BASICS
TRIP REPORT

Ethiopia Health Systems Design Activity
November 11–December 10, 1994

BASICS is a USAID-Financed Project Administered by The Partnership for Child Health Care, Inc.:

Academy for Educational Development (AED)
John Snow, Inc., (JSI)
Management Sciences for Health (MSH)
1600 Wilson Blvd., Suite 300, Arlington, VA, 22209

USAID

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

November 20 - December 10, 1994

Sjoerd Postma

BASICS Technical Directive: 010 ET 01 011
USAID Contract Number: HRN-6006-C-00-3031-00

TABLE OF CONTENTS

ACKNOWLEDGMENTS

I wish to express my sincere thanks to all Ethiopian health officials who facilitated my stay in Ethiopia, especially Dr. Messeret Shiferaw, the focal person for the system design activity. Special gratitude goes to Dr Ahmedin Nurhussein, Ato Haile Michael Manorie, Ato Fesseha Mahary, and Ato Okbai Weldeghebriel for their intensive participation in the field testing of the survey instruments, making the field visit a great Ethiopian experience. Thanks also goes to BASICS staff: Marie Tien, Bob Pond, Paul Freund, and Ken Heise for getting me out to Ethiopia. Last, but not least, the assistance from USAID mission staff Drs. Victor Barbiero and Carmela Abate was greatly appreciated.

ACRONYMS

AA	Addis Ababa
admin.	Administrative
ARI	Acute Respiratory Infections
assoc.	Association
BASICS	The Basic Support for Institutionalizing Child Survival Project
CDD	Control of Diarrhoeal Diseases
CE	Continuing Education
CHA	Community Health Agent
Commun.	Community
CSA	Central Statistics Agency
DPT	Diphtheria, Pertussis, Tetanus (EPI programme vaccine)
Dr.	Doctor
dy	Day
EC	Ethiopian Calendar
EHSDA	Ethiopia Health Systems Design Activity
ESHE	Essential Services for Health Ethiopia
EPI	Expanded Programme on Immunization
equipm	Equipment
examin.	Examination
FP	Family Planning
gynea	Gynecology
GC	Gregorian Calender
GM	Growth Monitoring
HC	Health Center
HE	Health Education
HH	Household
HP	Health Post
Hrs	Hours
HS	Health Station
I/C	In charge
inspect	Inspection
km	Kilometer
lab	Laboratory
maintce	Maintenance
MCH	Mother and Child Health/Maternal and Child Health
med	Medical
mgmt	Management
mod	Model
MOH	Ministry of Health
MSD	Medical Supplies and Drugs
mth	Month
mtr	Meter
obs	Obstetrician

NGO	Non-governmental Organization
OGO	Other Governmental Organization or Parastatal
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Salt
PAS	Peasant Associations
Priv.	Private
Proc.	Procaine or Procedure
ref.	Referral
RHB	Regional Health Bureau
SEPAR	Southern Ethiopian People's Region
serv	Service
spec.	Specialist
sq	Square
STD	Sexually Transmitted Diseases
TA	Technical Assistance
TB	Tuberculosis
TC	Technical Committee
techn.	Technical
TGE	Transitional Government of Ethiopia
treatm	Treatment
TT	Tetanus Toxoid (EPI Programme vaccine)
TTBA	Trained Traditional Birth Attendant
USAID	United States Agency for International Development
wk	Week
WHO	Woreda Health Office
ZHD	Zonal Health Department

EXECUTIVE SUMMARY

Purpose of the Trip

At the request of USAID/AA and BASICS, consultant, Sjoerd Postma, a health systems management specialist, visited Ethiopia from 22 November until 10 December 1994, to assist the MOH in further developing the Ethiopia health systems design activity (EHSDA). According to the scope of work for this three week assignment, the consultant was to provide technical assistance for developing a strategy for the design of a decentralized health service delivery system for Ethiopia. A more detailed scope of work is attached in Annex 1.

Activities

During the visit, the consultant carried out the following activities:

- visited main MOH department heads, i.e., the members of the policy committee, to discuss their activities and need for system changes;
- discussed earlier activities and questionnaire development with the technical sub-committee;
- reviewed the developed questionnaires and revised them making a set of two: one for health management assessment and the other for health unit service delivery assessment;
- guided a group of team leaders during the field testing of the questionnaires in the pilot region;
- finalized the forms (three formats) for use during the regional field visits;
- organized, in collaboration with the MOH, the travel plans and logistics for the first part of regional field visits;
- developed strategies and time plans for future activities and technical assistance in regard to assessment analysis, training in management analysis, and the development of systems design specifications;
- wrote technical memo's on systems development and possible country visits;
- regularly briefed and consulted the USAID mission staff, as well as the focal members in the MOH, on progress of the activities.

Conclusions and Recommendations

It will have to be concluded that the initial time frame and scope of work was rather optimistic for the following reasons:

- There is an apparent misconception or misunderstanding regarding what a health systems design activity entails. The activity had been seen as a reformulation of health services delivery and failed to take into account the necessary support systems.

- There is a lack of MOH officers able to spend at least one year on this activity, from identification and design specification to, ultimately, systems development and systems training.

- The political climate, both in general and in the MOH, is going through a period of uncertainty. The upcoming elections in 1995 help to explain the push to quickly finalize the EHSDA.

- The local coordinator has not yet been selected for two reasons. 1) It was not clear what the direction and content of the EHSDA would be. 2) Apart from the information analyst position, the MOH has not yet identified appropriate candidates as yet (see below).

- The time frame will need to be altered to include the necessary developmental and capacity building activities, i.e., the management analysis training for selected MOH members.

- Ghana and Uganda, with the alternate countries of Zimbabwe and Zambia, have been selected for the country visits. The MOH/technical committee suggests the following participants: the heads of the RHBs of SEPAR, AA, and Gambela; the focal point in the MOH, Dr Messeret; and two members of the technical committee since they will be doing most of the development work). The suggested dates for the visits are 28 January to 11 February 1995, a two week period with approximately one week in each country. The group will be accompanied by the consultant.

It is recommended that:

- With the current hesitation to propose candidates for the overall coordinator position, this position be broken up into the three different technical activities necessary to carry the EHSDA through the systems development stage. These activities are the coordination of fieldwork analysis, management support systems development, and health service delivery systems development. Such a split, however, is neither an ideal nor a desired situation and it is hoped that during a subsequent visit the problem will be resolved by having a proposed full-time coordinator who is acceptable to both the MOH/technical committee and USAID.

- A local information analyst be hired for a duration of three months to guide the needs assessment analysis and preparation of a findings report. The MOH has forwarded the name of Ato Mehari Woldeab Tecle, a retired information specialist who has worked for over 25 years with the MOH and has carried out similar assignments. After reviewing his resume, he seems an appropriate choice. USAID/BASICS will need to discuss contract requirements, with a proposed starting date of January 16, 1995.

- Local capacity be built on a wider scale than previously anticipated in regard to management systems analysis and systems design specifications development. This means that the external TA should conduct a training workshop on management analysis for selected MOH and RHB members.

- As a logical consequence of policy implementation, the job description of the policy advisor for ESHE be expanded to include health management systems development and training activities.

- USAID consider its assistance as a short-term, externally- assisted project activity with a minimum duration of one year or until such time that the activities can be assumed by permanent (ESHE) project staff.

- MOH allocate resources (manpower and financial) to the EHSDA so that momentum can be continued for the next year(s), until health and support systems are (re) designed and implemented by the various levels.

- The attached strategy outline and scope of work (Annex 14) for the next visit be reviewed and accepted as the basis for the consultant's next visit(s).

TRIP REPORT

Purpose of Visit

At the request of USAID/AA and BASICS, Sjoerd Postma, health systems management specialist, visited Ethiopia from 22 November until 10 December 1994, to assist the MOH in further developing the Ethiopia health systems design activity (EHSDA). According to the scope of work for this three week assignment, the consultant was to provide technical assistance (TA) in developing a strategy for the design of a decentralized health service delivery system for Ethiopia. A more detailed scope of work is attached in Annex 1.

Background

The Ethiopian national health policy was introduced in September 1993. It emphasized decentralization, democratization, efficient delivery of services, and equal access to services, while considering the socio-economic circumstances of the population. In light of this new policy and other related policies (i.e., women, population, drug, and economics), it was felt that the health care delivery system needed to be revised.

The overall objective of EHSDA is to design the standards for a health care system that makes services of acceptable quality accessible to all segments of the population. Alternative design options will be developed and costed so that the final proposed options are affordable within the current and/or forecasted budgets of the government health services at every level.

The following specific objectives were identified:

- determine and critically define the essential clinical and public health services that should be delivered by the health care delivery system;
- define the levels of the health care delivery system (primary, secondary, and tertiary) and further appraise their relative importance in government resource allocation;
- develop standards regarding the catchment population, type of services available, staffing, physical facilities, transportation, equipment, and supplies and the recurrent budgets of each type of health facility, including the community health post;
- define the duties, responsibilities, and type of training required for the key staff at each type of health facility, including the community health post;
- develop standards pertaining to the duties and responsibilities, organizational structure, staffing patterns, physical facilities, transportation, equipment, and recurrent budget of health services management offices from the central to district (woreda) levels; and
- develop standards pertaining to career structure, remuneration, benefits, per diems, and other incentive mechanisms for all categories of workers, with special consideration to health workers deployed in hardship areas.

To achieve these objectives, the following strategies were considered:

- organization of technical (sub) committees to work on the design of the health system;
- a national health service delivery and management needs analysis;
- regular consultation with interested parties, such as heads of (MOH) departments, other ministries and donor agencies;
- hiring of local experts;
- study tours to other similarly positioned countries;
- organization of national consensus workshops with experts and politicians;
- development of relevant background and training material; and
- provision of technical and operational assistance (by USAID).

This report is a result of the assistance provided by USAID, i.e., the visit of a health systems management specialist and the organization of regional field visits.

Trip Activities

The consultant was briefed by the USAID Senior Technical Advisor, Dr Carmela Abate, and MOH staff including Dr. Messeret Shiferaw, head of the Training and Health Services Department; Dr. Ahmedin Nurhussein; and other members of the health services management team. A list of contacts is attached in Annex 12. The MOH prepared an initial outline of a programme which was discussed and revised to leave enough time for pilot testing and strategy development. The actual time and activity table is attached in Annex 2

Following the discussion with Dr Ahmedin (the day-to-day counterpart in regard to activities conducted to date), an initial memo (Annex 3) was developed and subsequently discussed with Drs. Ahmedin and Messeret regarding the understanding of the health systems design activity and the desired output. Following the initial set of specific objectives which were in the scope of work, criteria was developed for assessing such objectives and determining which indicators should be used in the needs assessment. This activity should ultimately lead to the development of the required systems.

Furthermore, ideas regarding local capacity building for management analysis and systems manuals following the MEDEX approach (see Annex 4 for an overview of the Medex approach) were introduced and discussed as well. The memo and ideas were presented to the vice minister for her information and approval.

The next task was to review the already developed questionnaires. Because the consultant had not received all the forms (old and new) or had duplications of the forms, it took an entire morning to sort through the forms and collect an entire set. This collection effort was further hampered by the continuous invasion of a computer virus onto the diskettes which was dealt with at a later stage.

The questionnaires totaled approximately 150 pages and were a compilation of an inventory, needs assessment, and situation analysis. Very little attention was given to systems analysis/assessment. Furthermore, it was found that duplication existed between the various levels. The questionnaires were reduced into two sets: a set that addressed the managerial levels in the health system, i.e., the regional health bureau (RHB), the zonal health department (ZHD), and the woreda health office (WHO);, and a set that addressed the health service delivery levels, i.e., the hospital(s), health centers (HC), health stations (HS), and health posts (HP). The final two sets of forms were a compromise between the initial sets: a systems assessment/survey, the outcome of the pilot test, and the use of an earlier survey instrument[1]. The questionnaires are attached as Annexes 5-7 and are final versions; the service delivery unit questionnaire was again divided into two questionnaires.

It was suggested, and agreed upon, that instead of Amhara, a more remote region would be chosen: Gambela. Now, the six regions to be surveyed are Tigray, Afar, Oromia, Addis Ababa, SEPAR, and Gambela, while Amhara, with similar specifications to be found in Oromia and Tigray, would be used as a pilot test site.

The consultant met with individual members of the technical committee, primarily to become updated on the progress to date. He met with the technical sub-committee, twice, to explain the newly-revised forms and to discuss the field work and possible pilot testing. During the drafting of the forms it had become apparent that pilot testing of the forms needed to be done because there was quite a range of subjects to be covered and not all the questions seemed to be clear. The sub-TC had recognized this problem as well, but were hesitant to act upon it as higher offices in the MOH had requested to proceed with the field work immediately. However, the consultant discussed the problem with Dr Messeret who agreed to the field testing. This testing would have the double purpose of testing the forms and training the team leaders in the questionnaire process and managing the survey.

The field testing took place in two zones around the regional capital Bahir Dar, Amhara region. The consultant and the three team leaders traveled to Bahir Dar and from there arranged subsequent visits to health units. A RHB, ZHD, WHO, regional hospital, a rural hospital, a HC, HS, and HP were surveyed.

The field testing brought out the following problems.

- It takes four to six hours to complete the questionnaire in the bigger health units, between two to three hours for in smaller facilities.

- It was found necessary to complete and/or discuss various parts of the questionnaire with various unit heads, like the administrator, accountant, statistician, accountant, pharmacist, and MCH nurse, in addition to the unit head. This meant that team members could

---

[1] District Health Development Study Core Group, 1991, Review of District Health System Development in Ethiopia.

separate to start collecting information from different staff members. It also meant, in some instances, that a team member had to return on another day to complete the questionnaire.

- Even though some parts of the questionnaires take an enormous amount of time to complete, the information and may not be that accurate in the end, especially the financial data.

- There seems to be a superfluous amount of inventory information requested that could be reduced down to questions that are more system oriented.

- The survey process is quite intensive for both the interviewer and interviewee, especially when stations and posts can only be reached on foot. The average of one to two surveys per day is therefore not underestimated.

- Some areas are still not covered in the questionnaire, such as supervision and remuneration for CHAs and TTBAs.

We also found that there is an enormous difference between a hospital and a health center on the one hand, and a health station and a health post on the other, especially pertaining to management support systems and financial procedures. Such systems and procedures seem to be very limited for the latter two levels; therefore the health unit questionnaire could be made much shorter by eliminating some of the management support system and financial questions. Some additional, relevant questions for those levels were formulated causing there to be, ultimately, two questionnaires for the service delivery unit level, with the form for the HS/HP level being a much shorter version of the form for the Hosp/HC level. The shorter version would probably take a maximum of two hours; the field test showed that it even could be done in one hour.

During the field test, an instruction guide for the interviewer was begun. The guide covers a briefing to be given to the interviewee, general hints for organizing the visit(s), explanations and clarification in asking the questions, and a list of acronyms used. The instruction guide was finalized and discussed on the last day of the consultant's stay in Addis and is attached as Annex 8.

Upon the team's return from the field test, another meeting was held with the sub-TC, this time to finalize the forms. Remarks and findings were included from the field visit, as well as a desk review by the TC members who did not participate in the field visit. Issues discussed dealt with substantive subject matter (e.g., whether to include certain questions for particular levels) and suggestions for analysis and code book development.

The questionnaires were finalized and put onto a stencil and duplicated. Logistical arrangements were finalized for the first phase (see below) of the regional field visits, including the development of per diem forms, unit visit log sheets, and payment and purchase of fuel vouchers. For copies of the forms see Annex 9, and for the submitted field visit budget, see Annex 13.

A final meeting was held with Dr Ahmedin, the other two team leaders, and Dr Befecadu Girma, who replaced Dr Messeret temporarily (while he was out of the country). This meeting was held to brief them on the field visit, finalize field visit arrangements, discuss the country visit memo (Annex 10) and potential candidates, and the hiring of the Information Specialist, Ato Mehari Woideab Tecle.

Lastly, a strategy outline and time frame were developed for the EHSDA that covers the period up to the end of the current fiscal year (June 1995); details can be found below. By the end of the fiscal year, the first three phases of EHSDA should have been carried out. The fourth phase is a set of longer term activities with the actual detailed system development and training to be covered under the USAID/ESHE programme. During the debriefing with the mission (Dr. Carmela Abate) and the ESHE programme development coordinator (Dr. Paul Freund), the consultant was requested to develop an approximate budget for the fourth phase of the EHSDA to be used in the finalization of the ESHE program budgets and activity plans. A crude budget is attached in Annex 11.

Conclusions and Recommendations

It will have to be concluded that the initial time frame and scope of work was rather optimistic for the following reasons:

- There is an apparent misconception or misunderstanding regarding what a health systems design activity entails. The activity had been seen as a reformulation of health services delivery and failed to take into account the necessary support systems.

- There is a lack of MOH officers able to spend at least one year on this activity, from identification and design specification to, ultimately, systems development and systems training.

- The political climate, both in general and in the MOH, is going through a period of uncertainty. The upcoming elections in 1995 help to explain the push to quickly finalize the EHSDA.

- The local coordinator has not yet been selected for two reasons. 1) It was not clear what the direction and content of the EHSDA would be. 2) Apart from the information analyst position, the MOH has not yet identified appropriate candidates as yet (see below).

