

Principles of Management and Leadership

For Health Information Technicians

2011

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Table of Contents

Table of Contents	<i>i</i>
Introduction to the Module	<i>iii</i>
Learning Outcomes/Course Objectives	<i>iii</i>
How to Use this Module	<i>iii</i>
Organization of the Module	<i>iv</i>
Alignment of Objectives with Teaching and Assessment Methods	<i>v</i>
Course Syllabus	<i>vi</i>
Unit One: Basic Concepts and Principles of Management and Administration	<i>8</i>
Unit Introduction	<i>8</i>
Instructional Objectives	<i>8</i>
Unit Contents	<i>8</i>
Lesson 1: Introduction to Health Services Management	<i>9</i>
Lesson 3: Types and roles of Managers	<i>21</i>
Lesson 4: Management style/Managers Styles)	<i>25</i>
Lesson 5: Management Versus administration	<i>27</i>
Study Model Questions	<i>29</i>
Unit Two: Functions of Management	<i>31</i>
Unit Introduction	<i>31</i>
Instructional Objectives	<i>31</i>
Unit Contents	<i>31</i>
Introduction to functions of management	<i>31</i>
Lesson 1: Planning	<i>33</i>
Lesson 2: Organizing	<i>63</i>
Lesson 3: Leadership	<i>71</i>
Lesson 4: Controlling (Managerial Control)	<i>79</i>
Unit Three: Core Skills of Management	<i>84</i>
Unit Introduction	<i>84</i>
Instructional Objectives	<i>84</i>
Unit Contents	<i>84</i>
Lesson 1: Problem Solving	<i>86</i>

Lesson 2: Decision-making _____	89
Lesson 3: Communication _____	92
Lesson 4: Motivation _____	95
Lesson 5: Delegation _____	101
Lesson 6: SUPERVISION _____	104
Study Questions _____	115
Unit Four: Organizational Changes Effectiveness and Efficiency _____	116
Unit Introduction _____	117
Instructional Objectives _____	117
Learning activity _____	117
Unit Contents _____	117
Lesson 1: Organizational Change _____	118
Lesson 2: Skills for Managing Change _____	119
Lesson 3: Organizational Efficiency and Effectiveness _____	120
Lesson 4: Tips and tools for managing change _____	121
Lesson 5: Business Process Reengineering in Federal Ministry of Health _____	122
Study Questions _____	125
Unit Five: Management of Health Resources _____	127
Unit Introduction _____	127
Instructional Objectives _____	127
Unit Contents _____	127
Lesson 1: Human Resource Management (Staffing) _____	127
Lesson 2: Management Information System _____	134
Lesson 3: Managing Money and Budgeting _____	136
Lesson 4: Drug Management _____	141
Lesson 5: Managing material/equipment _____	143
Lesson 6: Managing Time _____	145
Study Questions _____	149
Glossary _____	150
Bibliography _____	162

Introduction to the Module

The practice of Management is one of the oldest in the history of human being. There was management practice while waging wars, build pyramids etc right from the beginning of human history. On the contrary, the practice of modern management started very recently associated with the industrial revolution in Europe. Health service management is even a very recent practice to be specific not more than half a century old. The effectiveness of managing any institution/department depends largely on the use of management techniques. This manual, therefore, is developed with the intention of equipping the health information technician with the necessary basic knowledge and skills in the health service management and leadership.

Considering the lack of reference material on subject of health service management and appreciating the importance of the course, this module has been prepared to be used by both the health information technicians/students/ and their course facilitators.

After going through this module, the students are expected to have/know the basic principles of health service management, discuss the four traditional functions of management, namely, planning, organizing, leading and controlling, and some of the important core skills of management, organizational change and identify resources used in healthcare management.

Learning Outcomes/Course Objectives

This module is prepared with the anticipation that students should be able to demonstrate the following course objectives:

1. Describe the basic concepts and principles of management, and administration,
2. Demonstrate the knowledge of various principles and functions of management (planning, organizing, leading, and controlling).
3. Define the basic/core skills of management including supportive supervision.
4. Describe and define organizational change, effectiveness and efficiency.
5. Understand and describe health service resources used (human, time, money, drug, equipment, etc)

How to Use this Module

This module teaches about the basic principles and concepts of health service management. Attempt is made to include every relevant concepts and basic principles in simplified and short manner. Some portion of the module can be beyond the scope of the students and made so by considering the course facilitator need for more/additional information to understand

the subject matter. The instructor should have the privilege to take and decide what information should be included while conducting the course depending on the capacity of the students. Taking the flow of information, the module is divided into five units starting from the definition of management i.e. basic principles and concepts of health service management, functions of management, core skills of management, organizational changes and managerial effectiveness and efficiency and resources used in the health service management. At the end of each unit, simple study questions are included.

The instructor should encourage students to describe the concepts of management and leadership with their own words. The students are expected to read the material first and do the exercise at the end of each unit before the lecture time and refer the definition of some of the important terms used in the module (at the end of the module) for better understanding of the subject matter. Finally, the instructors should support female students as much as possible to ensure their full participation in the teaching learning activity.

Organization of the Module

This manual is made simple to facilitate easy understanding of the subject matter. Simple language is also used as much as possible and wherever necessary diagrams and other illustrations are included. The manual is organized into five units as described above. To facilitate the readability, each unit has unit introduction, unit objectives/learning outcomes, list of main lesson contents in the unit and notes of the subject matter. At the end of every unit, there are unit model study questions to facilitate the study effort.

Alignment of Objectives with Teaching and Assessment Methods

Table 1 Alignment of objectives with student assessment methods and teaching strategy

Learning outcome /module objective	Assessment methods	Teaching/learning activities
Describe the basic concepts of management, and administration	Active participation in class room discussion time Take Home Assignment Reading assignment Class room group demonstration during the discussion of roles of managers Multiple choice Test on the chapter	Lecture and classroom discussion on various, in-class exercises/quizzes on terminology
Describe various principles and functions of management (planning, organizing, leading, and controlling).	Active participation in class room discussion time Take Home Assignment Reading assignment Class room group demonstration during the discussion of styles of leadership Multiples choice Test on the chapter	Lecture and active participation class room discussion on function of management., in-classroom exercises/quizzes on terminology
Define the basic/core skills of management and supervision.	Active participation in class room discussion time Take Home Assignment Reading assignment Test on the chapter	Lecture and active participation on function of management., in-classroom exercises/quizzes on terminology
Describe organizational change, effectiveness and efficiency	Active participation in class room discussion time Take Home Assignment Reading assignment Test on the chapter	Lecture, class room discussion, in-classroom exercises/quizzes on terminology
Understand and describe health service resources(human, time, money, drug, equipment, etc)	Active participation in class room discussion time Take Home Assignment Reading assignment Test on the chapter	Lecture, classroom discussion, in-class exercises/quizzes on terminology

Course Syllabus

Table 2: Course Syllabus

No	Category		Remarks
1	Course Details		
	1.1	Course Name & Number	Health service management and leadership
	1.2	When and Where Class Meets	
	1.3	Instructor's Name	
	1.4	Instructor's Office Hrs & phone number	
	1.5	Lab/discussion sections (time & place)	
	1.6	Teaching Assistants Contact (if applicable)	
2	Course Overview and Objectives		
	2.1	Course Overview	
	2.2	Course Objectives stated as learning Outcomes	See page v
	2.3	Course Content Outline	See table of content
3	Course Requirements		
	3.1	Course pre-requisites & co-requisites	Other courses such as Epidemiology, health care delivery system, communication skill and monitoring and evaluation,
	3.2	Text books & other materials required	See Bibliography.
	3.3	A detailed description of how course will be graded (number of quizzes, tests, papers; Weighting of each, amount of homework etc,)	
	3.4	Details on how home work will be handled (grading, posting, late policy etc,).	
	3.5	Preliminary information on papers, projects, if any.	
	3.6	Policy statements on such things as attendance, Make-up exams, academic dishonesty etc	

	3.7	List of critical dates for administration of class including: last date for adding/dropping courses, exam date including final exam date, major due dates for project, any other special dates (e.g. field trips)	
	3.8	Assignments of problems & readings As far ahead as possible	Study question at the end of each unit
	3.9	Location of and bibliographic data on any reading on reserve in libraries	See bibliography
4	Other Information		
	4.1	Recommended readings	
	4.2	Sample test questions	See study questions at the end of each unit.

Unit One: Basic Concepts and Principles of Management and Administration

Unit Introduction

Management principles have been developed over years by different scholars. Hence different scholars also defined what management is in different ways. In this unit, attempt has been made to discuss the approaches or history of management briefly for better understanding especially for instructors. The Unit also discusses the traditional principles of management and its style and the reason why we learn health service management and what administration is. The students should be encouraged to read the material and do the exercise at the end of the unit before class.

Instructional Objectives

Learning objectives

After reading this unit, the health information technician should be able to:

1. Define and describe the basic concepts of management.
2. Briefly discuss the history of management
3. Differentiate the role of managers
4. Discuss the use of management
5. Describe the functions of management
6. Differentiate the difference between management and administration

Unit Contents

Lesson 1. Introduction to health service management

Lesson 2. Principles of management

Lesson 3. Types and roles of manager

Lesson 4. Management style

Lesson 5. Management versus administration

Study model questions

Lesson 1: Introduction to Health Services Management

Introductory Notes

Management is one of the oldest practices of human being. It was started first when human being started forming and live in groups and organized in communities to wage wars, build pyramids, build Axum Obelisk, etc. There is a management practice even in our own family as well. Through generations, there happened that the resources available to human being is progressively becoming inadequate and needed a means to use it efficiently and effectively as there is a rapid population growth with increased demand for this scarce resource as the population size progressively increase. This has led the development and application of scientific management practices in recent years.

Similarly, we need health management skills in health care system as most of health professionals often find themselves in a managerial position without proper orientation and training. Studying and the application of the principles of management is therefore a better alternative in equipping these health professionals to handle managerial responsibilities. Similarly, in the health sector, the demand for health resources has become high. Shortage of health resources is also further complicated by ever increasing population size and the uneven distribution of the limited resources. These situations have created a high demanded for the introduction of management practices in health sector. In summary, therefore there is a high and urgent demand /need/ to have health professionals equipped with basic management skills so that they become capable of discharging their responsibilities such as planning, organizing, leadership, supervision, and efficient use of resources, decision making and many more.

Different approaches have been introduced in the health care sector to make health resources equitably distributed. One of such attempts is the application of primary health care (PHC) and its Implementation by itself demanded health professionals with basic skills of management principles. Figure 1 shows the relationship how health service system is

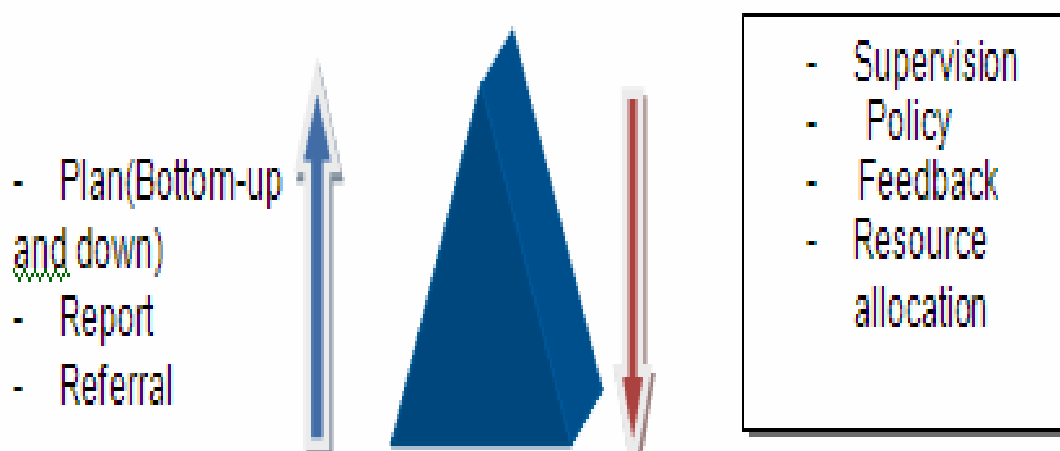


Figure1: Organization of health system in hierarchical manner and flow of health related managerial activities

organized in a pyramid manner and the level of some of the management activities implemented at different levels.

It is also important to note that we all are affected by good or bad management practices including even in our families, health service organizations, Kebeles, schools etc on a daily bases. Therefore, it is beneficial and important to learn/know management principles so that it is possible to influence these managers whose decision affects our lives. We all have been borne, educated, work etc. in organization and for organizations. This is because managers guide and direct the organizations that provide product and service upon which societies depends e.g. health care delivery, family, transportation, etc. Management is also known to bring development and providing abundant job opportunities to people.

Learning Activity

- Students are expected to read and study the notes of this lesson before the commencement of classroom discussion and do questions at the end of this unit for better understanding.
- After reading lesson one, students should define what management is and list down the common approaches to management(history of management)
- After reading the section why we study management, discuss the reasons why we study management as a course.
- After reading the styles of management section, demonstrate the three styles of manager and display how they behave (Role play) by the students.
- Suppose you are given a manager position, discuss the roles required of you.
- Try to compare what management and administration.

Definition of Management

Through years, different individuals/scholars have defined management in many different ways and no one definition is accepted universally. But most share a common concept namely **‘the fulfillment of objectives through other people’**. Among the definition ever given by different authors and writers, some are worth mentioning as discussed below:

- It is getting things done through other people (by P. Follet).
- It is the process of optimizing human, material and financial resources for the achievement of organizational objectives.
- It is the process of reaching organizational goals by working with and through people and other organizational resources.

- It is the efficient use of resources and to get people to work harmoniously together in order to achieve objectives.

For the purpose of this course, management is defined as follows:

Management is the process of planning, organizing, leading/directing, and controlling the efforts of organizational members (people) by using all available organizational resources to attain/reach/achieve organizational goals/targets/ objectives. (Note that the four functions recur throughout the organization and are highly integrated.)
 (By Menon, Albert)

N.B three points are worth noting in this definition:

- People are the most important and precious resources.
- Hence management is getting things done through other people.
- Commitment to attainment of goals /objectives/purpose.
- The planning, organizing, leading/directing, controlling are traditionally considered as functions of management which will be discussed in detail in unit two of this module.

History/theory of Management

The earliest record of organizational thinking came from the ancient Sumerian civilization around 5000 B.C. and also some traces of the history of management practices was documented as back as 3000 years before Christ when people started forming group, which needed somebody to organize them and coordinate the activities of the people in the group. In general, modern organizational and management theories were introduced during the time of industrial revolution in Europe and formal study of management began very recently- at the beginning of the 20th century. Introduction of management and planning into health care system is even a very recent story i.e. 3-4 decades.

There are different types of management theories that lead to the development of management principles. Principle can be defined as a fundamental statement or truth providing a guide to thought or action.

There are various management approaches described and the following are the most common ones namely:

- i. Classical management theory.

- a. Scientific management
- b. Administrative management/Bureaucratic management
- ii. Behavioral theory
- iii. Management by Objectives
- iv. Systems approach to management
- v. Neoclassical theory and many others....

Of these approaches, only some will be briefly discussed as follow: **(details are for instructors)**

i. Classical theory

One of the first schools of management thought, the **classical management theory**, developed during the Industrial Revolution when new problems related to the factory system began to appear. It arose because of the need to increase productivity and efficiency.

Generally, Classical theory is built around four elements:-

- **Division and specialization of labour**:-Dividing/reducing the work into a number of tasks that each employee must carry out, whereby increasing efficiency and improving the organization's products such as quality patient care. This approach help managers to standardize the work to be done, which in turn provides greater control.
- **Line/chain of command**. This is the hierarchy of authority and responsibility within the organization. Authority is the right or power to direct activity and make decisions whereas responsibility is the obligation to attain objectives or perform certain functions. Both authority and responsibility are derived from one's positions within the organization and define accountability. Line of authority is formed as a result of higher level management delegate work to those below them in the organization. There are two types of authority namely, i) **command or line authority** is the linear hierarchy through which activity is directed as the case of military;(have power/authority to give orders to subordinates) ii) **staff authority** is an advisory relationship in which responsibility for actual work is assigned to others; recommendations and advices are offered. (have authority only to advice, but not to direct ,other managers) e.g. personnel department of our school.
- **Organizational structure**:- a pictorial representation that describe the arrangement of the work group. Classical theorist develops the concepts of departmentalization as a means to maintain command and reinforce authority and provide a formal system for communication. It is two or more people work together to achieve the objectives.

➤ **Span of control/management** (the number of employees that can be effectively supervised by a single manager) is part of the organization that addresses how many employees a manager is supposed to supervise. Complex organizations have usually numerous departments that are highly specialized and differentiated with centralized

There are at least two management theories under the classical approach. These are:

A. Scientific management (1856-1915 Taylor- father of scientific management)

It is a management approach that sought to determine scientifically the best methods for performing any task, and for selecting, training, and motivating workers. It advocates where things or activities are done in a scientific way. This is a technique whereby the work methods are scientifically studied and standards established resting on defined laws, rules, and principles. In summary,

- a) it consists of a certain philosophy of scientific selection and training of right workers for the right job, (The development of a true science of management)
- b) providing adequate working conditions.
- c) The workers are placed according to their qualifications and experience.
- d) Proper remuneration/salary for fast and high-quality work

The basic idea is managers should use and develop standard methods for doing each jobs, select workers in the standard methods developed, and provide wage(money) incentives e.g. surgical teams

As main problem of scientific management, it neglects the social aspects of workers' needs. Scientific management theory emphasizes the specialization and division of labour. This group of thinkers believes that employees could be motivated by economic rewards. The more you work the more you earn.

B. Bureaucratic organization (administration theory) (Max Weber)

Bureaucracy is a concept in sociology and political science referring to the way that the administrative execution and enforcement of legal rules are socially organized. It focuses on the structure of organizations rather than the work itself. **Bureaucracy** is the structure and set of regulations in place to control activity, usually in large organizations and government. It is represented by standardized procedure (rule-following) that dictates the execution of most or all processes within the body, formal division of powers, hierarchy, and relationships. In practice the interpretation and execution of policy can lead to informal influence.

Examples of everyday bureaucracies include governments, armed forces, corporations, non-governmental organizations (NGOs), hospitals, courts, churches, mosques, schools, etc..

Characteristics of bureaucratic theory

- clear definition of hierarchy of authority and responsibility(a well defined hierarchy)
- a chain of command (ye 'eze senselet in Amharic)
- Strict rules, disciplines and control i.e. a system of rules covering the duties and rights of employees that must be adhered to.
- Workers are selected and promoted on the basis of technical competence and experience (merit)
- A division of labour by functional specialization
- Records. A bureaucracy needs to maintain complete files regarding all its activities.

ii. Behavioural theory (1900-1940)

The **behavioral management theory** is often called the human relations movement because it addresses the human dimension of work. Behavioral theorists believed that a better understanding of human behavior at work, such as motivation, conflict, expectations, and group dynamics, improved productivity. It grew out of attempts to understand better and manage workers, using insights from sociology and psychology. **Leaders can be made, rather than are born.** Successful leadership is based in definable, learnable behavior (leaders capability can be learned, rather than being inherent).

- ✓ focus changed from job to people who perform it
- ✓ dissolve hierarchy between management and workers (subordinate)
- ✓ treat people as special and meeting their needs frequently results in increased performance
- ✓ they feel that happy employee would be productive

iii. System (integrative theory) 1940 +

This group of theorist view productivity as a function of the interplay among structure, people, technology, and environment. A **system** is commonly defined as a group of interacting units or elements that have a common purpose i.e. **system** is an interrelated parts arranged in a unified whole. It advocates that rather than dealing with the various segments of an organization, the SYSTEM approach to management views the organization as a unified, purposeful system composed of interrelated parts). As shown in fig 2 below, one part of the organization can have effect on other parts. E.g. a problem in the laundry service of a hospital can have problem in inpatient department.

A system can be open or closed. **Open systems** refer to systems that interact with other systems or the outside environment, whereas **closed systems** refer to systems having relatively little interaction with other systems or the outside environment. For example, living organisms are considered open systems because they take in substances from their environment such as food and air and return other substances to their environment. Similarly, all organizations consume raw materials from the environment in the production of products and produce finished goods and pollution to the environment. In contrast, a watch is an example of a closed system in that it is a relatively self-contained, self-maintaining unit that has little interacts or exchange with its environment.

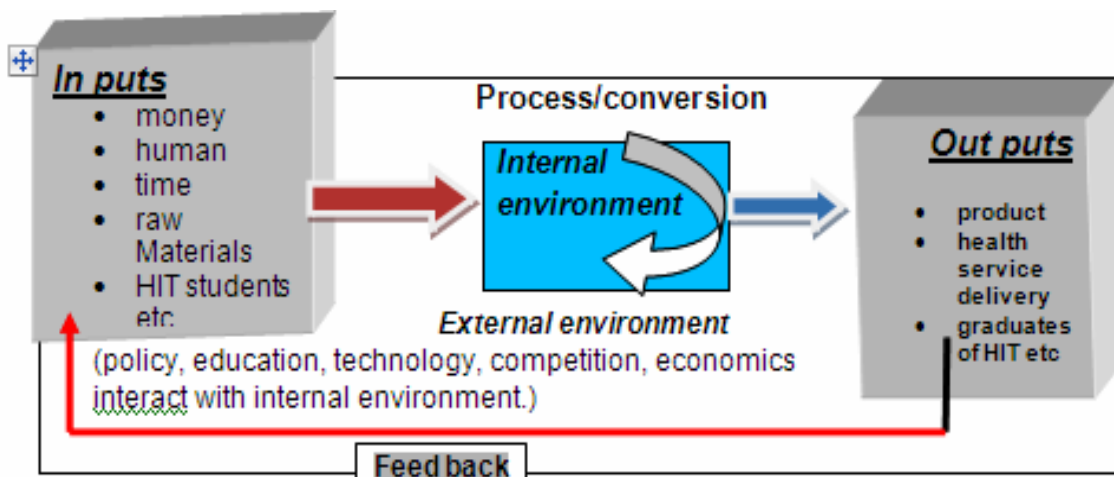


Figure 2 Process of management in system approaches and their internal and external environment

The following example will clarify the concept of system approach:

Let us take mill (Wefcho) as an example: The grain to be milled can be **input**, the mill(stone) crushing the grain as process and the flour produced as a result can be **out put**. If the flour is made to be bread and eaten by a child it becomes an **outcome** and because good nutrition, child mortality become reduced and called **Impact**. **Feed back**: is the key to system control. It is the part of system control in which the results of action are returned to the individual, allowing work procedures to be analyzed and corrected

In summary, all organizational systems such as health service are open systems, as they usually depend on the external environment for feedback and resources for the disposal of the finished product and services. All organizations transform inputs into outputs

IV Management by objectives (wutet tekor)

The concept of 'Management by Objectives' (MBO) was first introduced by Peter Drucker in 1954.

Definition

Management by Objectives (MBO) is a process of agreeing upon **objectives**/goals within an organization so that **management** and **employees** agree to the objectives and understand what they are supposed to do in the organization. An important part of the MBO is the measurement and the comparison of the employee's actual performance with the standards set/objectives. Ideally, when employees themselves have been involved with the goal setting and the choosing the course of action to be followed by them, they are more likely to fulfill their responsibilities.

Main Principle

The principle behind Management by Objectives (MBO) is to make sure that everybody within the organization has a clear understanding of the aims, or objectives, of that organization, as well as awareness of their own roles and responsibilities in achieving those aims.

V. Neo-classical theory (humanistic theory)

This group of theorists agreed to humanize the classical theory without completely rejecting it. The major assumption of this theory is that people desire social relationship, respond to group pressure, and search for personal fulfillment. In several researches, people identified that people perform better because of special attention given to them or the worker which is called the effect.

VI Contingency School of Management

The contingency school of management can be summarized as an “it all depends” approach. The appropriate management actions and approaches depend on the situation. Managers with a contingency view use a flexible approach, draw on a variety of theories and experiences, and evaluate many options as they solve problems. Contingency management recognizes that there is no one best way to manage. In the contingency perspective, managers are faced with the task of determining which managerial approach is likely to be most effective in a given situation. For example, the approach used to manage a group of teenagers working in a fast-food restaurant would be very different from the approach used to manage a medical research team trying to find a cure for a disease.

Why we learn management as health worker? The importance

There are broad and specific reasons for learning management as a health worker.



Broad reasons

The two reasons for learning management are:

- Our society depends on specialized institutions, hospitals and organizations to provide health services we desire and;
- Individuals not trained in managerial skills find themselves in managerial positions as managers e.g. head of department of HIT, head of faculty, principal, head of any other institutions etc.



Specific reasons:

There are at least 11 specific reasons for learning management as a health sector worker that, the subject will equip him/her with the necessary knowledge, skills and attitude in: -

- We may be given a managerial positions in the health care system
- Planning on how resources such as personnel, finance, equipment, stationary, drugs etc will be acquired and properly utilized.
- Preventing and solving problems pertaining to staff within the department and problems related to the use of resources.
- Communicating effectively with the departmental staff, other departments, patients and general public, hence reducing conflict.
- Making concrete and workable decisions in relation to activities of the department.
- Monitoring and evaluating departmental activities and patient's health care services.
- Motivating staff by creating conducive working environment in order for them to work effectively and efficiently in providing quality health care services to the patients.
- Implementation of the government policies related to health.
- Delegating his/her responsibilities and authority to his junior.
- Leading others well (staff) in managerial functions such as meetings, committees etc.
- It helps us influence managers whose decisions affect us, etc.

Lesson 2: Principles of management

Students to list some, and details is for instructors

Management principles are statements of fundamental truth or statement providing a guide to thought or action. These principles serve as guidelines for decisions and actions of managers. They are derived through observation and analysis of events which managers have to face in

practice. There are a number of principles of management described in management text-books. In this module, only some important ones are discussed as follows:

a) **Management by objectives (setting an objective) (Wutet Tekor in Amharic)**

As discussed in previous section, Management by objectives (MBO) is a systematic and organized approach that allows management to focus on achievable goals and to attain the best possible results from available resources. It aims to increase organizational performance by aligning goals and subordinate objectives throughout the organization. Ideally, employees get strong input to identify their objectives, time lines for completion, etc. MBO includes ongoing tracking and feedback in the process to reach objectives.

Setting Objectives:- Objectives are statements that a program to have achieved or goals. These objectives serve as the solution to the problem. Progress and results achieving these objectives will be reported in your accomplishment reports.

Objectives should be SMART

S = Specific (to avoid different interpretation)

M = measurable (to allow monitoring and evaluation)

A = appropriate (to the problem or objective)

R = realistic (achievable, challenging and meaningful)

T = time bound.

Example of SMART objective

- Next year in Afar region, there will be no case of meningitis.
- This year 60% of the pregnant mothers will attend antenatal service in Oromia Regional State .
- As hit student, in this semester I will score high grade, etc

Discuss using SMART approach the example given above and suggest your own examples as well.

A clear statement of objectives is essential for effectiveness. Effectiveness is the degree to which an objective is being, or has been achieved; it is something that management tries to improve.

There are two categories of objectives: organizational and individual objectives.

Organizational objectives are the formal targets of the organization and are set to help the organization accomplish its purpose. Their concern areas include factors such as organizational efficiency, high productivity and profit maximization.

