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I N T R O D U C T I O N

MANAGEMENT DEVELOPMENT FOR HEALTH CARE IN KENYA

In October 1969, Kenya's National Assembly passed the Local Government Transfer of Functions Bill which transferred the responsibility of, among other functions, rural health care services from District County Councils to the Central Government. This bill however, did not affect some municipal councils which continued to provide their services. The eleven or so municipal councils included the City Council of Nairobi. Consequently, in January 1970, the Ministry of Health in Kenya took over the responsibility of managing the health care infrastructure of Health Centres and Dispensaries previously in the hands of the District County Councils. Through these health care facilities, programmes of health care were to be developed to meet the needs of a rapidly evolving rural population which constituted 80% of the total Kenyan population.

The taking over of the rural health care infrastructure posed a major management challenge to the Ministry of Health. The Ministry therefore, decided to embark on an effort directed towards strengthening the performance of the health centres and dispensaries. It was decided that an inter-sectoral committee be formulated to assist in establishing a management system for health care in the rural areas. In September 1972, the committee presented a proposal to the Ministry of Health. The proposal stipulated that the Ministry of Health should formulate a project that would focus on preparation of health care teams responsible for the management of health care activities that are carried out at the health centre level. Consequently, "Project for the improvement of Rural Health Services and the Development of Rural Health Training Centres" was launched in 1973.

The main mission of the newly formulated project was to establish a training module for post basic training of health unit teams in management skills that would enhance the role of health care providers as managers of the health care delivery system in geographically defined rural health units. This project was the first organised effort for management

development in the Ministry of Health. Lessons learnt in the implementation of the project provided a knowledge base that led to development of other management development projects. Thus in 1977, the Ministry of Health established the Administrative Support Unit (A.S.U.) with financial and Technical Support from the Danish International Development Agency (DANIDA). The unit was charged with the responsibility of co-ordinating activities geared towards management development at all levels of health care delivery with a view to improving the performance and efficiency of the Ministry of Health Through the efforts of A.S.U. in collaboration with various divisions of the Ministry of Health, a management system for drug supplies in rural health facilities was established. In addition, the unit facilitated the development of a training module in management for District Health Management Teams (D.H.M.T).

In 1979, the Ministry focused more attention to the planning and evaluation functions of the Ministry. In September 1979, the Health Planning and Information Project (H.P.I.P) was launched following an agreement between the United States Agency for International Development (U.S.A.I.D) and the Government of Kenya (G.O.K). The H.P.I.P was charged with the responsibility of establishing a system that would enhance planning and evaluation capability at National, Provincial and District levels. Between the years 1979 - 1986, H.P.I.P facilitated the training and preparation of health care professionals in skills of planning and evaluation of health and health related intervention programmes in all districts of the Republic of Kenya. In addition, H.P.I.P. facilitated the establishment of a national body responsible for enhancing the system of "Planning for Health" through interesectoral collaboration. In 1984, H.P.I.P. facilitated the establishment of a computer system in support of strengthening health information system in the Ministry.

What follows is one of the Key products of management development in Kenya's health sector. The modules have been developed through a series of workshops involving health care teams at all levels of the health care delivery system The main focus has however, been on

the district level management in support of the District Focus Policy for rural development. The key mission of this learning materials package is to facilitate a learning-by-doing approach for management development in the health care sector. It is the hope of all those who have been involved in this developmental effort that this package will provide yet another tool for continuing education of all health care providers in Kenya.

I wish to thank Dr. W. K. Koinange, E.B.S.; the Director of Medical Services for his continuous appraisal of, and support to, the programme. I wish also to record appreciation for the active participation of the various health care management teams especially at the District and Rural Health Unit levels. Their committment to the effort, sometimes under major constraints, is extremely commendable.

The staff of the Division of Health Services Administration, Planning and Manpower deserve special mention for their active presence in all the workshops held at the Provincial, District and Rural Health Unit levels. In this connection I wish to register appreciation for the efforts of Dr. J. Maneno, Mr Ongoyo, Mr Thube, Mr Mworia and Mr Nganga. Additionally, the Division of Nursing, under the dynamic leadership of Mrs Kiereine, Chief Nursing Officer, has been in the fore-front in supporting the concept of management development in health care delivery. To this division, I wish to say "Thanks a million".

In concluding this brief introduction, I would like to register deep appreciation of the efforts made by all those who have made this programme a success story. In particular, I would like to thank the staff of the Charles R: Drew Postgraduate Medical School (Los Angeles, California U.S.A) who have provided excellent technical resource support for the programme. In this connection, I wish to record my special appreciation to the President and Dean of the School, Dr. Alfred Haynes, Dr. Gibson, the Chief of Party in Kenya, and Mrs Howard, Management Specialist from Drew Medical School and based in the Ministry of Health in Kenya. I also wish to record appreciation for Dr. P Schlater, Management

Specialist, the African Medical and Research Foundation (AMREF), DANIDA; SIDA NORAD and W.H.O. for their generous resource support to the programme.

DR. S. KANANI S.S.
SENIOR DEPUTY DIRECTOR OF MEDICAL SERVICES
HEAD DIVISION OF HEALTH SERVICES ADMINISTRATION
PLANNING AND MANPOWER DEVELOPMENT

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MANAGEMENT - - DEFINITIONS AND PERSPECTIVES

In its broadest sense "Management" can be defined as the art of making organizations work well. The manager is concerned with implementing various tools, techniques and procedures to ensure that the organization reaches its goals. Thus, the manager must possess knowledge about the philosophy, policies and technology of the organization. The manager must be able to direct the work of others and be able to analyze and evaluate progress. Managers must also be able to defend the activities and needs of their operations, and contribute to future policy direction of the organization.

Managing is a natural and inherent component of how people work together. Management practices are as ancient as the first discovery that people working together can frequently accomplish what the individual (working alone) cannot. Whenever people come together for some common purpose, it is natural for managers (that is, leaders) to emerge and for others to co-operate in performing various functions and tasks. Division of labour, hierarchial authority and administration, communications and accountability can be found in almost every constructive human enterprise.

However inspite of the fact that organizations and managers have existed since time immemorial, effective management often seems to be as mystifying and illusive as it ever was. Organizations, big and small, are still capable of miserable failure. Family units, committees, cooperatives, business, political parties, even entire governments, continue to collapse from time-to-time.

The possible reasons for such failures must be viewed from two sides:

(1) The organization (including its workers and constituency)

- Were the organization's goals realistic, in the first place?
- Were the organization's goals clear and agreed upon by all participants?
- Were the organization's strategies and procedures for achieving its goals understood and agreed upon by all concerned?
- Was the organization able to provide the necessary resources?
- Did the organization provide for the mechanisms to control and adjust itself to facilitate its end objectives?

(2) The Managers

- Did the managers, at all levels, understand and support the policies of the organization?

- Did the managers, at all levels possess the skills and energy to lead others in carrying out the work?
- Did the managers, at all levels, possess the skills to teach, guide and inspire other, ... when needed?
- Were the managers trustworthy in all matters relating to the organization's interest including financial matters?
- Were the managers, at all levels, able to represent and effectively advocate their operations internally and to the relevant public?

These types of questions and analysis serve to define the scope and nature of management as a formalized field of study and practice. The reader will recall the management has previously been described as an art. One might then ask the question: if management is an art, why does it need study and analysis at all? Is managing in fact, an art or science? To clarify science describes the underlying knowledge that explains phenomena, events and situations. In contrast, art is the practical know-how that produces concrete, desired results.

It can also be said that the most productive art is always based on an understanding of the science underlying it. Thus science and art are not mutually exclusive, but complimentary. Management, like medicine, is an art which uses underlying, organized knowledge (that is, science), and applies it in light of realities to gain practical, desired results. As the scientific base of management improves, so should the art. These types of advances are more evident in the physical and biological sciences. Compare, for example, the results that might be expected from two surgeons, one treating a retineal tear with pre-modern methods, the other using laser technology. So too, the manager who attempts to practice his art without advanced scientific theory and techniques must rely more upon luck, intuition, trial and error.

However, in fairness to all managers who struggle to achieve good results in today's complex organizations, it should be noted that an underlying science of management is only just now developing. The study and analysis of management has lagged behind other fields of the social sciences until recent years. The scientific base of management is inexact. Yet if today's managers are to make any advances in the art of optimizing organizational effectiveness and efficiency they must be

prepared to fully utilize the underlying knowledge that does exist.

Because of the extraordinary interest in management in recent years, a number of approaches to its analysis have developed. Unfortunately, the variety of the various "schools of thought" have resulted in much confunsion as to what management is, what management theory and science are, and how management should be studied. One author in 1961* called the situation "the management theory jungle".

Until about 25 years ago, almost all of the meaningful study, analysis and writing about management practice was generated by managers themselves -- particularly those in successful business and industry. Over the past 25 years, the field of study has been substantially increased by academicians, theorists and other specialists. Currently there are well over 100 well-known textbooks offering to tell the reader, student or manager what management is all about. And in related fields like psychology sociology, social psychology, systems sciences and mathematical modeling, the number of textbooks that can be used to teach some aspect of management is equally as large.

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*See Harold Koontz "The Management Jungle," Journal of the Academy of Management, col. 4, no. 3, pp. 174-188, December 1961

At present there are about eleven clearly identified approaches to the study of management science and theory. These are:

(1) the empirical, or case approach - This approach works on the premise that students and practitioners will understand the field of management and somehow come to know how to manage effectively by studying management successes and failures in various cases.

(2) the interpersonal behaviour approach - The approach is based on the thesis that managing involves getting things done through other people and, therefore, that the study of management should be centered on interpersonal relations.

(3) the group behaviour approach - The approach is closely related to the interpersonal behaviour approach and is often confused with it. It views management as primarily a study in group behaviour patterns and varies all the way from the study of small groups with their cultural patterns to the behavioural composition of large groups in an enterprise.

(4) the cooperative social systems approach - This approach incorporates the interpersonal behavioural and group behavioural approaches into the study of organizational dynamics as a social system. This school of thought, which draws heavily on the "systems approach", has generated a wide variety of writing, generally called "organization theory".

(5) the socio-technical systems approach - In this approach the organization is viewed as two interacting systems involvin both the people (attitudes and behaviour), and the technology (productive methods, skills, equipment, etc.).

(6) the decision theory approach - This approach concentrates on rational decisions as the essence of organizational dynamics - the selection from among possible alternatives, of a course of action. Decision theorists may deal with the decision itself, with the persons or groups making the decision, or with an analysis of the decision

(7) the systems approach - This approach is broader in scope than the social or sociotechnical concepts and attempts to analyze the organization and its management processes within the context of its total operating environment, including external variables such as markets, technology, social forces, laws and regulations.

(8) the mathematical or "management science" approach - This approach draws upon the tools of mathematical modeling and analysis to study and predict solutions to both human and productivity problems in organizations. Operations researchers frequently refer to themselves as "Management scientists."

(9) the contingency, of situational approach - This approach attempts to provide room for adopting any organizational or management principal by emphasizing that what managers do in practice depends upon a given set of circumstances, or the "situation." This school of thought, for example, would advocate that decentralized authority in an organization is not necessarily good or bad within itself, but should depend on how useful and workable such an agreement is within a given situation.

(10) the managerial roles approach - This is a fairly new and popular approach to management theory which essentially is to observe what managers do and from such observations come to conclusions as to what managerial activities (or roles) are, and what skills are needed to carry out managerial tasks.

(11) the operational approach - This approach attempts to draw together the pertinent knowledge of management by relating it to the functions of managers. It endeavours to put together all o the concepts principles, theory and techniques which underpin the actual practice of managing. In this respect, the operational approach draws upon all of the various prevailing schools of thought, and attempts to provide the manager with a means of classifying and understanding the field of management knowledge.

The "Management theory jungle" appears to be alive and well. Some may believe that it is no more important that there be one approach to management than that there be a single approach to public health service delivery. But on one can doubt that it is important for students and managers to be able to classify and recognize the various patterns of management analysis and to adopt some conceptual framework which serves their purpose. This management training Series entitled "MANAGING AND SUPERVISING District Health Services", draws liberally from the guidance found in two major text on management study. These are:

(1) "Management" by Koontz O'Donnell and Weihrich, published by McGraw-Hill, 1980, and;

(2) "Supervising" by Christenson, Johnson and Stinson, published by Addison-Wesley, 1982.

Both of these texts are oriented to the Operational Approach to the study of management theory. As described briefly above, the operational management school of thought includes a central core of science and theory that is unique to management, plus knowledge drawn from various other fields and schools of thought. Subjects are treated along the lines of the classical definitions of the functions of management: planning,

organizing, staffing, directing, and controlling. This Management Training Series also attempts to present managerial concepts within the practical context of how things operate within the Ministry of Health system.

THE MANAGEMENT FUNCTIONS

There are so many different types of activities that are carried out by managers, that an attempt was made many years ago to group or classify the management functions. The functions are usually grouped into the five areas listed below. Every manager should know these general classifications, and be able to recognize into which category a particular management activity falls. It should be noted, however, that it is not always possible to place all managerial activities neatly into these categories, since the functions tend to overlap to a certain extent. However, this classification is a helpful and realistic tool for analysis and understanding.

PLANNING. Determining goals, deciding how goals can be accomplished, setting courses of action, establishing policies and procedures. Setting work schedules for the department is an example.

ORGANIZING. Assigning jobs to individuals, grouping jobs together to coordinate effort, assigning authority and responsibility.

STAFFING. Selecting people to fill jobs, placing people on jobs and orienting them, training workers and evaluating their performance.

DIRECTING. Guiding and influencing people to perform work, communicating with them, creating positive motivation, and handling any people problems.

CONTROLLING. Collecting information on accomplishments, comparing this to planned accomplishments, and taking corrective action when necessary.

Sometimes the management functions are referred to in the more general terms of, planning, implementing and evaluating. These elements are usually shown as the "management cycle"

However, the reader should immediately recognize that these are not conflicting but compatable terminologies and ways of looking at the management functions and process.

MODULE I

Elements of the Management cycle	The Traditional Management Functions
PLANNING	PLANNING
	ORGANIZING
IMPLEMENTING	STAFFING
	DIRECTING
EVALUATING	CONTROLLING

The manager may also be familiar with terms used in project/programme design such as "input", and "outcome". Again, these concepts and terms are generally compatible with, and can be matched to the elements of the elements of the management cycle and the traditional management functions.

Elements of the Management Cycle	Elements in project/ Programme Design
PLANNING	INPUTS -Planning: goals, objectives, scheduling of work and resources -Development: acquiring and putting in place all of the resources to set the plan in motion

SO YOU WANT TO BE A MANAGER --- OR DO YOU?

Not all people who find themselves in managerial positions are totally committed to doing the job or to developing the skills necessary to do the job. There are many possible reasons for this reluctance:

(1) The individual may be a proponent of "collegial" management. This philosophy or point of view stems from the idea that the individual himself does not wish to account for his actions or have to closely report to superiors. In the desire not to be "managed" himself, the individual may not essentially believe in the need for managing others. This type of manager may feel that people would work together better and with more personal satisfaction, if there were no managers.

(2) The individual did not have strong ambitions to be in a managerial position in the first place. The assignment is taken by organizational directive of necessity.

(3) The individual sought the position of managing without fully understanding the requirements of being a good manager. The job proves to be too frustrating and never-ending.

IMPLEMENTING	OUTPUTS
	The measurable end result of the project/programme effort; resolution of the problems being addressed, attainment of the goals

The Controlling function of management continues to be an area of confusion for students of management because, in fact, the types of activities which fall under this general classification are carried out in each phase of the management cycle, and within each of the management functions. Scheduling of work and the resources needed to carry out the work are a part of the planning phase. The exercise of scheduling resources involves the preparation of budgets. Together, work schedules and budgets form the basis for on-going monitoring of progress during implementation. It should be noted that although scheduling provides a point of reference for monitoring, it is necessary for a specific system of information gathering and decision-making to be put in-place to facilitate monitoring. Monitoring is also sometimes referred to as "formative" or "process" evaluation. "End-point" or "summative" evaluation is concerned mainly with the long-range view of how well things have gone. Summative evaluation asks questions regarding the overall achievements or goals of an enterprise. For example, in a family planning project,

the monitor or process evaluator may ask questions about the motivation of health workers, but by comparison, in summative evaluation, the evaluator will be much more interested in increased number of FP acceptors or reduction in the overall fertility rate in the area, etc. In drawing conclusions about what was achieved and what went wrong, the summative evaluator may also take a look at decisions made during scheduling and how well monitoring was carried out. Also, as with monitoring, summative evaluation requires the development of a separate system of information gathering.

In summary, the activities of scheduling, monitoring and evaluation together describe the CONTROLLING function of management. These activities are not carried out at one time, but are interspersed throughout the management cycle. The information and decisions required to carry out each of these activities is related, but different in nature and detail.

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(2) The individual did not have strong ambitions to be in a managerial position in the first place. The assignment is taken by organizational directive of necessity.

(3) The individual sought the position of managing without fully understanding the requirements of being a good manager. The job proves to be too frustrating and never-ending.

(4) The individual accepted the position, but finds that the burdens and responsibilities are not adequately compensated.

(5) Having struggled to become credentialled and proficient in a technical area, the individual is not willing to become a "student" again in order to study the theory and principles of management indepth.

(6) The individual does not fully appreciate the complementarity of the art and the science of managing, and believes that the "common sense" approach to managing is all that is needed. This manager is destined to become frustrated with the job.

Underlying all such thinking is a lack of full appreciation for the challenge and potential satisfactions of managing. When the importance of effective and efficient group cooperation in organizations is considered as the key to development, it is not difficult to argue that managing is the most important of all arts. Managing is demanding. It is hard work seldom confined to a regular work week. It involves stress. It means dealing with conflicts of competing groups and individuals. It requires tough

decisions. It also demands coping with uncertainties. So why does any person want to be a manager?

Managers differ widely in age, educational background, training and level of maturity, but all usually share (not necessarily consciously), common ambitions for opportunity, income, and power.

First, a main concern of managers is often an opportunity for a progressive career. Related to this is the challenge of meaningful work. Managers will strive to feel that they make a contribution to the aims of their organizations. Second, even when additional financial rewards are limited by the system in which they work, managers want to (and should be) rewarded for their contributions. But money is not the only incentive for managers. Status and recognition are equally important. The third reward for managing is power. Among other things, power provides the opportunities to control and see things happen in the way one would desire. Power also allows the manager to experience the satisfaction of influencing the opinions and behaviour of others.

These are some of the hard realities to the managerial profile and personality. In order to be effective, the manager must be willing to accept this kind of philosophical orientation, to one degree or other.

• ROLE OF THE DISTRICT HEALTH MANAGEMENT TEAM

Units 1, 2 and 3 of this Module have approached management and managing from a general viewpoint as it might apply to most organizations. However, the management of health services, and its peculiar structure requires further definition of managerial roles.

Ideally, district officers should mainly manage and supervise operations (not perform them). The task of the district officer should be to plan, organize, staff, direct and control the activities of other health workers within the district. Each district officer should develop a departmental plan of action related to his or her technical area (such as, public health nursing, environmental health, health education, etc.). It is essential that each district officer be able to describe a general plan of services that are to be carried out by health workers. This action plan should be based on facts and knowledge of the health needs within the district.

