ALKAN Health Science Business and Technology College

Addis Ababa Campus
Community Health Faculty
Department of Nursing
Year 4
Summarized hand out for the course of **Health Service Management and Planning**

Introduction

The availability of adequate and suitable teaching – learning material is one of the basic necessities to be considered in the educational process. The main problem which is commonly seen in this regard is lack of adequate references to construct the necessary components. Cognizant of this problem an effort was made to prepare this hand out for the main module 'nursing health service management and planning' with the intention to acquaint students (the clinical nurse) with the knowledge and skills required to practice planning health activities, exercising managerial functions and coordinating health service activities with in an organization. The clinical nurse has the responsibility and accountability to plan activities and to perform his/her planed activities in the particular organization.

Learning outcomes (objectives)

At the end of the module the learner will be able to:

- Apply Basic Concepts of Nursing Health Service Management and Planning by using organizational procedure according to Health policy and strategy document
- Develop a plan for the program by using organizational procedures according to safe work practices including compliance,

- Review plans of Nursing Health Service Management and Planning by using health sector development plan, health policy and strategy documents according to realistic plan developed based on available resources.

APPLY BASIC CONCEPTS OF MANAGEMENT

1.What is Management?

- The Practice of Management has existed ever since man has been organized into communities. Although management is so old and universal, it has been defined in ways that appear different but that have a strong underlying similarity.
- Some regard it as getting things done.
- Others consider it the process of reaching organizational goals by working with and through people and other resources.

Others consider it as:

"*The process of directing, co-ordinating, and influencing the operations of an organization so as to obtain desired results and enhance total performance.*"

The definition of management is based on two principles:

1. Commitment to achievement, and
2. The importance of people and other resources.

   This means that people are the most important resource for getting things done.

2. Development of Management Thought

- The study of Management as a separate and distinct subject with different theories and techniques is a product of the twentieth century.
- Most writers agree that the origin of this discipline was the work of Frederick Winslow Taylor during the scientific Management movement that developed around 1900.
- However, the problem of organizing men to achieve the desired objective is not new. It is as old as civilization itself.

3. Pre-Scientific Management Era

- Thousands of years ago
- The Chinese
- The Babylonians
- The Egyptians
- The Greek
- The Romans and
- Hindu Philosophers wrote extremely interesting books and propounded theories which are followed even today.
- With the advent of industrial revolution management of enterprises assumed an increasingly important role.

Organization

- Two or more people who work together in a structured way to achieve a specific goal or set of goals.
  - formal and informal
  - In both people are kept together
- believing there is a benefit working together to achieve a common goal

What does goal mean ?
Goals
The purpose that organization strives to achieve.
Goal is the fundamental element of an organization. Why?

- ***Goal is the reason to exist and***
- ***An organization cannot exist without goal***
- ***More than one goal***

What do all organizations need to achieve goals?

To achieve goals all organizations should

- ***have a method and***
- ***have to acquire and***
- ***allocate resources***

Thus the need for management

4. Importance of Management

- Management is universal and necessary function.
- It is essential for all kinds of organizations. This is because every organization requires:-
  . The making of decisions
  . The coordinating of activities
  . The handling of people and
  . Evaluating the performance directed toward its objectives.

5. Administration and Management:

The term "Management" and "Administration" are used interchangeably in government and business organizations.

Administration

Means overall determination of policies and major objectives.

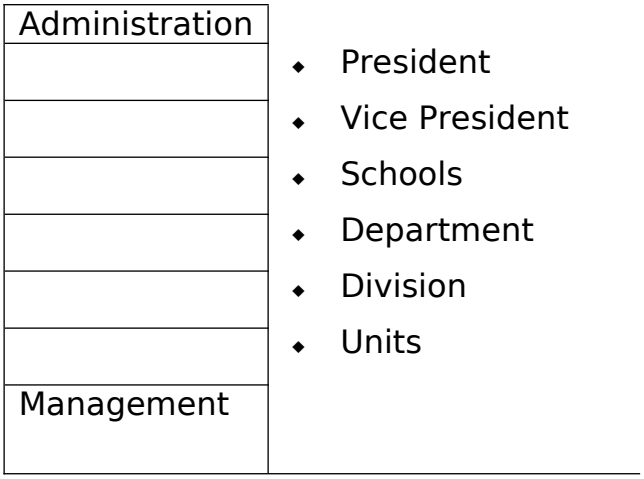
Functionally

- It is the laying down of the general purpose of the organization.
- The framing of its major policies.
- The formulation of general plan of procedure.
- The inauguration of broad programme.
- Approval of specific major projects that fall within the general programme.

Management

Is essentially an executive function, the active direction of human effort. It is the work that a manager seeks to get results through other people.

As a function, administration is determinative and management is essentially executive. Yet the same person may perform both functions. The chief executive would devote a greater part of his/her time to the broader administrative responsibilities, but will also participate (though to limited extent) in executing those policies. Similarly, many minor executives determine policies in a limited sphere and so perform administrative function.
As we go down the hierarchical ladder, the administrative function became less and less and the management function more and more. The following figure clearly demonstrates this



6. Management as an art, Science and a Profession

- Development of management as a science is of recent origin, even though its practice is as old as civilization.
- Management is a social science and deals with the behaviour of people in the organization

Management as an Art and Profession

- Engineer uses science of engineering while building a bridge.
- Manager uses the knowledge of management theory while performing his/her managerial functions.
- Engineering is a science, and its application to the solution of practical problem is an art.
- Similarly, Management as the body of knowledge and discipline is a science. Its application to the solution of organizational problems is an art.

Therefore, Management is a science as well as an art and a profession.

7. Management Functions

Function is defined as a broad area of responsibility composed of many

activities aimed at achieving a predetermined objective.

Functions of Management Include

1. Planning — Planning (p)
2. Organizing
3. Staffing — Implementation (I)
4. Directing
5. Controlling — Evaluation (E)

In addition to these three broad sequential functions Planning, Implementation & Evaluation
(PIE).
In addition to these three broad sequential functions Planning, Implementation & Evaluation (PIE).
Two continuous functions of management are:-

- Communication
- Decision- Making

COMMUNICATION

It is necessary for sharing ideas/information between the

1) Manager
2) Staff and the
3) Community

during the process of planning, implementation and evaluation.

DECISION MAKING

Is employed during

- Planning
- Implementation
- Evaluation

each one of them require decision making as a task

8. Management and Environment:

Health service organizations exist in the larger environment they are not isolated. They are affected by the external environment and vice versa. Management performs all the functions of management in interaction with its environment.

COMPONENTS OF THE EXTERNAL ENVIRONMENT

1. Political

- Policy
- Political Institution/Organization
- Government Officials/Institutions

2. Economic and Business Communities

- Suppliers
- Clients
- Farmers
- Merchants
- Share-holders

3. Social

- Community
- Leaders
- Man in the street
- Others

4. Technological

- Medical Equipment
- Strategies, e.g. Community based distribution

5. National and International Issues

- This interaction relationship between managerial functions and the environment occur because organizations are open systems.
- They acquire their inputs from the environment in the form of:-

. Human Resource → Information
. Materials → . Technology
. Finances → Time

The organizations process these inputs into outputs in the form of goods, services and deliver them to the environment.

- Management while performing its various functions continually adopt itself to changes occurring in its environment.

9. The Roles of Health Manager

Defining managers by their managerial roles was presented and developed by Henry Mintzberg in 1970s. He criticized the traditional functional approach rationalizing that the functional approach tells only a small part of what a manager does. According to his view, the manager is overburdened with obligations. Yet he can't delegate easily his tasks. Verbal communication, frequent interruptions, fragmentation and brevity characterize his work.

The managerial roles are categorized into three major areas with further classification:

1. *Interpersonal role: this role shows the interpersonal contact that a manager does which is vital in his/her daily activities. The interpersonal roles are designated by*
    - *Figurehead:* this role symbolizes the legal authority of the manager such as: attending ceremonies, signing documents, etc.

- *Leader:* as a leader a manager is accountable, responsible, and motivator of the staff he is working with.
- *Liaison:* a manager creates links in horizontal as well as vertical chain of communications that facilitate communication in and out side the organization.

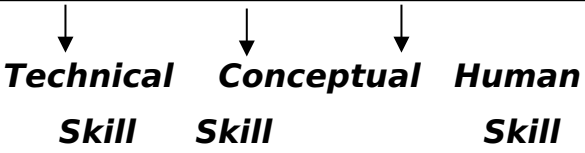
2. *Informational role: this role is related to communication and information channeling*
   - *Monitor:* serving as a focal person for all types of communications
   - *Disseminator:* communicating selected information to subordinates
   - *Spokesperson:* communicating selected information to outsiders
3. *Decision-making role: a manger has a legal authority to decide on matters that are assigned to him based on his job description.*

   Entrepreneur: designing and initiating changes within the organization
   - *Disturbance handler:* taking corrective action and handling conflicts
   - *Resource allocator:* decides on resources and their distribution
   - *Negotiator:* negotiating with other parties representing organizational interest
   -

The Ten major roles of a health manager are visualized in the pie-diagram below

10. Type of Health Service Managers

Level of position in the organisation hierarchy	Type of Managers	Degree of authority and scope Of responsibilities
◆ High ◆ Middle ◆ Low	Senior Manager Middle Manager First Line Manager	Large Medium Small



1. First Line (or first level) Managers:
   - Managers who are responsible for the work of operating and do not supervise other managers
   - They are the “first” or lowest level of managers in the organizational hierarchy
2. Middle Managers
   - Managers in the mid range of the organizational hierarchy
   - They are responsible for other managers and sometimes for some

operating employees
- They report to more senior managers

3. Top Managers
   - Managers responsible for the overall management of the organization
   - They establish, operating policies and guide the organization's interaction with its environment.

Management Level and Skills:-

Technical Skills:

- The understanding of technical element of activities in general and proficiency in specific kind of technical activity

Human Skill:

- This is the ability to work with others and win cooperation from the health team other sectors and the community

Conceptual Skill:

- The ability to visualize the organization as the whole and its relationship with the community and other sectors

II. Concepts and Principles in Management

In the process of fulfilling his/her managerial duties the manager would apply the following concepts and principles.

1. Concepts

1.1 Effectiveness

Effectiveness is the degree to which a stated objective is being achieved. It is something that management tries to improve.

1.2 Efficiency

It is concerned with the balanced use of resources (money, material, human resource, time, space and information)

1.3 Economy of Scarce Resources

Some, and often many, resources are scarce and costly thus we have to economize

1.4 Work Relations

Work activities should be designed and structured so as to support each other towards the achievement of objectives

1.5 Information

Management needs information if it is to make the right decision for action. At the same time, information can easily handicap Management, if it is not

- the right kind
- at the right time and

- in the right hands.

2. Principles

2.1 Management by Objectives

Management sees that objectives are specified and then that they are achieved. The objective should state:

- What is to be accomplished
- How much of it
- Where it is to be done
- When it is to be completed.

Therefore, a clear statement of objectives makes it possible to evaluate how effective one is in approaching and reaching the objectives.

2.2 Learning From Experience

Analysis of the results between the objectives and achievement made. For better performance there should be feedback to learn form the experience gained.

2.3 Division of Labour

Management attempts to bring about balance of work among the different people concerned.

2.4 Substitution of Resources

Often when the resources that are normally used to provide service became scarce or too expensive, different resources may be used to provide the intended results.

2.5 Convergence of Work

Working relations should contribute to the success of each activity and so to general effectiveness. These working relations of activities are:-

- the logical relations with each other
- time relations or sequence
- spatial relations between activities
- functional and structural-working relations between people

Example: In EPI programme the general goal is to vaccinate/immunize children and Mothers and require.

- Developmental activities (training of vaccinator) and
- Some continuous support activities (supplies).

2.6. Functions Determine Structure

When the work is defined i.e. the function and duties of the individual members of the team are clearly defined and known to all. The working relations (the structure) follow. The exact nature of authority will be clearly delineated on the structure.

2.7. Delegation

Delegation takes place when some body's authority is lent, so as to enable that person to take responsibility when the occasion arises.

2.8. Management by Exception.

In effect this means two things:-

1. Don't be overloaded with the routine, unnecessary information, be selective.
2. Make BIG decision first.

In short management by exception means

- selectivity in information
- priority in decision

2.9. Shortest Decision-Path

This principle deals with issue

- Who should make which decision?
- When and where?
- Decision must be made as closely as possible in time and place to the object of decision and to those affected by it.

2. HEALTH PLANNING

2.1**.**Definition:-

Planning is Systematic method of trying to attain explicit objectives for the future through the efficient and appropriate use of resources, available now and in the future.

Health Planning:- is the process of defining community health problems, Identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals.

2.2.Purpose

- Coping with future uncertainty and change
- Focus attention on objectives
- It obtains economical operation
- Provides performance standards and facilitates control
- Helps foreseeing and identifying potential risks

2.3.Types

There are two types of planning:-

1. **Strategic planning**-often referred as allocative planning – Normally five years or more.

2. **Tactical/operational planning** -may be referred to as activity planning. It covers a short period of time medium term- usually one-year.

1. STRATEGIC PLANNING

1.1 What is Strategic Planning?

Strategic Planning is the process of determining what an organization intends to be in the ***future and how*** it will get there. It is finding the best future for your organization and the best path to reach that destination.

Due to the rapid rate of change of today's world it has become necessary for every dynamic organization to keep their plan as current as possible through strategic planning. Strategic planning is often used in place of long range planning.

1.2 SWOT Analysis

SWOT (strengths and weakness, opportunities and threats) is a strategic planning tool that matches internal organizational strengths and weakness with external opportunities and threats. By reviewing strengths, weaknesses, opportunities and threats a useful strategy for achieving objectives will become evident.

In the health sector, strengths may be considered availability of resources and trained human power. Weaknesses include lack of managerial talent and obsolete facilities. Threats include adverse cultural believes towards modern medical practice and growing cost of essential drugs. Examples of opportunities are clear and supportive government policies and presence of a functional health committee in the communities. (Figure 8)

FIGURE 8: SWOT ANALYSIS: A FRAME WORK FOR SELECTING STRATEGIES SWOT MATRIX

	Internal	**External**
Positive	Strengths 1	Opportunities 3
Negative	Weakness 2	Threats 4

SWOT Analysis example World Health Organization (WHO) Roll Back Malaria (RBM) intervention in Ethiopia, (Figure 8).

