Proper use of time depends on various factors like setting target, arranging work in a priority order, delegating some of your responsibilities to other actors etc. time is a resource needed to be assigned to all activities. It is a non-renewable resource once spent.

The RS/RHMTs have got a role to assist CHMTs and HMTs on proper use of time.

Tools for managing time:

The following are tools to be used for managing time:

- **Time table:**
The timetable is used to monitor daily or weekly regularly recurring events.
- **Daily time diary:**
This is used to show how much time is spent on each activity and earmarking other activities that are to follow in future.
- **Health unit schedules:**
These are required when a different activity or the same activity in a different place is spaced at interval over time.
- **Duty Roster**
This is a time plan for distributing work among staff members
- **Programme chart**
This outlines a series of events or activities that will take place in the future.
- **Year Calendar:**
This is used to record all matter, which happen in the course of a year.

Activity 20:

What are the main time wasters to yourself, HMTs and CHMTs in your respective working area and how do you go about in minimizing them.

In complementing the mentioned time wasters in activity 22, below are few examples:

- Accommodating unplanned activities like visitors, lazy staff who comes in offices for chatting on unofficial matters
- Looseness to officers who fail to restrict time wasters are unable to say **No**
- Unclear goals, objective and tasks to various actors
- Involved in many activities instead of delegating some responsibilities
- Lack of discipline on time management etc
- Socializing
- Procrastination
- Perfectionism

UNIT 4: REPORT WRITING

4.0 Introduction

Report writing forms an essential component of communicating information and advice from accumulated facts that will enhance decision-making and action to take. The receiver of the report benefits from the suggested solutions, feasible operational plans and the report forms a permanent source of record keeping.

Objectives:

- At the end of the unit, the RS/RHMT should be able to:
- Describe the preparatory stages of report writing
- Describe the components of a report
- Advise HMTs and CHMTs on the importance of report writing

4.1. The report writing preparatory stages

• **Defining the problem and the purpose**

In this stage, you have to consider all the important areas that will form your Terms of reference (ToR) to enable you answer the questions on:

- What is required?
- What is the amount/quality required?
- What is the reason(s) behind this requirement?
- When is this required?

All the above details will enable you to make a clear analysis of the problem and hence start writing on the purpose of reporting.

• **Define the recipient of the report**

Your report will be disseminated to different people and these form your audience. You have to know their characteristics in order to determine the report format and content to suit them.

• **Determining the content**

Write down implement able facts with main headings and sub-headings (sub-divisions). Apply a systematic flow with clear linkages between one point and another.

• **Collect all required materials**

Identify all sources of data and information e.g. previous records, meeting minutes, questionnaires, recorded observations and interviews. Apart from these secondary data, you might need to work on primary data (one you will have to collect to aid the report)

• **Sort, analyze and interpret your data**

It is important that your data gets well cleansed, analyzed and interpreted without bias or manipulation to suit personal or audience interests.

- **Organizing data and preparing the final outline**

Carrying out this procedure assists you in the process of determining chapters, sections and sub-sections of your report. Organizing as described above, makes the report appears more formal and its official use. The report helps in:

- Assessing the situation reached in implementation
- Avoiding repeating work already done
- Forming a good source of cross-fertilization of ideas
- Facilitating sharing of information and exchange of experiences

When writing report, the following should be considered:

- *Consider the scope of the report*
- *The limitations (areas to be covered and those to be left out)*
- *Time the audience needs to go through the report*
- *Time of submission*
- *Ensure that it meets the intended objectives*

Activity 21

The RS/RHMT should critique a sample report abiding to the principles of good report writing. What difficulties do you get in going through the report and what future plans will you make as corrective measures?

4.2 Components of a report

In report writing it is importing to:

- Write a clear short title page
- Acknowledge others where applicable
- Give a brief and concise summary of the whole work
 - Highlight contents of your report
 - Problem; purpose; scope methodology; source of data; background; definition of terms; limitations and plan of presentation
- Add list of abbreviations if applicable
- Write the introduction of your report which include:
 - Purpose statement
 - Terms of reference
 - The background information
- Methods used in carrying out the task that has lead to report writing
 - Any special considerations that apply to it
 - Way the information is arranged
- Write down the findings
 - The facts and the way they were derived at

- Use headings to substantiate your covered topics/areas
- Conclude your report
 - It should be consistent to what has been presented in the findings
 - It should be reasonable and fair
 - Clearly stated
 - Concise and itemized where possible to facilitate readers comprehension
- Give recommendations
 - List and number your recommendations
 - Suggest the courses of action to deal with the identified problem or situations
 - Ensure what you recommend is specific, achievable and specify responsible people
- Enumerate used references
- Include appendices if necessary
- Finally disseminated the report to interested parties.

