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# **Management and Leadership Skills Gap Analysis at Provincial and District Level**

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Abt Associates Inc.

Abt Associates Inc. ■ 4550 Montgomery Avenue, Suite 800 North  
■ Bethesda, Maryland 20814 ■ Tel: 301.347.5000 ■ Fax: 301.913.9061  
■ [www.abtassociates.com](http://www.abtassociates.com)

# **Management and Leadership Skills Gap Analysis at Provincial and District Level**

## **Co-authors**

Emily Moonze, Management Specialist - Lusaka Province  
Terence Muchengwa, Management Specialist - Central Province  
Alfred Tembo, Management Specialist - Northern Province  
Edward Nondo, Management Specialist - North-Western Province  
Sililo Dennis Sililo, Management Specialist - Western Province  
Maureen Mukelebai, Management Specialist - Southern Province  
Pule Mundende, Management Specialist - Luapula Province  
Musonda Kaluba, Management Specialist - Copperbelt Province

## **DISCLAIMER:**

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## **Abbreviations/Acronyms**

AIDS	Acquired Immuno-Deficiency Syndrome
APAS	Annual Performance Appraisal System
ART	Anti-retroviral therapy
ARVLS	Anti- retroviral logistics system
CPs	Cooperating Partners
DMO	District Medical Office
FAMS	Financial Administration and Management System
FMS	Financial Management System
GRZ	Government of the Republic of Zambia
HIV	Human-Immune Virus
HMIS	Health Management Information System
HQ	Headquarters
HR	Human Resource
LMIS	Logistics Management System
MOH	Ministry of Health
PA	Performance Assessment
PMEC	Payroll Management and Establishment Control
PHO	Provincial Health Office
TSS	Technical Support Supervision
ZHWRS	Zambia Health Workers Retention Scheme

## **I. Introduction**

Strong health systems are the framework that enables sustainable delivery of health services in the districts. Although several initiatives have been implemented by the Ministry of Health (MOH) and partners to improve delivery of services, such as those directed at child health, maternal health, family planning, malaria and HIV/AIDS, there is still a need for more effective management and leadership strategies, which will complement other technical skills and result in increased use of quality health services.

The dissolution of the Central Board of Health in 2006, and the subsequent restructuring of the MOH, led to the re-deployment and departure of critical staff initially trained to manage various management functions at all levels. It is now important to build capacities of new staff, with a special focus on the provincial and district levels.

The Zambia Integrated Systems Strengthening Program's interventions will employ the proven model of seconding qualified staff to be integral members of the Provincial Health Office (PHO), who will strengthen the PHO capacity in management, leadership and planning. The management specialist position has been strategically established to reinforce management functions and assist in strengthening key health systems at both the provincial and district level. The management specialists will serve as MOH liaisons supporting governance, management, leadership and planning at provincial and district levels.

### **I.1 Purpose of the Report**

As an initial step, the management specialists are expected to conduct a gap analysis, in order to identify existing gaps in the management functions at provincial and district level. The results of the analysis will form the basis for developing strategies to address identified problems and to develop appropriate work plans. This report provides consolidated findings and proposed strategies from the eight provinces. The report does not include data from Eastern Province because the Management Specialist has not yet been recruited. However, it is assumed that findings from other provinces may be applicable to all the provinces in Zambia.

## **2. Methodology**

The Management Specialists used the MOH performance assessment tools for monitoring provinces and districts in management functions. The tools assess the following functions: planning, human resources for health, procurement, governance, maintenance management and transport, internal audit and financial management. A desk review of the 2010 Performance Assessment (PA) reports was conducted in the eight provinces. Data was also collected during the routine bi-annual provincial performance assessments carried out in September and October 2010. The Management Specialists also held short interviews with key provincial staff such as the Senior Planners, Clinical Care Specialists, and Accountants.

## **3. Summary of Key Findings**

The outcome of this analysis is presented below according to the management functions: governance, planning, human resources, procurement, internal audit, financial management, and maintenance management and transport.

## **3.1 Governance**

The performance assessment tool measured three key governance result areas—management structure, institutional meetings, and performance management. The assumption is that a well managed system should be functional in all these areas.

### **3.1.1 Management Structure**

All the Provincial Medical Offices (PMOs) had an organizational structure in place; however, in most cases, the reporting hierarchy was not clear to most staff and delegation of authority was also not well defined. This was due to the incomplete MOH restructuring, which left most of the positions vacant.

### **3.1.2 Institutional Meetings**

In all PHOs, relevant committees were in place and there were defined schedules; however, most institutional meetings had not been held regularly. Where they had been held, there were no minutes to substantiate the claims.

