

PN-ABM-743

TRIP REPORT
MANAGEMENT COURSE FOR
MIDDLE-LEVEL MANAGERS

TAGAYTAY/CAVITE

JULY 6 - 17, 1992

IMMY NIEBOER

FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055
Contract No.: DPE-3055-Q-00-0052-00
Task Order No.: TW 25 PH

CONTENTS

| | |
|--|---|
| I. EXECUTIVE SUMMARY | 1 |
| II. BACKGROUND | 2 |
| III. PURPOSE | 2 |
| IV. PLANNING OF THE COURSE | 3 |
| A. Preliminary Contacts | 3 |
| B. Team Building | 3 |
| C. Administrative Preparation | 3 |
| D. Logistics | 3 |
| E. Observations | 4 |
| V. IMPLEMENTATION OF THE COURSE | 4 |
| A. Participants | 4 |
| B. Program | 4 |
| Goals and Objectives | 4 |
| Schedule | 5 |
| Methodology | 5 |
| C. Technical Assistance to Local Trainers | 5 |
| D. Observations | 6 |
| VI. EVALUATION | 6 |
| A. Daily Session Evaluation | 6 |
| B. Final Evaluation | 6 |
| C. Observations | 7 |
| VII. CONCLUSIONS AND RECOMMENDATIONS | 7 |
| Annex I: List of Participants | |
| Annex II: Training Schedule | |
| Annex III: Session Plans | |
| Annex IV: Evaluation Results | |
| Annex V: Reference Materials | |
| Annex VI: List of Contacts | |

I. EXECUTIVE SUMMARY

The second course for Mid-level managers of the Department of Health/Family Planning Service (DOH/FPS) division was held from July 6-17, 1992, with Technical Assistance from FPMD/Boston, Ms. Immy Nieboer, and a local consultant, Dr. Eduardo Roberto from the Asian Management Institute. Two master trainers from DOH/FPS, Ms. Penny Nosenas and Ms. Letty Daga, acted as the facilitators. This was the second part of the first activity of the Management Development Plan prepared by FPMD after a Management Skills Needs Assessment conducted in August/September 1991 at the request of USAID/Manila. The local funding for the course was provided by UNFPA.

This collaboration between USAID, UNFPA, DOH/FPS and FPMD is a rather unique event and has opened possibilities for future collaboration, especially as UNFPA has a Resident Advisor from the Margret Sanger Center who is stationed in the DOH/FPS division.

The purpose of the course was: to familiarize the staff of the Regions and the central office with new approaches in management, such as the "Continuous Quality Improvement" concept; to test new material and methodologies in the course and then review the course content before preparing a management module; and to introduce and familiarize the master trainers of the Central Office with the content and methodology used in the management course.

This course differed from the first one in a number of areas. The teaching approach this time was a team approach with input from trainers from within the government system and from the private sector with insight into the public sector. The local input contributed to the high score of the relevance to the work situation. It is recommended to have local trainers in a management course.

Training material included the *Family Planning Manager's Handbook*. This handbook has been prepared by FPMT, the predecessor of FPMD. Also FPMD's *Family Planning Manager* issue on "Using Service Data" has been used as a teaching tool. The issue was field tested in the first course, and has now been widely distributed by the Publication division of FPMD.

Throughout the course the theme was "Continuous Quality Improvement" (CQI) and had to be applied by the participants to their own situation in planning, implementation, coordination, and all other related activities. This made the participants realize that in certain activities they already use the CQI approach but not yet in all. As Dr. Roberto frequently used to say during the course, "What ever you do, you should do it all the way." Although the course objectives did not specify the need to change attitudes, by using the CQI approach the participants were made very much aware of the need for an attitudinal change. In the presentation of their action plan there was a strong realization that no activity or resource can be taken for granted and that each needs to be named.

The work prepared by the different groups in the various sessions was all related to their daily activities. The participants will be able to use the outcome of their efforts when they return to their duty stations.

The next planned activity of the Management Development Plan is the write-up of a management training module. The materials used in the course will be the basis of this module.

II. BACKGROUND

A Development Plan was prepared by FPMD as the result of a Management Skills Needs Assessment conducted from August 26 to September 6, 1991, at the request of USAID/Manila. The Development Plan covers a period of 18 months. The first activity was to organize two courses for the Department of Health/Family Planning Services (DOH/FPS) staff at Central and Regional levels on "Management for Mid-Level Managers."

It was planned that from each of the regions a trainer and a coordinator would participate in the course and the Central Office would send division representatives to participate in the course. A staff member of the DOH/Health Manpower Development and Training unit would also be invited to take the course. As the number of participants (40) would be too large to accommodate them all in one course, it was decided that two courses would be held.

The material prepared for and during the courses would then be used for the preparation of a management training module.

Before the second course began, the content of the first course was reviewed by Central Office participants. It was decided that, beginning with the second course, a local consultant should be recruited as co-trainer instead of having only an FPMD trainer/consultant.

The management training course was made possible by the financial assistance of UNFPA. The funds provided by UNFPA covered all the local costs for the organization Of the course.

III. PURPOSE

The purpose of the course was as follows:

- To familiarize the staff of the Regions and the Central Office with new approaches in management, such as the "Continuous Quality Improvement" concept;
- To test new material and methodologies in the course and then review the course content before preparing a management module;
- To introduce and familiarize the master trainers of the Central Office with the content and methodology used in the management course.

IV. PLANNING OF THE COURSE

A. Preliminary Contacts

The content of the first course, held from February 24 to March 6, 1992 at Imus, Cavite, was discussed and reviewed at MSH with the director of the Management Training Division, Mr. Steve Reihmann. He suggested possible areas in which changes could be made, especially the course outline.

Another review was done during a meeting with a group of participants from the first course to ensure that the course content would be in line with the needs of the participants. Also, a meeting was held with the local consultant and co-trainer, Dr. Eduardo Roberto. It was decided that the *Family Planning Manager's Handbook* (prepared by FPMT) would be used as a basis for the course content. Also the *Family Planning Manager* issue on "Using Service Data" (material tested in the first course and finalized by the publication unit of FPMD) would be used as training material.

B. Team Building

The preliminary contacts and the meetings which were held over a period of time facilitated the team work. In the week of preparation before the course, regular meetings were held with the members of the team to ensure that each one was up-to-date on the program and content of the course. The course content and methodology were discussed as well as the tasks of each of the trainers (Dr. Ned Roberto and Immy Nieboer) and the facilitators (Mrs. Penny Nosenas and Mrs. Letty Daga). Dr. Quintong, Director DOH/FPS and Ms. Cathy Solter, resident advisor of the Margret Sanger Center, also attended some of the meetings.

C. Administrative Preparation

The administrative preparation was organized by the DOH/FPS and the funds for the participants and the venue were provided by UNFPA. The course was held in the Development Academy of the Philippines in Tagaytay, Cavite.

D. Logistics

All logistics preparations were taken care of by DOH/FPS staff; a secretariat was available to provide secretarial support.

E. Observations

The venue was excellent and so was the organization of the course. The team of trainers and facilitators felt that they would be working as a team.

V. IMPLEMENTATION OF THE COURSE

A. Participants

The participants of the course were staff from the DOH/FPS Regional offices (one coordinator and one trainer from Regions 6 - 12) and from the Central Office, with a total of 20 participants. (See Annex I for List of Participants).

B. Program

Dr. Quintong, Director DOH/FPS, opened the course. In her opening remarks she underlined the need for sound management practices if the family planning program is to make progress and provide quality services to satisfy the demands of clients. Dr. Quintong began her speech with the history of the FPS division and how the services had developed and the activities increased. She pointed out that each one of the participants had excellent skills in managing their private lives, but that these were not always used in the work environment. Dr. Quintong emphasized the fact that, at the Central and Regional levels, good management is the key to success and time management should be included in the overall management of the FP program.

Goals and Objectives

The goals and objectives of the course were formulated as follows:

- Overall goal of the course -

The primary goal of the course is to prepare Central and Regional Mid-level managers to develop Action Plans, incorporating Continuous Quality Improvement in their Planning, Implementation, Monitoring and Evaluation, for their Regional and Central Offices.

- General Objectives -

By the end of the course the participants should be able to:

1. Apply their basic skills in management to manage the family planning program in their region and at the central level.
2. Use the Continuous Quality Improvement approach in planning, implementing, monitoring and evaluation of FP program activities.
3. Analyze and interpret data collected at Barangay, district and provincial level.
4. Use MIS as a tool in supervision of subordinates and in program monitoring.
5. Communicate effectively with Municipality and district authorities, and coordinate with others effectively.
6. Develop an Action Plan incorporating the elements of CQI.

Schedule

The course was held from July 6 to 17, 1992. (See Table 1). During the course few alterations were made in the program. The table and the detailed program (See Annex II) were updated before they were included in the report.

Methodology

The methodology used during the course was a mixture of technical (theory) input followed by groupwork to practice the new knowledge. Two simulations were part of the course, one in managing middle management and one called "Pandora," an experimental exercise for management training of Family Planning Program Managers. In general, the groupwork was related to the actual situation of the participants. The time for the presentation of

TABLE 1:

**MANAGEMENT COURSE FOR
MID-LEVEL MANAGERS**

COURSE OUTLINE

| | MONDAY JULY 6 | TUESDAY JULY 7 | WEDNESDAY JULY 8 | THURSDAY JULY 9 | FRIDAY JULY 10 | SATURDAY JULY 11 |
|---------------------------|---|--|---------------------------------|---|---|---------------------|
| AM | Registration Opening Administration Introduction Agenda Objectives | Managing Middleness (simulation) | Planning Operational | Implemen- tation: Operational | Coordination Operational | Planning (cont.) |
| 12.00 - 13.30 LUNCH BREAK | | | | | | |
| PM | Management Process Continuous Quality Improvement | Learning FP Programs Intro planning | Planning Service delivery | Implemen- tation: Service delivery | Coordination: Service delivery | |
| | MONDAY JULY 13 | TUESDAY JULY 14 | WEDNESDAY JULY 15 | THURSDAY JULY 16 | FRIDAY JULY 17 | |
| AM | Supervision | Control: Traditional vs CQI Management | Analysis and use of data | Pandora | Presentation Action Plans | |
| LUNCH BREAK 12.30 - 13.30 | | | | | | |
| PM | Styles of Interaction Effective Meetings | Communication | Rewards | Fandora (cont.) | Workshop Evaluation Closing Ceremony | |

groupwork sometimes took longer than planned but this inconvenience was outweighed by the advantages. The lesson plans have been attached (See Annex III).

C. Technical Assistance to Local Trainers

The facilitators were part of the training team. Team training was done to give them experience in training for a management course. The course is part of the development of a module for management training. Every evening a meeting was held with the trainers and facilitators to review the content of the sessions and the methodology used and to discuss the next day's activities and the role of each person during the sessions.

D. Observations

The trainers and the facilitators worked together as a team. The daily evaluations and meetings were very useful and enhanced the team spirit. Also, the participants felt that there was enough time to share their experiences with one another.

VI. EVALUATION

A. Daily Session Evaluation

At the end of each day, participants were asked to complete an evaluation form for the sessions of that day. The form used is an MSH-tested evaluation form (See Annex III). The sessions were appreciated as follows:

SESSION: all
COURSE: Middle Management course
DATE: July 6 - 17, 1992

7.51 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|----------------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.5 | 8.0 | 7.4 | 7.4 | 7.5 | 7.4 |
| Minimum | 6.7 | 7.2 | 6.3 | 6.3 | 6.6 | 6.7 |
| Maximum | 8.5 | 9.0 | 8.4 | 8.1 | 8.3 | 8.2 |

From the results it is clear that the course **did** respond to a need felt by the participants. The objectives, stated at the beginning of each session of the course, were mostly achieved. The relevance of the course content to the job is consistent, as shown in the outstanding ratings throughout the course. The satisfaction of the participants with the course is reflected in the high daily average of 7.5 on a scale of 1 (poor) to 9 (outstanding).

Details of the daily session evaluation are in Annex IV.

B. Final Evaluation

On the last day of the course, all participants were asked to fill in a final evaluation form. For the educational aspects it was generally felt that the course objectives were achieved (mean score: 7.5). Achievement of personal objectives showed the same mean score but three participants felt that their own objectives had not been completely accomplished. This is in line with the diversity of the perceived importance of management skills as discussed in the first session with a written recap on the second day. At the end of the course the participants rated the relevance of the course content in relation to their job very highly (8.5).

In their comments the participants found Planning and Coordination of Service Delivery among the topics most relevant to their work situation, while they found the Pandora simulation the least relevant. The outcome of the evaluation will be useful in the next activity, which is the preparation of a management training module. The details of the final evaluation are in Annex V.

C. Observations

At the beginning of the course the participants were asked to evaluate the trainers; however, after a few days the participants discontinued this evaluation, judging it to be redundant. In the present draft report a few session evaluations are missing and will be included in the final report. However, as the participants have been very conscious of the importance of the evaluation, the final score will not be much different from the one presented.

VII. CONCLUSIONS AND RECOMMENDATIONS

Course

This course differed from the first one in a number of areas. The teaching approach this time was a team approach with input from trainers from within the

government system and from the private sector with insight into the public sector. The local input contributed to the high score of the relevance to the work situation. It is recommended to have local trainers in a management course.

Course Content

Throughout the course the theme was "CQI" and was applied to the participants' own situation for planning, implementation, coordination, and other activities. This made the participants realize that in certain activities they already use the CQI approach but not yet in all their activities. As Dr. Roberto frequently used to say during the course, "What ever you do, you should do it all the way." Although the course objectives did not specify the need to change attitudes, by using the CQI approach, the participants were made very much aware of the need for an attitudinal change. In the presentation of their action plan there was a strong realization that no activity or resource can be taken for granted and that each needs to be named.

Course Output

The work prepared by the different groups in the various sessions was all related to the daily activities. The participants will be able to use the outcome of their efforts when they return to their duty stations.

In the preparation of the management module this part should be emphasized.

Annex I

**LIST OF PARTICIPANTS:
MANAGEMENT TRAINING FOR MID-LEVEL MANAGERS
Second Batch**

| <u>REGION</u> | <u>NAMES</u> | <u>DESIGNATION</u> |
|---------------|---|--|
| VI | Dr. Lourdes C. Naragdao Ms. Florence T. Loredo | FP Coordinator Nurse V |
| VII | Dr. Milagros Bacus Dr. Aurora Ongtawco | Medical Officer VII FP Coordinator |
| VIII | Dr. Lucas B. Cirera, Jr. | FP Coordinator |
| IX | Dr. Caridad Y. Baban Dr. Noela C. Palubio | Medical Officer VII Medical Specialist II |
| X | Dr. Editha L. Abocejo Ms. Nelly S. Sabio | Medical Specialist II Reg. Training Nurse |
| XI | Dr. Salvador O. Estrera Mrs. Elvira A. Acosta | Medical Officer VII Nurse V |
| XII | Dr. Milagros T. Ayco Dr. Primivic Caramba | Medical Officer VII FP Coordinator |
| CO | Dr. Siriforosa C. Viray Dr. Florencia G. Apale Dr. Joselito P. Vital Dr. Ma. Theresa de Guzman-Vera Ms. Feliciano Eraldo Mr. Marcelino E. Barcena, Jr. | Medical Officer VII Medical Specialist III Medical Specialist II Medical Specialist I Nurse VI Admin. Officer I |
| HMDTS | Mrs. Angelina S. Aniceto | Nurse VI |

9

Annex II

Training Schedule MID-LEVEL MANAGERS COURSE PROGRAM JULY 6 - 17, 1992

Monday, July 6:

8:30am Registration
 Official Opening
 Administrative Matters
 Introductory Exercise
 Course Agenda and Objectives of the Course

Instructors: Ms. Immy Nieboer, Mrs. Penny Nosenas, Mrs. Lety Daga

1:30pm SESSION 1
 - Overview of the Management Process
 - Introduction to Continuous Quality Improvement (CQI)

Instructors: Dr. Eduardo Roberto, Ms. Immy Nieboer

Tuesday, July 7:

8:30am SESSION 2
 - Managing Middleness (simulation)

Instructors: Ms. Immy Nieboer, Mrs. Lety Daga

1:30pm SESSION 3
 - The process of learning what a FP program is doing
 - Introduction to groupwork on planning

Instructor: Dr. Eduardo Roberto

Wednesday, July 8:

8:30am SESSION 4A
 - Planning: Operational

Instructors: Dr. Eduardo Roberto and Mrs. Lety Daga

1:30pm SESSION 4B
 - Planning: Service delivery

Instructors: Ms. Immy Nieboer and Mrs. Penny Nosenas

Thursday, July 9:

8.30am SESSION 5A
- Implementation: Operational

Instructors: Ms. Immy Nieboer and Mrs. Lety Daga

1:30pm SESSION 5B
- Implementation: Service Delivery

Instructors: Dr. Eduardo Roberto and Mrs. Penny Nosenas

Friday, July 10:

8:30am SESSION 6A
- Coordination: Operational

Instructors: Ms. Immy Nieboer and Mrs. Penny Nosenas

1:30pm SESSION 6B
- Coordination: Service delivery

Instructors: Dr. Eduardo Roberto and Mrs. Lety Daga

Saturday, July 11:

8:30am SESSION 7
- Planning (cont.)

Instructors: Ms. Immy Nieboer and Mrs. Penny Nosenas

Monday, July 13:

8.30am SESSION 8
- Supervision/MIS

Instructors: Ms. Immy Nieboer and Mrs. Lety Daga

1:30pm SESSION 9
- Styles of Interaction with Subordinates
- Effective management of meetings

Instructors: Dr. Eduardo Roberto and Mrs. Penny Nosenas

Tuesday, July 14:

8.30am **SESSION 10**
- The Management Process and Skill of Controlling

Instructors: Dr. Eduardo Roberto and Mrs. Lety Daga

1:30pm **SESSION 11**
- Communication
- Introduction to Development of Action Plan

Instructors: Ms. Immy Nieboer, Mrs. Penny Nosenas, Mrs. Lety Daga

Wednesday, July 15:

8:30am **SESSION 12A**
- Mini-Research & Data Analysis for Program Control

Instructors: Dr. Eduardo Roberto and Mrs. Penny Nosenas

1:30pm **SESSION 12B**
- Rewards
- Intro to Pandora

Instructors: Ms. Immy Nieboer and Mrs. Letty Daga

Thursday, July 16:

8:30am **SESSION 14**
- A Day In Pandora!

Instructors: All

Friday, July 17:

8:30am **SESSION 15**
- Presentation of Action Plans

Instructors: All

1:30pm **COURSE EVALUATION**

CLOSING CEREMONY

Annex III
Session Plans

Overall Goal of the workshop:

The primary goal of the workshop is to prepare Central and Regional Mid-level managers to develop Action Plans, incorporating Continuous Quality Improvement in their Planning, Implementation Monitoring and Evaluation for their region and their central office activities.

GENERAL OBJECTIVES:

By the end of the workshop, the participants should be able to:

1. Apply the basic concepts of management to the family planning program in their region and as supervisors.
2. Use the continuous quality improvement approach in planning, implementation, monitoring and evaluation of FP program activities
3. Analyze and interpret data collected at Barangay, district and provincial level
4. Use MIS as a tool in supervision of subordinates and program monitoring
5. Communicate effectively with Municipality and District authorities
6. Develop an Action Plan incorporating the elements of CQI.

SESSION 1A:

**OVERVIEW OF THE MANAGEMENT
PROCESS**

PURPOSE AND CONTENT

Using "The Management Process in 3-D," the participants will determine the skills needed in management and select the skills they need to develop during the course.

DURATION: 1 hr, 30 min.

OBJECTIVES

By the end of the session, participants will be able to:

1. Determine and rationalize the skills needed for decision making.
2. Select skills from the functions in the management process which are needed to manage their programs.

PREPARATION AND MATERIALS

1. "The Management Process in 3-D," R. Alec Mackenzie, Harvard Business Review, November-December, 1969

PURPOSE AND CONTENT

The concept of Continuous Quality Improvement will be introduced as a systematic managerial approach viewing management infrastructure and organizational processes as the systems that support and facilitate the delivery of services.

DURATION: 1 hr, 30 min.

OBJECTIVES

By the end of the session the participants will be able to:

1. Discuss the difference between Traditional Management Thinking and Continuous Quality Improvement (CQI) Management Thinking.
2. Discuss the implications of CQI management in the implementation of the FP program.