Then, together, district health officers should be able to sit down and collaborate on an overall, coordinated strategy of service delivery. The need for balance

between curative services versus preventive/promotive activities, should always be considered.

There are several formalized planning/budgeting cycles within the Ministry of Health's system which should receive input from all members of the District Health Management Team. These include, the Forward Plans/Budgets, the 2-Year Rolling Plans, the Revised Estimates, and the Annual Draft Estimates. These are all discussed in more detail in Module III of this Manual, PLANNING AND BUDGETING. There is a general point to be made, however, in terms of the role of the management team. Technical officers should be able to give specific input to the fiscal budgeting process. They should also play a role in reviewing allocations once they are received. They should ensure that their departments actually receive their equipment share of resources.

However, collaboration on the planning and budgeting of health services is only one of the activities that the District Health Management Team should be undertaking. Perhaps more importantly, the district team should hold regular staff meetings which will ensure routine coordination of staff, resources and services on a day-to-day basis. Efficient implementation is a far more

difficult task than planning/budgeting, and requires even more intensive cooperation among district team members.

Evaluation of health services presents even further challenge to the District Health Management Team. Each district health officer must be continuously aware of deficiencies within his or her own area of concern, and be able to admit to and collaborate on problems. Honest sharing of problems and collaboration on constructive actions, is the most difficult task of district team members.

THE NATURE OF PLANNING

The act of planning can be defined as thinking ahead. The planner is concerned with finding the best ways of reaching a desired future condition. Viewed in this way, it is clear that people are involved in planning all the time, in every aspect of their lives. Everyone plans -- more or less. Consider the following:

EXAMPLE: Mr. Baraza is engaged in the process of planning to get to work on time

CONDITION A (the present)	PLANNING AND IMPLEMENTING (deciding what needs to be one and taking the ecessary action)		CONDITION B (the future)
Assessing the Situation	Setting a a Goal	Taking Action	Achieving the Goal
Mr. Baraza if awaking at 6.30 am	He intends to report for duty at 8.00 am	He arises, decides what to wear, baths, dresses, eats, collects belongings, departs from home, boards bus, etc.	Mr Baraza arrives at office and reports for duty at 7.45 am

But let's be honest. Planning does not always work. In the example above, supposed that Mr. Baraza got up, he found that his youngest son had a high temperature, necessitating an emergency trip to the clinic. Or, he couldn't find his house keys. Or, the brus broke down enroute to work. In planning terminology, such unexpected events are called "interveneing variables". The clever planner tries to anticipate and others make provisions for intervening variables.

For instance, it might have been possible for Mr. Baraza to arrange for his wife to take the child to clinic, find his extra set of keys and by chance, see a friend who could drop him at the office when the bus broke down. In dealing with unexpected events, the individual can find resources to assist when intervening variables interfere with objectives. Even when planning meets with obstacles, the individual still does not usually loose faith in the value of thinking ahead. He will simply try to plan better the next time, by attempting to anticipate and control intervening variables.

All the things that people do involve PURPOSEFUL ACTIONS. In order to carry out these purposeful actions, people must anticipate the future, that is, think ahead.

The process of thinking ahead to achieve purposeful action always has certain common elements;

A - There is a problem to be solved or a <u>need</u> to be fulfiled;

B - A <u>desired end - result</u> is defined that addresses the problem or need;

C - Calculated <u>actions</u> are decided upon;

D - The need for <u>resources</u> such as time, energy, common sense, and materials are considered;

E - There are frequently obstacles and <u>constraints</u> that should be anticipated so that they can be overcome, and;

F - There is awareness when the <u>desired end result</u> has been <u>achieved</u>.

Figure 1 - Steps Involved In Thinking Ahead

```
                    PURPOSEFUL ACTION

                        |-------|
 |-------------------)| NEED  |
 |                      ---------
 |                          |
 |                         \|/
 |                 |--------------|   (Desired end-
 |                 |  Solution?   |      result)
 |                 ----------------
 |                        |
 |                        |
 |                        \ /
 |                 |-------------|     (Decisions what
 |                 |   Actions   |      should be done?)
 |                 ---------------
 |
 |
 | (To be  |--------------|    |----------|   (To be
 |overcome)| Constraints  |    | Resources|     used)
 |         ----------------    ------------
 |
 |         ------------------------------
 |         |     Desired End-result     |  (Achieved?)
 |         ------------------------------
 |
 |
----(Start over)      No?        Yes?        (Relax)
```

People carry out these cyclical thinking and processes continously from day-to-day, and from the most simple to the most complex situations throughout their lives. Much of this thinking ahead or anticipating the future is so instinctive or routine that it becomes virtually unconscious. But the common elements of these cyclical thinking processes and the steps involved are more or less always there, and could be identified if examined closely enough.

Consider other examples of Kitti and Mbugua

EXAMPLE NO.1 - Kitti, 13 months old is being nicely entertained by grandmother who is helping while Kitti's mother gets some of the housework done. Kitti's mother is somewhere about the house ironing. Kitti becomes very restless, defies she grandmother, begins crying and begins searching for her mother who stops her work to nurse her.

What was Kitti's need, desired result, action, resources, constraints, and end result?

EXAMPLE NO.2 - Mbugua plans to be on duty exactly at starting time, if not before. He is expecting an important client. When he rises, he discovers that his 1 year old boy whom he usually takes to

school has a fever. His wife has already left for work. Mbugua calls his office and indicates that he has a problem and will be late. He takes the boy to clinic and fortunately he is not seriously ill, but ill-tempered and in need of some attention, so Mbugua decides to stay home with him.

Again, what were Mbugua's needs and desired results, his intended actions, resources, constraints, and end result?

PLANNING is the science and art of THINKING AHEAD to ensure that the <u>need</u> (Step A, above), and with the <u>desired result</u> (Step F, above). In this respect, it should be clear that planning is a natural intellectual process and that we all "plan" all the time - consciously or not. Sometimes planning succeeds, and sometimes the results are less than desired. AND, no one is an expert. Some people have a better natural skill than others, but all can enhance their basic skills by further examining and understanding the processes of THINKING AHEAD.

In example No.1 above, Kitti's needs and success were straight forward.

However, in Example No.2 Mbugua's intentions to get to

work early and take care of the business of the day were constrained by responsibilities at home. Things do not always turn out as planned because of unpredicted events (also referred to as "uncontrolled variables" or "contigencies"), this is the point at which planning becomes more difficult. Let us take Mr. Mbugua's case further.

Example No.2 (continued) - With Mbugua not showing up unexpectedly because of problems at home, his deputy was unprepared to deal with the important client, and went to Mbugua's superior for guidance. Mbugua's superior helped, but also formed the correct opinion that Mbugua was not properly delegating because the department was not prepared for the emergencies.

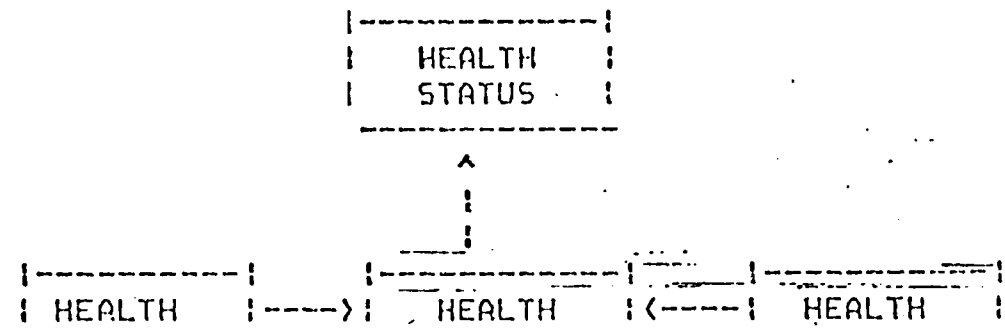
Questions were therefore raised about Mbugua's planning ability. He had not thought ahead very much, and had not anticipated the future well.

The task and nature of planning takes on an obviously more serious character when dealing with situations that are more complex and that involve many other people, and when desired results are obviously hard to predict control, or achieve. Under these circumstances planning must be treated not so much as an intuitive process, but rather as a conscious and formal exercise.

AN OVERVIEW OF THE HEALTH PLANNING PROCESS

THE PLANNING FRAMEWORK

Health services are provided by resources in response to certain health problems in order to produce an outcome in the form of improved health status. Conceptually one would say that the health services system is made of the four components as shown below.



Health Problems:

These are identified in relation to the population at risk in the district. The DHMT has to deal with epidemiologic numerators and demographic denominators within the district. Classification of health problems by disease provides information on effects in term of mortality and morbidity and also suggests specific disease agents as causal factors.

Health Resources:

An inventory of health resources has meaning only when services can be developed from these resources. The DHMT should distinguish existing categories of manpower, facilities as well as finances.

Health Services:

These include diagnostic, treatment and rehabilitative components. Measurement of services rendered should include resource utilization data for example number of out-patient visits, hospital discharges and durations of hospital stay. The DHMT should also construct indices describing services provided by certain types and quantities of resources such as number of hospital beds per 1000 population, per cent of births taking place in health facilities.

Health Status:

Our interest is in the ability of health services to modify and improve the healthy individuals to the population. The provision of health services in the district should result in reductions in mortality, disability and morbidity. The indicators of health status. The health system components and linkages exist regardless of may play but it is important to note that planning carries with it the performance of the system.

Health planning is considered effective only to the extent that it produces a greater contribution to health status per unit of resources utilized than would have been attained in the absence of planning.

The planning process begins at the district level, moves through the Ministry of Health, brings interministerial coordination into play and involves parliament in the approval and allocation of resources. Authorization are passed from parliament to the ministries for implementation by the District Health Teams. The complex steps involved in this process emphasized the need for clear policy guidelines, and the ability to clearly identify problems, to formulate definitive plans and to justify plans in relationships to competing priorities.

THE HEALTH PLANNING AND IMPLEMENTATION PROCESS

Human Resources:

Doctors, nurses, clinical officers, public health officers/technicians, and other cadres will all be providing health care in district. Some are working for the government services, some for non-government organizations (NGOs) and others in private services. The planner is interested in the distribution of such manpower by category and facility (for both government and non-government facilities) future requirements should be stated as this will provide a feedback to those responsible for planning national manpower requirements. The role of traditional-healers i.e. birth attendants, herbalists bone sellers, spiritual healers, etc. and drug sellers should be analysed since they do give health care and advice. Human resources should be viewed with respect to existing supplies and the training infrastructure. Future manpower needs must be viewed in terms of financial, physical and teaching constraints of the training institutions.

Physical Facilities:

Information on where health care is being provided is essential. District teams should map health facilities on maps by using symbols or coloured pins. There should be complete lists of hospitals, health centres, dispensaries, private clinics, nursing homes, mobile

clinics and bed capacity in each facility. Type of ownership is also important because among other things it has implications on utilization. The DHMT should be in a position to place a value to the facilities in physical and monetary terms, e.g. a 250 bed hospital with a replacement cost of KShs.60 million.

Financial Resources:

Disparity between the budgets and the plans may result into lack of serious intention to implement plans. The health budget should not only show in what ways the money is being spent, e.g. salaries, travel allowances, etc. but also the spending units should state why that money is being spent. By stating why the money is being spent the district team is in a better position to state objectives more clearly. The team can also develop information concerning the functioning of existing programmes in terms of amounts of resources being allocated to particular purposes, their costs and achievements of the programmes. The district team should justify the monetary resources required both for development and recurrent expenditures. They should state the anticipated benefits for certain expenditures in specific programmes. The level of government expenditure on health is low and the main financial resource for developing health programmes will have to

come from rational re distribution within the health budget.

Service Statistics:

This information provides information about availability, accessibility and utilization of health services within the district.

On availability there is need to know about the population per facility type and population per category of health personnel among others.

The issue of accessibility is crucial because it has a bearing of utilization or actual coverage of services. The factors to consider include:

- percentage of population using existing facilities
- distance from the nearest facility
- travel time to nearest facility
- transport cost to the nearest facility
- barriers to utilization of services.

With regard to providing coverage one is concerned with adequacy. The points to be noted include:

SOCIO-ECONOMIC DATA

The productive life and economic activity of any community is based on existing natural resources. The

exploitation of these resources sets the life styles within five communities. The variables the DHMT would be interested in include:

- employment patterns
- sources of income
- literacy pattern, school enrollment
- socio-cultural factors

The quality of the community's life is closely linked to the quality of the environmental and natural resources. Knowledge of socio-economic characteristics of the communities is essential if the team wants to improve health programmes there. Many illness thought to be caused by evil spirits, breaking of taboos or witchcraft will be attended by indigenous practitioners. Those who need services most within communities utilize them least because they live too far away, or they cannot afford the fees, or they feel excluded or have no time and energy to do anything else because they work all day to earn a living. A special effort is needed to identify such groups and their most prevalent health problems in order to obtain a more accurate picture of the pattern of ill health in the district so that better programmes can be drawn to tackle them.

DATA SOURCES

Regardless of the availability and uses to be made of data unless they are accessible and the sources from

which they can be sought known, the data serve no purpose. Data obtained should be reliable and accurate in order to assist the users. Some of the major sources of data are mentioned below:

1. Population Census - This provides data on general population, household composition, ethnic composition, family structure, school age, etc. It provides useful information for making comparisons by selecting relevant characteristics for use as indicators.

2. Sample Surveys - This is a useful source where scarcity of resources and personnel may not permit exhaustive sampling. It's advantages are that it saves time, it is economical and it gives high quality data. The economic survey by the Ministry of Finance and Planning is an example. The district team may also do what may be called a community round to find out the likely health needs of a community at a glance. Dialogue and interviews with key rural persons can be useful in identifying local needs. People like teachers are keen observers of social and political currents in the community who through their pupils are in close contact with families and can often provide a balanced view of the needs of the community. Other sources include farmers clubs, women's organizations and various religious groups.

3. Vital Registration - This one provides information about births, deaths, marriages and divorces.
4. Various administrative Record Systems - Both government and non-government agencies can serve as sources of demographic data e.g. school registers can provide useful information when interest is in school age children.
5. Disease Registries - Useful information on morbidity patterns. These exist in all health clinics.
6. Professional Associations e.g. Kenya Medical, Kenya Dental Associations can be valuable sources of information regarding distribution of doctors and dentists.
7. Research studies and investigative reports although expensive and time consuming do provide useful data.

In summary the DHMT should know that informed recommendations directed towards tangible objectives, backed by careful analysis and sound data is the only way they can convince others that decisions being taken are rational. The use of statistics should be encouraged since statistics are part of the required art form of health planning.

SETTING PRIORITIES (STATEMENT OF PRIORITY HEALTH PROBLEMS)

At this stage the DHMT is deciding where they want to go and this is considered as the heart of the planning process. The greatest skill required is to balance the variables obtained during the data gathering stage because they have different quantitative relationships. In determining priorities the DHMT should consider these factors:

a) The inagnitude of health and disease problems identified.

b) The seriousness of the problems in terms of morbidity and mortality.

c) What problems are feasible given the available resources.

d) Availability of technical methods for controlling the health problems.

e) The feelings of the community about what is important i.e. their felt needs.

f) Related social, economic, political, geographic and demographic implications. This particularly important because disease causation and its determinants often lie within the physical and socio-cultural environments and life styles of the people.

The above considerations will help the DHMT come up with

relevant health programmes which are most efficient and effective in terms of dealing with priority problems within the communities.

It is most likely that two factors play the most crucial role in priority determination i.e. the extent to which the reduction in the diseases can be achieved and the availability of resources to be utilized in that reduction. The health programmes designed and implemented should benefit most those in greatest need.

DEVELOPMENT OF DETAILED PLAN WITH, GOALS, OBJECTIVES, AND TARGETS

The health programmes to be implemented should state clearly the goals, objectives and targets. This is important because these concepts serve to:

a) Give a sense of direction by clarifying the order in which activities will be performed within a given period.

b) Enable the DHMT to set priorities and formulate appropriate work plan.

c) Assist the DHMT in working out realistic budgets.

d) Provide a means of establishing prerequisites for effective evaluation.

At this stage the DHMT states the goals along with the proposed steps necessary to carry them out in terms of objectives. Target setting is done at this stage.

Targets set should be specified in quantitative terms and within a clearly stated time frame work and they should be as realistic as possible. Targetting i.e. done so that the DHMT can focus resources on those most in need of minimum cost. The identification of target groups in the health programme will help the DHMTs work out details of the programme; It is necessary, therefore to identify the area and the number of those in need of the service. The actual figures used to quantify the population of target groups can be detained from the data sources discussed earlier.

Supposing the DHMT came up with malnutrition as a priority health problem the goal would be "to reduce malnutrition in the population as a whole". One of the objectives in support of this goal would be "to introduce a supplementary feeding programme throughout the district". One of the targets would be to provide all school age children with milk within a year in all schools in the district.

Included as an integral part of the planning process is <u>implementation</u>. Health programmes proposed by DHMTs should have a bearing on reality and must be acceptible to all that are involved. The programmes selected for implementation should contain seeds of progressive

change that the political leaders, health personnel and the public can accept. To the extent that both were involved in the planning process from the beginning chances of successful implementation are high. The programme is being put into action, at this stage where the DHMT is answering the question how they will get where they want to go.

FAILING TO PLAN IS PLANNING TO FAIL

Planning done by one individual for himself is quite a different affair than planning within an organization such as the Ministry of Health. Although the basic processes are the same, there is an important difference in the relative complexity of the environment in which planning must take place. For one thing, in planning for health services, assessing the situation involves about the people to be served and the resources required or available to carry out health programmes. These data are not always readily available. Also, since many decision makers are involved, it may be very difficult to set common objectives to which everyone agrees. Faced with a particular health problem, people in the community may want seed money to start a cash crop; the health worker may think about installing a capped well or conducting an immunization campaign; a local politician may lobby for buildling a new health centre. Then, even if common objectives can be agreed upon, the resources needed to take action will always be limited.

Thus, if actions are not carried out with utmost efficiency, the plan is likely to fall short of its objectives. Very often management efficiency is defeated because there is conflict about who is really in charge, or workers are not clear about what each is

supposed to do, or people otherwise fail to cooperate. Also, let us not forget intervening variables: just as the new health centre is half completed, the export laws may change making needed materials unavailable, or the construction contractor may go into bankruptcy, or a windstorm may destroy the half constructed roof. The possibilities are endless.

It is not surprising then, that many managers become discouraged with trying to plan beyond the personal level. These managers come to the conclusion that thinking ahead and trying to anticipate the future is a waste of time. A laissez-faire approach is adopted where situations such as lack of resources are accepted as the norm. Frustrations and problems are taken as they come and an attitude develops that, "the future will take care of itself". Some managers actually enjoy crisis. Managing by crisis seems important and challenging. Rapid fire decision-making without having to think ahead, becomes a way of life. This type of manager may take the utmost care with personal planning, but will ignore basic principles of planning on the job. The individual manager's failure to plan is a serious matter that affects many people. The district health manager not only has the responsibility for the operations of his or her department. This same manager represents a critical link in the entire health system.

The District Manager provides guidance downward into the

National Health Department

District Health Manager

Guidance

District Health Workers.

department, as well as upward to support overall policy, decision making of the Ministry. Figure illustrates these relationships. Even when managers take their departmental planning responsibilities seriously, many still do not have a commitment to participate in systematic planning of their affairs.

