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**FAMILY PLANNING MANAGEMENT DEVELOPMENT
(FPMD)**

CESAG

ASSESSMENT VISIT

September 5-22, 1996

By Dr. Marc Mitchell

Family Planning Management Development (FPMD)
Cooperative Agreement No.: CCP-3055-A-00-5000-00
Management Sciences for Health
400 Center Street
Newton, MA 02158

I. Executive Summary

CESAG (Centre d'Etudes Supérieur en Gestion) is a regional management training institution located in Dakar, Senegal providing masters level (MBA) courses in management in the fields of commerce, auditing and health, for all of French-speaking West Africa. Begun in 1985, the institution has recently undergone a complete restructuring of its staff and program in response to an economic crisis brought on by the collapse of its parent organization, CEAO. Now supported by the Central Bank of West African States (BCEAO), CESAG is developing a new health management curriculum, and has asked MSH to provide technical assistance in this curriculum development. This trip was the first by MSH, and had two objectives: an assessment of the capacity of CESAG to provide high quality training in health management, and technical assistance with the initial design of the health management program. The MSH consultant, Dr. Marc Mitchell was funded through the FPMD project. Another consultant, Roger Gosselin, past dean of the University of Montreal School of Management was funded through Canadian assistance. It was the finding of these consultants that CESAG is an exciting and viable institution with enormous potential for improving the access and quality of health services in the region.

CESAG currently has six full-time faculty, one of whom is in charge of the health management program. Much of the training is done by visiting lecturers from a variety of disciplines who are paid for their teaching. The full-time faculty are very well qualified and enthusiastic about CESAG. Most impressive of all is the director of the health management program, whose experience, insight and tireless energy have made the health program the leading edge program in the school. The financial picture of the school looks bright, with substantial support from the parent Bank, including a complete refurbishing of the physical facility which is impressive. The Bank's support will diminish over time according to a 5 year strategic budget, with the loss of support to be offset by increasing revenues from the schools activities. This 5 year plan, while aggressive, appears to be realistic, and the school's director has clear plans for how this increased revenue will be achieved.

CESAG has to date trained 103 students in health management, of whom most have gone on to positions in the public service of their respective countries, including regional medical directors, hospital directors, and national program directors. A survey of these graduates and of the institutions where they work indicate that their training has been very useful to them as they assume increasingly responsible positions in their careers. This evaluation also provided the basis on which changes in the curriculum have been based.

The new curriculum is in three stages. The stages from a self assessment of the student, and the role of the manager in African institutions to the development of key competencies in an array of skills, to the application of these skills in a variety of health institutions and programs. The program of 18 months offers specialization in three areas: program management, hospital management, and finance.

A program of limited assistance by MSH was developed that included the following elements:

- Follow-up assistance with the overall curriculum development;
- Assistance with the development of individual modules;
- Provision of case materials and possible adoption for use in Francophone Africa;
- Training of trainers workshop for staff;
- Assistance with the development of technical assistance and research projects;
- Inclusion in the existing FRAC electronic network.

II. Background

CESAG is a regional management training institution providing masters level courses in management in the fields of commerce, auditing and health. CESAG was created in 1985 as one of the institutions of higher learning under the umbrella organization (CEAO) that grouped the Franco phone West African States. In the area of Health Administration, CESAG has trained more that 100 professionals at masters degree level from all countries in Sub-Saharan Francophone Africa.

While it has been in existence for many years, it recently underwent a period of crisis where its future existence was very much in question. Because of the collapse of the CEAO, and the bloated payroll and questionable quality of staff at CESAG, it faced a period where expenses were not met and staff were not payed. However, in 1995 it was taken over by the Central Bank of West African States (BCEAO), a key organ of the Economic and Monetary Union of West Africa (UEMOA). Under the new ownership, the Director General has been replaced and 75% of the staffed dismissed leaving only 6 full time teaching staff. However, the staff remaining are committed and strong, and CESAG has developed a strategic plan, and is in the process of redoing its curriculum to prepare for its new intake of masters students in October of this year. The bank has agreed to fund CESAG for the next five years, but at decreasing levels of support, and has invested substantial funds into renovating the excellent training facilities, dormitory and cafeteria, and both computer and language laboratories. The development of programs and remaining costs are to be financed through the resources generated by CESAG activities and by project funds.