PREPARATION AND MATERIAL

1. Adapted from October 15, 1991, AID/RD/POP/FPSD memo by Cynthia Calla (See table on following page)

CONTENT

Introduction:

Presentation and explanation of Traditional Management Thinking and Continuous Quality Improvement Thinking.

| TRADITIONAL MANAGEMENT THINKING | CQI MANAGEMENT THINKING |
|--|---|
| Quality is fine - status quo | Quality must be better- continuous improvement |
| Quality is intangible | Quality is the mission |
| Improvement is based on inspection and exhortation | Improvement of quality is based on analysis and knowledge |
| Management by intuition | Management by fact, data |
| End process is the focus | Work process is the focus |
| Outcomes, results of improvement is the focus | Method of improvement of work process is the focus |
| People and their motivation are the source of quality problems | Process is the source of quality problems |
| Department orientation | Customer orientation |
| Hierarchical management focus: each level primarily concerned with one below | Field management focus: all levels concerned with grass roots |
| Suppliers and customers are problems ("we - they" relationship) | Suppliers and customers are partners |
| Quality department | Quality organization |
| Improvement within functions | Improvement across functions |

| | |
|---|--|
| Employer control of employee | Employee empowerment |
| Quality costs money | Quality saves money |
| Quality improvement an add-on; don't have time to do it | Quality improvement pervasive in all work - don't have time not to do it |
| Reactive systems | Preventive systems |

(Adapted from October 15, 1991 AID/RD/POP/FPSD memo by Cynthia Calla)

Definitions of CQI Management:

CQI is defined as the implementation of a systematic managerial approach in an organization based on continuous quality improvement of all operations, processes, and functions.

CQI means turning organizational hierarchies upside down, viewing management infrastructure and organizational processes as the systems that facilitate and support the delivery of services of the type clients need and desire. It means that provider - client interactions are central to the functioning of the program.

If clients are to receive central emphasis, then it follows that those who are in direct contact with them - the fieldworker and the service provider - must be rewarded, supported and celebrated. Field workers and service providers are the actual heroines and heroes of the program.

SESSION 2:

MANAGING MIDDLENESS: A SIMULATION

PURPOSE AND CONTENT

To explore what it means to be a middle manager.

DURATION: 2 hrs, 45 min.

OBJECTIVES

By the end of the session, participants will be able to:

1. Describe the forces that act upon middle managers and that work against their middleness;
2. Analyze their own position and role within the broader health and family planning system, and develop a strategy to improve their own effectiveness;
3. Describe how an understanding of their own position and role is a critical prerequisite to effective delegation and participative management.

PREPARATION AND MATERIALS

Materials:

- newsprint
- markers
- 5 or 6 tables (depending on the number of groups)
- a clock or watch
- notepads and pens for all participants
- play money

Questions for Simulation:

Individuals, half-way through the exercise:

- I ought to be doing a lot better than I do.
- I seem to be always on the run, never a quiet moment to myself.

Groups, at the end of the exercise:

- Think back on what we did during these "6 days", what stands out in your mind? What struck you?
- What did this exercise remind you of, were there things that happened that made you think of something else? What particular feelings were aroused by this exercise? What did you like, dislike?

- **What was the greatest learning or insight? How would your group have been different if it had acted on that wisdom?**

Individuals, at the end of the simulation:

- **What could you do when you return to your workplace to demonstrate that you have internalized the learnings from this exercise?**

SIMULATION NOTES

Trainer Preparation for "Managing Middleness" Simulation

1. Prepare flipcharts (see attached examples) for introduction and instruction.
2. Arrange 5 or 6 tables in room and indicate which group sits where (make group name tents: tops, middles, workgroups).
3. Prepare (6) envelopes as follows:

DAY ONE "MOH wants 40 slogans for the upcoming national information, education and communication campaign of the national child survival/family planning programme by the end of day 4" written on envelope. Inside envelope, put 1 day salaries for all workers.

DAY TWO "MCH wants, on a separate sheet, the 5 best slogans in each of the following categories: nutrition and breastfeeding, family planning, immunization, and diarrhoeal disease control." Inside envelope: 1 day salaries for all workers, salary for managers.

DAY THREE "MOH will hand out bonus of one extra day salary to all staff if slogans received at the beginning of day 4. New task: the IEC campaign workers need some help to define their roles in the campaign. Please develop an outline of a training manual for campaign workers." Inside envelope: 1 day salaries for all workers.

DAY FOUR "If slogans received this morning in the proper format everyone will get bonus. Also, please send a delegation to present the manual outline to us on day 5 so we can comment and you can revise and give us the final version by the end of day 6." Inside envelope: salaries for workers and managers.

DAY FIVE "Slogans were due yesterday (if not yet received). We're expecting a presentation on the manual outline today." Inside envelope: salaries for workers.

DAY SIX "Slogans due (if not yet received). We're also expecting the final version of the manual outline today." Inside envelope: salaries for workers and managers.

Use play money, colored paper, candies, etc. for salaries.

4. Prepare index cards with letters: HEU-1, HEU-2, HEU-3, M-1, M-2, M-3, M-4, and the remaining cards equally divided among W-1, W-2, W-3, W-4. (HEU=Health Education Unit, M=middle manager, W=worker group attached to one middle manager). As people enter the room let them take one card (if you don't want to pre-assign the people to groups). One could also use color-coded cards.

5. Have a spoon and glass or other implement (bell, horn) ready to indicate the end of each day.

6. Have a watch to keep time.

SESSION GUIDE MANAGING MIDDLENESS - A SIMULATION

Purpose: To explore what it means to be a middle manager.

Duration: 2 hours and 45 minutes

Learning Objectives:

At the end of the session, participants will be able to:

- 1. Describe the forces that act upon middle managers and that work against their effectiveness.**
- 2. Analyze their own position and role within the broader health or family planning system, and develop a strategy to improve their own effectiveness.**
- 3. Describe how an understanding of their own position and role is a critical prerequisite to effective delegation and participative management.**

Activities:

- 1) Theoretical input on "middleness" (15 minutes)**
- 2) Simulation (1 hour and 15 minutes)**
- 3) Debriefing (1 hour and 15 minutes)**

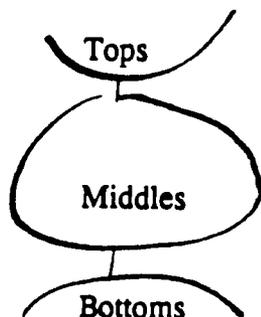
Materials: newsprint (for theoretical input), markers. 5 or 6 separate tables (depending on number of groups). A clock or watch. Notepads and pens for all participants. Play money.

FLIPCHART EXAMPLES

#1. MANAGING MIDDLENESS

- ...There is no time to reflect, my workplace is so hectic...
- ...The real action is always with people above or below me...
- ...Whose perspective is right, the decision makers or the implementors?
- ...I feel forced to be re-active all the time...
- ...When things go wrong, I often personalize it (it was my fault)...
- ...I don't make a difference...
- ...I often feel lonely, isolated at work....

#2. THE MIDDLENESS SYNDROME (see list above)



#3. WHAT: TO EXPERIENCE AND EXAMINE THE DYNAMICS OF BEING IN THE MIDDLE (OR RELATING TO MIDDLES)

WHY: IN ORDER TO DRAW LESSONS FOR IMPROVING ONE'S OWN EFFECTIVENESS AND ENABLING THE EFFECTIVENESS OF OTHERS.

#4. THE SETTING (draw organigramme)

Health education Unit

Middle Managers

Worker groups (number of groups corresponds to number of middle managers)



#5. RESOURCE CONSTRAINTS:

PEOPLE: FIXED NUMBER

TIME: 6 DAYS OF 10 MINUTES EACH

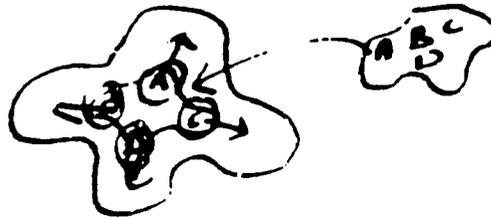
MONEY: WORKERS RECEIVE 20 SH DAILY
MIDDLE MANAGERS RECEIVE 100 SH EVERY OTHER DAYS

TOPS RECEIVE 500 SH WEEKLY

#6. THE TASK: THE MOH WANTS SLOGANS FOR THE UPCOMING IEC CAMPAIGN IN PREPARATION OF THE NATIONAL CHILD SURVIVAL WEEK.

#7. RULES: EACH DAY LASTS 10 MINUTES
AT THE END OF EACH DAY OBLIGATORY ONE-MINUTE SILENT REFLECTION
"HOW ARE THINGS GOING FOR ME?"
"HOW AM I FEELING RIGHT NOW?"

#8. DIFFUSION



DISINTEGRATION

#9. FACTORS CONTRIBUTING TO (PERSONAL) DISINTEGRATION OF MIDDLES:

- * Pressures from tops and bottoms
- * Hectic workplace
- * Absence of support group
- * Definition of middle role



Burn-out
Paralysis
Satraps or superradicals
Bureaucrats
Exit

#10. RESOLUTION

1. KNOW WHY YOU ARE HERE
2. USE YOUR MIDDLENESS AS A MEANS NOT AN END

QUESTIONS TO ASK MIDWAY SIMULATION:

- I ought to be doing a lot better than I do.
- I seem to be always on the run, never a quiet moment to myself.

- When I listen to the demands from the other groups (below and above) they often sound reasonable, but because they are often contradictory to each other I am not sure where I stand in all this, what my own position ought to be.
- Significant action in the system lies with the tops and bottoms. Middles only keep things going, make things work, and prevent tops and bottoms from destroying one another and the system.
- I feel isolated and lonely.
- What I do is very much dependent on what happens below me and/or above me.
- I don't feel very supported by any group at any level.

During the session:

Read flipchart nr.1 and ask people if any of these remarks ring true for them. Explain what you mean by middleness (flipchart nr.2). Then present flipchart nr. 3 explaining the WHAT and the WHY of this exercise. Then present the setting, the task, the resource constraints, and the rules of the game (flipcharts nr. 4-7).

Begin the simulation by restating the task of making slogans (don't be any more specific than that). Don't worry about the temporary confusion, it will propel some people into action. Indicate beginning of Day 1. Watch what happens and take notes. After 10 minutes indicate end of day. Ask all players to return to their workspace (if they weren't there already) and ask for complete silence for 1 minute of reflection. Have everyone ask themselves the question: "How are things going for me? How do I feel?". Enforce absolute silence, everyone stop working on their task. Then continue on to day 2, followed by 1 minute reflection, then day 3.

After day 3 suspend action for a moment. Distribute list of questions (attached) and ask all to check off those statements that are applicable to them individually. Then make a graph of the answers in a color-coded way (blue for tops, green for bottoms and red for middles). Calculate score by adding 1 for each statement checked-off, then dividing by number of people in the subgroup. For example, if 2 people in a group of 4 checked off question 1, mark a point on the graph at .5 for that group (2x1 divided by 4). Discuss the results (which are likely to show a higher score for the middles) and give some input on what you see happening. See attached flipchart examples (nr 8-10) for possible theoretical input. Then continue the exercise with days 4,5,6.

After days 6, allow some time for stretching and break. Have groups return to their own workstation and answer the following questions:

- I. Think back on what we did during these "6 days"? What stands out in your mind? What struck you (stick to facts, no explanations or interpretations).
- II. What did this exercise remind you of, were there things that happened that made you think of something else. What particular feelings were aroused by this exercise? What did you like, dislike?
- III. What was the greatest learning or insight. How would your group have been different if it had acted on that wisdom?

Give groups about 30 minutes to prepare this. In plenary, ask each group to answer the questions. Try to extract as many learnings as you hear surface. You might decide to have someone else write these on a flipchart. End the session with question nr. IV.

- IV. What could you do when you return to your workplace to demonstrate that you have internalized the learnings from this exercise

Alternate debriefing scenario (questioning guide):
(In plenary)

1. How did you function as a group, without managers, and what changed when your manager joined you? Jot down as much as you can the **FEELINGS** about the groups. (Manager is not allowed to comment and defend his/her self yet).

2. Repeat for each worker group. Also, use opportunity to give brief inputs, as appropriate, on: - feelings, feedback, change, assumptions about tops and bottoms, powerlessness, re-activeness, - pro-activeness, reflection, stop action ,etc.

3. Ask each manager: Did those feelings, comments from you group surprise you? If so, why? If not, why not? How did things go for you? How did you feel about your colleagues/managers? How about the top? What did you consider to be your job? What made it possible/impossible to do your job?

4. Repeat for each manager.

5. Ask same questions to the top.

SESSION 3:

JULY 7 PM SESSION: OBJECTIVES

1. To learn how to learn about what a FP Program is doing in the context of the planning management process and other management skills perceived by participants as important to them.
2. To consider information about what a FP Program is doing from the FP acceptors' standpoint, the ultimate CQI target.
3. To appreciate the significance of translating into the appropriate questions the target FP acceptor responses in order to identify the needed information: Quantitative vs. Nonquantitative.
4. To practice on how to identify major sources of information at the clinic level, how to systematize information generation and their use for program problem identification and analysis.

MANAGEMENT SKILLS: PERCEIVED IMPORTANCE

| | <u># Citing</u> |
|--|-----------------|
| CONTINUOUS FUNCTION (Decision-making) SKILLS: | |
| Analyzing Problems | 12 |
| Communicating | 5 |
| Making Decisions | 3 |
| SEQUENTIAL FUNCTION (Management Processes) SKILLS: | |
| Planning | 14 |
| Organizing | 9 |
| Directing | 8 |
| Controlling | 7 |
| Staffing | 2 |
| ACTIVITY (Functional Area) SKILLS: | |
| Setting Objectives | 13 |
| Developing Strategies | 9 |
| Budgeting | 6 |
| Programming | 4 |
| Motivating | 4 |
| Coordinating | 4 |
| Managing Change | 3 |
| Developing Performance Standards | 3 |
| Measuring Results | 3 |
| Taking Corrective Action | 3 |
| Training | 2 |

LEARNING WHAT A FP PROGRAM IS DOING

CONTEXT: PLANNING

KNOWING WHAT TO DO TODAY FOR A BETTER TOMORROW.

PLANNING STEPS:

1. Assessing the environment: The "Noncontrollables"
2. Assessing current/past performance:
What the "controllables" accomplished
3. Setting Objectives: What to accomplish this time around
4. Develop strategies/program: The controllable key success factors

| <u>KSF</u> | <u>% of Budget</u> |
|------------------------------|--------------------|
| 1. Service Delivery | 51.0% |
| 2. Service Delivery Support: | |
| (1) Logistics | 15.1% |
| (2) IECM | 10.1% |
| (3) Outreach | 9.1% |
| (4) Training | 8.6% |
| (5) Research | 3.9% |
| (6) Management Services | 2.2% |

RATIONALE FOR CURRENT/PAST PERFORMANCE ASSESSMENT
 (For learning what a FP Program is doing):

"Ang hindi tumitingon sa kanyang pinanggalingan
 ay hindi makakarating sa kanyang patutunguhan."
 (He who does not look back to where he came from
 will not get to where he wants to go.)

LOOK AT THIS TASK FROM STANDPOINTS OF THE 2 ACTORS:

| (Stimulus) <u>What FP Managers do</u> Total FP Program | (Response) <u>What FP Acceptors do</u> Accept for 1st time Continued Contracepting |
|--|---|
| SERVICE DELIVERY | Visit Clinic Satisfied with: Service Outlet Service Personnel Service Performance |
| LOGISTICS | Choose preferred method Satisfied with chosen method |
| IECM | Know, persuaded, motivated |
| OUTREACH | Reminded, Motivated |
| TRAINING | Satisfied with service personnel |
| RESEARCH | None: For IECM & S.D. |
| MANAGEMENT SERVICES | None: For Planning/Control |

- o Proposition: FP Acceptors will not accept/continue if they do not visit the clinic, are not satisfied with the service outlet, personnel, performance, do not choose
- o This is CQI-ing Planning: Turning it upside down and starting 1st with acceptors - what we need to get them to think, feel and do.

THE QUANTITATIVE DATA FROM WHICH TO LEARN
WHAT THE FP PROGRAM IS DOING:

| Acceptors Responses | Equivalent Questions Needing Quantitative Data to Answer at F... |
|---|--|
| Accept the 1st time Continued Contracepting | How many of clinic acceptors are: o 1st time Acceptors? o Continuing Users? |
| Visited Clinic Satisfied With: Service Outlet Service Personnel Service Performance Chose preferred method | How many of those supposed to visit clinic actually visited? How many of those visiting were satisfied? o With the Service Outlet? o With the Service Personnel? o With the Service Performance? How many of those choosing chose Preferred Method? |
| Satisfied with chosen method Learned IECM Message Persuaded by IECM Message | How many of those choosing were happy with their chosen method? How many of those reached learned...? How many of those who learned believed....? |
| Motivated by IECM Message Reminded/Motivated | How many of those who learned were motivated by? How many of those reached remembered and were motivated to act on the Outreach Message? |
| Satisfied with Service Personnel | How many of those served by trained service personnel were satisfied with that service personnel? |

In the usual case, many of the Quantitative information may not be readily available. Then be happy and make do with the Nonquantitative information that will answer these equivalent questions:

1. Did those who were supposed to visit the clinic actually visit?
2. Were those who visited satisfied with the:
Service Outlet?
Service Personnel?
Service Performance?
3. Did those choosing a FP Method chose their preferred method?
4. Were those who made a choice happy with their chosen method?
5. Were those reached by IECM able to learn the IECM Message?
6. Did those who learned believe the IECM Message?
7. Did those who learned get motivated by the IECM Message?
8. Did those reached by Outreach remember and get motivated to act on the Outreach Message?
9. Were those served by the trained service personnel satisfied with that service personnel?

SOURCING THE NEEDED INFORMATION AND USING THEM:

o INSTRUCTIONS FOR GROUP WORK:

For the 1st 2 Quantitative Questions and then for each question in the Nonquantitative list:

1. Identify the major source/s of information that will answer each question at the clinic (field) level.
2. Who in the clinic has or can have access to this/these source/s?
3. How many clinics (say, out of 10 clinics) in your region are now using this/these source/s?

o FOR CLASS DISCUSSION:

1. How can we systematize the data gathering, summarizing and communicating of these information?
2. How can we use each for program problem identification and analysis?

SESSION 4A:

**PLANNING WITH VISUAL DATA
July 8 AM SESSION**

FOR OBJECTIVE NO. 3:

If you are now to train lower level personnel of the program on this management skill of "Planning with Visual Data", what can you think of adding, dropping, maintaining or modifying in the training materials and process we used?

FOR OBJECTIVE NO. 1:

CQI Advantages of rendering nonvisual data into visual data: .

1. COMMUNICATION ADVANTAGE.

"A picture is worth a thousand words and numbers". The visual data become a medium of communication. In your everyday living, you recognize the communication power of visuals. So why not harness it here?

2. URGENCY ADVANTAGE.

Plotting data about processes and problems can make people managers of their processes and problems. Knowing that vital up-to-date data are on display in work areas or in meeting rooms makes managers and experts spend more time in those places to interact with lone people on current problems.

3. MOTIVATION ADVANTAGE.

Visual data can provide psychic rewards and function then as motivators. The case of "Wall of Fame" practice for visual recognition.

PURPOSE AND CONTENT

This session will give participants the opportunity to share their experience in planning activities and review them in the light of CQI. Using the available data and other information, especially people, as a resource in the planning of activities at the regional level.

DURATION: 3 hrs

OBJECTIVES

By the end of the session, participants will be able to:

1. Review their present plan in the light of CQI management.
2. State a shared vision of what they want their program to be in the next year.
3. Prepare a plan which incorporates the needs of the service providers and their clients.
4. Evaluate the plan at regular intervals, based on facts, to improve the quality of the services.
5. Prepare a GANTT chart indicating the planned activities for one year.

PREPARATION AND MATERIALS

1. Hand-out of selected objectives from 1992 provincial plans.
2. *Family Planning Manager's Handbook*, Chapter Two, "Planning for the Future."

RECOMMENDED READINGS

1. District Health Planning and Management
2. "Tipping the balance towards Primary Health Care": Managing change at the local level, by Joana Godinho
3. District Health Management, Manual of Epidemiology for District Health Management

INTRODUCTION

Planning:

Planning for the future allows you to take a close look at your organization and program, at your goals, and at what strategies and activities are needed in order to achieve the desired goals. Plans therefore answer the following questions:

- What is the program trying to achieve?
- Where is the program now?
- Where do we want the program to be in the future?
- How are we going to get there?
- How will the program be financed?