Thus, some of the other reasons why managers fail to participate in organizational planning need to be evaluated carefully and corrected to the extent pos

Among the most important of the reasons for poo district participation in the Ministry's planning processes, the following may be summarized.

CENTRALIZED RESISTANCE TO CHANGE

A manager's incentive to participate in long range planning will be closely linked to his sense of authority to implement those plans. It is reasonable to expect that as the focus of planning shifts to the district level, the authority for district level management decisions - making will also change comparatively. We should keep in mind however, that decentralization is not an either of degree. Organizations can range from very centralized to very decentralized. How much decentralization is good for an organization, and how rapidly should these changes be implemented?

But even when shifts in authority are officially mandated; the human element must be considered. It is a fact of life that in most dynamic organizations, authority is not easily given up; it must be earned. One powerful tool available to the district manager in earning his authority, is to establish his knowledge and command of his operational unit by coming up with his or her programme, recommending it, pressing for it, and being able to defend it. In other words, by effectively participating in the organizational planning process.

LACK OF FAMILIARITY WITH STRATEGIC PLANS

There are two different types of plans in most organizations. Strategic plans provide a long-range direction for the total organization and are the responsibility of top management. The 1980 publication, "Strategies for health"; the Ministry's 5-Year Development Plan 1984-88 and the 1982 document "District Focus for Rural Development", are examples of strategic plans. Operating plans, based on the strategic plan, are then developed within the organization. Operating plans cover a shorter period (one year or less) and provide more specific guidelines for action. It should be obvious therefore, that the ability of a district manager to develop a meaningful operational plan will be handicapped without taking the initiative to fully understand the forward strategies of the government and the Ministry. This initiative could, in fact, be described as a professional responsibility of the District Manager.

LACK OF TOP MANAGEMENT INTEREST AND SUPPORT

Top managers often want to make decisions and guide planning, but simply do not have the time, knowledge or assistance from their subordinates to do so. There is something to encouraging an "Upward Push" in that it becomes very difficult to ignore information when, it comes in a continuous, orderly flow. However, this

opportunity to push for recognition and responsiveness is completely lost if district managers choose not to communicate. One oversight percipitate the other and creates a vicious cycle where nothing happens. In the final analysis, this is tragic for the organization as a whole. If we don't have a good idea of where we are going and how we will get there, our chance of getting somewhere is slim.

When considering the position of top management as opposed to that of the district manager, the latter is far more likely to have the first hand knowledge of where things should be going and how to get there. There is probably no way that a district health manager can prove to be more valuable to the organization and the interest of the health of people, than to enter into cooperative partnership with top management by entirely participating in organizational planning. Let your thoughts and need be known.

LACK OF TOP MANAGEMENT RESPONSE TO EXPRESSED NEEDS

Closely related to general lack of planning interest on the part of top management, is the more serious problem of district recurrent budget requirements not being met. It is discouraging to work out detailed plans of action and the tedious task of estimating the recurrent cost of

carrying out programmes, only to find that annual allocation never appear to be adequate, some items are over, others under budgeted, the reasons why certain decisions were made is not clear, and it becomes almost a full time job to get allocation adjustments authorized. There are again many reasons why this situation occurs and has even seemed to worsen over time.

The Ministry as a whole, operates with many external constrains imposed by the regulation of public finances, and the guidelines of the ministries of Finance and Planning and National Development. Many internal practices of the ministry have evolved as the most rational way of responding to these various requirements as well as maintaining a basic fiscal management system. However, the most serious and considering reason, why certain approaches have evolved, is that headquarters budgeting is currently carried out in almost toal absence of appropriate input from the district level. Many districts have falled into the practice of not submitting the various budget proposals; others do not submit proposals in a timely enough fashion for them to be properly reviewed. Still other proposals lack the clarity and type of justifications that would allow the requests to be defended. Again, a vicious cycle is created whereby top management is constrained to use its

own best judgements, district input, thus becomes tax, further discouraging district planning and budgeting efforts.

While many changes throughout the system will need to be made to remedy this situation, the district manager remains the key. Until such time as adequate district budget submission begin to appear at headquarters on time, there will be no starting point and little impetus for change.

BIAS TOWARD PERCEPTIONS OF CENTRALIZED AUTHORITY

Inspite of mandates for decentralization, many aspects of the system continue to operate along the lines of centralized authority. This creates a credibility gap between the official guidelines and the practice. Some managers therefore conclude that there is little point in seeking to correct the system. We/they thinking takes over, and worse, even when clear authority at the district level can easily be exercised, it often does not because there is disbelief that the power really exists. The manager who does not feel himself to be in charge, has no reason to put forth the effort to plan on behalf of the organization. This is a paradox because it is precisely the act of routine participation in organizations planning which will, in the long run,

serve to change perceptions about the range of authority now vested at the district level.

LACK OF CLEAR GUIDELINES FOR DISTRICT PLANNING AND BUDGETING

It is recognized and acknowledged that district managers have, in the past, been encouraged to participate in an area of management for which they are not totally prepared. It is intended that carefully designed training programmes and guidelines will go a long way toward rectifying this situation. However, effort and commitment on the part of district manager will be critical.

TIME CONSTRAINTS

Good planning and budgeting are time consuming and generally difficult tasks to accomplish, but become easier with practice. Careful consideration must be given to the district teams commitment to planning among other working priorities; to spreading of planning responsibilities fairly among team members, and; to leadership and co-ordination to ensure that planning exercise are streamlined.

LACK OF TECHNICAL KNOWHOW

Lifetimes of study and practice, and volumes upon

volumes of authoritative writing have been derated to the subject of planning. In today's world, no, manager worth his monthly salary would wish to be heard denying the importance of good planning, since it is the most basic of all management functions. However, developing the technical skills necessary to plan effectively, is a different matter altogether.

First of all, many medical professionals when they chose their career fields and began their formal preparation, never had in mind that they would some day also be managers. Becoming a manager requires a change in orientation the development of managerial point of view, and acquiring new skills. Commitment to learn new skills must be there. The major functions of managing, organizing, staffing, leading and controlling need to be implemented.

Secondly, the scientific methods of long-range planning as applied to complex organizations such as a health care system, are extensive. However, the only way a manager can become comfortable with planning exercises is to take the time and patience to learn the principles and techniques thoroughly. The efficient planner soon realizes the side benefits of this effort: planning begins to work for the planner; management becomes easier.

Finally, even when commitment and effort are present, some managers still have difficulty in making planning methods made sense. One major area of difficulty is acquiring necessary information. Faulty planning usually starts when information is absent, or fragmented, or stored in records that are too emposing to digest, or requires extensive time and effort to collect. From that point forward, our would-be planner is handicapped in understanding the true nature of the problems to be addressed. Making rational and clear statements about where to go, and how to recognize when you've reached (or note), becomes even more confusing. But the major challenge seems to be in deciding and describing how.

Figure 2 - DIFFERENT TYPES OF ORGANIZATIONAL PLANNING

TYPE	LEVELS	SCOPE	TIME-FRAME	METHODS
STRATEGIC PLANNING (many senior policy-makers involved)	National	Policy issues (Examples: alternative financing; district focus.	Long-term 5-10 years	- Requires aggregated national data - Relies heavily on opinions and issues. - Take the form of published papers and public statements by senior officials.
PROGRAMME PLANNING (selected Programme planners and and developers involved)	National (singular Programmes)	Concentrates on a particular problem (Examples:Kenya expanded immunization programme; Community based Health Care)	Long-term, usually 5 years or or more	- Requires aggregated National data on problem area. - requires formulating an action plan and funding. - Take the form of authorized activitiy with resources made available for implementation.
District Managers and other district consultants involved)	District (Integrated Programmes)	Consider all national programmes based on specific health needs of population in this	Long term, usually 5 years or more	- Requires district health statistics. - Requires appropriate organizational structure manpower and material resources inter-ministerial and interdisciplinary coordination, community support. - Take the form of reputive general description routine work to be done, goals, objectives, targets and documentation to be gathered

IMPLEMENTATION PLANNING (District managers dnd other consultants involved; Hospital secretaries have major responsibities)	District	Consider all integrated district programmes and Clinical services	6 - 12 months	- Requires complete inventory of district resources and constraints - Focuses on scheduling activities, manpower and material resources and budgets - Takes the form of specific activity scnedules, job description and schedules, documentation of level of effort and resources to be used.
PROJECT PLANNING (Applicable District Health Manager and staff)	District	Selects subsets of an implementation plan and concentrates on a discrete problem and set of adjectives.	Maybe long term, but is planned in blocks of 6-12 months with specified expected results at each interim point.	Similar to implementation planning, but usually more detailed.

DISTRICT INFORMATION NEEDED FOR PLANNING

INTRODUCTION

The management cycle includes three interrelated phases: Planning, Implementation and Evaluation. The PLANNING phase, is mainly concerned with:

- Understanding and defining problems and needs (Formulating Perspectives).
- Determining Health Service Priorities - Setting goals, objectives and targets (Making decisions/preparing for action).
- Assessing Resources (Making decisions/preparing for action).
- Scheduling (Making decisions/preparing for action)

The processes involved, and the types of information required for these planning tasks are further discussed below.

UNDERSTANDING AND DEFINING PROBLEMS/NEEDS

In a complex organization such as the Ministry of Health, two levels of planning will be found:

strategic policies: these are defined at the National level and provide a general policy guideline for assessing problems and needs within the district;

Operational plans: These are developed by

district decision makers taking into consideration the Ministry's Strategic Policies, and specific conditions and situations as might exist within the district.

It is therefore critical that district planners be familiar both with Strategic Policies and the district health profile. In both instances a good amount of the required information is available, but in starting out on a planning exercise, some types of information will need to be gathered or up-dated.

Ministry of Health Strategic Policies

The programmes of the Ministry of Health are organized into eight major areas of which six are relevant at the district level.

I. Preventive and Promotive Health Services

II. Rural Health Services

III. Curative Health Services

IV. Manpower Trainng and Development

V. Administration and Planning

VI. Medical Supplies Services

Based on the Ministry of Health Development Plan 1984-1988, decision-making at the district level revolve around issues such as establishing priorities among the

programmes, allocating resources and monitoring the implementation of programmes. Sound decisions cannot be made without good information. But the type of information required for decision-making in each programme area varies. A general overview of the types of information useful for each of the six programme areas is presented below.

I. Preventive and Promotive Health Services

There are two major objectives of the programme:

1. To reduce mortality and morbidity by increasing coverage and accessibility to health care.
2. To reduce fertility by encouraging a small size family norm.

These objectives are to be accomplished through six sub-programmes.

A. Control of Communicable Diseases:

This sub-programme is concerned with surveillance of communicable diseases and the control of vector-borne diseases.

The type of information needed for decision-making is morbidity and mortality data on the diseases in question. For controllable

diseases, the incidence of cases should decrease over time. Out-breaks of communicable diseases are identified by sharp increases in the number of cases. Epidemics need to be identified and contained quickly. Thus periodic accurate and timely data on mortality and morbidity are needed by decision-makers.

B. Environmental Health:

Environmental health activities are concerned with assuring adequate water, waste disposal, food inspection and rural housing.

Information required for assessing environmental health will include surveys detailing existing facilities (e.g. number of existing pit latrines) and whether they are adequate for the population they are intended to serve.

C. Maternal Child Health and Family Planning:

This sub-programme aims at decreasing mortality and morbidity among mothers and children under 5 and at reducing fertility among women.

These aims are to be pursued by:

1. In-service training for health workers
2. Public education on population issues
3. Research and evaluation
4. Improving the distribution of contraceptives
5. Increasing family planning acceptors
6. Extending the number and capabilities of Service Delivery Points.

A variety of information is required to health decision-makers plan activities for MCH/FP. A consideration of the above list shows that information is required on:

1. Existing personnel and their training in the area of MCH/FP.
2. Attitude of district residents towards family planning.
3. Data on utilization of MCH/FP services within the district.
4. Data on distribution channels for contraceptives.
5. Data on location, services and performance of the Service Delivery Points in the district.

D. Health Education:

The objective of health education is to increase public awareness and practice preventive health measures. Hence, activities are directed towards control of communicable diseases, environmental health, MCH/FP and nutrition. Health education will increasingly be introduced at the community level and in schools.

Information needed by decision-makers will include data on health education trainers in the district, in-service courses and public health training, particularly at the community level.

E. Nutrition:

Nutrition activities include education to prevent malnutrition and identification and treatment of malnourished children. Information should include community diagnoses on family incomes, food acquisition and consumption patterns and activities of other ministries such as Agriculture and Culture and Social Services, where interministerial coordination is indicated.

Educational activities should also be monitored.

F. National Public Health Laboratories: Government laboratories provide diagnostic facilipies for preventive and curative medicine. They are found at the national level. As part of the current Development Plan, laboratories are having expanded at district hospitals.

Information is required to ascertain what laboratory services are presently available and what services need to be added or expanded.

I. Rural Health Services

This programeme is concerned with improving, upgrading and consolidating existing health facilities, that is, health centres and dispensaries. In addition, community based health care activities are now being developed in increasing numbers throughout the country.

Decision-makers will need information to help them determine which facilities to expand, repair, up-

grade or construct. Required information includes a list of the facilities in the district, the services they offer, the number of client visits, population served and the average client distance from the facility. A map of the district showing facility, area covered and population density would be useful. Costs of repair, upgrading and construction should also be considered by decision-makers. An assessment of NGO and the private sector health activities is needed along with an inventory of existing activities and some general assessment of potentials for building co-operation, community health committees, etc. within the district.

III. Curative Services

Curative services can take place at every level from the community to Kenyatta National Hospital. Where possible, curative services should be given at the lowest level possible. Where necessary, referrals can be given to higher level facilities.

In the district, the district hospital serves as a referral point for lower level facilities. During the current development plan, out-patient services at district hospitals were to be improved, and

more qualified staff were to be deployed to rural health facilities.

Information needed for decision-making includes lists of the facilities in the district, services offered, number of beds, population covered, number and types of cases, staff and number and types of referrals at each facility. Decision-makers can use this information to determine whether curative services are being made available to all citizens, which facilities are understaffed and whether cases are being handled at appropriate levels.

IV. Manpower Training and Development

In most districts, there is a shortage of personnel both in terms of quantity and quality. To alleviate these problems, increasingly more qualified personnel should be posted to rural facilities (health centres and dispensaries), and continuing education/in-service training of health workers shall be emphasized.

District managers need information on the number, type and training of health workers at the facility. These figures should be compared against staffing norms to determine which

facilities are under-staffed. Continuing education should be given in priority disciplines (e.g. Family Planning) to staff who have not received in-service training recently.

Administration and Planning

The 1984-1988 Development Plan acknowledges that, "With the increasing complexities of administering a growing health delivery system, management coverage is generally inadequate. Effective planning, implementation and evaluation has been hampered by an insufficient flow of information and communication between various sections of the Ministry.

To improve management, the Ministry has instituted workshops on management for district level managers. The Health Information System has been decentralized and broadened to cover management related information.

Decision-makers at the district level need to know which of their management staff have not attended management workshops so that they may be included Decision-makers should be aware of what health information is currently available, and what steps

need to be taken within the district to improve the availability and use of health information. Each district manager should have a written annual plan of work, budget and schedule of activities. Information should then be collected on a regular basis to determine if goals, objectives and targets are being met.

VI. Medical Supplies Services

Transport, equipment and supplies are necessary to support all health programmes. Frequently, vehicles and equipment are inoperable due to lack of maintenance and repair. Frequently, also supplies are inadequte due to shortage of funds or cumbersome procurement procedures. The supplies problem is particularly acute in the area of drugs, and the Ministry is devoting special attention to this area.

Decision-makers need summary information based on records of existing transport and equipment. The records should monitor the location and state of all equipment. Managers should be able to then decide which equipment to repair. Supply levels should also be monitored throughout the district in order to determine which facilities should receive priority.

The District Health Profile

As background for a planning exercise, planners should also have reasonably up-to-date information on the following:

Health Sector Analysis:

Geographical Features of the District -

- o Size
- o Physical characteristics
- o Infrastructure
- o Rainfall

Demographic Data -

- o Population size
- o Population density
- o Population distribution - by age and sex
- o Fertility/mortality

Socio/Economic Description -

- o Employment
- o Nature of economy
- o Source of income
- o Literacy rate
- o School enrollment
- o Socio/cultural factors
- o Dependency ratio

Health Problems:-

Epidemiological Situation -

- Nutrition status
- Infant mortality rate
- Under five mortality rate
- Life expectancy
- Maternal mortality rate
- Crude mortality rate
- Mortality causes by top 10 diseases
- Morbidity causes by top 10 diseases
- Disability in the productive age group
  - % disabled
  - % lost days due to morbidity
- Immunizations

DETERMINING HEALTH SERVICE PRIORITIES

Setting Goals, Objectives and Targets

Setting of clearly stated goals, objectives and targets serve two important purposes: (1) They provide a "road-map" for what is to be done, and ; (2) They establish a basis for measuring whether the work is being completed (monitoring), and if end-results have been achieved (evaluating). However, setting clearly stated goals, objectives and targets are typically one of the most difficult areas for planners, and an area that is frequently not treated adequately in the planning process. One reason for this difficulty is that setting goal/objective requires independent DECISIONS on the part of the planner. Reference to strategic policies, help; understanding the district health profile helps. But goals, objectives and targets must be <u>created</u> by the planner. Decision-making is a skill that relys heavily on personal judgements (supported by one's own authority to decide, and by having good understanding of the situation). But in general, the decision-maker is more or less "on his own". The exercise in Unit 3 of this Manual stresses point.

Frequently also there are confusions about what is a "goal statement"; what is the difference between an

"objective" and a "target", etc. These are all legitimate questions for a planner who is sincerely trying to understand the decision-making process and how best to describe these decisions. But care needs to be taken not to spend too much time on technical definitions. The major concern is the decision-making tasks itself. How the decision is stated is an important but secondary concern. However, for the purpose of further clarification, let us say that, a "goal" is a broad statement of intent. It refers to the problem to be addressed and describes how the situation should have improved at some point in the future. A "goal" should be stateable in one complex sentence. A district long-range plan or the plan for a specific project may contain as many as four - six major goals.

Each goal then, must be further broken down into "objectives". Objectives describe how and how much, and with whom things are to be done. Objectives should specify a time-frame. The critical question to ask in setting objectives is "Based on my statement of the objective will I be able to tell when I have reached it? One goal may require as many as five objectives to fully describe the "how" strategy.

Achievement of each objective should (theoretically) result in achievement of the goal.

Targets are simply a further detail or footnote to objectives. Targets should be very specific as to numbers and time. If it is necessary to further clarify an objective by listing "targets", this should be done immediately following the "objective" statement. However, if another reader had difficulty in understanding the relationship between the targets listed and the objectives, it is likely that the objective statement is not sufficiently clear or complete.

Every plan should have a section entitled, "Goals and Objectives". For the sake of clarity, this section should follow a certain format.

EXAMPLE:

DISTRICT GOALS AND OBJECTIVES FOR 1987/88

Goals

A. "To improve ----------"

B. "To increase ----------"

C. "To reduce ----------"

Objectives

A. (Goals Repeated)

1. "Conduct ----------"

2. "Develop ----------"

3. "Undertake ----------"

4. "Establish ----------"

B. (Goals Repeated)

1. "Coordinate ----------"

2. "Organize ----------"

Although, decision-making related to setting goals, objectives/targets, is difficult, analysis of information and statistics can be helpful. Frequently, the conclusions that can be drawn from analysing certain data may point toward a particular strategy or objective. For example, a high percentage of children at risk" + a high "travel time to nearest facility" may be related. The decision or objective may then point toward improving access and coverage of immunizations services. This may further suggest either, increasing statistic facilities or increasing the frequency of outreach clinics in communities.