	Internal	**External**
Positive	***Strengths*** ◆ PHC is adapted strategy by Ministry of health for delivery of Health Services ◆ There is policy guidelines in health ◆ Control of communicable disease and epidemics is the top priority of health policy ◆ Change of six tier health delivery system to four tire system in line with decentralization ◆ Malaria control programme have been decentralized and integrated into the general health service system of the regions.	***Opportunities*** ◆ There is devolution type of decentralization to the regions in line with Federalism ◆ There is well organized peasant and urban dwellers association for administrative action and for involvement of communities ◆ There is political will to revitalize multisectoral collaboration and community involvement ◆ Non-governmental organization involvement is possible ◆ International partners support (WHO)
Negative	***Weakness*** ◆ Shortage of drug supply in all health facilities ◆ Low coverage of health services over 51% of the population have no access to health services ◆ Poor financial allocation for health activities ◆ Inadequate trained human resources	***Threats*** ◆ Poor economic situation ◆ Continuity of war ◆ High external debt ◆ Change of government-change of policy

	• Poorly motivated health staff • Shortage of transport in health facilities • Weak management and planning capacity at regional level • Poor literacy rate-low health awareness • Donor dependency	

SWOT Analysis defines the relationship between internal and external appraisals in strategic analysis. It is an exercise in identification and analysis.

2. TACTICAL/OPERATIONAL PLANNING

Tactical/operational planning is short-range planning that emphasizes the current operations of various parts of the organization.

Short-range is defined as a period of time extending only about one year or less into the future. Managers use tactical/operational planning to outline what the various parts of the organization must do for the organization to be successful at some point one-year or less into future. Tactical plans usually are developed for organizations in the areas of production, marketing, personnel, finance and plan facilities.

Comparing and co-ordinating Strategic and Tactical Planning

In striving to implement successful planning systems within organizations, manager must remember several basic differences between strategic planning and tactical/operational planning.

- First since upper-level managers generally have better understanding of the organization as a whole than do lower-level managers, and since lower-level managers generally have a better understanding of the day-to-day organizational operations than do upper-level managers, strategic plans usually are developed by upper-level management and tactical plans by lower-level management.
- Second, since strategic planning emphasizes analyzing the everyday functioning of the organization, facts on which to base strategic plans are usually more difficult to gather than are facts on which to base tactical plans.
- A third difference between strategic and tactical planning involves the amount of detail in the final plans. Since strategic plans are based primary on a

predication of the future and tactical plans on known circumstances that exist within the organization, strategic plans are generally less detailed than tactical plans.

- Lastly since strategic focuses on the long term and tactical planning on the short term, strategic plans cover a relatively long period of time. See clear presentation of the deference on the following table

Major differences between Strategic and Tactical Planning

Area of differences	***Strategic Planning***	***Tactical Planning***
Individuals involved	Developed mainly by upper-level management	Developed mainly by lower level management
Facts on which to base planning	Facts are generally difficult to gather	Facts are generally easy to gather
Amount of details in plans	Plans contain relatively little detail	Plans contain substantial amount of detail
Length of time plans cover	Plans cover long periods of time	Plans cover short periods of time

In spite of their differences, tactical and strategic planning are integrally related.

" *In general, strategic planning is concerned with the longest period worth considering. Tactical planning is concerned with the shortest period worth considering. Both type of plans are necessary. They complement each other. We can look at them separately, even discuss them separately, but we cannot*

separate them in fact".

2.4. Steps of planning

In the planning process, there are six steps:

1. Situational analysis
2. Selecting priority problems
3. Setting objectives and targets
4. Identifying potential obstacles and limitations
5. Designing the strategies
6. Writing the plan

1. SITUATIONAL ANALYSIS

The first stage in the development of a plan, at whatever level, national, district or community, is to improve the understanding of the current situation.

The purpose of situational analysis is to provide a broad basis of understanding. This is for two reasons:-

1. It provides a common reference point for the rest of the planning process
2. It allows the selection of priority areas of concern for planning

Content of situational analysis

1.1 Population characteristics

Study size, composition and distribution of the population

- Identify target groups
- Determine population size by category
- Estimate overall population growth rate
- Determine religious, educational and cultural characteristics

1.2 Review area characteristics and infrastructure

- Geographical and topographical situation
- Infrastructure
  - Transport modes and routes
  - Communications
  - Water supply and sanitation facilities
  - Utilities-including distribution of main electricity
- Socio-economic situation
  - Change in pattern of income distribution
- Pubic and private sector structures

1.3 Policy and political environment

- Consider national health policy and programmes and relate it to actual situation in your own area

- Analyze political environment

1.4 Analysis health needs

Information on health needs is a basic prerequisite for a plan. However, the issue of measuring health needs is a complex one.

There are essentially two broad approaches, through medical indicators and through community perceptions of need. Information on medically perceived need come form a variety of sources including community health surveys and from records of health service contacts, as well as from perceptions of health professions.
Community perceptions of need are likely to be less easily available and less structured. However, such information may come form two sources:

- Firstly from surveys of the attitudes and views of the community members as to their health needs.
- Secondly, indicators of community perceived need may be derived through existing community structures, such as village health or development communities or indeed at the national level through democratic representative structures.

The main categories of health need information are medically perceived health needs and community-perceived health needs.

- Medically perceived health needs
  - Morbidity rates
    - Incidence
    - Prevalence
  - Morality rates
    - General population mortality rates
    - Age specific one's (such as IMR etc)
  - Disability rates
  - Non-illness related needs
    e.g.: Antenatal care, family planning
- Community perceived health needs

These are harder to define, particularly at the national level, often expressed in terns of service deficiencies rather than health indicators.

1.5 Analyse health services

- Analyze organizational structure and functions of health services
- Service facilities
- Service utilization
- Service gaps

- Identify limitations/bottle necks in organizational structure

1.6 Analyze resources

- Financial resources
- Personnel
- Material/equipment
- Space/building
- Time
- Information

1.7 Review past implementation experience

- Find out information or experiences form activities implemented in the past
  - Success
  - Short comings

2. SELECTING CRITICAL PRIORITY PROBLEMS

The second stage sets priorities for the organization, in the light of competing needs and limited resources. Setting priority is, perhaps the most critical and hardest planning stage and yet cannot be avoided. For the state providing an over all strategic plan these needs to be sufficiently broad allowing for local variations as a result of differing needs. There is a series of issues around how priorities can be set. Under planning all of these is a tension between attempts to make decisions on priorities as rigorous as possible and recognition of the essentially "Political' or value laden nature of such decisions. Within any priority-setting decision there are two broad processes which need to be conceptually disentangled.

- The first concerns the provision of information. This is an important function of the planning system, and in situational analysis which form such a base for priority setting.
- Secondly there is decision as to how health and health need is viewed. Proceeding section examined a number of possible different perspectives on health and health needs. As we have seen, assessment of health needs and priorities is not a simple technical issue. Different individuals, professions, or groups will have different attitudes and a critical decision relates to how such views are to be weighted.

  The philosophy of PHC suggests that such decisions should be made at the national level of society as a whole, and the local level with full involvement of communities concerned.

  Therefore, in situational analysis list of problems (disease, resources, health service structure problems were identified).

Define a problem: A problem is a difficulty or obstacle seen to exist between

a present situation and desired future objectives

What exist now (the present situation)	What should be (programme objective ideal situation)	Problem gap
50% vaccination coverage	80% coverage (EPI)	30%

It is useful to group problems under common headings example:

- Environmental problems
  - Poor sanitation
  - Over crowding
  - Lack of safe drinking water

- Disease or Health problems
  - Malaria
  - Malnutrition
  - Respiratory Diseases
  - Diarrhoea

- Socio-Economic Problems
  - Low per capital income
  - Illiteracy
  - Poor equity in distribution of health services
  - Cultural and religious habits

- Health service problems
  - In sufficient drugs and materials
  - Lack of qualified personnel
  - Difficulty in visiting outlying areas

Making such groups of problems helps seeking common solutions.

However there are always discrepancies between the health needs (problems that need to be solved) and available resources. Hence, the planner is obliged to take certain problems (priority problems) first. Priority problems are often selected by setting selection criteria and giving scores for each problem according to these criteria.

The selection criteria for priority setting are:-

- Magnitude of the problem

- Degree of severity (consequent suffering and disability)
- Feasibility-interns of cost effectiveness and social acceptability of intervention.
- Sustainability in terms of resources and organizational capacity
- Community concern
- Political and social acceptability with consideration of equity
- Consistence with multi - sectoral approach
- Consistence with governmental planning and budgetary system
- Clear defined system with donors (if linkage exists)

Ranking which health problems they think were most important. This can be done by using criteria on five point scale
5 points-very high

- 4 points-high
- 3 points-moderate
- 2 points-low
- 1 point-very low

3. SETTING OBJECTIVES AND TARGETS

Let us first define some related terms, a clear understanding of which is important for a rational planning.

Goals, aims, objectives, and targets

Goals, aims, objectives and targets are all ways of describing the desired direction of a service. They differ in terms of breadth and detail.

Goals:- Are broad statements. There is generally one goal for a service. This might be:' Health for all by 2000 and beyond.'

Aims:- There are a number of aims relating to the goal. They are specific to particular health problems. One might be: 'To raise the nutritional status of women and children.'

Objective:- For each programme aim, there may be a number of objectives which are specified in measurable terms. An objective for the above aim might be:

' To ensure that 95 per cent of children are adequately nourished.'

Targets:- For each objective, there may be various targets which specify various points on the way to the attainment of the objective. They are defined in relation to a point in time. For example, a target for the above objective might be:
' To ensure that 75 per cent of children are adequately nourished by 2002.'

If the programme is made to have an objective and target, it must be SMART:-

S -Specific
M -Measurable
A -Achievable
R -Realistic
T -Time specific/Time framed

Example

By the end of 2002, 90% of eligible children will be vaccinated against six target diseases in Omo Nada Woreda.

4. IDENTIFYING OBSTACLES AND LIMITATIONS

After setting objectives and targets the planner should ask himself/herself about the presence of any situation (obstacle/limitation) that may prevent the achievement of each objective and target. The limitations/obstacles may be:

4.1 Resources:-

- People - Lack of interest
  - No skilled people
- Equipment - Not available
  - Expensive (if available)
- Money - No budget
- Time - People may not have time
- Information - Hard to find
  - Statistics not available

4.2 Environmental obstacles:-

When making a plan the environment should be reviewed to see whether it presents any specific difficulties, such as:

- **Geographical features**

  Which would be important for building roads, marketing goods, or transporting patient to hospital, for instance mountains, rivers lakes may be serious obstacle to delivering an adequate health services in some areas.
- **Climate**

  Which may influence type of building and nature of health problems?
- **Technical difficulties**

  Related to the technical development of society, for instance, an electric

centrifuge is useless in a health centre where there is no electricity.

- **Social factors**

  Which are the most serious obstacles, there may be customs or taboos that operate against the plan, people may be prejudiced against new ideas, or there may be laws or regulations (good or bad) that prevent certain activities.

EXAMPLE: ANALYSIS OF OBSTACLES

Objective	***Obstacles***	***Analysis***		***Cannot be changed***
		Removed	***Modified***	
1. To provide trained personnel for all women in child birth by 2002	◆ Shortage of Midwives ◆ Insufficient maternity beds	◆ Train and utilize TBA ◆ Midwives support TBA to care for women at risk		
2. Build school	◆ Insufficient material and money		◆ Build a simple shelter	
3. Recruit teacher	◆ No accommodation		◆ Build house for teacher	
4. To provide antenatal care to 60% of pregnant women	◆ Women not interested	◆ Particular care for women at risk		◆ Education level of women

EXAMPLE OF ANALYZING OBSTACLES AND LISTING POSSIBLE REMEDY

Deficiency	*Underlying obstacle*	*Possible remedy*
◆ Incomplete house spraying in malaria control programme	◆ Staff shortage, lack of transport for spraying team	◆ Involve the community;
◆ Lack of treatment after	◆ Hospital OPD over load	

diagnosis	inadequate drug supply	◆ Establish peoples' pharmacy

5. DESIGNING THE STRATEGIES

Once objectives and targets are set, the planner assesses the different ways (strategies) for achieving them. Choosing the best strategy again entails analyzing resources available and needed for each strategy. The potential strategies often include technology to be applied, procedures to be used and defining the role of communities and other sectors.

For each chosen strategy, the corresponding activities to be undertaken and the resources needed should be detailed, including who will do the activities (job description of all involved personnel) which things would be needed (equipment, materials and money), where the work will be done and the methods of controlling.

Who will help the contribution of communities and other sectors? The health planner should identify what information should be collected for controlling and decide how it would be used.

Determine resources required in terms of proposed strategy -the time, staff, acilities/materials and money. Estimate strategy costs and assess adequacy.

6. WRITING THE PLAN

The purposes of writing the plan are:-

- To request funds or resources from the government or funding agencies
- For monitoring and evaluating the implementation process by all concerned

A plan can be written in several ways. Some organizations may require plans to be written on specific way.

An outline of writing the plan may include:

6.1 Summary (of the main point to be raised 6.1-6.6). This is important because it gives a clear idea of what is going to be done without going through the plan document.

Decision makers (those who approve the plan) may not have time or may not want to read the whole document. Decision on whether to support the plan or not may often depend on the summary.

6.2 A problem statement (explanation of the background, the problem to be dealt with, the reasons for undertaking the plan)

6.3 Objectives and targets:- to be clearly stated

6.4 Strategies and activities (responsibilities should be allocated for each activities (see GANTT CHART)

6.5 Resources needed and how they are going to be utilized specify budget required

6.6 Monitoring and evaluation (periodic and end of programme assessment, how, by whom, when, indicators of effectiveness)

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

GANTT CHART-FOR CONDUCTING A SURVEY

Activities	*Responsible Officer*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*
Briefing of District leaders	MR A	*.....*					
Briefing of Villagers	MR B						*...
Design of survey	MRS X	.....*					
Selection and Training of Staff	MR Y			*.....*			
Conduct of survey	MR C			*.....*			
Analysis of report	MR D						*.....
Provision of transport and logistic support	MR E	.....*					
		*....					
		*..... *					

The main weakness of the GANTT chart, it lacks information on interrelation of tasks to be performed.

