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**SDA-RHS: REPORT ON A WORKSHOP ON
THE DELEGATION OF DECISION MAKING
AND FACILITATIVE SUPERVISION SYSTEMS**

February 12 - 14, 1995

Adolph Kapinga
Steve Reimann

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**SEVENTH DAY ADVENTISTS - RURAL HEALTH SERVICES
(SDA- RHS)**

**REPORT ON A
WORKSHOP ON THE DELEGATION
OF DECISION MAKING AND FACILITATIVE
SUPERVISION SYSTEMS**

(February 12th - 14th, 1995)

**WITH TECHNICAL ASSISTANCE FROM
Management Sciences for Health/FPMD**

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EXECUTIVE SUMMARY

A workshop on the Delegation of Decision making and facilitative supervision was held at Outspan Hotel, Nyeri between February 12th and 14th 1995.

The primary goal of the workshop was to improve the management of efficient and effective decision making and facilitative supervision. The workshop was therefore designed with the purpose of addressing the issue of decision making in the context of delegation, specifically suggesting the optimum decision making locum and the required supervisory support system. Another aspect which led to this design is the premise that supervision is a subsystem and forms part of the overall management function, again with the understanding that management is making other people work and for them to do so they need the required delegated authority and responsibility and support through supervision.

During the workshop participants were guided through by the use of introductory/brief lectures of the relevant subjects followed by group work to relate the concepts to their work situations/organization assess the degree to which their organization meets the identified and designed performance parameters and suggest/recommend ways for improvement. The workshop had seven seminars

- Introductory/Trend setting
- Workshop conceptual framework/learning style model
- Management components of reproductive health care system
- Effective management and the Delegation of Decision making
- Facilitative supervision systems to support delegated/decentralized decision making
- Elements of facilitative supervision system
- Action planning

As earlier mentioned through experiential learning cycle participants were able to identify and learn the knowledge, skills and attitudes required for facilitative supervision in the overall context of management

Participants then developed a plan of action to develop institutionalize and make the supervision manual/handbook operational.

1. Background :

This report details the proceedings of a workshop on the Delegation of Decision Making and Supportive facilitative Supervision system. The workshop was attended by SDA-RHS senior staff from headquarters and Regional Managers. The 2½ days workshops took place at Outspan Hotel, Nyeri from Tuesday February 12th - 14th, 1995.

2. Workshop Trend Setting/Introductions :

2.1 Official Opening :

The workshop was opened by SDA-RHS Executive Director, Dr. P. Mokaya. His opening remarks focused and emphasized on the importance of Supervision in the overall context of managing SDA-RHS's activities aimed at furthering the mission of the organization. He mentioned that the workshop and particularly the development of the system/manual was long overdue. He encouraged and urged participants to make full use of the opportunity by participating fully contributing constructive ideas which will make possible the development of a Decentralized Decision making manual. He specifically emphasized the need for people to consider themselves as managers rather than clinicians.

2.2. Individual Introduction :

Participants introduced themselves by briefly telling their name, job, history with SDA-RHS. Also provided was the information on whether on was a supervisor or supervisee and of supervisor the number of people supervised.

2.3. PARTICIPANT EXPECTATIONS

The following were the participant expectations

- 2.3.1. What is the process, where are we in the development of that manual carrying supervision? Specifically the manual is on how to :-
 - Supervise
 - Appraise (staff)
 - Report(At all levels) including project specific.
- 2.3.2. SDA-RHS will have identified required supervision Tools to use or be developed for future use.
- 2.3.3. SDA-RHS to come up with a supervisory SYSTEM to be used by all people and not only senior managers.
- 2.3.4. SDA-RHS to come up with comprehensive JOB DESCRIPTIONS to ease up supervision.
- 2.3.5. To have identified the SKILLS required by supervisors to be able to perform their duties.
- 2.3.6. To be clear of the concept of supervision i.e. what really does supervision mean?.
- 2.3.7. To come up with what is the most appropriate performance appraisal system which supervision can take.
- 2.3.8. Know the role and the supervisor in SDA-RHS.
- 2.3.9. Come up with a common understanding about supervision.
- 2.3.10. Knowledge of when to supervise (frequency).
- 2.3.11. Knowledge of the process of delegation in supervision.
- 2.3.12. Know the difference between delegation of duties and authority.
- 2.3.13. Know the qualities of a good supervisor.
- 2.3.14. Know when to delegate decision making and to who?
- 2.3.15. What do you supervise people?, activities?; or both?
- 2.3.16. Coming up with a work plan of how to operationalize what comes up out of this workshop.

2.4. Workshop Goal, Objectives and Philosophy

2.4.1. Workshop Goal

The primary goal of the workshop was to:
Improve the management of health care
delivery systems through efficient and effective
decision making and facilitative supervision.

The workshop was designed with the purpose of addressing the issue of decision making in the context of delegation. In particular, to suggest the optimum decision making locum and the required supervisory support system.

2.4.2 Workshop : Philosophy : (Conceptual Framework)

This workshop on Supervision was designed with underlying premise that supervision is a subsystem and forms part of the overall management function. This is particularly so because management essentially means making other people work to achieve organizational goals and objectives. However making other people work can only be possible if the required authority is granted to people doing the work and that management (leaders) are responsible for the creation of an enabling/supportive environment through facilitative supervision.

Because of this, the workshop emphasized on a clearly defined organizational structure and the implied functional relationships, position functions, job descriptions and the tasks. It then went further in emphasizing the role played by decisions and actions being made and implemented respectively at the most optimum locum in within the organization structure. Supervision system then plays the enabling role as it assists supervisee to : identify operational constraints and solutions to address; be motivated during feedback and supervision meetings.