- The time frame will need to be altered to include the necessary developmental and capacity building activities, i.e., the management analysis training for selected MOH members.

- Ghana and Uganda, with the alternate countries of Zimbabwe and Zambia, have been selected for the country visits. The MOH/technical committee suggests the following

participants: the heads of the RHBs of SEPAR, AA, and Gambela; the focal point in the MOH, Dr Messeret; and two members of the technical committee since they will be doing most of the development work). The suggested dates for the visits are 28 January to 11 February 1995, a two week period with approximately one week in each country. The group will be accompanied by the consultant.

In Ghana, the group will be visiting the Ashanti region. The visit will be coordinated by USAID; Dr Asamoa Baah, the director of the MOH/Policy, Planning, and Evaluation Division; and Dr Seth Duodoh Acqua, regional health manager. The consultant will also, informally, contact the above listed people.

In Uganda, the group will be visiting the DISH project areas, as well as other areas not yet decentralized. The visit will be coordinated by USAID and the DISH team in cooperation with the MOH/Health Planning Unit. The consultant also plans to contact these Ugandan counterparts.

It is recommended that:

- With the current hesitation to propose candidates for the overall coordinator position, this position be broken up into the three different technical activities necessary to carry the EHSDA through the systems development stage. These activities are the coordination of fieldwork analysis, management support systems development, and health service delivery systems development. Such a split, however, is neither an ideal nor a desired situation and it is hoped that during a subsequent visit the problem will be resolved by having a proposed full-time coordinator who is acceptable to both the MOH/technical committee and USAID.

- A local information analyst be hired for a duration of three months to guide the needs assessment analysis and preparation of a findings report. The MOH has forwarded the name of Ato Mehari Woldeab Tecle, a retired information specialist who has worked for over 25 years with the MOH and has carried out similar assignments. After reviewing his resume, he seems an appropriate choice. USAID/BASICS will need to discuss contract requirements, with a proposed starting date of January 16, 1995.

- Local capacity be built on a wider scale than previously anticipated in regard to management systems analysis and systems design specifications development. This means that the external TA should conduct a training workshop on management analysis for selected MOH and RHB members.

- As a logical consequence of policy implementation, the job description of the policy advisor for ESHE be expanded to include health management systems development and training activities.

- USAID consider its assistance as a short-term, externally- assisted project activity with a minimum duration of one year or until such time that the activities can be assumed by permanent (ESHE) project staff.

- MOH allocate resources (manpower and financial) to the EHSDA so that momentum can be continued for the next year(s), until health and support systems are (re) designed and implemented by the various levels.

- The attached strategy outline and scope of work (Annex 14) for the next visit be reviewed and accepted as the basis for the consultant's next visit(s).

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY - STRATEGY OUTLINE

The strategy for the EHSDA consist of four phases: three phases will take place before the end of the fiscal year, and a fourth phase that will be incorporated into the ESHE project.

Phase 1: Health service delivery and management need assessment

During phase 1, selected health units will be visited in six regions (one RHB, three ZHDs, six WHOs, six HCs, four HSs, four HPs, and all hospitals covered in AA). Three questionnaires with closed and open-ended questions have been developed: one for the managerial levels (RHB, ZHD, WHO) and two for the health service delivery levels (one for hospitals and health centers, the other for health stations and health posts).

An information specialist will be hired as a local coordinator for the needs assessment analysis. The questionnaires have been developed in Word Perfect computer software and will need little alteration to be imported into Epi-Info V6, a statistical analysis package. As there are open-ended questions, a code book and an analysis reference book will be developed during the consultant's next visit.

Phase 1 extends from December 1994 until the end of March 1995. During this phase, the consultant will pay two visits to Ethiopia: (1) preparation of the needs assessment (November-December 1994), and (2) development of the needs assessment analysis ([January-February 1995; including country visits).

Phase 2: Management systems analysis.

Using the MEDEX approach, the next step will be to conduct a management analysis using the results of the survey and a review of the existing management practices, i.e., prevailing standards and work-flow analyses. During this phase, it is necessary for local capacity be built so that future analyses can be handled by officers in the MOH and RHBs.

During phase 2, it is proposed that selected members of the MOH and the regions be trained in management analysis, and work with the relevant data from survey and secondary data sources. This will result in a thorough analysis of problems and practices that will need to be addressed in the system design activity.

The management analysis training will last two weeks during which the various methods will be introduced and practiced and a training book amassed. The subsequent analysis will be done by the trained officers and may take another two to four weeks, depending on their availability.

The time frame for phase 2 runs from the end of March 1995 until the middle of May 1995. During this phase the consultant will pay one visit (during April for approximately four weeks) to Ethiopia for the training of the selected officers in health system management analysis and

assistance in the actual analysis activity. It is also hoped that during phase 2 the local EHSDA coordinator can be appointed.

Phase 3: Development of system design specifications

Following the detailed analysis, specifications for the various health service delivery and management support systems should be developed. These specifications should be formulated for a number of systems, for both intervention related activities such as MCH, and support activities such as personnel management. During this period, consultants will assist with the development of costing and support/service delivery specifications of the systems which will then be presented to the technical heads and politicians to arrive at a consensus regarding the direction and level of detail for the actual systems development.

The time frame for phase 3 is from the middle of May 1995 until the end of the fiscal year. It is anticipated that a last visit (approximately four weeks) of the system development consultant will be made during this period, primarily to assist in the final system design specification formulation and to work with the costing consultant to formulate and prepare the various options for presentation at one or several forums. The consultant will participate in those fora and ultimately develop a final report that describes the strategies to be followed for systems development during the next few years.

Although the original SOW requested the participation of an external MCH/FP consultant in the EHSDA, this may not be necessary. The design activity will address many more issues than just the MCH/FP systems and appropriate candidates may be available in Ethiopia to deliver short term assistance for systems development in the various areas including MCH/FP, environmental health, drug supply, and health financing. However, this consultancy issue should be reviewed nearer to the time of implementation (including the development of a budget), as the community survey by Dr. Paul Freund in SEPAR may bring issues to light that need external technical assistance.

Phase 4: Detailed systems development and implementation

Following an agreement by the technical officers and politicians, working groups will be set up, coordinated by a systems development coordinator in the MOH, and assisted by the ESHE policy/systems development advisor. This activity should ultimately result in a series of handbooks/manuals for the various health levels which address the diverse interventions as well as the management systems, possibly with a subsequent training and implementation program which could initially concentrate in the focus region of the ESHE project, the Southern Ethiopia People's Region.

The time frame proposed for phase 4 depends on the acceptance of the various system(s)' redesign proposal(s) by the technical officers and politicians, the extent of these proposals (i.e., the number of systems to be addressed), the availability of MOH/RHB personnel to work on the

development of the systems, the system(s) implementation, and the necessary training programs. Phase 4 is anticipated to last between two to three years, beginning in July 1995. A provisional budget is included as Annex 11.

A time frame for this strategy outline is listed on the next page.

Time Frame

Activity	December	January	February	March	April	May	June	>June
Regional field visit, phase 1	xxx							
Hire information specialist		x						
Code book development		xx						
Analysis strategy development		xx						
Regional field visit, phase 1		xx						
Country visit/study tour		x	x					
Continuation of analysis		xx	xxxx	xxxx				
Hire EHSDA coordinator				x				
Management analysis training					xx			
Management analysis					xx			
Systems design specification						xxx		
Workshop for technical staff							x	
Workshop for political staff							x	
System development strategy formulation							xx	
Detailed system development								xxxx
System training and implementation								xxxx

FOLLOW-UP ACTION REQUIRED

The partners in the EHSDA need to undertake various actions before the next visit of the consultant (January 1995).

- BASICS should order two sets of the Medex Management Development Program series from USAID, quoting cooperative agreement No. AFR-0471-00-7060-00, or from the MEDEX group, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii, USA, attn Dr. Richard A. Smith, director.

- USAID/Addis Ababa should facilitate the acquiring of visas for the selected members to travel to Ghana and Uganda, including the necessary documentation for the consultant to obtain visas for Ghana and Ethiopia.

- BASICS will need to examine the level-of-effort needed for the systems design activity as the number of person months for the systems design consultant may have to be extended to four (see time table above).

- BASICS should purchase two copies (diskettes and manual) of EPI-INFO V 6.O from CDC/Atlanta to be hand-carried by the consultant to Addis during his next trip.

- USAID/AA and BASICS need to finalize contract requirements for the information specialist, with a starting date of January 16, 1995.

- USAID/AA and BASICS should inform and consult with USAID/Kampala/DISH project and USAID/Accra for the country visits, requesting that the necessary government officers be involved and the necessary logistics prepared.

ANNEXES

ANNEX 1

Annex 1: Scope of Work for the Health Services Delivery Specialist for the Ethiopia health Systems Design Activity

The consultant will:

(a) provide technical assistance related to the design of a decentralised health service delivery system for Ethiopia;

(b) facilitate the efforts of the Ministry of Health to prepare System Design standards; and

(c) Assist the Ministry of Health, USAID and BASICS with workshops and publication(s) to promote discussion and dissemination of these System Design standards throughout Ethiopia.

During his/her first three week visit to Ethiopia the consultant will assist USAID, BASICS and the Ministry of Health in the selection of an Ethiopian public health professional who will serve as the Health System Design Coordinator. The consultant will then work with the Technical Committee and the Coordinator to carry out the following tasks:

1. Organise and facilitate one or more meetings between the Technical Committee and the Standing Policy Committee of the Ministry of Health (the heads of each department and various related institutions). Out of this will come guidance from senior officials on issues to consider and steps to follow in developing the System Design proposals.

2. Organise and facilitate meetings between the Technical Committee and major donors and development assistance agencies such as WHO.

3. Develop a set of questionnaires that will help guide Committee members during their exploratory visits to each of the regions of Ethiopia and to various health facilities.

4. Organise travel and logistics for the initial regional field visit.

5. Disburse funds for the initial regional field visit.

6. Travel to one region for the initial regional field visit.

7. Following the initial field visit, revise the set of questionnaires and develop a scope of work, a timetable and a budget for subsequent field visits to each of the regions and to various offices and health facilities throughout Ethiopia.

8. Develop strategies and plans for

   - analysing the findings of the field visits and the interviews with key officials;

- collaborating with the BASICS Technical Assistants to examine issues such as the cost of alternative designs and defining the essential clinical and public health services: and

- developing System Design proposals based upon the findings of the Technical Committee.

9. Select three African countries for visiting during a two week study tour (two first choice countries and one alternate country).

10. Set a time and develop a plan for a Workshop for Experts and Professionals to which will be invited heads of departments, other representatives from the MOH and Regional Health Bureaux and other resource persons. At this workshop, System Design proposals will be presented by the Technical Committee and discussed by the various officials and professionals.

12. Set a time and develop a plan for a Workshop for Policy and Decision Makers. At this workshop, System Design proposals will be presented by the Technical Committee and discussed by the various policy and decision makers.

During subsequent visits to Ethiopia, the Health Services Delivery Specialist will work with the Technical Committee, the Coordinator and other BASICS consultants to:

(a) prepare System Design proposal(s);

(b) assess the feasibility and affordability of the proposal(s);

(c) present and facilitate discussion of the proposal(s) at each of the two workshops; and

(d) produce a written summary of the deliberations and the conclusions of each of the two workshops. The summary of the conclusions of the Workshop for Policy and Decision Makers will subsequently be published and disseminated.

Qualifications: The Consultant must have a doctorate level degree in public health or a related field and have extensive experience working with the planning of national or regional systems for health services delivery. A demonstrated ability to work effectively with government officials in a developing country, and through patience, respect, understanding and professional competence earn their confidence and trust. A demonstrated ability to facilitate the exchange of ideas and opinions and to promote the formation of a widely accepted consensus among persons with differing perspectives.

ANNEX 2

Annex 2: Actual Time and Activity Table

SCHEDULE FOR THE USAID CONSULTANT ON HEALTH SYSTEMS DESIGN

Ser. No.	Date	Time	Place to be visited	Responsible person to be contacted
1	Nov. 22, 1994	2.30 - 3.30 pm	Health Services and Training Department	Dr. Messeret Shiferaw Dr Ahmedin Nurhussien
2	Nov. 23, 1994	9.00 - 10.oo am	Reading the project proposal	
3		10.00 - 12.00 noon	Background (general) information on Ethipia	Head, Planning and Programming Dept. MOH
4		2.00 - 4.00 pm	Core Group Discussion on the Survey	Dr Messeret Shiferaw Dr Ahmedin Nurhussien
5	Nov. 24, 1994	9.00 - 12.00 noon	Reviewing formats	Room 3, MOH
6	Nov. 25, 1994	9.00 - 10.00 am	Administrative and Finance Department (cancelled)	Ato Abadi Mesfin
7		10.00 - 11.00am	Family Health Department	Dr Tesfanesh
8		11.00 - 12.30pm	Epidemiology and AIDS Dept.	Dr Takele Geressu
9		2.00 - 3.00 pm	Pharmacy Department	Dr Hailesellasie Behon
10		3.00 - 4.00 pm	Environmental Health & Hygiene Dept. (cancelled)	Dr Aseffa Gemeda
11		4.00 - 5.30 pm	Planning and Programming	Dr Tezera Fesseha
12	Nov. 28, 1994	9.00 - 10.00 am	Malaria and other Vector Borne Disease Control Programme	Dr Desta
13		10.00 - 12.00 noon	Health Care Financing	Committe members
14		2.00 - 4.00 pm	Discussion with the Surveying Committee	Committee member
15	Nov. 29, 1994	9.00 - 10.30 am	Region 14 Regional Health Bureau	Ato Haile Wubneh
16	Nov. 30, 1994	10.30 - 12.30pm	Tikur Anbessa Hospital	Dr Zeru G/Mariam
17		pm	Health Station	
18		9.00 - 12.30 pm	Finalisation of the field works plan	Dr Messeret Shiferaw Dr Ahmedin Nurhussien

Ser. No.	Date	Time	Place to be visited	Responsible person to be contacted
19		2.30 - 3.30	Discussion on the field works plan	Committee Member
20	Dec. 1, 1994	06.00-19.00	Travel to Bahir Dar	team leaders
21	Dec. 2-7, 1994		Field Work in the South Ethiopian Peoples' Regions/instruction and report development	-id-
22	Dec. 7, 1994		Form discussion on the way back to AA	-id-
23	Dec. 8, 1994	am	Form discussion, and logistical arrangments	-id-
24		2.00 - 4.00pm	Discussion on forms and pilot testing with technical committee	Technical Committee
25	Dec. 9, 1994		finalization of forms, stencilling and duplication, logistical arrangements	Aynalem, Ahmadin
26	Dec. 9, 1994	17.00-19.30	Reporting and debriefing (with USAID)	Abate, Freund
27	Dec. 10, 1994	09.00-16.00	finalization instructions and teamleaders meeting	Ahmadin, Fesseha, Manorie
28	Dec. 10, 1994	17.00- 23.00	Report writing until leave for Europe	

ANNEX 3

Annex 3: VARIOUS APPROACHES TO SYSTEMS DEVELOPMENT.

1 **Single system development**: Improve/design the system from (within) the current system.

- prioritize systems; select one
- identify problems;
- solve the problems ---> redesign the system.

2 **Multi systems development**: tackling more systems at the same time.

A 1) Policy based development of systems/standards: Top-down.

- at national level, establish standards on the basis of the health policy;
- implement nationwide;
- monitor/evaluate, adjust when necessary (at national level).

2) Policy based development of systems/standards: Top down and Bottom-up.

- at national level develop a list of standards and criteria;
- analyse/assess current practices at implementation level;
- compare and adjust;
- finalize standards.

B Management practice based: Bottom-up.

- management needs assessment ---> provides a status report on management strengths and weaknesses of the organization; source managers at every level;
- management analysis ---> propose system changes;
- decision-making process (technical and political);
- (re) design;
- training (links to curricula development) and implementation;
- evaluation.

MANAGEMENT NEEDS ASSESSMENT

The management needs assessment provides a status report on the management strengths and weaknesses of the organization. The primary sources of needs assessment data is the managers themselves - at central, regional, zonal, district and community levels. Other sources may include records and reports, as well as some direct observation, but the primary source is the managers themselves. These managers are the people who know how the organisation **really** functions day-to-day, and they have most to gain (and lose) from management change. therefore, it is these managers whose input is most needed, both because they are the "experts" and because their commitment to management change is essential for the long-term success of the system changes.

The objective of the management needs assessment is to identify and prioritize the management systems (or management problems) which are to be addressed by the management systems development programme. Therefore the needs assessment must be completed early in the management system development cycle.

SYSTEM AND MANAGEMENT NEEDS ASSESSMENT IN THE CONTEXT OF ETHIOPIA.

The needs assessment for systems and management development in Ethiopia should avail a listing of current practices and problems. This activity is a short intense activity, beginning with the development of a series of questionnaires, includes data gathering, and ends with the submission and approval of a system/management needs report which will set the priorities for the further development of the (re)designing process.