CESAG has the potential to be an important regional institution both in health and in commerce. Its degrees are recognized by Conseil Africain et Malagache pour l'Enseignement Supérieur (CAMES), it participates in the African Network of Management Institutions (AIMAF) and has collaborative agreements with national public health training institutions. Its alumni network consists of managers in senior health management positions throughout the region.

Management Sciences for Health, because of its capacity in management training and its experience with regional training institutions, was asked to develop a program to assist CESAG with the development of a masters level curriculum and a plan for marketing this program through the region. The first visit was in March, 1996 by Steve Reiman and Suzanne Prysor Jones. The conclusion of that visit was that CESAG appeared to have recovered from its earlier

crisis and was ready to position itself as a quality training institution in the region. This visit, from September 5-22, 1996, is to do an assessment of the potential role that MSH might play in providing assistance to CESAG as an institution, and to assist with the development of a curriculum for the program. See appendix 1 for the TOR. For this work MSH/Dr. Marc Mitchell was joined by Prof. Roger Gosselin, Professor of Management at the University of Montreal, Canada who has worked previously with CESAG and was funded for this trip by CESAG itself.

CESAG currently has six full-time faculty, one of whom is in charge of the health management program. The others are specialists in MIS, accounting, project management, human resource management, and general management. Much of the training is done by visiting lecturers from a variety of disciplines who are paid for their teaching. In the past, this has meant that the quality of the training has been quite uneven, and the courses not necessarily related to each other.

Number of Students attending CESAG health management program by year							
<i>89-91</i>	<i>90-92</i>	<i>91-93</i>	<i>92-94</i>	<i>93-95</i>	<i>94-96</i>	<i>95-97</i>	<i>96-98</i>
20	14	21	17	17	14	none	?

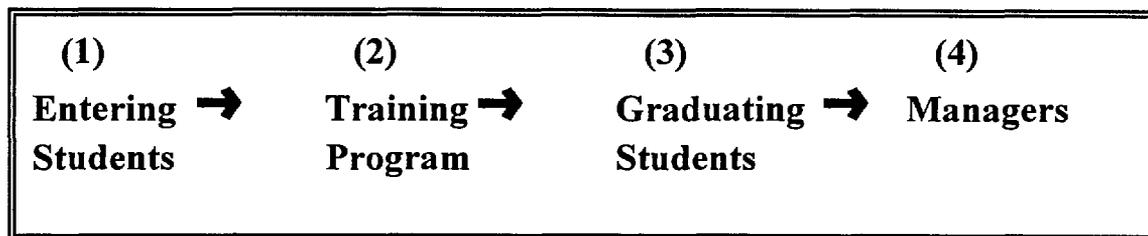
The curriculum at CESAG has been a fairly traditional one, dictated in part by requirements of the Conseil Africain et Malagache pour l'Enseignement Supérieur (CAMES), and in part by the skills available within the teaching staff. It was also somewhat limited by the fact that a large number of the courses were given jointly to students of both the health and commerce programs. Thus the common courses included Intro to Management, Qualitative Methods, Micro Economics, Macro Economics, Accounting, Production Management (Logistics), Political Science, Human Resource Management, Organizational Diagnosis, Techniques of Communication, Finance, Management Control, Marketing, Law. The courses specific to the health program were not given until the second year and included Research methodology, Health Systems Management, Management of Pharmaceuticals (Logistics only), Management of Maintenance, Health Economics and Accounting, Project Management, Planning, Epidemiology. In addition, students spent two months in the field attached to a health organization, and had to prepare and defend a research project equivalent to a masters level thesis.

Most of the teaching was done through formal lectures and tended to be quite theoretical. This was identified as a key criticism in an evaluation of the program that was done this past year by Laurence Codjia, head of the health management program. She sent a survey to alumni, donors, and health institutions asking for frank criticism of the CESAG program as it existed in the past. Other criticism were that the courses taken in common with the commerce students were not relevant, that the period spent in the field was too short and not adequately supervised or integrated into the program, and that there was not enough health specific content in the program. It was also felt that many of the lecturers, both permanent staff and visiting staff were not available for consultation, and that often the course syllabus was not available. Yet, despite this,

most respondents felt that the overall quality of the training was good, and indeed CESAG enjoys a very positive reputation as a training institution.

III. Approach to Curriculum Development

One of the most promising aspects of the work with CESAG is the approach that it took toward the development of a new curriculum. Rather than the more typical approach of having a group of teachers develop individual courses, CESAG started by identifying the outcome it wanted to achieve and then looked at how to get there.