Armed with this conceptual framework the workshop then introduced the knowledge, skills and attitudes, a supervisor needs to be equipped with. In order to facilitate easy reference of the skills and knowledge acquired during the workshop while practicing supervision, a manual is to be developed based on the workshop proceedings.

2.4.3 WORKSHOP OBJECTIVES

Specifically

By the end of the workshop, participant will have:

1. Identified essential management components for an effective reproductive health service delivery system.
2. Identified links between good/effective management practice and decentralization.
3. Identified both strategic and operational tasks
5. Selected criteria for establishing when and when not to decentralize.
6. Identified the extent (degrees/levels) of decentralization for the main strategic operational management functions.
7. Identified key elements of a decentralized supervision system.

AND BE ABLE TO:

8. ● Describe the knowledge, skills and attitudes required by effective supervisors.
9. ● Describe the scope of a supervisor, and the required reporting system.
10. ● Allocate time and organize logistics for supervision.

2.4.4. WORKSHOP DESIGN

Through self discovery the workshop will help participants to:

- Identify and define components of effective management systems for health care delivery and specifically the importance of appropriate locum for decision making.
- Relate and apply these components to their organization and identify areas for improvement.
- Develop an action plan to address the identified areas.
- Visualize themselves as managers, rather than clinicians.
- Develop their supervisory skills, knowledge and attitudes.
- Realize they are part of the headquarters management team not only clinic managers.
- Become results oriented.

2.4.5 WORKSHOP EVALUATION

Evaluation will be at :

The end of the workshop during which participants will evaluate the education and logistical aspects using a comprehensive form (see attachment 2) and verbal feedback.

2.4.6 WORKSHOP SESSIONS

Decentralized Decision Making and Supervision Workshop :

Session 1 Introduction

Session 2 Conceptual Framework

Session 3 Management Components of Effective Reproductive Health Care System

Session 4 Task Analysis

Session 5 Facilitative Supervisory System

Session 6 Action Planning

PRIORITY AREAS OF CONCERN (KEY AREAS TO BE EMPHASIZED)

1. Supervision
2. Delegation
3. Management
 - Management
 - Decision Making
 - Improve Health Service Delivery

3. Workshop Conceptual Framework.

3.1. Introduction :

This session was aimed at setting the trend/conceptual framework of learning or learning style to be used and or adopted by the workshop.

3.2. Objective :

Specifically the session objectives are :

- Introduce and explain the learning style model
- Explain the experiential problem solving cycle
- Identify group problem solving strengths and weaknesses
- Identify how to use and relate problem solving model/cycle for both the workshop and real work situations.

3.3. Presentations and or Discussions :

The experiential learning cycle was introduced as the model/learning style to be used throughout the workshop. The model introduced has four different learning models/cycles.

- Concrete experience stage/cycles: emphasizes learning from feeling, specific experiences, relating to people etc. This stage focuses on personal involvement with people in everyday situations. One would tend to rely more on ones feelings than on systematic approach to problems and situations
- Reflective observation stage/model emphasizes learning by watching and listening : Entails careful observations before making a judgement and looking for the meaning things.
- Abstract conceptualization, which involves learning by using logic and ideas rather than feelings to understand problems and situation
- Active experimentation whereby learning takes an active form of experimenting with or influencing changing situations.

However none of the above models describes entirely one's learning styles because each persons style is a combination of these four basic models. The general combinations are :

- Coverger who combines learning steps of abstract conceptualization and Active experimentation. This learning style is good at finding practical uses for ideals and theories.
- Diverge, combines learning steps of concrete experience and reflective observation. This style is best at viewing concrete situations from various different points of view.

- Assimilator, combines learning steps of abstract conceptualization and reflective observation. This style is good at understanding a wide range of information and putting it into concise logical form.
- Accommodator, combines concrete experience and active experimentation. People with this learning style have the ability to learn primarily from hands on experience.

Understanding the learning cycle can greatly assist in problem solving. Different types of problems should be approached in different ways. Most problems encountered involve the following skills.

- Identifying the problem
- Selecting the problem to solve
- Identifying different solutions
- Evaluating possible results
- Implementing the solution

3.4. Conclusions/Discussions :

3.4.1. This model is particularly relevant to the workshop because rather than relying on lectures/presentations (teaching approach), for each of the sessions participants either individually or in groups are given questions/problems or situations with which they study, analyze and come up with what they consider as the most objective situation. This then is subsequently related to their practical work place situation. The output of this exercise is that participants are able to analyze the weaknesses, strengths, opportunities and threats and identify any good practices to build/improve on or weaknesses threats to address.

3.4.2. This model is also useful for supervision in that it enables supervisors to identify and look at peoples strengths and how they can be used.

Throughout supervision process one need to keep on asking the following questions.

- What happened?
- What went well or poorly?
- Why was this that way?
- How can the current funding be used to improve next time visits/meetings
- How can we implement and or build on the evidenced successes?

4. Session 3: Management Components of an Effective Reproductive Health Care system

4.1. Introduction :

This session aims at assisting participants in groups to identify the major components of a effective Health Care System. The expected output is a working model of management system for effective health care delivery.

4.2. Session objectives:

Specifically by the end of the session participants will be able to :-

- Define/Identify the components of a health care system/program.
- Define what effectiveness is in relation to health care program.
- Identify management components of an effective health care system.
- Identify how good management practice contributes to effective service delivery.
- Relate the good management model to SDA-RHS

4.3. Methodology/Process.

To achieve the above session objectives, participants were guided through the subject matter by :

- Group work during which participants, based on their experience elsewhere or in within SDA identify a project health unit which they believe is or was well managed and outline the good management elements characterising the system
- Introductory Presentation/Lecture of the theoretical aspects of health care and effective management systems/components

4.3.1. Effective Health Service Delivery Programs :

A. Effective Health Service Delivery programs are characterized with:

- Enhanced services (Availability and accessibility);
- Attract and serve more clients;
- Increase contraceptive prevalence;

B. Effective health service delivery programs are those having and maintaining high quality of service: i.e. those that meet the clients needs and expectations.