Human resource

Each type of resource has its specific feature. Thus special considerations are given to planning of the different types of resources. This section will be devoted to giving a brief outline of human resource planning.

- What types of people does the organization need to reach its objectives?
- How many of each type are needed?
- What steps for the recruitment and selection of these people should the organization take?
- Can present employees be further trained to fill future needed position?
- How does each category of organization members improve his/her career, get promoted?
- At what rate are employees lost from the organization?
- Why are employees lost from the organization?
- What should be done to train competent and experienced staff?

Health Team

Definition

The Health Team

The health team has been defined as a group of people who share a common health goal and common objectives, determined by community needs, to the achievement of which each member of the team contributes, in accordance with his or her competence and skill and in coordination with the functions of others. The manner and degree of such cooperation will vary and has to be determined by each society according to its own needs and resources.

There can be no universally applicable composition of a health team. The members of a health team include all those working together; for example, the supporting staff - clerks, drivers, and cleaners - is all part of the team. It is important that their work and contributions be recognized as well as those of the technical staff (medical assistants, nurses and community health workers). 2.5.1.1.2.Types and its characteristics

There are many different kinds of health teams, depending on the type of health work that teams undertake. Some are specialist health teams, such as mobile teams - that travel from place to place dealing with one disease (such as leprosy or tuberculosis) - or surgical teams in hospitals, Health Centre Team, from the experience of GCMS, which has a composition of different categories of health workers (Health Officer, Public Health Nurse, Environmental Health Technician, and Medical Laboratory Technicians).

In this guide the health team refers mainly to a group of health workers serving a population that may consist of many communities spread over a large area. The team works with the communities in providing essential health care.

A health team usually has a base: team members may work together in one building such as a health centre, where equipment is kept and some clinics are held. Sometimes the team may have no such base but may operate as a mobile team in various communities, or individuals may work in separate villages but within the framework of an area programme. A health team may also include a village health worker chosen by the village people and based in the village.

Organizing and leading health team

Organizing health - team activities

The distribution of tasks among the members of a health team is one of a manager's most important functions. When work is distributed unfairly it causes dissatisfaction and sometimes quarrelling. Work should be arranged in such a way that team members use their individual skills and talents. By organization, work can be fairly distributed so that there is no 'overwork' or 'under work', but all team members carry equal workloads.

Health tasks are varied. This variation in tasks makes organization in health work a challenge to the team leader.

Job descriptions are one means of helping to distribute tasks among the health team.

Coordinating activities

To coordinate activities or groups of activities if to bring them into proper relation with each other so as to ensure that everything that needs to be done is done and that no two people are trying to do the same job.

Coordination is the means of:

- distributing *authority*;
- providing channels of *communication*; and
- arranging the work so that

the right things are done	(what)
in the right place	(where)
at the right time	(when)
in the right way	(how)
by the right people	(by whom)

Using organizational principles

To make coordination effective, ***seven*** well recognized principles of organization must be a applied:

Objective	The objective of each group of tasks must contribute to the objectives of the organization as a whole.
Definition	Each group of tasks must be clearly defined so that everyone knows exactly what the tasks are.
Command	Each group of tasks must have one person in charge, and all concerned must know who this person is.
Responsibility	The person in charge of a team is responsible for the performance of its members.
Authority	Each person responsible for a group of tasks must have authority equal to the responsibility.
Span of control	No person in charge of a group of tasks should be expected to control more than six to ten other people.
Balance	The person in chare or several groups must see that the groups balance. For instance, case finding must not be so extensive that more cases of a

disease are found than can be treated.

A coordinating checklist

A health worker responsible for an action- any action- will find it useful to apply the following checklist:

What is to be done?
Where will the action take place?
When will the action take place?
What equipment is needed?
How will the action be arranged?

} Coordinating the activities

Which members of the health team will take part?
Who outside the health team will take part?
Who will do what?
Who will lead?

} Coordinating the people

Is all necessary information available?
Has the information been communicated?

} Communication

Leading a Health Team

A. Setting and Sharing Objectives with the Team Members

People work well together when they agree with one another and share in the task of setting and achieving the objectives of the whole team.

To fulfil the objectives of an organization those who work for the organization should know what its objectives are.
People who have not shared in setting objectives or have not been told what these objectives are may waste much effort on activities that do not bring the achievement of objectives any nearer. People who are opposed to the objectives may obstruct the work of the organization. It is very difficult, if not impossible, for real progress to be made in health care without the active cooperation of everyone concerned. The health worker in charge of a programme and a health team deals first with people and then with things.

Motivation is an inner impulse that determines what people do and the energy and enthusiasm with which they do it. It is the basis upon which personal decisions are made.

When local health objectives are being set, various groups of people should be consulted. They include:

- people in the community: interested people from other sectors, e.g. schoolteachers, traditional healers, agricultural extension workers, representatives of workers, leaders (of local authorities, women's groups, etc.)
- patients

- health workers
- the Ministry of Health (to make sure that local objectives are in agreement with national objectives).

B. Motivating team members_

Motivation is an inner impulse that induces a person to act in a certain way. It is a series of internal drives within a person at different levels.

Level 1. To obtain the necessities of life — food, shelter, clothing, rest and safety.

Level 2. To satisfy social needs such as those for companionship, love, and a position of respect.

Level 3. To ensure some degree of personal satisfaction and to pursue ideals. People need to feel reasonably satisfied with themselves, with what they make of their lives and with their talents and abilities.

A team leader should understand what encourages people to apply their ability and energy to work, and what makes people dissatisfied at work. These two groups of factors may be called ***motivators*** and ***dissatisfies***, respectively.

C. <u>Delegating authority and responsibility</u>

The leader of a team is responsible for the work the team undertakes. The leader must make sure that the team has the equipment and resources it needs and that team member are properly trained able to do the work. The leader is responsible for the team's failures and successes. At the same time, the health workers in the team are responsible for the particular tasks of their individual jobs.

People who can make decisions and see that they are carried out have authority: a health worker who makes decisions about how or where others should work has authority. Authority and responsibility may go together, but they are not the same. People use authority to get the work done for which they are responsible.

One way of using authority is to delegate it. To delegate means to give another person some of one's authority or, in other words, to give another person the power to make decisions.

Delegation has certain advantages*:*

- Delegating some decision-making saves time for other duties.
- When work is spread over a large area, as in rural health work, the health workers on the spot must be able to make decisions according to circumstances.
- Delegations of responsibility save long delays that occur then awaiting decisions from a central office or other distant authority.
- Health workers who are allowed to make decisions enjoy their work more and become more knowledgeable and skilful.

It also has disadvantages:

- If wrong decisions are made, the work is not done or it may be done less well.
- A leader who does not delegate properly may pass all the work on to the team members, leaving very little more to do.
- A leader may delegate decisions to people with insufficient experience.

Rules for delegating authority and responsibility

- Be clear about exactly what is delegated.
- Select the person who you are sure can do the work.
- Explain to others 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.

D. Using different styles of supervision

There are three main styles of supervision: ***autocratic, anarchic*** and ***democratic***.

Autocratic supervision tends to humiliate people and make them irresponsible. It may dry up their initiative.

Democratic supervision helps people to grow, to become responsible for their own work and to show initiative. People like to be consulted.

Most people prefer to work under a democratic leadership. This does not mean, however, that the democratic style is always best. The choice of style of supervision depends on the kind of work to be done (job factors) and the kind of people to be supervised (personal factors).

Job factors include:

- the complexity of the job
- the difficulty of the job
- the need for quick decisions
- the need for consistent results
- the need for creative work (new ideas).

Personal factors include:

- the skill, reliability and experience of those who do the work
- their willingness to accept responsibility and to make decisions.

What style should a supervisor adopt? It should not be one that only suits the supervisor's personality and that is not appropriate to the circumstances and needs of the job or to the abilities of the workers. Good supervisors adapt their style to different needs and circumstances.

A **consultative, i.e. democratic**, style is most suitable:

- for work that demands creativity, e.g. community involvement, research
- with competent and experienced people
- with people who are known to be reliable
- with people who are willing to take responsibility and make decisions.
- In certain circumstances supervision must be **authoritative**, in the sense that instructions cannot be subject to discussion.

An **autocratic** or strongly **authoritarian style** of supervision can be used only when the staff can be closely supervised and controlled. This is normally not the case in rural health work, especially in isolated health posts. In such circumstances this style of supervision would not be suitable.

The type of supervision practiced should be varied to suit the circumstances.

Material resource

Types

Material management is the integrated functioning of purchasing and allied activities so as to achieve the maximum coordination and optimum expenditure in the area of materials.

One of the objectives of materials management is to have the right materials at the right place at the right time. This depends on effective policies of forecasting, inventory, and materials distribution.

Material/Equipment/Items can be divided into:

- ***Expendable /consumable/ recurrent:***
  Are those materials/items that should be regularly kept in stock for production purposes or maintenance of the plant and are used within a short time, e.g. cotton, laboratory stains, paper, syringes, raw materials, etc.
- ***Non-expendable/ capital/ non-recurrent:***
  Are those materials/items that are required only for specific purposes or jobs and which are not to be automatically recouped and lasts for several years and needs care and maintenance, e.g. microscopes, vehicles, capital equipment, etc.

The following four activities generally came within the sphere of materials management.

1. **Ordering Equipment**
   This is obtaining equipment from stores or shops. Only some people are authorized to order. Ordering requires the following skills:
   - Listing requirements, from a knowledge of past use and estimates of present use. Some resources are always limited, consumable items should be used economically.
   - Balancing requirements with available resources and making cost estimates. Priorities must therefore be established among needs and the needs must be balanced against resources (available funds). Cost-estimate must be made before completing the order-form. T make a cost-estimate, the items required, the quantity, price per unit, and total price should be listed in tabular form.

- use of a catalogue
  A catalogue is a book that contains a list of articles available for purchasing from a certain place. It is used whenever things are ordered at a distance.
  A disadvantage of purchasing from a catalogue is that the purchaser does not see the articles being ordered. The catalogue must therefore be studied with great care and the exact item number, description, and price carefully noted.

- completing an order-form/ requisition form
  An order-form has a column for each of the following: item reference number, name of article, quantity ordered, price per unit, total price.

Table showing an example of ordering form

Item No	Name of article	Type	Unit	Quantity needed	Price per unit	Total cost

2. <u>Purchasing</u>

It is the procuring of raw materials, components, and services that the organization needs to achieve its goals.
The function of the Purchase Section is to procure materials against purchase requisitions received from stock control or other departments. It keeps record of the sources of supply of various items. Prices of several items are negotiated and pre-determined but for others tenders are invited. This section has also to ensure that materials do arrive at the right time.

<u>The Purchase Procedure</u>

1. The unit needing the item initiates a requisition.
2. The purchasing department reviews the requisition.
3. Suppliers are selected.
4. An order is placed.
5. The order is monitored to determine if goods have been on line and will be delivered as anticipated.
6. The income /material is received, inspected, and accepted.

Any functional area of the firm can initiate a purchase requisition. It usually includes the name, and description of the item wanted, the quantity desired, the signature of the one who prepared it. The purchasing agent reviews the requisition to determine if another item costing less can be substituted. They can make alternatives, but they cannot make unauthorized changes.

<u>Purchase Requisition</u>

Purchase requisition is the written authority for the Purchase Department to make purchases. It gives the specification and quantity of materials to be

bought.
The purchase requisition must also be authorized by an officer appropriately empowered. Where there is budget controlled, the Purchase Section should see that the materials intended are within the budget allotment of the department concerned.

Purchasing Principles

The essentials of efficient purchasing are right quality, right quantity, right time, right price, right source and delivery at the right place.

Source of Supply

The selection of the right source of supply is an important factor in obtaining the desired quality, quantity, price and service.

3. Storing Equipment

Store keeping is the function of receiving, storing and issuing materials. In the stores materials are properly stored until drawn by the various using departments.
Materials are equivalent to money and great attention has to be paid to the proper storage so that they are free from damage and pilferage.
The stores also maintain a set of records called bin cards. The accuracy of the bin card balance and physical balance is verified from time to time by Accountant staff or Internal Auditors. It is also the responsibility of this section to send a report when an item is exhausted or if shortage of an item exists.
Materials/Equipment are stored in two places:

- a main or reserve store where stocks are kept but not used
- the place of use, after issue.

To store equipment, the following skills are necessary:

- recording the receipt of new articles and the issue of articles,
- keeping a stock-book or ledger in balance.

A new item is usually delivered with a document, either an ***invoice*** (= a statement of the cost of the article), if the item is not yet paid for or a ***delivery note*** if payment has been made.
Invoices and delivery notes must be placed in separate files kept for this purpose and labelled appropriately.
The receipt of the item is then noted in the stock-book or ledger, which usually has a separate page for each item stocked. The record is divided into columns in which are noted:

- the date on which the item was received,
- the reference number of the item and the place of purchase,
- the number of the invoice or the statement of account,
- the quantity of items.

Ever time an item is delivered, the quantity received is added to the total in stock and an item is issued, the quantity is subtracted from the total stock. The resulting number is the balance in stock.

		Receiv		**Quantit**	**Quantit**	**Balanc**

Item	Date	ed from	Invoice	y Received	y Issued	e in stock

Advantages of the combined materials departments or stores and purchase department:

1. Procurement at the right time.
   The principal objective of materials management is to obtain raw materials, general supplies, etc. at the right time.

2. Lead time and stack levels
   Variations that may occur in delivery time, its effect on stocks and production, the necessity of adjusting the minimum and maximum levels on stock control cards, etc. will better appreciated and more effectively tackled by a common department head than by a separate purchase officer.
3. Cost reduction and productivity
   As far as materials management is concerned, it implies reduction of costs and increase in profit.
4. Handling receipts properly.
5. Ensuring receipt of right materials i.e. ensures that he/she receives the correct material for the money paid.
6. Quicker issue after arrival, etc. etc.

Functions and Responsibilities of Stores

1. Receive all incoming materials and see that the quantities are correct according to the
   invoice.
2. Arrange for inspection of the materials received.
3. See that materials are properly stored against deterioration, theft, etc. and that they are readily available for issue.
4. Issue materials against authorized requisitions to other departments.
5. Maintain accurate records (bin cards) of materials received, issued and in storage and see that the postings are up-to-date.
6. Ensure that all documents relating to receipts and issues are sent to the responsible departments.
7. Carry out stock verification in accordance with the procedure laid down by the management.