These approaches also have implications in terms of staff available, such as the ratio of "population per nurse". Increase in personnel, facilities and services may all be indicated. However, if "social concern" is also significantly low, other strategies such as more aggresive health education programmes may be indicated.

The planner must look at factors and statistics separately. Is the statistics within acceptable range,

or is it undesirably too high or too low? The planner must also look at various factors together. How does one factor affect another? These factors which have the greatest negative impact on other conditions should be carefully considered as a focus of intervention.

The following are some of the statistical factors that can assist in formulating goals, objectives and targets.

Epidemiological Factors

- infant mortality
- child mortality
- maternal mortality
- case fatality
- specific disease mortality
- morbidity of common communicable diseases
- work basenteeism and disability among certain population groups e.g. school children

Technical Factors

- effectiveness of available technology in solving the problem

Public and Social Concern Factors

- degree of social concern about health problems
- fertility patterns

Economic Factors

- agricultural production
- rural and community development
- trade
- tourism
- school attendance patterns

Coverage Factors

Availability:-

- population per health centre
- population per dispensary
- population per doctor
- population per nurse

Accessibility:-

- percentage of population using existing facilities
- distance from nearest facility
- travel time to nearest facility
- transport cost to nearest facility
- traditional barriers to utilization of services

Utilization (Actual) Coverage)

- proportion of children immunized per facility
- proportion of mothers receiving ANC per facility
- proportion of pregnant mothers delivered by trained personnel

- proportion of population using existing services by sex, age.

Other

- degree of accessibility of water and sanitation facilities
- % of children at risk (unimmunized)
- % of population using latrines
- level of treatment of common diseases
- availability and provision of essential drugs.

ASSESSING RESOURCES

Planners sometimes undertake ambitious exercises to determine resources and constraints but seldom attempt to connect this type of information with goals; objectives/targets or implementation strategies.

Resource inventoies tend to be viewed as an advisement to headquarters. In this case, it is erroneously assumed that high decision-makers will analyze these data and sympathetically respond to district short-falls when making allocation. Resource inventories tend to become an exercise in documenting deficits.

Thus, planners frequently take exhaustive steps to gather and show this information in their plans, but never really use the information themselves in any meaningful way! Consequently, actual assets tend to be overloaded. Sometimes goals and objectives can be strengthened by forming ideas of creative ways of utilizing existing resources. For example, a DDO who is very keen on family planning may be a real asset in public information campaigns. Planned activities may include specific activities that involve him. On the other hand, when real constraints or short-falls do exist, the planner must pay close attention to these

limitations when setting objectives/targets. It cannot be assumed that all needed resources will be forthcoming.

Another major problem is that district budgeting officers frequently prepare budget and proposals without adequate input from technical managers. Perceptions of budgetary needs are often based on past expenditure pattern (with allowances for inflation), but do not necessarily reflect the overall service objectives the management team has in mind for the coming year. District draft estimates proposals typically center around facility requirements and do not give adequate attention to such areas as preventive/promotive strategies. For the above reasons, all managers should have some information about resources available or needed within the district. In summary, the purpose for analyzing resources should be to:

1. Adjust goals, objectives/targets to reality
2. Provide input in the scheduling of activities (particularly budgeting).

The following types of information are important:

1. Available Resources

   Manpower*

   - o Manpower in place by category and facility
   - o Current short-falls by category and facility

- o Projected requirements
- o Staff support requirements/problems
- o In-service training planned/needed
- o Supervisory structure and the need for supervisory contact/visits

*N.B. The Ministry has recently up-dated its recommendations on staffing norms. These guidelines should be obtained from headquarters.

Drugs and Equipment

- o availability
- o distribution
- o shortfalls

Transport

- o distribution of vehicles per facility overal
  conditions of vehicles:
  - functioning
  - not functioning
  - can it be repaired
- o distribution of roads in the district

Health Facilities

a) Hospitals:

- o number in the district
- o distribution geographically

- o bed capacity
- o ownership, i.e. Government or NGO
- o bed population ratio
- o hospital population ratio
- o utilization pattern
- o number planned during 1984-88 plan period
- o number completed
- o number not completed
- o reasons why not completed

b) Health Centres:-

- o number in the district
- o geographic distribution
- o number of beds
- o health centre/population ratio
- o utilization pattern
- o number planned during 1984-88 plan period
- o number completed
- o number not completed
- o reasons why not completed

c) Dispensary Type I

- o number in the district
- o geographic distribution
- o dispensary type I population/ratio

- o utilization pattern
- o number planned during 1984-88 plan period
- o number completed
- o number not completed
- o reasons why not completed

d) Dispensary Type II:-

- o number in the district
- o geographic distribution
- o dispensary type II population/ration
- o utilization pattern
- o number planned during 1984-88 plan period
- o number completed
- o number not completed
- o reasons why not completed

e) Nursing/Maternity Homes:-

- o number in the district
- o geographic distribution
- o ownership
- o types of services rendered

f) Mobile Clinics:-

- o number of visits planned
- o number of visits not implemented
- o reasons for failure
- o types of services rendered by team

g) Traditional Services:

- o Traditional Birth Attendants (TBAs)
- o Traditional healers

2. Intersectoral Coordination

Mechanism for involving:

A. Other ministries

B. Non-governmental Organizations (NGOs)

C. Other factors

3. The Health Budget

- o allocation of development expenditure:
  - amount spent on each programme
- o allocation of recurrent expenditure:
  - staff
  - supplies costs (drugs and medicines)
  - other
- o comparison of expenditures:
  - curative programmes
  - preventive/promotive programmes

SCHEDULING

Scheduling is probably one of the least understood and most neglected task in planning and yet, the most critical. Scheduling is the end-point of the planning phase. It is intended to consolidate and bring forward all of the perceptions and decisions of the planner to a final conclusion. Scheduling involves two sequential but interrelated steps:

1. Time/Task Projection

   Defining tasks and a time schedule for carrying out the work.

2. Budgeting

   Defining the resources needed to carry out the work.

These two steps are interrelated in that, accurate budgeting cannot be accomplished without reference to the plan of action (or time/task projection). In the reverse, once the budget has been calculated and/or allocations made, the planner may need to go back and reconsider how realistic the time/task projections really are, and make adjustments, if necessary.

Without proper scheduling, the Implementation phase of a programme cannot move forward efficiently or effectively. The details developed during a scheduling exercise provide the guidelines or organizing and directing staff, and monitoring the overall progress being made. Without these scheduling tools, efficient management is impossible.

One reason why the importance of scheduling tends to be overlooked is that planning is most often being done in an on-going, operating environment. The planner may be tempted to conclude that once a general outline of direction is established (by defining objectives, etc.) no further definition is needed since "things will more or less happen", as they have in the past. People come to clinic; treatment is provided; barazas are scheduled; supervisory visits are taken; patients get fed, etc. But in reality, there are only two alternative approaches to the provision of services to the public: you control the work, or you let the work control you. Management-by-crisis involves "letting the work control you"; efficient management demands rational planning, including scheduling.

Another reason why proper scheduling tends to be avoided is that it is rather difficult and technical in nature.

Scheduling techniques in the social services are borrowed from business and industry, and are not normally taught in the basic training of health workers. This is an adjunct area involving programme management concepts and skills which must be learned. High technology, construction and defence industries have probably gone furthest in perfecting these projection/control methods. These are not totally applicable to human service areas.

Professions such as health which involve many human variables do not always allow for strict application of "scientific" programme management approaches. However, the general concepts of systematic planning (include scheduling methods), do have a recognized value in human resource programmes such as health, and should be appreciated, understood and used by health workers and managers, as a means of improving the general quality and accuracy of planning.

Time/Task Projections

Defining "tasks" is a necessary further step of planning following statement of objectives. Each objective in a plan will require certain specific sequential steps or events that must be undertaken to ensure that the objective is achieved. Understanding the actual tasks

involved in achieving an objective are extrement important.

EXAMPLE:

Goal To reduce childhood diseases by immunization of children during their first year

Objective Ensure 80% of the total target population (estimated 68,680) children have been immunized during 1986/87.

Task

1. Create a map of the district showing catchment areas and general densities of the targeted population by facility.
2. Get estimates from each facility on the total numbers of target population in their catchment areas and numbers that should be reached (the number that will not routinely present at the facility based on past attendance patterns).
3. Verify facility estimates against statistical trends in the district and set targets for each facility.
4. Advise the officer-in-charge at each facility of the facility's immunization target number.
5. Develop a suggested guideline for each facility in terms of an action plan to achieve the target. (more education campaigns, ntersectoral coordination, mobile clinics, etc.)

6. Ensure that one visit during the year is scheduled to every facility in the district by a district health officer. Progress being made on immunization coverage.
7. Monitor and follow-up on monthly immunization reports.
8. Prepare an annual report on immunization activities in the district.

A good manager would probably carry out many of these tasks as a routine part of the job. However, note that when there is a specified and pre-planned CONCEPT of the task, the manager now has a way of ensuring efficiency of the work.

- are the tasks, as described, the correct approach?
- can all of these tasks be accomplished during 1986/87? When should each be completed?
- what degree of success for each task will be acceptable? (targets)
- is the vaccine supply adequate?
- are staff in facilities adequately trained to carry out the campaign?
- which facilities need closer assistance?
- will I be able to visit facilities as needed?
- how much staff time will be required to complete various tasks?

As with the process of decision-making involved in setting goals, objective/targets, defining TASKS is also an essential creative exercise. These types of decisions must make reference to all general INFORMATION (knowledge, fact and figures) developed in previous phase of planning, but personal judgement and imagination also come into play. When taken seriously, time/task scheduling can be an exciting and challenging exercise for the planner. This is an opportunity to describe activities and events as you would like to see work.

However, at this juncture, the exercise of Time/Task Projection is incomplete. The time factor needed to carry out tasks must be added. The "Gant" chart is the most popular scheduling tool in common use today. Named after its conceptualizer, The Gantt Chart is favoured for its simplicity and flexibility and alsot contributed to development of more complicated analytical methods of scheduling. The Gantt Chart is a matrix: (1) list tasks vertically; (2) define units of time horizontally (as required for detail), and then, (3) match the two by drawing a "bar or line" to show the time relationship to the task.

EXAMPLE:

UNITS OF TIME (IN DAYS, WEEKS, MONTHS AS PREFERED)

TASK	MONTH 1				MONTH 2				MONTH 3			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Task No.1 (described briefly)												
2. Task No.2 (described briefly)												
3. Task No.3 (described briefly)												
e.t.c.												

In creating a Gantt Chart, a few guidelines will be helpful:

A chart covering a year should have twelve columns. Each column representing a month can be further sub-divided into four (4) smaller columns each representing a work week. If the planner to plot a schedule in more detail, say, daily for a month, the Chart should then be set up showing the major division by weeks and sub-divisions by days. The standard units for weeks is four per month and for days is five per week, although the planners would obviously modify the Chart if planning were being done for each day of a 30-31 day month.

- Tasks should be listed more or less in their expected order of occurence but this is not absolutely necessary since obviously, some events which start first will continue beyond others which start later

Sometimes, when plotting out the time-frame of a certain task, other interim tasks might come to mind. Some planners get discouraged at this point because they realize they have overlooked something. But in reality, it only meanvs that the exercise is assisting you to see all possibilities clearly. Add the item to the chart. Then, go back and review the objectives and targets. Targets or even the general concept of the objective may need to be modified as a result. Time/Task exercises can be tedious!

The time-frame that you set for completion of certain tasks is a <u>personal</u> judgement based on your own professional knowledge. No one has any more valid opinions that you do, but sometimes it is helpful to talk to colleagues for consensus (particularly those who must carry out the work). As an example: how long will it take to type the annual report on immunization activities in the district? You may allow 2 days; the typist may

estimate two weeks. Who is right? Whose opinion should prevail for scheduling purposes?

Sometimes tasks are cyclical and on-going and must be shown as a bar or line covering a long time-frame (weeks, months). However, when this type of assessment occurs, re-evaluate the tasks. Perhaps it would be more useful to further define the task into smaller units of activity, if possible.

In marking the Gantt Chart, several standard symbols are widely used and understood:

- o solid line denotes a specific concentration effort
- o a dotted line .....denotes an effort which is preliminary, starting-up or on-going (not a high level of effort)
- o an X denotes a single critical event such as a meeting.

The Relation of Time/Task to Budget

It is obvious that what one intends to do and how much it will cost are somehow connected. But it is frequently difficult, in reality, for planners and managers to pin-point this connection (or do much about it).

The district's health budget should be a direct reflection of the district's plan for the budget period. The budget should be thought of as the plan expressed in monetary terms.

In reality this essential principle is frequently overlooked. Budgets account for expenditures by account categories, but are not specific to programme areas and activities such as "health education".

Allocations never appear to be synchronized with real needs. A missing link has to do with not using the Time/Task Projection in the plan as one point of reference in preparing budget proposals. This results in budgeting that may easily overlook essential operating needs, and presentation of budget proposal figures which are difficult to justify.

The problem starts when there is no stated plan or Time/Task projection. The problem escalates when technical and budgetary officers in the district do not communicate. Budgets are typically made without response to actual programme/operational needs as perceived by technical officers. The problem solidifies when district budget proposals are sent forward to headquarters. No programme rationales are included. As viewed by headquarters, districts are simply requesting

"more and more of the same" yet, when requests reach Treasury, how can they be justified? Public demand for health services is certainly increasing, but can the health sector really justify its escalating costs? Emphasis on preventive/promotive services are intended to reduce overall costs. Can the cost effectiveness of approach being undertaken in the district be shown? How efficient are development and recurrent resources being used? Correct answers to these questions are essential to effective budgeting and the ability to justify budget requirements. Technical officers must give input to these issues.

The question still remains as to the specific techniques, methods and procedures for connecting planning and budgeting. In order to better understand the relationships, let us take a discrete example. Referring back to the example on page..., there were eight tasks described. Each of these tasks have some obvious cost implications in terms of manpower and materials needed. The budgeting officer is probably the most qualified to "cost-out" a task. However, he can be greatly assisted by the technical officer:

(1) First, and above all, the budget officer would need to be specifically aware that a comprehensive

immunization campaign is planned for the district during the programme year.

(2) The budget officer then needs to understand the general scope and purpose of each of the tasks involved in carrying out the campaign. Once understood, the budget officer can also provide advice and feed-back to the technical officer on how realistic a particular approach is from a cost point of view. In this mannwer, the technical and budget officers become collaborators.

(3) The budget officer also needs to receive a Time/task Projection of the activity to be undertaken. This provides the necessary detail on which to base cost estimates. The Time/Task Projection can alert the budgeting officers to many cost considerations.

EXAMPLE:

Task 1: Create a district map

(a) Manpower: One statistical clerk for 7 work days

(b) Materials: (1) a large clean district map

(2) a copy of CBS census data

(3) writing/drawing implements

Task 8: Develop facility Estimates of Target Population

(a) Manpower: One district officer, for 1-2 days to draft a letter of explanation on the procedures the facility should follow in calculating its actual target figure (and explain the whole programme)

One clerical officer for 1 day to type and duplicate the correspondence, ready for distribution

one clerical officer of district officer for half day to organize with H.S. to ensure that correspondence is delivered (or mailed).

(b) Materials:- stationery supplies
- duplicating supplies
- mailing costs

(c) Other: hand delivered (perhaps shared cost of drivers, petrol), delivering officer who may be visiting the facility on other matters).

It should be seen from the above example that once the budgeting officer fully understand the scope and magnitude of the tasks as intended, the cost in terms of manpower and materials can be projected to a high level of detail (and accuracy).

Estimating manpower requirements to carry out a task is one area of discretionary decision-making to which the planner must play special attention.

Let us say, for discussion purposes, that the planner has decided, as indicated in the example above, that in order to creat a district map, one statistical clerk should work for 7 work days at this task. The actual task is understood to involve, in detail:

(1) acquiring a clean, large district map;

(2) getting the census data;

(3) outlining the facilities catchment areas on the map;

(4) matching, extrapolating or otherwise calculating an estimated density for the target population in each catchment area;

(5) visually plotting and showing these density values on the map;

(6) preparing a list by facility of the total estimated target populations.

Can one statistical clerk accomplish all of these activities in 7 work days? Should the clerk be allowed 3 weeks instead of 7 days? How will this affect the overall schedule of the campaign? If the time-frame must be kept within the 7 day estimate, then are more clerks needed? Are two reasonable? Or three, even?

When in doubt about manpower scheduling the planner should confer with the actual people who must carry out the work. Once the scope of a task is understood by a workers, the worker himself is probably the best expert on how long it will take to accomplish a task! The driver will tell you with fair accuracy how much time to allow for a trip; allowances for pick-ups, vehicle servicing, travel time considering road conditions, etc. A typist can look at the condition of a hand written draft and estimate production time. Most workers who are familiar with the routines (and constraints) of their jobs have a fairly accurate sense of the actual time needed to carry out their assignments.

But obviously, planner/decision-makers and implementors do not always see eye-to-eye. The driver may also be calculating into his estimate the fact that the vehicle's carburator is faulty and it will be a slow trip. The typist will automatically compute her own

typing proficiency into her estimate of the time required. (She is very unlikely to admit this). The planner's final decisions on manpower/requirements and the time needed to accomplish a task should be targeted toward the desirable average, given all known conditions and constraints. For instance, if one typist estimates that a certain job will take 2 weeks, and another estimates 2 days, the planner might allow 4 days for the task for planning purposes (and try to ensure that the more ambitious typist gets the assignment).

These issues of estimating manpower requirements and their time-frame are concerned with an important planning/budgetary concept called LEVEL OF EFFORT. The concept of Level of Effort serves to further clarify the relationships between manpower, time and cost. The cost of one man working at a designated task for 10 days is basically equal to two men (of the same grade level) working at the same task for 5 days:

1 person x 10 days of work = 10 person days (PD) of service

2 persons x 5 days of work = 10 person days (PD) of service

Thus, when the planner shows a certain time-frame for achievement of a task, general consideration and notation must also be made as to how many people will

needed, (at what salary level), and how much instance, in the example used throughout, it was decided by the planner that, as an alternative, the best way to develop the district map was to call a one-day seminar of district officers to concentrate on the task and come out at the end of the day with the map. Based on this approach, the task would involve, about 8 senior officers meeting away from station. The level of effort would be:

8 persons* x 1 day of work	=	8 persons days (PD)
8 PDs x Grade level H.M. (average)	=	KShs. ----------
+ meeting costs (estimated)	=	KShs. ----------
TOTAL	=	KShs. ==========
(AS COMPARED TO)		
1/2 persons* x 10/5 days of work	=	10 person days (PD)
10 PDs x Grade level D.F. (average)	=	KShs. ==========

If the task could be satisfactorily accomplished by one or two statistical clerks in a one-two week time-frame, and the one-two week period will not critically affect the schedule for the campaign, what would you guess the budgeting officer's recommendation would be in terms of the most cost effective approach to accomplishing the task? Might other variables be considered over and

above the cost factor, like the advantages of getting key district officers involved in the campaign from the beginning? Would this consideration and approach actually be more cost-effective in the long run?

