

**Uganda RH/FP/CS Project
Cooperative Agreement 617-A-00-09-00006-00**

**Facilitate Processes for Work plan Development
And Clarification of Individual team roles**

Trip Report

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Background

The **Uganda RH/FP/CS Project** is being launched by MSH and its partners, Jhpiego, Meridian, Communication for Development Foundation Uganda (CDFU), and the Uganda Private Midwives Organization (UPMO) in March of 2009. The cooperative agreement with USAID is for 5 years.

The MSH approach will increase the use of quality reproductive health (RH), family planning (FP), and child survival (CS) services at the facility and community levels in 15 selected districts through a decentralized technical assistance approach and three strategies: 1) the Fully Functional Service Delivery System, MSH's proven approach to comprehensive health systems strengthening; 2) development of the management and leadership capacity of local institutions, the clinical skills of individuals, and community accountability for health; and 3) performance-based financing (PBF), which MSH has used to engage NGOs as well as the public sector to expand access to a package of essential health services in Afghanistan, Haiti, and Rwanda.

Implementation strategies will build on Uganda's strengths: the many local organizations—nongovernmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs)—which together deliver a large percentage of the country's health services. We will build their capacity through our performance-based financing (PBF) mechanism so that they can help deliver an integrated package of essential RH/FP and CS services. By establishing a PBF approach at the public sector at the district level we will enhance organizational and management effectiveness. Payments to organizations that are based on achievement of agreed-upon results enhances their ability to be effective for capacity-building, performance improvement, and scaling up services. We will also work very closely with the district health teams and develop their capacity to more effectively leverage the private sector in service delivery through partnership at the local level.

The overarching principles of these strategies are family-oriented, integrated, gender-sensitive services, continuous engagement, and community focused. The MSH team will use a one-stop shopping approach to delivering a package of essential services that is consistent with the Government of Uganda's health-sector strategies, policies, and guidelines. We will integrate RH/FP and CS educational messages with the country's AIDS and malaria activities to reach a wider clientele. Because unmet need for FP is high and there is a serious shortage of health workers, we will use creative approaches—including linkages to social marketing and the private sector, messages about healthy timing and spacing of pregnancy (HTSP), a range of behavior change communication activities, and initiation of injectables by community health workers—to reach more women and men.

Our strategy for expanding health services takes advantage of two elements of the Ugandan health system: 1) the Village Health Teams, which we will reinforce to be the cornerstone in the delivery and sustainability of quality RH/FP and CS services; and 2) the national Health Sector Area Teams, which can assist us in strengthening the District Health Management Teams.

Activities and Results

The purpose of the STTA was to participate in and facilitate initial work planning and team roles clarification processes and help finalize the workplan and M&E plan.

The program for the week included a day of initial introductions and then 3 days of concentrated planning to define key project activities and timeline that will lead to targeted results. It was intended to use the roles clarification tool during this process, but it was determined that it would be more efficacious to do this once more members of the team were hired. The team however was oriented on the use of the roles clarification tool, which is attached as Annex 1.

Participation in the workshop included (for the three days):

- Paul Hamilton – Chief of Party
- Henry Kakande – Deputy Chief of Party
- Gilbert Matabe – M&E Specialist
- Stella Nabatanze – Grants Manager
- Agnes Acam – Human resources Specialist
- Asta Petkeviciute – Project Support Officer (MSH Cambridge)
- Maggie Partilla – Senior Technical Officer (MSH Cambridge)
- John Pollock – MSH Global technical Lead for Health Delivery Systems (MSH Cambridge)

On the first day, the team process benefitted from and orientation and open discussion with:
Rachel Cintron – USAID/Uganda Health Team Leader, HPN Officer
Sreen Thaddeus – USAID/Uganda Senior Technical Advisor

At the end of the three day workshop, the team had reviewed the context and goals for the project. We conferred with the USAID team to gain orientation and discuss effective start-up tactics, and the sequence of initial technical events. We started the process of updating the project work plan for year. John Pollock left at the end of the week.