The techniques used are a combination of quantitative, i.e. listing of resources, events, (inventarization) etc, and a qualitative technique, i.e the "Management Events Technique. The latter techniques asks managers to write actual management events (both negative and positive) which have happened to them personally. These events are elicited by asking open-ended questions such as, 'When was the last time your supervisor helped you to do your job better, or kept you from doing it better?' or 'Describe a management success (failure) which you had this week' Hundreds of events can be collected very quickly from many managers at all levels, then coded, entered into a computer, and analyzed. By studying those patterns, one will be able to pinpoint the management strengths and weaknesses, which require A) systems development and B) the necessary capacity to be build.

ETHIOPIA HEALTH SYSTEM DESIGN ACTIVITY ------ 1st draft 23 November 1994

Specific Objectives:	How ?	Needs Assessment Indicators	Systems Development
To define the essential clinical and public health services	'Burden of Disease' study	listing of current activities, addressing diseases and other interventions	Intervention systems (developing resource requirements and standard procedures)
To define levels of HC delivery system	check current delivery package at every level	-id-	referral system
To define resource allocation levels for various levels of HC delivery system	check current levels and compare with activity level	Income and expenditure levels	finance system
To define standards with regards to catchment population	check current catchment by register and map	listing of villages covered, next referral level(s)	referral system
To define standards of type of services available	check activity pattern per level	current practice, listing of problems in delivery of services	intervention + support systems per level
To define standards with regards to staffing	check available/listed	staffing levels/listing of staffing problems	personnel/intervention systems
To define standards of type of physical facilities	observation of current outlay and practical use	infrastructural outlay; listing of problems	maintenance/intervention systems
To define standards with regards to transport	check current practice of transport use	level of activities needing transport	transport system

Specific Objectives:	How ?	Needs Assessment Indicators	Systems Development
To define standards of types of equipment	check availability per level;compare with activity level	level of activity needing equipment; listing of problems	maintenance/intervention systems
To define standards with regards to supplies	id	level of activity needing supplies; listing of problems	general, medical supplies systems
To define standards with regards to recurrent budget per type of facility	check current budgets (capital and recurrent; check disbursement procedures	income/expenditure levels; current control/accounting practice	finance system
To define standards with regards to tasks	description of current roles tasks carried out	current roles of HWs; JDs available in unit	intervention, training and supervision systems
To define standards of type of training required	check performance of various staff levels	observe performance discuss knowledge/skills problems	training and supervision systems
To define standards with regards to career structure	ask health staff; overall govt guidelines	current practice, level of mobility/ transferability	personnel system
To define remuneration and benefits packages for all health workers	ask health staff; overall govt guidelines	discuss requirements	personnel system

ANNEX 4

IMPROVING MANAGEMENT SYSTEMS

MANAGEMENT DEVELOPMENT

People throughout the world are working to achieve the goal of health for all by the year 2000. One of the greatest obstacles to achieving this goal is the shortage of functional management systems and the inadequacy of management skills of the people operating those systems. If primary health care services are to improve, so must the management systems. Those results, in turn, depend on the development of management skills, or what is called *management development.*

Management development is a long-range step-by-step process for improving an organization's performance.

Management development is a long-range step-by-step process for improving an organization's performance. Management development affects all levels of an organization.

This Manual is devoted mainly to the improvement of the management systems in which people work. Major concerns: the broad problems of resource allocation; policy making; and organizational structure and the specific aspects of running the system, such as procedures, forms, and day-to-day operations. As for training health workers to improve their management skills, this activity is an essential outgrowth of a well-organized system.

Throughout this Manual the organization referred to will usually mean the ministry of health of a given country.

MANAGEMENT SYSTEMS

Management systems provide essential support for primary health care workers. By their very nature these systems tend to define the structure of an organization. Management systems are also used to control and protect valuable resources, including personnel, drugs, medical equipment, vehicles, and buildings. Everyone in an organization is affected by how management systems work and, conversely, everyone can also influence how well those systems function.

There are basic management systems needed to support primary health care services. The MEDEX Group has decided upon eleven such systems, listed on the next page; they appear to be logical groupings which represent workable "packages" of policies and procedures that can be practically managed. Something you and the decision makers in your country will need to decide is whether to keep the eleven systems as they are, combine some or all parts of two or more systems, or add more systems. This is part of the process of adapting management development to fit your local needs.

Primary Health Care Management Systems

Supervision: Supervision, guidance, and support of personnel at all levels of the health system.

Personnel: Planning, recruitment, employment, training, and evaluation of health workers.

Health Information: Collection, organization, reporting, storage, and use of data for planning and managing health care services.

Training: Planning, arranging, conducting, and monitoring various types of training programs for health workers: pre-service, continuing education, distance learning, workshops, on-the-job training, overseas training, etc.

Drugs and Medical Supplies: Procurement, storage, distribution, and control of drugs and medical supplies.

Transportation: Procurement, protection, and control of transportation resources needed to move health workers, patients, and supplies.

Communication: Usage, protection, and control of communication resources that link health workers to each other, to their supervisors, and to patient referral centers.

Facilities and Equipment Maintenance: Protection of facilities and equipment from deterioration, and prolonging their useful life through regular preventive maintenance and repair.

Finance: Planning, budgeting, procurement, control, disbursement, and accounting of financial resources.

General Supplies: Procurement, storage, distribution, and control of administrative, office, and other supplies and equipment.

Patient Information and Referral: Usage, storage, and control of basic patient records and forms for referral of patients.

THE MEDEX MANAGEMENT DEVELOPMENT PROGRAM

The MEDEX Group's experience in primary health care since 1972 has resulted in a process for management improvement called *The MEDEX Management Development Program*. Our study of the training of community-based, mid-level primary health care workers has revealed a close relationship between successful performance after training and adequate management support. It is clear that job-related and competency-based training must take into consideration the systems which guide the workers' performance and the material and organizational resources available to graduates from training. From this initial realization the MEDEX *six-stage program* for management improvement has evolved (see Figure 1, page 16).

A study of the training of primary health care workers revealed a close relationship between successful performance after training and adequate management support.

STAGE 1

The first stage in this process is to establish a ***receptive framework***. By means of meetings and discussions, policy makers and managers are made aware of the potential benefits of management improvement. At the same time, they explore the possible effects of change on existing policies, procedures, and organizational structure at the district level of the primary health care system, and consider adjustments that might need to be made.

STAGE 2

Next comes a detailed management ***needs assessment***. District and central-level health-care officials are assisted in identifying major problems in their management systems. These problems are prioritized and form the basis for an assessment of their management needs.

STAGE 3

Based on the needs identified in the needs assessment, a ***management analysis*** is performed by trained management analysts who use an eight-stage process to study the problems and propose means to improve those systems.

STAGE 4

Once the analysts have prepared their reports, major national officials engage in a ***decision-making*** process. In a workshop or forum, these decision-makers accept or modify the recommendations contained in the reports. After consensus is reached, management ***systems redesign*** takes place. At this stage, policies and procedures are developed or modified which define the improved system.

STAGE 5

In this stage, ***training*** and ***implementation*** are accomplished. These two actions are integrated into the same step since it is difficult at times to say which comes first. Many of the procedures in the redesigned system are the same as or very similar to the old procedures, and no detailed training needs to take place. If the redesigned system is very different from the old one, the need for additional training becomes obvious. Its goal is to help those attempting to work with the new system to gain the skills and knowledge they need and to develop positive attitudes.

STAGE 6

The final stage in the six-stage program is ***evaluation***. Once implementation is underway, the system is monitored and evaluated to determine if it is achieving the desired results. Wherever problems in implementation are encountered, procedures are modified to allow the system to operate efficiently and effectively. During the evaluation stage of The MEDEX Management

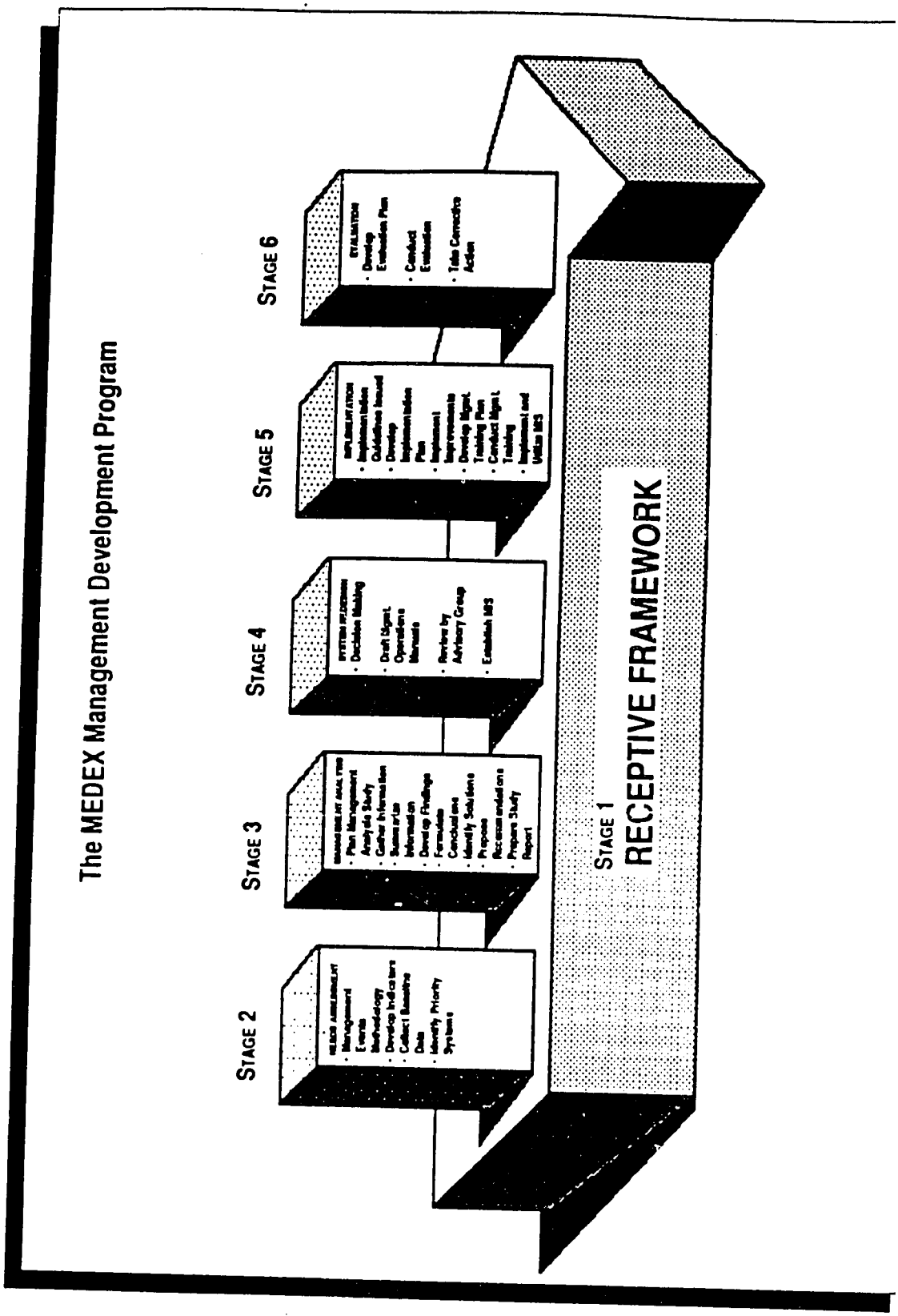

Figure 1. THE MEDEX MANAGEMENT DEVELOPMENT PROGRAM

Development Program, the cycle may be repeated by conducting another needs analysis to uncover additional needs. Alternatively, the evaluation stage itself may have revealed weaknesses in the system requiring further management analysis.

The ultimate test of the redesigned systems' effectiveness is the success of the systems in addressing the management needs identified earlier in the process. What distinguishes The MEDEX Management Development Program from similar efforts to improve management practices is that it does not start out from a theoretical base. The MEDEX Management Development Program is pragmatic and practical. From the beginning, after creation of a receptive framework, it proceeds to a careful analysis of needs. Only when such needs are identified and the interventions necessary for addressing them have been defined, is training conducted. In contrast to other approaches, the training provided is directly related to identified needs and to the real experiences of the participants. Management theory enters into training only as required, in connection with these needs. At each stage of the program, the participants exercise skills, apply knowledge, and gather experience.

THE MEDEX MANAGEMENT ANALYSIS PROCESS

This Manual deals with stage three – the management analysis stage of The MEDEX Management Development Program. Management analysis is the study of the causes of and solutions to management problems. Once you have been trained as a management analyst you will analyze a management system within the specific framework of a health care system, taking into consideration how resources are allocated to meet priority needs effectively and efficiently. Within this framework, you will identify problems, isolate their causes, and develop alternative solutions.

There are eight distinct steps in The MEDEX Management Analysis Process. These steps are examined on the following pages. Figure 2 on page 16 presents these steps in a graphic form. You will notice that chapters 2-9 of this Manual are devoted to these eight steps.

Management analysis is the study of the causes of and solutions to management problems.

Step 1 Plan

Several preparatory actions are included in this step to help you get organized:

First, you will identify the structure of the management system you will study.

Next, you will prepare interview questions. These questions will follow the system structure you identified. As you conduct the interviews, you will use these questions to guide your information-gathering.

Also during this step, you will:

- Begin describing the component parts of the structure of the management system, a process you will follow throughout the course of your study.
- Select a sample of persons to interview.
- Put together a workbook with copies of all the forms necessary to conduct the study.
- Begin developing a schedule of the events that will occur during your study.

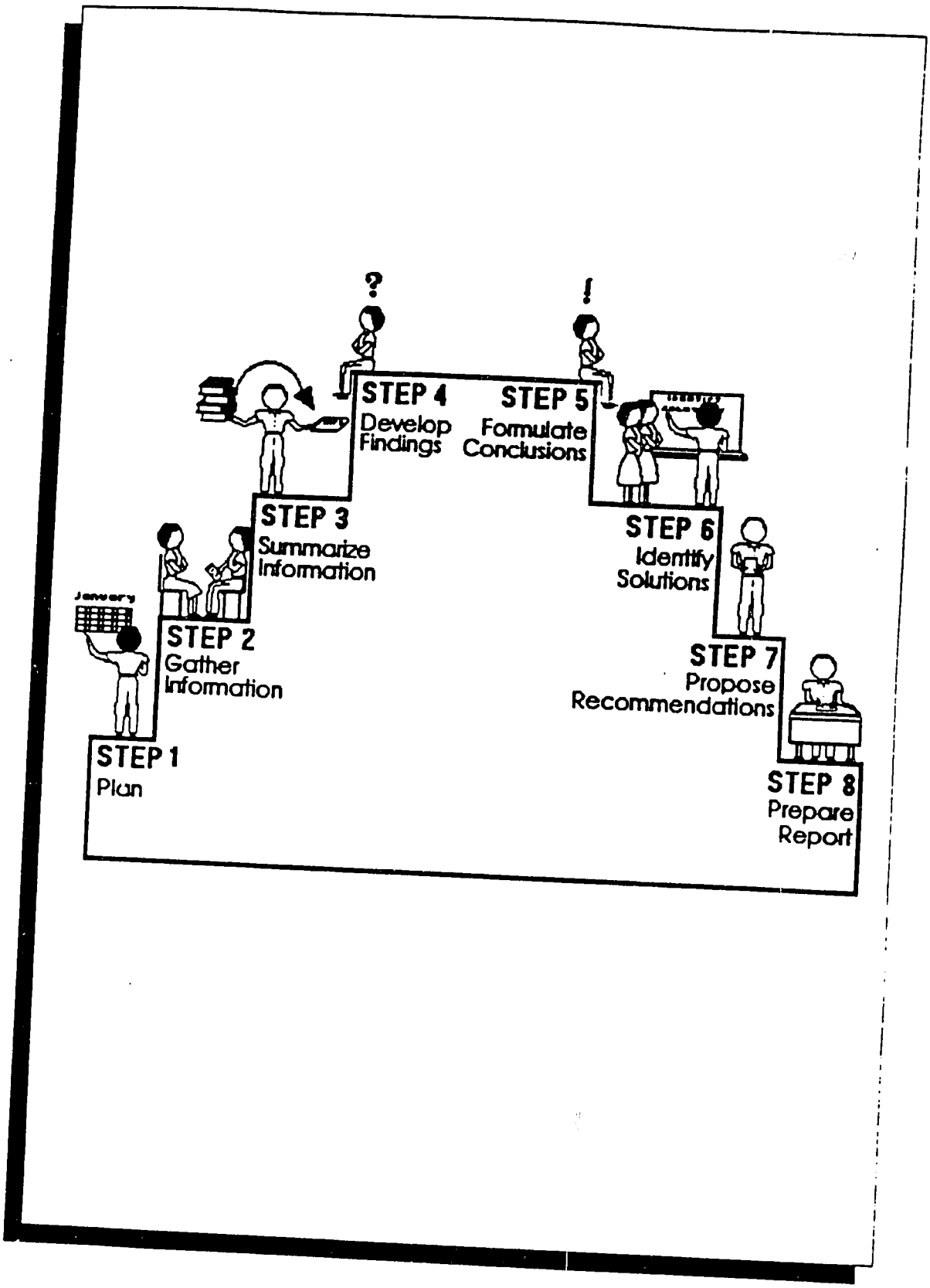

Figure 2. THE MEDEX MANAGEMENT ANALYSIS PROCESS

Step 2 Gather Information

You will collect information from a wide range of sources. You will conduct interviews, make observations, and review documents. All of the information you collect will be recorded on workbook forms.