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*N.B.: Note also, that the more labour-intensive an effort is, the more administrative and supportive costs tend to increase.

EXERCISE 1

THE NATURE OF PLANNING

1. Briefly describe a situation similar to the examples given in the reading materials, drawn from home, life in general or work, where planning for purposeful action was involved.

2. From your example, list:

The need or problem .....

.....

Desired end result .....

.....

Actions intended .....

.....

Resources needed .....

.....

Constraints to be overcome .....

.....

EXERCISE 1

Uncontrolled variables (if any) .....

End result .....

.....

EXERCISE 2

In the reading it may have been implied that thinking ahead to meet specific individual needs is always easier than planning in more complex situation. But this is not always true. A family with problems may be far more difficult to plan for an with, than it is to keep track of and anticipate what should happen at work. The items listed below describe some of the variables that may affect the planner's ability to anticipate and control the future. Each individual will have different perception, but it is important to <u>note the variables</u>. What are your own experiences?

Thinking about planning for individual, supervisory and managing responsibilities, grade the items below on a scale (1 always easy), (2 varies a lot); (3 usually difficult).

EXERCISE 1

Item.	Individual (home & friends)	Supervising (workers & community)	Managing (organi-zation & uper-ision)
EXAMPLE			
1. Being aware of a crisis that is developing	1	2	3
2. Knowing what problems other people have			
3. Knowing when other people are dis-satisfied with one			
4. Finding solu-tions to problems			
5. Keeping a regular schedule			
6. Having the money and to meet obligations			
7. Being able to convince others of my ideas			
8. Being able to use my personal or political contacts to solve problems			
9. Handling emergencies			
10. Feeling satisfied that things are going reasonably well			
TOTALS			

EXERCISE 2

	Suggests
A SCORE OF: 12 or below	planning is effective
12 - 15	Some review is indicated; perhaps more attention to eliminating constrains
16 - 21	Planning Techniques need to be improved considerably
22 - 27	There is a complete failure to plan.

EXERCISE 3

Figure 2 in the reading materials provide a chart describing the various types and levels of organizational planning that occur within the Ministry of Health. It is important to understand the levels at which these various planning activities should be placed - that is, who is primarily responsible.

As a member of the DHMT or other management teams within the district, indicate below your own opinion of issues to which you provide or should provide direct input for decision making.

JOB TITLE:

Issues	Check ( ) the items where you feel you should be able to provide your professional input
1. Recommended family size,	.....
2. Emoluments for Community Health Workers	.....
3. Selection of target communities for establishment of Health Committees and CBHC Projects	.....
4. Targets for immunizations of under 5's	.....
5. Government seed purchases	.....
6. Location of a new disp.	.....
7. Fee structure for selected services in health facilities	.....

EXERCISE 2

8. Family planning targets within the district .....

9. Methods of distributing Oral Rehydration Substances .....

10. Data to be collected at dispensaries .....

11. Scheduling of vehicle movement and availability in the district .....

12. Preparation of Recurrent Cost requirements for your department/unit

13. Decision of an NGO facility to pay Community Health Workers .....

14. Training of TBAs .....

15. Attendance at DDC, DVDC, Locational or Sub-locational Development Comm. Meetings .....

16. Assignment of an ECN to a specific facility within the district .....

17. Interdiction of an employee posted within your facility (for cause) .....

18. Lack of cleanliness in the facility and compount to which you are posted .....

19. Sex education in schools .....

20. Staff requirements in the specific facility to which you are posted .....

MODULE IV -

THE IMPLEMENTING FUNCTIONS

MANAGING VS. SUPERVISING

District health officers usually wear two hats. They must think in broad terms about the affairs of the Ministry of Health at the district level. They must be able to plan and make decisions that will have a long-range impact on health services. They are official respresentatives when dealing with matters at Ministry headquarters, and when dealing with the public, other district heads, and administration within the district. They are managers in the true sense of the word. But that is not all. They are also supervisors.

The reader might wonder why this distinction between managing and supervising is being highlighted. Supervisors are, in fact, managers. They perform the same functions as every other managers. However, in wearing the supervisory hat, the district officer is much more concerned with the productivity and job satisfaction of workers down to the lowest levels of system. The supervisor is people-oriented. By comparison, the manager is "systems" oriented.

To better understand these differences, let's look at

each of the management functions and compare the orientation of managers as opposed to that of supervisors.

- <u>Planning</u> Managers generally spend more time on planning activities than do supervisors. In addition, planning at the district level generally focuses on a longer time period. While planning at the district level may involve making plans for the next year or even five years into the future, as a supervisor, the district officer is probably planning for tomorrow, next week or next month.

- <u>Organizing</u> Managers spend more time on formal organizational structures and determination of roles, authorities, accountability, designation of authorities, etc. Supervisors move to another level of detail. They are more concerned with individual work assignments.

- <u>Staffing</u> Managers tend to create a formal or informal hierarcy in which they over-see the work of a very limited numbers of subordinates. Supervisors tend to be responsible for a large number of people. The manager will be more concerned with bottom-line results, and will rely more on reports and other objective ways of measuring performance. The supervisor will, however, be much more concerned with the individual worker -- his or her personal problems, need for assistance, etc.

- <u>Directing</u> This function is mainly concerned with influencing the opinions and morale of others. Thus, since the supervisor is "people-oriented", a great deal of time is spend on communication, motivation, delegation, etc. Much of these activities are verbal and interpersonal. The manager, by comparison, will usually opt for formal, written communication and circulars.

- Controlling managers at all levels, from supervisors to top-management spend a similar amount of time on controlling activities. The nature of their involvements, however, tend to differ. Managers tend to rely on information and reports, to make their judgements about progress in the organization. In contrasts, supervisors make direct observations of work being performed, frequently take action on-the-spot, or report up-ward for further guidance.

Inspite of these subtle differences, it should now be clear why the distinctions between managing and supervising have been made. The district health officer who sees him or herself strictly as a supervisor will have limited ability to respond to the demands of higher management. The officer who functions exclusively as a manager will probably not be an effective leader in dealing with health workers. District level responsibilities require both the managing and supervising orientations.

The implelmenting functions of the management cycle include Organizing, Staffing and Directing. These functions mainly have to do with the relationships among people, and are most useful to the district officer when looked at from the people-oriented (supervisory) point of view.

SUPERVISION: THE KEY TO EFFECTIVE PROGRAMME IMPLEMENTATION

Major gaps continue to exist between the theory (science), and practice (art) of health management. For examples: (1) Everyone knows that all nurses in the district are officially accountable to the District Nursing Officer in-charge (usually based at the district hospital). Management theory suggests that a person with more than one supervisor probably has no supervisor. Yet, the District Public Health Nurse probably gets to the field more often than the NO i/c and has more frequent contact with nurses posted to centres and dispensaries. In addition, clinical officers in-charge of centres have much more direct, day-to-day knowledge of the performances of nurses in their facilities. Who, in effect, actually supervises these nurses? (2) A certain Public Health Technician has been doing an outstanding job for the past eight years. He is conscientious, understands basic approaches to preventive/promotive health care, gets along well with colleagues and people in the community. He deserves a promotion and would make a good public health officer. Management theory suggests that good work should be rewarded. Yet, all attempts at arranging for further training and promotion have failed. What

should be done? (3) A certain Community Health Worker was very enthusiastic and energetic for the first six months of her involvement. But she now has pressures at home, and is finding it increasingly hard to convince people in the area that she speaks with some authority. Generally, she finds it hard to justify her further involvement in the programme. Management theory suggests that a job should provide for a person's basic needs, status, intellectual or spiritual fullfilment. How can this worker be further motivated?

The above examples, and the questions raised are concerned with issues of Organizing, Staffing, and Directing. When properly understood and applied, the concepts involved in these management functions can serve as a basis for effective supervision. These functions are further discussed below.

(1) Organizing District officers do have some limitations in making changes and adjustments to existing Ministry policies on organizational structures within the district, but they are not totally handicapped. In fact, many areas of clarification to existing roles and responsibilities could be undertaken without significant interference from headquarters

level, (if the arrangement works smoothly and without complaint). For instance, in the absence of the District Medical Officer of Health, a medical officer from the district hospital (usually a clinical specialist) is designated to act in his place. Usually also, these medical officers are not very familiar with the overall operations of the district. Members of the District Health Management Team have often wondered why an alternative member of the team could not also take on this role. Although unprecedented, if such a move were undertaken and strongly supported within the district, it probably would not be challenged at higher levels. In reality, leadership frequently does shift to some other member of the DHMT in the DMOH's absence (while the acting DMOH serves basically as a titular head). This is only one example of a provocative issue related to organizational structure (roles and responsibilities) that could be solved at the district level (if the DHMT were willing to take up the challenge).

(2) Staffing District officers also have limitations on matters related to staffing within the district, but are not totally handicapped. As explained in Unit 4 of this Module, district officers are mostly confined to evaluation of staff performance and decisions on in-service training of staff. However, even this limited range of sub-functions are not approached with much enthusiasm or confidence. For instance, most health workers never receive any formal feedback on their performance. People seldom hear when they are doing a good job. Comments are even less forthcoming when a worker is performing poorly. Dissatisfaction with a worker's performance may be communicated in indirect ways, but very seldom is the matter taken up as a supervisory responsibility. Some supervisors fear retaliation that might result from higher levels or external sources.

(3) Directing Positive communications, motivation, delegation and leadership are the areas of supervision where the district officer has the most freedom and possibilities for effectively "getting work done through other

people" (without outside interferences. No one will seriously question the supervisor who inspires and guides his workers, and keeps them well informed, comfortable and productive. Unfortunately, these behavioural aspects of management are also the most difficult to apply. This is where the real art of managing comes into play. Take the case of an auxiliary worker* who has been assigned to the shamba for the past three years. He likes the work, and does a reasonably good job. However, his services are urgently needed in the laboratory. He is shifted on brief and sudden notice (problem in communication). The importance and need for him to be shifted is never fully explained (problem in leadership style). His new duties and daily procedures are unclear. There is a heavy work-load in the laboratory, and no one has time to explain things (problem in delegation). At first the worker does his best, but gradually develops resentments toward the technical workers and the supervisor in the unit. He becomes very adept at sabotage. Breakage and rubbish have

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*previously referred to as "Subordinate Staff" (SS).

increased. He is frequently not on duty (problem of motivation).

People-problems are very hard to cope with. Perceptions, opinions, attitudes and feelings may be equally strong from the supervisor's and the worker's point of view. The supervisor, however, is expected to take a professional approach to his or her duties. Personal biases must be kept at a minimum. Guidance can be gained from previous experience, collaboration with colleagues, and from study of the field of managing/supervision. Sometimes the answers to people-problems require a lot of thought and analysis. Let's take the example of the reckless driver. He generally performs satisfactorily. However, if any comment is made about his driving habits, he tends to immediately start taking risks. What could possibly be at the bottom of such behaviour? Perhaps he doesn't feel that his passenger should have any authority over him, (after all, he reports directly to the Hospital Secretary). Perhaps he simply resents taking instructions (it reminds him of his elder sister who used to boss him around, and it makes him angry). Perhaps he feels that he is dead-ended in a job that he hates, and every small thing aggravates him. Each of these possible explanations fall into one or the other areas of concern

for organizing, staffing, or directing. Can you categorize the possible explanations for the driver's behaviour into the three functional areas of management?

In fact, n a day-to-day, person-to-person basis, the supervisor's responsibilities often appear as a maze of decisions and impressions. This type of confusion can be reduced by attempting to objectively analyze the dynamics being observed and experienced. People-problems can usually be categorized into issues related to organizing, staffing or directing. By viewing supervisory problems in this structured way, it is then also more possible to isolate solutions based upon one's own experiences, or the experiences of others. Thus, the study and understanding of management theory is critical, but the application of the theory to solve day-to-day problems becomes the supervisor's ultimate challenge (and responsibility).

Then, as if these responsibilities (for analyzing, categorizing and finding solutions to problems) were not enough, the supervisor is faced with the further challenge of taking actions and continuously following-up to ensure that actions are producing positive results. The supervisor's tool for follow-up is generally referred to as "monitoring". In each of the functional areas of management, the supervisor will

focus on different types of questions. For examples:

(1) Related to the organizing function, the supervisor may wish to ask:

- Does the worker understand the chain of command?
- Did the worker intentionally by-pass the chain of command?

(2) Related to the staffing function, the supervisor may wish to ask:

- Is the worker sufficiently trained to do the job?
- Does the worker really know what is expected of him?

(3) Related to the directing function, the supervisor may wish to ask:

- Were my instructions clear?
- Have I provided all of the resources and information necessary to carry out the task? Does the worker feel that he is being adequately compensated for his effort?

Supervisory monitoring must be done on three different levels. The major purpose of monitoring is to identify problems and correct them in order to keep the plan of action on track. Thus, the first level of inquiry is, what did (or did not) happen? This knowledge or recognition serves mainly as a signal or "red flag" for

the supervisor. The second level of concern relates to why a problem may have occurred. In most situations, the supervisor is well advised not to tackle a problem head-on, without some basic understanding of the issues and dynamics involved. Frequently, it is better to wait and observe (or consult), rather than confront a situation without adequate facts or understanding. However, once the cause of a problem has been grasped, the supervisor must take some action -- either directly, or indirectly. (For example, in the case of disciplinary problem, direct action might be a formal warning, or interdiction. Indirect action might be making the worker's job position redundant.) Levels one and two in the monitoring process are essentially the internal affair of the operating office. These concerns should be handled between supervisors and workers, and need not be brought to the attention of superiors unless they cannot be resolved, or unless an incident has resulted in a serious failure in performance. Higher-level managers expect mid-level managers/supervisors to solve most staff problems themselves. On the other hand they do not look favourably on supervisors who try to cover up problems that cannot be resolved at their level. The most respected supervisors are those who know when (and when not) to involve superiors in solving problems in their internal affairs.

The third level of monitoring entails the systematic documentation of what happened (how many staff hours spent, how much petrol consummed, how many children immunized during the safari, etc.). This is reportable information - a summary of the results of staff effort and use of resources. Shortfalls should be explained, but not necessarily elaborated. The detail of monitoring reports should be determined by the supervisor and should meet the minimum requirements of information needed for historical reference, internal review and advisement to superiors.

ORGANIZING

Supervisors must work with and through people-to accomplish goals. The way they work with people, however, is influenced by the specific type of organization where they work. They may be employed by a hospital, a steel company, or a school system. Each of these organizations is structured in order to achieve its specific purpose. An organization's structure has considerable impact on how supervisors perform their jobs.

An effective organizational structure can make the supervisor's job easier by facilitating communication and helping supervisors coordinate and focus workers' efforts on goal accomplishment. An unsound structure can have the opposite effect. It can create confusion, conflict, duplication of effort, and a host of other difficulties.

Informal organizations also exist within all organizations. The patterns of relationships involved in informal organizations are not formally established, but do influence the opinions, feelings, and actions of workers. As a result they can have a significant impact on the functioning of formal organizations.

Even though supervisors are not in a position to design the structure of an organization, they must function within it. Learning more about organizations and how they are structured and understanding informal organizations can help supervisors anticipate both problems and opportunities. Then they can cope better with the organizational world in which they live and work.

In this chapter we will examine the nature and structure of organizations as they affect the supervisor's job. We will first consider some general characteristics of all organizations. Then we will look at different types of organizational structures and the advantages and disadvantages of each. Next the impact of the informal organization on the supervisor's job will be discussed. The chapter will conclude with a look at an aspect of organizations that is often overlooked--organizational politics.

The Characteristics of Organizations

All of us are in continuous contact with organizations throughout our lives. We are born in a hospital. We are educated in school systems. We go to work in some type of organization: a business, a hospital, a school system, or a government agency. As diverse as they may

seem, all of these organizations have certain characteristics in common. We will call these the defining characteristics of an organization.

- Organizations have goals. They have a reason - or reasons - for existing. Business organizations often have goals of producing a product or providing a service and making a profit. Hospitals exist to provide care for the sick Schools are established to educate people.

- Organizations are made up of people working together to accomplish something they could not do as well individually. People use other resources - money, materials, and equipment - to perform work in the orgnization. Through their efforts, organizational goals are achieved.

- There is a division of labour in organizations. Not all people do the same job. Some people may be salespersons, for example; others may be accountants. Doctors do one type of work; nurse have a different job. Work is specialized so that the various jobs in an organization can be performed more effectively.

- Organizations also have a formally established structure. This structure establishes the role of

every manager, supervisor, and worker and describes the formal relationships between these roles. The structure is designed to coordinate the efforts of members of the organization and is the main vehicle for planning their cooperative effort.

There is a hierarchy of authority in organizations. Authority is the right to decide and act. It is assumed to flow from the top down. Top managers delegate some of their authority to middle-level managers, supervisors, and workers, giving them the right to make decisions and take action within certain limits.

Organizational Chart

Organizational structures often are represented on an organizational chart. An example of a partial organizational chart is shown in Fig. 3.1. The organizational chart identifies departments and jobs and shows the flow of authority or chain of command in the organization. Organizational charts are frequently supplemented by job descriptions and organizational manuals These define in greater detail the tasks involved in the various jobs and the relationships between jobs.

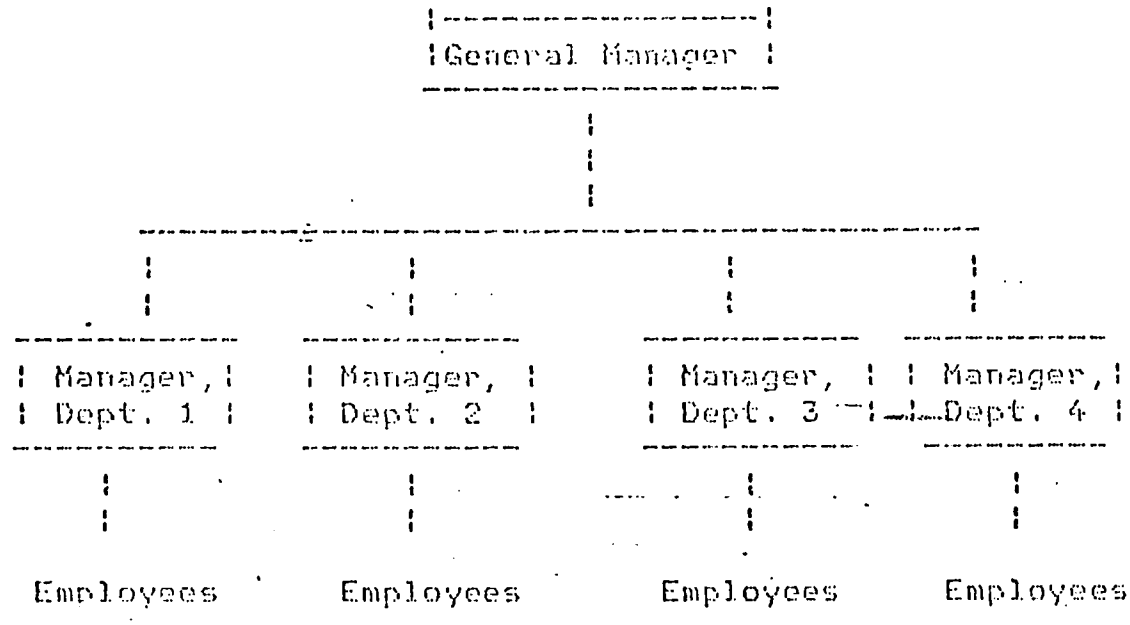


Figure 3.1 A partial organizational chart

What the chart sho

- It shows divisions of work into components. These components may be divisions or departments or they may be individuals. (Boxes on the conventional chart represent these units of work.)