The second week, Maggie Partilla worked with the project team to finalize the workplan and the monitoring and evaluation plan, based on the indicators sent by USAID. The workplan and M&E plan were initial project deliverables and were sent to USAID by the COP on March 27. We also worked to develop the workplan budget.

Annex 1 : MSH Team Roles Clarification Tool



Human Resource Capacity and Roles Clarification Process & Tool (a working draft prior to publication) ¹

Description

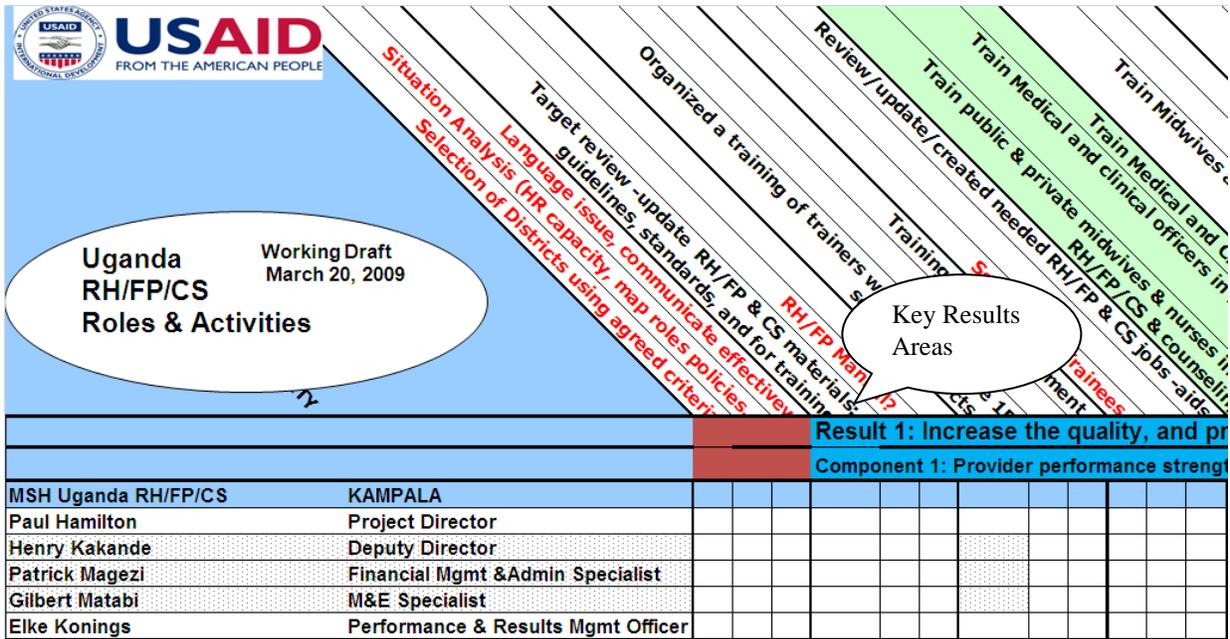
Purpose

This tool and approach are useful in working with groups, organizations, or groups of organizations working toward defined goals to analyze human resource capacities, to define essential roles and responsibilities, to allocate human resources efficiently to priority areas, to identify gaps where additional resources are needed to meet program goals, and to develop or revise individual role descriptions. It can also be used as the basis for developing consortium, organizational, and individual work plans.

Structure

The primary organizing tool for this process is a spreadsheet format that is designed to record key data related to program goals, key results areas, strategies, and linkages and relate them to the current and necessary resources for effective and efficient pursuit of goals. Individual roles read across a row in which it is recorded where the role has a participatory or supporting function (marked with an 'X') or primary accountability (marked with an 'O').

¹ The Human Resource Capacity and Roles Clarification Tool was developed in Haiti in the context of the USAID funded HS2004 Project in by John Pollock in 1998. It has been used in public and private sector settings in five countries and has been improved by input from Paul Auxila, Marie Christine Brisson, Sarah Johnson, and Christele Joseph Pressat. All rights are reserved by Management Sciences for Health.