All the PMOs had conducted their bi-annual performance assessments for 2010. However, some provinces (PMOs) did not hold post PA review meetings and no feedback provided to the districts on the findings.

Discussions with the senior MOH Director revealed serious concerns about the PA process becoming a routine activity without significant impact. The performance assessment is not responding to the “so what?” question and there are no follow-up plans to address the findings. Inadequate management and leadership skills in the key staff were a common finding in all the provinces assessed.

## **3.2 Planning**

The following key areas were analyzed: results-based action planning, alignment of budgets, work plans and targets, and planning capacity at provincial and district level. The assumption in this area was that better planning and budgeting, and implementation of plans, should result into improved delivery of health services.

Findings varied from province to province. For example, one province had their planner on study leave, while the other provincial planners had not been appointed. Most of the districts had new planners; the Northern Province had only three districts with planners, none of whom had received orientation on the MOH planning guidelines. There were no formal provincial planning guidelines. Provinces are currently using MOH-HQ formats, which have not yet been translated into formal guidelines.

Other findings included weak stakeholder involvement in the planning process and unclear resource allocation across program interventions. Quarterly reports were not reviewed and analyzed; therefore it was difficult to identify level of implementation against planned activities.

Findings of the PA of the districts in some Provinces revealed failure by some DMOs to revise action plans quarterly; in DMOs where this occurred, there was no evidence of use of Health Management Information System (HMIS) and PA results. Although data forms the basis for development of evidence-based action plans, most staff lacked adequate knowledge in HMIS and Smart-Care.

### **3.4 Human Resources for Health**

Key areas of assessment included HR policy, performance appraisal, human resource development, HR capacity and supervision, record keeping, and payroll management.

Although HR policies and guidelines were available in most provinces and districts, they had not yet been disseminated, and as a result could not be adhered to by staff. For example, the HIV/AIDS workplace policy had not yet been implemented. The assessments further revealed that some new staff at both provincial and district levels had not yet been appointed to positions, some existing staff still awaiting promotions, and others not yet included on the pay roll.

In assessing the Zambia Health Workers Retention Scheme (ZHWRS), it was observed that the scheme did not adequately address staff shortages in rural areas.

Although a performance appraisal system (APAS) was in place, designed to be implemented annually or when appointing a staff to the civil service, the system had not yet been disseminated to all the members of staff. The performance appraisals were still being conducted using confidential forms, and the APAS system was determined to be inadequate for staff, such as health facility level staff, because the system is not performance-based.

Other findings included no available plans for recruitment of staff for new health centers in the provinces. There was no clear human resource information system in the provinces and districts.

### **3.5 Procurement**

With inadequate staff in the procurement units, there was no evidence that procurement committee meetings occurred. Because of this reason, in Lusaka Province, no large tenders had taken place. All large tenders were carried out at the Provincial Administration Office on behalf of the PHO. In the provinces where tender committee meetings were reported to be taking place, no reports verified the claims.

### **3.6 Internal Audit**

There were no Audit manuals and budget line for internal audits in the provincial plans. Most of the PHOs reported having Internal Auditors; however, none of them had been officially appointed. In one province, the acting Internal Auditor had gone on study leave.

## **3.7 Financial Management**

The Management Specialists assessed the status of Financial Management Systems by reviewing the following key results areas: payroll management, bookkeeping, receipting and banking, expenditure, disbursement of funds, damages or losses, recoveries, financial reporting, and budget.

Some provinces had new staff in accounts positions not yet appointed or oriented to the financial regulations and accounting procedures. The position of Accountant was not in the PHO establishment; only Senior Accountant.

Other findings from the review of the PA process and reports included poor credit and imprest management, and irregular financial committee meetings. There were three parallel financial management systems, namely the Financial Administration and Management System (FAMS), Financial Management System (FMS) by Ministry of Finance and National Development, and the GRZ Accounting System.

## **3.8 Maintenance Management and Transport**

Assessments under this section focused on maintenance of office equipment, insurance and transport management. Findings revealed that most districts had inadequate transport and did not perform enough preventive maintenance of medical equipment. Some provinces reported availability of assets registers and insurance files, although not able to reveal either of them. The Internet facilities were found to be inadequate in all the provinces.

# **4. Other Findings**

## **4.1 Drugs and Logistics**

Availability of drugs in health facilities is perceived to be an indicator of a strong health system. Discussions with key pharmacy personnel in some provinces revealed that, although, LMIS/ARVLS and ART systems were in place and staff at provincial level trained in their use, those at the district level had not been trained. The other major challenge in this area was inability to account for drugs dispensed, due to inadequate trained staff in pharmacy. There was no mechanism for retaining trained pharmacy personnel in the districts.