Receiving Section

The receiving section is a central place where all incoming supplies are received, checked and inspected before storage or use.

4. Issuing Equipment

After equipment has been ordered, received, and recorded in the stock-book or ledger, it is issued for use when it is needed. Three paperwork procedures are involved in issuing equipment:

A. Ledger Record

Unless issues are recorded in the stock ledger and the balance of stock remaining is calculated, it is very difficult to know when to order more stock.

B. Issue Voucher

The issue voucher is an official form on which are recorded:

- date of issue
- what is issued, in what quantity
- where it is to be used (section)
- who is responsible
- signature of person responsible for its use.

Issue vouchers must be filed and kept in the store. Duplicating copies are given to the department that receives the equipment.

C. Inventory

An inventory is a list of items that are kept in a certain place. Each section should have an inventory record for the items received and used.

D. Controlling and maintaining equipment

Expendable equipment must be controlled to avoid wastage.
Non-expendable equipment must be maintained, i.e. kept in good working condition.
To control and maintain equipment, the following skills are needed:

- convincing staff that equipment, must be cleaned, inspected, and kept in good order, that defects must be reported immediately, and that equipment must always be returned to its correct place after use
- using an inspection check list and inspection schedule
- detecting discrepancies and explaining them.

It maintains a set of stock control cards, properly classified and codified for various items held in stock. Minimum and maximum levels are fixed on these cards to effect timely rectify as well as to control investment.

Stock control/Inventory Control

It is the function of planning and maintaining the right quantity of materials for a given production program with the minimum of investment. The modern name is Inventory control and it deals with both purchased and plant manufactured items.

2.5.2.2.Managing material resources (include Ethiopian context)

The Ethiopian Context

In most of the Government sectors receiving and issuing of materials/ equipment /items is carried out using different “Model” developed and distributed by Ministry of Finance.
These “Models” are know/differentiated by numbers. Each “Model” has its own function and can not be used interchangeably. Some of these “Models” that are being used now are:

Model 19: Model for confirming delivery of items/drugs

Model 20: Model for requesting items/drugs

Model 21: Model for approving item delivery by person in authority

Model 22: Model for issuing items/drugs

Definitions

- ***Issue*** here means supply of materials from stores to the various workshops or departments of an organization.
- A ***Requisition*** is a written authority for the stores to issue materials to any person or sections of the organization entitled to draw materials from the stores.
- ***Lead time*** is the time required to obtain the supply after the need is determined. In other words, it is the interval between the time an item reaches the order-level and the actual receipt of the materials.

Managing Drugs

Most leading causes of morbidity and mortality can be treated, prevented or at least alleviated with cost-effective essential drugs. Despite this fact, most of the populations do not have regular access to essential drugs. Many of those who do have access are given the wrong treatment, receive too little medicine for their illness, or do not use the drugs correctly.

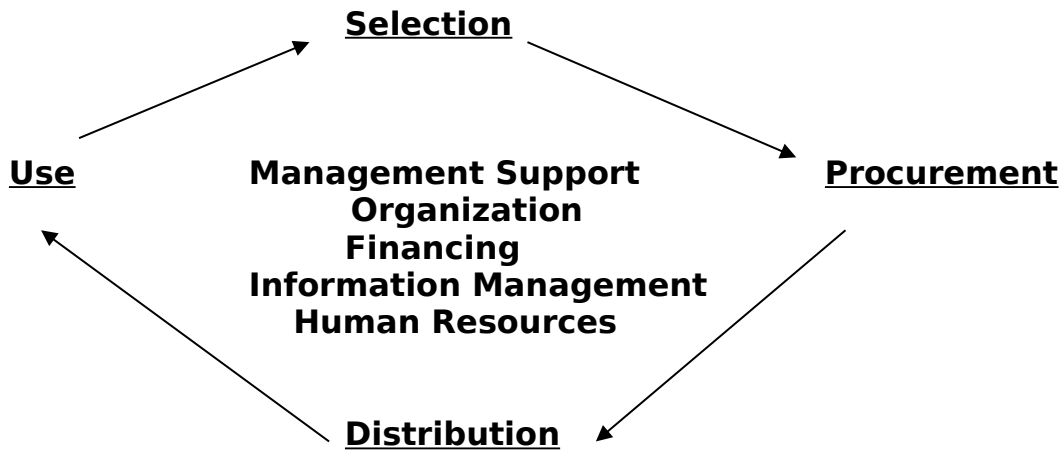
Managing drug supply is concerned with practical ways in which government policy-makers, essential drugs program managers, non-governmental organizations, donors, and others can work to ensure that high-quality essential drugs are available, affordable, and used rationally.

Drugs are of particular importance because they can save lives and improve health, and they promote trust and participation in health services. They are costly/ expensive wasting/misusing drugs may cause a shortage of supply.

There are special concerns that make drugs different from other consumer products. Drugs are powerful must be used with skill, knowledge-& accuracy, otherwise they are dangerous.

The Drug Management Cycle/ The Logistic Cycle

Drug management involves four basic functions: **selection**, **procurement**, **distribution**, and **use**. Each major function builds on the previous function and leads logically to the next.



A. Selection

Involves reviewing the prevalent health problems, identifying treatments of choice, choosing individual drugs and dosage forms, and deciding which drugs will be available at each level of health care.
The rational for selecting a limited number of essential drugs is that it may lead to better supply, more rational use, and lower costs.

Essential drugs are those that are deemed to satisfy the health care needs of the majority of the population and that should be available in the appropriate dosage forms and strengths at all times.
The process of selecting essential drugs begins with defining a list of common diseases for each level of health care. The treatment of first choice for health problem is the basis for the list of essential drugs, the national formulary, and the treatment guidelines.
The supply system should supply the drugs that have been selected.
Essential drugs should be selected on the basis of

1. relevance to the pattern of prevalent diseases,
2. proven efficacy and safety,
3. adequate scientific data and evidence of performance in a variety of settings,
4. adequate quality,
5. favorable cost-benefit ratio,
6. desirable pharmacokinetic properties and possibilities for local manufacture, and
7. availability as single compounds.

The drugs should be identified by the international non-proprietary name (INN) or generic name.

B. <u>Procurement</u>

This includes quantifying drug requirements, selecting procurement methods, managing tenders, establishing contract terms, assuring drug quality, and ensuring adherence to contract terms.

An effective procurement process ensures the availability of the right drugs in the right quantities, availability of the right drugs in the right quantities at reasonable prices, and at recognized standards of quality. Drugs may be acquired through purchase, donation, or manufacture.

The procurement cycle involves the following steps:

- reviewing drug selections,
- determine quantities needed,
- reconcile needs and find,
- choose procurement method,
- locate and select suppliers,
- specify contract terms,
- monitor order status,
- receive and cheek drugs,
- make payment,
- distribute drugs
- collect consumption information

The major procurement methods are open tender, restricted tender, competitive negotiation, and direct procurement, which vary with respect to their effect on price, delivery times, and workload of the procurement office.

Key principles of good pharmaceutical procurement include:

- procurement by generic name;
- limitation of procurement to the essential drugs list;
- procurement in bulk;
- formal supplier qualification and monitoring;
- competitive procurement;
- Sole - source commitment
- order quantities based on reliable estimate of actual need,
- reliable payment and good financial management;
- transparency and written procedures;
- separation of key functions;
- product quality assurance program;
- annual audit with published results;
- regular reporting of procurement performance indicators.

Alternative systems for supplying drugs to public health systems include the central stores system, autonomous supply agency system, direct delivery system, prime vendor system, and private pharmacy system. All involve pharmaceutical procurement.

Procurement may proceed under different models annual purchasing, scheduled purchasing or perpetual purchasing.

Effective procurement is a collaborative process between the procurement office, with requirements for trained staff and appropriate management systems, and technical

and policy committees, which make final decisions as to which drugs to buy, in what quantities, and from which suppliers.

C. Distribution

This includes clearing customs, stock control, stores management, and delivery to drug depots and health facilities.

Effective drug distribution relies on good system design and good management. A well-designed and well-managed distribution system should:

- maintain a constant supply of drugs;
- keep drugs in good condition throughout the distribution process;
- minimize drug losses due to spoilage and expiry,
- maintain accurate inventory records;
- rationalize drug storage points;
- use available transportation resources as efficiently as possible;
- reduce theft and fraud;
- provide information for forecasting drug needs.

The distribution cycle include the following steps:

- port clearing,
- receipt and inspection,
- inventory control,
- storage,
- requisition of supplies,
- delivery,
- dispensing to patients,
- reporting consumption.

There are four major elements of a distribution system:

1. ***System design***
   Geographic or population coverage, number of levels in the system, push versus pull system, degree of centralization;
2. ***Information system***
   Inventory control, records and forms, consumption reports, information flow;
3. ***Storage***
   Selection of sites, buildings design, materials handling systems, order picking;
4. ***Delivery***
   This includes collection versus delivery, choice of transport, vehicle procurement and maintenance, routing and scheduling of deliveries.

D Use

This includes diagnosing, prescribing, distributing, and proper consumption by the patient.

At the centre of the drug management cycle is a core of management support systems:

organization, financing and sustainability, information management, and human resources

management. The management support systems hold the drug management cycle together.

Finally, the entire cycle rests on a policy and legal framework that establishes and supports the public commitment to essential drug supply.
Rational use of drugs requires that patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community.
Irrational drug use occurs with polypharmacy, with the use of wrong ineffective drugs, or with under use or incorrect use of effective drugs.
A prescriber's back of knowledge and experience is only one factor in irrational drug use. Other underlying factors can be found in the dispensing process, the patient or community, and the health system itself. Strategies to address irrational drug use can be characterized as educational, managerial, or regulatory. Whichever method to change drug use is selected, the intervention is likely to contain the elements of focusing on the key factors, targeting facilities with the worst practices, and using credible sources and communication channels.
Rational drug use includes the following criteria:

- Correct drug;
- Appropriate indication - i.e., the reason to prescribe is based on sound medical considerations;
- Appropriate drug, considering efficacy, safety, suitability for the patient, and cost;
- Appropriate dosage, administration, and duration of treatment;
- Appropriate patient - i.e. no contraindications exist, and the likelihood of adverse reactions is minimal,
- Correct dispensing, including appropriate information for patients about the prescribed medicines.
- Patient adherence to treatment.

Purpose of Drug Management

The purpose of drug management is to use drugs wisely and avoid wasting them.
The common reasons for drugs wastage is:

- using too many different drugs on one patient,
- using expensive, brand-name drugs when cheaper standard drugs of certified quality would be equally effective and safe,
- using a larger dose than necessary,
- giving drugs to patients who have no faith in them & who throw them away or forget to take them,
- ordering more drugs than are needed, so that some are retained beyond their expiry date,
- not maintaining the refrigerator, so that vaccines and drugs become ineffective.
- exposing drugs to damp, heat/light.
- using (from store) too many drugs at one time so that they are used extravagantly or even stolen.

Measures to be taken to prevent wastage of drugs

Educating

A. Staff in the use of drugs

Health workers using drugs should be well informed and should show a mature and responsible attitude towards their use.

A health-worker manager can educate staff about drugs in the following ways:

- make notes on the common drugs used, explaining their uses and side effects, and give copies to all staff.
- set out the correct doses of common drugs on wall-boards.
- hold staff meetings to discuss causes of drug wastage.
- inform all staff about the cost of various drugs.
- arrange a lecture/discussion program and discuss one drug each week at the staff meeting.
- put one or more copies of a simple book on pharmacology in the library.

B. Patients about drugs

Educating patients about drugs

Patients often take drugs in the wrong way, either reducing the dose to make the treatment last longer or increasing it in the hope of a quicker cure. They take the drugs at the wrong times or forget a dose. Patients on long courses of treatment often stop taking them too soon. This happens because patients do not understand the action of drugs in the body. As a result, they are sometimes not cured and the drugs are wasted.

Health workers should take great care to tell patients how to take their drugs, explaining in a simple way why particular drugs must be taken in particular ways. Thus patients will learn that:

- Each drug has a particular action. A drug that is used for one condition will not help another.
- The size of the dose is very important; if it is too small it acts too weakly to cure the condition, and if it is too large it may poison the patient. Doses for children are smaller than for adults.
- Treatment must be regular to ensure that the desired level of the drugs in the body is maintained.
- The whole course of treatment must be completed; if it is not, the patient may relapse into an even more serious condition than before.
- Drugs must be dept out of the reach of children, who may eat them as sweets and poison themselves.

Special education

Patients with tuberculosis or leprosy who have to take drugs for many months need a great deal of explanation and encouragement.

Preparing a standard drugs list

Most health units or sections of a health service have a standard list of the commonly used drugs.

The standard list usually prepared by the supervisor or a medical officer and, as far as possible, should be selected from a list of essential drugs established at the national level.

The nature of health work and knowledge about diseases and treatments are constantly changing as new drugs appear. As a result ' ***standard lists***' are often out of date or otherwise inadequate;

— diseases are being treated which were not previously treated, or patients who were formerly treated in hospital are now treated as outpatients.
— new drugs have become available.
— the budget for drugs is no longer sufficient to purchase all the listed drugs and cheaper alternatives are needed.

Estimating drug requirements: ordering and stocking drugs

Calculating drug requirements

Ordering more drugs than are needed cause wastage, as some may remain unused after their expiry date. Ordering fewer drugs than needed results in shortage, and patients suffer because they can not be treated. It is therefore essential to estimate approximately how much is needed of each drug. This may be done either on the basis of previous experience in the health centre or by calculation.

Formula for calculation

Ordering drugs

The same procedures should be followed as for ordering equipment. The exact type required should be stated.

Non-brand-name drugs should always be ordered *when you are satisfied that they are effective and safe;* they are generally cheaper.

The quantity required, dosage form and strength should be stated, a cost-estimate made, and the order-form (requisition form) completed.

Ordering drugs by non-brand names

May drugs have internationally agreed non-brand names – **the international non-proprietary (generic) names** (**INN**)

Brand names are given to drugs by manufacturers. The same drug may appear under many different brand names and be sold at many different prices.

Drugs should be ordered whenever possible by their international non-proprietary names, making sure that the supplier provides the cheapest form available, provided that it is certified or known to be effective and safe and that it is simple to give or take.