Function

The tool is a data gathering and organizing device that facilitates drawing critical information for planning and decision-making. The process is highly participatory and transparent and has the effect of drawing together stakeholders, synthesizing individual inputs, improving intra-team communication around goals, identification of issues, and development of strategies. It can be most useful in the context of a Performance Improvement effort and can function as a shared record for M&E and planning.

Utility

Once completed, the spreadsheet provides a visual display that can help with:
PROBLEM SOLVING: it shows areas where there is an overload of staff effort, areas where there are gaps that will lead to implementation failure, conflicts in prioritization;
PLANNING: it allows a routine review of activities in relation to goals;
COMMUNICATION: it can be shared broadly and publicly posted as a mechanism for helping clients understand how to appropriately access key players relating to elements of a complex program;
ROLE DEFINITION: For individuals in a group or for organizations in a consortium, the completed spreadsheet provides, row-by-row an accessible description of what that individual's or that organization's primary and ancillary contributions will be.

Steps

Preparation

It is most effective in opening the process with a group if there has been a preliminary effort to create chart based on current, known data. (Source documents are staff lists, existing job descriptions, work plans, strategy documents, etc). Copies of the source documents should be available for the meetings.

It can be useful to send ahead of the meetings a protocol of the kinds of information that will be relevant. Existing job descriptions can be distributed along with the current work plan, for example.

Scheduling

This exercise can take place within a single day or can be spread out across two days.

If the program is within a single organization, the formal meeting times do not have to be totally disruptive of the daily work schedule.

- 1) The initial meeting should be early in the day and focus on laying out the goals of the process, the structure of the tool, and the steps that will be gone through. After questions are answered, the meeting can be adjourned. (Allow an hour...sometimes less time is needed).

- 2) Staff are asked to take about 20 minutes to think about:
 - a. the organization, its program goals, key results areas, strategies, primary activities and linkages. They are asked then to review the draft chart and add missing elements, designate any current activities that should be redefined or ended, etc. and
 - b. their own roles, areas of primary responsibility, key collaborations, and support obligations. They then go to the chart and mark the columns appropriately with 'X's and 'O's.

Note: It is important to note to staff that this step is to get their thoughts & ideas on record. Its good to be imaginative. Everyone should understand, however, that the supervisors and directors will be reviewing the results at a later stage and no one should feel that their 'input' has become their confirmed role. The Director or Manager needs to complete the analysis of the data before making the decisions required to confirm roles and responsibilities.

- 3) The group is brought back together to review the chart that now includes their collective input. There should be a facilitated discussion to draw out the group on the overall strategy, the completeness and appropriateness of the activities, etc, and the reasonableness of the individual roles. Particular focus should be given to asking staff to identify issues, conflicts, and gaps (the facilitator cannot hope to know how much effort is required of a particular activity...and this is an opportunity for the managers to get 'safe' feedback from the staff on a broad array of program elements.
- 4) There should be an 'executive' review session with the directors/managers to draw together the information gained in the last group session; to analyze the situation against goals, and make any decisions about redefinition of roles, reallocation of responsibilities, and steps to be taken to fill any gaps identified.
- 5) The 'final' chart should be distributed to individuals as the basis for developing their own job descriptions and work plans (more on this) and can be posted in a public place for communication and reference purposes.

Presentation

The facilitator should arrange for the program or organization director to introduce the process (demonstrating interest, commitment, and a model for buy-in). The goals for the exercise should be carefully outlined and related to the steps that will be gone through.

Ideally, this preliminary chart can be printed (or drawn) on paper large enough to be read by the assembled group and worked on by more than one individual at a time. (3' by 8' is good). Plenty of blank columns & rows are essential.

It is important to list the known Key results Areas and critical not to omit any current staff from the preliminary listing. (The desired level of comfort with this process is hard to attain if people feel they have been overlooked). If the current staff list is not known, it is fine to proceed with what information is available...but the fact that information is missing must be noted.