Step 3 Summarize Information

In Step 2 you will have accumulated a large quantity of information. In its "raw" form, this accumulation of information can become overwhelming. During this step you will "boil down" this information into summary statements. These statements will contain common and highly similar information in a condensed form.

Step 4 Develop Findings

Once you have summarized the information, you will turn your summary statements into findings. Findings are concise statements of management problems. Sometimes you will combine two or more summary statements into one finding; other times you will turn one summary statement into two or more findings.

Step 5 Formulate Conclusions

During this step, you will look at the interrelationships between findings and further summarize these findings into conclusions. This is a two-stage process in which you will:

- Take a closer look at your findings by asking a series of key questions.
- Determine root causes by searching for the underlying, basic reasons that the problems exist.

You then form conclusions which are statements that summarize interrelated findings by concisely describing the problems and their root causes.

Step 6 Identify Solutions

A *solution* is a description of an action which, when implemented, will correct the problem by impacting on its root cause. Once you have formulated your conclusions, the next step w involve a process called "brainstorming" whe you and your colleagues creatively think up variety of possible ways to solve the manag ment problems you have identified. Many of t solutions you come up with in this process w be impractical or unrealistic. You will strive identify one or more solutions that seem feasib and then you will rank those solutions accordir to their practicality.

Step 7 Propose Recommendations

A *recommendation* is a description of the prac tical steps necessary to implement a solutior Using the solutions you identified in step 6, yo will then turn these statements into recommen dations. You will think of the practical step necessary to implement the solutions you have identified. Many times a recommendation can be developed by just slightly altering the wording of the solution.

Step 8 Prepare a Management Analysis Report

The final step in the process is to prepare a report of all your findings, conclusions, and recommendations. Parts of the report will be of "standardized" information such as study methods, procedures, and lists of people interviewed and places visited. If you have proceeded in an organized way, the preparation of the report will not be difficult. Besides a written report, you will also prepare an oral report to present at a decision-making workshop.

The key to success in the management analysis process is *organization*. If you can properly organize the information you collect, summarize it, and develop it into findings, conclusions, and recommendations, your task will be relatively uncomplicated. If you lose the discipline of keeping organized, you will be in trouble. One of the most frustrating experiences in the modern world is called "information overload." This occurs when you have collected more information than you can digest. The trick is to keep your

information manageable and in "bite-size" chunks. Follow the steps outlined above and you will produce a quality report.

REVIEW QUESTIONS

Please complete the following questions. A worksheet for your answers to these review questions, and the review questions for all other chapters, is included in the Training Workbook. These worksheets are found beginning on page 145 of the workbook.

1. What is management development?

2. Why have eleven management systems been identified?

3. What are the six steps in The MEDEX Management Development Program?

4. At which step are you now in The MEDEX Management Development Program?

5. What is management analysis?

6. What are the eight steps in The MEDEX Management Analysis Process?

ANNEX 5

HEALTH SERVICE DELIVERY UNIT ASSESSMENT

FORM 1A: HOSPITAL AND HEALTH CENTRE

Reference No.:

Date: / / (GC) Assessor: _____
Start time: __:__ End time: __:__

Main interviewee: _____

Function/Position: _____

==========

A. General Information

1 Type of unit: ___
1) Regional Hospital
2) Zonal Hospital
3) Rural Hospital
4) Speciality Hospital
5) Health Centre
6) National Referral Hosp.

2 Region: ___
1) Tigray
2) Afar
3) Amhara
4) Oromia
14) Addis Ababa
7) SEPAR
12) Gambela

3 Address of the unit:
Name: _____ Town: _____
P.O. Box: _____ Tel. No.: _____
Woreda: _____ Zone: _____

4 Ownership: ___
1) RHB
2) NGO
3) Private
4) Parastatal
5) Commun. Assoc

5 Estimated Catchment population (in sq km): _____

Source: ___
1) CSA
2) Higher level
3) Estimate
4) Other: _____

6 Administrative levels served:
___ Regions = ___ Zones
___ Zones = ___ Woredas
___ Woredas = ___ Kebeles/PAs
___ Kebeles/PAS

7 Nearest referral Health Unit:
Name:_____ Type:____

Distance in km:___

1) Regional Hospital
2) Zonal Hospital
3) Rural Hospital
4) Speciality Hospital
5) Health Centre
6) Health Station
7) Community Health Post
8) National Referral Hosp

8 Nearest Health Unit:
Name:_____ Type:____

Distance in km:___

1) Regional Hospital
2) Zonal Hospital
3) Rural Hospital
4) Speciality Hospital
5) Health Centre
6) Health Station
7) Community Health Post
8) National Referral Hosp

9 Which level is supervising this unit technically ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

0) MOH
1) RHB
2) ZHD
3) WHO
4) Regional Hospital
5) Zonal Hospital
6) Rural Hospital
7) Health Centre
8) Health Station
9) National Ref. Hosp.
10) Other:
_____

10 Which level is supervising this unit administratively ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

0) MOH
1) RHB
2) ZHD
3) WHO
4) Regional council
5) Zonal Council
7) Worada Council
8) Kebele Admin
9) PA
10) Regional Hospital
11) Zonal Hospital
12) Rural Hospital
13) Health Centre
14) Health Station
15) Other:

11 When was this unit last supervised ? ___

1) During the last month
2) more than 1 month ago
3) more than 2 months ago
4) more than 3 months ago
5) more than 6 months ago
6) more than 12 months ago

By whom (position) ? _____ from what level ? _____

12 How was the supervision conducted ? ___, ___, ___.

1) review of records
2) individual interview
3) group interview
4) on-the-job training
5) observation

Was any feedback given ? (y/n) ____

13 Does this unit support lower level units ? (y/n) ____

If yes, what is (are) the <u>main</u> type(s) of support that this unit provides to lower level units ? ___, ___, ___, ___.
(NEEDS TO BE SPONTANEOUS)

1) Administrative supervision
2) Technical Supervision
3) Medical supplies, incl drugs
4) Other non medical supplies
5) Transport
6) Training
7) _____
8) _____

14 What support is required from the Regional Bureau ?

_____
_____
_____

15 What support is required from the Zonal Department ?

_____
_____
_____

16 What support is required from the Woreda Health Office ?

_____
_____
_____

17 What support is currently given by the Regional Bureau ?

18 What support is currently given by the Zonal Department ?

19 What support is currently given by the Woreda Health Office?

20 How would you rate this support ? ____
1) OK,
2) could be better, how:
3) Not good, explain:

B. <u>Organizational Structure and functions in the health unit.</u>

(BE AS DETAILED AS POSSIBLE)

1 List Technical departments/sections:

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

2 List Administrative departments/sections:

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

3 Are the following committees in existence:

Committee	Y/N	Meeting when
- health unit management committee	___	___
- transfer committee	___	___
- promotion committee	___	___
- purchasing committee	___	___
- drug committee	___	___
- _____	___	___
- _____	___	___

(meeting: 1)daily, 2)weekly, 3)biweekly, 4)monthly, 5)bimonthly, 6)quarterly, 7) semi-annually 8)annually, 9)irregular, 10) when necessary

4 If there is a health unit management committee, list the composition of this committee ?

1 _____ 7 _____
2 _____ 8 _____
3 _____ 9 _____
4 _____ 10 _____
5 _____ 11 _____
6 _____ 12 _____

C. Health Service Delivery Programme

Provision of curative services

1 Out-patient Services:	Y/N	hours/day	Remark
- OPD	___	___	_____
- MCH	___	___	_____
- minor surgical	___	___	_____
- delivery	___	___	_____
- emergency	___	___	_____

2 Average number of patients seen per day ? _____

3 Who examines mainly the patients in the OPD ? ___
1) Doctor, 2) Nurse 3) Health assistant

4 Who screens the patients for priority in the OPD ? ___
1) Head Nurse, 2) Nurse 3) Health assistant

5	Special/referral clinics:	Y/N	Hrs/dy	days/week
1	STD			
2	TB			
3	mental			
4	foodhandlers examination			
5	leprosy			
6	ophthalmic			
7	dental			
8	malaria			
9	_____			
10	_____			
11	_____			
12	_____			

6	In-patient Services:	Y/N	days/week	Remark
	- general IP services			
	- surgical (emergency)			
	- surgical (elective)			
	- delivery			
	- emergency			

7 How many beds are available for in-patients: ___ (total),
Divided: Male surgical: ___ Female surgical: ___
Male medical: ___ Female Medical: ___
OBS/GYN: ___
Paediatrics: ___
TB/AIDS/Isolation: ___
OPD: ___
Other:_____ ___
Other:_____ ___

8 How many In-Patients in 1986 (EC) ? ____
How many were referred ? ____

9 How many Deliveries in 1986 (EC) ? ____
How many were referred ? ____

10	Diagnostic services: Available:	Y/N	hours/day	Remark
	-Stool/Urine			
	-Haematology			
	-Bacteriology			
	-Parasitology			
	-Plain X-ray			
	-Ultra-Sound			
	-'surgical' scopy			
	-ECG			
	-HIV test			
	-Pregnancy test			

Provision of Public Health Services

11	Available:	Y/N	Hrs/day	dys/wk	Responsible Person	Remarks
	Antenatal:					
	Postnatal:					
	Under five:					
	FP:					
	ORT Corner:					
	EPI:					
	Nutrition:					
	Growth Monitoring:					
	Health Education:					
	School Health[1]:					
	TB:					
	AIDS/HIV test:					
	AIDS/HIV counselling					
	Malaria:					

[1] School Health, includes: examination, health education and special surveys

Provision of Environmental Health Services

12 EH Activities:

		Y/N	Hrs/dy	days/week
1	Household inspection	___	___	___
2	Pit latrine inspection	___	___	___
3	HH health education	___	___	___
4	water inspection	___	___	___
5	food inspection	___	___	___
6	establishment inspection	___	___	___
7	market inspection	___	___	___
8	building inspection	___	___	___
9	refuse disposal inspect.	___	___	___
10	prison health service	___	___	___
11	school health service	___	___	___
12	occupational health serv	___	___	___
13	_____	___	___	___
14	_____	___	___	___

13 Number of out reaches: _____

How frequently is <u>each</u> out-reach visited: __ dys/wk <u>OR</u>
__ dys/mth

Subjects during outreach ? (y/n): EPI: ___ CDD: ___
FP: ___ GM: ___
Blood film: ___
HE: ___

14 <u>Main</u> Subjects during Health Eduction Programmes:

_____ _____
_____ _____
_____ _____
_____ ___

15 Coverage if known:

DPT3:___%
TT2: ___ %
Contraceptive Prevalence Rate: ___%
Safe water: ___%
Household latrine: ___%
Bed Occupancy Rate: ____
Average length of stay: ____

16 Intervention Management Protocols/Tools available:
(most of them as posters on the wall)

Available	Y/N
EPI chart	___
ARI chart	___
CDD Chart	___
ORT tools	___
FP chart	___
Pregnancy chart	___
Nutrition chart	___
STD Mgmt Protocol	___
Malaria Control Protocol	___
TB Control Protocol	___

17 Did any major in-patient/out-patient health service delivery problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem C: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

D. Manpower Resource Management

1 Total Number of personnel in this unit: ___

2 Technical Personnel, active in this unit: ___

3 Administrative personnel, active in this unit: ___

4 Technical personnel available and required by qualification

Qualification	number available	number required	additional budget needed for
1 Surgeon	___	___	___
2 Obstetrician and Gynaecologist	___	___	___
3 Internist	___	___	___
4 Paediatrician	___	___	___
5 General practitioner (doctor)	___	___	___
6 Midwife Nurse	___	___	___
7 Anaesthesia Nurse	___	___	___
8 Psychiatry Nurse	___	___	___
9 MCH Nurse	___	___	___
10 General Nurse	___	___	___
11 Specialized nurses	___	___	___
12 Pharmacist	___	___	___
13 Pharmacy technician	___	___	___
14 Druggist	___	___	___
15 Laboratory Technician	___	___	___
16 X-ray technician	___	___	___
17 Health Assistant	___	___	___
18 Sanitarian	___	___	___
19 Health officer	___	___	___
20 CHA	___	___	___
21 TTBA	___	___	___
22 Ophthalmologist	___	___	___
23 Dentist	___	___	___
24 Other specialists	___	___	___
25 Other para-medics	___	___	___
24 _____	___	___	___
25 _____	___	___	___

5 Administrative and supportive personnel available and required by qualification.

Qualification	number available	number required	additional budget needed for
1 Administrator	___	___	___
2 Archivist	___	___	___
3 Personnel Head	___	___	___
4 Accountant	___	___	___
5 Cashier	___	___	___
6 Auditor	___	___	___
7 Store man	___	___	___
8 Cleaner	___	___	___
9 Guard	___	___	___
10 Gardener	___	___	___
11 Messenger	___	___	___
12 Statistician	___	___	___
13 Property head	___	___	___
14 Property clerk	___	___	___
15 Purchaser	___	___	___
16 Carpenter	___	___	___
17 wood cutter	___	___	___
18 Plumber	___	___	___
19 Electrician	___	___	___
20 Telephone Operator	___	___	___
21 Driver	___	___	___
22 Kitchen Worker	___	___	___
23 Laundry Worker	___	___	___
24 Registrar	___	___	___
25 Registry clerks	___	___	___
26 Accountancy clerks	___	___	___
27 Social Worker	___	___	___
28 _____	___	___	___
29 _____	___	___	___
30 _____	___	___	___

6 Who decides on personnel transfers ?
___ ___ ___

1 RHB
2 ZHD
3 WHO
4 Unit incharge
5 Personnel Head
6 Administrator
7 Other: _____

7 How regular is individual performance of staff reviewed ?___

1 Annually
2 semi-annually
3 quarterly
4 never
5 does not know

8 How is the performance review done ? ___
1) by a team
2) individual assessment by supervisor
3) together with supervisee

9 Are general staff meetings held ? (y/n) ____

If yes, how regular: ___

1)monthly, 2)bimonthly, 3)quarterly, 4) semi-annually
5)annually, 6)irregular, 7) when necessary

Who attends ?_____
_____

10 Are the following personnel management tools available in the Health Unit ? (y/n)

- job descriptions ___ for all cadres? ___
- duty roster ___ for all cadres? ___
- annual leave schedule ___
- leave application forms ___
- vacancy notices ___
- vacancy applications forms ___
- individual personnel files ___ for all cadres? ___
- personnel grievance notice ___
- staff performance checklist ___
- award certificates ___

Remark:_____
_____

11 Did any major personnel problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

E. Financial Resources and Expenditures

1 Could the unit provide the Government budget allocations for the current year ? (y/n) ____

2 Could the unit provide the Government budget allocations for the past years ? (y/n) ____

3 If yes, give details below: (in Birr)

Budget Code	Description of line item	1985	1986	1987	(O)ver-allocated (U)nder-allocated
6101	Salary				
6102	Allowances				
6201	Utilities				
6202	Transport/Per Diem				
6203	Printing				
6204	Equipm/build maintce				
6205	transport maintce				
6206	Rent				
6210	Contract Services				
6301	Food				
6302	Drugs and Med. Equipm				
6303	Education material				
6304	Uniforms				
6305	Fuel/oil				
6306	Office supplies				
6307	Other supplies				
6501	Transport purchase				
6502	Equipment purchase				
----	Construction				

4 List income from other sources and purpose for 1986 (EC):

Source	Amount	Purpose
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____

5 Are there separate bank accounts for Government and Non Government allocations (i.e. from donors) (y/n): ____

6 Are there separate voucher books for Government and Non Government allocations (i.e. from donors) (y/n): ____

7 Who is daily responsible for controlling income and expenditure for the unit?

Responsible: _____

8 List the rates used for service user charges in Birr: (if possible exact rate, otherwise range)

Out-Patient:
- registration, routine: _____
- registration, outside hours: _____
- delivery: _____

- lab: Urine: _____
- lab: Blood tests _____
- lab: Bacteriology _____
- lab: Parasitology _____
- X-ray: _____

In-Patient
- minor procedures: _____
- major procedures: _____
- Medical patient fee: _____
- Surgical Patient Fee: _____

9 What is the average income from the user charges per month over the last year (1986) ? _____

10 Are there exemptions, i.e. patients treated free of charge? (y/n) : _____

If yes, list them below under the specific category:

Disease specific:
_____
_____
_____

Service specific:

_____
_____
_____

Patient specific:

_____
_____
_____

11 Who decides on the provision of letters ? _____

12 Who decides on the exemption in the health unit ? _____

13 If a client comes without a free paper, but could be considered as a free patient, who decides ? _____

14 Are the following financial management tools available ? (y/n)

- monthly ledger (budget line expend.) ____
- bank account statements ____
- Model 19 to 23 ____
- user charge income book ____
- user charge submission forms (mod 14) ____

15 Did any major financial management problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

Problem B: _____
_____

Cause: _____
_____
_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem C: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

F. Medical supplies, including drugs (MSD)

1 When were the last MSD received ? __/__/__

From who: _____

2 When were the last Vaccines received ? __/__/__

From who: _____

3 Check the stock of the following items:

Item	Received	Left	Stock-out since
Co-trimoxazole	_____	_____	___
Proc. Penicillin	_____	_____	___
Mebendazole	_____	_____	___
Tetracycline	_____	_____	___
Aspirin	_____	_____	___
Paracetamol	_____	_____	___
Ferrous sulphate	_____	_____	___
Metronidazole	_____	_____	___
ORS	_____	_____	___
Streptomycin	_____	_____	___
	_____	_____	___
BCG	_____	_____	___
DPT	_____	_____	___
Measles	_____	_____	___
Polio	_____	_____	___
Tetanus Toxoid	_____	_____	___

[fill in stock-out according to following codes: 1) over a week, 2) over two weeks, 4)over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year]

4 What other non drug medical supplies are currently lacking?

Item	Since when	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Where are drugs stored ? ____

1)carton box
2)cupboard
3)store room
4)warehouse

6 Where are daily drugs kept ? ____

1)cardboard box
2)wooden box
3)cupboard
4)on table
5)on a shelf

7 Who is responsible for drug dispensing ? ____
1) doctor, 2) nurse, 3) pharmacist, 4) pharmacy technicia
5) dispenser 6) druggist, 7) health assistant, 8)_____

8 Who is actually dispensing ? ____
1) doctor, 2) nurse, 3) pharmacist, 4) pharmacy technicia
5) dispenser 6) druggist, 7) health assistant 8) _____

9 Are the following Medical and Drug supply management tool available ? (y/n)

- bin cards ___
- stock cards: ___
- stock register: ___
- (re) order forms: ___
- daily vaccine temperature card: ___
- vaccine register: ___

10 Did any major Medical and drug supply managemen problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

Problem B:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

G. Equipment

1 List the equipment that is currently out of use, how long it has been out of use, and the possible reason.

Item	How long out out of use ?	Reason
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____ ___
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 List equipment and instruments (Medical, office, and teaching Aids) that are essential for this level of care but are currently lacking.