Individual objectives are the personal goals each member would like to reach as a result of his or her activity within the organization. These objectives might include high salary, personal growth and development, peer recognition, and societal recognition. It is important to note that a management problem arises when organizational and individual objectives are not compatible.

b) Learning from experience

When there is a gap between objectives and result (of achievement), management/manager analyses why only the observed results were achieved, and why they fell short of the set objectives. Some causes can be easily remedied (corrected), and action is taken accordingly. Others cannot be removed in a short time and are then called constraints. Management learns from this process and use what has learned in its further decision for achieving its objective. This process is called learning from experience. Learning from Experience (LFE) is a through life process which enables Organizational Learning by:

- Replicating Successes
- Avoiding mistakes
- Publicizing and promoting good practice
- Keeping policy, processes and guidance up to date and reflecting good practice

Learning From Experience is closely linked to and on occasion confused with Project Evaluation (formerly known as Post Project Evaluation). Learning form experience facilitates organizational learning whilst project evaluation assesses how the outcome of a project accords with the initial investment appraisal.

c) Division of Labour

It is dividing a large task into smaller packages of work to be distributed among several people. The most people specialize, the more efficiently they can perform their work. When work is divided/shared, or distributed among members of a group, and the work is directed and coordinated, the group becomes a team. In a team, and generally when there is a specialization and division of labour, with each category of staff exercising its own skills towards achieving the objectives. Almost any work involves more than one person. As soon as two or more people are involved in work or activity, two complementary principles must be applied by management, namely division on labour and convergence of work.

d) Convergence of work

This means that the activities of the various people who do the work come together in the achievement of objectives. The activities should be designed, assigned and directed in such a way that they support each other in moving towards a common goal.

e) Substitution of resources

In our day to day life, we tend to substitute resources especially when it is scarce, expensive etc. if a kilo of meat becomes 80 Birr, we substitute it with Shiro. Similarly in management, one type of substitution is labour substitution. E.g. if a Physician becomes inadequate in a region, it may be substituted with less qualified health workers such as health officers or nurses.

f) Functions determines structure

Before developing an organizational structure, we should list down the functions first and then fill the boxes.

g) Delegation

Delegation takes place when someone with authority lends the authority to another person, conditionally or not, so as to enable that person to take responsibility when the need arises.

h) Management by exception

This means two things. First, BE SELECTIVE. Do not become overloaded with routine and unnecessary information/activities. Keep your mind available for critical information, on which you will be required to act. Second, Make big decisions first. To be overloaded with petty decisions may result in more important ones being neglected, or what has been called postponing decisions until they become unnecessary. In summary, management by exception means selecting in information and priority in decision.

i) Shortest decision path

This principle deals with the issue: who should make which decision?(and often when and where, as well. Applying this principle means that decisions are made as close as possible in time and place to the object of the decision and to those affected by it.

j) Authority and Responsibility-

The issue of command is followed by responsibility for the consequence or action. Authority means the right of a superior to give order to his subordinates; responsibility means obligation for performance. This principle suggests that there must be parity between authority and responsibility.. They are co-existent and go together, and are two sides of the same coin.

k) Discipline

Discipline refers to obedience, proper conduct in relation to others, respect of authority, etc. It is essential for the smooth functioning of all organizations.

l) Unity of Command

This principle states that every subordinate should receive orders and be accountable to one and only one superior. If an employee receives orders from more than one superior, it is likely to create confusion and conflict.

Unity of Command also makes it easier to fix responsibility for mistakes.

m) Equity

Employees must be treated kindly, and justice must be enacted to ensure a just workplace. Managers should be fair and impartial when dealing with employees. Try to avoid **clique** among employees.

Lesson 3: Types and roles of Managers

- Managers are people for directing the efforts of others and resources aimed at helping organizations achieving their goals
- are responsible for achieving organizational objectives through efficient and effective utilization of resources
- Without plan, no organization is likely to be very effective
- a manager may be anyone who is responsible for carrying out the main activities of a management.
- A manager is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization

a. Types of managers

Organizations often have 3 levels of managers as described below:

First-line Managers: responsible for day-to-day operation. They supervise the people performing the activities required to make the good or service.

Middle Managers: Supervise first-line managers. They are also responsible to find the best way to use departmental resources to achieve goals.

Top Managers: Responsible for the performance of all departments and have cross-departmental responsibility. They establish organizational goals and monitor middle managers.



Figure 3 *The three levels of management*

b) Managerial Skills

In general, there are three skill sets that managers need to perform effectively.

1. **Conceptual skills:** ability to see the whole organization
2. **Human skills:** ability to work with others
3. **Technical skills:** specialized knowledge/skills

Please note that all the three skills are enhanced through formal training, reading, and practice.

- I. **Human skill:** the ability to work with, understand, and motivate others as individuals or in group. The ability is to understand, alters, lead, and control people's behavior. This skill is equal irrespective of the level of managers. (see fig , table 3 below)
- II. **Conceptual skill:-** the ability to coordinate and integrate all of an organization's interests and activities. It is the ability to analyze and diagnose a situation and find the cause and effect. (this gets narrower as we go down to the levels of manager. (see fig , table 3 below)
- III. **Technical skills:-** the ability to use the procedures, techniques, and knowledge of a specialized field. The job-specific knowledge required to perform a task. Common examples include marketing, accounting, and manufacturing. (It gets narrower as we go up across the level of managers. (see fig , table 3 below)

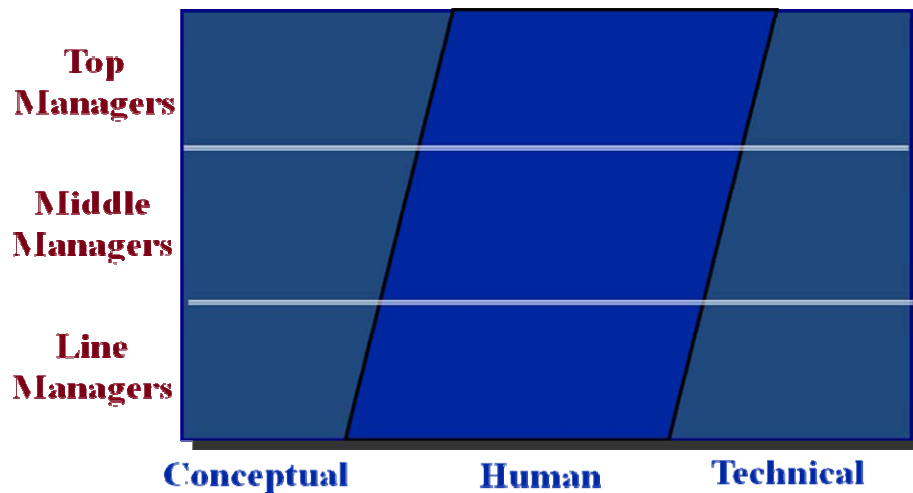


Figure 4: The relative Managerial Skill required Type Needed by Manager Level

Table 2 : Types of managers by their level and their required management skill.

Management level	Primary management skill	Primary management function performed
Top	More of Conceptual and human skills	Planning and organizing
Middle	Balance of all three	Balance of all the four function
First line/front line	More of Technical and human skill	Leading and controlling

c. Roles of managers

- Managerial role is the behavioral pattern expected of someone within a functional unit
- All managers have formal authority over their organizational units and derive status out of that status
- Henry Mintzberg defined these roles as:

Managerial Roles

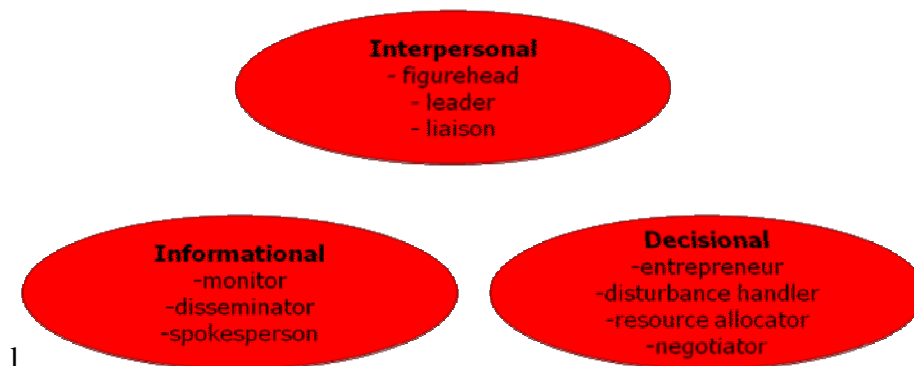


Figure 5: Types of Managerial roles

1. Inter-personal roles

Roles managers assume to coordinate and interact with employees and provide direction to the organization. There are three roles:

- a. **Figurehead** – performs ceremonial and symbolic duties such as greeting visitors, making speeches at organizational events, signing legal documents etc. **symbolizes the organization and what it is trying to achieve.**
 - b. **Leader role-** directs and motivates subordinates. Train, counsel and communicate with subordinate. **Train, counsel, mentor and encourage high employee performance.** Managers are expected to be responsible and accountable for their subordinate's action as well as their own,
 - c. **Liaison role** maintain information links both inside and outside the organizations. **Link and coordinate people inside and outside the organization to help achieve goals.**
- Require managers to work with every one inside or outside the organization who can help them to achieve organizational goals.
 - All effective managers “play politics” in the sense that they develop net work.
 - They can draw upon their relationships to win support for their proposals or decisions and gain cooperation in carrying out organizational activities

2. Informational role:

Associated with the tasks needed to obtain and transmit information for management of the organization. There are three roles under informational role:

- a. **Monitor-** seek and receive information. **Analyzes information from both the internal and external environment.**
 - Constantly looks for useful information both within and outside the organization
 - b. **Disseminator** - distributes information to subordinates to assure that they can carry out their duties. **Manager transmits information to influence attitudes and behavior of employees.** Forward information to other organization members, send memos
 - c. **Spokesperson** - transmit information to people outside the work unit, keeping supervisors informed, or representing the organization in dealing with the external environment. **Use of information to positively influence the way people in and out of the organization respond to it.** Managers receives and communicates information.
3. **Decision-making roles:** Associated with the methods managers use to plan strategy and utilize resources to achieve goals. There are 4 roles under decision making role:
- a. **Entrepreneur-** work to improve the work unit by integrating a new program or project. **Deciding upon new projects or programs to initiate and invest.** Initiates improvement projects, identifies new ideas, delegate ideas and responsibility to others.
 - b. **Disturbance handler-** detects problems and decides on and implements solutions. **Assume responsibility for handling an unexpected event or crisis.** Managers take corrective action during deputed or crises; resolve conflicts among subordinates.
 - c. **Resources allocator-** prioritize tasks and make decisions regarding the use of limited resources to meet conflicting needs and to achieve goals. **Assign resources between functions and divisions, set budgets of lower managers.** Managers decide who gets resources, budgets, set priorities.
 - d. **Negotiator-** represent department during negotiations and represent departmental interest. **Seeks to negotiate solutions between other managers, unions, customers, or shareholders.** Managers resolve dispute within the organization and negotiate agreement with outside organization. It is good to be a good negotiator even in day to day life and with in the family.

Lesson 4: Management style/Managers Styles)

There are at least three managerial styles commonly mentioned.

- a. **Autocratic/Authoritarian (do as I say)**

- managers tell employee what to do, how to do it
- there is close supervision
- leader make all decision always unilaterally (manager makes all the decisions, keeping the information)
- employee are with low ability and low motivation
- employees are unwilling to perform without coercion (force)
- Objectives and tasks are set and the workforce is expected to do exactly as required.

Disadvantages

- The communication involved with this method is mainly downward, from the leader to the subordinate
- This method can lead to a decrease in motivation from the employee's point of view
- employee/subordinates may become dependent upon the leaders and supervision/feedback may be needed

Advantage

- The main advantage of this style is that the direction of the business will remain constant, and the decisions will all be similar, this in turn can project an image of a confident, well managed business.
- Useful for low skill workers

b. Paternalistic:

A more **Paternalistic** form is also essentially dictatorial, however the decisions tend to be in the best interests of the employees rather than the business. The leader explains most decisions to the employees and ensures that their social and leisure needs are always met. This can help balance out the lack of worker motivation caused by an autocratic management style. Feedback is again generally downward, however feedback to the management will occur in order for the employees to be kept happy. It shares similar disadvantages to an authoritarian style; employees becoming dependent on the leader, and if the wrong decisions are made, then all employees may become dissatisfied with the leader.

c. Democratic(let us agree what to do)

- Decision made by the group, voting.

- Employees are with high ability and high motivation
- All members may contribute to discussion and so on

In a Democratic style, the manager allows the employees to take part in decision-making: therefore everything is agreed by the majority. The communication is extensive in both directions (from subordinates to leaders and vice-versa). This style can be particularly useful when complex decisions need to be made that require a range of specialist skills. From the overall business's point of view, job satisfaction and quality of work will improve. However, the decision-making process is severely slowed down, and the need of a consensus may avoid taking the 'best' decision for the business. It is used when employees are high skilled and professional.

d. Laissez-faire (Do as you like)

In this type a leadership style, the leader's role is peripheral and staff manage their own areas of the business; the leader therefore evades the duties of management and uncoordinated delegation occurs. The communication in this style is horizontal, meaning that it is equal in both directions, however very little communication occurs in comparison with other styles. The style brings out the best in highly professional and creative groups of employees, however in many cases it is not deliberate and is simply a result of poor management. This leads to a lack of staff focus and sense of direction, which in turn leads to much dissatisfaction, and a poor company image.

Lesson 5: Management Versus administration

Introduction

There is no again universal agreement on the difference between these two terms and their concepts. But most agree that management execute policy while administration determines/set broad policy. In most organization people use them interchangeable/synonymously. Management is essentially an executive, the active direction of human effort. It is the work that a manager seeks to get result through other human effort. As a function, administration is determinative(wesagn) and management is essentially executive(Festami). Yet the same person may perform both functions. An administrator is somebody who interprets policies and directives from above for implementation, knows the rules and applies them well. In summary, administrators are the one who create and administer the rules and the Managers are the one who implement the rules.

Learning Activity

- Read and study the notes of this lesson before class
- Conduct student centered class room discussion by the course facilitator

- Ask students - Do you think management and administration are the same thing or different and discuss why say so.
- Provide unit test of two types, firstly, multiple choice types questions and secondly, three discuss type of questions so that students are able to express what they have understood in their own words.

Difference between Administration /Management (for instructors)

There are many factors according to which administration can be distinguished from management. These are as follows:

a. Nature of work

Administration: It is concerned about the determination of objectives and major policies of an organization.

Management: It puts into action the policies and plans laid down by the administration.

b. Type of function

Administration: It is a determinative function.

Management: It is an executive function.

c. Scope

Administration: It takes major decisions of an enterprise as a whole.

Management: It takes decisions within the framework set by the administration.

d. Level of authority

Administration: It is a top-level activity.

Management: It is a middle level activity.

e. Nature of status

Administration: It consists of owners who invest capital in and receive profits from an enterprise.

Management: It is a group of managerial personnel who use their specialized knowledge to fulfill the objectives of an enterprise.

f. Nature of usage

Administration: It is popular with government, military, educational, and religious organizations.

Management: It is used in business enterprises.

g. Decision making

Administration: Its decisions are influenced by public opinion, government policies, social, and religious factors.

Management: Its decisions are influenced by the values, opinions, and beliefs of the managers.

h. Main functions

Administration: Planning and organizing functions are involved in it.

Management: Motivating and controlling functions are involved in it.

i. Abilities

Administration: It needs administrative rather than technical abilities.

Management: It requires technical activities

Management handles the employers.

Administration handles the business aspects such as finance

Note:- it is important to note however that people use these two words interchangeably

Study Model Questions

4. Define management
5. List/Name and briefly describe theories of management in your own words if you can?
6. What are the broad and specific reasons we learn/study management as health worker?
7. What are the 4 elements that classical theory is built around?
8. Try to discuss the management by objective approach of management
9. Try to discuss the system approach of management using the example given previously

10. Briefly list and if you can describe the principles of management in your own words?
11. What are the types of manager by level?
12. What is the difference between management and administration and briefly describe it?
13. Define SMART objectives and give examples
14. What are the roles of managers?
15. List and describe the management styles
16. What are the functions of management?
17. Can you tell your friend about management in brief

Unit Two: Functions of Management

Unit Introduction

We have discussed in unit one the definition, history and some principles of management, style of Management and the roles of a manager. It was also discussed what administration is. This unit will discuss the four basic functions of management. The traditional and basic function of management is discussed in the following order: planning, organizing, leading and controlling. The students are encouraged to do the exercise at the end of the unit after reading through the Unit.

Instructional Objectives

After completing this chapter, the student should be able to:

1. Describe the basic concepts of planning and the steps of planning and other aspects of planning.
2. Describe the basic concepts of organizing and the process of organization.
3. List the type of organization and discuss what organizational chart is.
4. Define leadership and list theories of leadership.
5. Discuss what a health team and define the types of power in leadership.
6. Define controlling and discuss some important aspects of the controlling

Unit Contents

- Lesson 1. Planning
- Lesson 2. Organizing
- Lesson 3. Leading
- Lesson 4. Controlling (Managerial Control)

Introduction to functions of management

In chapter one, it was defined what management is. It was also mentioned that the planning, organizing, leading and controlling activities of management are labeled as the functions of management. For your brief understanding, each of the 4 functions of management are defined in the following section as well and will be dealt in detail in separate section of its

own. The relationship of these four functions of management is also shown in diagrams bellow.

Planning:- the process of setting objectives and determining in advance exactly how the objectives will be met.

Organizing:- the process of arranging and allocating work, authority and resources among an organization's members so that they can achieve objectives.

Leading:- the process of influencing employees to work towards achieving objectives.

Controlling:- the process of establishing and implementing mechanisms to ensure that objectives are achieved.



Figure 6: Relationship between the four main functions of management

The four functions are also depicted as follows with management skills:

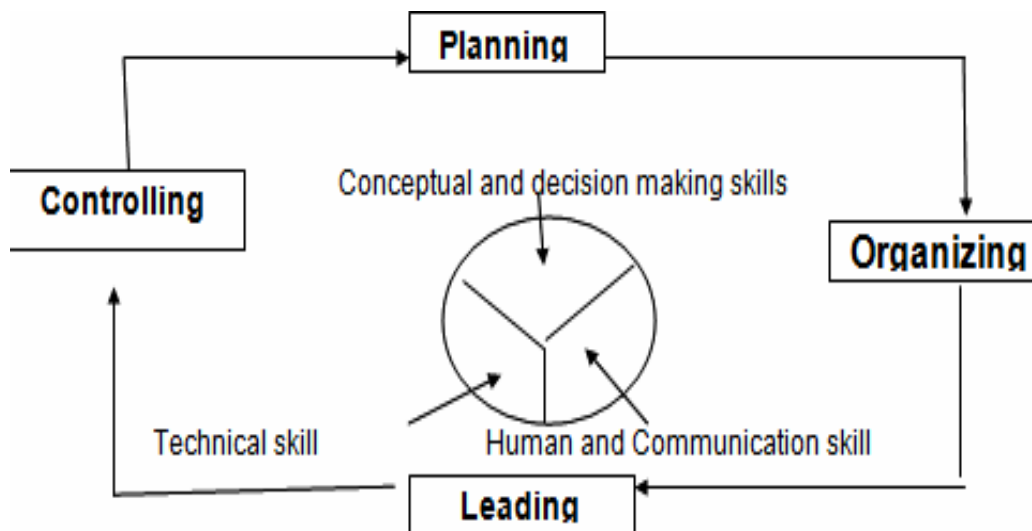


Figure 7: The relationship between functions of management and management skills required for each function.

Lesson 1: Planning

Planning is the primary and foremost functions of management. It precedes all other functions of management. Planning determines the future direction of an organization it will take. Effective planning facilitates early achievement of objective, which depend on the efficiency of the planner. Planning is essential in every walk of life. Each and every person has to frame a plan to proceed in his time schedule. And all of us framed by a number of plans throughout our life. We are always making decision concerning our future in day to day basis. There is also planning decision for situations and problems that may occur to us of which we are not certain about. What the manager do during planning including identifying goals, objectives, methods, resources needed to carry out methods, responsibilities and dates for completion of tasks. Examples of planning are strategic planning, business planning, project planning, staffing planning, advertising and promotions planning, etc.

A good planning should give a good picture of the task to be accomplished in the future to achieve our goals. It is important to note that there are different styles and approach of planning but all agree that they are concerned with making decisions relating to the future. Simply, planning is identifying where you want to go, why you want to go there, how you will get there, what you need in order to get there and how you will know if you're there or not. It is deciding future course of action.

Failing to plan is planning to fail.

Instructional objective

After completing this chapter, the student should be able to:

- Define and describe the basic concepts of planning and the steps of planning and other aspects of planning.
- Describe the advantages of planning
- Discuss what the purpose /advantages of planning
- Discuss the limitation of planning
- Discuss the steps of planning(the basic steps)
- Format/sample of writing a plan document
- What is MDG?
- A situation of health planning of the federal ministry of health- evidence based planning and the health sector development program(HSDP).

- Introduction
- Definition of planning
- Features of planning
- Advantages/purpose of planning
- Types of planning
- Maximizing the effectiveness of planning
- Health planning
- Limitation of planning
- Steps in planning
- Why do plans fail
- What is MDG?
- The situation of health planning of the federal ministry of health.

Defining planning

Before a manager can tackle any of the other functions, he or she must first devise a plan. A **plan** is a blueprint for goal achievement that specifies the necessary resource allocations, schedules, tasks, and other actions.

There are several definitions of planning in the literature. Some are discussed below:

- Preparing for tomorrow.
- Planning is deciding in advance what to do, how to do it, when to do it and who is to do it. It tries to bridge the gap from where we are now to where we want to go.
- Is the process of determining how the organization can get where it wants to go.

- For the purpose of this course: ** Planning is a systematic process of identifying and specifying desirable future goals and outlining appropriate courses of action and determining the resources required to achieve them.

The important components of all these & other definitions are (see table5.)

Table 5:.

Table 3: Important components of planning activity

Where are we now?	Assessing the situations and identify the problem
Which problems are important to be solved?	Priority setting of the identified problems
Where are we going?	setting Objectives/ goals
With what?	Resources (plan)
<i>How?</i>	Efficient implementation of strategies and activities
<i>By Whom ?</i>	Who
<i>By when</i>	Time
<i>Monitoring and evaluation</i>	Follow up of the implementation (how do we know that we are implementing the plan in the right direction and how do we know we have achieved it)

These are true for all planning activities irrespective of the scope and size.

In our discussion in unit one, the following principles of management will have a direct bearing(concern) on planning:

- The principles of division of labour(a good plan should divide the activities as exactly as possible)
- Economizing scares resources
- Planning decisions will be made on planning, activities and resources

Features (Nature) of planning (for course facilitator)

- Primacy of planning**:- it is the primary and fore most functions of management. Thus, planning logically precedes the execution of all managerial functions.
- Planning contribute to objectives**:- planning contribute for the attainment of objectives.

- **Planning is an intellectual activity**
- **Planning result in higher efficiency**:- it results in maximum output with minimum resource.
- **Planning is a continues process**
- **Planning is flexible** – it must be both stable and reasonably flexible
- **It is action oriented/goal oriented**
- **Must be systematic**
- **It helps us to get coordinated**:- without planning nothing can be coordinated
- **Planning is a collective activity**- participatory
- **Pervasive**- needed and practiced at all managerial leveled
- **Planning is based on facts**

Advantages/Purpose/importance/objectives of planning (students to list some and details for instructors)

It answers why planning?.The importance and usefulness of planning can be understood with reference to the following benefits.

a. Protective purpose(eliminate or reduce or minimize uncertainty)

- To minimize risk of failure by reducing the uncertainty
- Defective planning or inadequate planning leads to failure of the organization.

In summary, the future is generally uncertain and things are likely to change with the passage of time. Planning helps in minimizing the uncertainties of the future as it anticipates future events as much as possible.

- b. Gives an organization a sense of direction. Without plans and goals, organizations merely react to daily occurrences without considering what will happen in the long run.
- c. Focuses attention on objectives and results. Plans keep the people who carry them out focused on the anticipated results. In addition, keeping sight of the goal also motivates employees.

- d. Establishes a basis for teamwork. Diverse groups cannot effectively cooperate in joint projects without an integrated plan.
- e. Helps anticipate/forecast problems and cope with change. When management plans, it can help forecast future problems and make any necessary changes up front to avoid them.
- f. Provides guidelines for decision making. Decisions are future-oriented. If management doesn't have any plans for the future, they will have few guidelines for making current decisions.
- g. Serves as a prerequisite to employing all other management functions. Planning is primary, because without knowing what an organization wants to accomplish, management can't intelligently undertake any of the other basic managerial activities: organizing, leading, and/or controlling.
- h. To provide a basis for monitoring and controlling work.
- i. Promote growth and improvement:
- j. Prevent hasty judgment:
- k. Enables to cope with changes:

Types of planning

There are a number of planning approaches in literature. But for the purpose of this course, the following commonly mentioned ones are discussed.

A. Time dimension of planning

1. **Operational/Short term planning** (from weeks to about 1 years) ----- tactical planning, they take weekly, monthly or yearly plans. E.g. Annual plan of the ministry of health.
2. **Intermediate Planning (2-5 years)** *is the process of taking the strategic plan and breaking it down into specific, short term actions and plans. Health sector development plan of the ministry of health (HSDP III).*
3. **Long term plans** (5-20 years or more)--strategic planning:- it is long ranging planning. Strategic planning is a document outlining the general direction an organization is intending to follow in broad terms. Usually they take 5 years but can go as high as 20 or more years. E.g. sector development plan of the federal government of Ethiopia

B. By level

Table 4: Levels of management and types of planning

Level of management	Type of planning	Mission/goals/targets
Top	Strategic	Strategic goals
Middle	Tactical	Tactical objectives
Frontline	Operational	Operational objectives

Strategic planning:- plans designed to meet an organizations broad goals. A **strategy** is a plan of action designed to achieve a particular goal of an organization such as health. Strategy deals with the **how part** rather than the what.

A **tactical plan** is concerned with what the middle level units within each division must do, how they must do it, and who is in charge at each level. Tactics are the means needed to activate a strategy and make it work. Tactical is implementing the order and tactic use to accomplished a goal. In summary, tactical planning is a systematic determination and scheduling of immediate or short-term activities required in achieving the objectives of strategic planning.

Operational plan:-plan that contains details for carrying out, or implement those strategic plans in day to day activities and carried out by lower level of managers. Operational goals are decided for various organizational activities such as budgeting, Human Resource planning, production control planning, for inpatient hospital service, etc. Operational planning is control or managing the process of the organization. In summary, operational planning is a short term, highly detailed plan formulated generally by junior or departmental managers to achieve tactical objectives.

Maximizing the effectiveness of the planning process

- a) top management support should be known to planning members
- b) an effective and efficient planning process should:
 - use established system
 - be simple but complex enough to challenge the effort of all planning participants
 - be flexible and adaptable (planning is constantly changing)
- c) planning should be aimed at implementation
- d) planners should always include the **RIGHT** people including the community

Health planning

*It is rather a recent concept (1970's) event to be introduced in the health service system. **Health planning is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative actions needed to match those goals in the area of health and health related conditions.***

Health planning should aim at improving the health status of a given population while safeguarding equity and fairness of access as well as responsiveness of the health system to the perceived needs of the community. The health plan should achieve this goal through the provision of efficient and effective health services, taking into account available resources and the available means and methods of health care..