Organization Goals and Key Results Areas

The primary goals and key results areas of the organization are recorded on the horizontal line that is the demarcation between the processes, activities, & linkages and the staff resources.

Organization Processes, Activities, and Linkages

These items are listed in the top row (slanted to be readable). It is useful to develop a code for types of activities to allow sorting into rational groups after brainstorming takes place.

Individual roles (Current & Potential)

Each member of the team (or vacant position) gets a row assigned. In this row, the individual marks with an 'X' all of the areas where his or her responsibility is to participate or provide support and marks with an 'O' all areas where he or she has primary responsibility (team leader, program supervisor, etc)

Reflection and Adjustment

Once the chart has been completed, it is useful for the team to reflect on it together. This process can draw out subtle conflicts or gaps that can impede performance.

Responsibility/Accountability

All key activities must have someone designating primary responsibility (with an 'O') or there is a gap in the structure of responsibilities. All of those who have a supporting role need to acknowledge that they are accountable to the 'O' holder(s) for their contributions.

Needs Analysis

One aspect of the analysis of the data is to review the appropriateness of each activity to the overall goals of the organization or unit and to then determine whether the resources allocated are appropriate in relation to the tasks to be carried out and their relative importance. Sometimes there are too many people involved in an activity for efficient implementation. Often there will be gaps around areas where performance has been problematic or, if there has been a significant change in goals or program elements, there will be clearly identified activities without staff committed to support them.

Work Plan Development/Review

A work plan can be generated from the roles chart by rotating the axes and adding a time line to each activity. The plan will be clear on **What** is to be done, **Who** is to do it, and **When**. If there are resources constraints or dependencies, they should also be noted.

Job Description Generation

Each individual can take their completed row and turn it into an accurate descriptive narrative of their responsibilities as a member of the team. The collection of Job descriptions will represent a well-integrated presentation of the roles and function of the team.

Approaches

Leadership: The leader(s) of the organization or unit must be involved and support this process or it will not be useful. Staff need to feel that participation is important and comfortable with the exchange of views and information. It is important for the leadership to create the appropriate atmosphere.

Scheduling: The entire process can be fit into a day. The meetings should be respectful of the competing duties of the participants and allow flexibility around the periods of individual thinking. The group sessions should be held to the planned time frames and discussions kept on the points being addressed. (There is benefit to be drawn from casual discussions, but they can take place outside the formal process if the chart is posted in a public place)

Participation: There should be a decision made on whether to include all staff (professional and administrative support) or just the professional staff. In a large organization, it might be sensible to work with unit leaders. In any case, the question of participation should be addressed clearly and staff should be informed about the process so that there is no confusion

Open process/Brainstorming: One of the strengths of the group meetings is that the organization can benefit from the experiences and perceptions of the entire staff across the key areas of its activities. The brainstorming does not commit the managers to accept ideas or recommendations, but does provide a way to know what they are.

Individuals & Units A large organization can use this process with unit leaders to clarify the roles and responsibilities of the various structural units. This process can help identify where a structure is no longer well-suited to meeting the changing goals of an organization and point out where there can be useful changes.

Analysis

The analysis that takes place after the completion of the chart will tend to be dynamic. People see different things at different times. It is useful for the consultant to facilitate an orderly review of the primary points of consideration.

Organization Goals & Priorities: The first step is to go back over the key results areas for the organization. A quick review is often all that is necessary because the staff will all have had a chance to fill in any main themes that are missing. The second step is to look at the activity list. There will be new activities and there may be some that staff members have put into question. The consultant may have some questions regarding priorities and should seek to have the unit staff confirm and highlight the highest priorities. It is quite important to have enough of a breakdown in the specific activities to allow a picture of who does what to develop on the chart.

It the Key-Results level, it might be that 2/3 of the staff are involved...but at the activity level, there should be much more specificity. Once this review is done, it is time to move to looking at the roles of individuals (or cadres of individuals).