Stocking drugs

Orderly stocking is an essential part of drug management. Drugs received are recorded in a stock ledger or on stock cards

Storing drugs

Most drugs must be kept dry, cool and away from light. A cupboard is best for these conditions. When possible, tablets should be kept in
airtight tins and screw-top jars.

Each bottle or tin must be clearly labeled.

A red star or similar mark should be placed on the labels of all bottles or tins with an expiry date in the current year. These containers should be used first.

Dangerous drugs must be kept in a locked cupboard with a special issuing register.

Stock-card system

A stock-card system is sometimes used instead of a stick ledger. It works in the same way as a stock ledger, i.e. a balance is kept by adding item received and subtracting those issued. In the stock ledger each item has a separate page in the book, but in the stock-car system each item is written on a separate card.

In the case of drugs, the card relating to each particular item can be pinned to the shelf next to the drug stock to which it refers. This is a very convenient method for recording issues, particularly if issues are made frequently.

Issuing and controlling the use of drugs

Drugs are issued, from a locked store cupboard, by the person in charge of the drug stock to the section using the drugs. Drugs are issued regularly and in known quantities; this permits monitoring (observation) and control of drug usage.

The frequency of drug issue depends on the circumstances and the type of drug. For example, an infrequently used drug, such as Niclosamide for tapeworm, may be issued every six months. Drugs in constant use, such as aspirin or antibiotics, are best issued weekly or monthly. Drugs on the 'dangerous drugs' list are controlled by special laws and are issued only as prescribed for the individual patient.

Each issue of a drug is recorded on the appropriate stock card; the balance remaining on the shelf.

Monitoring drug issues in this way enables the health worker to:

- notice when stock need re-ordering
- check drug use against patient treatment
- become rapidly aware of discrepancies in drug treatment
- check changes in drug use in different sections of the health unit.

Discrepancies in drug usage are identified in the same way as discrepancies in equipment stocks. The amount of drug expected to be used is compared.

The amount of a drug actually issued is calculated from the issue records or stock cards.

Financial resource

Definition: - Health Care Financing: - refers to mechanisms of raising resources for health care services.

Sources:-

Sources of Health Care Finance are generally classified into three major categories:-

- Public and Quasi-Public
- Private
- International Organizations

Public and Quasi-Public Sources

- General taxation
- Deficit financing
- Earmarked taxes
- Social insurance
- Lotteries and betting

Private Sources

- Private health insurance
- Employer-finance schemes
- Charity and voluntary contribution
- Community-financing and self-help
- Direct household expenditure
  - User fees/changes
  - Co-payments
  - Excess payments

International Organizations

- WHO
- UNICEF
- UNFPA etc.

Ethiopian Budget Cycle:

- Budget preparation (proposals)
- Budget compiling and approval
- Budget execution
- Budget Audit (closing)

Types of Budgets

- Revenue Budget (from surpluses, takes, etc)
- Expenditure Budget
  - Capital Budget
  - Recurrent Budget

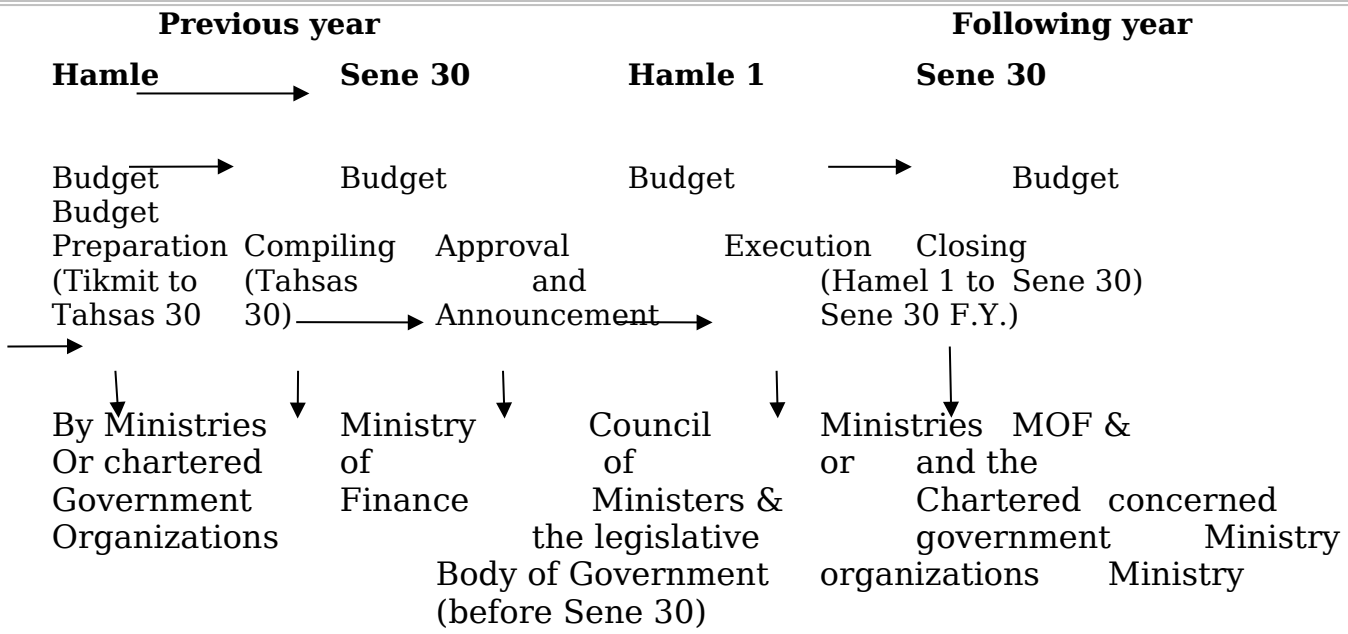
Types of Budgeting

- Line-item budgeting
- Programme budgeting

Government Bodies in Budgeting

- Ministries, Authorities, Commissions, Corporation, etc
- Ministry of finance
- National committee for Central Planning (NOW MEDAC)
- Council of Ministers
- Council of representatives (formerly called parliament, recently shengo

THE BUDGETING PROCESS



- Please note that the budgeting process of a given year starts in the previous year and Department of Ministry start the process even earlier so as to facilitate progress compiling at subsequent higher-levels.

TIME MANAGEMENT:-time is not often thought of as a resource. However, it is a non-renewable resource; no event can take place unless there is time for it. Using time effectively is a management skill.

Planning time arrangements:-Events are written in daily, weekly, monthly or yearly time periods, depending on their frequency or regularity. Time-plans are written in various common forms known as timetables, schedules or programs. These words often used to mean the same thing, i.e. a time-plan.

Timetable: for daily/weekly regular recurring events.
Schedule: for intermittent, irregular or variable events, including details of where the events take place.
Roster: for duties planned for different staff members, for different times, in turn.
Program: for long-term arrangements of several different events or activities, of which the time-plan is only one part.

Schedules and Timetables

The starting point for the definition of a schedule is earliest point at which all the materials, resources, equipment, technology, staff, information and supplies can be

gathered together for the particular purpose stated.
Proper running timetables, charts, work flows and other processes will be devised, taking as their starting point the commencement date. Each element will include the maximum and minimum completion periods and a model that can be established for the whole job. This then forms the basis of the working arrangements and work methods.
It identifies the most likely blockages to progress and also those that can be controlled and those that cannot. It provides a daily record of progress, a step-by-step measure of the job completion process measurable again against the projections made earlier. It acts as early warning system for potential hitches, problems and crises.
There will also be built into the scheduling process elements of progress chasing. Essentially this conducts the twin functions of general monitoring of progress to a given point in time; and an appraisal of where particular activities have fallen behind schedule. Any deviations from schedule are thus identified early and the maximum opportunity is afforded to put them right.

Time-plans in a health service

A well-managed rural health unit may need the following time-plans:

- A weekly timetable showing the time of the week when certain regular events always occur, e.g. staff meetings.
  All the activities that happen regularly each week should be listed and then arranged in an appropriate timetable grid according to local working hours.
- Several schedules showing the detailed dates on which intermittent events occur and where they occur, e.g. visits to peripheral health centers. To make a schedule each different activity or each different place is listed and assigned dates in turn; the whole cycle is then repeated.
- Several duty rosters for different sections of the work, e.g. night call, out patient duties.
  Duty rosters are common in all types of health work. They are needed for three
  purposes:
  - to distribute work fairly and evenly outside normal working hours, e.g. night, weekends, etc.
  - to distribute uninteresting or difficult work, and interesting or varied work, equally among the various members of the unit, e.g. maternity work.
  - to divide extra duties among the whole staff, e.g. extra duties.
  Unless they are arranged very carefully they can cause a great deal of trouble
  and quarrelling. Rosters have to be changed frequently.
  Two rules for duty rosters:
  - The length of time of each duty period must be the same as for all other types of duty period.
  - The number of people/groups working in turn must divide evenly into the number of duty stations/duty periods.
- A program of any special health activity, e.g. a vaccination campaign.

A program is a plan that outlines a series of events or activities that will take place in the future.
A program usually includes what will be done, where it will take place, who will do it, and when it will occur.
There are several ways to make a program chart. A convenient way is to list the activities, in the order in which they must occur.

Table showing a timed program

Activities	Time		
	September	**October**	**November**
Discuss project with the staff	_____		
Select staff for nursing		_____	
Start implementation			_____

The Ethiopian context

The daily attendance of staff is taken by using different formats and each staff has to sign over the format. In most of the time, it is done twice per day during the morning and afternoon sessions. The personnel office does the overall check up.

ORGANIZING, LEADIND AND DIRECTING

Organizing:-Organizing is the function performed after planning. Organizing focuses attention on the structure and process of allocating jobs so that common objectives can be achieved.

Formal Organization

A formal organization is often described by means of 'organizational chart'. Among the advantages of formal organization are those they:

1. Define broad area of responsibility
2. Provide a basis for writing job descriptions
3. Indicate channels of communication
4. Clarify relationships between people
5. Avoid complications caused by overlapping of functions

- In the process of organizing work must be divided up into jobs and at the same time making sure that these divided jobs are liked together into total team efforts

The most important elements of organization structure are

- Division of labour
- Decentralization
- Delegation and
- Over all coordination to secure unity
- Authority

1. DIVISION OF LABOUR

Dividing operating work into manageable units. The Concept of Departmentation.

Reasons and benefit

- Take advantage of specialization
- Facilitate control
- Aid Coordination
- Secure adequate attention
- Reduce expenses
- Recognize human consideration

Steps to follow

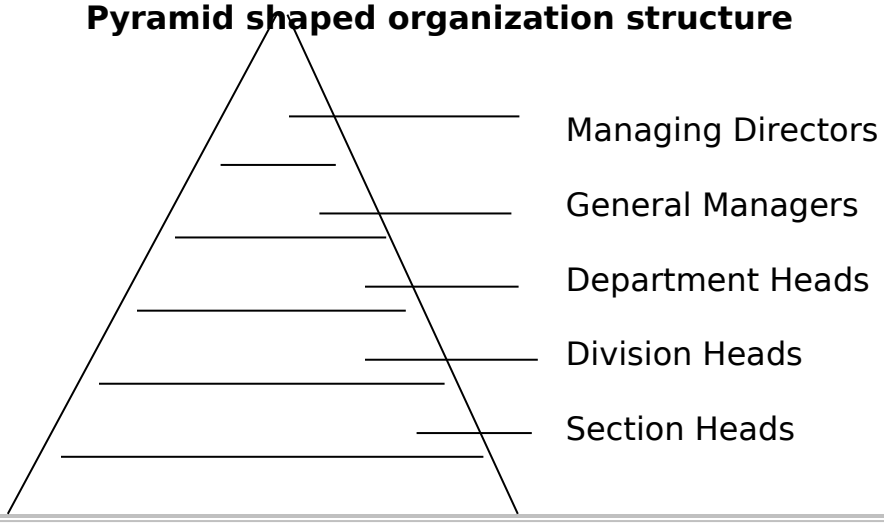
- Divide the whole work into individual jobs
- Groups similar jobs into sections
- Combine related sections into divisions
- Assemble correlated or functional divisions into departments
- Assign head to each departments to supervise and control the various activities of each department

ORGANIZATION STRUCTURE

Organization structure has two facets

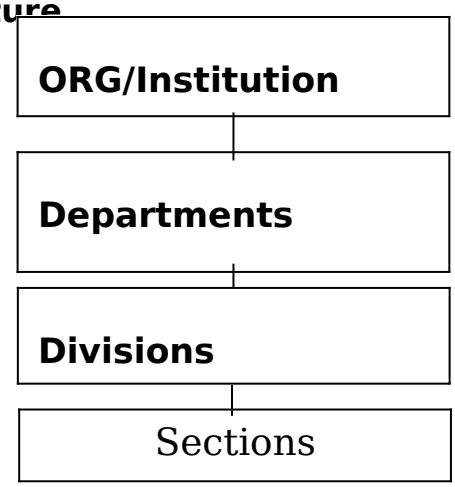
First: - The form structure
Second: - Function which are to be performed

Pyramid shaped organization structure



—— First line supervisors

Organization Structure



2. DECENTRALIZATION

- Dividing managerial work among the various executives in order to reduce pressured from the top and secure quick decisions on the spot.
- Under this concept the top man gives a limited autonomy to some of his important executives to make independent decisions on important matters such as:
    - Planning
    - Organizing
    - Staffing
    - Directing and
    - Controlling

Pertaining to their departments

3. DELEGATION

- The executive pyramid
- The boss-subordinate relationship

- It is a matter of entrusting part of your work of operation or management to others-normally your immediate subordinates.
- However delegation will not be effective unless you express or imply five actions

1. You assign duty to your subordinate
2. You grant him sufficient authority to do the job
3. You make him feel that he has obligation

4. Explain to others that you have delegated work to him.
5. Give support as needed and follow up the progress of work

Examples of delegation

- The "Shengo" selects the minister and delegates to him the task of running the organization
- The minister transfers large blocks of his work and headache to his vice ministers
- Each vice ministers donates a good part of his assignment with its ulcer to his immediate subordinates (departments/managers)
- Each of these clever managers in turn re-delegates to the nearest man to him the process of delegating and re-delegating continuous until the work or pressure both administrative or operating is assigned to individual employees who have time and skill to perform the job well -thus we are able to descend the executive pyramid and it is easy for us to see the network of bass-subordinate relationship.