While this is not a revolutionary new construct, it serves to make the point that a training program must look beyond the content of its training to the context in which it works. It has as its goal the development of graduating students who will be competent managers, and to achieve this result, a school must look at the types of students it should admit, the types of managers that are needed in the future, profiles of its graduating students who will be in a position to become these managers, and the types of training that will be appropriate to the development of these students as managers. The development of a new curriculum used a ten step process. The basic model used to guide this process is the following:

Step 1: Assessment of past performance. They were very open in the process, starting with an evaluation of past training by graduates, donors, and representative organizations that typically hire graduates. This was followed by a workshop during the first three days of this consultancy where this assessment was presented and discussed in terms of what were the implications for CESAG in its training program. The key messages of both the evaluation and the discussion were that CESAG must be more focused on the practical application of management to the realities of health management in a “hostile environment,” that the curriculum should be less focused on what one needs to know and more on what one needs to be in order to become a good manager, that most of the joint curriculum that is shared with the other parts of CESAG (auditing and commerce) was too distant from the needs of the health management students. Finally, it was felt that the typical training methodology of lectures was overused, and that more participatory and hands-on methods were necessary.

Step 2: Identification of the key management needs in the environment. A second session of the above mentioned workshop, identification of the key management issues that managers face and what is needed to address these issues took place. Since the workshop included people from health organizations (some of whom were CESAG graduates) the discussion reflected the real concerns organizations now face in an increasingly difficult environment.

Step 3: Identification of the profile of graduates that CESAG expects to graduate in the future. Again, addressed as part of the workshop, this step looked at what were the key competencies that would allow future managers to be more effective at managing health programs and facilities in the African context, given the key management needs that were identified above. This then provided CESAG with the basis for shaping its training program, since CESAG was now in the position of identifying the product it is expected to graduate. This step was the last output of the three-day workshop.

Step 4: Specification of the training objectives of the program. Once the profiles were identified, these were translated into training objectives. This was done by Prof. Gosselin, Laurence Codjia and the MSH consultant Dr. Marc Mitchell. These objectives are presented in the section IV.

Step 5: Identification of the profile of entering students. CESAG has also had an in-depth admissions process that included an entrance exam, interviews, and recommendations. This process was discussed, as well as the type of candidate that would be able to develop into the caliber of graduate that had been identified in the profile above. The output of this step was a complete review of the admissions process and recommendations of ways to screen potential candidates.

Step 6: Identification of program content. The next step in the process was to develop the key content areas that must be included in the program. This step began by identifying three global stages of student development. The first stage is opening the world of managers to students and having students see themselves as emerging managers. It is essentially an opportunity for students to look within themselves at what will be needed for them to emerge as skilled, competent managers. The second stage is a deepening of the self awareness, and the learning of concepts, skills, and awareness that will be required for managers to analyze situations and make management decisions. The stage also includes, in its final part, specialization in one of the areas: program management, hospital management, financial management. The third stage is to put into practice what has been learned in the classroom. This would include both short term applications such as field visits and projects based in Dakar, as well as some type of internship where students spend a significant period (3-4 months) within a health institution in a management position. These stages are described in more detail in the following section on the proposed curriculum (section IV).

Step 7: Development of program structure. Having identified the specific content areas to be included in the program, the structure in which this content would be presented was then developed. The structure was conceived as a very integrated one so that the participants would see the interrelationships between the various components, rather than simply seeing the individual pieces in a vacuum. Some of this approach can be seen in Appendix 3: Module Outlines. While several models of the structure were discussed during this assessment visit, the final structure will be determined as the individual course modules are developed and finalized.

Step 8: Recruitment and training of staff: Most of the courses at CESAG are taught by visiting lecturers, and it is felt that these staff must have a greater role in the development of the

individual sessions and modules that they will be teaching. However, because many of these staff have not had formal training in curriculum development and training methodology, part of step 8 is a “training of trainers” program for the trainers.

Step 9: Development of individual course modules. The individual course modules need to be developed and finalized from the structure and content areas (steps 6 and 7).

Step 10: Harmonization of course modules into integrated curriculum. This critical step will ensure that the students are given a total training program in becoming managers, rather than being given a series of unrelated sessions on management topics.