Item	Possible reason for not being there
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3 Who is <u>mainly</u> responsible for the maintenance of the available equipment: ____

1) respective user, 2) unit I/C, 3) doctor, 4) nurse, 5) health assistant, 6) property officer, 7) other: _____

4 Are the following equipment management tools available ? (y/n)

- equipment register: ____
- equipment identification: ____
- maintenance schedule: ____
- maintenance and repair record: ____
- equipment disposal form: ____

5 Are spare parts available for most equipment (y/n): ____

6 Are most consumable supplies for use with the equipment available (y/n): ____

7 Did any major equipment problem(s), occur in the last si: months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem C: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

H. Physical Structure

1 Describe the Unit in terms of rooms/wards/other features

Room/ward	Number	enough	how many more needed	condition (A,B,C)
- office	___	___	___	___
- outpatient rooms	___	___	___	___
- OPD examin. room	___	___	___	___
- OPD treatm. room	___	___	___	___
- inpatient wards	___	___	___	___
- procedure room	___	___	___	___
- drug store	___	___	___	___
- dispensing room	___	___	___	___
- other store	___	___	___	___
- laboratory	___	___	___	___
- X-ray room	___	___	___	___
- operating theatre	___	___	___	___
- delivery rooms	___	___	___	___
- meeting room	___	___	___	___
- workshop	___	___	___	___
- sanitary workshop	___	___	___	___
- morgue	___	___	___	___
- garage	___	___	___	___
- blood bank	___	___	___	___
- _____	___	___	___	___
- _____	___	___	___	___

- Fence (y/n): ___ Permanent [ ] or Natural [ ]

2 What is the area of the unit's compound (in sq mtr) ? ____

3 Are the following utilities available at this moment ?
- electricity: ___
- water: ___
- telephone ___
- radio communication: ___
- stand-by generator: ___
- incinerator: ___
- waste/refuse system: ___, describe: _____
_____

4 Are there living quarters for staff ? (y/n) ___

If yes, how many quarters ? ____

5 Does the staff living in quarters pay rent ? (y/n) ____

If yes, how much: ____

6 Does the staff living in quarters pay utilities ? (y/n) ___

If yes, Full: [ ] or Subsidized [ ]

7 Who is mainly responsible (in the unit) for the maintenance of the physical structure and the compound ? _____

8 Is there a maintenance budget ? (y/n) ___
Is it sufficient (y/n) ____
If not, how much is needed per annum in Birr: _____
Is necessary equipment available for maintenance ? (y/n) __
Is necessary personnel available for maintenance ? (y/n) __

9 Are the following maintenance management tools available:
- Physical structure inventory: ____
- Preventive maintenance schedule: ____
- Maintenance responsibility chart: ____
- Repair activity log: ____

10 Did any major physical structure maintenance problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

I. Transport

1 What vehicles are available for the health unit ?

Item	Number available	number out of order	How long ? (see code)
- cars	___	___	___
- motorbike	___	___	___
- bicycle	___	___	___

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 Describe general use of car(s), if available:
1 _____
2 _____
3 _____

3 Describe general use of Motorbike(s), if available:
1 _____
2 _____
3 _____

4 Are spare parts available ? (y/n)
- in the store: ___
- in town: ___
- at Regional Bureau stores: ___
- at Zonal Department stores: ___
- at the Woreda Office stores: ___

5 Where are vehicles kept overnight ? _____

6 Who is mainly responsible for maintenance of the transport facilities (in the unit) ? _____

7 Where is maintenance done ? ___
1) in own garage, 2) in private garage,
3) in regional bureau garage, 4) other: _____

8 Are the following transport management tools available
- Transport facilities inventory: ____
- Transport maintenance and repair record: ____
- Transport daily travel logbook: ____
- Fuel/oil consumption log book: ____
- Spare parts inventory: ____
- transport activity schedule: ____
- transport request forms: ____

9 Did any major transport problem(s), occur in the last months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

Problem B: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

K. Planning and Health Management Information

1 Indicate the type of reports and frequency of reporting, which this unit receives from lower levels:

type of report	frequency of report	reporting office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

2 Indicate the type of reports and frequency of reporting of this unit to higher levels:

type of report	frequency of report	receiving office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

3 Who is responsible for data collection and compilation in this unit ? _____

Who is actually doing it ? _____ ___

4 What is done with the compiled information?
(reactions will have to be spontaneous!)

- send on to higher levels [ ]
- calculate statistics [ ]
- used for monitoring [ ]
- used for planning [ ]
- transformed into graphics [ ]
- other:_____ [ ]

14

5 Is there a person trained for compilation and analysis of data ? (y/n) ____

If yes, who:
_____, _____, _____, _____.

6 Is there a person trained in the use of information ? (y/n) ____

If yes, who:
_____, _____, _____, _____.

7 What instruments/tools are available for data management ?
___ ___ [1)none, 2)calculator, 3) computer, 4) other:_____]

8 Who is involved in the development of the annual plan in this unit ?

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

9 At what level does the planning start: ____

1) section level, 2) team level, 3) individual level 4)department level 5) instructions from management office, 6) lower unit 7) other: _____

10 Who is involved in the budgeting process at this level?
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

11 Are the following planning tools available/used in the unit:
- work/activity plan: ___
- map of the catchment area: ___
- health profile: ___
- annual plan: ___

12 Are the following management tools available/used in the unit:
- work schedule: ___
- performance overview of units/departments: ___
- patient register: ___

13 Did any major planning and health information problem(s), occur in the last six months ?

Occurred ? (Y/N) _____ , if yes:

Problem A: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

L. Catchment Calculation

1) Use patient register

2) Sample one hundred continuous cases that were registered during the last month

3) Count the frequency of villages recorded:

village a: 10 times
village b: 12 times
village c: 23 times
etc

4) Name the three most frequently mentioned villages and (look at a map) estimate/state the distance to the health unit

Name	Frequency	Distance
_____	____	_____
_____	____	_____
_____	____	_____

5) Name the three least frequently mentioned villages and (look at a map) estimate/state the distance to the health unit

Name	Frequency	Distance
_____	____	_____
_____	____	_____
_____	____	_____

6) List major physical obstacles that hamper accessibility of this unit (if they are there):

_____
_____
_____

==========

Remarks by interviewee: _____
_____
_____
_____

[PLEASE NOTE THE END-TIME OF THE INTERVIEW ON THE FRONT PAGE]

ANNEX 6

HEALTH SERVICE DELIVERY UNIT ASSESSMENT

FORM 1B: HEALTH STATION AND HEALTH POST

Reference No.:

Date: / / (GC) Assessor: _____
Start time: __:__ End time: __:__

Main interviewee: _____

Function/Position: _____

==========

A. General Information

1 Type of unit: ___
1) Health station
2) Health Post

2 Region: ___
1) Tigray
2) Afar
3) Amhara
4) Oromia
14) Addis Ababa
7) SEPAR
12) Gambela

3 Address of the unit:
Name:_____ Town:_____
P.O. Box:_____ Tel. No.:_____
Woreda:_____ Zone:_____

4 Ownership: ___
1) RHB
2) NGO
3) Private
4) Parastatal
5) Commun. Assoc

5 Estimated Catchment population (in sq km): _____

Source: ___
1) CSA
2) Higher level
3) Estimate
4) Other:_____

6 Administrative levels served:
___ Woredas = ___ Kebeles/PAs
___ Kebeles/PAS

7 Nearest referral Health Unit:
Name:_____ Type:____
1) Regional Hospital
2) Zonal Hospital
3) Rural Hospital
4) Health Centre
5) Health Station
6) Community Health Post

Distance in km:___

8 Nearest Health Unit:
Name:_____ Type:____

1) Regional Hospital
2) Zonal Hospital
3) Rural Hospital
4) Speciality Hospital
5) Health Centre
6) Health Station
7) Community Health Post
8) National Referral Hosp

Distance in km:___

9 Which level is supervising this unit technically ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

1) RHB
2) ZHD
3) WHO
4) Regional Hospital
5) Zonal Hospital
6) Rural Hospital
7) Health Centre
8) Health Station
9) Other:
_____

10 Which level is supervising this unit administratively ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

1) RHB
2) ZHD
3) WHO
4) Regional council
5) Zonal Council
7) Worada Council
8) Kebele Admin
9) PA
10) Regional Hospital
11) Zonal Hospital
12) Rural Hospital
13) Health Centre
14) Health Statio
15) Other:
_____

11 When was this unit last supervised ? ___

1) During the last month
2) more than 1 month ago
3) more than 2 months ago
4) more than 3 months ago
5) more than 6 months ago
6) more than 12 months ag

By whom (position) ? _____ from what level ? _____

12 How was the supervision conducted ? ___, ___, ___.

1) review of records
2) individual interview
3) group interview
4) on-the-job training
5) observation

Was any feedback given ? (y/n) ____

13 Does this unit support lower level units ? (y/n) ____

If yes, what is (are) the main type(s) of support that this unit provides to lower level units ? ___, ___, ___, ___.
(NEEDS TO BE SPONTANEOUS)

1) Administrative supervision
2) Technical Supervision
3) Medical supplies, incl drugs
4) Other non medical supplies
5) Transport
6) Training
7) _____
8) _____

14 What support is required from the Zonal Department ?

_____
_____
_____

15 What support is required from the Woreda Health Office ?

_____
_____
_____

16 What support is currently given by the Zonal Department ?

_____
_____
_____

17 What support is currently given by the Woreda Health Office?

_____
_____
_____

18 How would you rate this support ? ____
1) OK,
2) could be better, how: _____
_____
3) Not good, explain: _____
_____

B. Organizational Structure and functions in the health unit.

(BE AS DETAILED AS POSSIBLE)

1 List Technical departments/sections:

1	_____	4	_____
2	_____	5	_____
3	_____	6	_____

2 List Administrative departments/sections:

1	_____	4	_____
2	_____	5	_____
3	_____	6	_____

3 Are the following committees in existence:

Committee	Y/N	Meeting when
- health unit management committee	___	___
- drug committee	___	___
- _____	___	___

(meeting: 1)daily, 2)weekly, 3)biweekly, 4)monthly, 5)bimonthly, 6)quarterly, 7) semi-annually 8)annually, 9)irregular, 10) when necessary

4 If there is a health unit management committee, list the composition of this committee ?

1	_____	4	_____
2	_____	5	_____
3	_____	6	_____

C. Health Service Delivery Programme

Provision of curative services

1	Out-patient Services:	Y/N	hours/day	Remark
	- OPD	___	___	_____
	- MCH	___	___	_____
	- minor surgical	___	___	_____
	- delivery	___	___	_____
	- emergency	___	___	_____

2 Average number of patients seen per day ? _____

3 Who examines mainly the patients in the OPD ? ___
1) Doctor, 2) Nurse 3) Health assistant

4 Who screens the patients for priority in the OPD ? ___
1) Head Nurse, 2) Nurse 3) Health assistant

5	Special/referral clinics:	Y/N	Hrs/dy	days/week
1	STD	___	___	___
2	TB	___	___	___
3	leprosy	___	___	___
4	malaria	___	___	___
5	_____	___	___	___
6	_____	___	___	___

7 How many beds are available for temporary in-patients: ___

8 How many Patients were reffered in 1986 (EC) ? ____

9 How many Deliveries in 1986 (EC) ? ____
How many were referred ? ____

Provision of Public Health Services

10 Available:	Y/N	Hrs/day	dys/wk	Responsible Person	Remarks
Antenatal:	___	___	___	_____	_____
Postnatal:	___	___	___	_____	_____
Under five:	___	___	___	_____	_____
FP:	___	___	___	_____	_____
ORT Corner:	___	___	___	_____	_____
EPI:	___	___	___	_____	_____
Growth Monitoring:	___	___	___	_____	_____
Health Education:	___	___	___	_____	_____
School Health[1]:	___	___	___	_____	_____
TB:	___	___	___	_____	_____
AIDS/HIV test:	___	___	___	_____	_____
AIDS/HIV counselling	___	___	___	_____	_____
Malaria:	___	___	___	_____	_____

[1] School Health, includes: examination, health education and special surveys

Provision of Environmental Health Services

11 EH Activities:

		Y/N	Hrs/dy	days/week
1	Household inspection	___	___	___
2	Pit latrine inspection	___	___	___
3	HH health education	___	___	___
4	water inspection	___	___	___
5	food inspection	___	___	___
6	establishment inspection	___	___	___
7	market inspection	___	___	___
8	building inspection	___	___	___
9	refuse disposal inspect.	___	___	___
10	prison health service	___	___	___
11	school health service	___	___	___
12	occupational health serv	___	___	___
13	_____	___	___	___
14	_____	___	___	___

12 Who conducts the environmental health activities ? _____

13 Number of out reaches: _____

How frequently is <u>each</u> out-reach visited: __ dys/wk <u>OR</u>
__ dys/mth

Subjects during outreach ? (y/n): EPI: ___ CDD: ___
FP: ___ GM: ___
Blood film: ___
HE: ___

14 <u>Main</u> Subjects during Health Eduction Programmes:

_____ _____
_____ _____
_____ _____

15 Coverage if known:

DPT3:___%
TT2: ___ %
Contraceptive Prevalence Rate: ___%
Safe water: ___%
Household latrine: ___%

16 Intervention Management Protocols/Tools available:
(most of them as posters on the wall)

Available	Y/N
EPI chart	___
ARI chart	___
CDD Chart	___
ORT tools	___
FP chart	___
Pregnancy chart	___
Nutrition chart	___
STD Mgmt Protocol	___
Malaria Control Protocol	___
TB Control Protocol	___

16 Did any major in-patient/out-patient health service delivery problem(s), occur in the last six months ?
Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

Problem B:_____
_____

Cause:_____
_____

Effect:_____
_____

Suggested/Possible Solution:_____
_____
_____

D. Manpower Resource Management

1 Total Number of personnel in this unit: ___

2 Technical Personnel, active in this unit: ___

3 Administrative personnel, active in this unit: ___

4 Technical personnel available and required by qualification

Qualification	number available	number required
1 General practitioner (doctor)	___	___
2 Midwife Nurse	___	___
3 MCH Nurse	___	___
4 General Nurse	___	___
5 Pharmacy technician	___	___
6 Druggist	___	___
7 Laboratory Technician	___	___
8 Health Assistant	___	___
9 Sanitarian	___	___
10 CHA	___	___
11 TTBA	___	___
12 _____	___	___
13 _____	___	___

5 Administrative and supportive personnel available and required by qualification.

Qualification	number available	number required
1 Administrator	___	___
2 Cashier	___	___
3 Store man	___	___
4 Cleaner	___	___
5 Guard	___	___
6 Gardener	___	___
7 Messenger	___	___
8 Statistician	___	___
9 Driver	___	___
10 _____	___	___
11 _____	___	___

6 Who decides on personnel transfers ?

____ ____ ____

1 RHB
2 ZHD
3 WHO
4 Unit incharge
5 Administrator
6 Other:

7 How regular is individual performance of staff reviewed ?___
1 Annually
2 semi-annually
3 quarterly
4 never
5 does not know

8 How is the performance review done ? ___
1) by a team
2) individual assessment by supervisor
3) together with supervisee

9 Are general staff meetings held ? (y/n) ____

If yes, how regular: ___

1)monthly, 2)bimonthly, 3)quarterly, 4) semi-annually
5)annually, 6)irregular, 7) when necessary