- Providers establish good rapport with clients.
- Clients receive the contraceptive methods they choose and also the type of medical care they require.
- Providers can explain how contraceptive methods work.

C. What are the Management Components?

4.3.2. QUALITY OF CARE ELEMENTS AND MANAGEMENT COMPONENTS/FUNCTIONS

- 4.1. PLAN ahead of your service delivery program by identifying target group and projecting contraceptive requirements which ensures a wide "Choice of Methods".
- 4.2. ORGANIZE service delivery program by defining the structure, positions and service delivery sites with ample space and smooth client flow thus ensuring "Appropriateness and Acceptability":
Ensuring logistics for supplies/contraceptives equipment etc.
- 4.3. STAFF The positions with personnel skilled in "Interpersonal Relations" and the required "Technical Competence". Staff should also be skilled in "Counselling and provide clients with information".
- 4.4. DIRECT Staff by defining what they should do through job descriptions, written guidelines etc. Empower them with the responsibility and authority to make decisions through delegation.
- 4.5. CONTROL i.e. ensure progress towards objectives according to plan through supervision (assisting staff to execute their duties); monitoring and evaluation with emphasis on the identification of problems leading to clients not returning hence devise "Mechanisms to ensure continuity".

4.4. Discussions/Conclusions and or Recommendation

After the introductory theoretical presentation and the group work, participants came up with a working group model of management for an effective reproductive health care system/program. It was generally agreed that good management practice for reproductive health care program has the following components, dimensions or elements :

- A clearly stated mission statement for the organization/program;
- A plan and or strategy operationalizing the mission statement into strategies, 'SMART' objectives and clearly defined activities to be implemented in order to achieve the objectives;

- An organizational structure with positions, having clearly defined objectives, functions and jobs descriptions. Also included in the structure is a clearly defined functional/line and staff relationships (technical and administrative);
- Well staffed and a clearly defined staff/human resources development plan. A benefits package is also, an essential aspects of this component.
- Availability of financial resources which are well managed i.e. having an effective financial management system with the necessary controls, checks and balances.
- An effective MIS is in place including monitoring and evaluation
- A dependable logistics (contraceptives and other supplies) system.

4.5. Measurement of SDA-RHS's performance/status against these components:

Participants again broke up into groups to assess/measure the status of these components in relation to SDA. In the course of the group assessment and plenary discussions participants unanimously identified the following issues/discrepancies inherent or which need to be addressed :

- The mission statement for SDA-RHS exists and is well known and quoted basically everywhere.
- There is a Strategic Plan in its second year of implementation (is due for review this year 1995)
- Though there is an organization structure, it has some operational problems which greatly affect programmatic performance. These problems include **inter alia**.
 - Widely spread/location of SDA health units renders their management from headquarters extremely difficult.
 - Functional relationships (technical and administrative) not clearly defined.
 - Job description not clear where they exist especially for staff other than the director.
- Although it was not clear if the staffing pattern was optimum, the following issues/problems were identified.
 - There is inadequate staff performance appraisal system
 - Employee/staff regulations or handbook was not operationalized since only the Eastern Africa Division workshop policy was available.
 - The supervisory system was inadequate

The other management components were somehow considered to be well addressed although in some cases had some problems which needed to be addressed.

4.6. Conclusions and Recommendations :

In order to address the above identified issues/problems, participants came up with the following recommendations/conclusions

- The proposed organization structure should be documented, clearly defining the decentralized management system for SDA-RHS.

The functional relationships should also be defined.

- In relation to the staffing and Human resources development the following were the recommendations were made.
 - A comprehensive staff appraisal system be developed.
 - Also a supervisory manual should be developed.

5. Session 4: Effective Management and the Delegation of Decision Making.

5.1. Introduction :

The purpose of this session was to emphasize the fact that since an effective manager is the one able of enhancing the capability of other people, then delegation is an essential component of that process. The output of this session is an optimum decision making and task execution model for SDA-RHS.

5.2. Session objectives :

- Identify the key functions of an effective reproductive health service delivery system
- Identify the essential tasks involved in undertaking these functions
- Categorise tasks into operational and strategic.
- Establish criteria for delegation.
- Conduct analysis of identified tasks and required degree of delegation.
- Develop a provisional model of decentralized decision making for SDA-RHS.

5.3. Methodology/Process:

In order to achieve the above objectives participants were guided through the subject matter using the following processes

- Introductory/theoretical brief lecture on the task functional and task system of an organization
- Group work by participants in which they answered/addressed the following /issues
 - From SDA-RHS's mission statement analyze/identify the key functions and tasks.
 - How the SDA-RHS is organized to perform those tasks\functions.

The theoretical/brief lecture was based on the following concepts.

- Meaning of an organization
- The task system
- Criteria for decision making
- Rules for delegation

5.3.1. The Theoretical Aspects of the Functional and Task System of an Organization

A. WHAT IS AN ORGANIZATION?

It is:-

- An organic socio-technical entity.
- Mission driven and goal oriented/directed.
- At any given time has a deliberately structured activity system.
- With identifiable boundary
- Has defined task environment
- Has various internal and external actors (stake holders) with specific needs and expectations in exchange for contributions made to the organization's survival, growth and development.

Organizations have typical characteristics of living organisms in the sense that they can grow, decline/decay; be stunted; and even die.