IV. Proposed Curriculum

Objectives of Health Management Program:

At the end of the health management program, the graduate will possess the necessary competencies to manage services both effectively and efficiently with specialized knowledge in one of three practical domains: hospital management, program management or financial management. In this area, the graduate will have demonstrated the ability to put into practice necessary operational, strategic and organizations changes, and internalized fundamental values essential for managing health services including: intellectual curiosity and rigor; creativity and innovation; pragmatism, the courage to change oneself; and effective human relations. The graduate will continue to increase his or her knowledge of health management and be dedicated to the dissemination of this knowledge to others with whom he or she works. The graduate will be committed to the use of this knowledge and competencies for the improvement of the quality of services provided to meet the needs of the population.¹

The key concept of the proposed curriculum is that it takes place in three parts or phases. These three phases are:

PHASE I PRISE DE CONSCIENCE

This phase is the opening up of the student to the ideas and vocabulary of management. The focus of this phase is the student and the student's need to cast aside old ways of doing things and be willing to learn new ways.

Course modules:

- The basis of Management
- Understanding oneself
- Understanding Others
- Impact of the manager on services

PHASE II APPROFONDISSEMENT ET SPECIALISATION

This phase is the longest and focuses on the acquisition of knowledge, skills and attitudes that will be essential to the manager. The first course module is a general one on management in the African context, followed by a module on information and analysis that incorporates many of the traditional skills including epidemiology, demography, sociology, psychology, statistics, and methods of analysis. It will be taught both by specialists in these key areas as well as by staff with the perspective of how these different types of information and analysis can be used by the manager. The third course module is analysis and planning of health systems. It brings together the tools of analysis that the student learned in the second course module and applies them to the analysis and planning of specific health organizations and systems, using a variety of case material and other training methods.

¹ Translated from French. The original is in appendix 2

Course modules:

- Management of health services in the African context
- Information as the basis of health service management
- Analysis and planning of health systems. Specialization in hospital management, program management or financial management.

PHASE III MISE EN PRATIQUE

This third phase is the application of the work that has been studied so far to particular situations. It goes beyond the classroom situation putting students in field situations where they are being managers and are using their newly learned skills in the real world.

The objectives for each of these phases as well as the course module course outlines are found in Appendix 2.

V. The Future of CESAG

There are three key areas that must be addressed for the continuing success of CESAG.

- **Finance:** Is there a basis for the financial security of CESAG?
- **Market:** Is there an existing market that can support the continuing presence of CESAG's training program?
- **Quality:** Can CESAG develop a program of sufficient quality to attract students to its program?

Finance

As an African regional training institution in health management, CESAG is an unusual institution in two regards. First there is the quality of its program and staff. Drawing staff from all over West Africa, CESAG has a core of exceptionally well trained and well respected faculty, as well as a very strong director and administrator. The program in health management, which was in the past quite traditional, was nevertheless seen as good quality. This combination has earned CESAG an excellent reputation in the field. The new curriculum currently being developed promises to position CESAG as the premier health management training program in the region. The second way in which CESAG is unusual is its financial position. While obviously recovering from the collapse of the CEAO, its new owner, BCEAO has taken a solid interest in CESAG's success, putting its own director of training as the director-general, and providing capital for renovation and operations. This solid financial backing puts CESAG in a position to develop its program and activities with the understanding that these must be of sufficient quality to generate enrollment and to attract paying students. Further, the financial planning and management of the institution indicates an understanding of and commitment to this drive for financial sustainability.

Market

There is little question that CESAG is addressing a clear need for in depth management training of health managers who will become the hospital directors, program managers, and financial managers for the countries of West Africa. The challenge facing CESAG, however, will be the ability to attract students and funding for their training programs. The best quality program and the best financial management will not be sufficient if there are not enough students paying tuition to support the program. In the past there have been between 14 and 21 students attending the 18 month health management program. There was a suspension of classes for the past year, so the number of entering students for the next two years will be a key indicator of the financial viability of the institution in terms of its ability to attract students to its program. One of the recommendations, therefore, is that the number of entering students for the next two years be followed closely as MSH and other organizations look at the long term sustainability of CESAG.

Quality

In the final analysis, it is the quality of the training at CESAG that will determine whether students want to come to CESAG and whether donors are willing to fund these students. While it is obviously too early to tell what the quality of the new curriculum will be, there are several very positive signs. One is the enthusiasm with which CESAG staff is willing to begin a process that will mean more work, more changes, and more uncertainty, at least in the short term. The staff appear to be unanimously supportive of the changes being promoted within CESAG, and seem enthusiastic about the opportunity to learn new approaches and methodologies to teaching. This bodes well for the future quality of the teaching and of the curriculum. Another positive sign is the openness of the director and of CESAG to examine their past performance and to match the design of the curriculum to the identified needs of health managers in Africa. The curriculum development process was opened with an inquiry into the perceptions of past students, donors, and potential collaborators about the role that CESAG should have, and a frank discussion of its strengths and weaknesses. This assessment led into a discussion of what were the key elements that should distinguish CESAG graduates, and how these could be developed in their students. This type of frank, open discussion continued throughout the time that this team was in Senegal and made possible the fundamental changes in the curriculum that are currently underway.