- It indicates who is (supposed to be) whose boss. The solid lines on the chart show this superior-subordinate relationship with its implied flow of delegated responsibility, authority, and attendant accountability.

- It states the nature of work performed by the components.

- It shows the grouping of components on a functional, regional, product, or other basis.

- It depicts levels of management in terms of successive layers of superiors and subordinates.

What the chart doesn't show

- It does not show the degree of responsibility and authority exercised by positions on the same managerial level. It does not show power.

  It does not clearly distinguish between line and staff. Making this determination is sometimes difficult and often inconsistent between companies.

- Size and position of boxes do not necessarily reflect importance.

- It does not show all the channels of contact or communication.

- It shows only a few of the key links or relationships in the total organizational network.

- It does not show the informal organization that is a logical and necessary extension of the formal structure.

Figure 3.2

What is and is not on the organizational chart*

Adapted from Howard Carlisle, Management: Concepts and Situations (Chicago: Science Research Associates, 1976).

An organizational chart is a simplified model of the organization's structure, but, as shown in Fig. 3.2, the chart has its limitations. It does not show certain important aspects of the organization's structure. Nevertheless, it is a useful guide and provides a good overview of how the various departments within an organization are related.

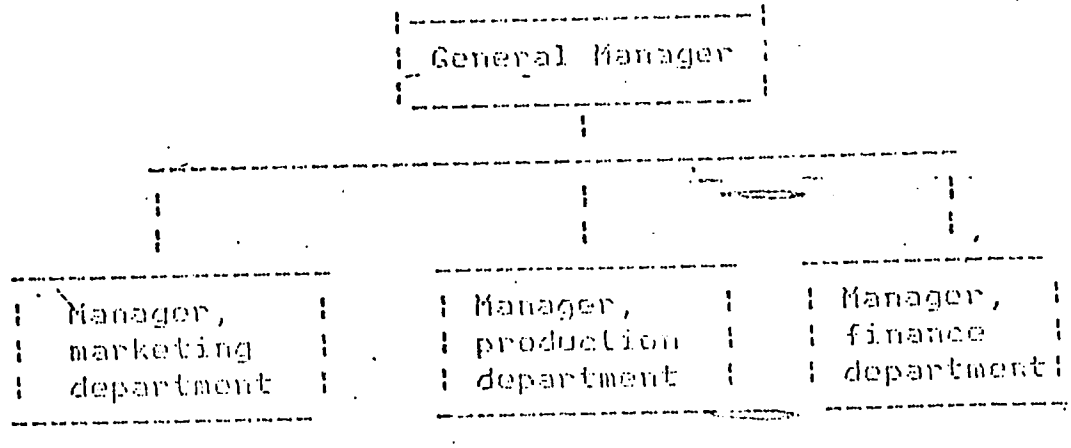
Establishing Departments

Departments are groups of related jobs. Top management determines how the jobs will be grouped in order to establish departments. Supervisors are responsible for the work performed in a department. As a result they need to understand how the departments are created. Several bases exist for grouping jobs into departments. Among the more common are function, product, and location departments.

Functional Departments

In functional departments jobs requiring similar skills are grouped together. Figure 3.3 shows a chart for an organization based on functions, or related activities. The common functions found in a manufacturing organization - production, marketing, and finance - are the basis for grouping the jobs.

Functional departmentation offers several advantages. Since each department is responsible for only a limited number of specialized activities, experts in these areas can be hired and/or trained. Once on the job, workers can learn more quickly how to perform their jobs. They learn from their experiences in their daily activities. Thus, the skill and knowledge of employees increases rapidly. In addition, functional departmentation simplifies communication within the organization. With departments and jobs identified by function, people in the organization know where to send and get information



3.3 Functional departmentation

There are problems with functional departmentation, however. It tends to create a narrow viewpoint. Workers tend to identify more strongly with their jobs and departments than with the organization as a whole. Thus, greater coordination may be required to make certain all departments work together in achieving organizational goals

Product Departments

Figure 3.4 depicts an organization using product departments. Here workers and jobs are grouped together on the basis of the product produced or service provided. For example, General Motors has the Chevrolet Division, the Pontiac Division, and the Cadillac Division. Department stores generally have a men's clothing department, a women's clothing department, a toy department, and a housewares department.

Product departmentation improves the coordination of activities within each product or service area. When employees are working with one product or a group of related products, they can identify with the product. It is easier for them to see the end result of their activities.

Duplication of activities occurs, however. For example

Both the Chevrolet Division and the Pontiac Division have marketing departments. Duplication of activities among the different product departments may lead to increased costs for the organization.

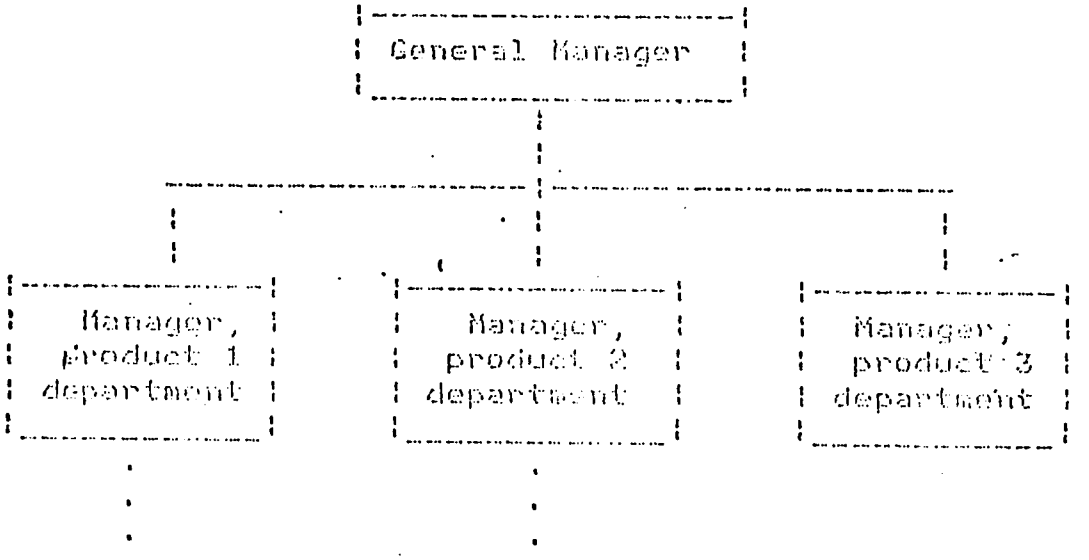


Figure 3.4 Product departmentation

Location Departments

An organization structured to place or location, using a location department system is illustrated in Fig. 3.5. Location departmentation groups jobs on the basis of where the work is performed or where the market areas to be served are located. Large city police departments are often organized on a location basis. The police work is divided into several different precincts or districts.

Differences in market or work conditions make this type of departmentation useful. Department store chains, for example, and regional demand. Thus, they are able to take into account any unique local conditions while managing their store.

Most organizations actually use a combination of different types of departments. Figure 3.6 shows an example of an organization using three types of departmentation. At the top, the organization is departmentalized on the basis of function; at the second level, by product,; and at the third, by place (location). Using a combination of departmental types enables an organization to obtain the advantages of each, while minimizing their various disadvantages.

Matrix organization is a structure that differs from the ones previously discussed. It exists along with one or a combination of the other types of departmentation. Matrix organization brings together people with special expertise to work on a project for a definite period.

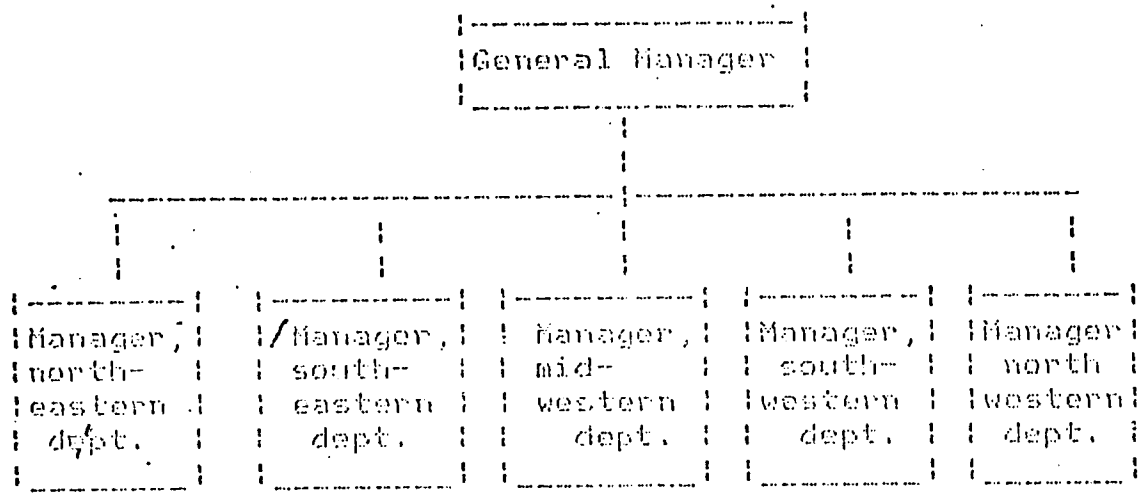


Figure 3.5 Location departmentation

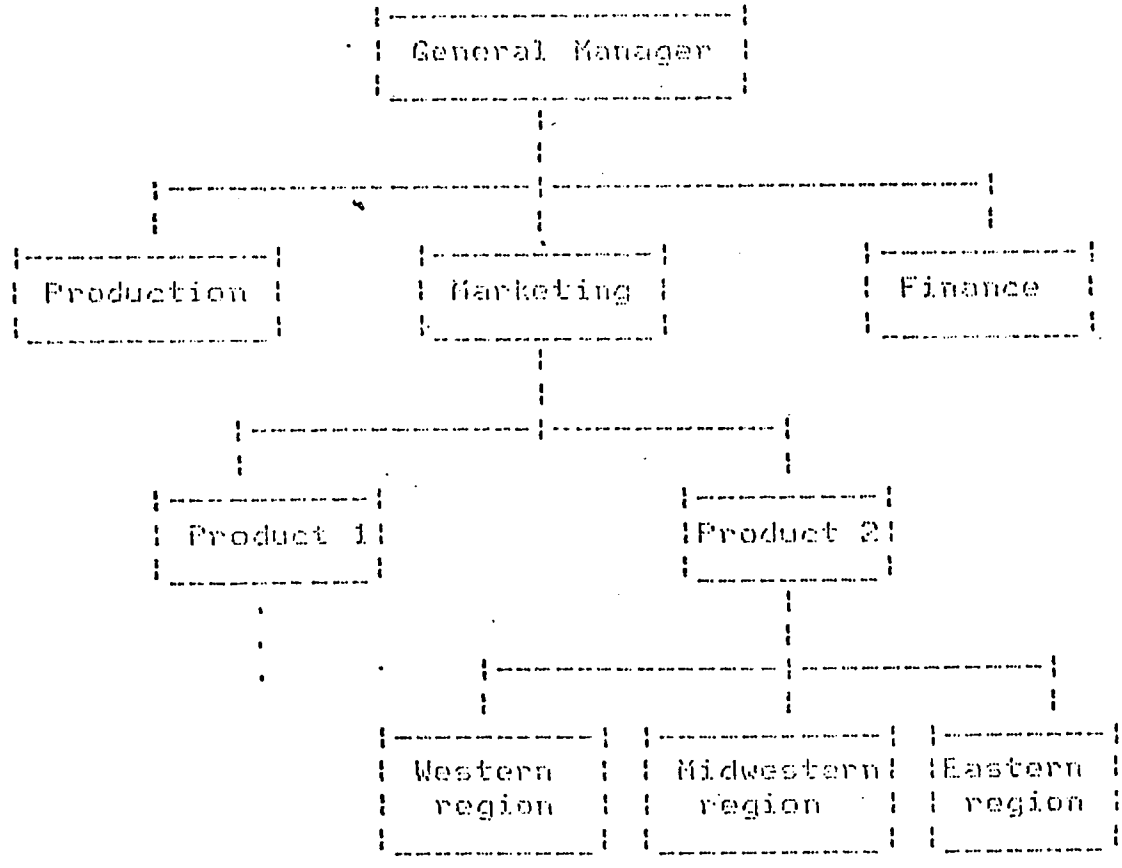


Figure 3.6 Mixed departmentation

Workers are brought from different departments to work under the direction of the project manager who also is regularly assigned to a permanent department. Each performs a job necessary to complete the special project. As a result, the worker has two superiors, the department supervisor and the project manager, and two sets of job responsibilities, those of the normal job and those required by the project.

Authority relationships

Establishing formal lines of authority among the people holding jobs in an organization help coordinate individual efforts. Authority is the right to decide and take action while using organizational resources: people, money, equipment, and material. A fundamental relationship exists between the responsibilities involved in a job and the authority that is associated with the job. Job responsibilities can be met only if the job holder has the authority to obtain the resources and assistance necessary to carry out these responsibilities.

There are two types of authority in most organizations: line and staff. Managers and supervisotrs who have line authority have the right to direct the work of subordinates and are in the chain of command running

from top management down to hourly workers. Production supervisors in a manufacturing organization have line authority, as do marketing managers in their part of the organization. The principal in a school system and the director of nursing in a hospital are additional examples of persons holding line authority.

Managers and supervisors with staff authority advise or provide a service to the line. Assume for a moment that you are a sales supervisor and need to hire a salesperson. The personnel department would place ads and attempt to locate candidates for the position (a service). They might also give tests to determine the capabilities of applicants (a service). They might even rank the top four or five candidates on the basis of their evaluation (advice). The final decision, however, would be up to you as the sales supervisor.

Personnel is only one of many examples of staff positions. Maintenance of buildings is a staff function. The accounting department in a plant is another example. The important difference is that staff personnel perform a supplementary role: they give advice and/or provide a service to the line.

Span of Control

The number of workers a supervisor must work with is referred to as span of control. This number influences how effective supervisors are in their jobs. For many years people have attempted to determine just how many workers one supervisor can effectively supervise. They have concluded that there is no set number. Supervisors have effectively supervised anywhere from seven to fifty workers.

As a rule, if workers perform jobs that are similar in nature and which involves tasks that do not differ widely, more workers can be supervised (large span of control). The key factor is the amount of one-to-one communication necessary to effectively supervise workers. The more complex the job, as well as the more diverse the tasks, the more individualized attention workers require from supervisors. At the same time, less competent workers require more attention than competent workers. The supervisor's time is limited. You can easily see how meaningful interaction with many workers performing different jobs is difficult, particularly if they have performance problems.

Unfortunately, supervisors have little control over how many workers they supervise. That decision is made by

upper management. However, they can cope more effectively with what appears to be an impossible situation. If supervisors find they really don't know each of their workers well enough or they don't have enough time t/ work with each worker having problems on the job, the span of control is probably too large.

For example, the new insurance claims clerk may have asked you three days ago to explain how to handle claims from members of the United Auto Workers' plan. You want to clarify the procedure because it is different from that typically followed. The policy is a major one and your boss has recently informed you of several complaints about the handling of past claims. But somehow, you just haven't found the time.

When supervisors find they cannot meet workers' demands for their time, what can they do? They cannot overlook the importance of personal direction and attention to worker problems, yet they only have so many hours in a day.

Delegation is one way supervisors can handle this situation. Identify competent, well-trained workers and give them the authority to train new workers or help out in problem situations. Of course, certain activities

cannot be delegated. However, if you delegate routine activities, you are free to deal with the real problem situations.

Centralization and decentralization

Centralization and decentralization refer to where the authority to make decisions is located in an organization. In a centralized organization, the important decisions are made, or must be approved, by top managers. In a decentralized organization, more authority to make decisions is delegated to supervisors.

The foundation of a centralized organization is a system of rules and procedures established to govern decisions and actions. Procedures and rules are intended to make the behaviour of organization members more predictable and consistent. To the extent that people accept the rules and procedures covering their jobs, they behave in a fairly standard, predictable manner. Also, rules and procedures provide consistency in decisions and actions, even though different people are involved at different times.

Rules and procedures can increase organizational efficiency, since procedures are guidelines for action. As a result, people do not need to spend as much time

trying to decide how to deal with each problem they face. Instead of trying to "reinvent the wheel" every time a problem arises, they can refer to procedures that will generally tell what action to take. Procedures do, however, limit the flexibility supervisors have in doing their jobs.

Despite the advantages of centralization, many organizations have found it advantageous to decentralize. Let's consider some of the possible benefits of decentralization. As an organization grows larger, it becomes more difficult for top managers to be knowledgeable about all activities in the organization. It takes longer for top managers to get the information necessary to make decisions. Delegating more authority to supervisorts can unclog the decision-making machinery and improve the organization's efficiency.

- Decentralization gives more authority to supervisors who are most knowledgeable about the specific details and circumstances of problems that arise in their departments. Supervisors often make better decisions than top managers who are not in touch with the specifics of the situation.

Decentralization can create smaller and more autonomous organizational units. Often, supervisors and workers can better understand and identify with such units. People are less likely to feel they are lost in the crowd and under the control of "faceless bureaucrats."

Workers have a greater opportunity to participate in decision making in a more decentralized organization. Workers who are permitted to have some say in what happens are likely to feel more motivated and satisfied on the job.

We should keep in mind that decentralization is not an either-or proposition; it is a matter of degree. Organizations can range from very centralized to very decentralized. How much decentralization is good for an organization? It all depends. Several factors should be considered:

- How competent are supervisors? The people who will make decisions must have the necessary knowledge and skill.

- Who has the facts necessary to make decisions? Who can get the necessary information? Unless supervisors have sufficient information, they will not be able to make good decisions.

- How important is speed in making decisions? If conditions are rapidly changing and flexibility is important some decentralization may be very useful

- How independent are the activities of each organizational unit? How much will the decisions made in one unit "lock in" other units? If the activities of the organization's unit must mesh closely, decentralizing decisions may be difficult.

Informal Organization

The informal organizations is the network of personal and social relationships that develops as people associate with one another in the organization. It is not established by the formal organizational structure. The emphasis in the informal organization is on people and their relationships. In a formal organization, the emphasis is on position, authority, and function.

Informal organizations frequently cut across the boundaries of the formal organization. Relationships develop between workers from different departments and at different levels in the organization. These workers associate with each other. They talk about the organization, their work place, and people with whom

they work. These informal relationships influence the opinions, ideas, and feelings of workers. The formal organization cannot control the informal organization. Sometimes the informal organization works at cross purposes with the formal organization.

Understanding informal organizations is important to supervisors. Informal group relationships develo within their formal work group. Informal leaders emerge and informal relationships among workers affect their opinions, feelings, and actions. In short, the functioning of the formal work group is influenced by existence of informal groups. Let's look at some of the characteristics of informal groups and see how they influence the formal work group. Then we will discuss some ways supervisors can work with informal groups.