4. Overall coordination

Coordination: is bringing activities into proper relation with each other to make certain that every thing that needs to be done, is done and that no two people are trying to do same job.

Coordination is means of:-

- Distributing authority
- Providing channels of communication
- Arranging the work so that right things are done, in the right place, at the right time, in the right way, by the right people.

When an activity is coordinated, everything works well: a coordinated activity is orderly, harmonious, efficient and successful. When an activity is *not* coordinated, it is liable to fail in its objective: an uncoordinated activity is disorderly, discordant, inefficient and unsuccessful.

Using organizational Principles

To make coordination effective, seven well recognized principles of organization must be applied:

Objective	The objective of each group of tasks must contribute to the objectives of the organization as a whole.
Definition	Each group of tasks must be clearly defined so that everyone knows exactly what the tasks are.

Command Each group of tasks must have one person in charge, and all concerned must know who this person is.

Responsibility The person in charge of a team is responsible for the performance of its members.

Authority Each person responsible for a group of tasks must have authority equal to the responsibility.

Span of control No person in charge of a group of tasks should be expected to control more than six to ten other people.

Balance the person in chare or several groups must see that the groups balance. For instance, case finding must not be so extensive that more cases of a disease are found than can be treated.

A coordinating checklist

A health worker responsible for an action-any action-will find it useful to apply the following checklist.

What is to be done?
Where will the action take place?
When will the action take place?
What equipment is needed?
How will the action be arranged?

} **Coordinating the activities**

Which members of the health team will take part?
Who outside the health team will take part?
Who will do what?

} **Coordinating The people**

Who will lead?
Is all necessary information available?
Has the information been communicated?

} Communication

Coordinating Helps Work To Progress Smoothly

Communication

Successful teamwork depends upon good relations among team members and especially between the team leader and the other members of the team. Difficulties are often caused or made worse by poor communication within the team and between the leader and the team members. A team leader should therefore pay special attention to the quality of team relations, and of communication as a mean of maintaining good relations.

To encourage communication, the team leader should always observe certain principles:

- All team members should be free to express and explain their views and should be encouraged to do so.
- A message or communication, whether oral or written, should be expressed clearly and in language and terms that can be understood by all concerned.
- Communication has two elements=sending and receiving. When the message that is sent is not received, communication has not taken place. Therefore, the team leader (or other communicator) should always use some means of checking that the intended effect has taken place.
- Conflict or disagreement is normal in human relationship; it should be managed in a way that will achieve constructive results.

Conducting Meetings

Meetings are a necessary part of health work, especially when the work is with rural communities. Meetings are of many kinds and can have many different purposes. There may be large public meetings, often held in the open air, to encourage people to express their views on a new project or inform them of, and explain something new. Small meetings may be held with community leaders to try to identify health problems and needs. There may be meeting with special groups such as patients or mothers for purposes of health education.

There are also regular meetings of the health team. Sometimes there are committee meetings to make decisions on a new project, or educational meetings or discussion groups to learn new skills and new approaches.

TECHNIQUES OF COORDINATION

1. Simplified organization
   Clear-cut organization and procedures that are well-known to all persons concerned will ensure coordination.
2. Harmonized programme and polices
3. Well-designed methods of communication
   Good communication brings about coordination and helps members of organization to work together

4. Aids voluntary coordination
   Each member should be ready and willing to adapt his work to secure unified action
5. Coordination through personal guidance
   The supervising executives have a dominant role to play in brining about coordination of the tasks of their subordinates.

In attaining over all coordination balance and emphasis:

1. Watch major and minor departments
2. Establish proper level in which important decisions are made

LEADING OR DIRECTING

Leadership is a process of directing and influencing the task-related activities of group members. It may also be defined as leadership is the process through which an individual attempts to intentionally influence another individual or a group in order to accomplish a goal. It is one of the most important things managers do. It is the means by which things are accomplished in organizations.

A manager can establish goals, strategies, relate to others, communicate, collect information, make decisions, plan, organize, monitor, and control; but nothing g happens without leadership.

The core concepts embedded in leadership are:

- First, leadership is a process. It manifests itself in the doing; it is a performing art.
- Second, only individuals lead. The locus of leadership in a person.
- Third, the focus of leadership is other individuals and groups. The follower might be just one other person, a group, members of an organization, or the population of a nation.
- Fourth, leadership entails influencing. Influence is leadership's center of gravity and most critical element. Who is influenced? Followers (individuals and groups). What is influenced? The cognitive target of influence is their thoughts; the affective target is their feelings; and the behavioural target is their actions or deeds. For what purpose are followers influenced?
- Fifth, the objective of leadership is good accomplishment. Leadership is instrumental; it is done for a purpose.
- Sixth, leadership is intentional; it is not accidental.

Implications:

- Involves other people
- Is unequal distribution of power (leaders/members)
- Is to influence behaviours of employee
- Is about values

Characteristics of managers versus leaders

Manager		Leader
1.	Administers	
2.	A copy	Innovates
3	Maintains	An original
4.	Focuses on systems &	Develops
5.	structure	Focuses on people
6.	Relies on control	Inspires trust
7.	Short- range view	Long-range perspective
8.	Asks how and when	Asks what and why
9.	Eye on the bottom line	Eye on the horizon
10	Imitates	Originates
.	Accepts the status quo	Challenges the status quo
11	Classic good soldier	Own person
.	Does things right	Does the right thing
12		
.		

Source: Adapted from Warren G.Bennis, "Managing the dream: leadership in the 21st century," Journal organizational change management, Vol. 2, no.1, 1989, p.7.

Formal versus Informal Leaders

Formal leadership is the process of influencing relevant others to pursue official organizational objectives. Formal leaders generally have a measure of legitimate power because of their forma authority.

Informal leadership, in contrast, is the process of influencing others to pursue unofficial objectives that may or may not serve the organization's interests. Informal leaders typically lack formal authority. Informal leaders who identify with the job to be done are a valuable asset to an organization.

Both types rely on expedient combinations of reward, coercive, referent, and expert power.

The Evolution of Leadership Theory

Like the study of management, the study of leadership has evolved as theories were developed and refined by successive generations of researchers. Something useful has been learned at each stage of development

Theory/Approaches

1. The Trait theory/approach
2. The Behavioural theory/approach and
3. The Situational/Contingency theory/approach
4. The Transformational theory/approach

The Trait Theory/Approach

- Tries to identify the personal characteristics of leaders
- Assumes leaders share certain inborn personality traits (leaders are born, not made)
- Traits compared between those who are leaders and non leaders
- Traits compared between effective leaders and non effective leaders

Conclusion: not definite (e.g. tallness & leadership, Napoleon-short)

The Behavioural Approach

- Studied behavioural characteristics of leaders: what they do
- Explored leadership functions (*task-related and group- maintenance*) and leadership styles (*task-oriented and employee-oriented styles*)

Conclusion:

◆ Effective leaders have both roles (task–related and group maintenance functions)

◆ The leadership styles may vary depending on the situation

◆The managerial grid (Robert Blake and Jane Mouton): a manager's relative concern for people and production; superior performance is related to both employee

orientation and task orientation.

The Situational/Contingency Approach

The management technique (leadership) could vary with the situation or circumstance

The theory focuses on:

- Task requirements
- Peer's expectation and behaviour
- Employees' characteristics, expectations and behaviour
- Organizational culture and policies

Convinced that no one best style of leadership exists, a number of management scholars have advocated situational or contingency thinking. Successful leadership occurs when the leader's style matches the situation.

The Transformational Leadership theory

Transformational leaders are visionaries who challenge people to achieve exceptionally high level of morality, motivation, and performance. Only transformational leaders are capable of charting necessary new courses for modern organizations. Why? Because they are masters of change. They can envision a better future, effectively communicate that vision, and get others to willingly make it a reality

Staffing

Definition

The management function that deals with *recruitment*, *placement, training* and *development* of organization members

Includes the following basic activities:

1. Human Resource Planning
2. Recruitment, selection and socialization
3. Training and development
4. Performance appraisal
5. Promotion, transfers, Demotions and separations

1. Human resource planning

- Planning for future personnel needs of an organization (includes expansion and development of an organization)
- Takes into account both internal activities, and
- Factors in the external environment.

Planning procedures

- Planning for future needs
- Planning for future balance (number needed versus present)
- Planning for recruiting
- Planning for the development of employees

2. Recruitment, selection and socialization

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

Recruitment includes:

- *Job description*: a written description of a non-management job, covering title, duties, and responsibilities, and including its location on the organization chart.
- *Position description*: a written description of a management position, covering the title, duties and responsibilities, and including its location on the organizational chart.
- *Hiring specification*: a written description of the education, experience, and skills needed to perform a job or fill a position effectively

Sources for recruitment depend on:

- Type skill required (or nature of position)
- Environmental factors (demand)
- Local labor pool (availability)

Methods of recruitment

- Peer recruiter (advantage: well informed, person is identified)
- Within the organization (advantage: familiar, inspiring, less expensive)
- Outside the organization (e.g. colleges, graduate schools, other organizations)
- Formal announcement (mass media)

Legal considerations

The Laws: it is good to know what the law says in a country or a nation
For instance the laws

- Prohibiting discrimination by: Race, Sex, Age, Color, National origin
  E.g. Civil Rights Act of 1964(USA) –
  Discuss how this law or principle is practiced in Ethiopia.
  Equal employment opportunity: citizens have equal right to be employed as long as they fulfill requirement for a job.
  E.g. in USA it applies to both public and private sectors
  Discuss how this principle is applied in Ethiopia especially in the regions
- Affirmative action: giving priority for females and minorities (this is in practice in Ethiopia)

  Give examples of implementation of affirmative action in Ethiopia.
- Equal Pay: like pay for like jobs (Equal Pay Act –USA)

Comparable worth: the principle that different jobs that require compare skills and knowledge deserves comparable pay

Selection

The organization decides whether or not to make job offer and the candidate decides whether or not to accept it.

Candidate

⇓

Organization ⇒ Decides ⇒ Job offers

⇓

Accept offer

However, in most instances several candidates apply for a position.

- Sometimes, a single candidate is approached by many organizations.

Steps in the selection process

The process depends on:

- **The level of placement of employee in the organization hierarchy**
  - Lower level ⇒ routine (for example recruitments of guards, cleaners, or, office boys, low level employees)
  - Middle or upper level⇒ extensive and carefully planned - in-depth interview (for example professionals, administrators)
- **Information exchange (organization ⇔ candidate)**
  - The organization may exaggerate its strength (exaggeration of organizational values and achievements)
  - The candidate may overestimate his or her quality (exaggeration of personal achievements and abilities). It good if the candidate provides realistic job review (strength and weaknesses)

The candidate may pass through the following process

1. Complete job application (applicable in many organizations)
2. Initial screening interview (to filter the type of candidate required)
3. Testing (some big organizations follow this method)
4. Background investigation (contacting previous employers or schools, etc)
5. In-depth selection interview (competition among the possible candidates)
6. Physical examination (this is usually a requirement when the job is about to be offered)
7. Job offer (the candidate wins a position and the official offer comes from the organization)

Processes after job offer

Orientation or socialization

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

Types of information provided

- General information ⇒ routine activities
- About the organization ⇒ history, purpose, operation, values
  Services /products**,** expected contribution of the employee to the organization
- Detailed presentation ⇒ policies, rules, benefits, brochure

Employee concerns

- Anxious because of new environment
- Perception of the tasks and performance
- Experience in relation to job and organization
- How to go along with other employee
- Personal and family problems

Solutions ⇒ Socialization programs:

- Provide information, introduce, encourage questions

3. Training and development

Training program: to maintain or improve current performance
⇒For managers: conceptual and human skills (future)
Developmental program: to develop skills necessary
⇒ Non-managers: technical skills (current job)
Individual – professional development plan: employees set educational and training goals each year.

Training Programs

Procedures to determine training needs of individuals

1. Performance appraisal: measure work against the standards
2. Analysis of job requirements: job requirements/available skill
3. Organizational analysis: effectiveness of organization
   Train those with low performance and high turnover
4. Employee survey: about problems faced and actions needed
   After assessing needs ⇒ plan appropriate training

Approaches to training:

On-the-job training

- Job rotation: variety
- Internship: combined classroom teaching
- Apprenticeship: training under guidance of skilled co-worker

Off-the-job training

- Vestibule training: training on realistic job setting or equipment
- Behaviorally experienced training: simulation exercises, cases, games, role-playing (done outside the organization)

Management development program

- To improve knowledge and skills of managers (for effectiveness and promotion)
- Now a days frequently used because experience takes time

- But costly
- Some prefer to providing practical job experience

Methods

On-the-job methods

- Tailored to individual needs
- Job related
- Conveniently located

A) Coaching

- By immediate supervisor

Problem: Unnecessary influence of employee by the coach, Source of threat for some managers

B) Job rotation

- Employees gain broad experience
- Familiarization of different jobs

C) Training positions

- Offering assistant positions under bright managers

D) Planned work activities

- Give trainees work assignments to develop their experience

Off-the-job method

- Expose to new ideas, experience and new faces
- In-house classroom teaching or sponsored by universities or Organizations

4. Performance appraisal

- Often difficult
- *Types*: informal appraisal and formal systematic appraisal

Informal appraisal

- Feedback on day-to-day performance (strength/weaknesses)

Formal systematic appraisal

- A systematic feedback about performance (semi-annually or annually)
- *Purpose:* to give feedback, to recognize outstanding performance, locate the need for additional training and identify candidates for promotion.