Types of health planning

- a) **Annual plan**
- b) **Allocative planning** – the making of decision as to how resources should be spent in health organization.
- c) **Activity planning**- relates to the setting of monitorable time tables and schedules for the implementation of pre-set activities. It is preparation for planning
- d) **Strategic planning** e.g health sector development plan of the ministry of Health

Pre-planning (for instructors)

It is important precondition to consider the following before planning:

- a) **Government interest**- strong political will manifested by clear directives, policies, legislations,
- b) **Organization for planning**- there should be an organizational structure for the preparation of the various parts of plan, and basic facts.
- c) **Administrative capacity**- a proper capacity for co-ordination of activities and implementation of the plan at all level.

Limitations of planning

- 1) Inflexibility
- 2) Time consuming in preparing it
- 3) Costly
- 4) False sense of security(we feel that the work has been done)

5) Delay during emergency period

6) Technological changes

7) Capital investment(HSDP)

Steps in health planning (the detail is for course instructors)

There are different steps used in planning depending on the organization specific needs, emphasis, type and other aspects. The following are some of the common steps used in planning. These steps are usually put in a continuous process called planning cycle. The common steps in health planning will be discussed as follows in details which as health students should focus on. Please refer the book called on being in charge by World Health Organization.

- I. Situational analysis/problem identification-Where are we now? What is the problem?
- II. Prioritization of problems
- III. Setting organizational objectives- where do we want to go?
- IV. Identify potential obstacles
- V. Listing alternative solutions- way of reaching objectives-how do we get there?
- VI. Choosing the best alternative for meeting the objectives
- VII. Developing plans of action to pursue the chosen alternatives- when are we going to get there? And with what? Implementation schedules and budgets required.
- VIII. How do we know that we are moving in the right direction-monitoring indicators
- IX. How can we know that we have got there?-evaluation
- X. Writing up the plan.

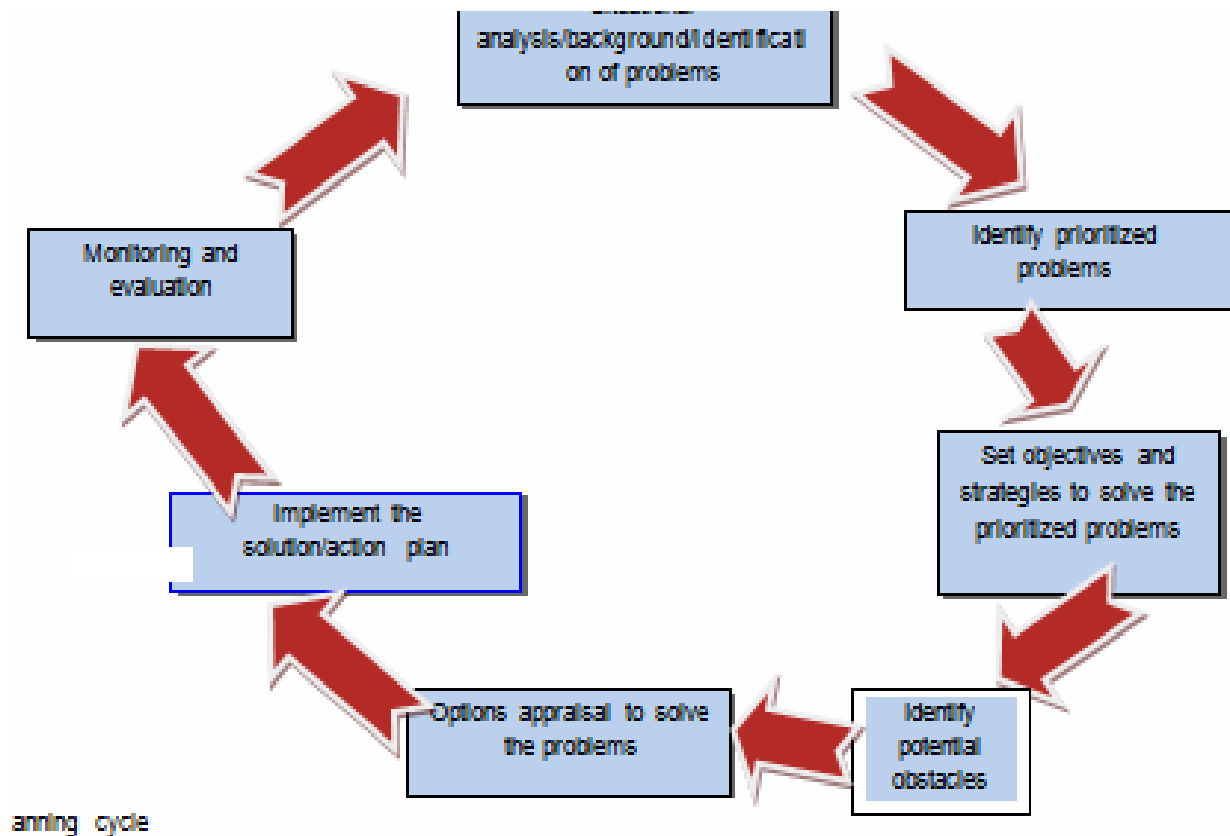


Figure 8: Planning cycle

Step 1: Situational analysis

The first step in developing a plan is situational analysis to answer the question- **Where are we now?** This requires a situational analysis to identify current health and health-related needs and problems. Situational analysis helps us to identify problems. A **problem** can be defined as a **GAP** between what currently is with that of expected condition. The problem is the situation that occurs in when an actual state of affairs differs from the desired/expected state/aspect.

Situational analysis is an assessment of the present situation from various perspectives such as:

- General country characteristics or information (includes information about the physical and geographical characteristics of the area, social and economic conditions, cultural/religious practices and beliefs.
- Current and projected health situation, present and future health needs

- The national health system (policies and guidelines)
- The health infrastructure and staffing
- The catchment area of health institution
- A map of the area of district
- Population and target groups
- Major health and related problems and (disease prevalence, geographic, social problems-drinking, economic issues-GDP, unemployment, Cultural and political-conflicts
- Problems in the organization or delivery of health care etc.

A. Purpose of performing situational analysis – to generate broad base information for the rest of the planning process and allows the selection of priority area/problems such as maternal and child health, HIV/AIDS...

B. Sources of data for situational analysis (N.B. refer your epidemiology and statistics course)

There are two main types of data named as Primary data and secondary data sources as described below:

- **Primary data** are data that were gathered directly for the same purposes (for planning purpose)S as Health records (daily, weekly, monthly reports etc), Censuses and surveys

Identifying priority health problems and **secondary data** are information collected for other purpose such as Census but when we use it for planning purposes..

Step two : Identifying priority health problem

Once the problems are identified, the next step in the planning process is to put them in order of priority i.e. we cannot solve all identified problems at one time and therefore we should prioritize them in order so that we give more priority for the first few priority problems based on our resources especially money, human and time. It is important that we should consider our other resources such as energy, space etc as will be discussed in chapter five of this module.

The identified problems can be further grouped in a variety of the priority setting techniques such as:-

- a) Strength, weakness, opportunity and treat(**SWOT**)analysis

Table 5: Table showing when we use SWOT analysis matrix in planning activities.

		External environment of the organization	
	criteria	Opportunities	threats
Internal environment	Strength	High priority (vote, magnitude, community request, government interest, NGO interest ...)	Third priority (there is a problem but full of traits)
	weakness	Second priority (there is opportunity but weak problem,	Least (the problem is weak and also there are threats)

- i. **Strength:** availability of trained human power, good management, good functioning organizational structure
- ii. **Weakness:-** poor management, no recording of patient records etc.
- iii. **Opportunity:** supportive policy, good administration support, good budget support , government interest, NGO interest, community interest etc.
- iv. **Threats:-**poor economic situation, low budgetary support, low government interest, etc.

b) Degree of changeability and importance matrix

Table 6: Degree of changeability matrix

	More important	Less important
More changeable	Priority 1	Priority 3
Less changeable	Priority 2	Priority 4

c). Multiple criteria matrix to identify priority problems

One of the functions of planning process is to determine major societal needs, to device suitable programs for meeting them and allocate resources accordingly. We are living in a resource scarce world. Therefore, priority is essential irrespective of our economical development. To set priority in planning, we can use the following criteria.

- **Their magnitude** (proportion of the population or Sub group or part of the population that are affected)

- **Severity/danger to individual and the community** (how serious is the condition?, does it threaten life, cause major suffering, decrease the ability to lead a normal life, reduce productivity?)
- **Feasibility** (cost of intervention)
- **Achievable** (amenability(degree to be modified) to intervention)
- **Community concern**
- **Government concern**

Instruction: provide the value of 1 up to 5 for each identified problem to show the magnitude of the concern and then add the total and the highest grader will become problem priority one and the next as second priority.

Table 7: Multiple variables scoring matrix to prioritize identified problems by providing a rank from 1 to 5 depending the observed concern of the problems.

Identified problems	Magnitude	severity	feasibility	Community concern	Government concern/policy	Total (out of 25)
e.g. Low EPI coverage	5	4	5	3	4	21
e.g. Low grade in health planning and management	5	5	4	5	5	24(priority problem)

Interpretation the problem that gets the highest value will become number one and the subsequent problem becomes number two.

When we determine community concern, we should at least ask/assess their concern about that particular problem and need give time and follow the proper procedure. E.g. when we ask the students, they have less concern on their grade on health planning and management course overall grade.

Step three:- Setting objectives and targets

Where do we want to go? This requires the selection of priorities based on certain criteria, the identification of objectives and targets to be met to improve health situation and /or service delivery goal.

An Objective is the intended result of a program. Objectives must be **SMART** as discussed before.

Step four:-Identifying potential obstacles.

Why objectives could not be attained?

Which are the limitations and obstacles?

Most often resources related obstacles are very common. E.g. People may lack interest, may be not skilled. May be there is no budget. People may not have time.

Other obstacles include environmental obstacles which includes

- ✓ Geographical problems
- ✓ Climate – type of disease
- ✓ Technical – electricity
- ✓ Social factors- traditions
- ✓ Human, financial, space etc

After potential obstacles have been identified, analysis of the obstacles must be done to become successful during the implementation of our plan.

Method of analysis

Identify obstacles that can be removed, those that can be modified and those that cannot be removed and focus on those that can be modified.

Step five:- Designing strategies to achieve the objectives(how to achieve the objectives)

Once we set objectives and target, the next issue is to determine **how to achieve these goals**. A **strategy** is a plan of action designed to achieve a particular goal of the organization. Strategy deals with the how part rather than the what. There are a number of methods or ways to address these objectives. We have to make option appraisals to choose the best methods that help us to achieve our objectives. Option appraisal is the process of deciding between alternative approaches. Here we can use the economic appraisal technique which is often used. Information such as effectiveness, efficiency, equity, acceptability, feasibility, resource availability etc are important in designing strategiest.

Step six:-How will we get there? Implementation plan/action plan that guide us to putting the plan into action.

This details and organizes the tasks/activities to be carried out, by whom, during what period, at what cost, using what other resources and identifying their sources, in order to reach set objectives and targets. At this stage, we must monitor information carefully. One of the tools used is to have a work plan. Work plan is a challenging task in the attempt to develop and implement it. A work plan is a document developed by the manager and a team and should answer the following questions.

- ➔ **what needs to be done**- a detailed activities listing is prepared for each program intervention
- ➔ **how the activities or interventions would be carried out**- the procedures to be followed for technical, administrative, community workers, communities
- ➔ **who should be responsible**- the people responsible for the different tasks e.g. health workers
- ➔ **When should this be done**- a time table for the schedule of activities relating to both interventions as a guide to implementation. The timetable states exactly when an activity would begin and when it would end.
- ➔ **How much would it cost**- the budget, separating the capital from recurrent expenditure as well as what is already available and what additional would it required to bridge the resources gap

Work plan needs to be flexible and therefore reviewable. It allow us to:

- compare what is planned to do with what actually is done
- examine reasons for the differences
- see the desired output
- decide changes to be made

Work plan requires a team effort. It is important to monitor and later to evaluate the program.



Gantt Chart is used to summarize activities.

Gantt Chart should have the following columns:

- ➔ that lists the project activities
- ➔ that mark a fixed time period showing when the activities will occur
- ➔ that lists the person(s) responsible
- ➔ resource column

Table 8: An example of Gantt chart to summarizes activities in the planning process.

Objective: _____

Activities	Project time for example in months												Person(s)	resource
	1	2	3	4	5	6	7	8	9	10	11	12		
1.Planning													Abebe	
2.Submitting the plan													Yeshe	
3.start implementing														

Step Seven:- How will we know when we get there? Monitoring and evaluation

This requires the development of measurable indicators for monitoring progress and evaluating results.

a. **Monitoring**:- a continuous collection of information that involves analysis and interpretation of information so that to have follow-up of the implementation of the plan. The information we get from monitoring will help us to take a corrective action on the implementation. Is the implementation is being conducted as planned. It **provides information that can be used for the program's evaluation.**

b. **Evaluation**:- it is a one type research type of study to assess whether the set objectives have been achieved often conducted not on a continuous basis. It attempts to answer what are the causes for achieving or not achieving the objectives. The information will usually be used for the next plan.

(Step Eight):- writing up the plan document:- this is the most important part of the planning.

While writing the plan we should be able to make it as short and interesting as possible. This will help you to win/convince your potential funder be it government or NGO. The following outline shows the essential elements of writing up format: Plan can be written in several ways may have depending on the type of plan and individual organization's style. The following are the basic contents of a plan document

- a) **Title**
- b) **Abstract(executive summary)**

- c) introduction(including the general background –situational analysis)
- d) statement of the problems(to define the problem)
- e) objectives and Targets, expected outcomes
- f) potential obstacles anticipated
- g) strategies and activities(including work plan)
- h) resources needed
- i) Monitoring and evaluation of the program.

Most often, there should be a summary(executive summary) section which briefly describe all the components of the project plan including the amount of resources at the beginning next to the table of contents.

Summary

A. Sample plan of action for implementing the plan.

Table :- Sample table of plan of action for implementing the plan of action.

Prioritized	Objective (what will it achieve?)	Strategies(how will we reach our	Activities (what will we do to achieve)	Who is	When? time	Help outside the	Problems (what can go wrong with the planned	Alternatives if something goes	Monitoring (how we will we know whether we are	Evaluation (how will we know we

B. In summary, any plan should address the following basic questions in general

1. Where are we now?

Assessment

2. Where do we want to go?

Objectives, Targets

3. How will we get there?

Strategies

4. How do we put the plan into practice?

Implementation

5. How do we know whether we reached there?

Monitoring & evaluation

Note:- Important Issues to Keep in Mind During the Planning Process(for instructors)

1. Use of local (district) data

Evidence-based planning emphasizes the importance of using local data or information available in the district. The district health planning team is required to analyze and use existing data in the planning process, for example, data from the Health Management Information System (HMIS). Existing data may be limited and as such efforts should be made to seek additional data from:

2. Community information

Think of community-based information on health and health-related issues like deaths, maternal deaths, prevalence of malnutrition in the under-fives, etc. Various epidemiological methods and tools could be designed such as community surveys to gather more of such useful information for planning.

3. Delegation of planning and implementation

Managers and/or those in charge of district health facilities (dispensary, health centre, and hospital) should be key players in the planning process and will be responsible for implementing their health plans and budgets.

4. Community partnership

The various health committees should link up with communities to enable the latter to have mechanisms for participating in setting priorities. A variety of feedback mechanisms should be put in place to ensure that the health system as a whole is responsive to community, patient and client needs.

5. Cost-effectiveness

If there is more than one feasible way of achieving results, the least costly but most effective health intervention should be selected. Cost consideration should be part of the planning process. It also means that health interventions should be implemented at the feasible lowest level of care system. For example, normal deliveries or treatment of uncomplicated cases of malaria are best managed at the health centre or dispensary than at the hospital where costs will be much higher.

Why do plans fail?

- Plans were based on insufficient data
- No one knows the ultimate objectives
- Planning was performed by planning group with out involving all concerned stack-holders
- Resource financial, human, material etc lack
- Insufficient Implementation follow up
- lack of commitment in the development and implementation
- insufficient time during planning

Millennium Development Goals (MDG) For general information

There are eight goals with 21 targets and a series of measurable indicators for each target.

Goal 1: Eradicate extreme poverty and hunger

- **Target 1A: Halve the proportion of people living on less than \$1 a day**
- **Target 1B: Achieve Employment for Women, Men, and Young People**
- **Target 1C: Halve the proportion of people who suffer from hunger**

Goal 2: Achieve universal primary education

- **Target 2A: By 2015, all children can complete a full course of primary schooling, girls and boys**

Goal 3: Promote gender equality and empower women

- **Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015**

Goal 4: Reduce child mortality

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- *Under-five mortality rate*
- *Infant (under 1) mortality rate*
- *Proportion of 1-year-old children immunised against measles¹*

Goal 5: Improve maternal health

- **Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**
 - *Maternal mortality ratio*
 - *Proportion of births attended by skilled health personnel*
- **Target 5B: Achieve, by 2015, universal access to reproductive health**
 - *Contraceptive prevalence rate*
 - *Adolescent birth rate*
 - *Antenatal care coverage (at least one visit and at least four visits)*
 - *Unmet need for family planning*

Goal 6: Combat HIV/AIDS, malaria, and other diseases

- **Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS**
 - *HIV prevalence among population aged 15–24 years*
 - *Condom use at last high-risk sex*
 - *Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS*
 - *Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years*
- **Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it**
 - *Proportion of population with advanced HIV infection with access to antiretroviral drugs*

- **Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

- *Prevalence and death rates associated with malaria*
- *Proportion of children under 5 sleeping under insecticide-treated bednets (ITN)*
- *Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs*
- *Prevalence and death rates associated with tuberculosis*
- *Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)¹*

Goal 7: Ensure environmental sustainability

- **Target 7A: Integrate the principles of sustainable development into country policies and program; reverse loss of environmental resources**

- **Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**

- *Proportion of land area covered by forest*
- *CO₂ emissions, total, per capita and per \$1 GDP (PPP)*
- *Consumption of ozone-depleting substances*
- *Proportion of fish stocks within safe biological limits*
- *Proportion of total water resources used*
- *Proportion of terrestrial and marine areas protected*
- *Proportion of species threatened with extinction*

- **Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation**

- *Proportion of population with sustainable access to an improved water source, urban and rural*
- *Proportion of urban population with access to improved sanitation*

- **Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers**

- *Proportion of urban population living in slums*

Goal 8: Develop a global partnership for development

- Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Target 8B: Address the Special Needs of the Least Developed Countries (LDC)
- Target 8C: Address the special needs of landlocked developing countries and small island developing States
- Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

In summary, there are eight broadly stated Millennium Development Goals, with 18 specific targets. Six targets are directly or indirectly related to the health, nutrition and population sectors. These are:

- Reduce poverty
- Reduce Malnutrition
- Reduce infant and child mortality
- Reduce maternal Mortality
- Stop, then reverse, the spread of HIV/AIDS, tuberculosis, malaria, and other major diseases
- Access to safe drinking water and basic sanitation

Health planning in Ethiopian context (for practical exercise)

A. (Source:- Woreda-based health planning training document of the Federal Ministry of Health (FMOH))

Principles of Planning of the Federal Ministry of Health

The major principles that need to be considered while planning in the Ethiopian health sector are: a) One Plan, b) One Budget, c) Resource Constraint, d) Result Oriented Budgeting, e) Evidence Based Planning, and f) Flexibility. We are briefly discussing those six principles in the following sections:

a. The One Plan Principle

“One plan” is the idea that all the major activities happening at various levels of the health system are included in one joint plan. “One plan” means that all stakeholders (government, donor, NGOs and the community) agree to be part of a broader sectoral plan..

The health sector will have one country-wide shared and agreed strategic plan (HSDP) developed through extensive consultation. All other regional, zonal, woreda and health facility levels plans will be local sub-sets of this strategic plan and should be consistent with the latter. The HSDP at all levels will have annual plans which are developed in similar consultation process.

Hence the Ethiopian health sector should have two (and only two) plans – a Strategic Plan and an Annual Plan. To ensure one plan principle, the planning exercise will be undertaken by a top-down and bottom-up approach and horizontal alignment.

b. The One Budget Principle

“One budget” ideally means all funding for health activities pooled and channeled through government channels. However, there is also a less radical definition of “one budget” – all funds for health activities reflected in one plan and one documented budget, but actually disbursed through separate channels.

c. One Report Principle

A set of indicators has been identified to monitor progress in achieving HSDP. Reports should be based on these indicators and the agreed one plan without duplicating the channels of reporting.

d. Resource Constraint Principle

Resources should have strong linkage with plan but should not dictate it. It is the means to strongly emphasize the linkage between plan and resources. However, plans should be need based and owned by all stakeholders. These plans with ambitious targets that are planned to reach the MDG goals should be used by the government to mobilize resources for its fulfillment.

e. Result Oriented Budgeting Principle

According to this principle allocated government budget should directly link to results. Resources should be linked to outputs rather than inputs.

f. Evidence Based Planning (EBP) Principle

Planning in the health sector should be conducted with the help of concrete and reliable evidence. Based on the evidences root causes of health problems of the society should be

identified and tackled using proven high impact interventions.

g. The Flexibility Principle

Plans should have some degree of flexibility in a way that important revision is possible. Planning engages estimation and forecasting. However there is an error gap since the existence of forecasting with 100 % level of confidence is rare. Therefore plan should be revised as needed. The new planning process recognized this fact and considered flexibility as principle of planning in the health sector.

ii. Approaches and methodology of Planning

The approach and methodology of planning tool are based on a) evidence-based planning, b) top-down and bottom-up, and c) Balanced Score approaches

Evidence-based planning tool

The Evidence-based planning tool is an analytical costing and budgeting tool developed by teams from UNICEF, the World Bank, and Ministry of Health of several countries. The tool hence helps to: a) plan and forecast the potential cost and impact of scaling up investments to remove health system constraints towards increasing the intake, coverage and quality of high impact health, nutrition, malaria and HIV/Aids interventions, b) prepare results-oriented expenditure programs and health budgets, and c) assess the allocative and input efficiency of various health sector resource utilization scenarios.

Top-Down and Bottom-Up Approach

Health sector planning in Ethiopia will follow Top-Down and Bottom-Up approach. An indicative plan will be produced at each level and will be sent to the lower levels. The indicative plan is important to give direction and align the plans at all levels with the priorities. Based on the indicative plan lower level will prepare finalized plan which will be aggregated to the upper level. Hence issues at grass root level will be reflected at the national level. The national level plan will therefore rely on the actual conditions existing on grass root levels. See below ...

The new design follows the top-down and bottom-up approach. Accordingly all the strategic plans of Regions, Zones and Woredas will be local subsets of the national Health Sector Strategic plan (HSDP). The strategic plan, usually a five year plan, is the major input for the annual plan. The strategic plan will include the targets broken down for each year in the strategic period.

2. ANNUAL PLAN

The annual plan should come out of the broader objectives, priorities and targets of the five year strategic plan(HSDP). The annual one plan should be the governing one plan of the health sector at each health services delivery level. Hence, the planning exercise should be participatory and inclusive; where by all stakeholders (the government, donors, NGOs and the communities) are actively involved. The whole planning process should be led by the heads of the public sector at all level.

2.1. Procedures of annual planning

The annual plan development will take place with top-down and bottom-up approach.

- Indicative core plan will be developed first at federal level which is then communicated with regions. Regions develop their respective indicative core plan based on the federal indicative core plan & their local context and then communicate to their respective Woredas.
- Finally Woredas develop their comprehensive plan.
- Starting from Woredas, plans will be then merged to develop annual core and comprehensive plan at regional and federal level.
- Plan developed at all level will be submitted to council of their respective level.

Components and Targets of Health Sector Development Plan(HSDP-III and IV)

HSDP is a strategic plan developed by the federal government of Ethiopia to address the health problems of the country.

Ethiopia has been implementing Health Sector Development Programme (HSDP) since 1997/8 (1990 EFY). The first phase of HSDP was completed in 2002 (1994 EFY) and the second phase was completed in June 2005 (1997 EFY) and the third one was completed in June 2010(2002 EFY). This necessitated the development of the fourth phase of HSDP, which covers a period of five year starting from July 2010.

Vision of HSDP

To have a healthy and prosperous society that can contribute to the development of Ethiopia.

Mission of HSDP

To reduce morbidity, mortality and disability, and improve the health status of the Ethiopian people through providing a comprehensive package of preventive, promotive, rehabilitative and basic curative health services via a decentralized and democratized health system in collaboration with all stakeholders.

In the first three phases of HSDP implementation, it has been divided into seven major components in order to facilitate the planning and budgeting process. These are:

1. **Health Service Delivery and Quality of Care:** - This subcomponent focuses on strengthening the preventive, curative and promotive aspects of health care mainly through the implementation of Health Service Extension Program. Maternal and child health services, HIV/AIDS, Malaria, Tuberculosis and personal and environmental hygiene will also be given due attention.
2. **Health Facility Construction, Expansion, Equipping and Access:** - The component aims at increasing access and improving the quality of health services through the rehabilitation of existing health facilities and construction of new ones and provision of the necessary inputs such as medical equipment and furniture. Thus, the potential health services coverage will be increased from 72% to 100 % during the program
3. **Human Resource Development:** - The HRD component aims at training and deploying of relevant and qualified health workers of different categories for the whole sector and improving the management of human resource within the public sector in order to enhance the efficiency of the health workers, retaining them with in the sector and maintain a high level of professional ethics.
4. **Pharmaceutical Service:** A well functioning pharmaceutical service is the corner stone for any worthwhile health service. Thus, this intervention aims at ensuring regular and adequate supply of effective, safe and affordable essential drugs, medical supplies and equipment in the public and the private sector and ensuring their rational use.
5. **Information, Education and Communication:-** This component aims at improving the Knowledge, Attitude and Practice (KAP) on personal and environmental hygiene and common illnesses and their causes; and promotion of political and community support for preventive and promotive health services through educating and influencing planners, policy makers, managers, women groups and potential end users .
6. **Health Management Information System(HMIS) and Monitoring and Evaluation:-** The HMIS and M&E component aims at informed policy formulation, planning, programme implementation, monitoring and evaluation and at improving the knowledge and skills of health managers in these areas. It also aims at enhancing community involvement in the management of health facilities and public health interventions. The objectives of this

component, is thus to implement the Civil Service Reform Programme in the health sector to ensure efficient, effective, transparent, accountable and ethical service delivery at all levels of the health system; to develop and implement a comprehensive and standardized national HMIS and M& E System so as to ensure evidence based planning and management of health services; and to harmonize the donor-government efforts in planning, reporting, monitoring and evaluation.

7. **Health Care Financing:-** The health care financing component aims at mobilizing increased resources to the health sector; promoting the efficient allocation of resources and developing a sustainable health care financing system. The targets set under this component are increasing overall health expenditure per capita from 5.6 USD to 9.6 USD; doubling the share of health as a proportion of total Government budget; and expanding the Hospital based of Special Pharmacies from 82% to 100% and that of Health Centers from 58% to 100%. In addition social health insurance will be designed and implemented for employees in the formal sector and community health insurance will be designed and pilot tested. The social health insurance and community based health insurance proclamation has been ratified and put into operation from June 2011.

HSDP IV

Strategic Objectives and Map for the Ethiopian Health Sector

Strategic Objective - C1: Improve Access to Health Services

This strategic objective is meant to improve accessibility of health services in order to ensure the utilization. Major areas addressed under this strategic objective are to improve health of mothers, neonates, children, adolescent and youth; improve nutrition status; improve hygiene and environmental health; reduce the incidences and prevalence of HIV/AIDS, TB, malaria and other communicable and non-communicable diseases and hospital emergency services and referral system with emphasis to maternal and newborn care.