Groups norms

A norm is an informal rule - stated or unstated - regarding how members of a group should or should not behave. Group norms serve the same function for informal groups as policies and procedures to for the formal organization. Group members expect each other to conform to group norms. In manufacturing organizations, for example, groups often develop norms concerning how hard group members should work and how much they should produce.

Norms are rarely consciously established; they simply evolve over a period of time. Group members begin developing habits of behaviour with one another and others with whom they come into contact. Eventually these habits become "the way we do things around here."

Further, norms are not recorded. In fact, group members often are not even consciously aware of their norms. Only when a group member violates a norm, or goes against an unwritten rule, do other members consciously think of their norms.

While most of us like to think we are fairly independent, we tend to conform closely to what others expect of us. Likewise, we generally conform to norms without question. We want to be accepted by the group and, therefore, we follow its informal rules of behaviour.

At times, however, a worker does something that violates a group norm. It may be because the worker is new to the group and/or unaware of the norm. Or, the worker may disagree with the norm for some reason. In either case, the group will take action to attempt to bring the nonconforming worker in line.

The type of action groups take to enforce norms usually follows a predictable pattern. First, one or more members of the group will talk with the worker who has violated the norm. They will explain that the behaviour is not acceptable to other group members and encourage a change in behaviour.

If the nonconforming worker still does not conform, group members often will take a more "hard-line approach. They may make fun of the worker or do other things to make him or her feel uncomfortable. In a fe cases, threats or physical actions may even be used to force the worker to conform.

Finally, if all else fails, the worker will be ostracized. That is, he or she will be ignored, given the cold shoulder, and generally made to feel excluded from the group.

Informal leadership

A second important characteristic of informal work groups is informal group leadership. It is important to distinguish between formal and informal group leaders. A formal leader (manager or supervisor) is designated by the formal organization and has authority to direct the work activities of the group. In contrast, the informal

leader emerges from within the membership of the group. Informal leaders are not appointed or elected. As group members work together, they tend to look more and more to one or more persons in the group for guidance. As group members look more and more to an individual for guidance, that individual comes to be accepted as an informal leader of the group.

Several factors influence who is likely to emerge as an informal group leader.

Expertise. When workers have problems or questions about their work, they tend to seek help from a group member who has more experience or ability. Thus, workers who "know the ropes" are more likely to emerge as informal leaders.

Personality. Workers who most closely represent the values of the group members are more likely to be accepted as group leaders. Group members tend to trust and respect those workers who personify their values, motives, and goals.

Informal leaders perform a variety of functions for the group. A quick look at these functions will demonstrate how informal leaders can have an impact on the

Provide direction. Informal leaders give advice and guidance to group members. They may provide counselling on handling on-the-job problems or even personal problems.

maintain the group. Informal group leaders also help to maintain harmony and resolve conflicts within the group. For example, when members deviate from a group norm, the informal leader is generally expected to make the first attempt to bring them back into line.

Represent the group. Informal leaders represent the group in contacts with those outside the group. For example, they are expected to bring the group's complaints or suggestions to the attention of their supervisor.

One final point should be made about informal leaders. We have been talking as if informal groups have only one informal leader. This is not necessarily true. A group may have only a single leader, but many groups have more. Quite often large groups have as many as three informal leaders: one who helps with job problems (a task leader), one who resolves conflicts (a social leader), and one who represents the group (a representation leader).

Group Cohesiveness

Group cohesiveness is defined as the extent to which members desire to remain members of the group. This factor reflects how important the group is to its members. We find it easier, however, to think of cohesiveness as how "close-knit" the group is or how tightly group members "stick together".

The cohesiveness of a group directly influences the degree to which members conform to norms. This makes sense for two reasons. If being a member of the group is important, members will tend to conform to group norms more readily in order to continue to be accepted by the group. Also, if a member does deviate from accepted group norms, other members generally will react more rapidly to get the worker to change this behaviour and conform to accepted practices.

What makes some groups more cohesive than others? Some groups are more cohesive than others for a variety of reasons. Among the most important are: (1) the opportunity for communication among group members, (2) commonality of members' backgrounds, (3) size of the group, (4) accomplishment of goals, and (5) the degree to which the group feels threatened.

- Communication within the group is probably the most important factor. In general, the more group members communicate, the greater the cohesiveness of the group. As group members communicate more and more with one another, they tend to develop closer personal relationships and the group becomes more cohesive.

- If groupp members have fairly similar backgrounds the group will generally be more cohesive. If members have similar experiences and/or similar interests, they will tend to stick together more than individuals who have different backgrounds and different interests. For example, a group made up entirely of people who were once city-ghetto dwellers will probably be more cohesive than one made up of members from rural, city, and suburban backgrounds.

- The size of the group influences the level of cohesiveness. In general, smaller groups are more cohesive than larger groups. If we think in terms of the opportunity for communication, this observation makes sense. In small groups, members have more opportunity to communicate. As a result, a higher level of cohesiveness can be expected. In larger groups, members do not have

as many opportunities to interact regularly. Thus a lower level of cohesiveness can be expected.

- Group accomplishment of goals influences cohesiveness. If members feel that the group is accomplishing goals that are important to them, the group will tend to be more cohesive. If they feel the group is failing, cohesiveness will be lower. Consider for a moment the group that makes up a basketball team. If the team is winning, team spirit is high and group members tend to stick together more. If the team is losing, the attitudes of team members tend to become negative and conflict among teammates is more likely to develop.

- If group members feel their group is threatened in some way, cohesiveness generally will increase. Again, think of the basketball team. If the school decides that due to budget cuts basketball will be dropped, team members will probably band together (become more cohesive) to protest the action, even if the team is having a bad season. They might organize a drive to contact alumni and other interested persons to put pressure on the school to keep the basketball program. In general, a group that feels threatened will become

more cohesive and will work together to protect itself against the threat.

Cohesiveness and group performance

Is a high level of group cohesiveness good or bad? If you talked to supervisors you would probably get different answers.

One supervisor we talked to made the following comment: "The more those people get together and talk, the worse things get. All they do is encourage each other to hold down production." This supervisor obviously felt that informal groups, particularly cohesive groups, were bad.

The comments of another supervisor, however, reflect a different opinion: "My people really work well together. They help each other out, and if one of them starts goofing off, the others put pressure on him to get back in line and do a good job. They really make it easy to be a good supervisor." This supervisor would answer that cohesive work groups are good. Why do the supervisors disagree?

No correct answer exists to the question of whether cohesive groups help or hinder job performance. That is, we cannot state that a high level of group

cohesiveness always encourages either a high level or a low level of performance. To better understand the relationship between cohesiveness and performance, we must consider the nature of the group's norms.

Norms can be described as positive or negative. Positive norms include those that are consistent or compatible with attaining departmental and organizational goals. The behaviours encouraged by the group are behaviours that contribute positively to goal attainment. Negative norms on the other hand, encourage behaviour that thwarts departmental or organizational norms. They result in behaviours that contribute negatively to goal attainment. Examples of positive and negative norms typically found in informal work groups are given in Table 3.1.

Table 3.1

Examples of positive and negative norms

NEGATIVE NORMS	
Work group	Behaviour
Factory workers	Keep your mouth shut when the boss is around.
Factory workers	We stop working 15 minutes before quitting time to wash up.
Utility workers	We always take a nice long coffee break in the morning before climbing those poles.
Typists	Don't rush the work. They'll just give you more to do.
Saleselerks	Don't hurry to wait on a customer. They can wait

POSITIVE NORMS	
Work Group	Behaviour
Factory workers	Do it right the first time
Typists	Make certain it looks nice. We want to be proud of our work.
Car salespeople	We want to sell more cars than anyone else in the city.
Grocery clerks	Go out of your way to satisfy customers. We want them to come back.
Factory workers	Don't waste materials; they cost money.

If norms are positive, performance is better in more cohesive groups. Positive norms say, "We want to do a

good job". If the group is cohesive, workers try to achieve a high level of performance.

If norms are negative, performance is poor in more cohesive groups. Negative norms say, "We want to do the minimum we possibly can." If the group is cohesive, members conform to the norms; they do as little as possible, and performance is poor.

If cohesiveness is low, performance will vary more within the group. Group members will not conform as closely to norms and average group performance will be neither very high nor very low.

Thus as shown in Fig. 3.7, we can expect the best performance from a cohesive group with positive norms. Poorest performance will come from a cohesive group with negative norms. A low-cohesive group's performance will fall between the two extremes.

Working with the informal organization -

Figure 3.7 suggests that supervisors need to encourage positive norms and cohesiveness to build a more effective work group. Groups with these characteristics tend to be more productive and stable, as well as more satisfying for group members. While supervisors cannot

directly control the forces at work in an informal group, taking actions that influence them is possible. Let's examine several ideas that may help you work with groups more effectively.

- Groups often develop negative norms because of lack of information. Group members may not understand what is happening in the organization, or why they are expected to work in a certain way. In some cases, they may not even know what they are expected to do. Thus, it is important to inform group members about the organization and their jobs as quickly and thoroughly as possible. If this is not done, they probably will get their information from the "grapevine," information that may or may not be accurate.

- Giving information is not enough. Listening is also important. You need to work actively to elicit the group's ideas and opinions. If something is bothering the group, you need to listen and try to understand the problem. Keeping the group fully informed and listening to problems helps encourage the development of positive norms.

- Rewarding good work by the group is also useful, especially since this develops pride. As the

supervisor's. However, increase participation in decision making is not always possible. The conditions under which participative decision making are likely to work are discussed in Chapter 9.

As noted earlier, an informal leader holds a special position within the group. The informal leader can often have considerable impact on the group's norms. As a result, supervisors can gain a great deal by working with and through informal leaders.

When the informal leader can and will represent the group's view. Supervisors can "bounce" their ideas off the informal lealder to get an idea regarding how the group will react. This does not mean that they should not talk to and get ideas from all workers, nor does it mean that the informal leader should be shown favoritism. But the informal leader can be used as a barometer of group opinions. Informal leaders can also help communicate with the group and influence their opinions and ideas.

A word of caution: an informal leader who is not able to maintain respect in the eyes of group members is often replaced by someone else. For this reason, supervisors

must be careful not to take some action that could accidentally compromise or undermine the informal leader's position in the work group.

Organizational politics.

Up to this point, we have described organizations and the people who work in them in fairly sterile terms. But one critical factor isn't found on the organizational chart or discussed in job descriptions, nor is it openly acknowledged by the people who hold jobs in organizations. That factor is the political process found operating in organizations everywhere.

To understand organizational politics we need first to look at why it exists. All organizations are concerned with distributing power. Quite simply, power is the ability to get something done by influencing the behaviour of others. How much formal power an individual has is determined in part by the authority associated with the particular job. This authority is defined by organizational charts and job descriptions. However, authority is merely the recognized right to extert power. Anyone who has spent any time in an organization knows that the authority that comes with the job is only part of getting things done.

In order to get things done and make yourself look good (a point we will discuss shortly), political maneuvering is usually required. This involves getting all the information you need to do your job and jockeying for the power to do what the job requires, while insuring that everyone is happy.

Organizational politics is inevitable. Whenever two or more people find themselves working together, they will sooner or later become involved in a struggle for power, as each tries to make the work relationship more desirable for himself or herself. The reasons for this struggle may vary. Some people seek more power. Others hold jobs which have results that are difficult to measure. As a result, they desire to publicize the fact that they are doing an effective job. Others feel insecure and become involved in organizational politics to make their position in the organization more stable. Still others are concerned with advancing their interests and see politics as a means of paving the way upward within the organization. Furthermore, organizational politics provides a vehicle for becoming one of the "in-group." As many people want to be accepted at work, politics may provide a way of satisfying this need.

In a nutshell, successful supervisors are those who are effective in their jobs from other people's point of view. Nearly all people in organizations must, to varying degrees, rely on others to help them do their jobs, as well as advance their interests in the organization. Success depends on a variety of complex relationships with your superiors, peers and subordinates. The political process is a mechanism to be used to sell yourself - to increase your visibility to your boss, peers, and subordinates. You use the process to publicize what you are doing and to be certain that what you are doing conforms with their expectations.

Building good relations with your boss

Hard work and competence are critical to becoming a success in your boss's eyes. But the way in which you carry out your duties also influences your boss's opinion. Andrew DuBrin offers several suggestions for helping you make a good impression on your boss. His suggestions include:

- Help your boss succeed. Never forget why you were hired. You were hired because your boss believed you could help him or her be more successful. The minute you lose sight of this fact, you become less effective.

- Be loyal to your boss. Never publicily attack him or her. Remember, you are part of a team.

- Learn what your boss's objectives are and seek to attain them. Becoming a critical subordinate can do much for your future in the organization.

- Make your boss's life less complicated. Take away some of the problems he or she faces. Don't add to them.

- Maintain regular contact with your boss and actively listen to what he or she has to say. Ask your boss's advice and be concerned about him or her as a person.

- Be a watchdog; keep your boss informed of potentia problem

- Share your accomplishments with your boss. Recognize the team effort involved.

The critical point to remember is that your boss has control over your future. Whether you like it or not, successful performance is defined by the observer - your boss. It requires hard work in the manner your boss sees as effective and successful. The rules of the game are set from above. Finding out what these rules are and conforming to them can greatly enhance your status in the organization.

Building good relations with your workers

Regardless of how well you can perform your job, you will only be as good as your workers let you be. In other words, you can exert only as much power over your workers as they let you exert. Several guides for developing a loyal following have been offered by DuBrin:

- Follow through on commitments.
- Recognize your workers. Show them how important you think they are.
- Be sensitive to your workers' needs. Look at every action you consider taking through their eyes.
- Be courteous. Answer all memos and letters, return phone calls, avoid keeping people waiting to see you, and so forth. Make your workers feel they are important.
- Maintain old ties within the organization. Never become "too good" for your old friends.

Summary

- All organizations share certain characteristics. They have goals. They are comprised of people working together to reach these goals. There is division of labor. They have a formally

established structure designed to coordinate individual effort. There is a hierarchy of authority.

- Supervisors do not design the structure of their organization but their jobs are affected by it. An organizational chart describes the organizational structure. It identifies jobs, departments, and the flow of authority in the organization.

- Departments are groups of jobs. Jobs may be grouped on the basis of function, product, location, or a combination of these factors. Matrix organization exists along with any one of these types of departmentation and involves bringing workers from different departments together to work on a special project.

- Authority is the right to decide and take action while using organizational resources. Each job must have enough authority to insure its responsibilities can be carried out. There are two types of authority: line and staff. Line authority involves the right to direct workers and is part of the chain of command. Staff authority involves advising or providing services to the line.

- Span of control refers to the number of workers a supervisor must work with. There is no best span of control. Supervisors can effectively supervise more workers when workers perform similar jobs, the jobs are not complex, and workers are competent.

- Supervisors have little control over span of control. Delegating some of your activities to competent workers can help you deal with problems of a span of control that is too large.

- Centralization or decentralization refers to the location of authority to make decisions. Authority is located at the top in centralized organizations. Rules and procedures are established which limit the flexibility supervisors have in their jobs.

- Decentralization enables supervisors to make decisions about situations with which they are familiar. It creates smaller, more autonomous units workers can more readily identify with and encourages worker participation in decision making. Decentralized organizations provide superiors with more authority.

- How decentralized an organization should be depends upon the competence of supervisors, the person who has the information needed to make decisions, the need to make decisions quickly, and the degree to which organizational units are independent.

- The informal organization is the network of personal and social relationships that develops as people associate with each other. It is not a part of the formal organizational structure.

- Supervisors need to understand how informal organizations operate because they influence the functioning of the formal work groups. Workers form informal groups which influence their opinions, feelings and actions at work.

- Informal groups expect members to conform to norms. Corrective action is taken by the group when norms are violaged. Informal leaders emerge from the group, and group members turn to these leaders for guidance and advice.

- Informal groups can be described in terms of how cohesive they are. Group cohesiveness influences the degree to which members conform to norms. Several factors effect the cohesiveness of a

group. Whether or not cohesive groups help or hinder performance depends on the group's norms. If norms are positive; a cohesive group will result in better job performance. If they are negative, cohesive groups will result in poor performance.

- Supervisors should encourage cohesive groups with positive norms by providing information to the group as well as listening to information the group has to offer. Good work by the group should be rewarded. The group's members should be allowed to participate in decisions that affect them. Informal leaders should be recognized and used as a barometer of group opinions.

- The political process operates in all organizations for a variety of reasons. It is not shown on an organizational chart but it can have a significant impact on your future. The political process is a mechanism used to increase your visibility and publicize what you are doing right to your boss, peers, and workers.

THE IMPLEMENTING FUNCTIONS

DIRECTING

5.0 INTRODUCTION

The Directing Function includes a variety of subjects which are concerned with the behaviours of people and how they work together. The subjects include:

1) Communication - Getting ideas across effectively

2) Motivation - Creating positive attitudes toward a situation

3) Delegating - Sharing responsibilities with others

4) Leadership - Inspiring others to action

These are each discussed as separate sections of this Unit.

5.1 COMMUNICATING EFFECTIVELY*

5.1.1 What is meant by Communications?

Communication is the process of transmitting ideas from one person (the communicator or sender) to another person or group of people (the audience or receiver). The idea the communicator wishes to convey may be knowledge or information, an idea or belief on a subject, an attitude or understanding concerning

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something, or actions he may wish the other person to perform.

There are various types of communications within an organization:-

FORMAL COMMUNICATIONS

The communications that exist within an organization that are official and formalized. These can be downward communications such as orders, instructions, and announcements from people in higher positions issued to people within the organization. Upward communications would be the announcements and suggestions that originate at a lower level that are fed to a higher level of the organization.

INFORMAL COMMUNICATIONS

Informal communications are the unplanned, random, and unofficial communications that exist within an organization. The "rumor" or "grapevine" would be examples.

Communications are important within any organization because without them nothing can be done and objectives cannot be attained. They contribute to morale and efficiency.

THE PROCESS OF COMMUNICATION

In order to convey our ideas to people we use a number of different media. Speaking and writing are the ones most commonly used. Other means of communication would include such things as pictures, charts, graphs, and mathematical formulas. Bells, buzzers, lights (such as the traffic light) communicate certain ideas to people. People also communicate in a more subtle way through non-verbal manners and jestures.

Speaking has certain advantages that other media do not possess. When we are conversing with someone we can test to see if there is understanding by watching the expression on his face to see that he understands and accepts what we are attempting to communicate. If we feel that we are not gaining an understanding or acceptance, we can repeat or elaborate on our explanation and provide an opportunity for the person to ask questions.

Writing as a form of communication has advantages that speaking does not have. It affords an opportunity to carefully plan and outline what we wish to communicate. In addition we can make revisions on what we have written until we are certain that we are saying what we actually want to say. The major disadvantage in written

communication is that we cannot tell whether those people who read our communications completely grasp the meaning of what we are attempting to convey.

The manner in which we communicate, such as the tone of our voice, our facial expressions, our jestures, the way our messages are written, and our actions all convey certain meanings to other people. Silence itself sometimes can be a very powerful communication.

5.1.2 Some Problems of Communication

When we use the two most common media - speaking and writing - we rely primarily on words. A person thinks of ideas which he must put into words before he is able to communicate to other people. It is exceedingly difficult, if not impossible, to express certain ideas. At best, words are at times imperfect mirrors of meanings.

Even when we attempt to communicate simple ideas we run into difficulty because words have different meanings. It has been said that the word "face" has forty-seven meanings and "round" has seventy-three meanings. It has been estimated that the five hundred most commonly used words have over fourteen thousand differen dictionary definitions.