B. THE TASK SYSTEM:

The organization's raison d'etre (Reason for existence) determines the scope and parameters of its vital core (strategic) and operating tasks: These are the actions that must be executed for the organization's survival, growth and development.

STRATEGIC TASKS

These are the tasks that define the uniqueness of the organization and its relationship with the dynamic environment. They involve policy formulation, guiding the organization in response to its environmental threats and take advantage of any opportunities.

CRITICAL OPERATING TASKS:

The basic tasks which must be performed to produce the products, services etc. as stated in the organization's mission. They include for example planning/project development, procurement, contraceptive supplies, staffing, accounting and financial management etc.

C. CRITERIA FOR DECISION-MAKING

- Importance of decision judged by its effect of organization's objectives.
- What information is necessary to take the decision? Who has information?
- What knowledge is necessary to take the decision? Who has this knowledge?
- How quickly, accurately, and cheaply can the information be transferred to those with necessary knowledge?
- What are likely consequences of taking a wrong decision? How important is that best decisions should be taken?
- How urgent is decision? What are consequences of a delay in taking it?

D. RULES FOR DELEGATION

- Accept delegation
- Specify goals and objectives
- Know subordinates' capabilities
- Agree on performance standards
- Include training
- Take an interest
- Assess results
- Give appropriate rewards
- Don't snatch back the delegated task

5.3.2. DELEGATING WELL (A case study)

One thing delegation is not an escape from work.

The Joyce Okoth the personnel manager made Hellen realize that she needed to overhaul Vulcan's company disciplinary procedures and bring them up to date. She started to re-write the disciplinary manual, but was not amused when Betty mockingly called it Helen's Problem Page.

Helen did not have a great sense of humour, but she did have a sense of urgency. She realized that her department, Personnel needed a complete review. She began to write a "needs analysis" with a gusto which was the envy of her colleagues, including Betty. She devised a new appraisal system, went on two courses, and set about tying up all the loose ends of Vulcan's recruitment and promotional procedures. It was a massive task, but she thrived on the challenge, working 14 hours a day until her husband began complaining about how little time she was spending at home.

Helen had to admit that she could not go on like this. What should she do?

Option 1. She could abandon her pet projects and concentrate on the basic job for which she had been hired.

Verdict This would not appeal to her at all.

Option 2. List her current jobs against priorities giving core jobs (case study 14) maximum ratings. Then plan her days accordingly so that she could leave the office at a set time acceptable to her family.

Verdict A time management procedure would be a great help, but there would be a great danger of the non-core work - her pet projects - getting lost.

Option 3. She could delegate some of the work, say the rewriting of the disciplinary manual.

Verdict In practice it is very difficult to delegate this sort of package to a junior. The effort of briefing would probably be greater than doing the work herself. Creative effort is very personal and the objectives change with every new bit of information and thinking.

Option 4. Delegate those jobs in her department which had become procedures. The disciplinary manual she could keep to herself.

Verdict

This is what Helen did. The result was a short term loss of efficiency in the department which sorely tried Helen's patience. She found she spent much more time than she liked in briefing her juniors, and overall her job became much more of a worry. She had constantly to remember to monitor people's progress. But this was counter balanced by increased satisfaction in her own job. She completed the new manual, and her other targets. She also discovered her staff becoming more cheerful and co-operative as time went.

The skill in delegation is choosing the right things to give to the right people. After that it is a standard management problem.

5.3.5. THEORY

There are four key points to consider when delegating.

1. **Delegation may sound fine in theory but feels bad in practice.**

You cannot delegate well unless you feel secure: if you are afraid for your job, you can hardly donate bits of it to others. It is equally true that you are failing to achieve a major part of a manager's job if you do not delegate.

This is the basic problem with delegating. Points 2, 3 and 4 below analyze it in detail.

2. **Select the right tasks to delegate.**

In theory there ought to be routine bits of work which others can do as well as yourself; but just because they are routine, they still have to be done properly, and delegating them creates the risk that they will be bungled. To offset this risk, work out whether there will be a worthwhile pay off.

- Will it eventually ease your workload?
- Will it give an assistant useful experience?
- Could it be used to put a questionable employee to the test?
- Might it spread the workload throughout your department?
- How much profit is there in the extra time available to you?

3. **Select the right delegate**

There is no golden rule: use your instinct, then find the time to monitor and review the employee's performance. "Come and talk to me the day after tomorrow to tell me how it's going" or "I'll ring you every Monday morning between nine and ten to find out how you're doing"

4. **Retain control**

Delegation does not mean abdication. You retain responsibility and must keep control, but without stifling any initiative which your subordinate might need to show. That is why regular reporting, as suggested in 3, is better than constant monitoring. The easiest trick of maintaining control in a changing world is to retain something that makes you personally indispensable - it could be a detail, or an overview.

Briefing the delegate for the task takes time, but this should be nothing compared to the time saved. Once delegates, the tasks does not go away; it becomes instead a source of anxiety. One definition of a natural manager is someone who can cope with that anxiety, and at the same time enjoy the rewards of being freed for more challenging, profitable and strategic tasks.

5.3.6. EXERCISE

Consider these statements. If you make these kinds of remarks at work, please put a tick in the "Yes" box. If you don't, tick the "No" box.