The expected outcome will be to increase the confidence of citizens in the health system so that they will proactively seek prevention, and treatment services from health facilities.

In order to achieve the desired results, Health Extension Programme will serve as a primary vehicle for prevention, health promotion, behavioral change communication and basic curative care through effective implementation of the 16 packages of the health extension program. Health centers will serve as a first curative referral center for Health Posts and will provide health care that will not be available at the HPs through ambulatory and some cases of inpatient admissions.

Strategic Objective – C2: Improve community ownership

This strategic objective embrace creating awareness and changing the behavior of the community in order to ensure their full participation in the policy formulation, planning,

implementation, M&E; regulation of health services; and resource mobilization for the health sector.

The expected outcome of the strategic objective is community empowerment in order to ensure the continuity and sustainability of health programs through involvement in the administration and regulation of their respective local health facilities. HSDP IV aims to ensure community ownership and empowerment through effective social mobilization, enhanced and sustained awareness creation, and creating conducive environment and supporting community organizations. Communities will be represented on governance boards of all public health facilities.

Strategic Objective - F1: Maximize resource mobilization and utilization

This strategic objective includes a proactive approach in the mobilization of resources from domestic and international sources; enhance pool funding; collection and use of revenues by health institutions and establishing a risk pooling mechanisms. It also includes effective and efficient use of resources, sound financial management and performance based financing; equitable and evidence- based allocation of resources to priority interventions and programmes in the health sector.

The ultimate outcome of this strategic objective is making sure that adequate resources are mobilized and are made available for the financing of the health sector both from internal and external sources; equitable resource allocation, greater improvement in the resource absorptive capacity and decreased wastage of resources and finally ensure financial protection of the citizens.

The capacity of health administrations at all levels will be built to develop evidence based plans to enable health managers use evidences for active negotiation with administrative councils in order to increase government allocation to health.

Strategic Objective - P1: Improve quality of health services

It includes provision of health services as per the standard by health facilities at all levels. This standard includes: speed of delivery, harmonization at service delivery point through the integration of vertical programmes in order to ensure that there will be holistic approach to service delivery and also avoid missed opportunities in the delivery of service, effectiveness of the services and patient safety, ethical and professionalism in service delivery, and availability of the required inputs (HR, finance, pharmaceuticals ...)

The expected outcome is the creation of a health system that satisfies the community's health care needs through the fulfillment of the required inputs, delivering safe and optimum quality of health services in an integrated and user-friendly manner.

Strategic Objective – P2: Improve Public Health Emergency Preparedness and Responses

This strategic objective includes improvements in the health risk identification, early warning, response and recovery from existing and emerging disease epidemics, acute malnutrition, and natural disasters of national and international concern. The expected outcome of the strategic objective is early verification, rapid response and containment of public health emergencies.

The strategies that will be put in place include community involvement; resource mobilization; integrated communications and information systems across multiple sectors; multisectoral coordination for emergency preparedness and response; advanced operational readiness assessment; comprehensive training and evaluation to all involved; and application of proper ICT. These strategies will contribute towards an effective early warning, preparedness, response, recovery and rehabilitation system as it has been elaborated in the Public Health Emergency Core Process.

Strategic Objective – P3: Improve Pharmaceutical Supply and Services

This strategic objective is comprised of increasing the availability of pharmaceuticals (medical equipment and products for prevention, diagnosis and treatment) at an affordable price and in useable conditions, uninterrupted and adequate supply to health facilities; significant reduction in the pharmaceutical wastages and improved rational drug use. Outcome of the strategic objective is adequate availability of the right pharmaceuticals at the right place and at the right time in the right condition and is used properly by patients and clients.

Strategic Objective – P4: Improve regulatory system

This strategic objective is about ensuring safety in the delivery of health services, products and practices; prevention of professional malpractices; strengthening quarantine services; enhancing environmental health activities; enforcing regulations and prevention of drug abuse; regulation concerning institutional solid and liquid wastes disposal. Expected outcome includes community safety, healthy environment, compliance to the regulatory standards and increased community confidence in the health law and safe delivery of health services. Compliance to the regulations will ensure proper disposal of solid and liquid wastes by institutions.

Strategic Objective – P5: Improve evidence based decision making: harmonization and alignment

This strategic objective is about evidence-based decision making through enhanced partnership, harmonization and alignment: and integrations of projects and programmes at the point of health service delivery. It includes identification of health system bottlenecks; research; HMIS; performance monitoring; quality improvement; surveillance; use of information for policy formulation, planning, and resource allocation. The expected outcome of the strategic objective is proper generation and use of evidence to address the critical

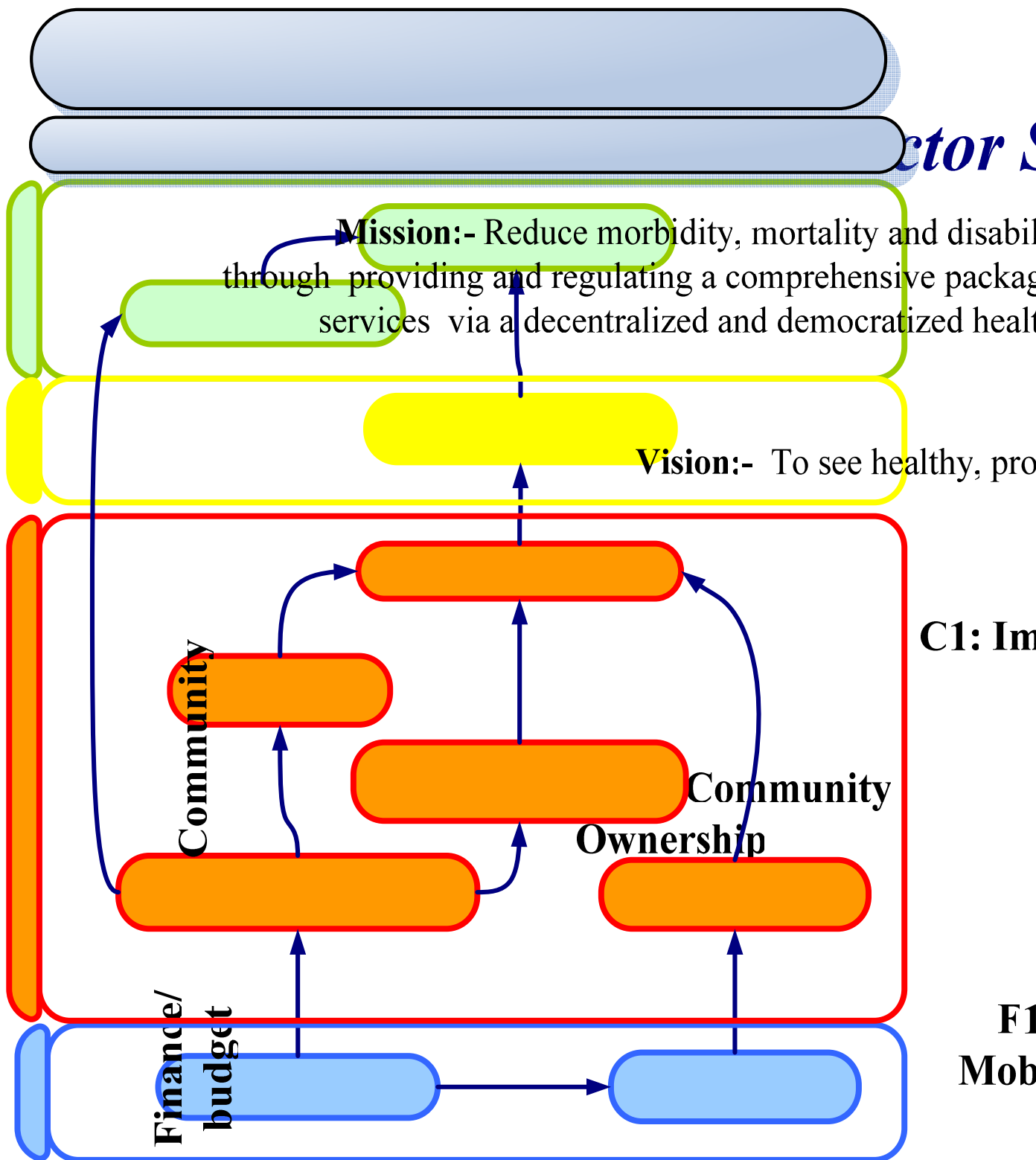


Figure 10 : Health Sector Strategy Map

health problems of the community at all levels of the health system and the realization of one-plan, one-budget and one-report and effective integration and alignment of health programmes and projects.

Strategic Objective – CB 1: Improve Health Infrastructure

This strategic objective consists: expanding, equipping, furnishing, maintaining and managing health and health related facilities, expanding use of relevant technologies including health information technology, and development of infrastructure for pharmaceutical supplies, and technology transfer and vaccine production.

The outcome of the strategic objective is to ensure that health and health related facilities are well built, maintained, equipped, furnished, use appropriate technologies and are located within a reasonable distance from the beneficiary population.

Strategic Objective – CB 2: Improve Human Capital and Leadership

This strategic objective entails: leadership development, human resource planning, development and management including recruitment, retention and performance management; community capacity development; and technical assistance management.

Outcome of the strategic objective is ensuring the adequate availability of skilled and motivated staffs that are committed to work and stay in a well managed sector.

Health Sector Strategy Map

A strategic map below illustrates the cause and effect relationship of strategic objectives in the health sector. The map provides an insight how the Health sector is planning to establish an added value to the community and how the outcome and the customer value proposition intended results are achieved.

Lesson 2: Organizing

Introduction of lesson two

Following planning, the next important step in management is organizing where the activities of planning is implemented. Managers who are efficient at organizing their workplaces will inspire their employees and also please clients/patients. Organizing can be viewed as the activities to collect and configure resources in order to implement plans in a highly effective and efficient fashion. It is a management function in which the synchronization and combination of human, physical and financial and other resources takes place. All resources are important to get results. Therefore, organizational function helps in achievement of results which in fact is important for the functioning of a concern. “Hence, a manager always has to organize in order to get results. Organizing is assigning the tasks developed during planning to various individuals or groups with in the organization and creates a mechanism to put

plans in to action. What a manager does in trying to organizing resources to achieve the goals in an optimum fashion. Examples are organizing new departments, human resources, office and file systems, re-organizing businesses, establishing a HIT department in a hospital, etc. Organizing is an ongoing managerial process.

Organization can be compared with human body. Our body is composed of head, hand, feet, heart, teeth, mouth etc. these parts are performing their work independently and at the same time, one part cannot be a substitute to another. Similarly, organization consists of departments and units which performs its work independently and cannot be substituted to another. The overall effort of this departments and units is the achievement of the organizational objectives. In general, we all born, grow, educated, work and die in organization.

All organizations have managers responsible for helping them to achieve their goals. Accordingly, organization:

- must serve society-hospitals, mosque, Kebele, church, school, family, etc.
- accomplish objective set in plan
- provide career to people who works in these organizations.

Instructional objectives:

After completing this lesson, the student should be able to:

- Describe and define what organizing is.
- Discuss what the building block is
- Describe the benefits of organizing and its process.
- Briefly discuss what is its principle and functions
- Describe organizational design and chart
- Discuss the organizational chart of ministry of health

Content of the organizing section

- Δ Introduction
- Δ Definition of organizing
- Δ The four building block of organizing
- Δ Benefits of organizing

- Δ Organizing process
- Δ Functions of organization
- Δ Principles of organization
- Δ Organizational design and chart
- Δ Types of organizational chart
- Δ Purpose of the organization structure
- Δ Organizational chart of the Ethiopian health care system
- Δ Types of organization

Learning Activity

- *Read and study the notes of this lesson before class*
- *Conduct student centered class room discussion by the course facilitator*
- *Course facilitator needs to prepare teaching aid such as power-points on the lesson to facilitate class room discussion*
- *Provide reading assignment*
- *Let students have assignment in drawing the organizational structure of the college*

Definition of organizing

- ✓ **Organizing** Is one of the four basic functions of management.
- ✓ **Organizing** *is the process of arranging and allocating work, authority, and resources among an organization's members so they can achieve the organizational goals.*

For the purpose of this course, organizing can be defined as two or more people working together in a coordinated manner with resources in a structured way to achieve a specific goal or sets of goals(objectives)

In summary organizing is the process of:

- Grouping tasks
- delegating authority and responsibility to people.

- Coordinating tasks and resources to achieve objectives or results set in the planning process

Assignment : what is the difference between organizing and organization?

Four building block of organizing

A manager should perform the following in organizing

- *Divide the total work load into tasks that can be logically performed by members- division of work*
- *Combine tasks in a logical and efficient manner- departmentalization*
- *Specify who reports to whom in the organization-organizational hierarchy*
- *Coordination:- setup a mechanism to integrate departmental activities*

Benefits of organizing

- Clarify the work environment (every one understands what to do)*
- Creates a coordinated environment. (confusion is minimized and obstacles to performance are removed or coordination)*
- Achieves the principles of unity of direction and command*
- The establishment of one authority figure for each designated task of the organization the person will have the authority to coordinate all plans concerning that task .*

Establishes the chain of command (unbroken line of reporting relationships from the bottom to the top of the organization)

- Delegation, flexibility, balanced responsibility and authority.*

Five steps of organizing process

Organizing, like planning, must be a carefully worked out and applied process. This process involves determining what work is needed to accomplish the goal, assigning those tasks to individuals, and arranging those individuals in a decision-making framework (organizational structure). The end result of the organizing process is an **organization** — a whole consisting of unified parts acting in harmony to execute tasks to achieve goals, both effectively and efficiently.

There are 5 steps of organizing process which are described briefly as follows:

1. Reviewing plans and goals/objectives

Objectives are the specific activities that must be completed to achieve goals. Plans shape the activities needed to reach those goals. Managers must examine plans initially and continue to do so as plans change and new goals are developed.

2. Determine the work activities necessary to accomplish objectives.(Job design)

Although this task may seem overwhelming to some managers, it doesn't need to be. Managers simply list and analyze all the tasks that need to be accomplished in order to reach organizational goals.

3. Classify and group the necessary work activities into manageable units. (departmentalization)

A manager can group activities based on four models of departmentalization: functional, geographical, product, and customer.

4. Assign activities and delegate authority/staffing. (span of control/management)

Managers assign the defined work activities to specific individuals. Also, they give each individual the authority (right) to carry out the assigned tasks. **Span of control** (sometimes called span of management) refers to the number of workers who report to one manager

5. Design a hierarchy of relationships. (chain of command/management)

A manager should determine the vertical (decision-making) and horizontal (coordinating) relationships of the organization as a whole. Next, using the organizational chart, a manager should diagram the relationships. The **chain of command** is an unbroken line of authority that links all persons in an organization and defines who reports to whom.

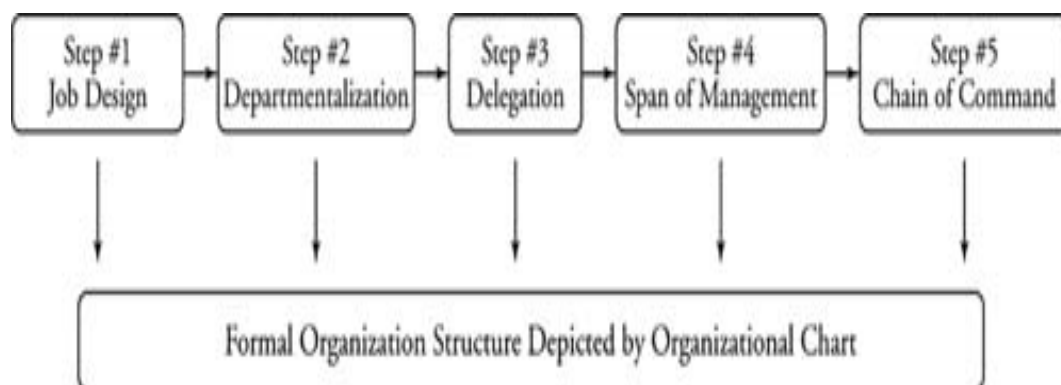


Figure 11: The organizational process

Organizational design and Chart

a. **Organizational design**

It is the determination of the organizational structure that is most appropriate for the strategy, people, technology and the task of the organization such as the health service organization.

- ✓ *Is the arrangement of positions into work unit/departments and the interrelationship among them with in the organization.*
- ✓ *It is illustrated through the organization chart and type of departmentalization.*

b. **Organizational chart**

It is the way in which an organization's activities are divided, organized and coordinated and put pictorially.

- ✓ *Is a graphic illustration of the organization's management hierarchy and departments and their working relationships.*
- ✓ *Each box represents a position within the organization, and each line indicates the reporting relationships and lines of communication.*
- ✓ *Function should determines organizational chart or design/structure*

c. **Types of organization chart**

Functional – most commonly used

- ✓ *Function determines structure. We should determine the function of the position first and then assign the right person based on his/her merit and donot determine it when we have/are asked by the person to fill that level.)*
- Product/place/Region
- Matrix type
- Line-organization e.g. military.

A. Functional

e.g. a structure of a university (V/P=vice president)

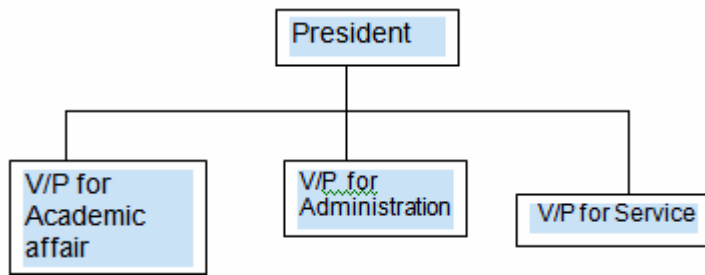


Figure 12: Organizational chart of functional type

B. Product/Place

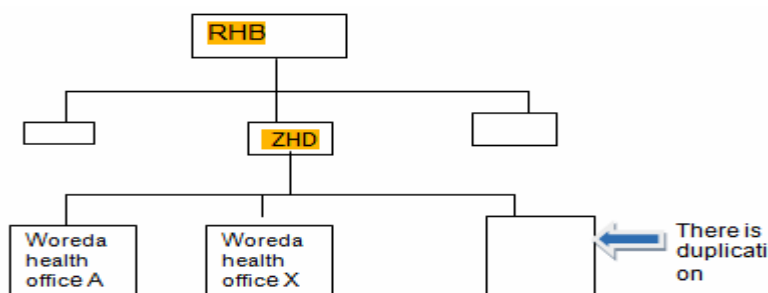


Figure 13: Organizational chart of product/ place type

C. Matrix

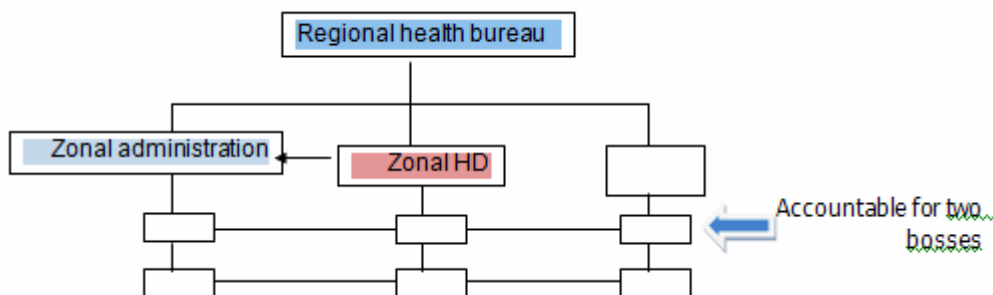


Figure 14: An example of matrix type of organization chart where by one manager is accountable for two.

In matrix type of organizational chart for e.g. Woreda health office is also accountable for both zonal health department and Woreda administrative council.

d. What we cannot read from the chart is:

- ✓ human factors
- ✓ Relationships among organization members (motivation, dissatisfaction, etc).

N.B.

Span of management or control-the number of subordinates under the direction of a manager or number of employees reporting to a manager.

- Could be wide or narrow
- Flat structures will have wide span of management where as
- tall structures will have narrow span of management

As a general rule, the more complex a manager's job, the fewer the number of subordinates, the less complex a managers/supervisors job, the bigger the number of subordinates. (prime minister, head of a factory)

- The number of employees depend on / limited to a number that can be effectively supervised by a manager. That is, there is no best number.
- Line- staffs/authority are responsible to advise and assist other personnel.

e. Organizational Chart of the Ethiopian Health care system

Organization of health service in Ethiopia: detailed discussion will be presented in the latter chapters of this module.

- ✓ According to the new health policy, the health service of the country is organized in a four tier system where Primary health Care Unit(PHCU) (one health center and five satellite health posts) is the entry to the health care delivery. Following the recent decentralization, Woreda health office is responsible for both the technical and administrative issues concerning PHCU. One PHCU serves 25000 population. The Woreda health office is staffed by five health professionals namely :-

- 1) head of district health office- a Bsc holder
- 2) expert of control of communicable diseases
- 3) Plan and program head, expert
- 4) Hygiene and environmental health, expert
- 5) Head, pharmacy and Aid drugs, expert

Note, Following the current restructuring of all government offices through its business process reengineering (BPR), there will be introduced a primary hospital in PHCU and followed by general hospital and specialized hospital. This will be implemented in HSDP IV.

- ✓ Whereas health centers are staffed with 13 technical staffs of all category, health officer being the head of the health center. Health posts are staffed with 1) primary health worker 2) primary midwife and 3) community health agent. The first two are paid by the government and receive a nine-month intensive training whereas the community health agent is paid by the community.
- ✓ Concerning supervision, the Woreda health office is responsible for supervising the health centers, health posts, clinics and other private health institution located within that specific district

Types of organization

There are two types of organization namely formal and informal organization

1. formal organization

It is a type of organization is two or more people working together in a structured manner under authority towards attaining goal which mutually benefits both the organization and its members. It is created as a result of supreme authority. The manager is responsible in

2. informal organization

-it is an organization which may be created with in the formal organization created as a result of socialization or the interactions between participants or members of the organization spontaneously and are not prescribed by formal structure, nor can they be completely controlled by formal authority. Its emphasis is on status, power and politic.

Lesson 3: Leadership

Introduction to the session

Leadership/leading/ is the 3rd function of management that follows planning and organizing activities. **We** all play a leadership role in our families, schools, religious organization, in government offices and so on. **Leading** is establishing direction and influencing others to follow that direction. Leadership, a critical management skill, is the ability to motivate/guide a group of people/subordinates toward achieving a common goal/objective.. In summary, Leadership is a process by which a manager can direct, guide and influence the behavior and work of others towards accomplishment of specific goals in a given situation. Leadership is just one important component of the directing function of a manager. A manger cannot just be a leader, he also needs formal authority to be effective. Effective leadership is the ability to successfully integrate and maximize available resources within the internal and external environment for the attainment of organizational or societal goals.

A “leader” is a person who manages people by creating high involvement and shared commitment that stimulates people to overcome obstacles in the way of achieving maximum results. We can see that leadership and management are two notions that are often used interchangeably. However, these words actually describe two different concepts.

Instructional objective

After completing this chapter, the student should be able to:

- Define and describe the basic concepts of leadership.
- List and briefly describe theories of leadership
- Differentiate a leader from leadership
- Identify different styles of leadership
- List power used in leadership
- Try to do the exercise at the end of the unit

Contents of the section

- Introduction
- Definition of leadership
- Some theories of leadership
- Effective leadership
- Types/styles of leaders
- Power used in leadership

Definitions of Leading, Leadership

A simple definition of leadership is that leadership is the art of motivating/guiding/influencing a group of people/employees to act towards achieving a common organizational objectives/goal. Leading is the process of influencing people i.e. personnel, followers etc. so that they could contribute to the goals of the organization or group. Leadership on the other hand is the interpersonal influence, exercised in situations and directed through the communication process towards the organizational goals. Leadership is concerned with guiding others or activities of followers/subordinates towards the pre-determined objectives/goals. In summary leadership is the process of influencing people while operating to meet organizational goals/objectives set in the planning process.

Common to all definitions of leadership is the notion that leaders are individuals who, by their actions, facilitate the movement of a group of people toward a common or shared goal. This definition implies that leadership is an influence process.

The distinction between leader and leadership is important, but potentially confusing. The leader is an individual/the person; leadership is the function or activity this individual (the leader) performs. The word leader is often used interchangeably with the word manager to describe those individuals in an organization who have positions of formal authority, regardless of how they actually act in those jobs. But just because a manager is supposed to be a formal leader in an organization doesn't mean that he or she exercises leadership.

Leadership has been described as the process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task. An effective leadership is the ability to successfully integrate and maximize available resources within the internal and external environment for the attainment of organizational or societal goals.

So what is leadership, and what is the difference between leadership and management?

In a nutshell, the difference between leadership and management is:

- Leadership is setting a new direction or vision for a group that they follow, ie: a leader is the spearhead for that new direction
- Management controls or directs people/resources in a group according to principles or values that have already been established.

Class assignment:- what is the difference between leadership and a leader?

Theories of leadership

In general there are studies grouped leadership into three levels These are i) trait theories, ii) behavior theories III) situational theory.

Trait theories of leadership

Traits means quality. According to this theory, leadership behavior is influenced by certain qualities of a person(leader) i.e. characteristics required for effective leader. In simple words, leadership behaviors is sum total of traits. A number of qualities have been identified so far:- good personality, tirelessness, ability to take quick decisions, persuasions ability, different thinking, intelligence, lessons out of experiences, reliability etc. these qualities have been identified from those leaders who are libeled as good leaders compared with non leaders.

In summary, Leaders **are born, not made** and attempt to determine a list of distinctive characteristics accounting for good leadership e.g.

- Supervisory skills
- need for/seeking responsibility
- intelligence
- Decisiveness
- Self-assurance etc.
- Team builder
- Self confidence
- Affinity for workers
- Task oriented (set goals and achieve them)
- Physical traits (age, sex, weight, height, attractiveness etc)
- In earlier time, people believe tall and beautiful once were considered as good leaders e.g. Napoleon was short Etc..
- This theory has weakness such as
- No common qualities list (king Hailesilasie and Mengistu)
- Measurement of quality (unable to give scale of measurement for quality traits)
- No consideration for situational factors(a health center in Addis and Afar region)

Behavioral leadership theory

Unlike trait theory, behaviouralist shifted from studying leader's quality, they shifted to studying leaders' behavior – leadership style. They attempted to determine distinctive styles used by effective leaders

a.Basic leadership styles

- argue that the combination of traits, skills, and behavior managers use to interlace(to twist things together) with people.
- There are 3 types

1. Autocratic leadership style- similar to x-theory

The leader/manager makes all the decisions and dominates team members. This approach generally results in passive resistance from team members and requires continual

pressure and direction from the leader in order to get things done. Generally, this approach is not a good way to get the best performance from a team. However, this style may be appropriate when urgent action is necessary or when subordinates actually prefer this style.

It is similar to X-theory

X- theory has the following assumption about the people:

- 1). People basically dislike work, and lazy and will avoid work if possible
- 2) Because of their laziness and dislike for work, people must be coerced, threatened and closely directed and controlled (managed) to ensure their minimum performance
- 3) Most people like to be managed with policies, rules, and close control by someone in an authoritative position.
- 4) most people are passive, low risk takers, and therefore prefer job security to any other elements of work life.