In summary, the future prospects for CESAG are very bright. With a strong reputation, a real commitment to improvement, and an excellent staff, the elements are in place for a high quality training program that will attract sufficient students to maintain financial solvency and yield significant improvements in the health institutions of the region.

VI. Recommendations

The big question facing MSH is the expected results from working with CESAG. As a regional training institution, it is obviously not in a position to directly improve the quality or accessibility of health or family planning services. However, the question that must be addressed is the likelihood that the graduates of CESAG will be in positions to influence the quality and accessibility of services. In this regard, CESAG has had excellent results. CESAG has to date trained 103 students in health management. Of these most have gone on to assume positions critical to the delivery of quality services, including regional medical directors, hospital directors, and national program directors. Graduates have assumed key positions of management responsibility in terms of improving the access and quality of services available from the national program. It should also be noted that unlike many other types of private training, almost all of the graduates have gone back into the public services of their respective countries.

A second consideration in terms of the impact of CESAG is whether their training in management will have any visible results on the overall health delivery system. Almost all specialists who know the West African health care systems agree that the incredibly poor management of the available resources has been a major factor in inhibiting improvements in both health and contraceptive prevalence. The structures inherited from the French, combined with the general lack of strategic thinking among current health administrators has put an almost insurmountable barrier in the way of health and family health development. If we are to make any significant changes in this situation, it will be essential that competent managers are identified and trained, and put in significant positions of responsibility to develop innovative, realistic approaches to improving health care delivery. This is the role of CESAG. There are not other comparable programs in Africa. The consultant believes that CESAG, with its new curriculum, will be in a position to make very significant improvements in the health care delivery system of West Africa by training a small number of elite managers who will be in significant positions of authority in the future. Indeed, they have already begun to do so.

It is also important for FPMD to consider the impact that this training might have on the delivery of reproductive health services since the focus of CESAG is health not family planning. However, in the context of the health system in West Africa, these two cannot be separated since virtually all health systems and family planning systems are integrated. Indeed, it is this very integration and the poor management mentioned above that put more pressure on the senior managers to effectively use their available resources. If we are to expand the use of contraceptives in West Africa, we must focus our interventions on improvements of the overall health delivery system.

The question has been raised about the financial viability of CESAG, and its “sustainability”. CESAG has been in existence for 11 years, and has weathered a significant financial crisis brought on by the collapse of its parent institution. It has rebounded from this, and shown both resiliency, and the ability to respond to changes in its environment, key elements to its continuing sustainability. Its new parent institution, BCEAO, which is the central monetary bank for West Africa (similar to the Federal Reserve Bank of the United States) is obviously in strong financial standing, and has indicated its willingness to invest in the future of CESAG. It has also

insisted that CESAG develop its own financial base, and CESAG has responded appropriately by significantly reducing its costs while actively developing its market, both in the long and short term. CESAG has begun to look at new markets for students such as tourism and agriculture, and has begun as well as to define its new health curriculum in terms of meeting the needs and wishes of potential clients. The long term prospects for CESAG are excellent.

With regard to the types of interventions that MSH might provide, discussions with CESAG have identified seven potential areas for MSH assistance. Most of these are focused on the development of an excellent 18 month masters level program. CESAG must develop this program as the foundation for other potential products such as short courses, or consultations. Since many organizations are entering the training field for short speciality courses, it is important that CESAG distinguish itself as the preeminent masters program in health management, and use that as a platform from which to launch other specialized programs.