Who attends ?_____
_____

10 Are the following personnel management tools available in the Health Unit ? (y/n)

- job descriptions ___ for all cadres? ___
- duty roster ___ for all cadres? ___
- annual leave schedule ___
- leave application forms ___
- individual personnel files ___ for all cadres? ___
- personnel grievance notice ___
- award certificates ___

Remark:_____
_____

11 Did any major personnel problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____

Suggested/Possible Solution: _____

Problem B: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

E. Financial Resources and Expenditures

1 List income from other sources and purpose for 1986 (EC):

Source	Amount	Purpose
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____

2 Who is daily responsible for controlling income and expenditure for the unit?

Responsible: _____

3 List the rates used for service user charges in Birr: (if possible exact rate, otherwise range)

Out-Patient:
- registration, routine: _____
- registration, outside hours: _____

- lab: Urine: _____
- lab: Blood tests _____
- lab: Bacteriology _____
- lab: Parasitology _____

- delivery: _____

4 What is the average income from the user charges per month over the last year (1986) ? _____

5 Are there exemptions, i.e. patients treated free of charge? (y/n) : _____

If yes, list them below under the specific category:

Disease specific:

_____
_____
_____

Service specific:

_____
_____
_____

Patient specific:

_____
_____
_____

6 Who decides on the provision of letters ? _____

7 Who decides on the exemption in the health unit ? _____

8 If a client comes without a free paper, but could be considered as a free patient, who decides ? _____

9 Did any major financial management problem(s), occur in the last six months ?

Occurred ? (Y/N) _____ , if yes:

Problem A: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

F. Medical supplies, including drugs (MSD)

1 When were the last MSD received ? __/__/__

From who: _____

2 When were the last Vaccines received ? __/__/__

From who: _____

3 Check the stock of the following items:

Item	Received	Left	Stock-out since
Co-trimoxazole			
Proc. Penicillin			
Mebendazole			
Tetracycline			
Aspirin			
Paracetamol			
Ferrous sulphate			
Metronidazole			
ORS			
Streptomycin			
BCG			
DPT			
Measles			
Polio			
Tetanus Toxoid			

[fill in stock-out according to following codes: 1) over a week, 2) over two weeks, 4)over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year]

4 What other non drug medical supplies are currently lacking?

Item	Since when	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Where are drugs stored ? ____

1) carton box
2) cupboard
3) store room
4) warehouse

6 Where are daily drugs kept ? ____

1) cardboard box
2) wooden box
3) cupboard
4) on table
5) on a shelf

7 Who is responsible for drug dispensing ? ____
1) doctor, 2) nurse, 3) pharmacist, 4) pharmacy technician
5) dispenser 6) druggist, 7) health assistant, 8)_____

8 Are the following Medical and Drug supply management tools available ? (y/n)

- bin cards
- stock cards: ___
- stock register: ___
- (re) order forms: ___
- daily vaccine temperature card: ___
- vaccine register: ___

9 Did any major Medical and drug supply management problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

G. Equipment

1 List the equipment that is currently out of use, how long it has been out of use, and the possible reason.

Item	How long out out of use ?	Reason
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 List equipment and instruments (Medical, office, and teaching Aids) that are essential for this level of care but are currently lacking.

Item	Possible reason for not being there
_____	_____
_____	_____
_____	_____

3 Who is <u>mainly</u> responsible for the maintenance of the available equipment:____

1) respective user, 2) unit I/C, 3) doctor, 4) nurse, 5) health assistant, 6) other:_____

4 Are the following equipment management tools available ? (y/n)
- equipment register: ____
- equipment identification: ____
- maintenance schedule: ____
- maintenance and repair record: ____
- equipment disposal form: ____

5 Are spare parts available for most equipment (y/n): ____

6 Are most consumable supplies for use with the equipment available (y/n): ____

7 Did any major equipment problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

Problem B: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

H. Physical Structure

1 Describe the Unit in terms of rooms/wards/other features

Room/ward	Number	enough	how many more needed	condition (A,B,C)
- office	___	___	___	___
- outpatient rooms	___	___	___	___
- OPD examin. room	___	___	___	___
- OPD treatm. room	___	___	___	___
- drug store	___	___	___	___
- dispensing room	___	___	___	___
- other store	___	___	___	___
- laboratory	___	___	___	___
- delivery rooms	___	___	___	___
- meeting room	___	___	___	___
- workshop	___	___	___	___
- sanitary workshop	___	___	___	___
- _____	___	___	___	___
- _____	___	___	___	___

- Fence (y/n): ___ Permanent [ ] or Natural [ ]

2 What is the area of the unit's compound (in sq mtr) ? ____

3 Are the following utilities available at this moment ?
- electricity: ___
- water: ___
- telephone ___
- radio communication: ___
- stand-by generator: ___
- waste/refuse system: ___, describe: _____

4 Are there living quarters for staff ? (y/n) ___

If yes, how many quarters ? ____

5 Does the staff living in quarters pay rent ? (y/n) ____

If yes, how much: ____

6 Does the staff living in quarters pay utilities ? (y/n) ___

If yes, Full: [ ] or Subsidized [ ]

7 Who is mainly responsible (in the unit) for the maintenance of the physical structure and the compound ? _____

8 Are the following maintenance management tools available:
- Physical structure inventory: ____
- Preventive maintenance schedule: ____
- Maintenance responsibility chart: ____
- Repair activity log: ____

9 Did any major physical structure maintenance problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

Problem B: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

I. Transport

1 What vehicles are available for the health unit ?

Item	Number available	number out of order	How long ? (see code)
- motorbike	___	___	___
- bicycle	___	___	___

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 Describe general use of Motorbike(s), if available:
1 _____
2 _____
3 _____

3 Are spare parts available ? (y/n)
- in the store: ___
- in town: ___
- at Regional Bureau stores: ___
- at Zonal Department stores: ___
- at the Woreda Office stores: ___

4 Where are vehicles kept overnight ? _____

5 Who is mainly responsible for maintenance of the transport facilities (in the unit) ? _____

6 Where is maintenance done ? ___
1) in own garage, 2) in private garage, 3) other: _____

7 Are the following transport management tools available:
- Transport facilities inventory: ___
- Transport maintenance and repair record: ___
- Transport daily travel logbook: ___
- Fuel/oil consumption log book: ___
- Spare parts inventory: ___
- transport activity schedule: ___
- transport request forms: ___

8 Did any major transport problem(s), occur in the last six months ?
Occurred ? (Y/N) ____ , if yes:

Problem A: _____

Cause: _____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

K. Planning and Health Management Information

1 Indicate the type of reports and frequency of reporting, which this unit receives from lower levels:

type of report	frequency of report	reporting office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

2 Indicate the type of reports and frequency of reporting of this unit to higher levels:

type of report	frequency of report	receiving office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

3 Who is responsible for data collection and compilation in this unit ? _____

Who is actually doing it ? _____

4 What is done with the compiled information?
(reactions will have to be spontaneous!)

- send on to higher levels [ ]
- calculate statistics [ ]
- used for monitoring [ ]
- used for planning [ ]
- transformed into graphics [ ]
- other:_____ [ ]

5 Is there a person trained for compilation and analysis of data ? (y/n) ____

If yes, who:
_____, _____, _____, _____.

6 What instruments/tools are available for data management ?
___ ___ 1)none, 2)calculator, 3) computer,
4) other:_____

7 Who is involved in the development of the annual plan in this unit ?

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

8 At what level does the planning start: ____

1) section level, 2) team level, 3) individual level, 4)department level 5) instructions from management office, 6) lower unit 7) other: _____

9 Are the following planning tools available/used in the unit:
- work/activity plan: ___
- map of the catchment area: ___
- health profile: ___
- annual plan: ___

10 Are the following management tools available/used in the unit:
- work schedule: ___
- performance overview of units/departments: ___
- patient register: ___

11 Did any major planning and health information problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____

_____

Cause:_____

_____

_____

Effect:_____

_____

_____

Suggested/Possible Solution:_____

_____

_____

Problem B:_____

_____

Cause:_____

_____

_____

Effect:_____

_____

_____

Suggested/Possible Solution:_____

_____

_____

L. Catchment Calculation

1) Use patient register

2) Sample one hundred continuous cases that were registered during the last month

3) Count the frequency of villages recorded:

village a: 10 times
village b: 12 times
village c: 23 times
etc

4) Name the three most frequently mentioned villages and (look at a map) estimate/state the distance to the health unit

Name	Frequency	Distance
_____	____	_____
_____	____	_____
_____	____	_____

5) Name the three least frequently mentioned villages and (look at a map) estimate/state the distance to the health unit

Name	Frequency	Distance
_____	____	_____
_____	____	_____
_____	____	_____

6) List major physical obstacles that hamper accessibility of this unit (if they are there):

_____
_____
_____

==========

Remarks by interviewee: _____
_____
_____
_____

[PLEASE NOTE THE END-TIME OF THE INTERVIEW ON THE FRONT PAGE]

ANNEX 7

FORM 2: HEALTH SERVICE MANAGEMENT ASSESSMENT

Reference No.:

Date: / / (GC) Assessor: _____
Start time: __:__ End time: __:__

Main interviewee: _____

Function/Position: _____

A. General Information

1 Type of management level: ____
1) RHB
2) ZHD
3) WHO

2 Region: ___
1) Tigray
2) Afar
3) Amhara
4) Oromia
14) Addis Ababa
7) SEPAR
12) Gambela

3 Address of the unit:
Name:_____ Town:_____
P.O. Box:_____ Tel. No.:_____
Woreda:_____ Zone:_____

4 Year of establishment: 19___ (EC [] or GC [])

5 Area covered by this management level (in Sq Km):_____

6 Estimated Catchment population: _____

Source: ___
1) CSA
2) Higher level
3) Estimate
4) Other:_____

7 Administrative divisions:

Number of zones:
Number of zones with Health Dept office: _____
Number of zones without Health Dept office: _____

Number of woredas:
Number of woredas with Health Dept office: _____
Number of woredas without Health Dept office: _____

Number of kebeles/PAs:
Number of kebeles/PAs with Community Health Service:_____
Number of kebeles/PAs without Community Health Service:___

8 Health institutions by type, number and ownership

Type	Ownership (specify number)	Total
central ref hosp.	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
regional hospital	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
zonal hospital	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
rural hospital	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
Speciality hosp.	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
health centre	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
health station	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
health post	RHB[ ] OGO[ ] NGO[ ] PA/Keb[ ]	___

9 Other institutions by type, number and ownership

Type	Ownership (specify number)	Total
Pharmacies	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
Drug shops	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
rural drug shops	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
Malaria laboratories	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
other laboratories	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
training institution	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___
health post	RHB[ ] OGO[ ] NGO[ ] Priv[ ]	___

10 Specify training schools/institutions [ASK ONLY RHB]:

type	Number
_____	___
_____	___
_____	___
_____	___
_____	___

11 Indicate the type and number of health workers in the Region/Zone/Woreda (Excluding RHB/ZHD/WHO staff Members)

Qualification	Number	number required
General Practitioners	___	___
Internist	___	___
Surgeon	___	___
Gynea/Obs specialist	___	___
Paediatrician	___	___
Community Health Spec.	___	___
Other spec._____	___	___
Other spec._____	___	___
Other spec._____	___	___
Other spec._____	___	___
Dentist	___	___
General nurse	___	___
MCH Nurse	___	___
Nurse Midwife	___	___
Specialized nurse	___	___

Pharmacist	___	___
pharmacy technician	___	___
druggist	___	___
Lab technician	___	___
X-ray technician	___	___
Public Health Practit.	___	___
Health officer	___	___
health assistant	___	___
CHA	___	___
TTBA	___	___
Vector Control Officer	___	___
Sanitarian	___	___
_____	___	___
_____	___	___

12 Which level is supervising this unit technically ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

1) RHB
2) ZHD
3) MOH
4) Other: _____

13 Which level is supervising this unit administratively ?
___ and ___

(Only quote two, if the interviewee quotes more than one!)

0) MOH
1) RHB
2) ZHD
3) WHO
4) Regional council
5) Zonal Admin. Office
7) Woreda Council
8) Other: _____

14 Are there health facilities under this management level's supervision? (y/n) ____

If yes, How many by type:
- rural hospital: ____
- health centre: ____
- health station: ____
- health post: ____

15 Does this unit support lower level units ? (y/n) ____

If yes, what is (are) the <u>main</u> type(s) of support that this unit provides to lower level units ? ___, ___, ___, ___.
(NEEDS TO BE SPONTANEOUS)

1) Administrative supervision
2) Technical Supervision
3) Medical supplies, incl drugs
4) Other non medical supplies
5) Transport
6) Training
7) _____

B. Organizational Structure of the Bureau/Department/Office

(BE AS DETAILED AS POSSIBLE; PROVIDE ORGANOGRAMS OF THE BUREAU/DEPARTMENT/OFFICE, IF AVAILABLE !)

1 List Technical departments/sections/teams: Qualification of Head

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

2 List Administrative departments/sections/teams: Qualification Head

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

3 Are the following committees in existence:

Committee	Y/N	Meeting when
- management committee	___	___
- transfer committee	___	___
- promotion committee	___	___
- purchasing committee	___	___
- drug committee	___	___
- _____	___	___
- _____	___	___

(meeting: 1)daily, 2)weekly, 3)biweekly, 4)monthly, 5)bimonthly, 6)quarterly, 7) semi-annually 8)annually, 9)irregular, 10) when necessary

4 If there is a management committee, list the composition of this committee ?

1	_____	7	_____
2	_____	8	_____
3	_____	9	_____
4	_____	10	_____
5	_____	11	_____
6	_____	12	_____

C. Manpower Resources

Only those working within the RHB/ZHD/WHO (the interviewed level)

1 Total Number of personnel: ___

2 Technical Personnel: ___

3 Administrative personnel: ___

4 Technical personnel available and required by qualification

Qualification	number available	number required	additional budget needed for
1 General Med.practitioner	___	___	___
2 Specialist	___	___	___
3 Midwife Nurse	___	___	___
4 MCH Nurse	___	___	___
5 General Nurse	___	___	___
6 Specialized nurses	___	___	___
7 Pharmacist	___	___	___
8 Laboratory Technician	___	___	___
9 Health Assistant	___	___	___
10 Sanitarian	___	___	___
11 Health officer	___	___	___
12 Specialist	___	___	___
13 Other para-medics	___	___	___
14 _____	___	___	___
15 _____	___	___	___

5 Administrative and supportive personnel available and required by qualification.

Qualification	number available	number required	additional budget needed for
1 Administrator	___	___	___
2 Archivist	___	___	___
3 Personnel Head	___	___	___
4 Accountant	___	___	___
5 Cashier	___	___	___
6 Auditor	___	___	___
7 Store man	___	___	___
8 Cleaner	___	___	___
9 Guard	___	___	___
10 Gardener	___	___	___
11 Messenger	___	___	___
12 Statistician	___	___	___
13 Property head	___	___	___
14 Property clerk	___	___	___
15 Purchaser	___	___	___
16 Telephone Operator	___	___	___
17 Driver	___	___	___
18 Accountancy clerks	___	___	___
19 Social Worker	___	___	___
20 _____	___	___	___
21 _____	___	___	___
22 _____	___	___	___

6 Who decides on personnel transfers ?

___ ___ ___

1 RHB
2 ZHD
3 WHO
4 Unit incharge
5 Personnel Head
6 Administrator
7 Other: _____

7 How regular is individual performance of staff reviewed ? ___

1 Annually
2 semi-annually
3 quarterly
4 never
5 does not know

8 How is the performance review done ? ___

1) by a team
2) individual assessment by supervisor
3) together with supervisee

9 Are general staff meetings held ? (y/n) ____

If yes, how regular: ___

1)monthly, 2)bimonthly, 3)quarterly, 4) semi-annually
5)annually, 6)irregular, 7) when necessary

Who attends ?_____
_____

10 Are the following personnel management tools available in the Health Unit ? (y/n)

- job descriptions ___ for all cadres? ___
- duty roster ___ for all cadres? ___
- annual leave schedule ___
- leave application forms ___
- vacancy notices ___
- vacancy applications forms ___
- individual personnel files ___ for all cadres? ___
- personnel grievance notice ___
- staff performance checklist ___
- award certificates ___

Remark:_____
_____

11 Did any major personnel problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution:_____
_____
_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

D. Financial Resources and Expenditures

1 Is there a Government allocation for this management level? (y/n) ____

2 Could the bureau/department/office provide the Government budget allocations for the current year ? (y/n) ____

3 Could the bureau/department/office provide the Government budget allocations for the past years ? (y/n) ____

If yes, give details below: (in Birr)

Budget Code	Description of line item	1985	1986	1987
6101	Salary	_____	_____	_____
6102	Allowances	_____	_____	_____
6201	Utilities	_____	_____	_____
6202	Transport/Per Diem	_____	_____	_____
6203	Printing	_____	_____	_____
6204	Equipm/build maintce	_____	_____	_____
6205	transport maintce	_____	_____	_____
6206	Rent/contracts	_____	_____	_____
6210	Contract services	_____	_____	_____
6301	Food	_____	_____	_____
6302	Drugs and Med Eguip	_____	_____	_____
6303	Education material	_____	_____	_____
6304	Uniforms	_____	_____	_____
6305	Fuel/oil	_____	_____	_____
6306	Office supplies	_____	_____	_____
6307	Other supplies	_____	_____	_____
6501	Transport purchase	_____	_____	_____
6502	Equipment purchase	_____	_____	_____
----	Construction	_____	_____	_____

4 **List income from other sources and purpose for 1986 (EC): [ONLY FOR OFFICE AND MANAGEMENT ACTIVITIES]**

Source	Amount	Purpose
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____

5 Are there separate bank accounts for Government and Non-Government allocations (i.e. from donors) (y/n): ____

6 Are there separate voucher books for Government and Non-Government allocations (i.e. from donors) (y/n): ____

7 Who is daily responsible for controlling income and expenditure for the Bureau/department/office ?
Responsible: _____

8 Are the following financial management tools available ? (y/n)
- monthly ledger (budget line expend.) ____
- bank account statements ____
- Model 19 to 23 ____
- user charge income book ____
- user charge submission forms (mod 14) ____
- written financial regulations ____

9 Did any <u>major</u> financial management problem(s), occur in the last two months ?

Occurred ? (Y/N) ____ , if so:

Problem A: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

E. **Equipment**

1 List the equipment that is currently out of use, how long it has been out of use, and the possible reason.

Item	How long out out of use ?	Reason
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 List equipment and instruments (Medical, office, and teaching Aids) that are essential for this level of management, but are currently lacking.