When you are developing your plan, you must first identify the need and the demand for services, and then determine how you will meet the need and the demand. This process consists of a number of steps:

Steps in the Planning Process:

1. Analyzing the external environment: culture, economy and health; market sources of commodities; and background demographic information.
2. Conducting the SWOT analysis; assessing internal strengths and weaknesses, and external opportunities and threats.
3. Stating the mission or purpose of the program.
4. Establishing goals.
5. Selecting strategies to reach your goals.
6. Establishing objectives.

In Groups:

1. In reviewing the problems which emerged from this morning's presentation, state your mission, or your shared vision. A shared vision is what you want to achieve in the future.
 - a) Analyze the external environment:
 - Culture, Policy, Economy, Health
 - Background demographic data
 - Supply and demand for FP services
 - Sources of funding and commodities.
 - b) Analyze internal strengths and weaknesses:
 - Management capabilities
 - Programming capabilities
 - Financing capabilities.
 - c) Write the opportunities and threats of the external environment.
 - d) Write the strengths and weaknesses of the internal environment.
2. Group them together, positive and negative, and separate out the ones you cannot control. Put them in the SWOT table, giving you inside information about your organization and its environment.
3. Prepare a vision for your program!
4. Review and state your goals: Program-related Goals and Organizational Goals.

5. Write on the cards how you want to reach the goal (strategies). Write down everything that comes to mind (thoughts, ideas, facts, etc.). This is a brainstorming activity!
6. Write on the board:
 - Region: (shared vision)
 - Goals:

Put up the cards at random.
Organize the cards which are part of the same strategy.
7. State your objectives reviewing your cards. (Review your statements and then turn them into objectives.)
8. Select activities for each objective.
9. Make sure that there are financial resources for each activity.
10. Write up the plan.

SWOT ANALYSIS

| | <u>POSITIVE</u> | <u>NEGATIVE</u> |
|-----------------|-----------------|-----------------|
| <u>INTERNAL</u> | STRENGTHS | WEAKNESSES |
| <u>EXTERNAL</u> | OPPORTUNITIES | THREATS |

SESSION 5A:

IMPLEMENTATION - OPERATIONAL

PURPOSE AND CONTENT

During this session the participants will prepare a workplan, based on the plan developed previously, in which they will define which activities will be done by whom, where and how.

DURATION: 3 hrs

OBJECTIVES

By the end of the session, participants will be able to:

1. Relate specific objectives to objectives of overall program.
2. Operationalize strategies for achieving objectives.
3. Link resources to activities (human, material and financial).
4. Prepare a GANTT chart to indicate the time frame.
5. Program for monitoring and evaluation.
6. Present their plan.

PREPARATION AND MATERIALS

- *The Family Planning Manager's Handbook, Chapter Two*
- Regional Plan

RECOMMENDED READINGS

1. Session notes on Manpower planning

ACTIVITIES

1. Introduce the topic (15 min):

Yesterday we looked at the overall planning of the program and today we will see how we can implement this overall plan. How can we get from our objectives to a workplan that will bring us to realizing our objectives?

2. Prioritize the activities:

- What are the most important activities? (If these activities are not carried out, what will not be achieved?)

- In what sequence should the activities be carried out?
 - In what detail should the activities be described in the workplan?
 - Do the people to whom the activities are assigned have the skills and the time to carry them out effectively?
 - How much will it cost to carry out the activities? Are the resources available?
3. Work in groups with the plan and operationalize the objectives, the end result should be a plan which contains:
- the activities,
 - who implements them,
 - indicators for monitoring and evaluation,
 - and a GANTT chart.

SESSION 5B:

**JULY 9, 1992, PM SESSION
THE MANAGEMENT PROCESS OF IMPLEMENTING: PART II**

o **SITUATIONER:**

1. We have looked at the management process of planning with the use of visual data.
2. We have worked on the planning process with respect to external/internal environmental assessment, shared vision and objectives formulation and strategy development.
3. We have immersed ourselves in the implementation process of preparing a work plan to carry out our strategy program (The Master Plan).
4. Clarify/Differentiate:

PLANNING: Know what to do today for a better tomorrow.

IMPLEMENTING:

- o 1st, knowing who will do what, when where, how and for how much
- o 2nd, knowing and preparing for what can go wrong in carrying out the different work plan activities.

CONTROLLING: Knowing if what was done by whom, when, where, how and for how much is below, at or above what was intended, and taking the necessary action/s to correct below standard performance or reinforce above standard performance.

o **SESSION OBJECTIVES:**

1. Gain a working understanding of the 2nd dimension of the implementation process, namely, preparing for the "What ifs".
2. Experience the work involved in preparing for the "what ifs", that is, undertaking potential problem analysis (PPA).

o LEARNING STRATEGY:

1. Discuss the "What-If-So" Analysis (PPA) Framework.
2. Go over a PPA example to clarify/demonstrate the PPA process.
3. Apply the framework via group work to one major part of of the work plan you prepared in the morning.

Groupings:

Cancer: R6, R7, & R8

Emerald: R9 & R12

Diamond: R10 & R11

With those from the Central Office distributing themselves over the 3 groups

PPA: POTENTIAL PROBLEM ANALYSIS

o CONCEPT:

The aim is to find feasible, economic actions that can be taken vs the possible causes of problems that have not yet happened, as a means of avoiding trouble. This gives you a chance to get ahead of the game in either of 2 ways:

1. You can act to prevent possible problems from coming to pass, or
2. You can act to minimize the effects of that possible problems will produce if they do occur.

o STEPS:

Given your Work Plan Activities, for each activity:

1. Anticipate Potential Problems
Should vs Could = Potential Deviation
2. Separate and Set Priority: Probability
Seriousness
3. Anticipate possible causes and assess probabilities
4. Take preventive action
to remove causes
5. Set contingency actions
to minimize problem effects

o THE 7 PPA QUESTIONS:

1. What could go wrong? 6 sources of PP's:
 - (1) Where something new, complex, or unfamiliar is being tried
 - (2) When deadlines are tight
 - (3) When a sequence is critical or has impact on others
 - (4) When more than 1 person, function or department is involved
 - (5) When an alternative is missing
 - (6) Where responsibility is hard to assign, or is outside your area

2. What specifically is each problem?
3. How risky is each problem? Setting priority via:
 - (1) How probable is it that it might happen?
 - (2) How serious will it be if it happens?
4. What are the possible causes of each problem?
5. How probable is each possible cause?
6. How can a possible cause be prevented, or its effects be minimized?
7. How can the most serious potential problems be handled?

POTENTIAL PROBLEM ANALYSIS (PPA): EXAMPLE

What: The movement of furniture and office equipment is liable to get all fouled up
 Where: From third floor building A to fourth floor of new building B across street.
 When: Sunday, starting 9 AM and finishing 3 PM for inspection.
 Extent: Twenty desks and tables, forty file cabinets, typewriters, chairs, etc.

| Possible Causes | Probability | Preventive Actions | Residual Probability | Contingent Actions |
|--|-------------|---|----------------------|--------------------------------------|
| A. Move will take too long: | | | | |
| 1. Stuff not packed, ready | 70 | Instruct; set deadline; inspect mid-PM Friday | 5 | Have two-man packing crew on hand |
| 2. Not enough movers show up | 20 | Check; get written commitment from movers | 10 | Know of backup commercial mover |
| 3. Freight elevator not manned or operating | 50 | Check; arrange for operator | 5 | Have backup operator on call |
| 4. Hand trucks not available | 20 | Check and arrange | 0 | Know where to borrow |
| 5. Union or hours dispute arises | 10 | Check arrangements with mover | 3 | Clarify authority to bargain on spot |
| 6. Lunch counters nearby are closed, no food | 70 | Check hours; locate nearest one that will be open | 10 | Know catering truck service to call |
| 7. Abnormally heavy traffic on street in front | 15 | Check Sunday flow; obtain police re-routing | 5 | Have policeman on hand |
| 8. Doors locked, no one has key | 50 | Get passkey | 0 | |
| B. Stuff will be mixed up, things all confused: | | | | |
| 1. Stuff not properly labeled | 80 | Instruct; inspect mid-PM Friday | 10 | Have assistant, who can label stuff |
| 2. Destination areas not marked | 90 | Check; work out system of marking; signs put up | 5 | Have assistant who knows areas |
| 3. Movers don't know where to put stuff | 100 | Layout rooms with chalk, use signs and labels | 5 | Have assistant who knows layout |

| Possible Causes | Probability | Preventive Actions | Residual Probability | Contingent Actions |
|---|-------------|--|----------------------|--|
| 4. Directions wrong, movers get confused | 50 | Preliminary briefing, appoint traffic captain | 10 | Be alert for signs of confusion |
| 5. Someone else moving in, same time | 10 | Check with building superintendent | 5 | Rearrange schedule, set up aisles to keep separate |
| C. Stuff will be damaged: | | | | |
| 1. Breakables not properly packed | 40 | Instruct; provide packing materials, inspect | 10 | Have two-man packing crew on hand |
| 2. Doors, corners, elevators not padded | 100 | Check for critical spots, arrange for padding | 10 | Have extra pads on hand |
| 3. Boxes not used for typewriters, etc. | 80 | Instruct; provide boxes, inspect | 5 | Have extra boxes on hand |
| D. Stuff will be stolen, lost: | | | | |
| 1. Unauthorized people come in, take things | 50 | Place uniformed guards at doors; have mover post bond | 5 | Spotcheck against list |
| 2. Desks, files not locked | 40 | Instruct, check locks | 10 | Have man lock same |
| 3. No one policing, lax atmosphere | 80 | Have uniformed guard roving buildings; post warnings that place is under guard | 5 | Be on the alert for signs of lax atmosphere, theft |

SESSION 6A:

COORDINATION - OPERATIONAL

PURPOSE AND CONTENT

In this session the participants will re-assess the importance of coordination, review their collaboration activities and be made aware of the importance of collaboration, in- and external, for the development of the FP program.

DURATION: 3 hrs

OBJECTIVES

By the end of the session, participants will be able to:

1. Define coordination and its purpose.
2. Ensure internal coordination and communication.
3. Develop a functional allocation chart of organizations involved in FP activities.

PREPARATION AND MATERIAL

1. *Family Planning Manager's Handbook, Chapter Three*

CONTENT

Introduction:

What is coordination?

- Coordination can be defined as the planned collaboration of two or more individuals, departments, programs, or organizations who are concerned with achieving a common goal.
- Coordination is important for effective program operation.
- Effective coordination allows each party to focus on its strongest areas of expertise.

How can coordination benefit your program?

Coordination makes the most efficient use of the following:

- Staff
- Equipment, supplies, and physical facilities
- Funding
- Services provided
- Knowledge, experiences, and skills
- Research and evaluation results
- Educational activities and materials
- Access to client groups

Group work:

- Identify the people, departments, programs, and organizations you coordinate with at present, and those you should be coordinating with but have not yet done so, and list the reasons.
- Develop a functional allocation chart of other organizations to identify the activities conducted by them and identify duplicated efforts.
- Propose a way in which you could improve your collaboration and how you could begin collaboration with those you have not included in this activity yet.
- Present your chart.

SESSION 6B:

**JULY 10, 1992, PM SESSION
THE COORDINATING TASK: ONE MORE TIME**

o **SITUATIONER:**

In your work plan and in your PPA Worksheet, how many activities, preventive actions and contingent actions require the cooperation/collaboration of others (within or without the office) to assure that the workflow will take place?

o **SESSION OBJECTIVES:**

1. To understand 2 schools of thought on how the coordinating task can be effectively performed in securing and maintaining intra and inter-office collaboration/cooperation.
2. To experience a critical position of the 2 techniques for performing the coordinating task.

o **THE 2 SCHOOLS OF THOUGHT:**

Proposition No. 1: The need to coordinate arises because of the separation of the actors involved in the workflow. There are 2 ways of meeting this need:

- (1) Raise the coordinating tasks effectiveness, or
- (2) Breakdown the wall of separation.

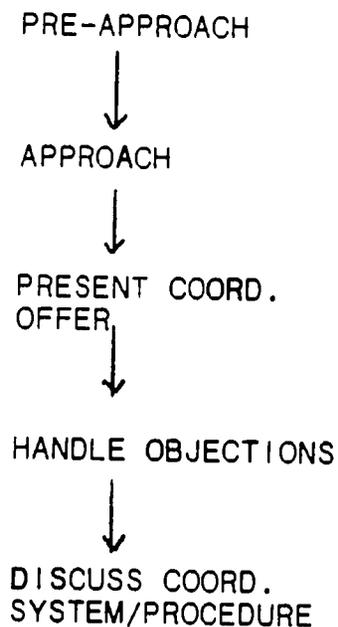
o THE MANAGEMENT OF CHANGE SCHOOL:

Proposition No. 2: Securing coordination is a process and a skill. As a process, it has a definable beginning and a definable end. As a skill, it must be learned and therefore preparing the coordinator for the task is essential.

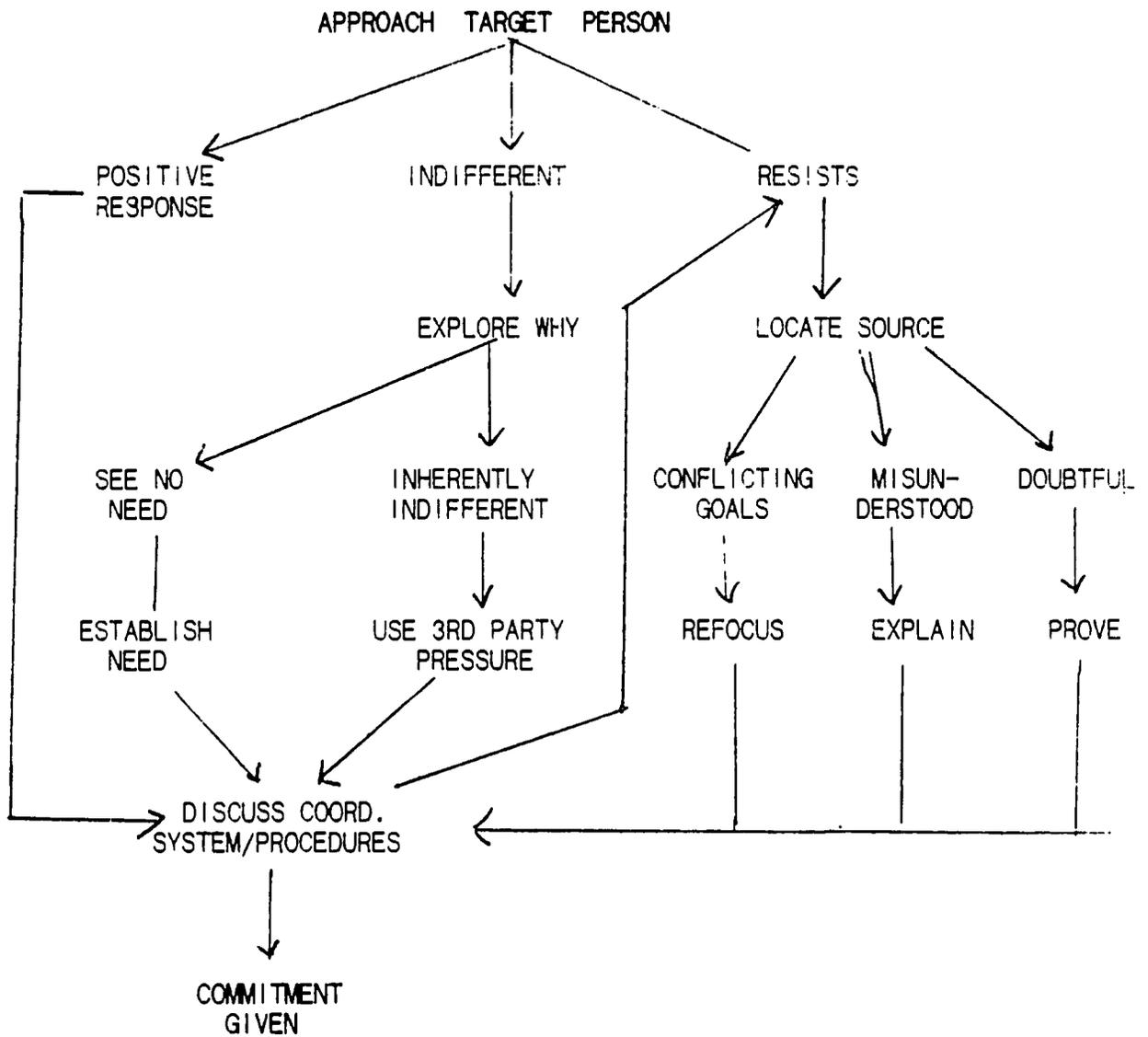
The mandate: "Be sure you coordinate" is easy to say. The trouble is there are good and weak ways of coordinating. We rarely prepare people for the "how's" of this task.

Let us avoid thinking of coordination as an end. Doing so misplaces its management role and prompts a "no compromise" posture. Rather think of it as a means so that you become flexible and ready to ask and to keep on asking "how".

THE "LINEAR" COORDINATING PROCESS:



THE "NON-LINEAR" COORDINATING PROCESS:



o THE QUALITY MANAGEMENT SCHOOL:

Proposition No. 3: Successfully securing and maintaining quality coordination cannot come except from within the target person. To bring this about, it is necessary to work toward involvement and commitment in the "Chain-of-Client" mindset.

We are all concerned about the final client, the \Rightarrow acceptor. We must now see that the final client is just the end point in a chain of clients.

The "Chain-of-Client" mindset states that our common purposes and tasks must be:

1. To serve the client: the grand goal.
2. To localize the grand goal, a new mindset for each individual and small group: that everyone has a client; she is in the next step in the work flow.
3. To fuse combative organizational units into a well-connected team, a parallel new mindset for every office, Department of Organization: that each has a client, namely, the next "office, department" or organization.
4. Continual, rapid improvement as the single-minded, grand operating goal.

o **WORKSHOP BY GROUPS:**

On the Management of Change Approach:

1. Take one cell in your organizational involvement matrix (i.e., one function/activity from participating organization - GO or NGO).
2. Then choose one response branch among these 4 in the non-linear coordinating model:
 - (1) Indifferent/see-no-need response branch
 - (2) Resist/conflicting-goal response branch
 - (3) Resist/Misunderstood response branch
 - (4) Resist/doubtful response branch
3. Now, prepare a coordination persuasion script that you can give to your CR (Coordinating Representative) to prepare her for this portion of the coordinating process.
4. During your presentation, we will get the audience to respond to your script.

2. On the quality management approach:

1. Take 2 rows in your organizational involvement matrix (i.e., 2 function/activity lines)
2. In the performance of each function or activity as a workflow, identify:
 - (1) Who is your next-step-in-the-workflow client/s; and
 - (2) To whom are you a next-step client.
3. Rate how open each of these next-step clients is to a chain-of-client mindset internalization campaign:

5 = Very Probably Open
4 = Probably Open
3 = May or May not be Open
2 = Probably Not Open
1 = Very Probably Not Open

SESSION: 8

SUPERVISION

PURPOSE AND CONTENT

The purpose of this session is to understand the role of the supervisor and the function supervision plays in implementing programs.

DURATION: 3 hrs

OBJECTIVES

By the end of the session the participants will be able to:

1. Supervise subordinates, using knowledge and skills needed to be a competent supervisor.
2. Use data information as one of the tools in supervision.

PREPARATION AND MATERIALS

1. *The Family Planning Manager's Handbook, Chapter Four*
2. *The Family Planning Manager, May/June 1992, FPMD Publication Unit*

COURSE CONTENT

Role of Supervisor:

How do we become supervisors? In most cases through promotion because you did your work well. But does outstanding performance in an operative job prepare you for your tasks as supervisor?

Can we use the same knowledge and tools to solve operative problems and to solve supervisory problems?

There are several significant differences:

1. Few of the supervisory activities relate to operative activities.
2. A supervisor must mentally envision various possible actions to solve his problems. Think through the chances of success for each action as well as the possible repercussions from each.
3. Many of the supervisory efforts concern people.

What is Supervision?

There is no universally accepted definition, however, one of the definitions is:

"Supervision is the achieving of desired results by means of the intelligent utilization of human talents and facilitating resources in a manner that provides the greatest challenge and interest to the human talents." (George R. Terry)

The Supervisor's Responsibility and Authority

To clarify the meaning of supervision a listing of the major considerations of supervisory responsibility and authority is helpful.

Under supervisory responsibility are:

1. Knowing clearly what the goals are and how the units' contributions fit into the overall picture.
2. Keeping superiors, peers and work-group members fully informed.
3. Finding better ways to achieve desired results.
4. Improving each group member's knowledge and skill with special emphasis given to the ability to get along with people.
5. Developing a good team effort.
6. Preparing requested reports, interpreting policies, and enforcing departmental regulations.
7. Allocating and scheduling work fairly.
8. Stressing cost reduction.