	Yes	No
1. If I want something done properly I have to do it myself.	<input type="checkbox"/>	<input type="checkbox"/>
2. It's quicker for me to do it myself -showing subordinates takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been let down by subordinates too often in the past	<input type="checkbox"/>	<input type="checkbox"/>
4. I'm worried about giving too much power away. I like to feel in control.	<input type="checkbox"/>	<input type="checkbox"/>
5. My people simply have not got the expertise/experience which allows me to delegate to them.	<input type="checkbox"/>	<input type="checkbox"/>
6. If I do give subordinates a particular job I'm forced to spend too much time supervising them away.	<input type="checkbox"/>	<input type="checkbox"/>
7. Nobody delegated to me when I was in a junior position.	<input type="checkbox"/>	<input type="checkbox"/>
8. If they mess it up. I'll get the blame.	<input type="checkbox"/>	<input type="checkbox"/>
9. I enjoy doing the job - and I would miss it if I delegated more.	<input type="checkbox"/>	<input type="checkbox"/>
10. I like to spend long hours in the office, doing the extra work.	<input type="checkbox"/>	<input type="checkbox"/>

As you have seen in this section, most people are, by nature, poor delegators. If you have answered "Yes" to six or more of these questions, you need to try harder.

5.4 Discussion (Plenary); Conclusions and Recommendation

5.4.1 After the theoretical presentations and group work, participants critically analyzed the functions and key tasks involved at SDA-RHS.

The analysis started by identifying from the SDA-RHS mission statement, the key functions and tasks emanating from these functions.

The tasks were categorized into strategic (the what\why) operational (How, where, when). In order to properly decide who should do what, participants identified the key stake-holders.

Using the decision making model and rules delegation participants then constructed or proposed and roles of each of the key stakeholders in the execution of a particular task/function. However it was unanimously decided that in allocating the roles and responsibilities they limit themselves to the following stakeholders

- Headquarters to include the director and other staff supporting him
- Regional/Area Manager
- Clinic incharge

5.4.2 Roles and Responsibilities of key stake holders (**Optimum Decision Making Model**). As earlier mentioned and for the purpose of making/designing an optimum decision making model participants decided to consider or categorise these stakeholders into 3 categories.

- Headquarters and related, to include RHS board, Management team, Donors etc.
- Regional Manager.
- Clinic based, to include local church leaders government and the community in general. In order to determine who should do what and why it was important to seriously consider some key questions.
- What are the Strategic Decisions that should be made
 - Centrally
 - Regionally
- What are the operational decisions that should be made
 - Centrally
 - Regionally
- What information is required for each of these decisions to be made

After considering and deliberating on these questions participants proposed the following decision making model.

SDARHS ROLES AND RESPONSIBILITIES OF KEY STAKE HOLDERS

ROLE OF:

TASK/FUNCTION	CLINIC INCHARGE	REGIONAL MANAGER	HEADQUATERS
1. Staffing	Identify needs Hire part time individual Take disciplinary action to clinic staff	Confirm needs Interview and Recommend	Approve Meet Candidate Approve pending Board Approval
2. Budgeting	Prepare clinic budget	Compile Regional Budget	Provide TA in Budget Revise Budget (with RM)
3. Manage Finances	Improve Budget Goals Collect and bank revenues	Assist Clinic to achieve this Approve Additional expenditure	Do financial analysis Approve special expenditure
4. Accounting procedure	Initiate accounting records	Implement payments	Assimilate analyses disseminate
5. Actual treatment	Does/Ensure service provided Ensures quality at clinic	Referral Handles cases Ensures quality at clinic	Treatment of Referral case Ensures of all quality
6. Information	Initiate Data Ensure data collected	Comment on Data analysis Send to HQ	Act on it file disseminate (upwards down)

<p>7. Supervision</p>	<p>Ensure clinic staff are working to achieve the organization goals</p> <p>Supervises clinic staff</p> <p>Assists staff in their professional development</p> <p>Make work plan</p> <p>Ensure cleanness</p> <p>Recommend promotion</p> <p>Incentives</p>	<p>Supervises clinic</p> <p>Assists clinic ilc to develop clinic</p> <p>Assists/supervises staff</p> <p>Support CIC</p> <p>Solve Clinic worker problems</p> <p>Coordinate Clinic/Office (HQ)</p> <p>Communicate Office/Clinic (HQ)</p>	<p>Onsite supervision (evaluation assists)</p> <p>Regional managers</p> <p>Ensures that staff developmental needs are met</p> <p>Fact finding</p> <p>Implement recommendation</p> <p>Supports O/All</p>
<p>8. Training/Dev.</p>	<p>Performance appraisal</p> <p>Needs identification</p> <p>Train local in-serve OJT (clinical)</p> <p>Recommend further training</p> <p>Instruct Demonstrate quality inside and outside clinic</p> <p>Instruct to use medical equipment</p>	<p>Evaluate information</p> <p>Forwards HQ</p> <p>Recommend Refresher Courses</p> <p>Train CIC and others using/understanding (information)</p>	<p>Plan Training</p> <p>Training</p> <p>Arrange for releasing staff and secure replacement staff</p>
<p>9. Operational and coordination</p>	<p>Time manage</p> <p>Ensure cleanness</p> <p>Cordianate staff/community</p> <p>Share new OP. ideas</p> <p>Ensure adequate equipment drugs</p>	<p>Coordinate\supply drugs</p> <p>Coordinate clinics & HQ</p> <p>Sharing ideas</p>	<p>Budget resources</p> <p>Plan timing</p> <p>Discipline as requested</p>
<p>10. Motivation</p>	<p>Set Example before model</p>	<p>Recommend incentives, training salaries</p>	<p>Plan/Implem. recomendations visit regularly</p>

11. Relations client consumers	Empathize client Give clear information instructions clients etc Take patients as always right (customer relations) Serve Ist come Ist serve No favourism	Solve misunderstandings clinic/community	Devise relevant acceptable pricing Meet community leaders
12. Research & Development	Find ways of improving health services Find problem workers/ community Solve if possible	Rectify immediate problems	Find provide TA Affordable supplies/ Resources Locate funds

5.4.3 Conclusions and Recommendations:

Participants observed and concluded that in order to make this model effective/operational two things were necessary

- Seek the required approvals from the board
- Detail the defined roles and responsibilities in the employee\supervision handbook so that they can easily be referred to by both supervisors and supervisees.