Methods of rating an employee

- Manager's rating (commonest)
- Group of managers rating (second most commonest)
- Group of peers rating
- Employees' rating of bosses combination of methods

Compensation appraisal

- ⇑ Responsibility ⇒ compensation ⇑
- Measurements: # of subordinates, level of organizational hierarchy, complexity of job function, importance of job function

New pay approach (by Edward Lawler)

- Base pay ⇒market related
- Variable pay ⇒ incentive pay] to increase performance
- Indirect pay ⇒ benefits] to increase performance

5. Promotions, transfers, and separation

Promotion

Moving to a higher position and responsibility

- To recognize outstanding performance
- Should be fair (merit-based)
- *Problems:* Some maybe bypassed: morale↓ and resentfulness
  Discrimination may occur: sex, race, age, and minority

Transfers

Shift to other positions

- For experience
- To fill vacancies
- To keep promotion ladders open
- To keep individuals interested in the job
- Sometimes, for those with in adequate performance
- *Problem:* some employees refuse transfers (family problem)

Discipline, Demotion and Separation

Discipline: when the organization's policy is violated

Steps:

- Warning
- Reprimand
- Probation
- Suspension
- Disciplinary transfer
- Demotion
- Discharge

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

Ideas of positive discipline

- First the supervisor confronts the employee
- Then, a day's leave with pay

⇒ This encourages recognition of good performance by the employee

Outplacement services for separated employees

- Finding positions in other companies by the organization
- Consider employee rights: under normal conditions there are complaining procedures

Motivation

Motivation is the factor that cause, change and sustain an individual behaviour.

Motivating: the management process of influencing people's behaviour based on the

knowledge “what makes people thick”.

Basic assumptions about motivation

- Motivation is commonly assumed to be a good thing e.g. family, teachers
- Motivation is one of several factors that goes into a person’s performance e.g. ability, resources, conditions
- Motivation is short supply and in need of periodic replenishment
- Motivation is a tool with which managers can arrange job relationship in organizations

Administrators should

- Understand why persons are willing to contribute their efforts
- Have skill in obtaining cooperation from members of the org.

Motivation issues for managers of health service organizations

- *Entering the organization.* : attractiveness
- *Remaining in the org*.: attachment and attractiveness
- *Attendance*: motivation of employee to work regularly, punctually and predictably
- *Performance*: quality of work and output
- *Citizenship behaviours:* cooperation, making positive statements, avoiding wastage, protecting fellow employees and org. property

Theories of motivation

There are different theories of motivation. The following some of the examples among the theories of motivations.

Early views of motivation

a) The Traditional Model (F. Taylor, scientific management theory)
   - The basis for motivation is money or incentives
   - Assumes that managers understood the work better than the others

b) The Human Relations Model (Elton Mayo)
   - Managers acknowledge the social needs of their workers
   - Workers should feel that they are important (e.g. uniform)

Contemporary views of motivation

a) Need theory - Maslow’s hierarchy of needs

- Individuals are motivated by needs which are the most powerful at a given time
- Each need must be at least partially satisfied to pass to a higher level

b) Learned - need theory (McClelland)

- It is more focused
- Only three types of needs motivate people and the behaviours can be learned

These are:

- The need for achievement associated with high performance need
- The need for power associated with fear of failure and fear of success

- The need for affiliation associated with to be around (or face-to-face)

People with high achievement needs are:

- Highly motivated, and
- Like challenging, and competitive tasks

c) The two -factor theory of motivation (Frederich Herzberg, 1950s)

- Work dissatisfaction and satisfaction arise from two different sets of factors
- E.g. Dissatisfies (contextual factors): salary, work conditions, policy, supervision, interpersonal relations with supervisor/peers/ subordinates/ job security, status, personal life
- E.g. Satisfiers (motivating factors): recognition, responsibility, work itself, achievement, advancement, the possibility of growth
- Fulfilment of dissatisfies does not necessarily show satisfaction

Summary of need theories:

- Emphasize on satisfaction of personal needs of individuals
- People take conscious decisions on the degree of their satisfaction
- Variation of needs: from person to person, within the individual, and overtime

d) Reinforcement theory (B.F. Skinner)

- "Law of effect"
  Stimulus⇒Response⇒ Consequences ⇒Future response
- Behaviour with positive consequences tend to be repeated
- Behaviour with negative consequences tends not to be repeated

Behaviour modification

- Use of reinforcement theory to change human behaviour
- Change consequence of behaviours

Methods

- Positive reinforcement – encourage desirable behaviour
- Avoidance learning – change behaviour to avoid unpleasant circumstances
- Extinction – remove reinforcement for undesirable behaviour
- Punishment – to stop or correct improper behaviour

Supervision, Monitoring & Evaluation

There are three basic forms of management control: supervision, monitoring, and evaluation

1. Monitoring

Program monitoring is used to improve a campaign by influencing immediate decisions about how activities can be improved. The key question in monitoring is: Are things going all right?

Key lessons learned for monitoring

A. Regular and accurate monitoring helps ensure that outputs are produced and distributed as planned. Since project managers must react immediately if a particular job is not being done, monitoring reports should be submitted regularly and often-that-is, monthly, weekly, or sometimes even daily.

B. Rapid feedback allows managers to fine-tune program operations and improves the organizational climate.
C. Too much information can slow analysis and hide key conclusions. Thus, an effective program monitoring what is essential to help them make strategic adjustments and decisions.
D. When monitoring reveals unexpected problems or opportunities, a flexible and rapid response is necessary.

How to monitor a program

Program managers should follow four steps when monitoring an intervention:

1. Establish data sources (in practice, limitations of time and resources may require giving priority to one set of information needs over the other).
2. Collect data on program implementation and outcome.
3. Compare program outcomes with prior or expected outcomes.
4. Assist in making policy and management decisions.

2. Supervision is continuous processes to be conduct by the management in line with controlling.

There are three main styles of supervision: ***autocratic, anarchic*** and ***democratic***.

Autocratic supervision tends to humiliate people and make them irresponsible. It may dry up their initiative.

Democratic supervision helps people to grow, to become responsible for their own work and to show initiative. People like to be consulted.

Most people prefer to work under a democratic leadership. This does not mean, however, that the democratic style is always best. The choice of style of supervision depends on the kind of work to be done (job factors) and the kind of people to be supervised (personal factors).

Job factors include:

- the complexity of the job
- the difficulty of the job
- the need for quick decisions
- the need for consistent results
- the need for creative work (new ideas).

Personal factors include:

- the skill, reliability and experience of those who do the work
- their willingness to accept responsibility and to make decisions.

What style should a supervisor adopt? It should not be one that only suits the supervisor's personality and that is not appropriate to the circumstances and needs of the job or to the abilities of the workers. Good supervisors adapt their style to different needs.& circumstances

A **consultative, i.e. democratic**, style is most suitable:

- for work that demands creativity, e.g. community involvement, research
- with competent and experienced people
- with people who are known to be reliable
- with people who are willing to take responsibility and make decisions.
- In certain circumstances supervision must be **authoritative**, in the sense that instructions cannot be subject to discussion.

An **autocratic** or strongly **authoritarian style** of supervision can be used only when the staff can be closely supervised and controlled. This is normally not the case in rural health work, especially in isolated health posts. In such circumstances this style of supervision would not be suitable.

The type of supervision practiced should be varied to suit the circumstances.

Autocratic and anarchic supervisions tend to humiliate people, make them irresponsible and mostly one way. It may dry up the initiative of colleagues.

Democratic supervision helps people to grow, to become responsible for their own work to show initiative and it follows two-ways communication. People like to be consulted. Most people prefer to work under a democratic leadership.

3. Evaluation

Definition: Determining the value or worth of the objects of interest (health programs) against standard of acceptability.

Evaluation should plan how results can be used for decision-making. Results are wasted when they are not used.

Meaningful evaluation requires:

- Clear thinking
- Profound learning
- Correct action.

Steps to Evaluate

1. Assess the evaluation situation
   - Determine the evaluation goal
   - Clarify what is at stake, e.g. human lives, change in policy, etc.
   - Specify how much confidence and reliability to aim for.
2. How to choose the evaluation design appropriate to the evaluation situation
   - Assess feasibility of achieving, e.g. change, time order, magnitude, etc.
   - Assess potential threats to internal validity, e.g. history, morality, etc.
   - Choosing the evaluation design appropriate to the situation and assessment of evaluation criteria.
3. How to develop evaluation indicators and instruments.
4. How to plan your approach for analyzing data.
5. How to plan for optimal use of results for learning and action. Three key steps are important:
   - know your audience

- organize results according to importance
- simplify, simplify, simplify.

Types of Evaluation:

Process Evaluation: It is also known as program monitoring, document the implementation of a project and explain cause and effect. Any combinations of measurements obtained during the implementation of program activities to control assure or improve the quality of performance or delivery.

Impact Evaluation: Document and explain cause and effect. Focuses on the immediate observable effects of a program leading to the intended outcomes of a program; intermediate outcomes. For example, measures of awareness, knowledge and attitudes, skills and behaviours yield impact evaluation data.

Formative Evaluation: Any combination of measurements obtained and judgments made before or during the implementation of materials, methods activities or programs to control assure or improve the quality of performance or delivery.

Summative Evaluation: Any combination of measurements and judgments that permit conclusions to be drawn about impact, outcome or benefits of the program or method.

Purposes of Evaluation:

- To determine achievements of objectives related to improved health status
- To improve program implementation
- To provide accountability to funders, community and other stakeholders
- To increase community support fir initiatives
- To contribute to the scientific basis for community public health intervention
- To inform policy decisions

The Process of Evaluation:

- Planning
- Data Collection
- Data Analysis
- Reporting
- Application

HEALTH MANAGEMENT SYSTEM AND POLICIES

HISTORICAL DEVELOPMENT OF HEALTH SERVICE POLICIES IN ETHIOPIA

- Modern medicine was introduced into Ethiopia in the 16th century & remained as a

privilege to the members of the royal courts until the establishment of 1st hospital in Addis Ababa in 1900 GC.

- The foundation for formalized health service in Ethiopia goes back to 1908 GC (when office dealing with health was created in Ministry of interior).
- World War II- Italian occupation 1935-41 GC. No marked event has taken place during this period.
- Post World War II:-
- The 1st health legislation-established in 1947 which guarantees the creation of separate Ministry.
- Ministry of Health (MoH) established -1948 G.C
- 1952 E.C (1960 GC) Ethiopian Government begun to develop basic health services with health center as its backbone
- 1954 E.C (1962 GC) Gondar College of P.H established to train three categories of health workers, Health Officers, Sanitarians and Community Nurses to staff rural health centers. Three Nursing School were established between 1949 and 1951. The first medical school in Addis Ababa was opened in 1966.
- Ministry of Health (MoH) - did not formulate National policy and strategy for definite Health services till 1955 E.C (1963GC) when the second five year development plan was launched.

THE 4th 5 YEARS DEVELOPMENT PLAN-1966-1971 E.C (1974-1979G.C)

- Re-emphasized the importance of public health services
- It set target to raise the health services coverage from 15-30% at the end of the 4th 5 year plan period

The 4th year draft proposal to be launched in 1966 E.C (1974 GC) did not materialize due to social upheaval and change of government.

STRUCTURE AND DEVELOPMENT OF HEALTH CARE SYSTEM SINCE THE REVOLUTION OF DERG ERA (1974 G.C)

When health condition was assessed health service distribution was highly skewed in favour of a few urban centres.

- 43% of health budget allocated for 3 big cities
- By 1974 there were
  - 6474 health personnel of all categories.
  - 650 health stations.
  - 93 health centers.

- 84 hospitals with 8624 beds. These made possible health service coverage of 15% of the total population.

Change in Health Policy:

The socialist Ethiopian government revised the health policy to place more emphasis on primary health care and rural health services, prevention and control of communicable diseases, self-reliance and community participation in health activities through its declaration of National Democratic Revolutionary Programme in 1976 G.C and its adoption in 1978 G.C of the Alma-Ata Declaration of Health for All (HFA) by the year 2000G.C.

The National Democratic Revolutionary Programme (NDRP) of 1976 GC states:-
" To ensure full and meaningful life for the broad-masses, all the necessary effort will be

under taken to provide adequate health services." Accordingly the Ministry of Health

(MOH) formulated its policy in terms of:-

- Emphasis to disease prevention and control
- Priority to rural health services,
- Promotion of self reliance and community involvement in health activities
- This was further consolidated by the adoption of PHC as a strategy for achieving HFA by the year 2000.

SPECIFIC ASPECTS OF POLICY EMPHASIS ARE ON

- Community involvement in development activities including health.
- Coordinate efforts of development sectors having direct or indirect bearing on health promotion.
- The gradual integration of special programme and specialized health institutions.
- The delivery of essential health care at the cost affordable by the community.
- Development of a 6 tiered health service with levels of increasing technical complexity to facilitate management referral support and training.

The six-tiered national health care system consists of (from the bottom up) community health services (Health Posts), health stations (clinics), health centers, rural hospitals, regional hospitals, and central referral and teaching hospitals (figure 3). The staffing pattern and main function of health services are presented in Table 1.

A pyramidal arrangement of six interdependent levels of care has been reviewed. The assessment indicated that the management is very centralized and lacks

professionalism. The participation of the community and the private sector is minimal. This has a great deal of undesirable impact on efficiency and resource allocation. The fact that many of the health service institutions are clustered around their immediate points of supervision possibly Awraja and regional towns also indicates, an overlapping or redundant service around a minor segment of the population.
The health policy of transitional government of Ethiopia is the result of a critical examination of the nature, magnitude & root causes of prevailing health problems of the country and awareness of newly emerging health problems.

GENERAL POLICY

1. Democratization and decentralization of the health service system.
2. Development of the preventive and promotive components of health care.
3. Development of an equitable & acceptable standard of health service system that will reach all segments of the population within the limits of resources.
4. Promoting and strengthening of inter-sectoral activities.
5. Promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development mobilizing and maximally utilizing internal and external resources.
6. Assurance of accessibility of health care for all segments of the population.
7. Working closely with neighboring countries, regional and international organizations to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health.
8. Development of appropriate capacity building based on assessed needs.
9. Provision of health care for the population on a scheme of payment according to ability with special assistance mechanisms for those who cannot afford to pay.
10. Promotion of participation of the private sector and non-governmental organizations in health care.

PRIORITIES OF THE POLICY

1. Information, Education and Communication (I.E.C) of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health.
2. Emphasis shall be given to:-

   2.1 The control of communicable diseases, epidemics and diseases related to malnutrition and poor living conditions,

   2.2 The promotion of occupational health and safety

   2.3 The development of environmental health,

2.4 The rehabilitation of the health infrastructure and

2.5 The development of an appropriate health service management system.

3. Appropriate support shall be given to the curative and rehabilitative components of health including mental health.
4. Due attention shall be given to the development of the beneficial aspects to Traditional Medicine including related research and its gradual integration into modern medicine.
5. Applied health research addressing the major health problems shall be emphasized.
6. Provision of essential medicines, medical supplies and equipment shall be strengthened.
7. Development of human resources with emphasis on expansion of the number of frontline and middle level health professionals with community based, task-oriented, team based training shall be undertaken.
8. Special attention shall be given to the health needs of:-

    8.1 The family particularly women and children,

    8.2 Those in the forefront of productivity

    8.3 Those hitherto most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities,

    8.4 Victims of man-made and natural disasters.

Health care units

Meaning of a hospital

The word Hospital is derived from the Latin word **hospitium**, which means a place where guests ate received.