Under supervisory authority are:

1. Accepting the need for and making decisions, plus standing in back of them.
2. Gaining mutual understanding with superior regarding extent of formal authority that can be exercised to carry out each major responsibility.
3. Recognizing the existence and the influence of each employee's personal beliefs, previous training, loyalty, and experience upon his/her work attitude and behavior.
4. Obtaining and using the facts along with judgement in all decision making.
5. Recognizing that knowledge, proven skills in working with people, and the esteem which others have for a given supervisor condition both his accuracy and the effectiveness of his authority.
6. Giving group members the opportunity to participate in decision making.
7. Using discretion and recognizing that the degree of decision-making participation varies with the type of issue, the caliber of employees, and the urgency of the situation.
8. Encouraging employee group interaction to reach tentative goals and decisions with supervisory approval, thus giving the employees a voice in matters of deep concern to them and also avoiding the difficulty of enforcing a multitude of formal decisions by the supervisors.

As implied in these listings, to achieve objectives the modern supervisor influences the actions of his/her work members. The key word is "influence."

8. Perform unpleasant but required tasks such as not accepting poor performance and correcting operative employees violating regulations.

How to Use Data as a Tool in Supervision:

To make sure that a plan is working out satisfactorily, controls are utilized. They are employed to make things happen, i.e. to achieve a goal within stated time-limits.

Using controls involves the following three steps:

1. Measuring performance
2. Comparing performance with the standard
3. Correcting unfavorable deviation by proper corrective action.

Controls and the human response:

Best results are achieved from controls when they are viewed as a tool to assist in guiding efforts towards goal attainment. They should always be viewed as positive in character; good controls and their implementation can be motivating. They help to win respect and recognition. Controls also can be used for self-direction and self-improvement.

Group work:

Use the case to discuss the actions you would take.

Major Hallmarks of Supervision:

Three major hallmarks of supervision help to identify its true makeup:

1. Representing the operating employees to management members and management members to employees;
2. Pointing out that the supervisor does not have direct physical contact with the work;
3. Utilizing the four distinct activities of planning, organizing, actuating (mobilizing, stimulating), and controlling (Management process).

Knowledge and Skill of Supervision:

There is a body of knowledge of supervision, experiment results, information, trial and error, and experience. A person can study and completely master the knowledge of supervision. But this will not make her/him a proficient supervisor. Also needed is the skill of supervision or the ability to apply the knowledge of this subject area. There is also another essential requirement, namely technical competence in the work being supervised.

To fulfill the role of a supervisor, it is necessary to have conceptual skills. This is the ability to have a mental representation of the various manners of supervising the work, intellectual-type skills. Conceptual skills require brainpower, patience and tenacity. In addition to conceptual skills, a supervisor must have interpersonal skills which are manifest in the ways a supervisor talks and acts in direct personal contacts with the employees and superiors.

The Supervisor's Attitude:

Lastly having a favorable attitude is of prime importance in performing supervisory work successfully. Following is a list of eight attributes that exemplify a proper supervisory attitude.

You have the proper attitude for a supervisor if you:

1. Consider your job basically to be the supervision of your members' activities so that objectives are achieved.
2. Decide controversial issues on their merit and as the facts dictate. Your sympathy is instinctively neither with the organization managers nor the operative employees.
3. Accept top management decisions and announcements as sincere and honest expressions of what they believe should be done.
4. Explain without bias a policy or action of the organization to operative employees who question it, even though you personally disagree with the policy or action under discussion.
5. Recognize quickly outstanding performance by any member of your group and report it to your superior.
6. Accept the responsibility for any error by one of your members by discussing the situation with your superior.
7. Play no favorites and strive to judge each member's action objectively and fairly.

The Family Planning Manager
CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

**Mrs. Loredo's New Acceptors:
 A Case for Analyzing Service Summaries**

Mrs. Loredo arrived at her clinic early in the morning to prepare to receive new acceptors, locate medical records for continuing users who were scheduled to return for a resupply, and check the clinic's stock of contraceptives. Family planning was becoming increasingly popular in her country, especially in the cities. She had just received posters and pamphlets with the new family planning logo, and for the past several months she had heard advertising for condoms on the radio. Yesterday she had seen her first advertisements on television. She remembered her surprise at how candid the commercial was.

Wednesdays and Fridays were family planning days at her health clinic. In preparation for the long day ahead, Mrs. Loredo checked the appointment book she kept for clients returning for resupply. Depo-Provera was always a problem because she would have to send an assistant to buy the number of vials she would need at the pharmacy. Mrs. Loredo then checked the clinic supplies to see if any commodities were out of stock. The number of clients that came to the clinic on any given day was unpredictable, and she often ran out of supplies.

Mrs. Loredo knew how important family planning was to her clients. At 38, with four children already, she had chosen to use an IUD, because she did not want any more children. She remembered how proud she felt when she began to work in the clinic. So many of her friends were in the same situation and seemed to really want family planning services.

A few minutes after the clinic opened, unexpected guests arrived in a Ministry vehicle. They

were her supervisor, Mrs. Durang, and the provincial family planning coordinator, Mrs. Perea. Mrs. Loredo asked a nurse midwife to take over registering a new acceptor so she could talk with her guests. Mrs. Durang and Mrs. Perea wanted to talk with her about her clinic's new acceptors over the past six months. First, they commended her for her promptness in submitting her monthly summary reports on time and legibly. However, Mrs. Durang was concerned about the trend of new acceptors at Mrs. Loredo's clinic. Mrs. Loredo was very surprised to learn that they thought her community was reluctant to accept family planning. It had always seemed to her that family planning was catching on in her community.

Mrs. Loredo's guests saw that she was puzzled by their inquiry, so they sat down to explain. Although Mrs. Loredo had been doing a good job of completing her clinic's monthly service summaries for her district supervisor, she had not realized that they could be used to get a picture of her community's acceptance of family planning services. Her supervisor opened her notebook and found a page marked "trend analysis." At the top of the page, Mrs. Durang had recorded the number of new acceptors from Mrs. Loredo's clinic starting in January of 1991:

| | | | |
|-----------|----|-----------|----|
| Jan | 89 | Feb | 91 |
| Mar | 97 | Apr | 96 |

- continued on page 51

~ continued from page 1

Underneath this information she had drawn a graph. Referring to the graph, Mrs. Durang pointed out that the clinic was not attracting more new acceptors each month. In fact, Mrs. Loredo's clinic had recently begun to lose new acceptors. The

graph seemed a terrific idea to Mrs. Loredo, and together with her guests, she went over ways she could present and use the information she collected in her clinic.

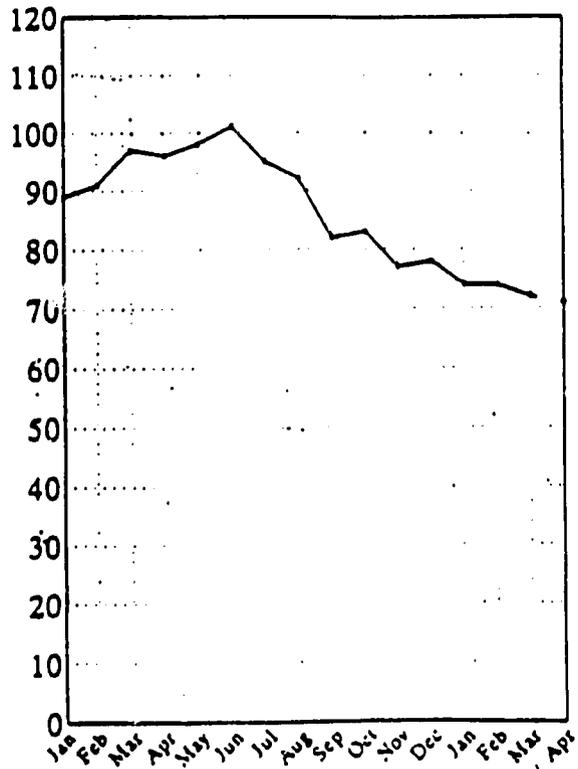
Example: Trend of New Acceptors - Line Graph

In the case, Mrs. Laredo's supervisor had made the line graph, shown below, using the data on new acceptors from Mrs. Laredo's Monthly Summaries of Family Planning Activities at the Clinic, covering a period of 16 months. Listed below is the data on new acceptors that was collected over the 16-month period. (The graph includes the monthly summary from March 1992 which is included in the case.)

1991 Number of new acceptors 1992 Number of new acceptors

| | | | |
|-----------|-----|----------|----|
| January | 89 | January | 74 |
| February | 91 | February | 74 |
| March | 97 | March | 72 |
| April | 96 | | |
| May | 98 | | |
| June | 101 | | |
| July | 95 | | |
| August | 92 | | |
| September | 82 | | |
| October | 83 | | |
| November | 77 | | |
| December | 78 | | |

Trend of New Acceptors - Line Graph



51

SESSION 9:

JULY 13, 1992, PM SESSION
Part 1: INTERACTION STYLES WITH SUBORDINATES

o **SITUATIONER:**

"I wish my people would take more initiative and be more willing to make decisions. But they don't. They just want to play it safe."

(a supervisor)

"I just got back from a participative management seminar and I was really sold on the idea. So when I got back, I called in my key people and told them that starting that day they all must participate in decision making in our section. In fact, I took one item in my in-box, read it to them and told them to participate and to tell me what they thought we should do, and then I said I'll tell them what we will do."

(another supervisor)

"If only I'd have more elbow room in my work and may be get listened to by the boss every so often, then I'd do a better job and may be even happier. But the boss and people up there never gave us a chance."

(a subordinate)

"I'm no sup. I was not made to be one. I just want to follow orders and that's where I'm good at. The sup decides. do something about it."

(another subordinate)

o **SESSION OBJECTIVES:**

1. To enable the participants to determine their own individual managerial/supervisory interaction style via taking the managerial interaction style test.
2. To discuss what happens during an interaction encounter with a subordinate and what is the effective interaction style to apply.

DETERMINING YOUR MANAGERIAL INTERACTION STYLE

Exercise Instructions

Below are six sets of statements (5 statements per set). Each set refers to a component element of a managerial interaction style.

Read the 5 statements in each set. After you have read them, consider each statement as a possible description of yourself. Then put a "5" beside the statement that you think is most like yourself, the ACTUAL you, NOT the idealized would-be-to-be you. If you want this exercise to help you truly determine your managerial interaction style, then please BE HONEST with yourself. These papers and your answers will stay with you. No one but yourself will see them.

Proceed and put a "4" beside the statement you think is next most like yourself. Continue ranking the other statements with "3" for the third, "2" for the fourth, and "1" beside the statement which you feel is LEAST like yourself. Please, there should be no ties.

Then go on to the next set or element after finishing the first and so on to the last sixth set.

Answer as quickly as you can so that it is your first impression, your subjective personal reaction that will determine your responses. There are NO RIGHT OR WRONG answers here. It is your personal honest self-impression that counts for this "test" to be helpful to you.

ELEMENT E1: Decisions

- _____ S1: I tend to accept the decision of others with indifference.
- _____ S2: I like to support decisions which promote good relations.
- _____ S3: I like searching for workable, even though not perfect, decisions.
- _____ S4: I often expect decisions I make to be treated as final.
- _____ S5: I value decisions that gain understanding and agreement.

ELEMENT E2: Convictions

- _____ S1: Even though I have strong convictions, I listen to ideas, opinions different from my own and respond to those sounder than my own by changing my mind.
- _____ S2: I stand up for my ideas, opinions even though it sometimes results in stepping on others' toes.
- _____ S3: When others hold ideas, opinions different from my own, I try to meet them halfway.
- _____ S4: I tend to embrace ideas, opinions of others rather than push my own.
- _____ S5: I avoid taking sides by not revealing my ideas, opinions.

ELEMENT E3: Conflict

- _____ S1: I avoid generating conflict; but, when it does appear, I try to soothe feelings, to keep people together.
- _____ S2: When conflict arises, I usually try to find fair solutions that accommodate others.
- _____ S3: When conflict arises, I try to cut it off or else try to win my position.
- _____ S4: When conflict arises, I try to identify reasons for it and seek to resolve underlying causes.
- _____ S5: When conflict arises, I like to remain neutral.

ELEMENT E4: Temper

- _____ S1: Under tension, I feel unsure and anxious about how to meet others' expectations.
- _____ S2: When things are not going right, I tend to defend and come back with counterarguments.
- _____ S3: When aroused, I try containing myself even though my impatience is visible.
- _____ S4: By remaining uninvolved, I am able to not get stirred up.
- _____ S5: Because of the disapproval tensions can produce, I like to stay warm and friendly even when things are bad.

ELEMENT E5: Humor

- _____ S1: My humor is hard-hitting which others misinterpret as sarcasm.
- _____ S2: My humor fits the situation and I retain a sense of humor even under pressure.
- _____ S3: Others often see my humor as pointless or ill-timed.
- _____ S4: My humor is able to shift attention away from the serious side.
- _____ S5: My humor often reflects who I am or my status.

ELEMENT E6: Effort

- _____ S1: When I work, I exert vigorous effort and others around get influenced and tend to join in.
- _____ S2: I like putting out just enough to be able to get by.
- _____ S3: I prefer the role of supporting others rather than initiate action myself.
- _____ S4: I like to seek and maintain a steady pace.
- _____ S5: When I work, I drive myself and others as well.

On the spaces provided below, please summarize your personal rankings of the 5 statements under each element by recording the scores you gave to each statement. Please be extra careful in your recording; pay close attention to the statement # and record the appropriate ranking score that you gave to THAT statement #. Please record faithfully. Do not make any changes. Then after completing the recording, sum up the recorded ranking scores for each column.

| Component Elements | Ranking Score You Gave to This Statement | | | | |
|--------------------|--|-----------|-----------|-----------|-----------|
| | S1 | S2 | S3 | S4 | S5 |
| E1: Decisions | S1: _____ | S2: _____ | S3: _____ | S4: _____ | S5: _____ |
| E2: Convictions | S5: _____ | S4: _____ | S3: _____ | S2: _____ | S1: _____ |
| E3: Conflict | S5: _____ | S1: _____ | S2: _____ | S3: _____ | S4: _____ |
| E4: Temper | S4: _____ | S5: _____ | S1: _____ | S2: _____ | S3: _____ |
| E5: Humor | S3: _____ | S4: _____ | S5: _____ | S1: _____ | S2: _____ |
| E6: Effort | S2: _____ | S3: _____ | S4: _____ | S5: _____ | S1: _____ |
| Column Total: | _____ | _____ | _____ | _____ | _____ |

Where your column total is highest defines your primary dominant managerial interaction style. Your next highest column total locates your secondary managerial interaction style. Please refer to our discussion of the Managerial Grid for the definitions of these interaction styles.

Which is the effective style? Studies have shown that it depends on the interaction style of the subordinate with whom you are relating. Here are the results of the 25-year study that this technique's originators (Robert Blake and Jane Mouton) had undertaken:

| Supervisor's Interaction Style | Subordinate's Interaction Style | | | | |
|--------------------------------|---------------------------------|-----|-----|-----|-----|
| | 1.1 | 1.9 | 5.5 | 9.1 | 9.9 |
| 9.9 | + | + | + | + | + |
| 9.1 | o | + | + | o | o |
| 5.5 | o | + | + | - | o |
| 1.9 | - | + | o | - | o |
| 1.1 | - | - | - | - | - |

Note: "+" means effective, "o" means undetermined effectiveness, and "-" means ineffective.

JULY 13, 1992, PM SESSION
Part II: EFFECTIVE MANAGEMENT OF MEETINGS

o SITUATIONER:

"We had this problem in the office the other day. So we had a meeting. We decided that we needed another meeting to decide on what to do."

(a typical manager)

"The average executive spends 16.5 hours a week or 21% of the 40-hour workweeks in a year in meetings. Nearly one-third of those meetings are considered by the executives surveyed as unnecessary."

(Burke Marketing Research, 1985)

Types of Management Meetings:

1. Process-oriented type. Knowledge is shared and information exchanged. Takes place regularly and recorded on people's calendars for minimum interruption of work. Three kinds:
 - 1) One-on-one, such as supervisor-subordinate, for mutual information exchange, learning, coaching, and problem solving.
 - 2) Staff meeting, where supervisor and subordinates confer for peer interaction and decision making, and where the leader plays multiple roles of observer, expeditor, questioner, and decision maker.
 - 3) Operator review, which brings together managers and peers to motivate, share progress and problems, and to inform about the larger operational activities.
2. Mission-oriented type. Ad hoc affairs aimed at producing a specific output in a short time-frame. No more than 25% of time devoted to meetings should be of this occasional, emergency type.

(Grove, 1983)

65

c **SESSION OBJECTIVES:**

1. To generate ideas for improving meeting effectiveness based on the participants own experiences.
2. To compare these effectiveness ideas to currently accepted rules for effective management of meetings.

o **GROUP EXERCISE: INSTRUCTIONS**

1. Consider each of our course session as a meeting. Then discuss what you will:
 - (1) add, (2) drop, (3) retain, and (4) modifyin our meeting management system to better handle the way we:
 - 1) prepare the before-the-meeting matters,
 - 2) conduct the during-the-meeting matters, and
 - 3) attend to the after-the-meeting matters.
2. In our plenary class session, we will then compare what each group recommended for improvements.

INCREASING MEETING EFFECTIVENESS

- o From the Smart & Associates (Chicago, 1987) survey of what meeting characteristics were most bothersome (in descending order of frequency of mentions:
 1. Poor preparation for the sessions
 2. People drifting off the subject under discussion
 3. Members not listening properly during presentations and analysis
 4. Participant wordiness during questioning or discussion
 5. Lack of participation
 6. Emotional outbursts and conflicts
 7. Ineffectiveness of methods and discussions
 8. Excessive lengths

- o From Harris International, Ltd.: Ground Rules for Business Meetings
 1. Each member must feel totally responsible for group effectiveness and team solutions by, for example, inviting silent ones to speak up and dominators to shut up.
 2. Phone calls should be banned except for serious emergencies of "life and death importance."
 3. Even without tables, have circular seating arrangements.
 4. Participants should contribute to structuring the agenda and priorities.
 5. Strive for a group action that comes from group consensus via participative decision making.
 6. Confront, use and resolved conflicts.
 7. Get the members to learn how to diagnose and deal with problems of group process.
 8. Recognize that meetings have different purposes, requiring participants and methods suitable to the type of meeting proposed. So plan accordingly.
 9. Realize that there are meeting skills to be acquired relative to planning, chairing, controlling, facilitating, and coping with problems or obtaining solutions. So acquire these competencies.
 10. Consult resources that can assist in improving the technical presentations during meetings.
 11. Use meetings to provide interaction opportunities for managers/supervisors of interdependent operations.
 12. Hold meetings on one's own "territory" but ensure that the facilities are adequate.
 13. Seat participants for minimum conflict or collusion and maximum exchange with logistic arrangements to promote, e.g., eye contact and interaction.
 14. Use agendas to focus efforts and save time.
 15. Control meeting time so that it is used productive, like e.g., providing advance materials, setting a time limit, using a time device.

16. Facilitate the meeting process by providing for notetaking and recording, inviting/fostering participation, encouraging compromise and conflict management, replaying people's ideas and synthesizing input, using audiovisual aids, articulating clearly and nondefensively, dividing the group into subgroups or task forces to study critical issues, obtaining support beforehand on critical decisions, offering positive reinforcement of sound recommendations, seeking and obtaining consensus by possibly calling of a vote.

o From Robert Letwin: Guidelines for Successful Meetings

1. State the objective of the meeting and its area of discussion
2. Explain that everyone should participate but there are to be no speeches.
3. To get started, put a sharply defined question to the group. If no one responds, have an alternate question that is easy for anyone to answer. Resist answering your own question and entering into monologue.
4. Test for the audience's objective and check if it's the same as yours. If the members would like to steer to another direction, make sure there is a consensus.
5. Keep in mind what you hope will be the outcome. Ask questions that will focus on the agreed upon objective.
6. Have a member of the group serve as a reporter to keep a running record of problems, issues, facts and decisions discussed. From time to time, have the reporter summarize. This keeps the group from straying from the main topic.
7. Resort to easy-to-answer questions when the discussion bogs down.
8. Ask for votes. Get a consensus on as many points as possible.
9. Don't rephrase what is offered by a member. Repeat the statement exactly as it is given. Resist inserting your words or editing comments. This can be intimidating. No one wants to be corrected in public. This also tends to stifle discussion.
10. If some members do not have the courage to speak up, draw them in with nonthreatening questions. Ask them to share their experiences.
11. It is best to toss questions to the entire group. If you want to ask a quiet person to speak, call the person by name before you ask the question so that you provide him/her time to concentrate and think about an answer by starting with the person's name.
12. When someone tends to monopolize discussion, politely interrupt and ask someone else to comment on the monopolizer's statements. Allow the members to straighten out its members instead of your doing it.