However it was cautioned that while featuring these issues care should be taken to ensure that whatever is suggested does not contradict with overall SDA working policies for the Eastern Africa Division.

6. SESSION 5. Facilitative Supervision Systems to Support Delegated/Decentralized Decision Making.

6.1. Introduction :

This session introduced the concept and practice of supervision to support the delegated/decentralized decision making and the of implied tasks. Emphasis was made on the skills, knowledge and attitudes required to be an execution effective supervisor.

6.2. Session Objectives :

The specific objectives of the session were :

- Define the concept of effective supervision
- Relate the practice of effective supervision to delegation of decision making in the overall context of effective management
- Describe requirements for effective supervisory meetings

6.3. Methodology/Press :

The following methods/process were adopted :

- Brief introductory lecture on supervision (definition of) and situational leadership
- Group work on the identification of attributes of good supervisory meetings/visits

6.3.1 Plenary Discussions/Presentations :

A. Situational Leadership Model :

The situational leadership model was exhaustively presented and discussed by participants. This model is based on the premise that successful leaders are those who can adapt their behavior to meet the demands of their own unique situation. It is a model helpful to managers/supervisors in diagnosing the demands of their situation. Basically it is based on the amount of direction (task behavior) and the amount of socio emotional support (relationship behavior) a leader must provide given the situation and level of readiness of those being led/supervised or managed in general.

- Task Behavior is the extent to which a leader engages in one way communication by explaining what a follower, employee or supervisee is to do as well as how, when, where the tasks are to be accomplished. Some people refer it as "autocratic" or "production oriented".
- Relationship behavior is the extent to which a leader engages in a two way communication by providing a socio - emotional support, "psychological strokes" and facilitating behaviors. Some people call it "democratize: or "employee oriented".
- Situational leadership also introduces the concept of level of readiness: This is defined as the ability and willingness of a person to take responsibility for directing their own behavior. This concept is useful in the situational leadership model in the sense that as the level of readiness of the follower continues to increase in terms of accomplishing a specific task, the leader should begin to reduce task behavior (telling) and increase relationship behavior.

B. SUPERVISION

- Defined as the overall range of measures to ensure that personnel carry out their activities effectively and become more competent at their work.
- The purpose of supervision is to promote continuing improvement in the programme of workers through
 - Updating program objectives to needs on a periodic basis.
 - Making sure or assist staff to adjust to difficulties encountered.
 - Helping/develop staff motivation
 - Helping staff to improve their performance and competence.

6.3.2 Group Work :

Participants were asked to go into groups and address the following questions ;

- In a role play one participant was asked to become a restaurant manager and the other one a waiter/steward. The two were then asked to conduct their monthly or weekly supervisory meeting
 - What worked well?
 - What could be improved
 - What are the attributes of a good supervisory meeting/visit?

6.4. Overall Plenary Discussions:

Based on the introductory lectures and the group work/role plays, participants came up with a list of 16 attributes of a good supervisory meeting/visit.

The identified attributes of a good supervisory meeting are :

- Clear meeting purpose
- Establishing meeting objectives
- Set aside sufficient time for the meeting.
- Prepare adequately for meeting - both supervisor and supervisee.
- Arrange for no interruptions
- Have adequate information on supervisee job and performance.
- Amenable location and surroundings

- Friendly tone...but serious
- Non-threatening tone, non-blaming approach supportive and understanding.
- Encouraging atmosphere -supervisee praised for good performance, given confidence, encouraged to express views freely.
- Develop positive attitude
Supervisor to use facilitative approach
- Use good open communication techniques
- 2 way communication, active listening, open minded, etc.
- Tasks assessed against clear smart objectives/targets
- Problem identification and problem solving
Focus - Encourage supervisee to generate practical solutions in meeting.
- Set new smart objectives in meeting for new performance - agree on objective criteria, set action plan.
- Agree deadlines and targets.

6.5 **Conclusions\Recommendations:**

While acknowledging and accepting that the above list comprises the essential attributes of a good supervisory meeting, it was recommended that these attributes should be emphasized in the Supervision\Employee Handbook.

Session 6: Elements of Facilitative Supervision:

7.1. Introduction :

This session aimed at exploring the mechanisms required to support and monitor staff/units or areas to which decision making has been delegated.

7.2. Objectives:

The specific objectives of the session:

- Design supervisory systems appropriate to SDA-RHS decentralized decision making context
- Identify information requirements implied in the supervisory model
- Identify the tools needed to operationalize the system.

7.3. Methodology/Process :

This session was based on group work in which participants were asked to address the following question:

- What mechanism do you need to support and monitor the staff/clinics or areas to which you have delegated so that they can be effective and help you steer the organization to accomplish its goals?

During group work participants were supposed to come up with :

- Proposed design of the supervisory system or manual for SDA-RHS
- The information requirement for the proposed supervisory system
- The tools required or to be used in implementing the supervisory system.

7.4. Plenary Discussions, conclusions and or Recommendations:

After detailed presentations of group work, participants came up and agreed that the major elements of a facilitative supervisor. include:

- A properly designed, clearly defined system well documented for easy reference in the form of a manual.
- Well identified information sources to operationalized and monitor the system.
- Well designed/effective tools to collect the information.
- An objective staff performance appraisal system.

As such participants emphasized the need for a Supervision Employee Handbook, the elements or contents of which are as outlined in 7.4.1 below.