A leader in this situation gets things done through others by giving them little scope to influence decisions. He uses fear, threats, his authority and his personality to get his way. He dictates what is to be done. He gives orders and must be obeyed without questioning.

Advantage of autocratic leadership style

- To get things done within a short period of time
- When team members are of low quality academically and skills

Disadvantages of autocratic leadership style

- It leads to misunderstanding and communication breakdown due to lack of feedback (one way).top down only
- It is unsuitable if the work force is knowledgeable about their jobs and calls for team- work (esprit de corps).
- It fails to develop worker's commitment to organizational objectives due to lack of freedom.
- It creates employees' problems with their morale resulting in poor productivity in the long run.

2. **Democratic/participatory leadership style –lets agree and is similar to Y-theory**

This is where a leader /in charge leads mainly through persuasion and examples rather than through fear, status, force, use of authority etc. He encourages participation of staff/team members under him in the decision making. This results into job satisfaction. It has some advantages and disadvantages that are stated below.

It is similar to Y-Theory which has the following assumptions

- 1) People donot avoid work because they like it. Work is as natural as eating, sleeping, and playing.
- 2) Given the proper environment, people will seek responsibility and be very creative in their work.
- 3) When organizational objectives are congruent with personal goals, people will be highly motivated to work and exercise substantial self-direction and control.
- 4) People's commitment to the organizational objectives is a function of the rewards they receive for achievement.

Question: Which of the above assumptions describes your self- are you X or Y dominant?).

Advantages of democratic leadership style

- It increases employee morale
- It induces confidence, loyalty and cooperation among employees.
- It reduces the resistance to new innovations brought about by policy changes.
- The Staff develop self-esteem, brought about by recognition of their ideas and their contributions.
- There is active participation in the management by workers resulting in high productivity and satisfaction.

Disadvantages of democratic leadership style

- It needs favorable conditions; in that the workers should be literate, informed and organized that is not always the case.
- Some workers may feel frustrated if their ideas are not accepted for action.

- There should be a total trust on the part of management and employees.
- The approach is time consuming. It takes much time before a solid decision is reached.
- Some managers may be uncomfortable with this type because of fear of erosion in their power base and their employee control.
- There is a tendency of employees demanding (incentive etc) more than the organization can offer, resulting in conflict between the management and the workers.

3. Laissez faire/free rein/ anarchic leadership style (do it as you like)

In this aspect of laissez - faire leadership, the leader passes on responsibility for decision - making to his group. He prefers to give little or no direction and tries to lead his group with a very loose rein, allowing his subordinates a great deal of freedom which may result into collapse of organizations. In summary: the leader encourages team members to function independently and work out their problems by themselves, although he or she is available for advice and assistance. The leader usually has little control over team members, leaving them to sort out their roles and tackle their work assignments without personally participating in these processes.

Advantages

- It is useful where people/workers are highly motivated and achievement oriented.
- It is highly creative, with a free and informal work environment.
- it creates an environment of freedom, team spirit and individuality.

Disadvantages

- It may result into subordination of departmental interest to individual interest.
- It may lack team spirit due to presence of uncooperative workers.
- Due to lack of specific decision making authority and guidance, insecurity and frustration may develop.
- It may result into disorganization of activities, leading to inefficiency and chaos.

4. Paternalistic/participative dictatorship leadership style

The leader/manager involves the subordinates in decision making by consulting team members (while still maintaining control), which encourages employee ownership for the decisions. In this kind of leadership, a leader assumes that his function is paternal or fatherly. His attitude is that of treating the relationship between the leader and his group as that of a family with the father as the head.

His objective is to help, guide, protect and keep his subordinates happily, working together as members of a family. He provides his juniors with good working conditions, fringe benefits and employee services (see motivation of employees in the department – see Unit 3). It works better in a small groups/sections where staff are few.

Advantages of paternalistic leadership style

- High staff morale
- High productivity (better services) and efficiency
- It encourages team spirit
- It eliminates fear and frustration
- Useful then subordinates are new on the job

Disadvantages of paternalistic leadership style

- It cannot work effectively if the organization is large and complex.

Powers used in leadership

Effective leaders develop and use power, or the ability to influence others. The traditional manager's power comes from his or her position within the organization. The use of power is *the ability to use different forms of power to influence the workers behavior. These different types of power include:-*

- Coercive power: the use of force such as reprimands, dismissal threats and/or punishment to influence compliance, Verbal abuse
- connection power:- -it is based on the leader's relationship with influential people
 - ✓ the right connection can give power
 - ✓ often helpful for jobs or a promotion, connection can help “it's not what you know, it is who you know” often work
- **Reward power:-** is the ability to influence others with rewarding something of value i.e. using positive reinforcement with incentives such as praise, recognition

- **Legitimate power:-** -originates from the formal position in the organization and the authority granted to it.
- **Referent power:-** originated from the leadership characteristics such as respect. It is the personal power relationship with others based on personality e.g. will you please do it for me? Do this now!!
- **Information power:-** -Based on data one has
 - ✓ Managers rely on information from others
- **Expert power:-** -originated from leader's special abilities such as knowledge and skills
 - ✓ An employee with this power often promoted to management position

An effective leader will:

- **Take initiative:** This is exercised whenever effort is concentrated on a specific activity, to start something that was not going on before, to stop something that was occurring, or shift the direction and character of effort.
- ii) **Enquire:** This permits a leader to gain access to facts and data from people or other information sources. The quality of information may depend on a leader's thoroughness, keenness and commitment. A leader who is keen to learn as much as possible about work activities is more likely to gain quality information than one who ignores the need for enquiry.
- iii) **Advocate:** This means to take position at front in support of a cause, objective/purpose, e.g. creating awareness on cost-sharing. A leader has convincing abilities and is prepared to take a stand.
- iv) **Face and handle conflict:** A leader should be ready to face conflict and resolve it with the mutual understanding of those involved, creating respect by doing so. Failure to do so leads to disrespect, hostility and antagonism.
- v) **Make decisions:** This involves choosing or selecting between two or more courses of action. It may involve choosing an intervention or how best available resources can be effectively used.

Lesson 4: Controlling (Managerial Control)

Introduction

This is the fourth and last main functions of management. **Control** is one of the managerial functions like planning, organizing, staffing and leading/directing. It is an important function

because it helps to check the errors and to take the corrective action so that deviation from standards are minimized and stated goals of the organization are achieved in desired manner. Controlling helps managers monitor the effectiveness of planning, organizing and leading, and in general implantation of the overall activity and take corrective action as needed. Control is the process of attempting to ensure that desired results are achieved. In controlling, managers evaluate how well the organization is achieving its goals and takes corrective action to improve performance.

Managers will monitor individuals, departments, and the organization to determine if desired performance has been reached.

Managers will also take action to increase performance as required. The outcome of the controlling function is the accurate measurement of performance and regulation of efficiency and effectiveness.

Controlling of an undertaking consists of seeing that everything is being carried out in accordance with the plan which has been adopted, the orders which have been given, and the principles which have been laid down. Its objectives is to point out mistakes in order that they may be rectified and prevented from recurring in summary, coordination is arranging the work so that the right things are done at the right place, at the right time, in the right way and by the right people, and avoiding duplication. Control techniques provide managers with the type and amount of information they need to measure and monitor performance. The information from various controls must be passed down/tailored to a specific management level, department, unit, or operation.

Contents of the section

- Introduction
- Definition of managerial control
- Control process
- Type of control
- Basic steps in control process
- Features of control
- Methods of control in health team
- Monitoring and evaluation
- Study questions of Unit Two

Learning Activity

- *Read and study the notes of this lesson before class.*
- *Conduct student centered class room discussion between the course facilitator.*
- *Do the study questions of the unit.*
- *Multiple test questions tests on unit two.*
- *Do group work on functions of management prepared by the course facilitator.*

Definitions

- It is the process of ensuring that actual activities conform to planned activities. Managers make sure an organization is moving towards organizational objectives.
- Controlling helps managers monitor the effectiveness of planning, organizing, and leading, and take corrective actions as needed.

Controlling is checking current performance against pre-determined standards(plan) contained in the plans, with a view to ensure adequate progress and satisfactory performance.

Managerial Control

Control is an essential part of every organization. Control is used by many people indifferent contexts. Control appears to be a threatening word for many. However, control is the essence of good management. Control is concerned with ascertaining that planning, organizing, and directing functions result in attainment of organizational objectives. Control precipitates bad decisions and their consequences and restores effectiveness and efficiency. What a manager does in general in ***Controlling, or Coordinating is that*** this occurs with the organization's systems, processes and structures to effectively and efficiently reach goals and objectives. This includes ongoing collection of feedback, and monitoring and adjustment of systems, processes and structures accordingly. Examples include use of financial controls, policies and procedures, performance management processes, measures to avoid risks etc.

Management control can be defined as a systematic effort by business management to compare performance to predetermined standards, plans, or objectives in order to determine whether performance is in line with these standards and presumably in order to take any remedial action required to see that human and other corporate resources are being used in the most effective and efficient way possible in achieving corporate objectives.

Control is a generic term used to denote monitoring of use of resources, functioning of organizational processes and the results achieved. Control is done to ensure that what is supposed to occur is occurring. Control is a process in which managers ensure that actual output

is consistent with desired output, work and conversion processes are effective, and resources consumption is appropriate.

Characteristics of Control

- Control is a continuous process
- Control is a management process
- Control is embedded in each level of organizational hierarchy
- Control is forward looking
- Control is closely linked with planning
- Control is a tool for achieving organizational activities

Basic steps in the control process

The controlling function of managers involves the following main elements or steps of control process

1. **Establishes/setting standards of performance.**(setting standards which often should be in quantity terms such as hours employed, number of men, total cost incurred, number of patient served, number of children vaccinated, etc.) Control measures guide the work program and assures certain minimum standards.
2. **Measuring current/the actual performance;**(the performance should be compared with the established standards. So necessary information should be collected about the performance)
3. **Comparing these performances to/with the established standards;**(whenever the actual performance is compared with standards, the deviations are known to the management) and
4. **Analyzing deviation**
5. **Taking corrective actions if deviations are detected.**(managers has to find out the causes of deviation before taking corrective action)

Through the controlling functions, the manager keeps the organization on track.

Types of control

1. Financial control
2. Budget control
3. Human resource control

4. Information control (which is expected from YOU)

Tools in Controlling

Monitoring and evaluation of the overall activities is the main means of control. Please refer you monitoring and evaluation lessons.

Unit Three: Core Skills of Management

Unit Introduction

In unit two, we have discussed the four functions of management in details. In carrying out the management function/activities, there must be other core skills(some call them functions as well) of management namely problem solving skills, decision making, communication, motivation, delegation, supervision, dispute handling and others.

Instructional Objectives

.After completing this lesson, the student should be able to:

- Describe and define what core management skills are.
- Discuss what problem solving skill is
- Discuss what decision making skill is
- Define and discuss what motivation is
- Define and discuss what delegation is
- Define and understand the basic skills of supervision
- Have basic information on conflict resolution and paperwork coordination

Unit Contents

This unit includes the following lessons:

Lesson 1. Problem Solving

Lesson 2. Decision Making

Lesson 3. Communication

Lesson 4. Motivation

Lesson 5. Delegation

Lesson 6. Supervision

Study Questions

Lesson 1: Problem Solving

Introduction

It was discussed under the planning section of this module, how to identify problem and their potential causes and techniques of putting them in priority. It is always there is no enough resources to solve all problems and that is why we always put problems in order of their importance and priority. Problem is a deviation from some standard, or desired level of performance, to which a person is committed to find a solution. In general a problem this is often where people struggle. They react to what they think the problem is. Instead, seek to understand more about why you think there's a problem.

A problem can be defined as a **GAP** between what currently is with that is expected. It is the situation that occurs when an actual state of affairs differs from the desired/expected state of affairs.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Review your discussion on problem identification and how to set priority in unit one and relate it with this section.*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*
- *Role play by the students while discussing style of management*
- *Do how to prioritize problems and discuss how to solve them*

Problem finding process

1. A deviation from past experience (generation gap between the past and current one-“ hulum neger dro kere” is a saying in Amharic.
2. A deviation from a set plan
3. Other people brings problem (a Kebele leader may bring a health problem stating people are dying of acute diarrhea)
4. The performance of similar organization(a health center performing very well becomes a problem when compared another health center or a very high score of an outstanding student in your class becomes a problem to those performing low)

Problem solving process

For solving a problem, we need adequate amount of relevant information and a good manager should have a means to get all necessary information in all function of management and make decision to solve the problem based on evidence.

Problem solving cycle

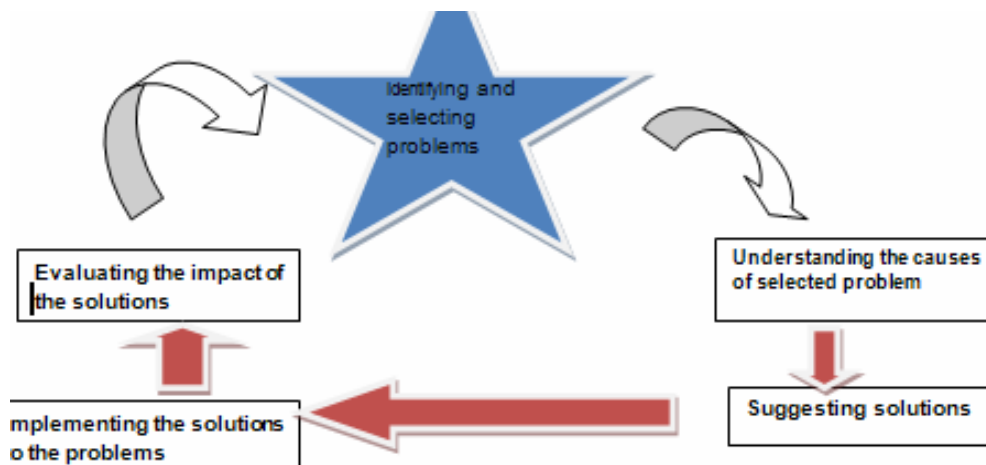


Figure 15: Problem solving cycle

Step 1: Define the Problem/Problem Identification and prioritizing the identified problems

This step involves recognizing that a problem exists and that solving the difficulty is a worthwhile endeavor. We should define objectively the issue we identified as a problem. Knowing the problem is 50% solved.

Prioritize the problems:

- a. If you discover that you are looking at several related problems, then prioritize which ones you should address first using some of the techniques described under planning in section one.
- b. Note the difference between "important" and "urgent" problems. Often, what we consider to be important problems to consider are really just urgent problems. Important problems deserve more attention. For example, if you're continually answering "urgent" phone calls, then you've probably got a more "important" problem and that's to design a system that screens and prioritizes your phone calls.

Step 2: Understanding the causes of the problem

Once we are sure that the issue is a problem, the next step is to identify the possible causes as much as possible. Before you start to tackle the current problem, it is important to clearly understand the possible causes.

Step 3: Generation of Alternative Solutions to the identified problem

After identifying and listing the possible causes, the next step is to generate the possible solutions that will help us solve the problem. When you start to think of possible solutions, don't limit yourself; think of as many possible options as you can, even if they seem unrealistic. You can always discard implausible ideas later, and coming up with these may help generate even better solutions. You may want to write a list of possible options, or ask others what some solutions they might have for your problem.

Step 4: Solution Implementation and evaluation

The next step is to try to implement and test the solution and do a follow-up on its successes. Once you have examined all your options and decided on one that seems to accomplish your goals and minimizes the costs, it is time to test it out. Make sure that when you implement this solution, you do so whole-heartedly and give it your best effort. During this stage, you should continue to examine the chosen solution and the degree to which it is "solving" your problem. If you find that the solution is too hard to implement or it is just not working, revise it or try something else. Trying to solve these problems is never an easy task, and it may take several solutions before something works.

Approaches of problem solving

There are at least five major approaches to solve management problems. It is discussed briefly that the student knows there is an approach in solving problem.

1. **Routine Approach** :- involves solving the problem via traditional means, or doing what has always been done when a problem of this type is confronted. It is also possible to use standard operating procedures(SOP), which are written forms telling the manager what to do under certain described condition.
2. **Scientific approach**
3. **Decisional approach**(one of the popular among all approaches and simply to get the desired result, a decision is made)
4. **Creative approach** (this method uses the ability to evolve new workable ideas and to implement them)
5. **Quantitative approach** (using mathematical approach to solve the problem)

Lesson 2: Decision-making

Introduction

It is one of the core skill of management. We all make a number of decisions every day. The same is true that managers should also expected to make decision about the organization in addition to their personal decisions. Best decision-making is necessary for effective functioning of management. The success of management depends upon the quality of decision. Similarly we all are affected by faulty decisions starting from our family, ourselves, the organization we work, learn, and even the government. In general, decision making is a choice between two or more course of action. Decision making is an important part of every manager's job. It is also important to note that decision making implies some degree of risk taking. As a student if decides not to study this course, he/she is expecting the risk of getting a failing grade.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Do study questions at the end of the unit*
- *Paperwork on the techniques of decision making (from the internet)*

Definition of Decision Making

- It is a process involving information, choice of alternative actions, implementations, and evaluation that is directed to the achievement of certain stated goals.
- Decision making is the process of identifying and selecting a course of action to solve a specific problem.
- is the process of identifying a problem and choosing the best alternative to solve it and implement

For the purpose of this course:

Decision making is defined as the selection of a course of action from two or more alternatives. The decision making process is a sequence of steps leading to that selection.

Rational model of Decision making cycle/process

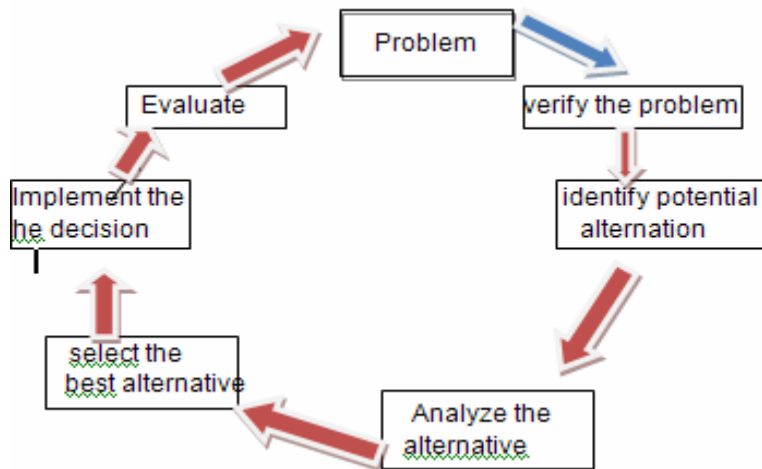


Figure 16: The rational model of decision making cycle.

Decision making is not an easy job. It requires a lot of skills.

To discuss briefly the process of decision making described in the cycle above:

A. Identification and defining of a problem (means recognition of a problem. Problem arises due to difference between what is and what should be. The problem should be defined very well and a well defined problem is half solved)

B. Verify the problem/ diagnosing the problem(there is slight difference between problem identification and diagnosing the problem. Take the doctor making the diagnosis and patient may feel the real disease was not identified) we should collect and analyze the relevant information about the problem to verify it. Effort should be made to identify possible causes of the problem.

C. Identify potential alternatives to solve the problem (make decision).

The next step is to generate possible alternatives to solve the problems. Time pressures frequently cause a manager to move forward after considering only the first or most obvious answers. However, successful problem solving requires thorough examination of the challenge, and a quick answer may not result in a permanent solution. Thus, a manager should think through and investigate several alternative solutions to a single problem before making a quick decision. One of the best known methods for developing alternatives is through **brainstorming**, where a group works together to generate ideas and alternative solutions.

D. Analyses alternatives to best address/solve the problem

The purpose of this step is to decide the relative merits of each idea. Managers must identify the advantages and disadvantages of each alternative solution before making a final decision.

Evaluating the alternatives can be done in numerous ways. Here are a few possibilities:

- Determine the pros and cons of each alternative.
- Perform a cost-benefit analysis for each alternative.
- Weight each factor important in the decision, ranking each alternative relative to its ability to meet each factor, and then multiply by a probability factor to provide a final value for each alternative.

A manager needs to evaluate each alternative in terms of its

Feasibility — Can it be done?

Effectiveness — How well does it resolve the problem situation?

Consequences — What will be its costs (financial and nonfinancial) to the organization?

- Select the best alternatives** (now we can select the best possible alternatives after careful evaluation of the alternative) to select the alternatives we can use the following approaches:- experience, experimentation, research and analysis etc. in summary: after a manager has analyzed all the alternatives, he/she must decide on the best one. The best alternative is the one that produces the most advantages and the fewest serious disadvantages.
- Implement the best alternative** (conversion of decision into action)

Managers are paid to make decisions, but they are also paid to get results from these decisions. Positive results must follow decisions. Everyone involved with the decision must know his or her role in ensuring a successful outcome. To make certain that employees understand their roles, managers must thoughtfully devise programs, procedures, rules, or policies to help aid them in the problem-solving process

- Evaluate or verify the decision** (it is the duty of every manager to see whether to see the decision is properly implemented or not. Without this, it is difficult to ensure the achievement of the objectives.

Note:- these step apply to all when ever we make decision. It is an intellectual process and we cannot see each step when we make decision.

Characteristic of good decision or effective decision

A decision is taken after passing various stages. The basic objective of passing through all the stages is to solve problem. The solution of the problem depends on how effectively the

decision has been made or implemented. Thus, a good decision has the character of various stages:

1. **Action oriented** (implementing the decision. It is no necessary to make decision following the passing of various stages not implemented or it is not necessary if the decision maker finds it not implementable)
2. **Goal direction** (the organization has a number of goals to be achieved and the manager or decision maker makes decision every day to achieve these goals).
3. **Efficiency in implementation** (it is important to note that a good decision is taken only after considering all possible internal and external factors. The good decision alone will have scope for implementation efficiently. efficiency is the ability to minimize the use of resources in achieving the implementation of a good decision)

Lesson 3: Communication

Introduction

Communication is the art of developing and attaining understanding between people. It is the process of exchanging information and feeling between two or more people, and it is essential to effective management. Most people think at a rate of 400 to 500 words a minute, but most people speak at only about 120 words a minute. Communicating is one of the most important facilitators of managerial activities. In general communication is the passing of information. With out proper communication in the organization, it would be difficult to be successful. We communicate daily with our family, friends, bosses etc.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Read and do the exercise at the end of the unit*
- *Please revise your course on communication on other module*

Definition

Communication is a process through which an information, idea or opinion is transferred to more number of persons. It is an exchange of facts, ideas, opinions or emotions by two or more people.

Communication is the process of sharing our ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people we are communicating with. When we communicate we speak, listen, and observe. The way we communicate is a learned style. As children we learn from watching our parents and other adults communicate. As an adult we can learn to improve the way we communicate by

observing others who communicate effectively, learning new skills, and practicing those skills.

Model of communication process

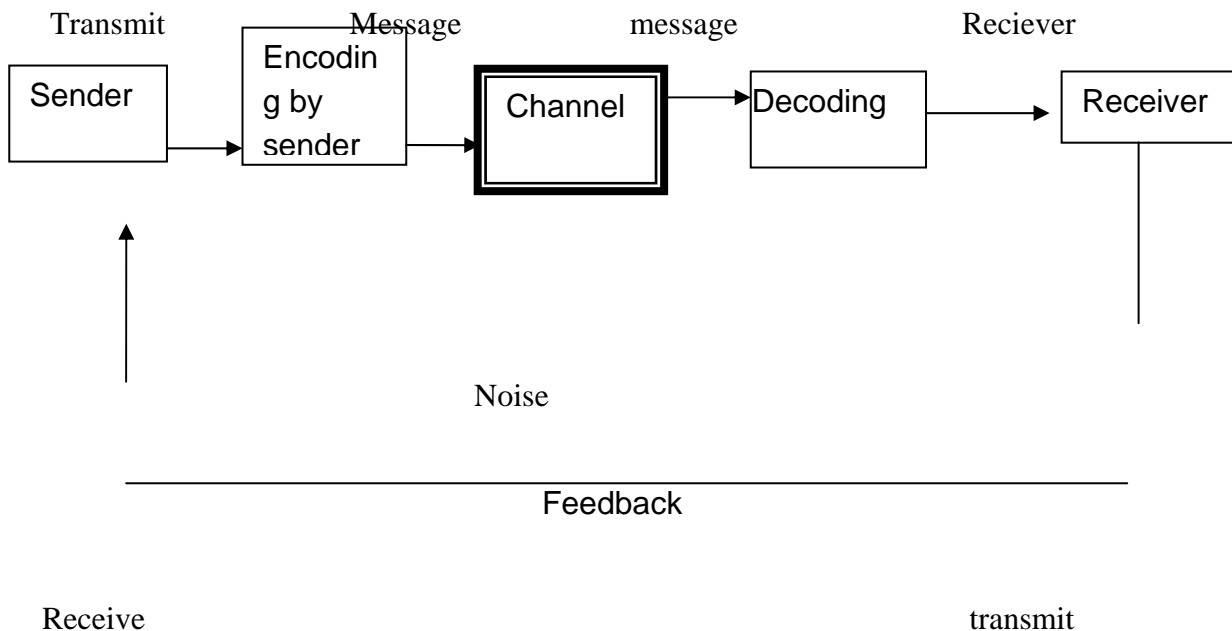


Figure 17: A model of communication process

Sender: the initiator of communication

Encoding: the translation of information into a series of symbols for communication by sender

Channel: the formal medium of communication between a sender and receiver.

Decoding: the translation of information of a message into meaningful information by receiver.

Barriers to communication or problems of communication

1. Noise (anything that confuses, disturbs, diminishes or interfere with communication e.g a machine operation etc.
2. Missing information\
3. Alteration of information(occurs when the communicator sends information through a third party)

4. Overloading (when an increased in the number of messages to be sent, or too much information by the teacher in one day)
5. Lack of attention
6. Lack of confidence over the communicator(if students lack confidence on one of their teacher, a nurse or kebele leader)
7. Lack of time
8. Language

Types of communication

Types of communication can be classified on the following basis:

1. On the basis of organizational Relationship

- a) Formal communication (through proper channel) in accordance with formalities (referenced office letter)
- b) Informal communication(information is passed not in accordance with any formalities and rules and regulations of an organization)

2. On the basis of direction of flow of communication

- A. Downward communication (a communication starts from the top level executives and end with the lower functionaries through middle management E.g. Prime minister Meles to Minister of health)
- B. Upward communication (just the opposite of downward communication)
- C. Horizontal communication(information passed to a person who is at equal level, e.g. your friend)

3. On the basis of way of expression

- a. Oral communication e.g. lecture, meeting, calling etc.
- b. Written communication (Circulars, this manual etc.)

Some techniques in communication

a. Listening to others

- Look at the person who is talking

- Sit or stand quietly: avoid fidgeting, yawning, or giggling.
- Wait until the person is through speaking before you speak.
- Show that you understand (“OK,” “Thanks,” or “I see”)

b. Appropriate Word Choice

- Decide what thought you want to put into word and then say them.
- Look at the situation and the people around you.
- Know the meanings of the words you are about to say.
- Refrain from using words that will be offensive to people around you or that they will not understand.
- Avoid using slang, profanity, or words that could have a sexual meaning.

Note details of communication is covered by another module in the course.