Hospitals are important part of the health system.

- Provide complex curative care,
- Act as a first, second, or last referral level,
- Center for transfer of knowledge and skill,
- Constitute essential source of health information, and
- Uses more than half of the national health resource in terms of budget and highly skilled manpower.

It is a diagnostic and treatment facility providing board/ lodging, medical care and continues missing care for alleviation or cures of disease, illness, or injury to inpatients

and, may be also, out patients and emergency patients. Other requirements may be at least one physician on the permanent staff, in patients to remain at least twenty-four hours and maintenance of a clinical record on all patients, medical, Nursing, and other education, medical research, and preventive care programmes may be provided.

Types of hospitals

A. General hospital provides a wide range of acute-care services for all age **g**roups.

B. A Special Hospital provides care for those in specific age groups, e.g. children, those with a specific disease, e.g. TB, cancer & those of one sex, obstetrics.

Hospitals can also categorized by level of services provided. These different levels are based on the following criteria:

- Case mix i.e. type of patients seen.
- Technical capacity i.e. availability of technology.
- Availability of skills i.e. type and number of staff.

A. Tertiary hospital

- Complex problems are dealt with.
- More than ten clinical specialties.
- Most specialized staff and technical equipment.
- Bed size ranges from 300 to 1500 depending on the population to be served.

B. Regional hospital

- Five to ten clinical specialties.
- Bed size ranging from 200 to 800.
- Intermediate number of specialized staff and technical equipment.

C. District hospital

- Less than five specialties or in some countries only GPs.
- Limited laboratory services.
- Bed sizes from 50 t0 300.

Strengthening the various units of the hospital

The clinical units

a. The OPD

This is the most important unit of the hospital. Its proper functioning is an indicator of the performance of the hospital. Public image of the hospital is influenced by the OPD.

The OPD should be strengthened in the following way:

- The provision of adequate supports services such as pharmacy, x-ray and laboratory facilities.
- It should be staffed with adequate skilled and experienced specialists, doctors and nurses.
- Continuous supervision to ensure improved quality of care.
- Improved management process to facilitate patient flow.
- Proper organization to facilitate coordination of referrals, admissions and discharge.

b. The Inpatient

It is a place where the healing process is to be accelerated through improved quality of care. Normally patients should be admitted only from the medical point of view. However, at present admission for social reasons is increasingly becoming a serious problem. The inpatient management should be organized in such a way to accelerate discharge while at the same time improving the quality of care. Effort should be done to reduce the length of stay through:

- Improved diagnosis, treatment and follow up.
- Regular and intensive nursing care.
- Continuous supervision and monitoring of patient condition.
- Increasing the availability, reliability and sensitivity of laboratory services.
- Improved reliable drug supply.
- Avoiding late admission, observation, diagnosis, treatment and delayed discharge.
- Initiation strict mechanisms of control and accountability.

- Developing system of continuous in service training.

c. Supporting service units

The clinical support service units such as laboratory, pharmacy, x-ray, pathology and others require professional skills and equipment. Usually they are under managed or unaccountable. There is a need for placing strong management in these units. The other service units such as catering, pottering, maintenance and security are usually fragmented and in most case not efficient. The most improperly managed in many hospitals is the registration office. This unit requires properly trained staff in data handling and very close supervision is required.

Improving quality of care

The quality of the hospital service is critical to the overall functioning of the health system. The following measures may be helpful in improving quality of care.

Setting quality standard

One important question one should ask is comparing inputs (resource) with outputs (quantity of services) and whether the services produced reach an established standard or not. Important notes to make are

- Adopting standard case management guideline for diagnosis and treatment of common diseases. This assures treatment according to acceptable scientific standards. It saves cost and avoids unnecessary treatment.
- Supervision of health workers by senior staff members using the standard management guideline.
- Improving effectiveness of basic training of health workers.
- Setting up a system of continuing education.
- Developing better communication between providers and users of service.

Quality assurance

There are many models of quality assurance practices in different countries among these are:

- Hospital accreditation this is a voluntary scheme where by independent assessors check compliance with standards and award grades.
- Medical audit an examination of medical practice to make sure it reaches defined standards.
- Community satisfaction this is community perception the quality of care.
- Total quality management this is a management system, which tries to insure that all aspect of the work, contributes and reinforces to quality improvement.

Every hospital needs to plan for quality assurance. The following activities are useful:

- Improves hospital service.
- Make effective treatment.
- Improve efficiency by reducing duplication and waste.
- Set standards and guidelines.
- Monitor quality of service.
- Identify and prioritize what can be improved.
- Define problems.
- Identify who will work on the problems.
- Analyze and study problems.
- Suggest solutions.
- Decide and implement suggestions.
- See how things have changed and decide what to do next.
- Raise quality assurance awareness among health workers.

Technology Assessment

Technology has an effect on the quality of care provided. Technology includes devices, drugs and procedures. The choice of hospital technology depends on:

- Appropriateness
- Cost of servicing and maintenance.
- Comparing costs to benefits.

Overuse and inappropriate use of technology is becoming a serious problem both in terms of cost and ethical consideration. Before buying or accepting any technology it should be locally assessed whether it is appropriate to have it or not. The following

questions should be addressed before buying or accepting health care technology:

- What kind of technology should be bought or accepted to support the objectives of the hospital?
- What cost will it be incurred in terms of cost?
- Are the equipment responsive to the hospital need and to the level of socio-economic and technical development of the country?

  One should be careful in accepting high technology in the form of aid, grant or soft loans. It will have undesirable effect on the health system as a whole.

Hospital resource

Problems seen in hospitals are related to the availability and use of resource. Important points are

- Resource allocation this means the distribution of resources to hospitals in the health sector. The allocation of hospitals by type, region and population size. The allocation is to be based on equity and cost effectiveness consideration.
- Resource management the use of resource must be analyzed by comparing inputs to outputs to make assessment of efficiency. Several hospitals could be compared to assess efficiency.
- Resource generation hospital cost is rising rapidly. Despite large amount is appropriated still additional resource is needed to finance hospitals. However in setting hospital fee or increasing in public sector the following points need to be taken:
- It should not limit access to the poor and the vulnerable groups.
- It should be linked to quality of service.

  There are certain recommendations to the pricing principles in hospitals.
- Regular adjustment of fee levels with inflation is necessary.
- Price should be decentralized according to regional variations and income levels.
- Hospitals should be allowed to retain some of the fee it collects and use it to improve the quality of care.
- Patient income should be used as criteria for exemption from payment.
- Patients who use services with important externalities such as treatment of

certain communicable diseases e.g. Tb, leprosy should be exempted from payment so that the use of such services is encouraged.

- Hospital budget should be flexible to need. Budget preparation, approval, release and use should be on time.

Hospital Information

Hospital data should be collected timely and regularly. They should be used for sound decision making. Performance should be evaluated using performance indicators

- Out patient attendance
- Admissions by age, sex, location and so on
- Discharges by cause and severity of illness.
- Deaths
- Bed days occupied
- Average length of stay
- Turn over interval
- No. of major operations
- Delivery admissions
- Laboratory tests
- No. of referrals
- Budget allocation
- Expenditures
- No. and type of manpower

Requirement for effective hospital function

- National hospital guidelines
- Training of competent health professionals
- Training in hospital management of hospital administrators, medical directors and matrons
- Rational use of resource and generating adequate finances.
- Effective leadership based on established criteria.

Structure of the hospital

The health system pyramid

A hospital is an important part of the national health system.

- Central Hospital
- Regional Hospital
- District Hospital
- Primary Health Care Units (PHCU)

The criteria for determining which level provides care in based on epidemiology i.e. frequency and severity of disease and unit of cost of providing services at each level. At the bottom of the pyramid should be the most frequently occurring conditions that are less expensive to treat where as at the top are the rarest conditions that are most expensive to treat. Normally for economic efficiency and improved quality of care patients should be encouraged to use lower levels of the pyramid. A hospital should provide the kind of care and support, which cannot be handled at the lower level. However it is difficult in poor countries as patients by pass to over load hospitals. Some of the reasons are as follows:

- Poor health service coverage.
- Very low quality of care provided at the primary level.
- Meagre resource allocation to PHCUs.
- Inadequate laboratory and diagnostic facilities.
- Poor perception of quality of care by the people.
- Hospital competing for resource and patients with PHCUs.

Strengthening PHCUs

This is the major role of a hospital .A hospital is to be organized in such a way it supports the lower health units instead of becoming an obstacle to its development by competing for resources, patients and health activities. Strengthening PHCUs improves quality of care, reduces cost, and leads to improve economic efficiency. Strengthening the lower PHCUs is achieved mainly through:

- Referral
- Training

- Appropriate supervision

Referral System

Development of the referral Mechanism

In this case patients are referred upward for higher level of care and are referred backward for continuity of care. It is a two-way system. Referral has an advantage in strengthening lower health units in the following way:

- It decreases patient suffering and improves survival.
- It serves as a process of continuous and permanent learning for the health worker.
- It improves the performance of PHCU by delegating responsibilities for follow up of cases e.g. Tb. and leprosy cases.
- It increases community confidence in the health service. For a hospital to serve as a referral unit it must have
- Staff with diagnostic and treatment skills other than those available at the primary level.
- The technical resources to make full use of the skills of the hospital staff e.g. adequate laboratory facilities.
- The possibility for hospitalizing referred patients.
- The organizational and management capability.

Referral should make a difference for the referred patient in terms of improvement of patient condition. A referral is useful only if something can be done at the hospital that can not be done at the periphery.

Problems in the development of a better referral

- Poor quality of care provided at the lower levels of care.
- Inadequate coverage of health services.
- Inadequate resource allocation to PHUs.
- Low quality of care perceived by the population.
- Distance and financial inaccessibility.
- Inadequate flow of information between the hospital and the lower levels.
- Lack of organizational and management links between the different levels of care.
- Organizational and management weakness at the OPD in terms of processing and

coordinating referrals.

Improving the referral system

- The hospital activity should be integrated with the PHUs.
- Referral policy should develop based on local circumstances.
- Referral criteria should be set. For major disease categories.
- Prepare manuals, information and training.
- Improve hospital facility and management capacity to support the referral policy.
- Improve reliability and quality of services provided at the primary level.
- Design referral system in consultation with communities and local administration..
- Building and expanding PHUs. Constructing large hospitals with out the required number of PHUs leads to inefficiency and lack of effectiveness.

Health management information system /HMIS

Definition of MIS

A formal method of making available to management the *accurate* and *timely* information necessary to *facilitate the decision- making* process and enable the organizations planning, control and operational functions to be carried out effectively
The system provides information on *past*, *present* and *projected future* & relevant events inside and outside the organization

HMIS is application of the principles of management information system in health care systems.

Information

- Organized, analyzed, usable from
- Key factor in an organization (managers)
- An asset

Data (unanalyzed numbers, facts, raw,)
System: Purpose, organized nature, unity & integrity
Management: Management oriented, computerization
Health: Application of MIS in Health

Evolution

- In the past, mostly informal
- Present, electronic data processing (EDP) – use of computers in information management (computer based information system) ⇒ now called MIS

Purpose

- Planning, organizing, leading, controlling and decision-making

Factors to evaluate information received

1. Information quality – accuracy and reliability
2. Information timeliness – before deviations occur
3. Information quantity – just sufficient
4. Information relevance – related tasks and responsibilities

Design of HMIS

Desired characteristics of information in health services

- Relevance
- Accuracy
- Completeness
- Timeliness
- Conciseness

Sources of Information System

- Health institutions (inpatient/outpatient and other activities)
- Vital registrations
- Laboratories and pharmaceuticals
- Community
- Census
- Special Search: school and work place
- Investigation of outbreaks
- Surveys and surveillances
- Diseases notifications
- Routine reports

Which of the above sources are computerized?
Each source has its own advantages and limitations
Indicators:

- To analyze present situation
- To make comparisons
- To measure trends

Most health indicators are quantitative (numbers)
Types of Indicators:

- Health policy
- Social and Economic Development Indicators
- Population changes
- Provision of health care
- Health Status (nutritional, morbidity, mortality)

Information is collected, analyzed, presented and communicated

Steps in development of effective HMIS

1. Identify users: for whom?
2. Identify needs: planning, organizing, directing, controlling, decision-making
3. Select indicators

4. Select data collection instrument
5. Process data into useful information
6. Provide feedback to users

Key issues

a) Movement of data through out the system
b) Accessibility and analyzability of data
c) Transmission of finding to potential users

Tasks

- Filing and storing
- Compiling
- Analyzing

Types of reports (three)

- Operational: detailed
- Technical: mentoring and evaluation
- Strategic: to justify priorities and decisions

Managing the flow of data

- Impose strict timetable at each level
- Ensure two-way flow
- Establish regular cycle of analysis and feedback

Strategies for MIS Development

- Plan carefully for modification of existing system establishing new
- Change attitudes to information gathering processing and utilization
- Participate staff in HMIS
- Provide training for utilizing HIS

Computer applications in health service delivery

1. Clinical information systems
2. Administrative information systems

Issues in the application of Microcomputers to HMIS

- Generally: find out what is necessary to do, then choose the appropriate tools
- How to decide on need for a computer
  - Technical feasibility
  - Operational feasibility
  - Economic feasibility
- How to introduce micro computers
  - Choose software
  - Choose computer
  - Assess the physical environment
  - Assess the organizational environment
  - Train personnel to use computers
  - Social behaviour
  - Training for managers
  - Training for problem solving
  - Define role of computer in work environment

HMIS in Ethiopia

Discuss on the following points:

1. What are the major sources?
2. Explain the limitations of these sources.
3. How is the status of HMIS in Ethiopia?

4. What should be done?

Use various committees at different levels to knit together the different parts of the organization.

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