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ANNEX 1

CRITERIA FOR ASSESSMENT OF TECHNICAL COMPONENT OF A COMPREHENSIVE COUNCIL HEALTH PLAN

NAME OF THE REGION:

NAME OF THE COUNCIL:

YEAR OF THE PLAN:

S/ N	CRITERIA	MAX ASSIGNED VALUE	SCORE VALUE RS/RHMT	CENTRAL MOH/ PORALG – SCORES	COMMENTS IN DETAILS
1	Executive summary (content and quality)	3			
2	Objective are SMART	5			
3	There is logical linkage of previous year plan in terms of achievement of objectives to address problems. Have the unachieved objectives of last year been addressed in this year's budget?	4			
4	Main budget summary including all available and accessible sources of funding as per planning guide	5			
5	Specific budget summary for B.F. according to cost centers in line with EHP as per planning Guide.	5			
6	Basket fund budget summary for allowance and fuel for management team, supervision and distribution.	5			
7	Appropriateness of interventions/strategies and activities to the stated	5			

	problems, their feasibility, and relevance to outputs and targets. Are the interventions achievable?				
8	All source of funding indicated and targeted at priority interventions as per planning guide	3			
9	Contains update yearly targets of performance indicators based on what has been achieved last year and what would be realistically achieved this year for the current year.	5			
	TOTAL	40			

Recommended/not recommended

The respective councils, regional secretariat, MOH, PORALG will use this criteria to assess Council Plans. Any CCHP plan, which is assessed by MOH, PORALG and Regional Secretariat – RS and does not meet the above major criteria and with a score of less than 30 out of 40 points will not be recommended for funding and will be referred back to the respective Council for rectification prior to – resubmission to the BFC for funding

PRE-CONDITION FOR APPROVAL OF A PLAN

1. The plan has been technically assessed by the Regional Secretariat – Yes
2. The plan has been approved by the Council – Not indicated but the DED had sign the document.

NAME OF ASSESSORS: -----

QUALIFICATIONS OF ASSESSORS: -----

SIGNATURE: -----

DATE: -----

ANNEX 2

KEY FOR SCORING

1. EXECUTIVE SUMMARY

Content	-	1
Quality	-	1
Layout	-	1
Total	-	3

2. OBJECTIVES ARE SMART AND RELATE TO ACTIVITIES AND SITUATIONAL ANALYSIS

• Smartness of objectives	-	2
• Link with activities	-	1
• Link with indicators	-	1
• Link with situational analysis of the council	-	1
Total		5

3. SMART – specific, Measurable, Achievable, affordable, Realistic repeatability, Target Group/time scale/bound

There is logical linkage with previous CCHP

• Continuation of activities which are done each year linkage	-	2
• Linkage of previous indicators and proposed indicators	-	1
• Addressing achieved objectives	-	1
Total		4

4. Main budget summary include all available accessible sources of funding

• Present of main budget summary	-	1
• Layout of main budget follow guideline	-	1
• Show all sources of funding	-	2
• Link with the total budget for that quarter	-	1
Total		5

5. Specific budget summary for basket funds

• Summary of BF present with correctly figure	-	1
• All cost centers present with correct figure	-	2
• Adherence to planning & budgeting guidelines	-	1
TOTAL		5

6. Basket fund budget summaries for allowance and fuel for management team (Subject to change)

Supervision doesn't include the training allowances

7. Appropriateness of interventions/strategies and activities		
• Appropriateness of interventions/strategies	-	2
• Appropriateness of activities	-	1
• Relevance outputs/targets to stated problems	-	1
• Achievability of intervention	-	1
TOTAL	-	5
8. Sources of funding		
• Block grants		
• Council own resources		
• Basket fund		
• NGO's		
• Bilateral/multilateral		
• Vertical programme		
• CHF, NHIF, cost sharing		
• Receipt in kind		
9. Monitoring and evaluation		
• Check the performance indicators for last year if any	-	1
• Check the target performance	-	2
• Are the indicators achievable	-	2
TOTAL		5