- 7.4.1. ● The supervision system/manual. This manual/system should include contents as outlined below:

Supervision Manual Table of Contexts

- Introduction
 - Mission Statement
- Organizational Structure
 - Functional Relationships (Administrative and Technical)
- Operational Guidelines (Detailed descriptions in specific manuals)
 - Procedure Manuals
 - Standards
 - Policies
- Personnel Procedures
 - Recruitment
 - Staffing Bands
 - Promotion
 - Training
 - Disciplinary Action
 - Termination
- Staff Benefits
 - Leave
 - Sickness
 - Benefits
 - Incentives and Bonuses
- Performance Appraisal
 - Policy
 - Frequency
 - Reporting requirements
- Supervision (Performance Improvement)
 - Philosophy, Scope and Coordination
 - Planning, Preparation and Information Required
 - Conducting Supervisory Meetings
 - Feedback and reinforcement
 - Follow up

- Supervisory tools and Checklists
 - Job Descriptions
 - Performance Planning Goals, Objectives and Targets
 - Work Plan
 - Performance Appraisal (Technical and General)
 - Performance Planning Checklist

7.4.2 Staff Performance Appraisal System

Information

- Performance Planning Documents
- Technical Performance Appraisal Results
- Job Description

Process

- Dates
- Frequency
- Preparation
- Appraisal Meeting
- Reporting
- Follow up

Organizational Coordination

Which particular department or unit in SDA-RHS is charged with the responsibility of coordinating staff performance planning and appraisal system/process?

7.4.2 ● Information requirements:

Participants also identified the following information requirements for a facilitative supervisory system.

- Duties and responsibilities (job descriptions) of staff.
- Procedures, Guidelines and Regulations (service delivery/operational)
- Objectives and Targets
- Program activities
- Resources - Actual stock
 - Utilization
- Standards

- Historical performance
- Current performance - supervisee
- unit
- Training Needs
- Morale
- Operational constraints
- Support - Staff
- Community
- Political
- Technological Trends
- Collaboration - Staff
- Agencies
- Staff Relationships
- Composition of supervisee skills
- Knowledge, Skill, Attitude to do effective job.
- Knowledge of supervisee work environment
- Communication/Interrelationships between other programme areas.
- Motivation.
- Facilities
- Public Climate
- Political, Religions, Pressure Groups, etc.
- Information Gaps
- Client and customer attitudes.

7.4.3. ● Supervisory tools:

For the supervisory system to be effective, participants identified the following tools as essential. In addition to their being considered as essential participants went on to indicate the status of the particular tool in within SDA-RHS.

The following table indicates the status of tools required in within SDA-RHS.

STATUS OF SUPERVISION TOOLS AND PROCESSES AT SDA-RHS

FUNCTION TOOL	STATUS
<p>1. TRAINING</p> <p>News Letter List of Qualifications/Skills IEC of all staff (staff dossiers) Reference Books/Resource materials Performance appraisal (Ref to supervision) Skill inventory related to work load of clinic/site Register of Trainer Register of Training courses</p>	<p>N*3 N 2*M - N N N N N</p>
<p>2. PROCUREMENT</p> <p>Resource list - Essential Drugs Lists Requisition Forms Stock Forms Price List Stock Management Guidelines</p>	<p>E*1 E E E N</p>
<p>3. PLANNING AND COORDINATION</p> <p>Work Plans Strategic Plan</p>	<p>M M</p>
<p>4. STAFF MOTIVATION</p> <p>Performance appraisal (set supervision) List acceptable rewards Letters of praise</p>	<p>E N N</p>
<p>5. STAFFING</p> <ul style="list-style-type: none"> ● Interview Check Lists ● Job Description ● STAFF HANDBOOK <ul style="list-style-type: none"> - Disciplinary Procedures - Promotions - Raises - Salary structure - Retirement - Leave Etc 	<p>n m</p> <p style="text-align: right; font-size: 2em;">30</p>

11. SUPERVISION Supervisory Check Lists - Gen Guidelines - Tech Observation - Etc (Means of Transportation) Time Schedule (Time Availability) (Supervisory Workplan) Performance Appraisal System Performance Planning System Job Descriptions	 M N N N N N M
12. RELATIONS WITH COMMUNITY/CLIENTS Suggestion Box Client Surveys	 M N
13. R & D Publications/Literature Professional Association Counterpart Organization Networking Check list used to Assess Service Provision	

NB: E = Existing\available
M = Existing but needs modification
N = Not available

7.4.4 Conclusions and Recommendations

As earlier mentioned participants agreed and concluded that a good facilitative supervision has the following elements.

- A properly designed, clearly defined and well documented system in the form of a manual.
- Identified information sources
- Well designed tools to collect the information
- An objective staff performance appraisal system

It was further recommended that steps should be taken with immediate effect to streamline the system by consolidating those elements ie developing those ones not available and modifying existing ones which are considered not easily available.

SESSION 7: ACTION PLAN

PURPOSE AND CONTEXT

This session aimed at developing a work plan for operationalizing decentralized system formulated during the workshop.

8.2. OBJECTIVES

The specific objectives of the session were:

- identify key activities required to implement a decentralized supervisory system
- Identify resources required to implement activity
- Develop timeframe for all key activities
- Assign responsibilities to appropriate people

8.3 Methodology/Process

During a plenary session participants used inputs from previous sessions and developed a plan of action which basically contained the key actions to be implemented in developing and institutionalizing the supervision system.