Then too, words have different emotional meanings to people. For example, the word DOG. If a person is talking about his dog, he may have one mental picture while the person to whom he is talkin may have an entirely different mental picture. The word may represent a symbol of fear to persons having a fear of dogs. To another person whose devoted dog has just died or met with an accident, the word may represent a symbol of sorrow.

When we use words, we should always remember -

Words mean different things to different people.

Words mean different things to the same person at different times.

The word is not the thing - it is merely a symbol to represent the thing.

We can never communicate to another person exactly what we think or feel.

Much of the verbal communication used in organizations is directed towards getting people to do something that should and must be done. When directing people, we should keep our purpose in mind. Often our purpose is to get other people to think a certain way by giving them additional information that will tend to influence

their thinking, or change their attitude with the hope of a resultant change in behaviour.

What we must do to communicate effectively to a particular individual will depend to a large degree on knowing and understanding him. We must know something about his level of education and training so we can use words and ideas that are within his level of comprehension. We must know something about his background and experience so we will use examples that are familiar to him. Knowing something about the person's past experiences, interests, needs and attitudes will help us adjust our communication to him.

In talking and writing, too many people concentrate primarily on the "sending" end of their communications and minimize the importance of the "receiving" of what they are attempting to communicate.

What people hear us say is perhaps more important than what we actually say. The meanings that people read into our words are perhaps more important than the meanings we meant to convey.

rphen your Communications (Sending)

- Clarify your idea or purpose before you communicate

  When we communicate we should have a definite idea we wish to convey. We should have in mind specifically what we want the other person to know and understand. We should test our communication by asking ourself "what is the purpose?"

- Structure your Communication - WHAT, WHY, HOW

  Before we communicate we should clearly structure in our minds WHAT we want to communicate, WHY we want to communicate (the purpose) and HOW we can best communicate to the specific person or people involved. If we are vague in our mind our communications will be vague and the receiving will be vague and the resulting actions or thoughts may be incorrect.

- Slant your Communication to the Individual

  We can only communicate to the individual person. Even though at times the people to whom we want to communicate may be in groups communication must be on an individual basis. We should tailor make our communication so each individual will grasp the meaning and understand what we are conveying.

o Consider the needs, interests, education, and experience of the receiver

In order to be certain our communication is effective we should tailor make it to serve the individual person's needs, interests and attitude; and it must take into consideration his education and experience.

o Appraise the Communication Through the Eyes of the Other Person

We should attempt to weigh our communications through the eyes and ears of the receiver to make certain if is clear and complete. The "receiver" can only "receive" what we send; he can only hear what we say. If we are vague and incomplete, his reception will be even vaguer and less complete.

o Follow up and Test Your Sending

In our spoken communications we should test by watching the expression of the receiver and repeating and revising if necessary or provide an opportunity to ask questions. In our written communications we should attempt to detach ourself and our meanings into our written words that the receiver won't or can't include.

We should remember that our communication to people contributes to their mental pictures of us, and how they view us is largely dependent upon what they hear us say and how they interpret our words and actions.

In keeping with good human relations principles we should judge our words, tones, meanings, and actions with people to see if they are designed to encourage the person to react favorably to us.

5.1.4 To Sharpen Your Communications (Receiving)

- Learn to Listen

  One should approach every communication with the idea that there are always serious problems in communication, but that many of them can be overcome if we give the sender our undivided attention.

- Look for the "WHAT" and the "WHY" of the Communication

  We should strive to find the meaning of WHAT the person is attempting to communicate, and we should ask ourselves what is the purpose (the WHY) of the communication.

- Look for Feelings and Attitudes as Well as Meanings

  We should look for the communicator's feelings and attitudes as well as the meanings of his words. By knowing his attitudes and feelings we can better understand his frame of reference and point of view.

- Mirror Back the Communication in Your Own Words

  People express their ideas to us by using their words. If we take their words and translate them into our ideas and then mirror them back using our words, we can make certain we have received what they meant to convey.

- Look for Principles of Agreement

  When ideas are heard that are not immediately acceptable a person often stops listening and directs his attention to mentally searching for an arguement that will refute the idea. One should give undivided attention and listen for points of agreement and resolved disagreements after the person finishes speaking.

- Yield on the Unimportant

  One should concentrate on the broad principles

that are being expressed and recognize what is significant and important and yield on the unimportant points - the details of the communication. Most reasonable people are in accord with broad principles but too often they bog down on details.

Often people are selected in the things they hear. They don't get the meaning the other person is attempting to convey but rather they read into the communication the things they want to hear. To sharpen the receiving end, we should repeatedly ask ourselves if we are hearing what we want to hear or whether we listen to hear what other people are attempting to communicate to us.

5.2 MOTIVATION

5.2.1 What is Motivation?

All human beings are internally motivaied at some level or another. Motivation is the drive which causes them to move towards goals which will satisfy their inner needs, overcoming any barriers on the way. The successful leader will recognise this fact and will arrange conditions of work in such a way that these natural drives are harnessed towards the achievement of organisational goals. In this way, the energy of the group becomes a supplement to the energy of the leader.

5.2.2 What are the Natural Drives of Human Beings?

According to Abraham Maslow, human beings are driven by five progressive levels of motivation. As soon as needs at one level are satisfied, energy will immediately be diverted towards achieving the next level (rather like ing a staircase):

Basic Bodily Needs. These include the need for air, water, food, rest, shelter, clothing, activity and sex. These are concerned with survival and until they have been satisfied they will override any 'higher' needs. (For empty belly to study for self-improvement or to play his part in organisational development until his immediate bodily needs has been satisfied).

ii) Personal Security Needs. A desperate man whose bodily needs are unsatisfied will disregard personal security in order to meet them. So physical danger or fear of arrest are at that stage insignificant. However, once he is assured of immediate survival or gratification, he will then become more cautious in his search for further satisfaction. Personal security includes home and shelter, physical and emotional safety, the assurance of a regular supply of essentials and, at a more sophisticated level, savings, insurance and pension provisions.

iii) Social Needs. Man is also a gregarious being and, once his needs for personal security have been met, he will begin to look around for companionship, acceptance by others, a group to which he can belong, and a mate with whom he can share his life and his love. These become his most pressing needs at this stage.

iv) Ego Needs. Once accepted by a group or a mate, man is no longer satisfied to be an unidentified run-of-the-mill member of society. A new set of needs then comes into play, by which he will seek to rise above his colleagues, striving for status, for recognition, for responsibility, for authority/power and for self-respect.

It is at this stage that he will be concerned to demonstrate personal competence and the ability to influence others in the work situation.

iv) Self-Realisation Needs. There is a limit to the thirst for power and for the admiration of others. Many great men have turned away at their peak of influence in order to seek higher goals. These higher goals inclde an internal drive to become a better and more creative person, to move away from the politics of power and greed and to find satisfaction in realising one's own full potential

as a person, to standards which are purely subjective and owe little to the regard of others. Some people reach this turning point sooner than others. Many never have the opportunity to begin - but once reached, there is seldom any turning back and the search for self-fulfilment becomes endless and all-embracing. Often it is associated with a re-evalation of spiritual and/or religious values and a wider application of the meaning of the universe. (Many of Maslow's later writings dealt at length with this aspect of human pursuits).

5.2.3 What is the Relevance of this theory to the Work Situation?

It is here that we turn to another theory, based on the research findings of another American, Frederick Herzberg, who explored the various incentive and disincentive factors operating in the work situation. He discovered that these could be divided into two categories, viz:

i) Factors which, if not provided, can cause active dissatification but which have no positive motivational effect to make people work harder if they are provided adequately. (Herzberg described these as 'Hygiene' Factors - those necessary for basic health).

ii) Factors which, if provided, will actually motivate person to work harder. (Herzberg called these actors 'Motivators'.

5.2.4 What are the Hygiene Factors?

The factors which Herzberg used show a rough correspondence with the various levels of human needs described by Maslow. The 'Hygiene' factors are those which are more or less taken for granted, by employers and employees alike in any modern work situation. These include most of the human needs in the first 3 steps of Maslow's staircase, but Herzberg lists them as follows:

1) Organisational policy and administration
2) Technical competence of management and supervision
3) Personal relations with colleagues, bosses and subordinates
4) Working conditions
5) Pay
6) Personal factors (domestic life, etc.)
7) Status
8) Job security

Every organisation needs to achieve an acceptable level in respect of each of these factors; failure to do so will lead to dissatisfaction among employees and possibly to disputes and strikes. Once an employee has

achieved what he considers to be an acceptable and appropriate level in each of these areas (e.g. pay or status), any further increases offered by management will not motivate the employee to work harder.

5.2.5 What are the True Motivators?

These correspond to the fourth and fifth levels of the Maslow staircase and include:

1. Achievement
2. Recognition
3. The nature of the work itself (interest)
4. Responsibility
5. Growth and advancement

Herzberg's theory says that, if a man achieves more and more, if he sees his achievements recognised, if he advances within the organisation, if he sees opportunities for developing his skills, if he finds his work interesting and important, then he will work harder, and devote greater enthusiasm to it. Thus, improvements in any of these areas will actually increase his motivation to work.

5.2.6 To What Extent can we Control Motivation of our Subordinates?

Whilst it is true that many of the 'Hygiene' factors within our organisations are controlled by rules and regulations which are outside the control of the

individual manager, the same excuse cannot be used of the 'Motivators' It is the duty of every supervisor and manager to motivate his subordinate staff and this can readily be done by:

i) assessing their level of needs;

and ii) seeing to it that unsatisfied needs are met, in particular through the use of motivators.

It is within every manager's control to ensure that good work done by his staff is recognised and appreciated, that staff are given as much responsibility as they can cope with, that their skills are developed to the full, and that they are employed on the work which has a clear purpose in which they can interest themselves and feel a sense of achievement as they pursue it. Even when in some organisations final decisions on promotion are outside the control of the line manager, he can play a major part in influencing promotion prospects by the kind of assessments and recommendations he makes when reporting on his juniors.

MOTIVATION MODEL

NEED (tension)	(causes) --->	BEHAVIOUR (activity)	directs/ re-inforces <---	MOTIVATION FACTOR (incentive)
- physiological - food - water - biological functions - psychological - safety and security - social - ego - self-fulfillment		- Diligence Hard work Thoroughness Conscientiousness Concern for the job Interest, enthusiasm Creativeness Initiative Loyalty		Pay Job security Chance for advancement Company benefits Type of work Supervisor Praise Reprimand Recognition Information on how (I'm) doing Working conditions Company attitudes Etc.

5.3 DELEGATION*

5.3.1 Introduction

In many organizations people grumble about the lack of effective delegation: "The boss didn't tell me enough... He thinks I'm dumb and spells everything out in triplicate... He cuts me up when I ask questions, etc. It is quite understandable that complaints vary because the delegation process involves the relationship between two people, the boss and the subordinate. Most of these two-way relations differ; in fact most managers view the concept of delegation itself somewhat differently.

5.3.2 Components of Delegation

As already referred to, delegation always involves two persons: the boss (delegator) and the staff member (delegatee). The delegator needs to be sufficiently aware of the personal strengths, weaknesses and capabilities of the delegatee. Quite often an act of delegation goes awry, because the delegator's perception of the person's qualities is wrong. Failure may also occur when the emotional climate between delegator and delegatee is cold or even hostile. These few notes underscore the subjective component of delegation.

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*This paper was first published by the Kenya Institute of Administration

Turning to the objective content of delegation, it involves the authority for carrying out a task or function and the responsibility for attaining an acceptable result. It is extremely important that the authority delegated, i.e. the right to act and to command the required resources, comprises everything that needs to be done in order to obtain the result. In other words, the scope of responsibility and authority has to be matched. - If less authority is delegated than necessary, the delegatee would constantly have to refer back to the delegator in order to work towords the result. Delegation in this case would be a farce.

5.3.3 Steps in the Delegation Process

Delegation is a complex undertaking and perfection cannot be achieved. However the following steps should always be carefully observed by the delegator in order to avoid failure:

- Define clearly in your own mind the task and the related authority and responsibility to be delegated;
- Choose a person willing and capable of accepting responsibility and carrying out the task;
- Provide the delegatee with sufficient authority as well as time to obtain the results;
- Give clear instructions and check understanding;

- Make the delegation known to all parties concerned;
- Monitor progress, but do not interfere except in case of emergency (e.g. extreme misunderstanding of task on the part of delegatee).

5.3.4. Delegation - What it is - Is not

One of the basic principles of time management implies the effective utilization of subordinates' aptitudes. This effective utilization, called delegation, is one of the more complex managerial techniques. The following will help clarify the practical application of the delegation process.-

Delegation is:	Delegation is not:
- a two-way relation	- a relation from higher to lower management
- a continuing process	- something we do only once
- giving authority to subordinates	- using authority
- letting subordinates take decisions	- taking decisions for subordinates
- letting subordinates use personal initiatives	- distributing work loads only
- permitting subordinates to control their own work environment	- controlling subordinates and their way of working
- encouraging initiative and team work	- passing on to others ones' responsibilities
- giving "coaching"	- directing

The elements of the process of delegation include:

- Discussion and collaboration with the subordinates as to the work load to be done.
- A review of the norms which will guide us in evaluating results.
- To give the necessary authority to subordinates so that they can make the decisions required to accomplish tasks.
- An agreement as to when and how the supervisor or manager will be informed of the progress and final accomplishment of tasks.

5.4 LEADERSHIP*

5.4.1 What is Leadership?

Some people are born leaders but most leaders are good leaders because they have worked hard and thought hard to become so.

Over the years, there have been changes in the concept of leadership. There are three main schools of thought

5.4.2 The Qualities Approach

This suggests that leaders are born and that the personal traits of outstanding leaders can be analysed to arrive at certain essential elements. This, however,

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does not define leadership. The qualities approach is relevant in that a leader should possess qualities such as intelligence, initiative and courage which are important to his group. If possessing the right traits, the theory that a person is able to lead in most if not all situations.

5.4.3 The Situational Approach

This suggests that 'authority flows from one who knows' The truth of this in crisis situations is obvious - for example, the doctor at a roadside accident or the practical man in a shipwreck situation. But, a leader is unlikely to be successful if he relies on technical knowledge alone. Leadership cannot easily pass round a group according to the task in which it is engaged. It is however possible that the person with an appropriate ability for the group's task may make a better leader.

5.4.4 The Functional Approach

This suggests that it is of more use to look at what a leader does. By definition, the leader leads a work group. His functions are determine by its needs. These are:

<u>Task Achievement</u> - a common purpose is what distinguishes a group from a random crowd. In every organisation there are many jobs which

cannot be done by an individual. Groups exist for a specific purpose and its achievement is their primary need. If the required results are not achieved there is frustration, criticism and eventual disintegration of the group.

Group Maintenance - to achieve its objectives, a group needs to be held together. Morale and team spirit are measures of the effectiveness of group cohesion. Members need to think of the good of the group - 'all for one and one for all'.

Individual Needs - individuals also have their own set of needs. Often these are in harmony with group needs and the need to achieve the task. But, there are times when this is not so. If an individual's needs conflict with group and task needs he may withdraw, disrupt or stop working.

The function of a leader, therefore, is to satisfy needs - to help the group achieve its task, maintain cohesion and meet the needs of individual members. The leader is the person who, by aptitude and training, ensures that needs are met.

This third view of leadership is currently accepted as the most realistic approach to effective managing and supervision.

5.4.5 Leadership Functions

Leadership means: ---

Taking care to satisfy the needs of the TASK, the INDIVIDUAL and the GROUP.

TASK GROUP

INDIVIDUAL

When you are given a project to complete or a department to supervise, you must bear in mind at all times these needs:

1. To complete the job or produce the required output (the Task needs)
2. To look after the individual employee so that he is happy and fulfilled (the Individual needs)
3. To take care of the team and maintain its spirit of morale and co-operation (the Group needs)

These needs are inter-related and inter-dependent. If you are not successful in one area it influences the others.

Some things which a supervisor does will score two or three ways at once. For example:

(i) Training will usually ensure a quicker, better execution of the job, a happier individual who feels competent and successful, and a happier team which carries no deadwood.

(ii) Setting targets will make for a better production or completion on time, an employee who has something to aim for and derives job satisfaction from hitting the target, and a team which works cohesively towards common goals.

Although these three areas are closely related, it is possible to list the activities and responsibilities which pertain primarily to one or more areas.

A. TASK FUNCTIONS

- DEFINING THE TASK	Recognising changes that are taking place in the environment. Understanding company policy and intentions. Deciding the group's aims. Understanding how it co-ordinates with other group's tasks. Understanding the limitations.

- MAKING A PLAN	Calling on specialist advice. Considering all possible courses of action - resources needed and available - outcomes. Deciding the best course of action. Providing for contingencies.
- ALLOCATING WORK AND RESOURCES	Giving information - why. Allocating tasks - what and when. Obtaining and allocating resources Delegating responsibility and authority. Checking understanding.
- CONTROLLING QUALITY AND TEMPO OF WORK	Checking standards of work - personally Influencing tempo. Co-ordinating. Providing communications
- CHECKING PERFORMANCE AGAINST THE PLAN	Measuring achievement accurately and continuously. Measuring effort, time and resources used. Looking personally at work place. Reinforcing understanding.

– ADJUSTING THE PLAN	Being prepared for change. Redefining the task. Using specialist advice. Making new decisions.

B. INDIVIDUAL FUNCTIONS

– ATTENDING TO PERSONAL PROBLEMS	Ensuring satisfactory working (and living) conditions. Dealing rapidly with "welfare" problems. Giving reasons why action cannot be taken.
– ENCOURAGING INDIVIDUALS	Knowing names, faces and backgrounds. Praising/correcting work fairly. Talking to individuals at work.
– GIVING STATUS	Publicly rewarding genuine effort towards group and organisation aims Promoting for greater ability. Removing anomalies of treatment.
– RECOGNISING AND USING INDIVIDUAL ABILITIES	Assessing individual expectations and abilities. Assessing immediate and long-term job requirements. Allocating work at correct level. Agreeing targets, resources and authority.

	Checking achievement regularly. Adjusting targets and assessing training needs.
- TRAINING THE INDIVIDUAL	Providing induction training. Encouraging education and training. Creating atmosphere to encourage use of new skills.

C. GROUP FUNCTIONS

- SETTING STANDARDS	Giving personal example - appropriate to the standards of the group and the orgnisation. Correcting faults.
- MAINTAINING DISCIPLINE	Explaining reasons for code of behaviour. ACHIEVING COMPLIANCE.
- BUILDING TEAM SPIRIT	Fostering pride in the achievements of the group and the organisation. Encouraging participation in decision-making. Eliminating unequal treatment. Representing group's needs to superiors.
- ENCOURAGING, MOTIVATING,	Reinforcing success with praise and rewards.

GIVING A SENSE OF PURPOSE	Emphasising contribution to organisation. Giving meaning to work.
- APPOINTING SUB-LEADERS	Creating a strong group structure. Using informal leaders. Developing potential leaders. Improving structure to meet change.
- ENSURING COMMUNICATION WITHIN THE GROUP	Communicating clearly to the team. Encouraging questions, suggestions and opinions. Ensuring communication across the group. Conditioning specialists to pass clear and relevant information.
- TRAINING THE GROUP	Practising for tasks.