The areas identified for work with MSH are:

- **Assistance with the overall design of the Masters program** - While the current trip has been successful in the initial development of a design for the Masters program, it is envisioned that there will be ongoing development of this approach as the curriculum is developed more specifically. CESAG has asked that follow up visits be planned for March for review of the curriculum after three months of use; May, 1997 for the training of field staff who will supervise the students during their field training; and January, April and June 1998. Each of these visits is estimated at two weeks. In addition, if the MSH consultant Dr. Marc Mitchell is visiting West Africa for another purpose, very short term (2-3 days) visits might be added on as appropriate.
- **Assistance with the content development of individual course modules** - While the particular needs will be determined as the course modules are developed, the following areas seem likely: Pharmaceutical management, Health systems analysis and planning, Collection and use of information, Health economics and finance, Program Management and Hospital Management.
- **Training of trainers** - Having developed an integrated approach for the curriculum, it is critical that all the teaching staff, both permanent and visiting, use training methods consistent with this approach rather than relying on the traditional method of standing in front of the class and giving theoretical lectures. It is necessary to develop and incorporate case material for each of the courses, something which the current trainers have not been trained to do. For this reason, a training of trainers program is needed to update the training approach of the faculty and to introduce them to different types of participatory training methods. To achieve this, given the current schedule of CESAG staff, a short training course is envisioned for December 1996, with follow-up sessions at different points in the year when classes are not in session. To achieve this, it is envisioned that the trainer will be an African or someone living in West Africa and will be assisted by Prof. Roger Gosselin. A preliminary working session/meeting with the

potential trainer is required in order to agree on the training objectives and the underlying philosophy of the curriculum.

- **Development cases and other materials** - One of the immediate needs of CESAG will be the development of appropriate material for the Masters program, since most of the material they have used in the past is too theoretical. In the long term, it is envisioned that this material will be developed by CESAG itself, but for the next course, which is to begin in one month, it will be necessary to use available material, and modify it to make it appropriate to CESAG's needs. Given the wide library of material available at MSH, this seems an appropriate intervention for MSH to pursue quickly.
- **Research** - As an institution of higher learning, CESAG feels that it is very important to be involved with field-based research, both to strengthen the training program, and to develop the reputation of the institution as a center of learning. The type of field-based research that is envisioned is both practical and focused. Examples might include analyzing the extent of decentralization of health structures in West Africa and the that impact that has had (if any) on the delivery of services; market research for social marketing programs; and comparing the training curriculum of medical schools with the roles that doctors assume when they graduate. Since these areas of research are more consistent with the mandate of the BASICS project than FPMD, this might be a more appropriate area of collaboration for that project.
- **Paired technical assistance** - As with research, CESAG feels that providing technical assistance in the field is a way to keep their faculty focused on the realities of health management, as well as a means to provide an additional source of income for the school. Indeed, CESAG staff are currently active in providing this type of technical assistance for a variety of client institutions. It is envisioned that CESAG staff will be included in the MSH consultant roster and used, as appropriate, for consultancies where their skills would be applicable.
- **Inclusion of CESAG in the FRAC electronic network** - CESAG is very interested in the potential of electronic communication as a means of training, supervision, and communication with other organizations in west Africa with which they work. While their particular interest in the long term is to develop a network with the organizations where their students do their field assignments, in the short term it seems more efficacious to include CESAG in the FRAC network current being developed by FPMD. Not only are many of the FRAC representatives part of organizations where CESAG students work, but this may also provide an opportunity for CESAG to promote both its training potential and the results of its research program.

In summary, the consultant believes that CESAG has a tremendous role to play in the improvement of the quality and access of both reproductive health services and general health services in West Africa, and technical collaboration with MSH is appropriate.

Appendix I: Scope of Work for this Assessment Visit

Objective of Visit:

In June 1996 MSH-FPMD and The SARA Project/CESAG Dakar, met to explore opportunities to collaborate in the modification of CESAG's Masters Program in Health Management. At the request of the SARA Project and CESAG, Mr. Mitchell of MSH will visit CESAG in Dakar/Senegal and together with the CESAG staff will perform an assessment of CESAG's present curriculum for the Health Management Program and provide recommendations for modification.

Activities during the visit will include:

1. Participate in a four-day teachers' workshop to review the Masters in Health Management curriculum, taking into account proposals that are being formulated by the CESAG consultant Mustapha Sakho
2. Work in collaboration with CESAG teachers on the syllabi of individual courses to identify/recommend revisions based on MSH management training materials on key issues.
3. Assist with the development of a plan for course modification and development of attendant case studies.
4. Discuss alternative approaches to networking activities in the region in the light of CESAG's and the FRAC's current objectives and experiences to date.
5. Explore opportunities for FPMD/MSH to collaborate in developing the new CESAG Masters' Program.

Expected Outcome of the visit:

Dr. Mitchell will produce an assessment report, which include key findings of the assessment and recommendations for modification of the curriculum for the Health Management Program. This report will be submitted to CESAG's, Ms. Laurence Codjia, SARA Project's, Ms. Suzanne Prysor Jones and MSH/FPMD's Regional Director for Africa, Marjorie Smit. The report will be submitted within five working days after the end of the assessment visit, both in hard-copy and in electronic format.