18

SESSION 10:

**JULY 14, 1992, AM SESSION
THE MANAGEMENT PROCESS AND SKILL OF CONTROLLING**

c SITUATIONER:

1. Listen to these supervisors and subordinate:

"I like it when I'm in charge, when I'm in control."

(a supervisor)

"I hate auditors. I hate controls."

(the same supervisor)

"Today, the boss introduced us into MBO. It turned out to be a better sounding word but really just another form of controlling."

(a subordinate)

Conclusion about the concept of control:

You love it when you are the one doing it.
You hate it when it is being done to you.

2. Over the year, as you carry out your workplan, many things can happen to the workplan activities, to the people responsible for doing them, and to both. These can make the actual deviate from the workplan specs.

Thus, control has two parts: (1) control of activity or task performance, and (2) control of activity or task performers.

o GENERAL FRAMEWORK: The Control Process

| Setting Standards: | Performance/ Performer Measurement: | Performance/ Performer Diagnosis: | Workplan Adjustment: |
|---|---|-----------------------------------|--|
| What do you want the performance/ performer to achieve? | Is performance/performer above or below standard? | Why above? Why below? | What should you do about the deviation/s |

Which is more strategic? Performance control or performer control?

"The ultimate control of the organization ... lies in its people decisions Even the most powerful instruments board, complete with computers, operations research, and simulation, is secondary to the invisible, qualitative control of any human organization, its systems of rewards and punishments, of values and taboos."

(Peter Drucker)

o **SESSION OBJECTIVES:**

1. To discuss what the management process and skill of controlling is for, its different types and the different elements of performance control.
2. To get the participants to reflect, and make explicit their current applied performance control system and their use of it.
3. To suggest ways for improving the participants performance measurement step and performance diagnosis step in their current performance control process.

o **GROUP EXERCISE: Instructions**

1. In your group, answer the following questions:
 - (1) What are your workplan's acceptor targets or objectives?
 - (2) How do you trace the major cause/s of the attained program acceptor outputs or results when they are below targets?
 - (3) At what level of attainment of the workplan acceptor results as still satisfactory?
2. In the groupwork presentation, limit the presentation to your answers to # 1.2 and # 1.3.
3. In the plenary class sessions following your presentation, we will discuss ways of improving your performance measurement and diagnosis.

FRAMEWORK FOR READING PROGRAM PROBLEMS
FROM ACCEPTOR DATA

A. TRACING PROGRAM EFFECTS: START WITH 1ST COLUMN

(1) WHAT WE DO IN:

TOTAL FP PROGRAM

(2) AIMS TO GENERATE THESE
RESPONSES FROM ACCEPTORS:

ACCEPT FOR 1ST TIME
CONTINUE USING

SERVICE DELIVERY

VISIT CLINIC
SATISFIED WITH SERVICE
OUTLET, PERSONNEL,
PERFORMANCE

LOGISTICS

CHOOSE PREFERRED METHOD
SATISFIED WITH CHOSEN
METHOD

IECM

LEARN
BELIEVE
BE MOTIVATED BY

IECM
MESSAGE

OUTREACH

REMEMBER
BE MOTIVATED BY

OR
MESSAGE

TRAINING

BE SATISFIED WITH TRAINED
SERVICE PERSONNEL.

B. READING PROGRAM PROBLEM/S:

START WITH 2ND COLUMN

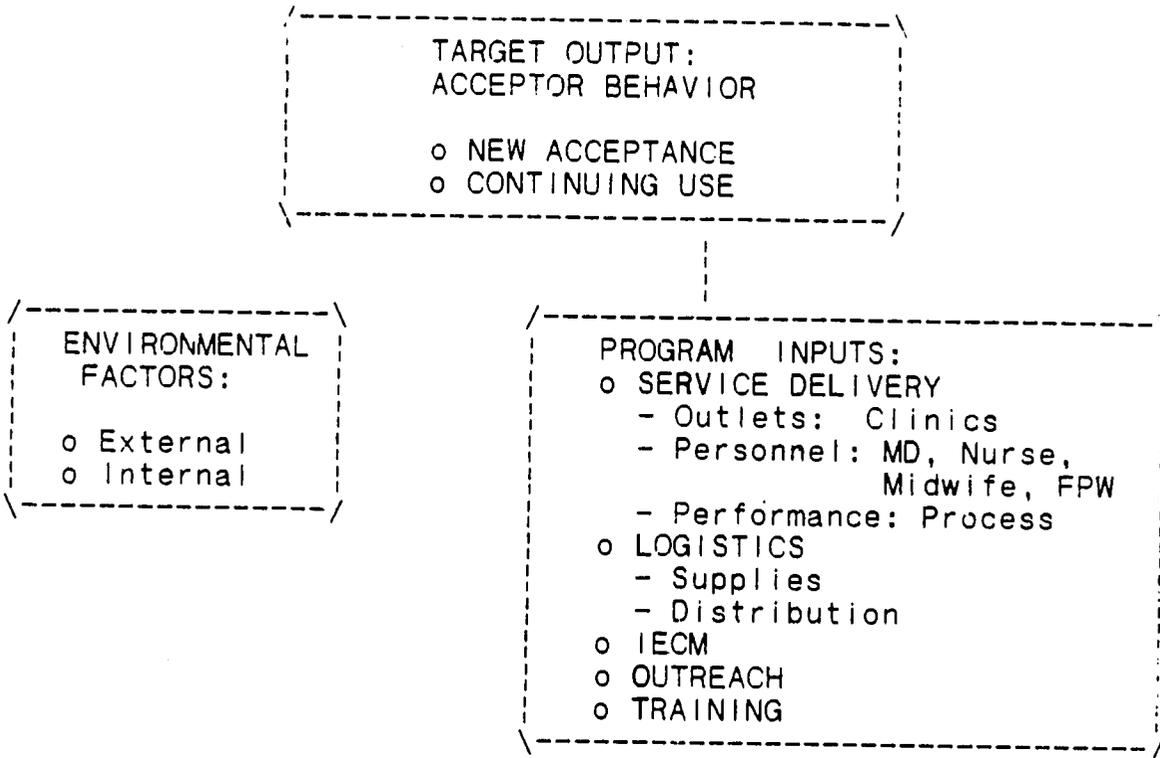
(2) THEN THE PROGRAM
PROBLEM IS:

(1) IF YOUR PROGRAM IS LOW IN
THIS ACCEPTOR RESPONSE:

PLANNING FRAMEWORKS

| <u>THE MSH FRAMEWORK</u> | <u>THE STRATEGIC MANAGEMENT FRAMEWORK</u> |
|---|--|
| 1. Visual Data Preparation: Past Performing Assessment | 1. Environmental Assessment: SWOT and Underlying Assumptions |
| 2. Environmental Assessment: External and Internal | 2. Past Performance Assess- ment |
| 3. Vision/Mission Formulation | 3. Objective Setting based on step 1 and step 2 results |
| 4. Goal Setting: Program Organizational | 4. Strategy Development: Program Formulation |
| 5. Strategy Brainstorming and Grouping | 5. Program vs Objective: Replanning |
| 6. Objective Setting | 6. Action Plan to implement program |
| 7. Work Plan Development | |

THE APPLIED FRAMEWORK



PURPOSE AND CONTENT

In this session the participants will review their knowledge of communication skills, participate in an exercise to demonstrate the misunderstandings which can occur in one-way communication and apply communication skills by conducting a meeting in an effective fashion.

DURATION: 3 hrs

OBJECTIVES

By the end of the session, participants will have:

1. Reviewed their present knowledge of communication and gained new knowledge.
2. Experienced one- and two-way communication and its difficulties.
3. Conducted a meeting, using their communication skills, or observed the communication which took place.
4. Discussed the observations made during the meeting.

PREPARATION AND MATERIALS

1. Case study from the MT Management course for District Managers

CONTENT

First Part of Communication

Communication is universally regarded as the essential social process, the means by which a person achieves individual humanity and maintains social relationships.

If we cannot interact through the use of symbols or written materials we are isolated without resources for survival or growth.

However, if we want to define "Communication" we find ourselves surrounded by vagueness and contradiction.

It has been defined with reference to:

- source (production of messages),
- channel (signal transmission),
- receiver (attribution of meaning),
- code (symbolizing),
- effect (evoking response),

and in ways that combine several of these criteria.

Group Communication:

Interpersonal communication also has its institutionalized form in the small group or committee.

1. There is a face-to-face engagement with persons able to respond to all verbal and non-verbal signs.
2. There is interaction with participants alternating their communicative functions - now speaking, now listening, now observing.
3. One is usually aware of membership in a group.
4. The norms that evolve out of early interaction provide members with standards for assessing the appropriateness of later communicative acts.
5. Differences in ability lead to specialization of functions so that some members repeatedly perform certain tasks, others are expected to refrain from these tasks and support the group in other ways.

Quotation from 19th-century French statesman and writer Alexis de Tocqueville:

"Americans can talk about everything but cannot converse in anything."

What does this point to? Communication is an interchange, a two-way contact that exchanges information.

Exercise:

What is the objective of the exercise:

1. To demonstrate the many problems of understanding that can occur in a one-way communication.
2. To demonstrate the improvement in understanding with a two-way communication.

Instructions:

1. A volunteer will describe something and your task is to simply follow instructions in sketching out the illustration.
2. Same as above but allowing free two-way communication.

Discussion questions:

1. How many of us got confused and just "quit" listening? Why?
2. Why was the one-way communication so difficult to follow?
3. Even two-way communication cannot ensure complete understanding. How can we make our communication efforts more effective?

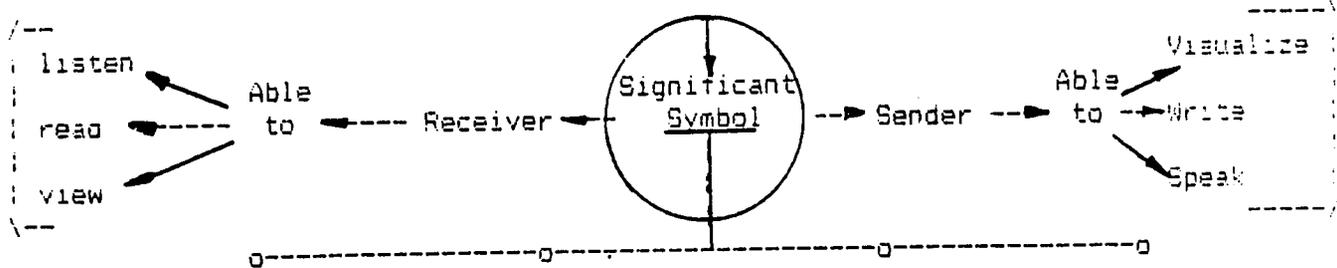
Introduction and explanation of symbol content.

Intrapersonal
Communicative
Skill

PERCEPTUAL
Common Experience

Interpersonal
Communicative
Skill

agrees upon meaning
of



Auditory
Coding
words
sounds

Message
Tools
pencils
typewriter
television
telephone
books

Message
Forms
speeches
drama
stories
movies
pictures

Visual
Coding
gesture
posture
color
form

SYMBOL CONTENT

Second Part of Communication

Case study:

The case study is used in the context of communication. The application of "how to conduct a meeting" is secondary to the purpose of this afternoon, which is to demonstrate or observe effective communication skills. The dynamics which take place in a meeting influence the outcome and are just as important as what is actually said during the meeting.

Each participant has a role to play and will be observed by one of the observers.

The instructions for the observers are attached.

Before the discussion of the observations, the rules for feedback will be explained.

Observers' Task:

1. Did people feel free to talk?
2. Was there any interrupting or cutting people off?
3. Did people listen to others?
4. Was there clarification of points made?
5. Who did people look at when they talked?
6. Was non-verbal communication noticed?

OBSERVATION SHEET

MEMBERS

| <u>COMMUNICATION</u> | | | | | |
|---------------------------------|--|--|--|--|--|
| 1. Free to talk | | | | | |
| 2. Interrupting/ Cutting Off | | | | | |
| 3. Listening | | | | | |
| 4. Clarifying | | | | | |
| 5. Eye Contact when talking | | | | | |
| 6. Non-verbal Communication | | | | | |

CHARACTERISTICS OF USEFUL* FEEDBACK

| | | |
|-------------|-----|--|
| Descriptive | NOT | Evaluative |
| Specific | NOT | Vague |
| Usable | NOT | About a shortcoming over which person has no control |
| Appropriate | NOT | Self-serving |
| Requested | NOT | Imposed |
| Timely | NOT | Delayed |
| Clear | NOT | Stated with one-way communication |
| Accurate | NOT | Impression of one person only |

* Must be given with proper motivation

BLOCKS TO COMMUNICATION

1. RESTRICTING INFORMATION
2. MISUSING CONFIDENTIALITY
3. BEING A MEDIATOR
4. LYING ABOUT YOURSELF AND ABOUT ALL THAT IS UNCOMPLIMENTARY
5. PUT-DOWN
6. SELF PUT-DOWN
7. NOT TALKING OUT OF FEAR
8. FEAR OF EXPRESSING NEGATIVE FEELINGS
9. EXPRESSING NOTHING BUT EMOTION AND CALLING ALL THINKING INTELLECTUALIZING
10. INTELLECTUALIZING
11. CHANGING THE SUBJECT
12. IGNORING
13. COMPETING
14. CHANGING FOCUS
15. JARGON

Introduction to Action Plan preparation

One of the aims of the course is that, at the end the participants will be able to demonstrate how and how much they have internalized the content of the course.

Internalization of knowledge is an on-going process and there will be activities which need to be implemented after returning at the duty station. Some of these activities will be in addition to the workplan and some are already part of the workplan which you'll start preparing on Saturday.

To avoid duplication of effort we would like to call these activities together the "Action Plan". Since you would put priority on these activities we would like you to prepare the "Action Plan" in the following way:

1. The "Action Plan" should contain new activities which you will undertake as a result of the course
2. You can select activities from your workplan which show that the course has influenced your approach to managing your program.
3. Each Region will select two objectives and work out the activities needed to achieve the objectives.
4. Demonstrate that the activities follow a logical sequence in achieving the objectives
5. Include evaluation indicators in your plan
6. Use the workplan format and the Gantt chart for the presentation.

PURPOSE AND CONTENT

In this session the participants will assess the advantages and disadvantages of a reward system. Examine the existing system in their region and other countries. Formulate a system which could be used in their program.

DURATION: 2 hrs, 30 min.

OBJECTIVES

By the end of the session participants will be able to:

1. Review rewards systems in other countries and in the Philippines.
2. Formulate key-elements for the planning, implementation and evaluation of a reward system.
3. Develop a system which rewards the workers and/or the FP users in your region/ central office.

CONTENT

The control of performance and the achievement of targets can be influenced by a reward system either positively or negatively.

Two examples of reward systems for discussion:

BANGLADESH

Who receives the reward?

- The FP workers at the various levels receive monetary compensation.
- The elected Chairman of the community is given an award.
- Acceptors receive a sari (women) or lungi (men).

Does the reward influence performance?

- Not significant, however it increases the manipulation with records.

Who gives the award?

- The rewards are provided through the Government system.

INDONESIA

- The long-term users: recognition and privileges.
- Volunteers: recognition and free+first hospital treatment.
- Community: money for income generating projects.

- Yes, the acceptors, users, become motivators.

- A local official during special ceremony.

Motivators:

A reward system can motivate workers to perform better. Some other important motivators of employees are:

1. Achievement
2. Recognition
3. Satisfaction in daily activities
4. Responsibility
5. Advancement (promotion)
6. Self improvement

Within the present system of the appraisal of employees in the government, are there enough possibilities to encourage the workers?

Within the control of performers it is possible to introduce a reward system if the system which is in place does not sufficiently respond to the need of the workers at all levels.

Key Elements

Taking into account that reward systems have advantages and disadvantages, what would be the key elements in making a reward system as effective as possible?

1. Set objectives and criteria on how to receive the reward.
2. Publicize the criteria well in advance.
3. Prepare a realistic time frame.
4. Prepare for reward ceremony, publicize.

Work in Groups:

Identify in your Region/Central office the reward systems in use or which have been used, either on a regular basis or incidental. List them and check the system for the key-elements. Compare the rewards using the following criteria:

- who receives the reward;
- does the reward influence performance;
- who provides the reward.

Taking into account the effectiveness of previous reward systems, examine why some systems were more effective than others, and what is the key to success.

Review the various possibilities and develop a reward system, using all the information you have available.

Present and discuss the results.

SESSION 12E:

JULY 15, 1992, AM SESSION
MINI-RESEARCH & DATA ANALYSIS FOR PROGRAM CONTROL

o SITUATIONER:

1. We are still on the subject of performance control but will now focus on the steps of performance measurement and diagnosis.
2. The stress is on analysis or diagnosis:

Analysis: "separating or breaking up of a whole into its fundamental elements or component parts."

Diagnosis: "the art or act of identifying a disease from its signs & symptoms."

o SESSION OBJECTIVES:

1. To elaborate on the specific elements/components of your "Applied Program Problem Diagnostic Framework."
2. To discuss what doable mini-research and data analysis are suitable to each of the specific elements/components elaborated in the preceding.
3. To produce a working "blueprint" of a standardized DOH PCSP (Performance Control System & Procedure) that will follow these criteria:
 - 1) Recognize different program control needs at the 2 levels of:
(1) PHO/CHO/DHO, and (2) RHU/BHS.
 - 2) Be uniform in its performance standards about FP acceptor targets.
 - 3) Be uniform, comprehensive and specific in its designation of the factors determining program target attainment.
 - 4) Distinguish between controllable and noncontrollable determinant factors.

5) Provide a basis for setting priorities among the identified controllable problems

o LEARNING STRATEGY:

1. As a class and with participation and contribution from the groups presenting in the previous session on controlling, perform the task suggested in session objective #1. This in effect continues, extends, and standardizes the group outputs in that previous session.
2. For group work and subsequent class discussion, identify for each specific element/component of the output in the preceding step the following:
 - 1) where to source the data
 - 2) how to collect the data
 - 3) when to collect the data
 - 4) how to summarize/present the data
3. Discuss the group work outputs along the intention of session objective #3.

PURPOSE AND CONTENT

In this session we will recreate the everyday life of family planning program managers at all levels of the system, provide you with an opportunity to practice management skills and assess the consequences of your behavior and decisions.

You will enter a simulated FP service in a small developing country and you will encounter a number of problems you have to deal with. Within your team, you will apply the skills and experience obtained during the course, as well as your own, towards identifying key issues and resolving major problems. Interactions with your colleagues, in your own and other teams, will play a major role in the success of the simulation.

DURATION: 6 hrs

OBJECTIVES

1. Understand the major technical, organizational, and political problems involved in delivering FP services.
2. Understand the role of management in achieving organizational objectives.
3. Recognize the most important management sub-systems and activities needed to strengthen FP services in your country.
4. Understand the relationships between different levels and centers of interaction in an organization.

PREPARATION AND MATERIALS

1. Participant manual
2. Description of the country of Pandora
3. Case

CONTENT

Introduction:

Pandora was introduced the previous day and each participant had received an outline of the simulation. A map of Pandora helped visualize the country where we would be the next day.

Briefing:

A general explanation was given about the rules to be applied in Pandora, the tasks were given to each selected group and the facilitators were in place to give assistance whenever needed. The groups were asked to stay together during coffee and lunch break.

Debriefing.

PURPOSE

- To provide an opportunity for all groups to discuss the simulation together
- To give an opportunity to ventilate feelings about the simulation
- To discuss the main issues faced by each group as well as decisions each group made
- To discuss the organization and management used
- To discuss the impact of one group's decision on other groups, impact of decision on group member's motivation and commitment to the program.

INTRODUCTION

Welcome to the Pandora Family Planning/Child Survival simulation exercise. This simulation has been developed for the Family Planning Management Training Project for managers responsible for family planning and child survival programs in Kenya. The goal of this simulation is to recreate a day in the life of a family planning/child survival program and to *provide you with an opportunity to put in practice the skills and concepts that you have learned during this workshop*. This simulated real-life experience allows you to use your particular expertise and experience, to advise and learn from your colleagues, to experiment with new behaviors and to see the consequences of your behavior and decisions in a safe environment.