Lesson 4: Motivation

Matgiya in Amharic

Introduction

It was discussed that management is the art of getting things done by other people. Getting work done is a difficult task because it is related with human behavior. The success of any organization depends upon the behaviour and interest of the employees. Motivation is an important managerial skill required of a leader to influence his/her workers.

Managers often have difficulty motivating employees. But motivation is really an internal process. It's the result of the interaction of a person's needs, his or her ability to make choices about how to meet those needs, and the environment created by management that allows these needs to be met and the choices to be made. Motivation is not something that a manager can “do” to a person.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Review your discussion on problem identification and how to set priority in unit one and relate it with this section.*

- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*
- *Role play by the students while discussing style of management*
- *Do how to prioritize problems and discuss how to solve them*

Definitions

It is forces within (dispositional or endogenous) or outside (situational or exogenous) the individual or group that initiate, direct, and sustain action/f cause them to behave toward a goal or sets of goals. Motivation is an internal drive that makes a person moves towards what ever goal he/she is trying to accomplish.

How motivation affects performance

Performance = ability x motivation x resources

Theories of Motivation

There are three theories namely content, process and equity theories as discussed be follow.

1. Content theory

Focus on identifying and understanding employee's needs.

➔ when we are asked to meet a certain goal/work, we think “**what is in it for me?**”

- a) Hierarchy of needs (Maslow)

➤ proposes that employees are motivated through 5 levels of needs.

➤ **Physiological Needs**

These are biological needs. They consist of needs for oxygen, food, water, and a relatively constant body temperature. They are the strongest needs because if a person were deprived of all needs, the physiological ones would come first in the person's search for satisfaction.

➤ **Safety Needs**

When all physiological needs are satisfied and are no longer controlling thoughts and behaviors, the needs for security can become active. Adults have little awareness of their security needs except in times of emergency or periods of disorganization in the social

structure (such as widespread rioting). Children often display the signs of insecurity and the need to be safe.

➤ Needs of Love, Affection and Belongingness

When the needs for safety and for physiological well-being are satisfied, the next class of needs for love, affection and belongingness can emerge. Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and the sense of belonging.

➤ Needs for Esteem

When the first three classes of needs are satisfied, the needs for esteem can become dominant. These involve needs for both self-esteem and for the esteem a person gets from others. Humans have a need for a stable, firmly based, high level of self-respect, and respect from others. When these needs are satisfied, the person feels self-confident and valuable as a person in the world. When these needs are frustrated, the person feels inferior, weak, helpless and worthless.

➤ Needs for Self-Actualization

When all of the foregoing needs are satisfied, then and only then are the needs for self-actualization activated. Maslow describes self-actualization as a person's need to be and do that which the person was "born to do." "A musician must make music, an artist must paint, and a poet must write." These needs make themselves felt in signs of restlessness. The person feels on edge, tense, lacking something, in short, restless. If a person is hungry, unsafe, not loved or accepted, or lacking self-esteem, it is very easy to know what the person is restless about. It is not always clear what a person wants when there is a need for self-actualization.

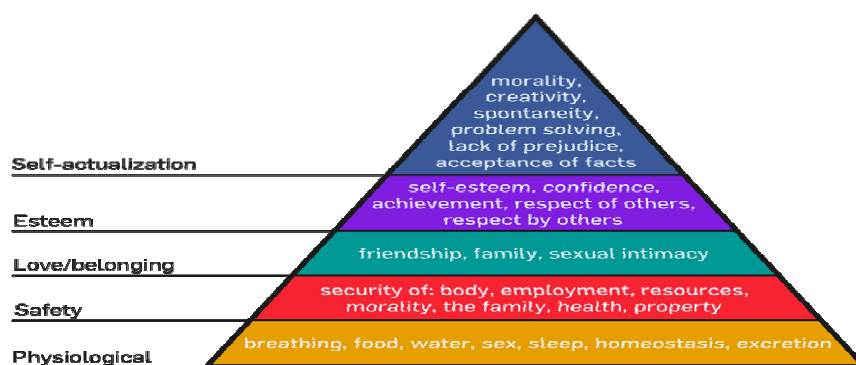


Figure 18: Maslow's hierarchy of needs

b) Existence Relatedness, growth (ERG - Alderfers) theory

Alderfer's **ERG (Existence, Relatedness, Growth) theory** is built upon Maslow's hierarchy of needs theory. To begin his theory, Alderfer collapses Maslow's five levels of needs into three categories.

- **Existence needs** are desires for physiological and material well-being. (In terms of Maslow's model, existence needs include physiological and safety needs)
- **Relatedness needs** are desires for satisfying interpersonal relationships. (In terms of Maslow's model, relatedness correspondence to social needs)
- **Growth needs** are desires for continued psychological growth and development. (In terms of Maslow's model, growth needs include esteem and self-realization needs)

Proposes that employees are motivated by three needs namely:- -existence, Relatedness, Growth. Please compare it with Maslows theory above

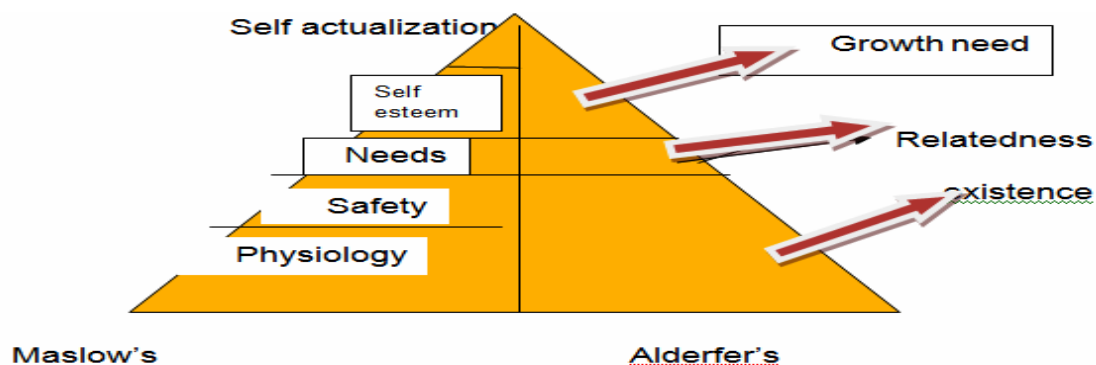


Figure 19: comparison of Maslow and Alderfer classification of needs.

c) Herzberg Two factors theory

* Proposes that employees are motivated by motivators rather than maintenance factors. I.e People are satisfied by motivators (intrinsic factors such as achievement, Challenge-comes from the work) than Maintenance/ Hygiene/extrinsic factors

- **Hygiene factors** include salary, job security, working conditions, organizational policies, and technical quality of supervision. Although these factors do not motivate employees, they can cause dissatisfaction if they are missing. Something as simple as adding music to the office place or implementing a no-smoking policy can make people less dissatisfied with these aspects of their work. However, these improvements in hygiene factors do not necessarily increase satisfaction.
- **Satisfiers or motivators** include such things as responsibility, achievement, growth opportunities, and feelings of recognition, and are the key to job satisfaction and

motivation. For example, managers can find out what people really do in their jobs and make improvements, thus increasing job satisfaction and performance.

In summary, maintenance/hygienic/ factors or extrinsic motivators - comes from outside of the work itself and include pay, job security, and title, benefits and relationship. Motivators/intrinsic factors come from the job itself and include achievement, recognition, challenge, advancement, responsibility

Assignment: what is the difference between Maslow and Herzberg theories of motivation

2. Process(Behaviour) theories

a. expectancy theory

- before choosing a behavior, we evaluate various possibilities on the basis of anticipated work and reward. Job Versus perceived rewards.

eg. you are studying hard daily to get/score good in the examinations.

Preparing a report to be submitted to the boss, the following are possible options.

working it late in the offices Vs taking it home which is compared with the reward based on the boss's/his past experience.

b. Reinforcement theory

* this is based on the assumption that much of motivated behavior is a learned one

Types of reinforcement theory

I. Positive reinforcement the probability that an individual will repeat a desired behavior.

e.g. praise, pay, promotion

II. Negative reinforcement

the attempt to decrease or stop the recurrence of undesired behavior as a result of negative consequences

e.g. punishment, reprimand, loss of privilege

N.B In using positive reinforcement consider the following

➔ Don't reward all employees equally

➔ Recognize that failure to reinforce also modifies behavior

- ➔ Inform employees what they can do to often reinforcement
- ➔ Tell employees when and what they are doing wrong
- ➔ Doing punish on employee in front of others.
- ➔ Be fair.

c. **equity theory**

Argue that people's behavior is related to their perception of the fairness of treatment they received as compared to their fellow worker

Main Motivators in Work

1) Achievement

- Most people like to do thing well
- Satisfaction in success
- Help people of achieve work objectives

2 Recognition

- People like other also to know their success
- Give praise when it is done

3. The work itself

- People like to do useful and worth while work, help to other people and helping themselves achieve their ideals.
- explain the value of work.

4. Responsibility

- to have responsibility is to be able to accept the consequence good or bad, of a action.
- Most people like to make important decision about their own lives and to accepts responsibility for doing so
- Help other to take responsibility

5. Advancement /Reward

- Advancement is a form of recognition
- Recognition without reward is not very convincing

Help others to train for tomorrow (promotion)

6. Self improvement

- People like to mature, develop as people
- Many make great sacrifices to improve themselves and their families.

Provided opportunities for personal development

Common cause of dissatisfiers/demotivators

1. Inefficient administration
2. Incompetent supervision: Supervisors are expected to be technically competent
3. Poor leadership qualities: People should be treated fairly and like to be consulted about their work
4. Poor leadership qualities: People respond much better to example than extortion, -
“Do as I say, not as I do” is a poor method of leading
5. Low pay:- high salary has a temporary effect in motivating employee
6. Bad working conditions (the environment in general) the office, limit, geography

Lesson 5: Delegation

Introduction

It is the actual process of assigning job activities and corresponding authority to specific individuals within the organization. Delegation is the process by which responsibility and authority for performing a task (function, activity or decision) is transferred to another person who accepts that authority and responsibility. Although the delegator remains accountable for the tasks, the delegate is also accountable to the delegator for the responsibilities assumed. (Teteyakinet in Amharic). As a dynamic process, delegation empowers others and builds trust, enhances communication and leadership skills and develops team work. Responsibility denotes an obligation to accomplish a task, whereas accountability is accepting ownership for the results or task thereof.

Delegation requires trusting your subordinates to make decisions for which you will be held accountable. The manager who delegates can produce unlimited results, whereas a manager who refuses to delegate often does not achieve results because the manager is limited by his or her own time.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Steps in the delegation Process:

1. Delegate the whole task to one person

This gives the person the responsibility and increases their motivation.

2. Select the right person

Assess the skills and capabilities of subordinates and assign the task to the most appropriate one.

3. Clearly specify your preferred results

Give information on what, why, when, who and where. You might leave the "how" to them. Write this information down.

4. Delegate responsibility and authority -- assign the task, not the method to accomplish it

Let the subordinate complete the task in the manner they choose, as long as the results are what the supervisor specifies. Let the employee have strong input as to the completion date of the project. Note that you may not even know how to complete the task yourself -- this is often the case with higher levels of management.

5. Ask the employee to summarize back to you, their impressions of the project and the results you prefer

6. Get ongoing non-intrusive feedback about progress on the project

This is a good reason to continue to get weekly, written status reports from all direct reports. Reports should cover what they did last week, plan to do next week and any potential issues. Regular employee meetings provide this ongoing feedback, as well.

7. Maintain open lines of communication

Don't hover over the subordinate, but sense what they're doing and support their checking in with you along the way.

8. If you're not satisfied with the progress, don't take the project back

Continue to work with the employee and ensure they perceive the project as their responsibility.

9. Evaluate and reward performance

Evaluate results more than methods. Address insufficient performance and reward

successes. See the next major section, "Employee Performance Management."

Effective delegation

The hallmark of good supervision is effective delegation. Delegation is when supervisors give responsibility and authority to subordinates to complete a task, and let the subordinates figure out how the task can be accomplished. Effective delegation develops people who are ultimately more fulfilled and productive. Managers become more fulfilled and productive themselves as they learn to count on their staffs and are freed up to attend to more strategic issues.

Delegation is often very difficult for new supervisors, particularly if they have had to scramble to start the organization or start a major new product or service themselves. Many managers want to remain comfortable, making the same decisions they have always made. They believe they can do a better job themselves.

They don't want to risk losing any of their power and stature (ironically, they do lose these if they don't learn to delegate effectively). Often, they don't want to risk giving authority to subordinates in case they fail and impair the organization. However, there are basic approaches to delegation that, with practice, become the backbone of effective supervision and development.

Advantages of Delegation

- Delegating some decision making - Saves time for other duties
- When work is spread over a large area, the health worker on the spot must be able to make decisions
- Save long delays that occur when awaiting decisions from central, or others
- Health workers who are allowed to make decisions enjoy their work more and become more Knowledgeable and skilful.

In summary: Rules For Delegating Authority And Responsibility

- 1/ Be clear about exactly what to delegate,
- 2/ Select the person who you are sure can do the work
- 3/ Explain to others that you have delegated work and to whom
- 4/ Do not interfere unless asked to, and be prepared for some mistakes
- 5/ Give support as needed and follow up the progress of the work.

When to delegate?

- Large organization
- When several goals
- When subordinates have knowledge and skills
- When subordinates have knowledge and skills
- When it motivates
- When there is time
- To encourage team work
- When implementation is critical

When not to Delegate!!

- ·When decisions are critical for survival
- ·When time is short
- ·When decision affects the whole organization
- ·When Confidential
- ·When subordinates do not have the knowledge and skills
- ·When interdepartmental coordination is important
- Lost Considerations

Lesson 6: SUPERVISION

Introduction

Supervision is an important management tool. It can be used to improve staff performance, and to monitor, identify, and address problems as early as possible and take timely actions. Supervisor is a person(s) who checks the work of others and hence he/she should be primarily be a supportive problem solver than strict fault finder for the sake of harming others. It is important to recognize good work as it is noted and correct an inadequate performance. Supervision has three primary functions. 1) technical assistance 2) monitoring and evaluation 3) motivation and support of workers. It is important to build formal system of supervision in to a health program. Supervision can be conducted in a group or individual. Supervision should have a strict feed back mechanism and involve the employees and other sectors including communities in the process. As much as possible, it is desirable to observe workers in the actual settings. Supervision is not new to Ethiopia health care system. However it was not process aimed at problem solving and improving the quality of service delivery conducted irregularly without meaningful structure. Currently, supervision is being implemented as integrated supportive supervision(ISS) with the aim of improving health care by proving a supportive approach.

Learning Activity

- *Read and study the notes of this lesson before class and do the question at the end of unit*
- *Role play on the style of supervision*
- *Group work to do supervisory schedules and develop supervisory check list based on the course they have taken*
- *Class room discussion*
- *Write the steps used in supervision.*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Learning Outcome

At the end of this session, participant should be able to:

- Define and describe the basic concepts of supervision and its purpose.
- Describe the roles and responsibilities of a supervisor, the styles of supervision ,
- Understand how to conduct Supportive Supervision, and its steps

- Make a supervisory schedules/ activity planning, how to prepare for supervisory checklist.
- Have basic knowledge of conducting supervision
- Analyses the outcome of ISS and take supportive correction actions

Lesson Contents

- *Introduction*
- *Definition of integrated supportive supervision*
- *Purpose of supervision*
- *Style of supervision*
- *Comparison of traditional and supportive supervision*
- *Role and responsibilities of supervisors*
- *How to conduct supervision*
- *Steps to be concerned ISS*
- *Making a supervisor y schedule*
- *Conducting a supervisor visits*
- *Out come of supervision*
- *Taking corrective action*
- *Take the actions*

Definition of supervision

Supervision refers to the process of following-up the implementation of planned activities to ensure maximum achievement or outcomes.

It is learning process through which a specific recent success work experience and failure can be used as achieving whether planned activities are being performed toward the desired goal. The process involves supporting juniors in their work encounters, teaching and facilitating them to cope with work challenges and motivating them towards better performance and achievement of planned objectives. Currently a new approach is being introduced. This is integrated supportive supervision can be defined as a process of **guiding, helping, training, and encouraging staff** to improve their performance in order to provide high quality health service through the use of integrated tools for all priority programs and empowering the motivation of health service providers at all level.

Purposes of supervision

- Supervision activities should be a learning and supportive activity.
- It provides an effective feed back. The feedback should be task related, prompt, action oriented, motivating and constructive. To effectively provide feedback, the supervisor

should involve the employees and other concerned sectors in the progress by creating an atmosphere of teamwork.

- It helps to convert the goals, programmes, policies and resources into the provision of quality health care.

Styles of supervision

Three main styles:

- Autocratic - Do what I say !
 - Autocratic supervision tends to humiliate people and make them irresponsible.
 - It may dry up their initiative
 - It makes people feel insecure
- Anarchic - Do what you like !
- Democratic/supportive - Let us agree on what we are to do. Democratic supervision helps people to grow and develop their skills and confidence and create a sense of ownership/belongingness. It is good to satisfy the needs of being consulted.

Comparison of Traditional and Supportive Supervision

Because of problems observed in the traditional supervision, a new method which is supportive supervision has been developed and being implemented in many countries.

Table 18: Comparison of traditional and Supportive Supervision

Action	Traditional supervision	Supportive Supervision
Who Conducts supervision	External supervisors designated by the service delivery organization	External supervisors designated by the service delivery organization Staff from Other facilities Colleagues from the same facility (Internal) Staff through self-assessment Community Health Committee
When supervision happens	- During periodic visits by external supervisors	Continuously: during routine work; Team meeting; Visits by external supervisor
What happens during supervision	Inspection of facility Review of records and supplies Supervisors make most	Observation of performance and comparison to standards Provision of corrective and supportive feedback on performance

encounters	decisions Fault finding Reactive problem solving by supervisors -Little feedback or discussions of supervisor observation	Discussion with Clients (those being supervised) Provision of technical updates or guidelines Onsite training Use of data and client inputs to identify opportunities for improvement Joint problem solving Follow up on the previously identified problems
What happens after supervision encounters	- No or irregular follow up	Actions and discussions are recorded; Ongoing monitoring of weak areas and improvements -Follow up on prior visits and problems
(Source: Guideline to implement supportive supervision. PATH 2003)		

Role or Responsibilities of Supervisors of a health sector

Supervisors have multiple functions or responsibilities. These may be grouped as follow:-

a. Responsibilities towards health workers

- ✓ He/she should share the knowledge experience
- ✓ He/she should not be a fault finder rather supervisor must motivate his/her subordinates and appreciate the efficient performance of any work
- ✓ he/she works to win the confidence of the subordinates
- ✓ he/she must develop a sense of team spirit among the workers
- ✓ he/she must advice work methods, procedure and schedules
- ✓ he/she must listen to the complaints and problems of his/her subordinates must help to solve them
- ✓ he/she must arrange training facilities to newly and exiting staffs
- ✓ he/she must act as a model to his/her subordinates
- ✓ he/she must listen to the suggestions given by the subordinate and intern give suggestion to his subordinates according to the situations in the health care facilities

b. Responsibilities towards management

- ✓ Supervisor must give feedback to his/her management, his superiors and the management of the supervised health institutions about the progress of the assignment
- ✓ Supervisors must extend his/her cooperation
- ✓ Supervisor must inform the management of the problems and difficulties faced by the subordinates

c. Responsibilities towards his own functions

- ✓ Supervisor must properly plan his/her work which is assigned to him/her
- ✓ Supervisor must implement the policies of the management
- ✓ He/she must be ready or willing to share and give advice based on his knowledge and expertise
- ✓ Should review the work and determine how it is being carried out.
- ✓ Discuss the work in the context of time frame that gives a sense of perspective to the job being done
- ✓ Look ahead to future plans
- ✓ Having a regular contact with staff members through supervisory sessions to motivate and provide feedback, solve problems and provide them with guidance, assistance and support.
- ✓ Provide a positive atmosphere for discussion
- ✓ He/she should act as good liaison officer between the management and the workers
- ✓ Managing any performance problems and conflicts that arises and motivating and encouraging employees to do their best work
- ✓ Prepare a supervisory schedule. For instance, in Ethiopian health care system supervision is traditionally carried out every three months of every year

e. Responsibilities towards his colleagues

- ✓ Supervisors must extend his/her cooperation to colleagues
- ✓ Supervisor must consider and accept the criticism of his/her plans posed by the colleagues

- ✓ Supervisor must supply essential information to other department, if required
- ✓ in general, he/she must delegate the work to his/her subordinates according to their ability and willingness

How to conduct Supervision

Whichever style is adopted, the activities of supervision are similar. During Supervisory activities, the following are the milestones of the supervision. The supervisor must address:-

a. **Resource use** –supervision is one method of making sure that the resource allocated is being used properly and efficiently. Supervision is one way to identify particular needs for logistic or financial support.

b. Issues concerning Objectives of the health program

Supervision is one way to

- ✓ make sure that objectives correspond to needs
- ✓ Discuss, explain, justify, and obtain the commitment of health workers to the objective of the programme
- ✓ Make sure that there are no divergences between the objectives of the management (standard of performance), the objectives of the staff and the objectives of the users.
- ✓ Seek solutions to any conflict that arises between management, staff and users regarding the programme (activities) objectives.

c. Performance

Supervision is the means to:

- ✓ Observe how the tasks assigned to different categories of worker are carried out, and under what condition analyze the factors that result in satisfactory performance and the obstacles to satisfactory performance (knowledge and attitudes of workers, environment, resources).
- ✓ Determine (with the health workers) the causes of difficulties.

d. Staff motivation

Supervision is one way to:

- ✓ obtain a clear picture of health worker's fundamental needs (need for respect, need to "belong", need for sense of achievement)

- ✓ Help staff develop the necessary maturity to accept responsibility, esp. by discovering and discussing work-related factors that enhance or diminish motivation.
- ✓ Discover short comings in staff skills in communication, problem-solving, technical skills and knowledge, and resolution of conflicts.
- ✓ adapt the leadership style of supervision to staff's expectations.

e. Staff competence

Supervision is one way to:

- ✓ Determine staff needs for information on the community, on health problems, on programme goals, and on standards to be obtained.
- ✓ Determine the skills required by staff for care, management, etc..
- ✓ set up a programme of continuing education

Steps to be considered for supervision

- prepare plan for supervision(together with annual health plan of the health facility and health administration such as Woreda health office, regional health bureau)
- determine the time and frequency(supervisory schedule)
- develop check list
- review objectives, job description, records, reports, previous supervision report
- solicit all the necessary resources required during supervision
- carry out the supervision
- give feed back on time and take all necessary actions

Making a Supervisory Schedule

Step 1. Planning the schedule for supervisory visits include:

- deciding how often supervisory visits are needed
- listing all programmes
- determining the need for supervision (checklist)
- noting the aspects of health care where special assistance is required (checklist).

Step 2. Decide how often supervisory visits are needed

This is based on

- the local targets to achieve the goals
- the stage of the program that are going to be observed(new one need more frequent supervision)
- the progress of the program in relation to the plan
- the mix of the skill of the health workers
- the past performance of that particular health institutions
- problems encountered in the past supervision
- the urgency of the programs

eg. Epidemic situation

Table 9: Listing the health programmes / activities where supervision is most need.

Programme	Extra needs for Control	Health areas			
		A	B	C	D
Health center	One visit/mon for 1 yr. from Hamle 2001	X		X	
Woreda health office	MoA-extension workers one visit/ mon for 6 mon. from Feb.		X		
Hospital	Recognized activity Hamle 1996 to sene 1997. New HW. one visit/ mon.	X	X	X	X

Step 3. Reviewing others timetables

Any supervisor's activity should consider the timetable of the institution to be supervised. This has its own problems because that may force the supervisor to draw unrealistic conclusion. But the advantage is that all workers could be available at the time of supervision. This also help the supervisor to coordinate all the activities with others as well.

To arrange a time table for the supervisory visits, two things are needed:-

1. The plan made for the year the definite dates allotted to fixed events (festivals, holidays, conference etc)
2. The health unit timetable or schedule, the definite dates allotted to fixed events

Step 4. **Making a yearly schedule for supervisory visits**

Take into account

- minimum needs for supervisory visits
- programme needs for more frequent supervisory visits
- fixed date in the annual plan
- fixed activities that happen regularly each week

Table 10: an example of supervisory schedule

Month/2011	Area or (Name)	Program	Remark
January	A	3	
Feb.	B	All	
December	D	1, 2, 5	

Preparation For Supervisory Visit

1. Before making a supervisory visit the supervisor should review records with regard to:

- local targets ; National/regional policies
- the health worker's activities
- progress to date of the programmes in relation to set targets
- problems in implementing the program
- supplies needed.

Eg. In making the Feb. 2010 work plan, the supervisor notes that a visit is scheduled to health center x in a certain district because extra supervisory help is needed for the new programme of integrated MCH/FP.

2. To prepare for the visit the following checks are made:

- the health worker's job description is reviewed
- the monthly report from the health worker is reviewed to determine health programs such as health information management system, EPI etc.
- Supervisory checklists for district -X from previous visit reviewed to identify items to be followed –up during the current visit, on the job training needed, etc.
- Inventory of medicines and supplies is checked to see whether a certain district needs supplies that the supervisor could take with the team,
- The annual plan and targets of the facility to be supervised, etc.

Conducting a Supervisory Visit

The most difficult part of supervision comes last i.e., conducting supervisory visit.

- ✓ Supervisors must always remember that supervision is a helping process.
- ✓ Look at records (do they agree with monthly report? Are targets being met ?)
- ✓ Observing how the health worker performs the activities listed in the job description.
- ✓ Talking with beneficiaries : satisfaction ? dissatisfaction ? other help ? etc.
- ✓ Discussing with the health worker on- what has been found; good points; the need for improvement based on the identified problems --> tell what to do, how improvements might be made.
- ✓ Discuss with the management on problems, good practices, administrative support, resources, program achievements, feedback, future plan etc,
- ✓ Remind the health worker of the date of next visit
- ✓ All the observations made should be noted on the supervisory checklist for follow-up.

Out come of a supervision

In a supervisory activity, it is expected to achieve the results. To do so, She/he has two options.

a/ through negative supervision

- threats of disciplinary actions
- fault - finding

- destructive criticism etc

this leads to 1)the staff become poorly motivated 2)the supervisor / manager/ himself is hated by the supervisee.

b/ through positive supervision

- leadership
- guidance
- motivation
- Setting a personal example etc.

Benefits both the staff and supervisor (Manager) and all leading to better results

- Help staff to develop interest in their job
- Staff develop a desire to improve their standard of performance
- Have confidence in their own abilities and in their supervisor

Taking Corrective Actions

- ✓ Collect all the available facts
- ✓ Private interview of the Health Worker
- ✓ Listen to his side of the story
- ✓ Establish the extent of the deviation
- ✓ Decide on the action to be taken and explain the reasons for it

Based on the findings, try to take actions

- ✓ Advise any other personnel who could be affected
- ✓ try to establish normal relationships as soon as possible then after.
- ✓ Prepare supervisory report and submit to all concerned.
- ✓ Leave problems identified, solution sought in writing to the facility and all concerned offices (Woreda, zone, region) so that it can be used during the next supervision.