Debriefing:

It is expected that Dr. Mitchell will have a debriefing meeting with the counterpart institution in Dakar to discuss process and outcomes of the assessment and the contents of the report. A debriefing with the SARA Project in Washington is also planned after the visit. However, at the time of preparing this Scope of Work the dates are not confirmed as yet.

Appendix II: Objectives of Health Management Course PHASE I, II, AND III

OVERALL OBJECTIVE

A la fin de son programme de formation en (GSS) le nouveau formé du CESAG:

- Possède les compétences généralement requises pour gérer avec efficience et efficacité les services de santé en Afrique.
- A démontré des compétences plus spécifiques et plus avancées dans l'un des domaines de pratique tels que: gestion hospitalière, gestion des programmes, gestion financière.
- Dans son domaine de pratique générale ou plus spécialisé, est capable de concevoir et de s'assurer de la mise en oeuvre de changements requis aux niveaux opérationnel, stratégique et institutionnel.
- A intériorisé des valeurs essentielles en gestion des services de santé et telles:
 - la rigueur et la curiosité intellectuelles ;
 - la créativité et l'innovation ;
 - le pragmatisme dans l'action ;
 - le courage à se changer soi-même ;
 - et l'harmonie dans les relations humaines.
- Est fortement motivé à contribuer à l'avancement des connaissances et des habiletés en gestion des services de santé par l'échange et la diffusion de réflexions soutenues sur le pertinence des compétences acquises et leur développement à l'occasion d'expériences vécues.
- Aura démontré son engagement à offrir des services de qualité qui sont appropriés pour les besoins de la population.

PHASE I PRISE DE CONSCIENCE

L'objet d'analyse est l'étudiant lui-même puisqu'il se trouve à la croisé de différents chemins:

- L'un qu'il a parcouru (expériences de travail) et qui explique largement ce qu'il est mais qu'il quitte momentanément ;
- L'autre (programme de formation) qui semble rempli de promesses mais aussi d'incertitudes, et dans lequel il s'engage.

A la fin de la Phase I, l'étudiant:

- Se rend compte des expériences vécues mais surtout de ce qu'elles ont apporté de positif, peut-être de négatif.
- Acquiert une première idée de ce qu'est la gestion, puis la gestion des services de santé, surtout du rôle central du gestionnaire dans l'atteinte de résultats, mais en même temps de tout ce que cela exige de connaissances et d'habiletés pour y arriver.
- Se rend compte que cette première idée est encore plus complexe compte tenu des spécificités de la gestion de services de santé dans le contexte africain.
- Est devenu plus conscient de ses propres valeurs, de ses préjugés, de ses façons de raisonner, bref de ses forces et de ses faiblesses, et de ses besoins de développement personnel et professionnel.

PHASE II APPROFONDISSEMENT ET SPECIALISATION

L'objet d'analyse est constitué par les connaissances à acquérir, les habiletés à développer et les attitudes et valeurs à intérioriser, bref tout ce qui est jugé essentiel à la maîtrise de certaines compétences. L'étudiant est en pleine situation d'apprentissage et évolue progressivement vers une certaine spécialisation conforme aux besoins du milieu et à ses intérêts.

A la fin de la Phase II, l'étudiant:

- Assimile trois grands ensembles de connaissances:
 1. Celles qui proviennent des disciplines de base en gestion: la psychologie, la sociologie, l'économique, la science politique et les mathématiques (auxquelles on ajoute parfois la philosophie, l'anthropologie, etc).
 2. Celles qui sont propres à l'industrie ou au secteur de la santé: l'organisation et le fonctionnement des systèmes de soins et de santé, la notion même de soins et de santé, de programmes, d'établissements, etc.
 3. Celles qui sont de nature plus technique et qui constituent des outils de gestion et des supports à la gestion.
- Est capable d'appliquer ces connaissances (a) dans l'analyse et la synthèse de problèmes ou de situations données (b) dans la formulation de solutions et (c) dans l'élaboration de plans d'action.
- Est capable d'évaluer les limites de ces connaissances dans des domaines de pratique générale de la gestion ou de pratique plus spécialisée (cf. gestion hospitalière, gestion de programmes, etc).

- Reconnaît le rôle important de valeurs en gestion des services de santé - et en particulier l'impact de ses propres valeurs - à chaque étape du processus de décision.