You will soon become citizens of a fictitious, small developing country, named Pandora. Five groups are represented in this simulation:

United Fund for Family Health - An international funding agency with a mandate to support worldwide activities aimed at improving the health of families. It has an office in Pandora City, which negotiates and approves grant agreements with the Government of Pandora.

Pandora Ministry of Health - Division of Family Health, which is responsible for planning, organizing, motivating, and controlling all family planning/child survival services in the country.

Longview District Health Office and Hospital, located in the Highlands region, which serves as a referral center for all of Longview District.

BLIFA Clinic, a small clinic, run by the Better Life Association, a religious organization, which provides a variety of family planning/child survival services, with emphasis on prevention and health education.

Villagers of Noncosia, inhabitants of a village located in Longview District.

You will be assigned to one of these groups. Along with the other members of your group, you will encounter a number of problems, opportunities and constraints that reflect your position in the health system. Together you will apply your skills and experience toward identifying key issues and resolving major problems.

This simulated environment, of course, is not as complex as the real world in which you work. However, we have made this simulation as realistic as possible by including many of the issues, problems and decisions you face every day. Because this is meant to be a simple model of the real world, you will need to use your experience, imagination, and creativity to fill in the gaps. As in the real world, there is seldom only one best solution. There are no right answers. What is important is that you get involved and try to come up with solutions that work. The success of the simulation depends upon your effort and your enthusiasm, so relax, be creative, take risks, and enjoy.

RULES OF THE SIMULATION

1. You are to act as though you have become a citizen of Pandora, either working at some level in the health system, an employee of a donor agency or a potential beneficiary of the health system. Try to get into your role as fast as possible and stay in that role throughout the day. The villagers will receive more detailed role cards to help them get into their roles more easily. Be a creative roleplayer and make up the missing information from your own experience.
2. You will stay in your role during lunch and teabreaks. If you get out of your role and discuss other business with colleagues you will harm the learning experience.
3. You will receive the following materials:
 - * Cases - The case describes the unit your group represents during the simulation, as well as tasks during the simulation. Each group has a different case.
 - * Communication vouchers - Each group receives a set of communication vouchers. These vouchers are used to communicate with other groups (levels) - for example, to request information, to propose a meeting, to answer questions, etc. You may use as many communication vouchers as you like and may obtain additional vouchers from the trainers. All written communication between groups must (1) be written on a communication voucher; and (2) be delivered through one of the trainers.
 - * Transportation - Each group will receive between 1 and 10 "cars", depending on the level (UFFH receives 10, the Ministry receives 8, the District Health Office 5, the BLIFA Clinic 3, and the villagers 1). These "cars" serve as vehicles that can take up to four passengers. After each trip the vehicle breaks down. There are no spare parts for repairs. Therefore, a "car" can only be used for one round-trip to one other group. You may travel to another group only by going to the trainer and handing over one travel voucher. The supply of travel vouchers for each group is fixed. There are no extra vouchers. You do not have to use your travel vouchers when bringing your communication vouchers to the trainer, when going for lunch or to the bathroom.
3. You are free to meet as often as you like within your own group. As long as you respect the guidelines for the communication vouchers and travel vouchers, you are free to meet with other members of other groups throughout the simulation.
4. You are free to use any resources (books, notes, handouts, etc.) that you feel might be useful.
5. There is no one best solution to any problem. Do not worry about the right answer. Be creative and try to come up with something that works.

HOW THE SIMULATION WORKS

The design of the simulation is quite simple. There are four phases:

Phase 1 - On the day before the simulation, you will receive the description of the country Pandora and the simulation instruction manual containing the rules of the simulation to familiarize yourself with the setting in which you will work.

Phase 2 - On the day of the simulation, the trainer will introduce you to the simulation by:

1. Reviewing the purposes of the simulation
2. Dividing participants into groups
3. Reviewing the setting
4. Reviewing the rules of the simulation
5. Explaining the role of the trainer(s)
6. Presenting the time schedule
7. Answering your questions
8. Distributing a simulation folder to each group in which you will find:

A short description of the unit your group represents and its tasks
A stack of role cards (villagers only)
The mission statement for the National FP/CS Program (*)
Communication vouchers
Transportation

(*) The villagers will not receive this item.

9. Directing you to your work area

After the introduction, the trainer(s) will play a minimal role and the simulation will become yours. Until the end of the exercise and the beginning of the debriefing, the trainer's only role will be to observe, deliver your communication vouchers and serve as drivers.

Phase 3 - The simulation will begin as soon as you arrive in your work area. Together with your group, you will review the contents of your folder, review your tasks, determine the main issues and problems, and develop and undertake a plan of action. You may not have all the information you need, so you will have to find it, and, if it is not available, create it based on your own experience.

Phase 4 - The simulation will end at a predetermined time, and all participants will meet, as a group, for a total group debriefing.

GETTING STARTED

You are now ready to get started. For all groups except the villagers, we suggest that you:

- 1) Review the setting in which you work (your group's case)
- 2) Place group members in appropriate positions (staffing)
- 3) Review your tasks; prioritize
- 4) Develop your plan of action
- 5) Implement your plan of action
- 6) Evaluate your performance throughout the simulation
- 7) Enjoy yourselves!

For the villagers, we suggest that you:

- 1) Assign the various roles.
- 2) In your assigned roles, discuss your experiences with the modern and traditional health systems, your worries, fears and concerns, your hopes and expectations.
- 3) Wait to see what happens, and enjoy yourselves!

GOOD LUCK!

THE PANDORA CHILD SURVIVAL/FAMILY PLANNING SIMULATION

General background about the country

Pandora is a tropical country with a population of 15 million people, with an annual per capita income of US\$ 420. The country is predominantly rural (only 28% of the population live in towns larger than 5,000 people). Farming is the main occupation, including subsistence farming and cultivation of coffee, tobacco and cotton for export. Some industries have developed around the main towns, explaining an ongoing migration from the countryside. Pandora's main river provides a quarter of the electricity needs, a small oil field another quarter (the refining capacity is to be expended in the next few years) but the country is still depending on oil imports for its needs. In addition, some of the rural mountain areas are still relying on wood as an energy source.

The latest population statistics show a crude birth rate of 51 per thousand per year, a crude death rate of 20 per thousand per year and thus a population growth rate of 3.1 per year (which implies that the population would double in roughly 23 years). 47% of the population is under the age of 15, and the average number of children per women is six.

The Infant Mortality Rate has been brought down from 143 per thousand per year 10 years ago to 105, partly due to the country's socio-economic development and partly to successful child survival interventions. These included the promotion of ORT through media and health facilities, and a large scale immunization campaign that raised the level of coverage for DPT-polio 3 and measles among children under 3 to 65%. From the incoming reports, it is estimated that 60% of this infant mortality is due to deaths occurring during the first month of life. National level statistics do not differentiate between neonatal and infant causes of mortality; among the categories reported for the age group "Less than one year" are prematurity, delivery problems, respiratory infections and diarrheas.

Very little information is available concerning maternal mortality; the few reports come from the hospital records and do not take into account deaths occurring among women who have not been in contact with the public health system or the civil administration. In one of the mountain regions, however, an agency providing FP services had recently done a community-based survey, showing a maternal mortality rate of 480 per hundred thousand live births. Causes of maternal mortality are reportedly hemorrhage, infection (some proportion of which is post-abortion) and obstructed labor.

The contraceptive prevalence in Pandora is estimated to be 3%. In the Highlands Region, a survey was recently undertaken showing that the prevalence was even lower (1%).

UNITED FUND FOR FAMILY HEALTH

UFFH is an international funding agency with a mandate to promote family planning in developing countries. It has a country office in Pandora, located in the capital, Pandora City, which is staffed by a director, a deputy, program officers and finance and administration personnel.

UFFH Headquarters has given directives to all its country offices to incorporate AIDS (Acquired Immune Deficiency Syndrome) prevention activities in its regular program. The Pandora Office has been allocated a considerable amount of money for this new initiative. The Resident UFFH Representative has informed the Government of Pandora about the new program and today is the government's deadline for their response. If positive, a formal agreement will be signed shortly.

In addition, UFFH is the major donor to the Family Planning Program and provides the bulk of contraceptives (condoms, IUDs, injectables, oral contraceptives, and foam tablets). Recently, UFFH Headquarters has undertaken an evaluation of all its family planning activities worldwide. Pandora was one of the countries studied in depth. These are some of the findings:

- **Management:** The flow of contraceptives is very uneven and undependable. It is harming the credibility of the program. **Recommendation:** Streamline the procurement, warehousing and distribution of contraceptives. Extensive training of logistics personnel at all levels.
- **Planning:** National plans are not considered relevant by several of the districts. Plans are developed top down, imposed on districts. Districts feel neglected in process. **Recommendation:** Develop a two-way planning process that allows input from all knowledgeable parties.
- **Training:** Traditional Birth Attendants (TBAs) have been trained to provide basic family planning information and referral. All TBAs visited by the evaluation team appeared discouraged, were not well informed and did not feel part of the program. **Recommendation:** Step up supervision activities, follow-up of trainees.
- **Outreach:** There is not enough health personnel to do the work. **Recommendation:** Explore use of volunteers.

The Minister of Health has not yet seen the report.

The UFFH staff feels in general that they have a good relationship with government officials, except when it comes to reporting. Monthly and quarterly reports are always late and of dubious quality. It has always been like that, nobody likes it, but what can one do about it?

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|---|------------------------------|--------------------------------|---------|------------------------------|---|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| 1. Training | | | | | | | |
| 1. To provide training capabilities to FP and program managers at RHO/PHO/CHO | 1.1 Feedback to RD about training plans and activities 1.2 TOT preparations: - Identification of pax - communication to PHO/CHO - confirmation/substitution - preparation of trng. materials - preparation of venue, etc. | FP Coord.; Chief of Training | Action plan | None | RHO No. 12 | July 1993 | Feedback given |
| | | | | | -do- | | |
| | | | Training modules and materials | c/o P07 | -do- | Sked to be coordinated with HMDTS/ FPS C.O. | Re-entry plans of pax; No. of health managers trained on TOT |

AP

ACTION PLAN

REGION XII

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|--|--|-----------------------------|---------|------------------------------|-----------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| 2. To train health workers on the diff. FP methods/ activities and thrusts | 2.1 Basic FP Compre Course | FP Training Coordinator | | c/o EDF | | See training calendar | No. of health workers trained on FP methods/ activities and program thrusts |
| | 2.2 TCu 380 Training | FP Coordinator | | -do- | | | |
| | 2.3 VSC Training | | | -do- | | | |
| | 2.4 FP Preceptor's Course | | | -do- | | | |
| | 2.5 Refreshers Course | | | -do- | | | |
| 3. To train BHW on the different health prog. esp. on FP | BHW training (1 batch/PHO/CHO) 8 batches | FP Training Coordinator; FP Trainers RHO/PHO and CHO | Modules; Training materials | c/o CSP | 5 PHOs; 3 CHOs | -do- | No. of BHWs trained |

60

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|--|---|--|--|-----------|-------------------------------|------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | Time |
| 4. To orient local gov't executives (prov'l, mun. and brgy levels) on FP and other health programs | Orientation of local government executives | Chief of Training; FP Coord.; PHOs/CHOs/RHMs, etc. | RA 6657 Implementing Guidelines & Pertinent Provisions | c/o USAID | 5 PHOs 3 CHOs barangays | finalize with RD | No. of local gov't exec. trained - MOA signed |
| 5. To train middle managers of DOH/RHO 12 on CQI Mngt. and other FP program acceleration inputs | 5.1 Preparation: (See activities on TOT) | Chief of Training; FP Coord.; AIM Consultant | Modules; materials | | | 11/2-11/30, 1992 | Modules prepared and training venue ready |
| | 5.2 Conduct of trng. on CQIM 20 participants 15 days duration | | | | | | No. of participants trained on CQI |

GH

REGION XII

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR |
|---|---|--|---|---|-----------------------------|--|
| | Activities | Resp. Person | Resources | Place where Activity is done | Time | |
| <p>II. Service Delivery</p> <p>1. To conduct FP program review in PHOs and CHOs</p> | <p>2.1 Consultative conference done on the last two days of the TOT</p> <p>2.2 Program review 1992 - Targetting for 1993 based on health workers and clients' needs</p> <p>2.3 Development of a monitoring tool which takes into consideration service providers needs and clients satisfaction</p> | <p>FP Coord.; Chief of Training; FP Trng. Coord.</p> <p>-do-</p> <p>-do-</p> | <p>Statistical data on FP program accomplishments, etc.</p> <p>-do-</p> | <p>RHO No. 12</p> <p>-do-</p> <p>-do-</p> | <p>9/3-5/92</p> <p>-do-</p> | <p>FP Program problems identified; targets considering program shortfall</p> <p>Monitoring checklist</p> <p>Interview schedules formulated</p> |

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|---|-----------------------------|-----------------|------------------------------|-----------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | 2.4 Development of a re-entry plan including the monitoring/eval. scheme of FP Prog. and services delivery | FP Coord.; Chief of Training; FP Trng. Coord. | | | RHO 12 | 9/3-5/92 | Re-entry plans of participants (TOT) |
| | 2.5 Pre-testing the monitoring check-list and survey questionnaires in one city (Cotabato) | Reg'l/City FP Coordinators and RHMs who are trained to conduct the survey | Sample forms needed TEV. | | Cotabato City | 9/7-30 | 37 barangays covered (of Cotabato City) |
| | 2.6 Revision/ finalization of monitoring/eval. tools | NOU-SERC Chief of Training | | Consultancy fee | | 10/5-9/92 | Final monitoring list evaluation done |

REGION XII

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|--|---|-----------|---------|--|---|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 2. To conduct a regionwide monitoring/evaluation of FP Prog. implementation in RHO 12 | Monitoring/evaluation of FP Program implementation in 5 PHOs and 3 CHOs | Chief of Trng.; FP Coordinators at all levels | | c/o EDF | Maguindanao Lanao Norte Iligan City Cotabato C. Lanao Sur & Marawi | Jan. '93 Feb. '93 March '93 April '93 May '93 | Areas covered |
| 3. To assess FP program performance based on monitoring/evaluation results | Statistical treatment, processing, analysis, presentation of evaluation results. | NDU-SERC Chief of Training | | c/o EDF | NDU | June 1993 | Visual data findings of FP program implementation Impact evaluation results |
| 4. To give feedback on the results of FP Program evaluation/assessment | Regional staff conference where all findings are given to PHOs/CHOs/COHs, etc. | RD, Chief of Training, FP Coord. | | EDF | | July | Feedback on program evaluation results done |

REGION XII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|---|--|-----------|------|------------------------------|------------------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| 5. To give recognition to deserving health workers and facilities on FP Program implementation | Awarding of adjudged deserving HW/health facility in a ceremony | Regional, Provincial, City FP Coordinators | | GOP | | Population Month Celebration | Awards given to outstanding FP service provider and FP clinic |

FP

ACTION PLAN

REGION XII

| OBJECTIVES/ACTIVITIES | IMPLEMENTATION MONTHS | | | | | | | | | | | |
|---|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | J | A | S | O | N | D | J | F | M | A | M | J |
| I. TRAINING | | | | | | | | | | | | |
| 1. TOT | | ===== | | | | | | | | | | |
| 2. FP Training for all categories of health workers on FP methods/ activities and thrusts | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| 3. BHW trainings | | ===== | ===== | ===== | ===== | ===== | | | | | | |
| 4. LGE Orientation | | | ===== | | | ===== | | | | | | |
| 5. CQI Management Training | | | | | | ===== | | | | | | |
| II. SERVICE DELIVERY | | | | | | | | | | | | |
| 1. Consultative conference | | | ===== | | | | | | | | | |
| 2. FP program review | | | ===== | | | | | | | | | |
| 3. Monitoring/evaluation | | | | | | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| 4. Monitoring results processing, analysis | | | | | | | | | | | ===== | |
| 5. Feedback results | | | | | | | | | | | ===== | |
| 6. Awarding | | | | | | | | | | | ===== | |

99

ACTION PLAN

| OBJECTIVES/ACTIVITIES | IMPLEMENTATION MONTHS | | | | | | | | | | | | | |
|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|--|--------------------------------------|
| | J | A | S | O | N | D | J | F | M | A | M | J | | |
| I. SERVICE DELIVERY 1. Feedback to RD 2. Communication re: Consultative Workshop 3. Consultative Conference 4. Consultative Feedback 5. Submission of accomplishments 6. Accreditation of FP clinics | | | | | | | | | | | | | | FP Coordinator |
| II. TRAINING 1. TOI 2. Preceptor's Course 3. Upgrading of Provincial FTA 4. Basic Compre FP Course 5. CQI Management Training | | | | | | | | | | | | | | Chief of Training |
| III. MONITORING/EVALUATION 1. TNA 2. Training Effectiveness/ client satisfaction | | | | | | | | | | | | | | Chief of Training/ FP Coordinator |

100

ACTION PLAN

REGION IX

| Objectives | Activities | Locus of Responsibility | Venue | Time Frame | Needs | | Immediate Output | Indicator |
|---|--|-------------------------|--|-------------------|-------------------------------|--------------------|---|--|
| | | | | | Resources | Cost | | |
| I. To improve KAS of provincial/district trainers to assure provision of adequate & sustained staff capabilities to deliver a wide range of high quality FP services in 5 prov./4 cities of Region IX | 1. Coordination with PHOs...for: | Dr. Baban | Lanao S. Lanao N. Basilan Sulu Tawi-tawi | August 1-2 wk. | TEV | | Identified: -20 P/D Trainers - 20 Pre-ceptors/ prov. 5 FTAs | No. of P/D trainers identified/selected No. of Pre-ceptors identified/selected FTAs/prov. selected |
| | 2. Conduct of Training | | | | | | | |
| | 2.1 TOT | | RHTC | Sept. 1st wk | ?TRA ?Trng. A ?Per Diem | P157,080 (7954) | 20 P/D Trainers | No. of targetted trainers trained |
| | ? Formulation of Rep - 1 course x 20 pax - 1 catch-up plan | | | | | | | |

101

ACTION PLAN

| Objectives | Activities | Locus of Responsibility | Venue | Time Frame | Needs | | Immediate Output | Indicator |
|---|--|-------------------------|----------|-------------------|---|--------------------------|-----------------------|---|
| | | | | | Resources | Cost | | |
| II. To supervise prov. FP conduct of training | 2.2 Preceptors Course - 20 pax/prov. x 5 = 100 4 courses x 25 | Dr. Baban | RHTC | Sept. 3rd wk. | ?TRA ?Trng. A ?Per Diem | P233,069 (233.69) | 100 Preceptors | No. of prov. preceptors trained |
| | 3. Upgrade provincial FTAs | | | | | | | |
| | 3.1 Coordinate/communicate needs FPS/C.O. | -do- | 5 provs. | Sept. 4th wk. | ?Supplies ?Materials ?Instruments/ Equipment | | 10 FTA/ prov. | No. of FPTAs upgraded |
| | 3.2 Provide and equip/set-up FTA | | | | | | | |
| | 1. Supervision/monitoring of provincial conduct of training | -do- | 5 provs. | Oct.- Dec. '92 | TEV | | | No. provincial trngs. assisted and supervised |
| | 1.1 Basic Compre FP Courses - 1 course each - Basilan, Lanao N, Sulu, Tawi-tawi | Provincial Trainers | -do- | -do- | Trg A TRA PD | P1,030 680 (4,908) | 210 - MD, N, MW | No. MDs, N, MW trained on Basic Compre |

ACTION PLAN

| Objectives | Activities | Locus of Responsibility | Venue | Time frame | Needs | | Immediate Output | Indicator |
|--|---|--------------------------|---------------------|--------------------|--------------------|----------------------|----------------------------|---|
| | | | | | Resources | Cost | | |
| | - 2 course - Zamboanga Sur 30 pax x 7 = 210 * REP - 7 NA/mo. x 3 mons. = 21 NA * 20 NA/pax x 210 = 4,200 | | | | | | | No. of MW/N trained on basic course |
| III. Increase management KAS of provincial supervisors in 5 prov./4 cities | 1. Conduct CQI Management Training - 1 course = 24 pax, 2 weeks | Dr. Baban Dr. Palubio | RHTC | Feb. 1993 | Trg A TRA PD | P309,120 (12,880) | 24 prov./dist. supervisors | No. of prov'l/district supervisors trained |
| IV. To assess program performance in 5 prov./4 cities | 1. Monitoring and evaluation for: 1.1 training effectiveness and client satisfaction 1.2 TNA | -do- | 5 prov. 4 cities | Once every quarter | TEV | | 80% of trained | No. of trained health workers monitored No. of monitoring visits end of 7/93 |