Item	Possible reason for not being there
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3 Who is mainly responsible for the maintenance of the available equipment:____

1) respective user, 2) unit I/C, 3) doctor, 4) nurse, 5) health assistant, 6) property officer, 7) other:_____

4 Are the following equipment management tools available ? (y/n)
- equipment register: ____
- equipment identification: ____
- maintenance schedule: ____
- maintenance and repair record: ____
- equipment disposal form: ____

5 Are spare parts available for most equipment (y/n): ____

6 Are most consumable supplies for use with the equipment available (y/n): ____

7 Did any major equipment problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____

Cause:_____

Effect:_____

Suggested/Possible Solution:_____

Problem B:_____

Cause:_____

Effect:_____

Suggested/Possible Solution:_____

Problem C: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

F. Physical Structure

1 Where is the bureau/office located ?
1 own building
2 council building
3 health institution
4 rented, How much per month: _____
5 other: _____

2 Describe the Bureau/Department/Office in terms of rooms

Room/office	Number	adequate y/n	How many more needed	Condition (A,B,C)
- offices	____	___	___	_____
- drug store	____	___	___	_____
- supplies store	____	___	___	_____
- other store	____	___	___	_____
- meeting room	____	___	___	_____
- workshop	____	___	___	_____
- cold room	____	___	___	_____
- _____	____	___	___	_____
- _____	____	___	___	_____

3 Are there plans to improve the current physical structure ? (y/n) _____

if yes, please describe: _____

_____

_____

Who will finance this ?: _____

4 Are the following utilities available at this moment ?)
- electricity: ___
- water: ___
- telephone ___
- radio communication: ___
- stand-by generator: ___
- waste/refuse system: ___, describe: _____
_____

5 Who is mainly responsible (in the unit) for the maintenance of the physical structure and the compound ? _____

6 Is there a maintenance budget ? (y/n) ___
Is it sufficient (y/n) ____
If not, how much is needed per annum in Birr: _____
Is necessary equipment available for maintenance ? (y/n) __
Is necessary personnel available for maintenance ? (y/n) __

7 Are the following maintenance management tools available:
- Physical structure inventory: ____
- Preventive maintenance schedule: ____
- Maintenance responsibility chart: ____
- Repair activity log: ____

8 Did any major physical structure maintenance problem(s), occur in the last two months ?

Occurred ? (Y/N) ____ , if so:

Problem A: _____
_____

Cause: _____
_____
_____

Effect: _____
_____
_____

Suggested/Possible Solution: _____
_____
_____

Problem B: _____
_____

Cause: _____
_____
_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

G. Transport

1 What vehicles are available for the Bureau/Department/ office ?

Item	Number available	number out of order	How long ? (see code)
- truck	___	___	___
- cars	___	___	___
- motorbike	___	___	___
- bicycle	___	___	___

(How long out of use coded as follows: 1) over a week, 2) over two weeks, 4) over a month, 4) over two months, 5) over three months, 6) over six months) 7) more than a year

2 Describe general use of car(s), if available:
1 _____
2 _____
3 _____

3 Describe general use of Motorbike(s), if available:
1 _____
2 _____
3 _____

4 Are spare parts available ? (y/n)
- in the store: ___
- in town: ___
- at Regional Bureau stores: ___
- at Zonal Department stores: ___
- at the Woreda Office stores: ___

5 Where are vehicles kept overnight ? _____

6 Who is mainly responsible for maintenance of the transport facilities (in the unit) ? _____

7 Where is maintenance done ? ___
1) in own garage, 2) in private garage,
3) in regional bureau garage, 4) other: _____

8 Are the following transport management tools available:
- Transport facilities inventory: ____
- Transport maintenance and repair record: ____
- Transport daily travel logbook: ____
- Fuel/oil consumption log book: ____
- Spare parts inventory: ____
- transport activity schedule: ____
- transport request forms: ____

9 Did any major transport problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

Problem B: _____

Cause: _____

Effect: _____

Suggested/Possible Solution: _____

H. Planning and Health Management Information

1 Indicate the type of reports and frequency of reporting, which this management unit receives from lower levels:

type of report	frequency of report	reporting office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

2 Indicate the type of reports and frequency of reporting of this management unit to higher levels:

type of report	frequency of report	receiving office	Remark
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____
_____	___ ___ ___	_____	_____

(Frequency: 1) weekly, 2) monthly, 3) quarterly, 4) annually, 5) when necessary)

Total type of reports: ___

3 Who is responsible for data collection and compilation in this unit ? _____

Who is actually doing it ? _____

4 What is done with the compiled information?
(reactions will have to be spontaneous!)

- send on to higher levels [ ]
- calculate statistics [ ]
- used for monitoring [ ]
- used for planning [ ]
- transformed into graphics [ ]
- other: _____ [ ]

5 Is there a person trained for compilation and analysis of data ? (y/n) ____

If yes, who:
_____, _____, _____, _____.

6 Is there a person trained in the use of information ? (y/n) ____, If yes, who:
_____, _____, _____, _____.

7 What instruments/tools are available for data management ?
___ ___ [1)none, 2)calculator, 3) computer, 4) other:_____]

8 What are the sources of information used for planning and management of health services in your area of responsibility, i.e. region, zone or woreda?
[NEEDS TO BE SPONTANEOUS]

1 _____
2 _____
3 _____
4 _____
5 _____

9 Is there a regional/zonal/woreda health/social sector committee ? (y/n) ____

If yes, what is the composition of the committee:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

How often does the committee meet:_____

10 What health sector issues were raised/discussed during the committee meetings in the last six months?
1 _____
2 _____
3 _____
4 _____

11 Who is involved in the annual planning process at this level?
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

12 At what level does the planning start: ____
1) own level, 2) zonal level, 3) woreda level, 4) health unit level, 5) community level, 6) council level,
7) other:_____

13 Who is involved in the budgeting process at this level?
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

14 . Is there a health profile of the area available ? (y/n)
____

if yes, what does it contain ? (y/n)

- Listing of health institutions ___
- coverage figures ___
- manpower data ___
- project descriptions (externally funded) ___
- Map ___
- Plan of action for the current year ___
- other: _____

15 Are the following planning tools available/used in the unit:
- work/activity plan: ___
- map of the catchment area: ___
- health profile: ___
- annual plan: ___

16 Are the following management tools available/used in the unit:
- work schedule: ___
- performance overview of units/departments: ___
- supervision checklist

17 Did any major planning and health information problem(s), occur in the last six months ?

Occurred ? (Y/N) ____ , if yes:

Problem A:_____
_____

Cause:_____
_____
_____

Effect:_____
_____
_____

Suggested/Possible Solution: _____

_____

_____

Problem B: _____

_____

Cause: _____

_____

_____

Effect: _____

_____

_____

Suggested/Possible Solution: _____

_____

_____

I. Health Care Management Support Functions.

The following section is about the functions available providing support to the health care delivery units.

a) Manpower resource management.

Function	Available(y/n)	Remark
-Manpower plan for area	___	_____
-recruitment procedures	___	_____
-vacancy registration	___	_____
-training needs overview	___	_____
-training plan	___	_____
-performance evaluation proc.	___	_____

b) Training.

Function	Available(y/n)	Remark
-training needs overview	___	_____
-basic training plan	___	_____
-Continuing Education plan	___	_____
-distance learning scheme	___	_____
-overseas training procedures	___	_____
-workshops schedule	___	_____
-training capacity development plan	___	_____
-trainers/tutors in RHB/ZHD/WHO	___	_____

c) Supervision.

Function	Available(y/n)	Remark
-techn. supervision schedule	___	_____
-admin. supervision schedule	___	_____
-individual performance checklist	___	_____
-supervision checklists	___	_____
-technical supervisors	___	_____
-administrative supervisors	___	_____
-private clinic performance list	___	_____

d) Health Management Information.

Function	Available(y/n)	Remark
-recording procedures	___	_____
-reporting procedures	___	_____
-data compilation capacity	___	_____
-data analysis capacity	___	_____
-computer facilities	___	_____
-filing systems	___	_____
-information use training capacity	___	_____
-area wide statistics	___	_____
	___	_____
-resource use overviews	___	_____
-financial statements	___	_____

e) Drugs, medical and non-medical supplies

Function	Available(y/n)	Remark
-standard stock lists	___	_____
-needs quantification proc.	___	_____
-stock-monitoring procedure	___	_____
-storage plans	___	_____
-distribution lists	___	_____

f) Transportation

-transport inventory	___	_____
-maintenance schemes	___	_____
-spare parts inventory	___	_____
-fuel supply guidelines	___	_____
-lubricants supply guidelines	___	_____
-driver training/CE plans	___	_____
-mechanics training/CE plans	___	_____
-transport workshop	___	_____
-transport storage guidelines	___	_____
-personal use guidelines	___	_____

g) Facilities and equipment

Function	Available(y/n)	Remark
-facilities inventory	___	_____
-equipment inventory	___	_____
-maintenance schemes	___	_____
-repair schemes	___	_____
-maintenance/repair workshop	___	_____

h) Finance

Function	Available(y/n)	Remark
-budgeting guidelines	___	_____
-disbursement procedures	___	_____
-accounting guidelines	___	_____
-procurement guidelines	___	_____
-reporting guidelines	___	_____
-user fee collection registration	___	_____

i) Patient referral

Function	Available(y/n)	Remark
-unit level function description	___	_____
-referral criteria	___	_____
-referral mechanisms	___	_____
-patient record guidelines	___	_____

J Health Service Delivery Tier Evaluation

1 Do you think that the current six tier system should be changed ? (y/n) ___

If yes, what are the drawbacks of the current system ?

_____

_____

_____

2 What should be the tiers in the system?

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

==========

Remarks by interviewee: _____

_____

_____

_____

[PLEASE NOTE THE END-TIME OF THE INTERVIEW ON THE FRONT PAGE]

ANNEX 8

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

INSTRUCTIONS FOR THE REGIONAL FIELD VISITS.

INTRODUCTION
Below follow a series of helpful hints for the successful implementation of the interviews with the various levels in the health sector. Is contains a briefing for the units to be visited, a list of acronyms used, hints/clarifications for filling the questionnaire, and an outline for carrying out the interview.

Please read this carefully before you go out, discuss any difficulties with your team leader and keep it handy during the interview, just in case you need it.

BRIEFING FOR THE INTERVIEWEES.

Following the development of the Health policy and other important health sector policies such as the Drug policy, population policy and a women policy, the MOH has embarked on a process of revising/redesigning the health sector; reasons are to make it more effective, efficient and responsive to people's need, while taking into account the scarce resources that are available for the health sector.

The MOH has set up a technical committee that developed a strategy for identifying the possible health systems that need to be defined or (re) designed. Systems include both disease and service intervention, such as type of services to be provided at every level as well as the necessary management support systems, such as a personnel and transport system.

A sub-committee embarked on the development of a set of questionnaires that will be used to identify the current issues and problems in the health sector. Two main questionnaires have been developed, one that assesses health service delivery and another that addresses issues at the management levels. With the results, the technical committee, with technical and operational assistance provided by USAID, will develop the various specifications that are necessary for health systems (re) design. Six regions will be visited during December and January and your region is one of them. The MOH wishes to express its gratitude to you for receiving us here and participating in filling in this questionnaire.

GUIDELINES FOR THE CONDUCTING OF INTERVIEWS.

1) Upon arrival in the regional capital, try to establish a programme of visits with the Regional and Zonal bureaus, if possible. In every region, the following facilities need to be visited: the RHB, 3 ZHDs, 6 Woreda Health Offices, 3 hospitals, 6 health centres, 4 health stations and 4 health posts. With the time available this means 1-2 facilities per day. If possible, inform the units beforehand, so that

sufficient staff is available for answering of the questions; the most important ones are the head of the unit, administrator, accountant, statistician, accountant, pharmacist and MCH nurse.

2) In principle the facilities are visited with the whole team. However, tasks should be divided among the team members. While the main interviewee consults the interviewer with the head of department or health unit, other team members can be requested to work with other heads of departments, like accountants, pharmacists or technical units to identify additional information as required by the questionnaire; examples are catchment calculation from the patient registry, financial details of other financial years, stock checking with the pharmacist, etc.

3) As the introductory letter form the MOH details, the interviews need to be done with the head of the respective facilities and cannot be delegated to other people.

4) The interviewee is <u>not supposed to see the form</u>, as the answers need to come spontaneous as much as possible. While trying to get some of their management problems identified, a little probing is allowed.

5) Every team has three sets extra of the questionnaires: one set to be left behind for the two RHBs, the other for reference for the team (can be used as the Master copy).

Furthermore the following sets are made available (includes already for the second region as well)

	Form 1A	Form 1B	Form 2
Team 1	18 (+3)	16 (+3)	20 (+3)
Team 2	23 (+3)	16 (+3)	20 (+3)
Team 3	18 (+3)	16 (+3)	20 (+3)
Total	68	57	69

HINTS FOR FILLING IN THE FORMS AND ASKING THE QUESTIONS.

<u>General</u>

- hints for filling in the questionnaires (below) are only given, where possible confusion may arise
- If answers are not known please fill in a double question mark, i.e. ??. This can then be coded as: 'not known'
- All the open-ended management questions need to be as detailed as possible

A. Health Unit Assessment Form (Both 1A and 1B)

- The reference number consists of the following letters and numbers:
  R for regions, # a number for the region, followed by a slash and then ZHB, WHO, Hosp, HC, HS, HP, with the respective number behind it.

  Examples:
  - the first health station in Addis Ababa: R14/HS1
  - the second zonal health bureau in Tigray: R1/ZHB2

- Date of the interview preferably in Gregorian Calender; if not known please state date in EC and state that it is in EC.

- Assessor = the main interviewer; please alternate interviewers within the team.

- Make sure you fill the End Time at the end of the interview

A4 Community association could be PA or Kebele association

A5 Source of the Estimated catchment: mentioned both the source (annual plan, census, etc) and if possible the year when this was calculated/estimated.

A6 Give one answer for the appropriate level: for example, a health centre could serve three woredas with a total of 36 kebeles/PAs

A7 Nearest REFERRAL unit !!!

A8 nearest unit, ANY TYPE!!

A9-10 Only note the spontaneous answers; do not lead them to an answer.

A11 Quote managerial level:RHB/ZHD/WHO or Technical level:Hosp/HC/HS

A12 needs to be spontaneous, could have more answers

A14-19 Get people to talk and fill in as detailed as possible.

B1-2 List departments/sections/units/teams, but be as detailed as possible

C2 Try to verify this estimation by going through a couple of pages of the patient register. The person that is calculating the catchment area could do this.

C3-4 Only one answer should be given !

C5 Fill in both hours per day and days per week, as some clinics may be only given during the afternoon, i.e. 4 hours once a week

C6 **Elective surgery is programmed surgery, not of an emergency nature.**

C7 Make sure that isolation beds, that are part of the medical wards are not counted double.

C8 Figures are available from the annual health unit report

C9 Figures are available from the annual MCH report

C10 There are more diagnostic services available; we only want to know those listed, as being the most important ones for decentralized levels.

C11 - Fill in both hours per day and days per week

- cross out the question on nutrition service (only form 1A), it was unintentionally left in.

- Explain the difference between school health and health education programmes as they may raise some confusion (see the foot note on the page). Some units will only have recently started school health programmes;mention this under remark.

- Be as detailed as possible under the responsible person column, for example: 'nurse, trained in FP'

C13 Make sure that the answer is given per outreach

C15 Bed occupancy is also a rate so include '%'

C16 Verify existence of this posters as much as possible, by checking the relevant rooms/offices.