Study Questions

1. List down the core skills of management.
2. What is a problem and how do you find it?
3. Discuss problem solving.
4. What is decision making?
5. What are the approaches of problem solving?
6. Discuss the rational model of decision making.
7. Discuss effective decision making.
8. What is communication?
9. Discuss the model of communication.
10. Discuss the types of communication.
11. What are the barriers to communication?
12. Discuss motivation and its process.
13. Discuss theories of motivation.
14. Discuss factors affecting motivation.
15. Define delegation.
16. What is the delegation process?
17. Discuss the advantages and disadvantages of delegation
18. What is supervision?
19. Define the roles of supervisors?
20. Prepare a supervisory schedule and develop a check list based on your courses covered?
21. Discuss how to conduct supervision?
22. What actions would you take after conducting supervision?

Unit Four: Organizational Changes Effectiveness and Efficiency

Unit Introduction

Nothing is ever static. In this age of new technologies, new knowledge and skills, new markets and competition, change is a necessary ingredient for survival. Changes are necessitated by external (e.g., changes in legislation, funding, socio-cultural trends, or competition) and internal forces (e.g., changes in leadership styles, mission or structure). Whatever the reasons for change, the manager must be well equipped to assist subordinates and organization as a whole in surviving the transition and emerging even stronger. For any managerial success managerial effectiveness (achieving the set objectives) and efficiency(with list possible resources) is a must. This will facilitate organizational change in a positive or in a successful way. Regardless of the negative connotation of the word "control", it must exist or there is no organization at all. In its most basic form, an organization is two or more people working together to reach a goal. Whether an organization is highly bureaucratic or changing and self-organizing, the organization must exist for some reason, some purpose, some mission (implicit or explicit) -- or it isn't an organization at all. The organization must have some goal. Identifying this goal requires some form of planning, informal or formal. Reaching the goal means identifying some strategies, formal or informal. These strategies are agreed upon by members of the organization through some form of communication, formal or informal. Then members set about to act in accordance with what they agreed to do. They may change their minds, fine. But they need to recognize and acknowledge that they're changing their minds.

Instructional Objectives

After completing this chapter, the student is able to:

- ✓ **Define what organizational change is.**
- ✓ As change agent what skills are needed
- ✓ Define and describe what organizational efficiency and effectiveness

Learning activity

- Read and study the notes of this lesson before class and do the question at the end of unit
- Try to do the exercise at the end of the unit

Unit Contents

- Lesson 1. Organizational Change
- Lesson 2. Skills for Managing Changes
- Lesson 3. Organizational Effectiveness and Efficiency
- Lesson 4. Tips and Tools for Managing Change
- Lesson 5. Business Process Reengineering in Federal Ministry of Health

Study Questions

Lesson 1: Organizational Change

Introduction

We have defined organization as two or more people working in a structured manner to achieve set purpose or objective. In organization, change is a day to day event either to develop or to be out of the system. For organizational changes the managers are responsible for it. A good manager is a true change agent and inspires others to follow suit.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Review your discussion in the class.*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Organizational Change

Change can be defined as the process of making something different from what it was. Change agent is one who works to bring about changes.

☛ Change Sponsor

Usually upper level management are the one who determine and legitimize change.

☛ Change Agent

Usually middle and lower level management who are implementers.

☛ Change Target

Usually individuals and groups (or stakeholders) who must change modes of operation and or acquire additional skills.

NOTE: While changes can be initiated at any level, generally the approval of upper level management is needed.

In addition, management of the transition falls on the manager whose role may change. A good manager must assist his subordinates to:

Accept the changes

Acquire more skills

Deal with personal problems arising from change

Deal with feelings or anxieties that arise.

Type of changes

- **Strategic change:** change including the mission and objectives of the organization
- **Structural changes:-** redesign the organizational structure
- **Process oriented changes:** reengineer processes to achieve optimum workflow and productivity like BPR in Ethiopia
- **People centered changes:** This type of change alters the attitudes, behaviors, skills, or performance of employees in the company. Changing people-centered processes involves communicating, motivating, leading, and interacting within groups.

Lesson 2: Skills for Managing Change

A manager must ensure that the organization and entire staff weather storms resulting from changes successfully by using major skills: empathy, communication, and participation.

Management change

Within organizations, changes can occur at four different levels: the personal level, the group level, the organizational level and the environmental level. A manager must be prepared to be both proactive and sensitive. Here are some pertinent examples of potential changes.

Remember... By far the most important challenge the manager faces, is the resistance of subordinates to change.

Reasons for resistance to change

Table 11: Why people resist changes and recognizing to change.

Why People Resist Change	How to Recognize Resistance to Change
<p>1. Fear of:</p> <ul style="list-style-type: none"> • The unknown • Loss of power • Building new relationships • Additional responsibility <p>2. Ignorance of:</p> <ul style="list-style-type: none"> • Proposed changes • Change processes • Benefits of changes <p>3. Others reasons:</p> <ul style="list-style-type: none"> • Happy with status quo • Poor interpersonal relationships predominate • Not consulted before decided on changes 	<ul style="list-style-type: none"> • Reduced output • Poor work quality • Increased absenteeism • Attitude changes • Increased complaints • Side meetings • Orders not executed

Lesson 3: Organizational Efficiency and Effectiveness

Introduction

An organization is a cooperation of two or more people who work together in structured way to achieve a specific goal or set of goals. This makes every one of us is borne in the organization, educated by organization and are working for organization. In our lives, we are members of one or more formal and non formal organization (like church, shchool, sport clubs, etc.) although the goal or purpose of such organization may vary. However, no organization has a reason to exist with out a goal or purpose. And again, without a plan, no organization is likely to be very effective. Organizations must acquire and allocate the resource necessary to achieve their goal and needs to have managers responsible for helping them to achieve their goal.

Usually, if managers do their jobs well, the organization will probably achieves its goals. But the criteria for measuring how well managers do their jobs - managerial performance - and how well organizations do their jobs - organizational performance are controversial. But we can define, **managerial performance** is a measure of how well efficient and effective a manager is - how well she or he determines and changes appropriate objectives.

Efficiency could be defined as **doing things right**, using the cost available because we are living in resource limited world. An efficient manager is someone who achieves output or

result that measures up to the input or even greater. Managers who are able to minimize cost of the resource needed to achieve goals are acting effectively.

Effectiveness is on the contrary, involves choosing the right goals. No amount of efficiency can make up for lack of effectiveness i.e. efficiency is a necessary but insufficient cause of effectiveness. In fact the effectiveness is the key to an organization success. Thus before we can focus on efficiency, we must be certain that we have found the right thing to do. Effective management entails efficiency, getting things done with least cost. This means performance management but not treating people like machines. It is **doing the Right Thing**. Managers must do the right thing, not just get things right. Management is like investment. Managers have resources to invest: people, material, a budget. To obtain the greatest return on their investment, managers need to deploy their resources where they will achieve the best return. Doing the right thing is just as much a form of efficiency as doing things right because it entails making the best possible use of a set of resources. That is, you can implement a goal efficiently but you can also make the most value-adding choice of goals in relation to the potential of the resources at your disposal.

Table 12: Comparisons of managerial effectiveness and efficiency

Efficient (most resources contribute to production)	Not reaching goals and not wasting resources	Reaching goals and not wasting resources
Inefficient (few resources contribute to production)	Not reaching goals and wasting resources	Reaching goals and wasting resources
	Ineffective (little progress towards organizational goals)	Effective (substantial progress toward organizational goals)

Lesson 4: Tips and tools for managing change

Get subordinates to:

- Suggest some new ideas.
- Establish their own goals for achieving success.
- Start to appraise their own performances through systematic self-assessment.
- Rotate chairmanship of meetings.
- Recommend adaptations.

- Assist in decision making.
- Try problem-solving.
- Emphasize interdependency.
- Bright ideas...

The Manager must:

- Recognize his role as change agent.
- Recognize that changes occur at different levels.
- Know why people resist changes.
- Recognize signs of resistance.
- Use appropriate methods in dealing with change, especially those that seem relevant in the specific organizational setting.
- Acquire other useful skills (e.g., team building and decision making).

Lesson 5: Business Process Reengineering in Federal Ministry of Health

The Ethiopian government is currently on progressive change through the process called civil service reform and BPR. The envisioned changes at all levels improve service provided to the people and contribute immensely the country's overall socio-economic development. BPR is about bringing radical, dramatic and fundamental change on business process by redesigning and organizing them towards an outcome. BPR tries to eliminate duplication of efforts, activities and employees are expected to put outcome first(WUTET TEKOR). The ministry of health is, like other public service provider, started implementing BPR by dividing activities in core process and sub process. After completing this course, you may join the public sector and expected to fit yourself with this new and redesigned system. The fundamental rethinking and radical redesign of business processes to achieve dramatic improvement in critical, contemporary measures of performance, such as cost, quality, service level, and speed". (Hammer, 1993).

This definition contains four key words.

- A. Fundamental
- B. Radical
- C. Dramatic

D. Processes

- These are pillars or building blocks of BPR.

A. Fundamental

- A fresh start, blank sheet review.
- Starts challenging the status quo by asking basic questions about company and how they operate:-
- Why do we do what we do? And why do we do it the way we do?
- Reject all rules and assumptions that underlie the foundation of your organization. Reengineering takes nothing for granted. It ignores what is and concentrates on what should be.
- Reengineering begins with no assumption and given
- You unlearn all rules, assumptions, principles and techniques that underlie the way your organization is organized and been conducted, but start afresh.
- Reengineering first determine what a company must do, then how issue comes latter

B. Radical

- Radical redesign means getting to the root of things.
 - Not improving the existing system to make better.
 - Not superficial change, or modification
- Throwing away the old
- Disregarding all existing structures and procedures and inventing completely new ways of doing work.
- Reengineering is about business reinvention - not business improvement, business enhancement or business modification

C. Dramatic

- Reengineering is not about making marginal or incremental improvement but about achieving quantum leaps in performance.

- It is about bringing drastic cost reduction, (e.g. not 10% but 10X) dramatic improvement in quality, speed and service level.

D. Processes

- It is only business processes the object of reengineering
- It is processes not the organizations, or parts of it such as department, or work units to be redesigned in reengineering.
- Organizations: It can not (and should not) reengineer the department or work unit, but business processes have to be redesigned.
- Processes mean simply - a set of activities together produce a result of value to a customer.

BPR advocate at least three areas to bring the expected change.

1. Preparing for real change (preconditions for major change, Key roles when redesigning and team leadership)
2. Redesigning your work process (-has 4 steps a) map the current process, b) establish the desired outcome, c)set objective d) start from zero (clean shit)
3. Ensuring successful implementation

NOTE:- there are some words often associated with planning, organization and business process reengineering (BPR). These are:

Vision:- the ultimate goal of an organization or country

Mission:- broad organizational goals that justify the reason of an organization's existence.

Objectives:-goals to be achieved

Eg of Mission, vision of FMOH

The redesigning of methodology includes the following two major activities:

- a) Assessment of the current situation(AS-IS):-this is the first step of undertaking BPR. It is gathering all the relevant information around the existing flow and performance of the process. Data on baseline performance of the existing process will also be collected and analyzed. The main purpose of undertaking AS-IS analysis is to understand the problems of the existing process and to feel the pains that caused on customers and stakeholders.
- b) Redesigning the process (TO-BE):- this is the next step following AS-IS analysis where it will be assessing for best practices locally and internationally to get benchmark. The

redesigning processes are further divide into redefining and map the process.. i) **re-defining the process**: the existing process should be redefined in order to fulfill the nee of customers and stakeholders. Re defining engages organizing the process towards an outcome. Ii) **map the process**:-it is to re map the process flow chart in such a way that will bring radical change.

BPR in the Health Sector of Ethiopia: the health sector defined the following Eight core process:

- a) Health care delivery
- b) Health infrastructure Expansion and rehabilitation
- c) Financial resources mobilization and health insurance
- d) Public health research and technology transfer
- e) Public health emergency management
- f) Pharmaceutical supply system
- g) Medicine and health service regulation
- h) Policy, planning, and monitoring and evaluation

Summary

BPR is about bringing radical, dramatic and fundamental change on business processes by redesigning and organizing them towards an outcome

The first stem in undertaking BPR is assessment of the existing process and the next step is radically dramatically and fundamentally redesigning the existing process

The health sector has reengineered its business and organized around 8 core process

Study Questions

1. Define change and organizational change
2. A good manager is _____
3. What are the roles of a good organizational changes

4. List down the skills of managing changes
5. What are the levels of organizational changes
6. What is BPR and what are the pillars of BPR?
7. Define effectiveness and organizational effectiveness
8. Define efficiency and organizational efficiency
9. Discuss the difference between organizational effectiveness and efficiency
10. How do you recognize resistance in organization.

Unit Five: Management of Health Resources

Unit Introduction

For management to be effective, resources are one of the most important input so that management achieve the organizational objectives which is the means for existence. Similarly, health sector is also requires resources. These resources include, human power, financial, drug, time, equipment, health information, space, and so on. Each of these resources will be discussed briefly.

Instructional Objectives

After completing this chapter, the student should able to:

1. List down the resources used in the health sector
2. Define human resources and discuss its planning.
3. define and manage financial resource/budgeting
4. define the management of time and space

Unit Contents

Lesson 1. Human resource management (staffing)

Lesson 2. Management information system

Lesson 3. Managing money and budgeting

Lesson 4. Drug management

Lesson 5. Managing material/equipment

Lesson 6. Managing Time

Study Questions

Lesson 1: Human Resource Management (Staffing)

Introduction

Basically, managers need three skills for effective management: human relations, conceptual, and technical skills. Human relations skills are critical for managers at all levels. They

contribute to the manager's ability to bring out the best in people. This, in turn, will help organizations achieve priority goals and objectives, since good staff performance, exploitation of potential, skills development, and positive attitudes are essential ingredients for overall organizational advancement. Human resource management requires skills in training and developing staff, motivating and boosting staff morale, administering personnel policies, supervision, and staff appraisal. The manager's role in a human resource management system, therefore, is to institutionalize sound policies affecting the recruitment, selection, performance, training, morale, job satisfaction, and development of all persons who report to him or her.

- ➔ Human resources of any organization are the most important resource. At the same time, managing human being is the most difficult situation. This is because human being has different behaviors, experience, attitudes, psychological makeup etc.
- ➔ HR are people who supply the organization with their work, talent, creativity and drive
- ➔ HRM is activities under taken to attract, develop and maintain an effective work force within an organization
- ➔ Staffing is the function of a manager by which he/she identifies, assess, place, evaluate and develop competent people to fill all positions

Learning Activity

- *Read and study the notes of this lesson before class*
- *Review your discussion on problem identification and how to set priority in unit one and relate it with this section.*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Definition of human resource management-staffing

Human resource management (HRM), or **staffing**, is the management function devoted to acquiring, training, appraising, and compensating employees. In effect, all managers are human resource managers, although human resource specialists may perform some of these activities in large organizations. Solid HRM practices can mold the organization's workforce into a motivated and committed team capable of managing change effectively and achieving the organizational objectives.

Some Important points in staffing

After an organization's structural design is in place, it needs people with the right skills, knowledge, and abilities to fill in that structure. People are an organization's most

important resource, because people either create or undermine an organization's reputation for quality in both products and service.

⇒ Staffing is not a temporary exercise: -> it is an ongoing activity

- It is a continuing activity as the demand for work force in present day organizations is constantly changing

⇒ Staffing in a complex process

⇒ Staffing is a logical exercise

⇒ Staffing deals with both current and future

⇒ Staffing involves people

Note that staffing includes selecting, recruiting, placing, training, rewarding, appraising and maintaining

Process of staffing

Human resource planning:-(involve assessing current employees, forecasting future needs, and making plans to add or remove workers)

✓ **Recruiting**

(looking qualified people from inside or outside the organization) Staffing is an ongoing process that begins with finding the right people through proper planning, recruiting, and selecting. But staffing doesn't end once employees are hired; management must keep and nurture its people via training, appraising, compensating, and implementing employment decisions that determine such things as promotions, transfers, and layoffs.

- ✓ **Selection:-** Having the right people on staff is crucial to the success of an organization. Various selection devices help employers predict which applicants will be successful if hired. These devices aim to be not only valid, but also reliable. **Validity** is proof that the relationship between the selection device and some relevant job criterion exists. **Reliability** is an indicator that the device measures the same thing consistently. Review of curriculum vitae using criteria, reference checking, testing and interviewing are some of the method used to select employees
- ✓ **Orientation:-** Orientation programs not only improve the rate at which employees are able to perform their jobs but also help employees satisfy their personal desires to feel they are part of the organization's social fabric. The HR department generally orients newcomers to broad organizational issues and fringe benefits. Supervisors complete the

orientation process by introducing new employees to coworkers and others involved in the job. A buddy or mentor may be assigned to continue the process.

- ✓ **Training and development:-** Simply hiring and placing employees in jobs does not ensure their success. In fact, even tenured employees may need training, because of changes in the business environment. Here are some changes that may signal that current employees need training:

- Introduction of new equipment or processes
- A change in the employee's job responsibilities
- A drop in an employee's productivity or in the quality of output
- An increase in safety violations or accidents
- An increased number of questions

Performance appraisal:- Employee performance should be evaluated regularly. Employees want feedback—they want to know what their supervisors think about their work. Regular performance evaluations not only provide feedback to employees, but also provide employees with an opportunity to correct deficiencies. Evaluations or reviews also help in making key personnel decisions, such as the following:

- Justifying promotions, transfers, and terminations
- Identifying training needs
- Providing feedback to employees on their performance
- Determining necessary pay adjustments

- ✓ **Compensation/rewarding:-** Employee **compensation** refers to all work-related payments, including wages, commissions, insurance, and time off.

- ✓ **Employment decision** (transfer promotion, Demotion, firing payment etc):- Employment decisions go beyond determining which employees are due for raises. Through regular, objective performance appraisals, managers acquire information to make and implement decisions about promotions, transfers, demotions, separations, and compensation.

The Human management process

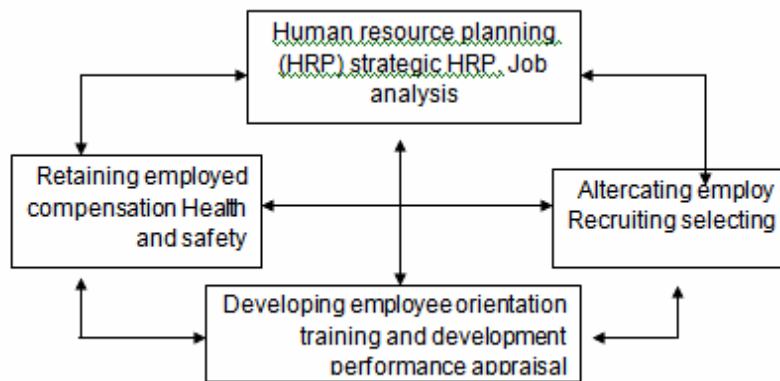


Figure 20: Human resource management process

Note :- Job analysis is the process of determining what the position entails and the qualifications needed to staff the position

-> It is the basis for

1. job description (refer the previous note)
2. job specification

Job specification

- ➔ Skills and ability
- ➔ Credentials
- ➔ Training
- ➔ Experience
- ➔ Personal qualities
- ➔ Physical effort
- ➔ Medical (health) conditions

Human Resource planning (HRP)

- ➔ Is an ongoing process:-Includes the planning and development of human resources
- ➔ Is not just forecasting emend and supply of human resources

- ➔ Is not simply a matter concerned with individual career planning and development
- ➔ Is not just a planning for changing organizational structure

Aims of Human resource planning

To ensure that the organization:

- obtains and retains the quality and quantity of human resource it needs
- makes the best use of its human resources
- is able to anticipate the problems arising from potential surpluses or deficits of human resources.
- Ensure equal employment opportunity

Steps in Human resource planning

In every organization, it is necessary to

- ➔ Determining organizational objectives:- HRP must be based on overall organizational objectives (must be derived from organizational objectives)
- ➔ Analyze the current human resource supply
- ➔ Tap various recruitment sources whenever and wherever necessary
- ➔ Estimate various factors which generate human resource demands
- ➔ Prepare a rational HR recruitment plan
- ➔ Undertake educational, training and development schemes

How to prevent dispute

Dispute occurs when people work in teams, in families, among friends, etc. the manager or team leader or supervisor should try to prevent disputes that occurs often as a result of many causes such as confusion of information, confusion of interest such as money, friends etc and try to solve it as early as possible before it become too harsh or become serious argument. A life of a person may pass because of disputes. In doing so, it is important to solve primarily personal problems and what a good supervisor or leader supposed to do.

1. Frequent meeting
2. Allow them to express their view openly & let the group decide

3. Sharing agreed objectives
4. Having clear and detailed job description
5. Have clear instruction and procedure to follow.
6. Distribute tasks fairly
7. Make-work schedule flat distribute work fairly.

Settling disputes

It is obvious that any disputes affect the morale and performance of the team. It is important to note that disputes should be solved as early as possible other wise it costs in failure in achieving organizational objectives, money and other resources and sometimes it may cost life. In settling dispute:

1. All the people involved in the argument should be separately interviewed, so that all the relevant facts are known.
2. Every effort should be made to know the causes of the argument.
3. The people involved should be asked separately for their views on how to resolve the argument and about whether are willing to be reconciled. If continue to disagree, try to persuade those involved to agree to differ.

Staff appraisal-Ethiopia

According to central personnel authority(CPA), the following are used previous to 1995 Eth,c. The rating Scale Specify

- ✓ Personal traits and behavior such as cooperativeness, dependability attitude
- ✓ Job dimension attribute such as quality of work quantity of work etc.

Scoring

Low (1), Satisfactory (2), Average (3), High (4), Very high (5)

In Ethiopia the following appraisal scales are used filled/completed twice a year.

Appraisal variable

- ➔ Ability to apply knowledge
- ➔ Punctuality

- ➔ Cooperation on jobs
- ➔ Quantity and alertness
- ➔ Quantity of work done
- ➔ Handling and utilization of resources
- ➔ Discipline
- ➔ Innovation, acceptance, and application of ability
- ➔ Ability to accept responsibility
- ➔ Planning and organizing ability.
- ➔ Leadership and Controllability
- ➔ Decision- making ability.

N.B.

1-9 = for all workers.

1-12 =for all who have positions/managers or unit heads

According to the currently introduced staff appraisal following the civil service reform, the above are considered as ethics that should be followed by all civil servant fully in order to exist in the system. As of 1995, staff appraisal should be performance based similar to the principle of management by objective. The agreed variables, which should be measurable based on the type of job and department, should be developed by the individual employee and his immediate boss unless there is a disagreement where the immediate boss of the employees boss is called in. For further details please consult the new guideline developed by CPA, now Ministry of Civil Service.

Lesson 2: Management Information System

Please refer your notes on HMIS in other modules.

Introduction

Health information is one the important resource used in day to day decision in the health sector during the planning, organizing, leading and controlling activities of health service managers. It was discussed in earlier lessons that good management is a prerequisite for increasing the efficiency and effectiveness of the health service. For information to influence management in an optimal way it has to be used by decision makers at each point of management spiral. (see fig)

Managers are hired to effective decisions leading to efficient performance of activities and optimal achievement of an organization's output, goals, and mission. Managers rely heavily on both formal channels of communication and informal channels in their organizations as sources of data used to arrive at these decisions. Functionally, an effective management information system supports monitoring, supervision, evaluation, operations research, resource allocation, and performance appraisals. A manager must, for sound decision-making, always depend on two basic core activities: data collection and data analysis. Moreover, the effective manager works with his or her staff to ensure that each staff person understands why certain data are being collected; how these data should be analyzed to support operations; when analyses should trigger other actions; and who should regularly receive and review data and analyses. Health management information is one of the most important resource and the data collected can be used in the monitoring and evaluation of the organization while discharging the controlling function of the management.

After reviewing this section, you as manager in the health care system will be able to:

- Design a basic integrated management information system.
- Use data to monitor performance, assess impact, manage operations and present results to others.
- Undertake monitoring and simple evaluations of activities.

Remember ...

ALWAYS: Collect data you need and will use.

NEVER: Collect data just for the sake of collecting it.

Management health information is covered in another module (to be covered during the course). Please refer the basic aspect of these resources.

Learning activity

- *Read and study the notes of this lesson before class*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion.*
- *Try to work on the questions at the end of the module*

What is health information management?

A system is conveniently defined as any collection of components that work together to achieve a common objective. The objective of health information system is to improve health

service management through optimal information support. Information is defined as a meaning full collection of facts or data.

Health information system is a system that provide specific information support to the decision making process at each level of the health service organization. The ultimate objectives of health information system is therefore not to gain information but to improve actions. In summary, health information systems as a set of components and procedures organized with the objectives of generating information which will improve health care management decisions at all levels of the health system. It integrate data collection, processing, reporting, and use of the quality, complete and timely information necessary for improving health service effectiveness and efficiency through better management at all levels of health services. See Figs below.

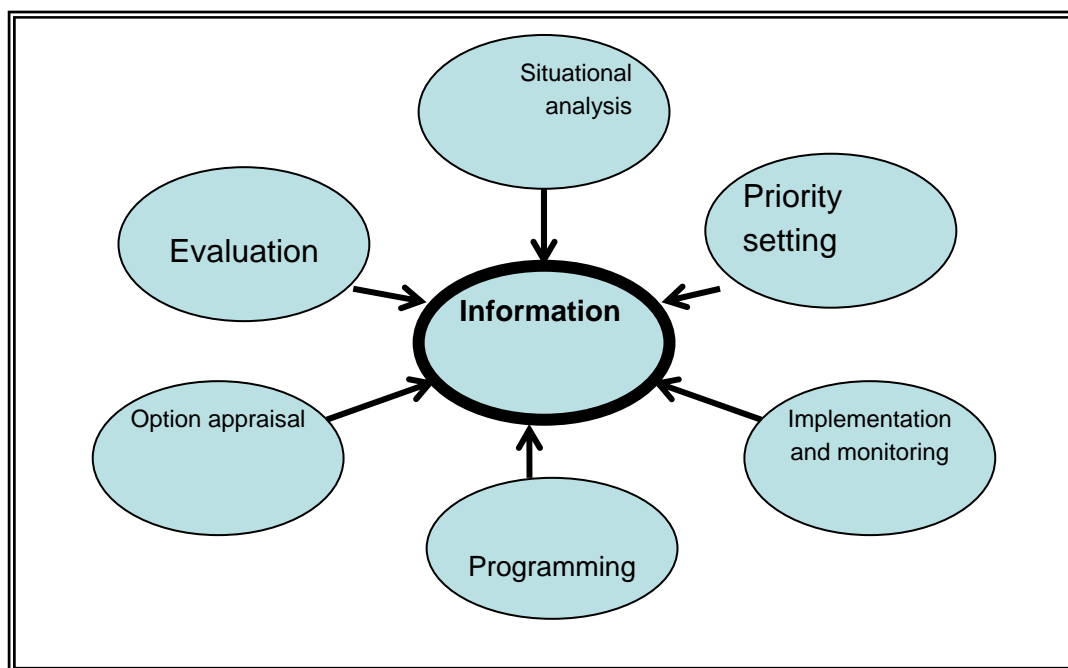


Figure 21:- Information support to each steps in the management cycle.

Lesson 3: Managing Money and Budgeting

Introduction

Financial resource is one of the resources useful for running an organization. In Ethiopian, money is obtained for health sector from the following sources

- ➔ Government budget collected from general revenue (tax)
- ➔ Private sources

- ➔ Charity
- ➔ Users-fee (charge)
- ➔ Voluntary contribution
- ➔ Donation- NGO etc
- ➔ International organization e.g. world bank, African development bank, etc.