8.4. Plan of Action

8.4.1. Outstanding Issues to be addressed

1. Management of cash revenues at clinic level: All collections to be banked to a certain amount equivalent to the clinic salaries and the rest be transmitted to HQ A/C.
2. Develop supervisor check uses - which standardized list & processes need to be addressed devised

8.4.2 Action Plan

1. Meet with clinic incharge and relate what learnt - area managers.
2. 8 March - RHS Board
3. Board approve new role of regional managers & decentralization structure.
4. Develop specific decentralization plan including functional relationship roles, responsibilities, levels of authority, cost of implication of decentralized supervision.
5. Develop supervisory system manual.

14\15 FEB. - Analysis Feb 17

6. Report - March 1 to send document Feb 27
7. Proceedings of workshop - FPMD
8. Summary of issues for Board to be included in report - Director
9. Financial Analysis of last year with project projections to be included in report - Bus Manage/Director.

LIST OF PARTICIPANTS FOR SDA SUPERVISION WORKSHOP
AT OUTSPAN HOTEL, 12TH - 14TH FEBRUARY

Dr. Peter O. Mokaya, Director
Mr. Caesar S. Didi, P.O. FP, Clinical Management
Ms. Julia A Otleno, MIS
Mr. Mark Mwathi, Coordinator RHA
Mr. Joseph Keino
Mr. Christopher Onyuna
Mr. David Bosire, Supervisor
Mr. Robert Njiru

SDA WORKSHOP - COURSE OUTLINE

DAY 1 - Sunday 12 February

4.00 - 5.45 p.m. Session 1: Introductions

- Registration (15 minutes)
- Devotions (15 minutes)
- Brief individual introductions (plenary 15 mins)
 - name, job, history with SDA, aspirations for SDA
 - are you a supervisor, are you a supervisee, how many do you supervise
- Workshop expectations (15 minutes)
- Workshop norms (plenary 15 minutes)
- Workshop objectives, timetable and logistics (plenary 30 minutes)

- Evening assignment - complete the learning styles inventory

Resources:

LSI inventory

DAY 2 - Monday 13 February

8.00 a.m. Devotions

8.15 - 8.25 a.m. Housekeeping and introduction to day (10 minutes)

8.25 - 9.25 a.m. Session 2: Conceptual Framework

- Explain learning styles model and experiential problem solving cycle (plenary 20 minutes)
- Compile group profile (plenary 30 minutes)
 - identify individual styles in group
 - identify group strengths and weaknesses
 - identify how to use model for group work in this workshop
- Relate problem solving cycle to workshop conceptual framework (plenary 10 minutes)

Resources:

LSI inventory

Reading: Learning and Problem Solving, David Kolb

The cycle of incompetence

Stages of integrating new behaviour

9.25 - 1.00 p.m. Session 3: Management Components of an Effective Reproductive Health Care System

- Exercise: Think of a project in which you have been in either in SDA or in another organization where you experienced good management practice, what were the components of the good practice and how did they contribute to effective performance (individual 10 minutes, group sharing 40 minutes, synthesis components 20 minutes)

10.30 - 10.45 a.m. Tea break

- Introduction to management checklist (plenary 20 mins)
- Consolidate their analysis into working model of management (plenary 45 mins)
- Measure SDA's performance against this checklist - How is it doing? (group 45 mins, plenary 20 mins)

Resources:

Checklist
Johns Hopkins Paper

Output:

Working model of management

1.00 - 2.00 p.m. Lunch

2.00 - 5.30 p.m. Session 4: Task Analysis: Links Between Effective Management Practice and Delegation of Decision Making

- Develop list of strategic and operational tasks necessary for effective reproductive health service delivery organizations (groups 60 minutes)
- Discussion and synthesis (plenary 30 minutes)
- Present criteria for delegation/decision making (plenary 30 minutes)

4.00 - 4.15 p.m. Tea break

- Analysis of strategic and operational tasks according to who's in the best place to make a decision using established criteria (groups 60 minutes)
- Discussion and synthesis (plenary 30 minutes)

Resources:

Outputs from Session 3

Output:

Provisional Decentralization Decision Making Model (i.e. outline of key structural components and responsibilities residing in each component)

- Evening assignment - complete Situational Leadership questionnaire

DAY 3 - Tuesday 14 February

8.00 a.m. Devotions

8.15 - 8.25 a.m. Housekeeping and introduction to day (10 minutes)

8.25 - 1.00 p.m. Session 5: Facilitative Supervision System to Support Decentralized Decision Making

- a) Situational Leadership - Total time 1.5 hours
- Recap of previous day and introduction (plenary 5 minutes)
 - Situational Leadership model (plenary 30 minutes)
 - Situational Leadership scoring (individual 20 minutes)
 - Supervision styles (plenary 15 minutes)
 - Supervision application exercise (individual 20 minutes)

Resources:

Situational Leadership questionnaire, scoring sheet, description, game
Application exercise
Effective supervisory meeting checklist
Delegation notes
One Minute Manager notes

- b) Elements of a Facilitative Supervision System - Total time 3 hours
- Exercise: What mechanisms do you need to support and monitor the staff/units/areas to which you have delegated so that they can be effective and help you steer the organization to accomplish strategic goals? (groups 60 minutes, plenary 30 minutes)

10.30 - 10.45 a.m. Tea break

Exercise: How should the organization be structured to reflect the effective supervision needs? (groups 60 minutes, plenary 30 minutes)

Resources:

Working model of management
Outline of key structural components and responsibilities residing in each component

Output:

List of supervisory tools, system design, information requirements *

1.00 - 2.00 p.m. Lunch

2.00 - 3.45 p.m. Session 6: Action Plan

- Exercise: Using your task analysis and supervisory system analysis, identify key activities to be implemented and appropriate time frame for each (group 75 minutes, plenary 30 minutes)

3.45 - 4.00 p.m. Course review and evaluations (plenary 45 minutes)