# **5. Summary of Recommended Strategies**

This section provides a summary of recommended strategies to address the identified gaps. The detailed strategies are attached in Annex I.

## **5.1 Governance**

The major gaps included inadequate coordination of health programs at provincial and district levels; most managers not yet trained in leadership and management concepts; unclear reporting hierarchy; and inadequate preparations before undertaking performance assessments.

### **Suggested Strategies**

- Development of capacities of provincial and district managers in leadership and management skills.
- Orientation of provincial staff to organogram and line of reporting. This strategy will be undertaken in collaboration with HR at provincial and district level using the approved MOH structure.
- Strengthen PA tools in collaboration with the central MOH and re-orient staff in the PA process.

## **5.2 Human Resources**

The main gaps in this area were inadequate understanding of GRZ Conditions of Service by staff at provincial and district levels; HIV/AIDS Work place program not yet implemented at provincial and district levels; and staff attrition not regularly analyzed.

### **Suggested Strategies**

- Disseminate GRZ conditions of service to staff through the HR unit to ensure clear understanding of policies by all staff.
- Facilitate rapid implementation of the HIV/AIDS workplace program through the HR unit.
- Establish system for capturing attrition data on a quarterly basis.

## **5.3 Financial Management**

The gaps identified were poor adherence to financial procedures; new Accountants at the district level not yet oriented to GRZ financial management systems and procedures; and lack of a system for tracking resources at provincial and district level.

### **Suggested Strategies**

- Capacity building in GRZ financial management for both new Accountants and non-accounts managers.
- Develop a system for tracking resources from different partners at provincial and district level.

## **5.4 Planning and Budgeting**

The major gaps in this area were lack of provincial planning guidelines; work plans not demonstrating use of routine HMIS and PA data; and new planners not oriented to the MOH planning process.

### **Suggested Strategies**

- Capacity building of all new staff (planners, and information officers) in planning and budgeting using the new MOH planning tools.
- Development of planning tools for the provincial level.
- Capacity building of non-HMIS managers in basic data management and use for decision making.

## **5.5 Procurement/Internal Auditing**

The main gaps included irregular procurement and internal audit meetings due to staff shortages and inadequate planning for auditing activities at provincial level.

### **Suggested Strategies**

- Facilitate holding of regular procurement and procurement and audit meetings.
- Facilitate inclusion and budgeting for both activities in provincial and district action plans.

## **6. Conclusion**

The gap analysis activity has enabled the Management Specialists to better understand the environment in which they will be operating in terms of management and leadership functions. This process has provided the baseline data necessary for identifying priority areas for capacity building of health providers and managers in management and leadership skills.

## 7. Annex I - Selected Management Capacity Building Strategies and Illustrative Activities by Functional Areas at Provincial and District Levels

Functional Area	Identified Capacity Gaps for Support	Capacity Building Strategies	Illustrative Activities
<b>Governance</b>	Inadequate coordination of health programs at provincial and district levels	In collaboration with BRITE, build capacity of provincial and district managers in leadership and management skills	Develop curriculum in management and leadership skills
	Most managers not yet trained in management and leadership concepts		Conduct training of key provincial and district level managers in management and leadership gaps
	Unclear reporting hierarchy	Staff orientation to organogram and line of reporting	Work with HR at provincial and district level to produce provincial organogram and orient staff to the same
	PA not producing desired impact (inadequate preparations before activity is undertaken)	Re-orient staff in PA process	Working with MOH conduct orientation of staff at provincial and district level in PA process
	Irregular CPs and other institutional meetings	Reactivation of quarterly CPs and monthly institutional meetings	Facilitate holding of CPs and institutional meetings according to schedule
	PA tools not addressing the "so what?" concept	Strengthen PA tools in collaboration with the central MOH	Working with MOH revise existing PA tools for provincial and district assessments
<b>Human Resources</b>	Inadequate understanding of GRZ conditions of service by staff at provincial & district level	Work with HR to disseminate GRZ conditions of service to all staff	Orientation of provincial and district staff in GRZ conditions of service
	Lack of the HIV/AIDS workplace program at provincial and district level	Work with the PHO and DHO to implement the HIV/AIDS program	Facilitate the establishment of the HIV/AIDS workplace program
	Staff attrition not regularly analyzed	Establish system for capturing attrition data on a quarterly basis	Work with HR and HMIS to develop tool for capturing attrition data