It is important that the country must use money obtained from these resource properly to attain organization objectives that is providing high quality of health care the Ethiopian people. Managing money in health care system is a complex task and done by accountants and managers. For effective management, budgeting of organizational resources is an important factor. It is a way of controlling finance. Poor budgeting leads to poor services or production and hence the collapse of institutions. Therefore, budgeting knowledge, skills and attitude are necessary for effective management.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*
- *Try to do the exercises at the end of this unit*

What is Financial Management?

Financial management is not just about keeping accounting records. It is an important part of programme management and must not be seen as a separate activity left to finance staff.

Financial management entails planning, organizing, controlling and monitoring the financial resources of an organization to achieve objectives.

In practice, financial management is about taking action to look after the financial health of an organization, and not leaving things to chance.

What is Budgeting

Budget is a planned quantitative allocation of resources for specific activities. Budget is a quantitative statement usually in monetary terms, of the expectations of a defined area of the organization over a specified period of time in order to manage financial performance. Budgeting is the process of planning and controlling future operations by comparing actual

results with planned expectations. Notice that the term budgeting doesnot include money alone. Other resources such as human, space, equipments, time etc can be budgeted.

Ethiopian Fiscal practicing and financial regulation

Budget year

- ✓ begin Hamle 1
- ✓ end Sene 30

Budgetary allocation must end with in the same year in the past. Currently, there is an assumption to use money even after the end of budgetary year.

Ethiopian budget cycle

- ➔ budget preparation (proposed)
- ➔ budget compiling and approval
- ➔ budget execution
- ➔ budget audit (closing)

Types of Budgeting

There are three (3) basic types of budgets namely:

- Fixed
- Flexible and
- Zero-based budgets
- Incremental (line-by-line budget)
- Variable budget
- Operating budget

Fixed budget

This allocates resources on the basis of a single estimate of cost. The estimate establishes a fixed pool of resources that can be used, but not exceeded in the support of the specified purpose. It is a budget in which budgeted amounts are set regardless of changes that occur during the year.

Flexible budget

This kind of budget allocates resources to vary in proportion with various levels of activity. A manager operating on this budget can expect a bare/little increment in resource allocations when activity increases from one level to the next.

Zero-based budget

In this kind of budget, managers mostly consider all their priorities, objectives at the start of each financial year and not to assume that the previous resources allocated to a project will simply be continued in the future. All projects must complete a fresh for available funds. It is a budgetary approach that assumes the base for projecting next year's budget is Zero; managers are required to justify all activities and every proposed expenditure.

Operating budget: the organization's statement of expected revenue and expense for the upcoming year.

Incremental (Line-by-line) budget:- a budget worksheet listing expense items on separate lines that is usually divided into salary and non-salary expenses.

Types of Budgeting in Ethiopia

There are two types of budgeting in Ethiopia. These are:

- Line- item budgeting
- Program budgeting

Line- Item budgeting

- It identifies the major expenses of the organization, and is the most commonly used
- In Ethiopia, the government prepares its revenue and expenditure using line-item budgeting where a fixed amount of money is allocated to a given item and any allocation wholly or in-part from one item to another requires a prior permission from the government

There are three major type of line item budgeting in Ethiopia

1000- Revenues items

6000- Items for recurrent

8000- Items for capital budget

In the past, recurrent budget has:-

6100- expediter for social services

6200- non social contract based services

6300- expendable goods and equipment's

6400- support and contributions

6500-purchase of vehicles and machines

6600- military construction works and equipment's

Comparison between the new line items for Ethiopia

Table 13: budget items and lines used in Ethiopia

Item	New	Pervious
Salary for civil servant	6111	6101
Allowance for civil servant	6121	6102
Perdiem	6231	6202
Transportation	6232	6202
Telephone bills	6258	6201
Electric bills	6257	6201
Postal, water & others	6259	6201
Foil	6216	6301
Printing	6213	6203
Fuel/oils	6217	6305
Uniforms, closes, bed	6211	6304
Stationers	6215	6303
Vehicles/machines	6311	6501

Renter	6252	6206
Insurance	6254	6210
Vehicle maintenance	6241	6305
Consumable (medical	6214	6303
Office consumables	6212	6306

Forms involved in Government financial and fiscal activities

Ñ/H>/29 – Monthly report form of monthly income expenditure

H> /uT 1,2 = Are used for preparation of budget proposal

Models dealing in properties and finance

Model 30 : official receipt for collecting money

Model 6 = Payment vouched for unsettled advance

Model 16 – The money allocated by model 30 has to be verified on model 16 before depositing to the treasury

Model 19 : Model for conforming delivery of item/drugs

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

Please refer HSDP III- one budget, one plan, one report section

Lesson 4: Drug Management

Introduction

- ✓ One of the most important aspect of a health service

- ✓ It is one of the most responsible functions of the health worker
- ✓ Drugs must be used with skill, knowledge and accuracy otherwise they are dangerous.
- ✓ Drugs are important, powerful, expensive and at the same time dangerous

Learning Activity

- *Read and study the notes of this lesson before class*
- *Review your discussion on problem identification and how to set priority in unit one and relate it with this section.*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Elements of drug management (supply)

- ➔ Drug selection- type, quantity
- ➔ Procurement -> purchasing
- ➔ Distribution
- ➔ Use of drug

Estimating drug requirement

Formula

$$\frac{\text{Total dose of average course of drug}}{\text{of drug}} \times \text{usual No of pt treated I the drug within a given period}$$

e.g Aspirin

6 tab x 10 patient daily x 90 days (3 month)

= 5400 tablets of aspirin are needed for 3 months

Controlling life – saving drugs

It is important that each drugs is in stock

How to make it?

- Make a list of life-saving dugs

- Placing them together on one shelf
- Checking the shelf frequently

Common causes of wastage of drugs

- ✓ too many drugs prescribed per condition
- ✓ expensive brand names mebendazol versus vermoz
- ✓ Prescription unrelated to diagnosis.
- ✓ More or less than required dose
- ✓ Patient preference
- ✓ Over stocking-> expiration
- ✓ Poor cold chain management
- ✓ Theft-internal and external

Drug Stock management

Basic tools:-

- ➔ Receipts –model 19/22 (received/issued)
- ➔ Stock card
- ➔ Document No (model 19/22)
- ➔ Received – issued
- ➔ Balance
- ➔ Unit price
- ➔ Expiry date

Lesson 5: Managing material/equipment

(please refer your lesson on financial management section of this model and other issues pertaining Ethiopian practices and also your IT course in using your computers)

Introduction

Materials are one of the managerial resources used to run an organization. Mainly, materials are two main types:

➔ expendable /consumable/ recurrent)

- are items that is used within a short time period of stationary, reagents, etc.

➔ Non- expendable (a capital, non – recurrent)

- Materials or equipment's that lasts for more than a year.

eg: vehicles, building, etc.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Conduct student centered class room discussion by the course facilitator*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Main activities in material/equipment management.

a. Ordering (obtaining) = purchase

b. Storing (recording, labeling, stock holding, etc)

c. Controlling & inventory

d. Issuing - giving out

Ordering /Purchasing/

- to avail the necessary material that the organization needs (of/at)

⇒ The right quality

⇒ >> quantity

⇒ >> sources

⇒ >> Price

⇒ >> time

Lesson 6: Managing Time

Introduction

- Time is not often thought of as a resource.
- It is non- renewable resources.
- No event can take place unless there is time for it.
- Using time efficiently is a managerial skill.

Learning Activity

- *Read and study the notes of this lesson before class*
- *Conduct student centered class room discussion bt the course facilitator*
- *Course facilitator needs to prepare power-points on the lesson to facilitate class room discussion*

Characteristics of time

- Time cannot be stored
- >> Utilization is fixed
- >> is equally shared to people
- time is expensive
- Time is source for work.

Time wasters

- ➔ Personal weakness
- ➔ Interference by other
- ➔ Original and structural weakness
- ➔ Un planned work
- ➔ Lack of priority setting
- ➔ Occupied by a number of works
- ➔ Many guests

- ➔ Too much routine activities and minor works
- ➔ Too much writing
- ➔ Telephone calls.
- ➔ Many meetings and length of meetings
- ➔ Lack of timely decision

How to use your time efficiently

Plan your daily time

- Decide what should be done rather than what you wish to do
- Choose appropriate time to do major and important activities
- Develop effective record system
- Prepare the necessary resources you need to do a specific activity before you start
- use telephone cautiously
- Do one activity at a time
- Delegates:- ask yourself who else can do this job? Before you start the job
- Decide time limit for every activity.
- Take rest whenever necessary (when feel exhausted)

Types of people who waste time

- Δ Showy
- Δ Dissatisfied/De-motivated
- Δ Purposeful delay
- Δ Lack of confidence (fear)
- Δ Unplanned
- Δ Careless

N.B Use your time well

Prepare to do list, today I must do

1. _____

2. _____

3. _____

Ethiopian Civil service reform

The government of Ethiopia is working hard to improve the civil service under its civil service reform program and introducing the management program similar with that Management by objective. The following table is one of the issues introduced that all government workers to use it to plan the weekly activities and measure the performance in the previous week. This form is already implemented in ministry of health that workers should submit their plan and discuss it with his/her boss on every Monday.

Table 14: weekly activity planning submission format to be used by all government employees.

By Name of
the person

department		the worker time 8:30								Already booked
The BIG ISS	Key activities/Tar gets	Time	Monday 28	Tuesd ay 29	Wedne sday 30	Thurs day 31	Friday 1	Last week Adherence score	Last week outputs/Res ults	
HMIS		8	Submit weekly plan to					100%		
		9		"	"	"				
		10	"	"	"	"	"			New
		11	"	"	"	"	"			
				"	"					
		2	"	"	"					
		3	"	"	"		"			
		4	"	"	"	"	"			
		5	"		"	"	"			

1.4
1.2
1
0.8
0.6
0.4
0.2
0

July, August, September, October, November, December, January, February, March, April, May, June

Legend: H M I S

nal Tasks Performed

Note:- The managers at all level should prepare this plan on Fridays present it to their superiors and workers under the manager.

Study Questions

1. List down the resources used in health sector organizations
2. What is human resources management
3. Discuss the process of staffing
4. Discuss human resource planning
5. What are the basic steps of human resource planning
6. Discuss how to prevent disputes.
7. What is financial management?
8. What is budgeting?
9. Discuss the types of budgeting.
10. What are the two types of budgeting in Ethiopia?
11. What is drug management?
12. Calculate a drug whose dose is 10 tablets per patient for 10 days for 3 months.
13. What are the common causes of drug wastages?
14. List down factors for drug wastage.
15. What type of people who waste time?
16. What is management information system?

Glossary

Accountability:-the responsibility for actions or decisions.

Authority:- a source of power in organizations which is formally sanctioned, often expressed by the role or position of a individual with in an organizational hierarchy

Action plan:- A plan of action for a specific period of time containing several individual projects that describe specific actions. The information

contained in the individual projects is aggregated to produce a wide variety of work and resource plans.

Audit:- A critical examination of the performance of the plan, or a part of the plan, so as to measure the quality of the plan and its implementation,

carried out by the management organisation (**internal audit**) or by an

independent authority not directly associated with the site (**external**

audit), usually at the invitation of the management organisation.

Budget:-formal quantitative statement of resources allocated for planned activities over stipulated period of time.

Bureaucracy:- organization with a legalized formal and hierarchical structure; also refers to the formal structural process within an organization.

Chain of command:- the plan that specifies who reports to whom in an organization; such reporting lines are prominent features of any organizational chart

Closed systems:- a system that dose not inteact with its environment..

coercive power:- The negative side of reward power, based on the influencer's ability to punish the influence.

Committee:- A formal organizational team, usually relatively long-lived, created to carry out specific organizational tasks.

Communication:- is the process of sharing our ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people we are communicating with. The process by which people attempt to share meaning via the transmission of symbolic messages.

Conceptual skill:- The ability to coordinate and integrate all of an organization's interests and activities.

Conflict:- Disagreement about the allocation of scarce resources or clashes regarding goals, values, and so on; can occur on the interpersonal or organizational level.

Control:- The process of ensuring that actual activities conform to planned activities.

Controlling:- The process of ensuring that actual activities conform to planned activities.

Coordination:- The integration of the activities of the separate parts of an organization to accomplish organizational goals.

Creativity:- The generation of a new idea

Data:- Raw, unanalyzed numbers and facts.

Decentralization:- The delegation of power and authority from higher to lower levels of the organization, often accomplished by the creation of small, self-contained organizational units.

Decisional role:- The type of role a person takes on when he or she enables a decision to be made, such as by discussing the allocation of resources.

Decision making:- The process of identifying and selecting a course of action to solve a specific problem.

Decoding:- The interpretation and translation of a message into meaningful information.

Delegation:- The act of assigning formal authority and responsibility for completion of specific activities to a subordinate.

Democratic management:- Management style characterized by a high concern for both production and employee morale and satisfaction; also called team management

Departmentalization:- The grouping into departments of work activities that are similar and logically connected

Discipline:- Actions taken when an employee violates company policy or falls short of work expectations, and managers must act to remedy the situation; it usually progresses through a series of steps—warning, reprimand, probation, suspension, disciplinary transfer, demotion, and discharge—until the problem is solved or eliminated.

Dissatisfiers:- According to the two-factor theory, the factors (which Herzberg called “hygiene” factors) that can inhibit work, such as salary, working conditions, and company policy—all of which are related to the context in which work is conducted.

Division:- Large organization department that resembles a separate business; may be devoted to making and selling specific products or serving a specific market.

Division of labor:- The breakdown of a complex task into components so that individuals are responsible for a limited set of activities instead of the task as a whole. Often referred to as division of work.

Division of work:- The breakdown of a complex task into components so that individuals are responsible for a limited set of activities instead of the task as a whole. Sometimes referred to as division of labor.

Effectiveness:- The ability to determine appropriate objectives “doing the right thing.”

Efficiency:- The ability to minimize the use of resources in achieving organizational objectives “doing things right.”

Employee-oriented style:- Style descriptive of managers who try to motivate rather than control subordinates; they seek friendly, trusting, and respectful relationships with employees, who often participate in decisions that affect them.

Empowerment:- The act of delegating power and authority to a subordinate so that the goals of the manager can be accomplished.

Encoding:- The translation of information into a series of symbols for communication. end-user computing The creative use of computers by those who are not experts in data processing.

Equity:- The assets left after liabilities are deducted.

Equity theory:- A theory of job motivation that emphasizes the role played by an individual's belief in the equity or fairness of rewards and punishments in determining his or her performance and satisfaction.

ERG theory:- Theory of motivation that says people strive to meet a hierarchy of existence, relatedness, and growth needs; if efforts to reach one level of needs are frustrated, individuals will regress to a lower level.

Ethics:- The study of rights and of who is—or should be—benefited or harmed by an action.

Expectancy theory:- A theory of motivation that says that people choose how to behave from among alternative courses of behavior, based on their expectations of what there is to gain from each behavior.

External environment:- All elements outside an organization that are relevant to its operation; includes direct-action and indirect-action elements.

Feedback:- The part of system control in which the results of actions are returned to the individual, allowing work procedures to be analyzed and corrected.

Financial budget:- Budget detailing the money expected to be spent during the budget period and indicating its sources.

First-line (or first-level) managers:- Managers who are responsible for the work of operating employees only and do not supervise other managers; they are the “first” or lowest level of managers in the organizational hierarchy.

Formal authority:- Power that exists when a subordinate or influencee acknowledges that the influencer has a “right” or is lawfully entitled to exert influence, within certain bounds; power rooted in the general understanding that specific individuals or groups have the right to exert influence within certain limits by virtue of the position within the organization, also called legitimate power.

Functional manager:- A manager responsible for just one organizational activity, such as finance or human resources management.

General manager:- The individual responsible for all activities, such as production, sales, marketing, and finance, for an organization like a company or a subsidiary.

Generation gaps:- Differences in sets of values held by different age groups.

particularly to senior levels; its as if there’s an invisible barrier; they can see opportunities above, but they cannot reach them.

Globalization:- The recognition by organizations that business must have a global, not local focus.

Goal:- The purpose that an organization strives to achieve; organizations often have more than one goal; goals are fundamental elements of organizations.

Goal-setting theory:- A process theory of motivation that focuses on the process of setting goals.

Gossip chain:- Type of grapevine chain that often occurs when information of an interesting but non-job- related nature is being conveyed and one person seeks Out and tells everyone the information he or she has obtained.

Hierarchy:- A pattern of multiple levels of an organizational structure, at the top of which is the senior-ranking manager (or managers> responsible for the operations of the entire organization; other, lower- ranking managers are located down the various levels of the organization.

Hostile environment:- The type of sexual harassment that occurs when physical or verbal sexual conduct unreasonably interferes with an employee's performance in the work environment.

Human capital:- An organization's investment in the training and development of its members.

Human relations:- How managers interact with other employees or recruits, particularly subordinates.

Human resource management (HRM):- The management function that deals with recruitment, placement, training, and development of organization members.

Human resource planning:- Planning for the future personnel needs of an organization, taking into account both internal activities and factors in the external environment.

Human skill:- The ability to work with, understand, and motivate other people as individuals or in groups.

Influence:- Any actions or examples of behavior that cause a change in attitude or behavior of another person or group.

Informal communication:- Communication within an organization that is not officially sanctioned. informal organizational structure The undocumented and officially unrecognized relationships between members of an organization that inevitably emerge Out of the personal and group needs of employees.

Information:- Data that have been organized or analyzed in some meaningful way.

Informational role:- The type of role a person takes on when he or she facilitates the gathering of information, such as by checking out market projections. information transformation The process of changing information from one form into another.

Infrastructure:- Physical facilities needed to support economic activity; includes transportation and communication systems, schools, hospitals, power plants, and sanitary facilities.

Innovation:- The translation of a new idea into a new company, a new product, a new service, a new process, or a new method of production.

Inputs:- Resources from the environment, such as raw materials and labor, that may enter any organizational system.

Internal audit:- Audit performed by the organization to ensure that its assets are properly safeguarded and its financial records reliably kept.

Interpersonal role:- The type of role a person takes on when he or she intermediates between people or groups of people, such as presiding over a meeting.

Inventory:- Supply of raw materials, work in progress, and finished goods an organization maintains to meet its operational needs.

Job description: A written description of a non-management job, covering title, duties, and responsibilities, and including its location on the organization chart.

Job rotation:- The practice of shifting workers from job to job within the same company so they can develop a variety of skills.

Laissez-faire management:- Management style characterized by low concern for people and low concern for tasks or production; so labeled because the leader does not take a leadership role; also called impoverished management

Lateral communication:- Communication between departments of an organization that generally follows the work flow rather than the chain of command, and thus provides a direct channel for coordination and problem solving.

Leadership:- The process of directing and influencing the task-related activities of group members.. -

Leadership functions:- The group maintenance and task-related activities that must be performed by the leader, or someone else, for a group-to perform effectively.

Leadership styles:- The various patterns of behavior favored by leaders during the process of directing and influencing workers.

Leading:- The process of directing and influencing the task-related activities of group members or an entire organization.

Legitimate power:- Power that exists when a subordinate or influences acknowledges that the influencer has a “right” or is lawfully entitled to exert influence. within certain bounds; also called formal authority.

Liaison:- The role a person takes on when he or she acts as a go-between.

Management:- The process of planning, organizing, leading, and controlling the work of organization members and of using all available organizational resources to reach stated organizational goals.

Management by objectives (MBO):- A formal set of procedures that establishes and reviews progress toward common goals for managers and subordinates.

Management information systems (MIS):- Computer-based information system for more effective planning, decision making, and control.

Manager:- People responsible for directing the efforts aimed at helping organizations achieve their goals.

Managerial performance:- The measure of how efficient and effective a manager is—how well he or she determines and achieves appropriate objectives.

Maslow's hierarchy of needs:- Theory of motivation that people are motivated to meet five types of needs, which can be ranked in a hierarchy.

Matrix structure:- An organizational structure in which each employee reports to both a functional or division manager and to a project or group manager.

Message:- The encoded information sent by the sender to the receiver.

Mission statement:- Broad organizational goal, based on planning premises. which justifies an organization's existence.

Model:- A simplified representation of the key properties of a real-world object, event, or relationship; can be verbal, physical, or mathematical.

Motivation: The factors that cause, channel, and sustain an individual's behavior.

Negotiation:- The use of communication skills and bargaining to manage conflict and reach mutually satisfying outcomes.

Noise:- Anything that confuses, disturbs, diminishes, or interferes with communication.

Norms:- Assumptions and expectations about how members of a group will behave.

On-the-job training: An approach to training employees at work through such methods as job rotation, internship, and apprenticeship.

Open system:- A system that interacts with its environment.

Operational plan:- Plan that provides the details needed to incorporate strategy into day-to-day operations.

Organization:- Two or more people who work together in a structured way to achieve a specific goal or set of goals.

Organizational culture:- The set of important understandings, such as norms, values, attitudes, and beliefs, shared by organizational members.

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

Organizational performance:- The measure of how efficient and effective an organization is—how well it achieves appropriate objectives.

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

Organization chart:- A diagram of an organization's structure, showing the functions, departments, or positions of the organization and how they are related.

Organizing:- The process of engaging two or more people in working together in a structured way to achieve a specific goal or set of goals.

Outputs:- Transformed inputs that are returned to the external environment as products or services.

Participative management:- A management style that supports employees in taking on enhanced, empowered roles.

Performance appraisal:- Procedure managers use to compare an individual's job performance to the standards or objectives established for his or her job.

Planning: The process of establishing goals and suitable course of actions for achieving those goals.

Policy:- A standing plan that establishes general guidelines for decision making.

Position power:- The power, according to Fiedler, that is inherent in the formal position the leader holds. This power may be great or small, depending on the specific position.

Positive reinforcement:- The use of positive consequences to encourage desirable behavior.

Power:- The ability to exert influence; that is, the ability to change the attitudes or behavior of individuals or groups.

Probability:- A statistical measure of the chance a certain event or outcome will occur.

Problem:- Situation that occurs when an actual state of affairs differs from a desired state of affairs. problem solving argument The argument that groups of people from diverse backgrounds are better at solving problems.

Problem-solving process An organization's methods of dealing with the threats and opportunities in its environment.

Procedure:- A standing plan that contains detailed guidelines for handling organizational actions that occur regularly.

Process:- A systematic method of handling activities. Process consultation A technique by which consultants help organization members understand and change the ways they work together.

Productivity:- Measure of how well an operations system functions and indicator of the efficiency and competitiveness of a single firm or department.

Profitability:- Measure of how well a system functions according to the profits it generates.

Program:- A single-use plan that covers a relatively large set of organizational activities and specifies major steps, their order and timing, and the unit responsible for each step.

Punishment:- The application of negative consequences to stop or correct improper behavior.

Quality:- Quality in the workplace has gone beyond creating a better-than-average product at a good price, and now refers to achieving increasingly better products and services at progressively more competitive prices; this includes doing things right the first time, rather than making and correcting mistakes.

Rational model of decision making:- A four-step process that helps managers weigh alternatives and choose the alternative with the best chance of success.

Receiver:-The individual whose senses perceive the sender's message.

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

Reengineering: This occurs when an organization conducts a significant reassessment of what it is all about

Referent power:- Power based on the desire of the influencee to be like or identify with the influencer.

Reinforcement theory:- An approach to motivation based on the "law of effect—the idea that behavior with positive consequences tends to be repeated, while behavior with negative consequences tends not to be repeated.

Response:- An individual's behavior provoked by a situation or event called a stimulus.

Revenue budget:- Budget for projected sales revenue, used to measure marketing and sales effectiveness.

Reward power:- Power derived from the fact that one person, known as an influencer, has the ability to reward another person, known as an influencee, for carrying out orders, which may be expressed or implied.

Rights:- Claims that entitle a person to take a particular action.

Risk:- Decision making condition in which managers know the probability a given alternative will lead to a desired goal or Outcome.

Role playing:- Method of training in which people are assigned different organizational roles to play in order to improve their skills and understanding of various work situations.

Rules:- Standing plans that detail specific actions to be taken in a given situation.

Satisfiers: According to the two-factor theory, the factors that can motivate work, such as achievement, recognition, responsibility, and advancement—all of which are related to the job content and the rewards of work performance.

Scientific management theory: A management approach, formulated by Frederick W. Taylor and others between 1890 and 1930, that sought to determine scientifically the best methods for performing any task, and for selecting, training, and motivating workers.

Self-managed team or self-managed work group:- Teams that manage themselves without any formal supervision.

Sender:- The initiator of a communication.

Single-use plan:- A detailed course of action used once or only occasionally to solve a problem that does not occur repeatedly.

Situational approach:- The view that the management technique that best contributes to the attainment of organizational goals might vary in different types of situations or circumstances; also called the contingency approach.

Situational leadership theory:- An approach to leadership developed by Hersey and Blanchard that describes how leaders should adjust their leadership style in response to their subordinates' evolving desire for achievement, experience, ability, and willingness to accept responsibility.

Socialization: A program designed to help employees fit smoothly into an organization, also called orientation.

Social system:- The set of beliefs and the resulting behaviors that are shared throughout the organization; also called the cultural system.

Span of control:- The number of subordinates reporting directly to a given manager. Also called span of management or span of management control.

Span of management:- The number of subordinates reporting directly to a given manager. Also called span of control or span of management control. .

Stakeholders: Those groups or individuals who are directly or indirectly affected by an organization's pursuit of its goals.

Standing plan:- An established set of decisions used by managers to deal with recurring or organizational activities; major types are policies, procedures, and rules.

Strategic management:- The management process that involves an organization's engaging in strategic planning and then acting on those plans.

Strategic partnering:- When an organization builds long-term relationships with other organizations, such as suppliers, to enhance its products or services.

Strategic plans: Plans designed to meet an organization's broad goals.

Strategy: The broad program for defining and achieving an organization's objectives; the organization's response to its environment over time.

Strategy implementation:- The basically administrative tasks needed to put strategy into practice.

Subsystems:- Those parts making up the whole system.

Subunits:- The smaller units into which an organization is broken down, such as division, departments, and so on.

Sustainable development:- A more modern approach to thinking about environmental issues that says that organizations should engage in activities that can be sustained for a long period of time or which renew themselves automatically.

System: In an organization, the functions and activities that work together to fulfill the purposes of the organizations. It is conveniently defined as any collection of components that work together to achieve a common objective.

Systems approach:- View of the organization as a unified, directed system of interrelated parts

Task force or project team: A temporary team formed to address a specific problem.

Team: Two or more people who interact with and influence each other toward a common purpose.

Team building: A method of improving organizational effectiveness at the team level by diagnosing barriers to team performance and improving inter-team relationships and task accomplishments team management Management style characterized by a high concern for both production and employee moral and satisfaction; also called democratic management.

Technical skill: The ability to use the procedures, techniques, and knowledge of a specialized field.

Theory: Coherent group of assumptions put forth to explain the relationship between two or more observable facts and to provide a sound basis for predicting future events.

Theory X: According to McGregor, a traditional view of motivation that holds that work is distasteful to employees, who must be motivated by force, money, or praise.

Theory Y: According to McGregor, the assumption that people are inherently motivated so work and do a good job.

Top managers:- Managers responsible for the overall management of the organization; they establish operating policies and guide the organization's interactions with its environment.

Two-factor theory: Herzberg's theory that work dissatisfaction and satisfaction arise from two different sets of factors

Vertical communication:- Any communication that moves up or down the chain of command.

Win-win situation:- Negotiation process in which the prospects for both parties' gains are encouraging; also known as an integrative process.

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