107

REGION IX

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR | |
|---|--|---|----------------|------|------------------------------|----------|-----------------|-----------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | | |
| I. SERVICE DELIVERY a) Increase no. of acceptors 20% from 1991 to EO December 1992 | a) Feedback to RHD and ARD about catch-up plan | -Reg'l FP Coordinator -Chief of Training | Action Plan | | RHO 9 | July '92 | Feedback | |
| | b) Request for approval to call a consultative with all FP coordinators | -do- | Sending agency | | | -do- | Request granted | |
| | c) Conduct consultative and feedback to PHO, district, cities, RHU FP Coordinators with regards the catch-up plan by end of 1992 and CQI M | -do- | | | P135/pax x 4 days | RHTC | August '92 | |
| | d) Request participants to attend the consultative and feedback | -do- | SSB | | | RHO 9 | July '92 | Confirmation received |

10/1

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|---|-----------|-------------------|------------------------------|------------|-------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | e) Prepare venue/ materials/supplies | Reg'l FP Coordinator; Reg'l Trng. Nurse; Chief Training Division | RHO 9 | | RHO 9 | August '92 | Office supplies available |
| | f) Conduct consultative/feedback | -do- | | P135/pax x 4 days | RHTC | August '92 | No. of pax trained |
| | g) Collect acceleration plan by categories | -do- | | | | | Acceleration plan submitted |
| | h) Intensify performance on all FP methods thru IECM and submission of accomplishment to RHO 9 | - ZRTH -Zambo City - IPHO Zambo. Sur - IPHO Zambo. Norte - CIT | UNFPA | | To be determine by the team | Quarterly | No. of NA and CU (method mix) |

105

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|--|--|------------------|--|------------------------------|-------------------|-----------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| II. To monitor and evaluate the FP implementation in all levels | i) Increase the no. of clinics to be accredited for FP services | Regional FP Coordinator; Reg'l Supply Officer | TEV | P135/day x 3 weeks | Provinces Cities | Sept. to Dec. '92 | No. of clinics accredited |
| | j) Conduct CQIM at RHO 9 | FP Coord. Chief of Trng. Center | TEV or UNFPA | | | October '92 | |
| | 1) Synchronize monitoring schedules with FP coordinator at all levels | Reg'l FP Coord. FP Coord. Prov'l/City | UNFA - DOH | P300/day x 1 week x 2 persons (Augmentation plan) | Provinces Cities | Sept. - Dec. '92 | No. of clinic personnel monitored |
| | 2) Assess performance of FP Coordinators as scheduled based on existing monitoring checklist | -do- | -do- | | | | |

REGION IX

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|--------------|-----------|------|------------------------------|------|-----------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | 3) Field visits to preceptor areas | | | | | | |
| | 4) Re-entry plan of newly trained service providers on FP programs | | | | | | |
| | 5) Prepare standard regional monthly monitoring report in accordance with FP service providers in all levels | | | | | | |

REGION VIII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|--|---|--|--------------|---|--|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| 1. SERVICE DELIVERY | | | | | | | |
| A. To increase the no. of functional FP service outlets by ___% from August '92 to July '93 | 1. Inventory of functional/non-functional FP service outlets 2. Accreditation of functional but not accredited FP service outlets (4 service outlets) 3. Revitalize/reactivate non-functional CIT and service outlets (4 CITs; _____ clinics) a) conduct need assessment b) reorient/orient team members c) scheduling of mobile services | Prov'l/Dist. FP Coord. Reg'l FP Coordinator FPS Reg'l/Prov'l/District FP Coordinators | Forms (Checklist) Forms (Accreditation) Travel Allowances, Per Diem, Gasoline, Vehicle | P250,000/CIT | Prov'l/Dist. --do-- Prov. Dist. | August '92 --do-- Aug.-Sept. '92 | Updated list of functional FP service outlets Accreditation of 4 FP service outlets Four CITs functional |

201

ACTION PLAN

REGION VIII

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|---|---------------------------|--|------|------------------------------|-----------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| B. Maintain/ upgrade 100% of existing FP service outlets from August '92 - July '93 | 1. Assessment of FP service outlets needs as to facilities/equipment/instruments/logistics and training | Prov'l/Dist. FP Coord. | Form (checklist) Travel allow. Per diem | EDF | Prov./ Dist. | Aug.-Sept. '92 | Service outlets needs assessed |
| | 2. Provision of adequate facilities/equipment/instrument and logistics | -do- | Facilities, equipment, contraceptives, medicines, medical supplies | | -do- | Aug. '92- July '93 | Adequate facilities/equipment, instrument and logistics provided |
| | 3. Regular follow-up visits | -do- | Travel allow. Per diem | EDF | -do- | -do- | |

101

REGION VIII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|--|----------------------|---------------|---------|------------------------------|-------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| C. Integrate FP to all Public Health Services at all levels | 1. Coordinate with all program managers in: a) MCH/Nutrition/CDD/EPI b) TB/Leprosy/STD c) Non-Com (CVD) | Reg'l FP Coord., RNS | Snacks | P30/pax | RHO | Aug. '92-July '93 | |
| | 2. Develop scheme on how to integrate FP to different PHS a) Include FP in ----- | -do- | -do- | -do- | -do- | Aug.-Sept. '92 | Scheme to integrate FP to different PHS |
| | 3. Regular meeting (monthly program review) | -do- | -do- | -do- | -do- | Aug. '92-July '93 | Ride-on activities disseminated & implemented |
| | 4. Provision of IEC materials related to TB and FP leprosy and FP non-com ,etc. | -do- | IEC materials | -do- | -do- | -do- | IEC materials provided to program managers for dissemination |

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|--|---|---|--------------|------------------------------|------------------------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| <p>D. To prioritize FP activities to serve 10% of high risk women</p> | <p>1. Discuss with RHD to circularize the memo to integrate FHSIS A-2a the identification and location of the high-risk group per barangay using the recommended order code</p> <p>2. Conduct conference w/ prov'l/district/city FP Coordinator re: the following</p> <ul style="list-style-type: none"> a) priority target clientele (high risk group) b) Integration strategies for service delivery, IECM, training | <p>Reg'l FP Coordinator</p> <p>-do-</p> | <p>Funds for conference</p> <p>Memorandum</p> | <p>UNFPA</p> | <p>RHO</p> <p>RHTC</p> | <p>August '92</p> <p>September</p> | <p>Memo re: identification of high risk group thru FHSIS 2a made</p> <p>Conference conducted</p> |

///

REGION VIII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|--|--|----------------------------|------|------------------------------|-----------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | 3. Create a CQIM task force (3-4 members) | Reg'l FP Coordinator | | | RHO | August '92 | Task force created |
| | a) OJT on CQIM | -do- | EDF Mon. Fund | | -do- | August '92 | OJT on CQIM conducted to task force |
| | b) Regular meeting (every 2 weeks) | -do- | | | -do- | August '92 | |
| | c) "Task Force" to conduct OJT on CQIM to different prov'l FP Coord. | Reg'l FP Coordinator; RNS, NI. Reg'l Trng. Nurse | Travel allow. Per diem. | | | Sept.-Oct. '92 | OJT on CQIM conducted to prov'l/dist. FP Coord. |
| | Down the line to BHS (RHM) during actual/monitoring/supervision | Prov'l/Dist. FP Coord. | -do- | | | Nov. '92- July '93 | OJT on CQIM conducted to RHU/BHS personnel |
| 4. Regular follow-up visits of prov'l/district/RHU/BHS | | | | | | | |

1/2

REGION VIII

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR |
|---|--|--------------------------------------|-----------------------------------|---------------------------|------------------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time |
| <p>III. Monitor/ supervise/ evaluate the implementation of FP program at all levels</p> | <p>1. Conduct regional consultative workshop</p> <p>Preparation of the following:</p> <p>1) venue/materials</p> <p>2) send message about the workshop at IPHO re: workshop</p> <p>2. Request provincial/ district FP Coordinators to bring necessary materials as :</p> <p>FP accomplishments 1st & 2nd quarter.</p> <p>list of trained/ untrained.</p> <p>updated list of accredited/non-accredited service outlets</p> | <p>Reg'l FP Coordinator; RNS</p> | <p>Travel allow. Per diem</p> | <p>EDF budget for w/s</p> | <p>RHTC</p> | <p>August '92</p> <p>Consultative workshop conducted</p> |

1/3

REGION VIII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|--|--|------|------------------------------|------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | Presentation of catch-up plan - feedback on CQIM | Reg'l FP Coordinator | | | RHTC | August '92 | Catch-up plan presented |
| | Re-echo catch-up plan to top management during Regional Staff Conference | -do- | | | RHTC | August '92 | Catch-up plan re-echoed to top management |
| | Review assess the updating of the FHSIS A-2a for the identification of high-risk group per barangay | | | | | | |
| | 3. Conference at the 6 provinces and 3 cities re: the implementation of the circular/memo on the use of FHSIS A-2a or masterlist for the high risk eligible MARA | Reg'l/prov'l/dist./city FP Coordinator | UNFPA funds Copies of memo for distribution | | Prov'l tng. center | Oct. '92 | Conference conducted |

A C T I O N P L A N

REGION VIII

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|-----------------|---------------------------|------|------------------------------|----------|--------------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | Time | |
| | 4. Review/assess the provincial/city/district records re: high risk potential acceptors needs and response to service rendered | Reg'l FP Coord. | Travel allow. Per diem | | Provincial/ Dist./City | Dec. '92 | Records re: high risk needs reviewed |

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|---|--------------------------|-----------|-------------------------|------------------------------|--------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| I. Service Delivery To increase the percentage of new acceptors (from 75% to 80%) and current users (from 70% to 80%) using the more effective methods by the end of July 1993. | 1. Feedback to RD/ ExCom members | FP Coord. Chief, HMDTD | Plan | None | Director's Office | July 27, 1992 | Feedback given |
| | 2. Consultative workshop/program review | | | | | | |
| | - request funds | FP Coord. | Plan | None | DAP | July 18, 1992 | Request made |
| | - coordinate with budget officer re: availability/ guidelines | FP Coord. | | | None | RHO | Last week of July |
| | - coordinate with HMDTD re: schedule, venue, materials, communication | FP Coord. | | | RHO | 1st week of August | Coordination done |
| | - preparation of venue, materials, communication | FP Training Nurse/ Clerk | Checklist | ₱100/Pax x 55 = ₱55,000 | RHTC | 1st week of August | Venue, materials, communications prepared |

REGION VII

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|--------------------------------------|---|--|------------------------------------|---|------------------------------|-----------------------|-------------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | - Actual conduct of workshop | Chief, HMDTD FP Coords. Trng. Coord. | Plan Accomplish- ment Report | P250/pax x 55 x 2 days = P27,000 | RHTC | 3rd week of August | Workshop Conducted |
| 3. Open new outlets (173 outlets) | | | | | | | |
| | - request list of equipment, FP supplies, commodities | FP Coord. | Letter | None | RHO | July 27 | Letters sent to all PHOs/ cities |
| | - consolidate needed equipment, etc. | FP Coord. | List | None | RHO | 2nd week of August | List made |
| | - request needed equipment, etc. | FP Coord. | List Letter | None | RHO | 3rd week of August | Request made |
| 4. Upgrade/maintain existing outlets | | | | | | | |
| | - request list of equipment to be replaced | FP Coord. | Letter | None | RHO | July 27 | Letters sent |

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|---|--------------------------|-------------|------|------------------------------|--------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| II. Training To train 30% of the untrained health personnel before the end of July 1993 | - consolidate list of equipment from PHOs | FP Coord. | List | None | RHO | 2nd week of August | List consolidated |
| | - request equipment needed | FP Coord. | Letter List | None | RHO | 3rd week of August | Request made |
| | - continuous provision of contraceptives/supplies | FP Coords. in all levels | Inventory | | All levels | Whole year round | Contraceptive supplies continuously provided |
| | 1. Request training funds | FP Coord. | Plan | None | DAP | July 18 | Request made |
| | a) TOT (1 course) - 20 pax | | | | | | |
| b) Trainers trng. (1 course) - 25 pax | | | | | | | |
| c) Preceptors' Course (2 courses) - 25 pax/course | | | | | | | |
| d) Basic/Compre (6 courses) - 25 pax/course | | | | | | | |

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|-------------------------------------|-----------|------|------------------------------|-------------------------------------|------------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | e) Refresher course (4 courses) - 25 pax/course f) ICS (4 courses) - 25 pax/course g) VSS (4 courses) 8 pax/course | | | | | | |
| | 2. Formulate criteria for selection of participants | FP Coord. at different levels/HMDTD | | None | RHTC during program review | 3rd week of August | Selection criteria formulated |
| | 3. Communicate with PHOs/LGUs to send nominees based on criteria formulated | FP Training Coordinator | Letter | None | RHO/PHO | 1 month prior to scheduled training | Letters sent and nominees selected |
| | 4. Coord. with budget re: fund availability | FP Coord. | | None | RHO | -do- | Coordination done |

REGION VII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|------------|--|---------------------------|---------------------|------------------------------|---|--|--------------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | 5. Coordination with HMDTD re: venue, materials, handouts, communication | FP Coord. | | None | RHO | 1 month prior to trng. schedule | Coordination done |
| | 6. Preparation of venue, training materials | FP Trng. Nurse | Checklist | P100/pax (UNFPA) | RHO/PHO | -do- | Venue, handouts prepared |
| | 7. Notify resource speakers | -do- | Letter | None | RHO/PHO | 2 weeks prior to scheduled training | Resource speakers accepts invitation |
| | 8. Actual conduct of training | FP Coord. Trng. Coord. | Trng. Funds (UNFPA) | | RHTC/PHC | As scheduled in the trng. calendar | No. of trainings conducted |
| | 9. Follow-up trainees | -do- | Plan | P200/day x 1 week/ mo x 2 | Preceptor area/area of assignment of trainees | Practicum Phase within 3 months after training | No. of trained followed up |

1210

REGION VII

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|--|---------------------------------|---|-------|------------------------------------|-----------------------------|--------------------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| III. Monitoring To conduct regular (quarterly) monitoring visit to all the provinces before EO July 1993 | 10. Liquidation of funds | RHTC Clerk | Attendance/Registration of Participants | None | RHO | One week after the training | Funds liquidated |
| | 1. Consult with FP Coordinator schedule of monitoring visits | FP Coord./ Training Coordinator | None | RHO | During consultative workshop - RHO | 3rd week of August | Consultation done and scheduled made |
| | 2. Communicate with PHOs/LGUs on planned visit with attached monitoring tool | FP Coord. | Letter Monitoring checklist | None | RHO | September 1st week | Letters sent |
| | 3. Courtesy call at Governor's/Mayor's Office | FP Coord. | | | Governor's/Mayor's Office | As scheduled | Courtesy call done |
| | - pre-conference with PHO/CHO/RHU staff | -do- | Plan Accomplishment report | | PHO/CHO/RHU | | Pre-conference done |

REGION _____

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|---|------------------------------|----------------------------|-------|------------------------------|---------------------------------------|------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | - actual visit | FP Coords. at various levels | Plan Accomplishment report | TEV | PHO/CHO/RHU | Visit made | |
| | - feedback | | | | | | |
| | - oral | -do- | Findings | None | -do- | Immediately after completion of visit | Feedback given |
| | - written | -do- | -do- | None | -do- | One week completion of visit | |
| IV. Logistic Support | 1. Prompt recording of deliveries/ allocation | Clerk/FP Coordinators | Bill of Lading; RIV | None | DHO/PHO/DHO | As occasion arises | Prompt recording |
| To provide adequate contraceptives/ supplies to diff. outlets | 2. Monthly inventory of FP supplies/ contraceptives | Supply Off./ FP Coord. | Stock card RIV | None | RHO | Every end of the month | Inventory done |

122

REGION VII

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|-------------------------------------|--|--------------------------------|-----------------------------------|---------|------------------------------|----------------------|---------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | 3. Request quarterly inventory of FP supplies/contraceptives, allocation | FP Coords. at different levels | RIV, stock cards, stocks, letters | None | PHO/CHO/RHO/RHU | End of every quarter | Inventory submitted |
| | 4. Request needed contraceptives/supplies incl. reagent for PAP's smear | FP Coord. | Letter | | RHO | As needed | Letter sent |
| V. Rewards | 1. Make proposal | -do- | | | | | Proposal made |
| To recognize outstanding FP workers | 2. Request funding | FP Coord. | Letter | | | | |
| | 3. Formulate criteria | -do- | | | | | |
| | 4. Actual selection | | Criteria | P45,000 | DHO/CHO/PHO/RHO | December 1992 | Awardees selected |
| | 5. Awarding | | | | | | |
| | | | | | | | |

123

ACTION PLAN

STRATEGY 1: DELIVERY OF QUALITY HEALTH CARE

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---|---|--------------------------|---|---------|------------------------------|---------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| <p>I. Service Delivery</p> <p>To improve quality of FP service in 95% of hosp. base FP clinics at end of July 1993, 80% of RHO FP clinics at the end of July 1993</p> | 1. Feedback to RD/ARD re: Seminar and Consultative Workshop (Chief of Training and Chief of Tech.) | L. Naragdao F. Loreda | None | | RHO | July 23, 1992 | Feedback given |
| | 2. Conduct consultative workshop | -do- | Travel Allowance, Per diem, T.M., handouts, meals, snacks and accommodation | P70,000 | Palmares Guest Hse., Iloilo | July 29, 1992 | |
| | <p>a) Status of quality service rendered to clients</p> <p>b) Orientation on CQI Approach</p> | | | | | | |
| | 3. Commitments from from RD, PHO, CHO that 17% of budget of MCH in FP should be utilized to support FP activities | -do- | | | | July 30, 1992 | PHO/CHO committed to allot 17% of MCH budget to FP Program |

ACTION PLAN

REGION VI

| | What | Who | How | | Where | When | INDICATOR |
|--|--|---|-----------------|------|------------------------------|------------------------|--------------------------|
| OBJECTIVES | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | 4. Maintenance of H.B. FP Clinics | | FPS-C.O. Region | | various district hospitals | July 31 to August 1/92 | No. of instruments given |
| | 4.1 Allotment of instruments and equipment | L. Naragdao | | | | | |
| | 5. Recognition of highest performing RHU for 1991 | | | | | | |
| 11. To increase FP new acceptors from 18,913 (15%) in 1991 to 102,499 in 1993, maintained servicing the need of CU from 147,632 (83%) to 177,158 (99%) at the EO July 1993 | 1. Agree among coordinators to strengthen FPP with other health program at all levels. | Reg'l/Prov'l/City and District Coordinators | | | iloilo | July 29-31/1992 | |
| | 2. Review/update masterlisting of H.R. woman such as: | | | | | | |
| | 2.1 anemic mothers | | FHIS | BHS | | | |
| | 2.2 mothers of malnourished children | | A-2a form | | | | |

125

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR |
|--|--|-------------------------|--------------------------------|--|--|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | |
| | 2.3 Tuberculous couples 2.4 Leprous couples 2.5 STD 2.6 Grand multipara | | | | | |
| | 3. Follow-up dropouts 3.1 Home visits supplies | RHU pers. BHW levels | Travel allowance, per diems | P200 -PHN 100 RHM 50 BHW once every quarter | Different municipalities and barangays | August/92-July 1993 No. of dropouts followed up |
| III. Organized itinerant teams in the region | 1. Identify/organized member of team/province | Reg'l, Prov'l FP Coord. | -do- | | Selected priority areas of province | August 30/92 Members of team organized |
| | 1.1 Preparation of instruments/eqpt. | -do- | | | Region September 2/92 | |

ACTION PLAN

REGION VI

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|--|---|-------------------------|--|--------------|------------------------------|------------------------------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | 1.2 Prepare budget for vehicle maintenance/personnel/gasoline | Reg'l/Prov'l FP Coord. | Gasoline TEV, per diem | | Region | | Budget for vehicle maintenance prepared |
| | 1.3 Appointing one casual contractual worker in the region to take charge of itinerant of itinerant van | -do- | TEV, per diem, salary of one contractual worker | P3,000-5,000 | Selected priority areas | Sept. 15/92 | Appointed one contractual worker |
| IV. Open new clinics 3 mun. hosp. 30 BHS | 1. Inventory of functional clinics without accreditation no. 2. Ocular inspection of clinic to be opened 3. Recommend for accreditation | FPS C.O. L. Naragdao | Instrument Equipment Reagents | | different provinces | 1st week of September to July 1993 | No. of clinics opened |