PHASES III MISE EN PRATIQUE

L'objet d'analyse est l'efficacité dans l'action. L'étudiant est encore en situation d'apprentissage mais vers un certain perfectionnement et renforcement de ses compétences par suite de l'évaluation constante de ses actions .

A la fin de la Phase III, l'étudiant:

- A pu distinguer clairement les situations;
 - Une plus grande expérience et efficacité peuvent être atteintes dans des contextes déjà bien définis ;
 - Des changements profonds et à long terme doivent être apportés au cadre d'action déjà défini par les lois, règlements, traditions, etc.
- Sait choisir et mettre en oeuvre des approches, modèles ou stratégies les plus appropriés, à l'un ou l'autre des changements requis.
- Reconnaît l'utilité et le degré de profondeur de ses connaissances, de ses habiletés, de ses valeurs et comportements, mais aussi leurs limites intrinsèques; il sait comment y parvenir.
- Est motivé à augmenter ses compétences, à les partager et à les diffuser.

Appendix 3: Module Outlines

MANAGEMENT IN THE AFRICAN CONTEXT

- I. The African manager
 - Isolated
 - Hostile environment
 - Multiple pressures

- II. The role of the African manager
 - Service delivery
 - Resource management
 - Results oriented
 - Coach
 - Teacher
 - Active, visionary, innovator, leader, delegates, uses information

- III. What we are trying to achieve
 - Health impact
 - Population issues
 - Education
 - Effectiveness
 - Efficiency

- IV. Who are we trying to help/change
 - The African family:
 - Structure
 - Economics
 - Health beliefs and fecundity
 - Communication: who influences it?
 - The African child and mother

- V. African organizations
 - The village
 - The government
 - Colonial structures:
 - Vertical
 - Centralized. Why ? Result ?
 - Bureaucratic
 - The health structure:
 - Public sector
 - Private sector
 - Traditional

- VI. What do we need to know?
 - How to analyze situations
 - Information
 - Techniques of analysis
 - Management theory
 - Structures, strategies
 - How to be an African manager
 - How to work with others
 - How to manage non-human resources
 - How to plan and evaluate

INFORMATION: THE BASIS OF ANALYSIS

- I. Information - the basis of analysis
 - Basic principles
 - Types of decision making and information's role (use of information)
 - Types of information
 - Qualitative-quantitative
 - Formal-informal
 - Periodic-ad hoc
 - Sources of information
 - Populations
 - Systems
 - Individuals
 - Literature
 - Oneself
- II. Information about populations
 - Sociology
 - Demography
 - Epidemiology
 - Surveys
 - Focus groups
 - Other methods of research.
- III. Information about organizations
 - Outputs - what an organization does
 - Health service statistics
 - Other types of outputs
 - Structures
 - Principles of organizational structures
 - Principles of human resources management (job descriptions, motivation, etc.)

- Finance
 - Principles of accounting
 - Principles of budgeting
 - Health finance and accounting (overcrew)
- Process
 - Efficiency, effectiveness
 - Logistics

IV. Information about the environment

- Politics - national
- Politics - organizational
- Economics
 - Micro
 - Macro
 - Development
 - Health
 - Laws and policies

V. Tool of analysis - statistics

- What are statistics
- Why are statistics needed
- How to lie with numbers - the use and abuse of statistics
- Statistical description - mean, standard deviation, etc.
- Statistical analysis - significance, correlation,
- Sampling
- Statistics in research.

VI. Tools of analysis - modeling

VII. Tools of analysis - operations research

HEALTH SYSTEMS: ANALYSIS AND PLANNING

This course uses the skills learned in Tools of Analysis and applies them to real situations using cases, simulations, exercises, field observation, etc.

- I. The relationship between analysis and planning
- II. The structure of health systems
 - Descriptions and implications
 - Centralized-decentralized
 - Vertical-integrated
 - Open-closed
 - Type of components and their roles
 - Government structure
 - Hospitals
 - Private doctors
 - Pharmacies
 - Traditional healers
 - Market (drugs) etc.
- III. The role of donors
- IV. Financing health systems
 - Government
 - Fees
 - Donors: implications, practical issues
 - Cross-subsidization
- V. Assessing and improving skills base
 - Needs assessment
 - Skills inventories
 - Training
 - Assessment
- VI. Strategic Planning
 - Strategic thinking
 - Innovation, creativity
 - The mechanics of strategic planning
- VII. Operational Planning
 - Budgeting