Functional Area	Identified Capacity Gaps for Support	Capacity Building Strategies	Illustrative Activities
<b>Financial Management</b>	Poor adherence to financial procedures	Capacity building in financial management	Update new accountants in GRZ financial procedures
	New accountants at provincial and district level not trained in GRZ financial management procedures		Train non- financial managers at provincial and district level in financial management systems
	There is no system for tracking resources from different partners at provincial and district level	Introduce a system for tracking resources from different partners	Work with MOH to develop provincial and district level resource mapping and tracking system
<b>Planning</b>	New planners not oriented to planning and budgeting guidelines	Capacity building in planning and budgeting systems	Train all new planners, management specialists and community health coordinators in planning and budgeting guidelines
	Absence of provincial planning guidelines	Strengthen planning for key health interventions at provincial level	Facilitate the development of planning guidelines at provincial level
	Work plans not demonstrating use of routine HMIS and PA data	Strengthen use of information for decision making	Facilitate training of provincial and district managers in the use of information for planning
<b>Procurement</b>	Irregular procurement committee meetings at provincial and district level	Reactivation of procurement committee meetings	Facilitate monthly procurement committee meetings
<b>Internal Audit</b>	Irregular internal audit meetings at provincial level	Reactivation of internal audit meetings at provincial level	Facilitate regular internal audit meetings

## 8. Annex 2 - List of Persons Interviewed During the Gap Analysis

No.	Name	Designation	Station
1	Dr. E. Chizema Kawesha	Director Technical Support Services	MOH-HQ
2	Dr. W. Chirambo	Clinical Care Specialist	PHO-Lusaka
3	Mr. Simon Mulenga	HR Specialist	PHO-Lusaka
4	Mr. Sydney Mukefuwa	Financial Specialist	PHO-Lusaka
5	Mrs. Mildred Mulenga	Principal Pharmacist	PHO-Lusaka
6	Mr. Mumba Tembo	Planner	PHO-Kasama
7	Mr. Kasongo	Senior HR Officer	PHO-Kasama
8	Mr. Kennedy Chinyama	Financial Specialist	PHO- Kasama
9	Mr. D. Mulendema	Data Management Specialist	PHO- Ndola
10	Ms. F. Kashita	Human Resource Manager	PHO- Ndola
11	Ms. I.M Chungu	Human Resource Officer	PHO- Ndola
12	Mrs. N. Mvula	Accountant	PHO - Ndola
13	Ms. C. M. Chungu	Planner	PHO - Ndola
14	Mr. Gwai	HMIS Specialist	PHO - Ndola
15	Mr. Lubasi	Internal Auditor	PHO- Ndola
16	Dr. A. Sitali	Provincial Medical Officer	PHO- Mongu
17	Dr. Chooga	Clinical Care Specialist	PHO - Mongu
18	Ms. M. Mang'wato	Provincial Nursing Officer	PHO - Mongu
19	Mr. S. Litebele	Senior Health Inspector	PHO - Mongu
20	Mr. A. Hanseli	Snr Prov. Education Officer	PHO - Mongu
21	Mr. M. Muyunda	Senior Human Resource Officer	PHO - Mongu
22	Mr. Newton Gondwe	HR Management Officer	PHO - Luapula
23	Mr. Emmanuel Mubanga	Principal Pharmacist	PHO - Luapula
24	Mrs. Josephine Zimba	Nursing Officer	PHO - Luapula
25	Mr. Simon Mwale	Senior Accountant	PHO - Luapula
26	Mr. Alex Mbulo	Environmental Health Officer	PHO - Luapula
27	Dr. Alisheke	Provincial Medical Officer	PHO - Livingstone
28	Mrs. Cleopatra Mbewe Ng'andu	Senior HR Management Officer	PHO - Livingstone
29	Mr. Masiye Maimbolwa	Financial Specialist	PHO - Livingstone
30	Mr. Derrick K. Mayungo	PMEC	PHO - Livingstone
31	Mr. John Zimba	Information Officer	PHO - Livingstone
32	Mr. Muyendeka	Senior Human Resource Officer	Livingstone General Hospital
33	Dr. G Liabwa	Provincial Medical Officer	PHO - Solwezi
34	Mr. E Kakoma	Senior Health Environmental Officer	PHO - Solwezi
35	Mr. M M Mupimpila	Planner – Budgeting/FAMS	PHO - Solwezi
36	Dr. M Lubinda	Clinical Care Specialist	PHO - Solwezi
37	Mr. L Kayumba	Senior HR Management Officer	PHO - Solwezi
38	Dr. B Ng'uni	District Medical Officer	DHO - Solwezi
39	Mr M Kaputula	Planner – DHO	DHO - Solwezi