D2-3 Active in this unit means that they are actually working there. People that draw their salary from this unit but are assigned to a different unit or managerial level should not be included in here

D4-5 - same; Active in this unit
- 'additional budget required' means for a number of people
Example: if available 2, required 3, they may need budget for an additional 1. But it may also be that they have the budget for 3 but have not the person in place; then budget for additional should be 0

D6 Spontaneous Answer, can be more answers

D9 Do all people, from cleaners, messengers to directors attend or just the professional staff ?

D10 - Personnel grievance notice = to make a formal complaint
- Staff Performance Checklist = to provide supervisors with a guide for conducting regular and systematic performance appraisal of their employees
- Award Certificates = to recognize personal achievement

E3 - Over and under allocated means that the provided sum was either too much or too little for the year's expenditures on certain activities.
- the budget code for Construction is not known

E4 Sources include foreign assistance agencies: for example: UNICEF for EPI

E6 Voucher books record expenditures (possibly by budget line)

E7 Who handles physically money from day to day

E8 - If possible exact rate, otherwise range; example: drugs: from cheapest to most expensive course
- There may be more rates, but only inquire about those listed.

E9 Check model 14

E10 - Disease specific example: TB or STD
- Service specific example: antenatal, under five
- Patient specific example: poor or prisoner

E11 provision of letter should read: provision of <u>free</u> letters

F1 Use whatever date possible but mention either EC or GC

F3 Use the mentioned codes for the Stock-out column, not dates.

F6 Daily drugs are those drugs that are being dispensed daily

F7/8 Being responsible for and actually dispensing may be done by two different persons, for example, the pharmacist is responsible but the daily dispensing is done by a health assistant

F9 bin cards are cards next to the stored Medical Supply or drug item. Stock cards may be kept all together in a drawer. Stock cards could be sometimes referred to as stock register. But tick which is actually available.

G1 List codes for 'out of use'

G2 List all equipment, technical, like autoclave, office, like type writer, Teaching Aid, like overhead projector.

G4 - Equipment identification = the number on the equipment, if there.
- Maintenance and repair record = a historical record for every piece of equipment denoting when it was last serviced and/or repaired

H1 - Condition is described as follows:
A = new
B = acceptable, clean
C = needs repairs and extensive cleaning
- Fence permanent is a wall or metal fence, natural is

hedge or row of trees

H4 Living quarters are staff houses

H6 Utilities means electricity, water and telephone costs

Subsidized means that the staff do not bear full costs, some may be paid by the unit or the managerial level

H9 - Preventive maintenance schedule = a schedule for cleaning, painting and repairing the physical infrastructure
- Maintenance responsibility chart = denotes the person responsible for carrying out the maintenance schedule
- Repair activity log = denotes a record of when the physical structure was last repaired and for what

I4 Spare parts could be available at the various managerial levels; state where the units has <u>easiest access</u>

K1-2 Frequency of reporting needs to be coded with the various possibilities

K3 Again state the difference between actual doing it and being responsible for it

K7 Data management includes data collection, compilation, analysis and dissemination

K9 State the lowest level where the initial activity plans are made.

K11 Work/Activity plan is derived from the annual plan but for a shorter period, like for a month or a quarter.

K12 Work schedule is a schedule that denotes the tasks as well as the person who is supposed to do it

L6 Major physical obstacles could be rivers, mountains, etc, Be as detailed as possible.

<u>Make sure that people are asked if they have any remarks !</u>

B. <u>Health Management Assessment Form (2)</u>

Most of the clarifications are similar as above, so you will have to look at the respective reference, which may not be necessarily the same section number, i.e. H section is infrastructure in 1A and 1B, while Planning and Information in form 2.

A6 Estimated catchment population is not in sq km but in numbers of people, so ignore '(in sq km)'

A7 Health department offices at zonal level are ZHDs, at woreda level: WHOs

A9 'Rural drug shop' should read as 'rural drug vendors'

A10 Only ask this question at RHB level

A11 - Exclude staff at managerial levels

- other specialists should be all mentioned separately

A14 Supervision could be both technical and administrative; it will be further clarified in the next question

B1/2 'Qualification of head' needs to be as specific as possible, so basic training with possible follow-on courses.

C1/2 Though not mentioned, it should again be active personnel currently working in this management unit.

D1 Sofar not many allocation have been made for the managerial levels, therefore this is an important question to get answered to find out the extent of this problem.

D4 Only for office and management activities !!

H9 The composition could be individuals (not names) or departments, like the department of education, etc.

H10 be as detailed as possible, example, not just EPI, but vaccination in village X.

H14 Project descriptions could be both external and locally funded

Ia - training needs overview = should give not just lack of trained manpower but also existing training deficiencies
- performance evaluation proc = for individuals

Id - Recording and reporting procedures concern data to be collected and reported
- area wide statistics, could be both health, like morbidity, as well as, management, like manpower data

Ie needs quantification is 'drug needs quantification'

Ih Disbursement guidelines, describes how money is requested and received from the issuing office.

Ii Personal record guidelines are guidelines that describes how individual patient data is written up and stored.

J Six tier system: health post > health station > health centre > rural hospital > regional hospital > national referral hospital.

Inform people if they do not understand this question, and try to get spontaneous answers.

LIST OF ACRONYMS OR SHORTENED WORDS USED IN THE QUESTIONNAIRES:

admin.	Administrative
ARI	Acute Respiratory Infections
assoc.	association
CDD	Control of Diarrhoeal Diseases
CE	Continuing Education
CHA	Community Health Agent
Commun.	Community
CSA	Central Statistics Agency
DPT	Diphtheria, Pertussis, Tetanus (EPI programme vaccine)
dy	day
EC	Ethiopian Calender
EPI	Expanded Programme on Immunization
equipm	equipment
examin.	examination
FP	Family Planning
gynea	Gynaecology
GC	Gregorian Calender
GM	Growth Monitoring
HE	Health Education
HH	Household
Hrs	hours
I/C	In Charge
inspect	inspection
km	kilometer
lab	laboratory
maintce	maintenance
MCH	Mother and Child Health
med	medical
mgmt	management
mod	model
MOH	Ministry of Health
MSD	Medical Supplies and Drugs
mth	month
mtr	meter
obs	obstetrician
NGO	Non-Governmental Organization
OGO	Other Governmental Organization or parastatal
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Salt
PAS	Peasant Associations
Priv.	Private
Proc.	Procaine or procedure
ref.	referral
RHB	Regional Health Bureau
STD	Sexually Transmitted Diseases
serv	service
spec.	specialist
sq	square
TB	Tuberculosis
techn.	technical
treatm	treatment
TT	Tetanus Toxoid (EPI Programme vaccine)
TTBA	Trained Traditional Birth Attendant
ZHD	Zonal Health Department

ANNEX 9

annex 9:

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

PER DIEM LIST - REGIONAL FIELD VISIT PHASE 1: 12/10/94-1/1/95.

	Name	Amount	Signature
1.	_____	Birr 736	_____
2.	_____	Birr 736	_____
3.	_____	Birr 736	_____
4.	_____	Birr 736	_____
5.	_____	Birr 736	_____
6.	_____	Birr 736	_____
7.	_____	Birr 736	_____
8.	_____	Birr 736	_____
9.	_____	Birr 736	_____
10.	_____	Birr 506	_____
11.	_____	Birr 506	_____
12.	_____	Birr 506	_____

FUEL EXPENSE LIST- REGIONAL FIELD VISIT PHASE 1: 12/10/94-1/1/95.

TEAMLEADER: ______________________ SIGNED: ______________________

RECEIVED FUEL VOUCHERS: BIRR ______ = _______ LITERS

Date	Km Count	Liters	Amount
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________
______	_______	________	Birr: ____________

_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____

OTHER TRANSPORT EXPENSES

Date	Km Count	Purpose	Amount
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____
_____	_____	_____	Birr: _____

TEAMLEADER: _____ SIGNED: _____

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

REGIONAL FIELD VISIT LOG SHEET: PHASE 1: 12/10/94-1/1/95

TEAM:____ TEAM LEADER:_____ REGION:_____

DATE	PLACE	UNIT	REFERENCE NUMBER
RHB			
__/__/__			
ZHD			
__/__/__			
__/__/__			
__/__/__			
WHO			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
HOSPITAL			
__/__/__			
__/__/__			
__/__/__			
HEALTH CENTRE			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
HEALTH STATION			
__/__/__			
__/__/__			
__/__/__			
__/__/__			
HEALTH POST			
__/__/__			
__/__/__			
__/__/__			

ANNEX 10

ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

MEMO

To: Dr Messeret and Technical Committee Members
From: Sjoerd Postma, Technical Advisor

RE: Country visits

Background.
As part of the EHSD activity it was proposed to have a study tour for senior officials of the MOH and the Regional Health Bureau's. The following countries were mentioned during earlier discussions: Tanzania, Zimbabwe, Malawi, Kenya, Ghana, Uganda. This memo discusses briefly the possibilities as well as suggests the possible membership of the group that will visit the other countries.

Stages of decentralization.
All countries have some form of decentralization with possibly Uganda as the least developed, i.e. it only started one year ago, and Ghana and Zimbabwe the furthest developed. Both Kenya and Tanzania have been decentralized in theory, in practice the main influence is still with either MOH or intermediate levels such as regions and provinces. Malawi was decentralized, but the current political climate impedes further development or local decision-making, while the country is going through a process of constitutional reform.

Countries with systems development.
This is a fairly new concept, however, both Ghana and Zimbabwe are probably furthest developed with regards to the various management systems.

Per Capita Health Sector Expenditure.
As a selection criterium prefered by the MOH, Malawi and Uganda will be among the lowest, while Zimbabwe enjoys the highest HS expenditure per capita with Tanzania, Kenya and Ghana in between.

Logistical aspect.
From a logistical point of view, it is preferred that the countries can be reached from Addis with a local flight, i.e. Ethiopian Airlines. EA flies to Uganda, Zimbabwe, Ghana and Kenya.

Experience technical advisor
I have worked and have been part of the strengthening of decentralized health services in Uganda, which is currently going on. Two-thirds of the country is now decentralized. The country would provide a proper insight into the developmental problems of a decentralized systems with scarce resources. Having worked on and off in both Tanzania and Kenya, I would not be entirely sure whether there is something significantly to show at district

level, as there is currently little political will in both countries to really decentralize. Lastly, from my work in Liverpool, I am very familiar with the Ghanian health sector and would be able to mobilize various district health managers that could guide the team around. The Ghanaian district health managers are quite far developed and have quite some authority to deal with the local matters. Another country that has not been mentioned but which is in a major reform process including development of decentralized systems and health financing schemes is Zambia; it may be worthwhile to consider this as a suitable alternative to Uganda. So, my suggestion would be to visit Uganda and Ghana, with as substitutes Zambia and Zimbabwe respectively.

Suggested persons for the country visits

During the discussion with several MOH people and USAID, the following people were suggested to visit other countries:

- Head RHB SEPAR;
- Head RHB Addis Ababa;
- Head RHB Tigray or Oromia;
- MOH focal person for the systems design activity;
- Technical Committee member;
- possibly the local systems design activity coordinator, if known.

The above suggestions and consideration are for your perusal. I would like to have your comments back before I leave the country, so I can inform the USAID mission and the BASICS program people in Washington. They will then be able to make the necessary arrangements.

Sjoerd Postma/11-30-94/AA

ANNEX 11

Annex 11: EHSDA budget component for ESHE

For three years.

-	TA for 2 person months per year one person month $ 25,000	$ 150,000
-	System Development Workshops	
	8 workshops for 15 people in first two years two weeks each, at $ 3,000	$ 24,000
-	Systems training for managerial levels 2 workshops per region * 12 24 workshops at $ 2,000	$ 48,000
	Un-allocated budget	$ 28,000
	Total	$ 250,000

ANNEX 12

Annex 12: List of Contacts.

Dr Messeret Shiferaw,	Director Training Department, MOH
Dr Ahmedin Nurhussein,	Member Health services Management Team
Dr Carmela Abate,	Senior Technical Advisor, HCSFP, USAID
Dr Victor Babiero,	Health, Population and Nutrition Officer/ USAID.
Dr Tizazy Tiruye,	Head, West Gojam Zonal Health Department
Dr Tadele Ewnetu,	Head, Regional Health Bureau, Amhara Region
Dr Gabre Asmamaw,	Head Disease prevention and control department, RHB, Amhara Region.
Dr Yigzaw Kebede,	Disease Control Programme Manager, WG/ZHD
Dr Girma Tafara,	Head, Bahir Dar Health Centre
Ato Shamil Aman,	Druggist, Bahir Dar Health Centre
Dr Befecado Girma,	Head Health Management Training
Ato Yohannes Tadesse,	Head MCH/FP, Family Health Department
Ato Bekele Tefera,	Head of Drug Evaluation/Registration Div.
Ato Mohammed Abadir,	Pharmacy establishment/Project Preparation
Mr Dennis Carlson,	USAID Health Training Consultant
Dr Desta Alamerew,	Head Malaria Control Programme
Mr Haile Wubneh,	Head Regional Health Bureau, Addis Ababa
Dr Zeru Gabre Mariam,	Medical Director, Black Lion Hospital
Ato Fesseha Mahary,	Aids/Epidemiology Dept (TC)
Ato Dagnew Tadesse,	Environmental Health Dept (TC)
Ato Amanual Estephanos,	Statistician, Planning Dept. (TC)
Ato Haile M. Manorie,	Health services Dept. (TC)
Ato Woredeork Balaineh,	Family Health Dept. (TC)
Ato Gabre Madebo,	(TC)
Dr Tezera Fisseha,	Head Planning and Programming Dept.
DR Bona Hora	WHO Programme Officer
Ato Alemayehu Seifu	CE Training Dept (TC)
Ato Alemayehu Lemma	Pharmacist Health Services Dept.

ANNEX 13

Annex 13: ETHIOPIA HEALTH SYSTEMS DESIGN ACTIVITY

REGIONAL FIELD VISITS BUDGET - DRAFT 26/11/94

Background.

During the period 1 december 1994 - 31 January 1995, three teams will go out in three phases (1-7 Dec '94, 10 Dec '94 - 1 Jan '95) and 21-31 Jan '95), visiting 7 regions (1,2,3,4,12,14,SEPAR) altogether. The first phase is a pilot phase and will take place in region 3; the team will consist of the three teamleaders, coordinator and the consultant. Upon return, forms and procedures will be finalized. Thereafter, in every region the teams will visit the RHB, 3 ZHB, 9 Woreda Health offices, 3 hospitals, 6 health centres, 9 health stations and 5 health posts. Each team will consist of three experts and one driver. The total number of days will be 41 days; 7 days for the pilot phase, 23 days for the second phase and 11 days for the third phase.

Budget.

Team leaders Team: Amhara - 1-7 December '94

4 experts * 7 days * 32 Birr/d	=	896
1 driver * 7 days * 22 Birr/d	=	154
Fuel: 2400 km 8km/lit: 300 liter*1.5 birr	=	450
Oil and Maintenance	=	45
Subtotal 1	=	1545

Team 1: Tigray (2nd phase) and Afar (3rd Phase)

3 experts * 34 days * 32 Birr/d	=	3264
1 driver * 34 days * 22 Birr/d	=	748
Fuel 10,000 km 8km/lit: 1250 liter * 1.5 Birr	=	1875
Oil and Maintenance (10%)	=	188
Subtotal 2	=	6075

Team 2: Oromia (2nd Phase) and Addis Ababa (3rd Phase)

3 experts * 34 days * 32 Birr/d	=	3264
1 driver * 34 days * 22 Birr/d	=	748
Fuel 6,000 km 8km/lit: 750 liter * 1.5 Birr	=	1125
Oil and Maintenance (10%)	=	113
Subtotal 3	=	5250

Team 3: SEPAR (2nd Phase) and Gambela (3rd Phase)

3 experts * 34 days * 32 Birr/d	=	3264
1 driver * 34 days * 22 Birr/d	=	748
Fuel 8,000 km 8km/lit: 1000 liter * 1.5 Birr	=	1500
Oil and Maintenance (10%)	=	150
Subtotal 4	=	5662
Subtotals 1-4	=	18532
Miscellenaous (10%)	=	1853
GRAND TOTAL	=	**20385**

Seen and Submitted:__/__/_____ Dr Messeret Shiferaw, MOH

Approved:__/__/_____ Dr Victor Barbiero, USAID/HPN Office

ANNEX 14

Annex 14: Scope of Work - System Design Consultant - January 1995

The consultant will:

- provide technical assistance related to the analysis of the data from the regional field visits; this entails:
  - installation of EPI-Info V6 software;
  - training of data entry clerks in the software and questionnaire format;
  - transformation of the WP questionnaire into a EIV6 format;
  - review of the primary data to develop a code book for answers to open-ended questions.
  - development of an analysis prescription book that details the various analysis to be done;
  - introduce that information specialist to EHSDA, software and questionnaires.

- guide a team of MOH/RHB members during field visits to Uganda and Ghana; this entails:
  - introduction of the team to various departments/officials in the respective countries;
  - development of background documents (This may actually take place in Liverpool prior to the visit to Ethiopia [needs 2 days]);
  - facilitate the development of a findings report.

The visit will take place from 15 January to 11 February 1995. Two week will be spent on the Analysis development, while the other two weeks will be spent visiting the other countries.

Sjoerd Postma
Liverpool
14 December 1994