Note: For the purposes of planning to add VCT/PMTCT/and ART services, it is important here to go activity-by-activity to get a clear sense of what is going on. The consultant should make notes on any comments about demand related to services already being offered that come from the staff. These notes will be an informal means of cross-referencing with the service data collected separately.

Human Resource Allocations (Roles & Responsibilities): This examination of the roles of individuals or cadres of individuals can be highly informative to the unit leadership as well as to the purposes of the overall assessment. Staff members should have indicated all of their current areas of responsibility and also have noted with an 'O' where they are the primary responsible person. The consultant should observe that in a center where the new HIV/AIDS related services are not already available, the addition will require allocation of time and effort. It may be the case that reallocation of staff will mitigate pressures, but it is also important to assure that there is full coverage of existing priorities. It is a place where both the key activity column and the rows representing individual commitments and obligations should be reviewed. People can have the capacity to fill a role without the time available in which to actually do it.

Critical Path: Some key activities can only be carried out if others are completed. These are 'dependencies'. For example, vaccination cannot be provided if the vaccines are not first made available. This dependency also applies to aspects of HIV service provision. PMTCT is only applicable where the mother has already been diagnosed as HIV+. Examining the critical path can help in the process of integration of HIV services into the existing package of services in the center. Mothers coming for pre-natal care can be routinely offered VCT, etc. This discussion of dependencies can lead to a clear understanding of the level of effort that will be required and may also assist the director in thinking about who might receive training to expand the array of services that an individual can offer and where now staff may be needed.

Gaps, Bottlenecks, and Crowds: Two things that are easy to see on the chart are 'Gaps' and 'Crowds'.

All activities should be reviewed to confirm that adequate staff will be available and that it is clear who is responsible. So... any column with no 'O' means that there is an orphan- priority. Any column with few 'X's needs to be reviewed to be sure that staff coverage is appropriate. If the problem cannot be solved in review, there is a 'Gap' this gap should be noted by the consultant and an appropriate new position listed on the bottom of the chart. Once such a position is on the chart, the group can discuss the range of activities that the position can support. This approach will define a job description that will serve the upcoming needs of the center. This process also allows the current staff to understand the need for the new position, how it fits in, and how they will relate to it as an individual.

Conversely, some activities draw 'Crowds'. An activity column with many "X"s and/or multiple 'O's needs to be discussed to be sure that this is because many people really need to be involved

and/or that leadership really is planned to be shared. Often this is the case, but sometimes the activity is simply appealing to people and there are too many people and too much time being committed. These are situations where the Director has some allocation decisions and communication requirements laid out. Job elements or plans will change for some staff members. The advantage here is that staff will understand up front why the change is appropriate and necessary.

‘Bottlenecks’ occur when an individual staff member (or cadre) has more responsibility than can be reasonably met. Any row (representing an individual role) that has many ‘X’s and ‘O’s should be reviewed to assure that the plan is not building in delays that are unnecessary or detrimental to meeting service goals. Unit leaders for instance, do have broad responsibility. Many ‘X’s and ‘O’s are expected. However, if a unit leader has delegated nothing and has marked all activities with an ‘O’, there is a discussion that is needed and some delegation that must take place to allow efficient expansion of services. Otherwise, many things will be delayed... or simply not done.

Performance Improvement: This is a point to review the Performance Improvement model. A discussion can take place at this point with all the main stakeholders on the staff. The chart has created a clear presentation of current capacity in relation to the centers service goals. The ‘Gaps’ are clear. It is an excellent time to get the staff to discuss strengths and issues that might impede progress toward goals. Steps to be taken and positions to be added will target problems and will not overload the system.

Effectiveness:

Actions	
Strategy Review and Adjustment	Organization Structure Review
Work Plan Review	Role Clarification & Job Description
Needs definition	Decision Making/Action Plan

Maintenance

Posting & Distribution	Updating	Review Mechanism
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