127

STRATEGY: CAPABILITY BUILDING OF RP/FP HOSPITAL-BASED, FIELD HEALTH WORKERS AND OUTREACH WORKERS

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|---------------------------------|---|---|----------------------------|------|------------------------------|---------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| I. Upgrade KAS of RP/FP workers | 1. Feedback the status of FP training plan -Jan.-June 1992 i.1 Discuss problems identified as to: - criteria for sending pax - preceptors areas - accomplishment of RHM trained in ICS (those trained 1990) | L. Naragdao T. Tauro J. Dichiso | Transparencies, pentel pen | | Palmares Guest Hse. | July 29, 1992 | Problems/ issues on training identified recommended made |
| | 1.2 Agreement among FP Coord.; catch-up plan for July-December 1992 and Jan.-June 1993 | F. Loreda | None | | -do- | -do- | FP Coordinator agreed the catch-up plan for training July-December 1992 Jan.-June 1993 |

128

REGION VI

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|--|--|---------------------------|---|------------|---|---|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| | 1.3 Train 33 pax in insertion of TCu 380 A | Reg'l FP Trng. Task Force | T.M.; TEV; Training allowance | P2,000/pax | 1 course at the region; 2 courses in Negros Occidental | July 23-31/92 Jan. '93-1st batch Feb. '93-2nd | 11 pax shall be train TCu by Dec.; 22 pax thru by Jan. 1993 No. of pax trained or refreshed- 105 |
| | 1.4 Update KAS of 126 FHW on FP | -do- | P2,000/pax | -do- | 1 course/ provinces -Aklan -Capiz -Iloilo -Antique -Guimaras -Negros Occ | Oct. 1992 March 1993 April 1993 May 1993 April 1993 May 1993 | |
| 11. Develop KAS of RP/FP worker to deliver quality health care | 1. Training - 210 hospitals/field workers on Basic/ Compre FP Course | Reg'l, Prov'l FPTTF | Training allowance; training materials; TEV | P9,900/pax | 4 course at reg'l level; and 3 courses Provincial level 1 Negros Oc 1 Iloilo 1 Antique | January-June 1993 | 40 Nurses/RHM shall be trained or skills/compre FP by end of July 1993 |

101

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | | |
|------------|---|---|---|--|---|----------------------------------|---|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | | |
| | 3. Conduct ICS trng. among 140 midwives | Reg'l, Prov'l FPTTF H.E. | Training allowance; training materials; TEV | P2,200/pax | 8 courses 12 courses 2/province | July-Dec. 1992 Jan.-June 1993 | 160 RHM shall be trained on ICS by Dec. 1992; 240 RHM by end of July 1993 20 nurses shall be able to counsel STR clients effectively | |
| | 4. Train 20 nurses in prov'l/district hospitals in VSC counseling | T. Tauro J. Dichosa | Trng. materials; TEV; training allowance | P2,700/pax | Guimbal Dist. Hosp Iloilo Reg'l Hosp Negros Occ | August 1992 | | |
| | 5. Train 8 surgeon/ 8 nurses on STR in prov'l/district hospitals | | | | | | | |
| | 3. Develop outreach workers on FP motivator/communicator | 1. Train outreach on ICS -how to inform, educate, motivate clients for FP | Reg'l Trng. Task Force | TEV, Trng. allowance, training materials | P1,500/pax | 6 courses - 1 course/province | | Jan.-July 1993 |
| | | | | | | | | 120 outreach worker from selected barangays have develop skills on FP |

-190

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|--|---|---|------------|------------------------------|--------------|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 4. Develop capabilities to supervise/follow-up trainers during practicum | Train physician/nurses/midwives on Preceptors Course | Reg'l Trng. Task force | TEV, Training allowance, Training materials | P2,700/pax | 20 pax | October 1992 | 20 physicians, nurses, RHMs shall be trained on FP preceptor course |
| | Monitor/supervise activities of trainers | FP Training Task force; Regional & Provincial | Traveling expenses; Per diem | | Province/city/dist. | Quarterly | 95% of trainees monitored/supervised |
| 5. Enhance capability of reg'l, provincial FPF in management of FP trng. | Conduct FP training of trainee using CQI | Reg'l FP TTF | Training allowance, TEV, trng. materials, TOT Trainers manual | P4,900/pax | 24 pax | Nov. 1992 | 24 MD, Nurse, RHM shall be trained on FP TOT |

ACTION PLAN

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|--|---------------------------------------|--|------------|---|--|---|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 6. Develop outreach worker on FP motivation/communication | Train 120 outreach worker on ICS as how to inform/educate and motivate client for FP | Reg'l FP TTF | Trng. allow. TEV, Trng. materials, TOT Trainer's Manual, BHW kit | P1500./pax | 6 courses/course/province | Jan.-July '93 | 120 Outreach workers from selected brgys. have developed skills on FP |
| | Train 20 nurses in prov'l/dist/hosp. on VSC counseling | Tauro/Dischosa | Trng. allow. TEV, Trng. materials | P2700/pax | Guimbal District; Reg'l Hosp. Negros Occ. | August 1992 | 20 nurses shall be able to cover STR clients effectively |
| | Train 8 surgeons/8 nurses on STR in prov'l/district hosp. | Naragdao | -do- | P17000/pax | Southern Island Cebu | July-Dec. '92 - 8 pax Jan.-July '93 - 8 pax | 16 Surgeons/nurses attendants shall be skillful in preparing STR |
| | Motivate/supervises activities of trainor | FP training Task force, Reg'l, prov'l | TEV per diems | | province/city/dist. | quarterly | 95% of trainers maintained/supervised |

101

ACTION PLAN

REGION VI

STRATEGY: INFORMATION/DISSEMINATION/COMMUNICATION AND MOTIVATION

| OBJECTIVES | What | Who | How | Where | When | INDICATOR | |
|---|---|----------------------------------|--------------------------------|-------|------------------------------|--------------------|--|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 1. Information/dissemination/communication & motivation | 1. Air over the radio FP key messages | PIA/H.E. | Radio stations, cassette tapes | | Regionwide | Sept. '92-July '93 | Key messages aired on radio |
| | 2. Plug FP key messages over pipe-in communication in hospital-based FP clinics | Dist. FP Coord., H.E. | | | Hosp.-base FP clinics | | |
| | 3. Conduct group counseling and motivation | H.E. | | | RHU/Brgy. | -do- | No. of clients motivated and counseled |
| 2. Encourage male to participate in FP Program | To conduct male group motivation | Trainers on Basic FP | IEC materials | | Selected areas | Aug.-Dec. '92 | No. of male clients motivated |
| | Conduct individual/group motivation | Refresher Course | | | | | |
| 3. To reach 5,000 married male clients | Coordinate with DA to integrate FP among farmers | Trainers on Basic, Refresher, AE | IEC materials | | Selected areas | -do- | No. of male clients motivated |

133

ACTION PLAN

MONITORING/SUPERVISION AND EVALUATION OF FP ACTIVITIES

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|---|--|-------------------------|------|------------------------------|-------------------------------------|----------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 1. Monitor/supervise regularly FPP by the end of July 1993 | 1. Conduct quality monitoring supervision on the implementation of FPP including NGO FP clinics at all levels | Regional, Provincial, City FP Coordinators | Travel allow. Per diems | | different provinces | Once every quarter | No. of provinces monitored |
| | 2. Program review | -do- | -do- | | Negros Occ. | July 23-24/92 Once every quarter | Program review attended |
| | 3. Update clinic performance | -do- | -do- | | | | Clinic performance updated |
| | 4. Assess program accomplishment using visual data | -do- | -do- | | different provinces | Once every quarter | |
| | 5. Feedback to personnel, PHO, CHO, R.D. | FP Coord. | -do- | | selected provinces | | |

REGION VI

ACTION PLAN

| OBJECTIVES | What | Who | How | | Where | When | INDICATOR |
|--|-----------------------------------|--------------|---------------------------------------|------|------------------------------|------------|-----------------------------|
| | Activities | Resp. Person | Resources | Cost | Place where Activity is done | | |
| 2. Evaluate FP implementation utilizing IECM | 1. To conduct eval. of FP program | FP Coord. | Regional, Provincial, City FP Coords. | | regionwide | July 31/92 | Evaluation of FPP conducted |

195

Annex IV
Evaluation Results

Session Evaluation Report

Scale: (9 -- Outstanding -- Satisfactory -- Poor -- 1)

SESSION: Management Process
 SESS #: 1
 COURSE: Middle Management course
 TRAINER: Dr. Med Roberto
 received
 DATE: July 6,1992

1 Form

7.36 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.0 | 7.6 | 6.9 | 7.5 | 7.6 | 7.5 |

SESSION: Intro to CQI
 SESS #: 2
 COURSE: Middle Management course
 TRAINER: Immy Nieboer
 received
 DATE: July 6,1992

1 Forms

7.36 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 6.7 | 9.5 | 7.0 | 6.5 | 7.4 | 7.2 |

SESSION: Managing Middleness
 SESS #: 3
 COURSE: Middle Management course
 TRAINER: Immy Nieboer
 received
 DATE: July 7,1992

1 Forms

7.38 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.4 | 7.8 | 7.7 | 7.4 | 6.9 | 7.1 |

137

Session Evaluation Report

Scale: (9 -- Outstanding -- Satisfactory -- Poor -- 1)

SESSION: Learning PP Program
 SESS #: 4
 COURSE: Middle Management course
 TRAINER: Dr. Ned Roberto
 received
 DATE: July 7,1992

1 FORMS

7.55 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.7 | 7.6 | 7.7 | 7.7 | 7.1 | 7.5 |

SESSION: Planning service delivery
 SESS #: 5
 COURSE: Middle Management course
 TRAINER: Immy Nieboer
 received
 DATE: July 8,1992

1 FORMS

7.50 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.6 | 7.3 | 7.7 | 7.5 | 7.5 | 7.4 |

SESSION: Planning Operational
 SESS #: 6
 COURSE: Middle Management course
 TRAINER: Dr. Ned Roberto
 received
 DATE: July 8,1992

1 FORMS

7.72 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.7 | 8.0 | 7.7 | 7.8 | 7.4 | 7.7 |

130

Session Evaluation Report

Scale: (9 -- Outstanding -- Satisfactory -- Poor -- 1)

SESSION: Implementation Service delivery
 SESS #: 7
 COURSE: Middle Management course
 TRAINER: Dr. Med Roberto
 received
 DATE: July 9,92

1 Form

7.95 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 8.0 | 8.1 | 8.1 | 8.1 | 7.8 | 7.7 |

SESSION: Implementation Operational
 SESS #: 8
 COURSE: Middle Management course
 TRAINER: Inmy Nieboer
 received
 DATE: July 9,1992

1 Forms

7.29 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.2 | 7.7 | 7.2 | 7.3 | 7.3 | 7.2 |

SESSION: Coordination:Operaticial
 SESS #: 9
 COURSE: Middle Management course
 TRAINER: Inmy Nieboer
 received
 DATE: July 10,1992

1 Forms

6.63 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 6.7 | 7.2 | 6.3 | 6.3 | 6.6 | 6.7 |

139

Session Evaluation Report

Scale: { 9 -- Outstanding -- Satisfactory -- Poor -- 1 }

SESSION: Coordination:Service delivery
 SESS #: 10
 COURSE: Middle Management course
 TRAINER: Dr. Ned Roberto
 received
 DATE: July 10

1 Forms

7.38 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.5 | 8.1 | 6.3 | 7.1 | 7.9 | 7.5 |

SESSION: Supervision
 SESS #: 11
 COURSE: Middle Management course
 TRAINER: Immy Nieboer
 received
 DATE: July 13,1992

1 Forms

7.39 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.4 | 7.8 | 7.3 | 7.3 | 7.5 | 7.2 |

SESSION: Interaction/Meetings
 SESS #: 12
 COURSE: Midlevel management course
 TRAINER: Dr. Ned Roberto
 received
 DATE: July 13

1 Forms

7.27 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|---------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.5 | 7.6 | 7.3 | 7.2 | 7.0 | 7.0 |

140

Session Evaluation Report

Scale: (9 -- Outstanding -- Satisfactory -- Poor -- 1)

SESSION: Communication/Coordination
SESS #: 13
COURSE: Middle Management course
TRAINER: Immy Nieboer
 received
DATE: July 14, 1992

1 Forms

8.33 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|----------------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 8.5 | 9.0 | 8.4 | 7.6 | 8.3 | 8.2 |

SESSION: Controlling
SESS #: 14
COURSE: Middle Management course
TRAINER: Dr. Ned Roberto
 received
DATE: July 14, 1992

1 For

8.07 Daily Average

| | Achievement of Objectives | Relevance of Contents to Job | Effectiveness of Training Methodology | Organization of the Session | Usefulness of Materials | Quality of Materials |
|----------------|------------------------------|------------------------------------|---|-----------------------------------|----------------------------|-------------------------|
| Average | 7.9 | 9.2 | 7.9 | 7.9 | 8.0 | 7.5 |

14R

FINAL EVALUATION
Management Training
July 6-17, 1992
Development Academy of the Philippines
Tagaytay City

Educational Aspects:

| | 9 | 8 | 7 | 6 | 5 | 4 | Mean Score |
|--|-------|----|------------|---------------|---|----------------------|------------|
| | ----- | | | | | | |
| 1) Achievement of Course Objectives | | 9 | 7 | 1 | | | 7.47 |
| 2) Achievement of your personal Objectives | 2 | 7 | 5 | 3 | | | 7.47 |
| 3) Relevance of Content to your Job | 4 | 10 | 4 | | | | 8.47 |
| 4) Effectiveness of Training Methodology | | 6 | 7 | 4 | | | 7.12 |
| 5) Organization of the Course | | 6 | 7 | 2 | 2 | | 7.0 |
| 6) Usefulness of Course Materials | | 10 | 5 | 2 | | | 7.47 |
| 7) Effectiveness of the Trainers | | 11 | 3 | 3 | | | 7.47 |
| 8) Quality of Materials | | 9 | 6 | 2 | | | 7.41 |
| Length of the Course | | | Too Long 3 | Just Right 13 | | Too Short 1 obtained | |
| Overall Rating of the Course | | | 8 | 4 | 1 | | 6.54 |

Total Number of Respondents = 17

INDICATE THREE (3) SESSIONS MOST RELEVANT TO WORK SITUATION

1. Analysis of Data for Control of Programs = 5
2. Analysis and Use of Different Types of Quantitative Data = 2
3. Implementation Operational = 3
4. Implementation Service Delivery = 3
5. Mini Research = 3
6. Control Traditional vs CQI = 4
7. Planning Service Delivery = 5
8. Planning Operational = 3
9. Coordination Service Delivery = 5
10. Managing Middleness = 5
11. Introduction to CQI = 3
12. Styles of Interaction = 3
13. Coordination Operational = 4
14. Supervision/MIS = 2
15. Overview of Management Process = 1
16. Rewards = 1
17. Communication = 2
18. A Day in Pandora = 1

SESSIONS LEAST RELEVANT TO YOUR WORK SITUATION

1. A Day in Pandora = 11
2. Managing Middleness = 3
3. Communication = 3
4. Mini-Research = 6
5. Analyzing and Use of Different Types of Quantitative Data = 2
6. Control Traditional vs CQI = 2
7. Supervision/MIS = 2
8. Implementation Service Delivery = 1
9. Coordination Service Delivery = 1
10. Analyzing Data for use in Control of Program = 1
11. Rewards = 3
12. Presentation of Action Plan = 3
13. Introduction to CQI = 1

TOPICS PREFERRED TO SPEND MORE TIME

1. Analyzing Data for Use in Control of Program = 4
2. Mini Research and Data Analysis = 2
3. Presentation of Action Plan = 1
4. Managing Middleness = 3
5. All Elements of Management = 1
6. Mini Research
7. Coordination, Controlling, Communication = 1
8. Analyze and use of different types of quantitative data = 1
9. Introduction to CQI = 1
10. CQI = 1
11. Supervision in CQI = 1

Additional Topics to have been included in the Course

1. Principles of Management = 2
2. Evaluation and Research - Actual Process = 1
3. Directing and Controlling = 1
4. Have to Make a Project Proposal = 1
5. Communication IECM = 1
6. Crises Management = 1
7. Monitoring = 1

Additional Comments and Suggestions

1. Simulation exercise were boring. It was more of killing the time. Taking so much of precious training time to gain so little learning. Better use SLE.
2. Trainer still need to learn more on objective setting and on processing of simulation exercises/sessions especially on soliciting learners insight.
3. Simulation exercise should not be lengthy. It should be a Philippine setting we are frustrated in processing of Pandora Exercise.
4. Time management must be observed which can be part of our exercise in the introduction to CQI.
5. Very encouraging, very educational.
6. We should be generous with overtime.
7. Training is very relevant/applicable to my work.
8. Training methodology can be duplicated in our training activities.
9. Time out for socials and field trips.

LOGISTICS

| | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Mean Score |
|---|---|---|---|---|---|---|---|---|------------|
| 1. Accommodation | 5 | 3 | 7 | | 1 | | | | 7.44 |
| 2. Transportation | 2 | 3 | 1 | 4 | 3 | 1 | 1 | 1 | 6.06 |
| 3. Food Provided | 2 | 5 | 3 | 5 | 1 | | | | 6.88 |
| 4. Training Room | 2 | 4 | 7 | 3 | | | | | 6.88 |
| 5. Administrative Support by DOH/ FPS Staff | 1 | 3 | 3 | 5 | 4 | | | | 6.50 |

144

ADDITIONAL COMMENTS:

1. Give enough time in your communication with us to be able to prepare coming on time.
2. The course was worthwhile attending and very informative.
3. Inform PAX in advance what to bring in the training.
4. Transportation should have been provided to enable participant to tour around Tagaytay.

Annex V
Reference Materials

ANNOTATED REFERENCES

On strategic management:

Peter F. Drucker, Management: Tasks, Responsibilities, Practices. New York: Harper & Row, 1974. (The classic from the "Father of Modern Management")

LaRue T. Hosmer, Strategic Management, Strategic Management. Englewood Cliffs, NJ: Prentice-Hall, 1982. (A standard reference on the subject)

Richard G. Hamermesh, editors, Strategic Management. NY: John Wiley, 1983. (A convenient book of readings on the subject)

George S. Day, Market Driven Strategy: Processes for Creating Value. NY: The Free Press, 1990. (Quality management focused titled on the subject)

On decision making and planning:

Charles Kepner and Benjamin Tregoe, The Rational Manager: A Systematic Approach to Problem Solving and Decision Making. NY: McGraw-Hill, 1974. (This title contains also the full details of PPA.)

Eduardo L. Roberto, Strategic Decision-Making in a Social Program: The Case of Family Planning Diffusion. Mass.: Lexington Books, 1975. (Treatment of the subject in the specific setting of family planning)

On implementing and controlling:

Robert Anthony and David Young, Management Control in Non-profit Organizations, 3rd ed. Homewood, Ill.: Richard Irwin, 1984. (Controlling as applied to nonbusiness concerns by the leading authorities on the subject)

Philip Kotler and Eduardo L. Roberto, Social Marketing: Strategies for Changing Public Behavior. NY: The Free Press, 1989. (Broadens "social marketing" beyond its narrow more popular usage and treats implementing as a process and a skill.)

Page 2
Annotated References

On quality management:

David A. Garvin, Managing Quality: The Strategic and Competitive Edge. NY: The Free Press, 1988. (An excellent summary reference of quality management concepts and techniques from the quality "gurus")

Thomas Peters and Robert Waterman. In Search of Excellence. NY: Harper & Row, 1982. (The first to popularize the quality management movement)

Richard Schonberger, Building a Chain of Customers, NY: The Free Press, 1990. (The "best seller" on an increasingly revolutionary concept.)

On keeping abreast of the latest:

Read the pertinent articles in: (1) Harvard Business Review, and (2) World Executive Digest.

Annex VI

List of Contacts

USAID:

Ms. E. Aquino, Program Officer

Department of Health:

Dr. Manuel G. Roxas, Under-Secretary for Public Health Services

Dr. J. Quintong, Director Family Planning Services

Ms. Presentacion N. Nosenas, Plans and Program Division

Ms. Letty V. Daga, Plans and Programs Division

Asian Institute for Management:

Dr. Eduardo Roberto

Development Associates:

Mr. Saha Amara Singham, Senior Asian Program Associate/FHTP

Margret Sanger Center:

Cathy Solter, Resident Advisor