PRIMARY HEALTH CARE PROJECT

Training Curriculum

On

Leadership and Management

For

Primary Health Care Managers

December 2011

Table of Contents

List of Exercises

Preface

There have been considerable achievements in Iraq as a result of the implementation of the primary health care (PHC) strategy. Despite this laudable initiative, problems persist in the accessibility and quality of PHC services. Health systems and programs are often blamed for inefficiency and ineffectiveness; therefore, their reorganization and reorientation remains a priority.

The setbacks have been partly attributed to the security situation and lack of resources. However, much has to do with poor management, especially in the organization of PHC clinics and the difficulties faced in translating PHC principles and health sector reform proposals into practice. These problems can be attributed to the lack of appropriate knowledge, skills, and capacities among those who are responsible for managing PHC facility health systems and programs. The gaps which exist between what PHC clinic managers have been trained for and what they are required to do pose one of the major issues to be addressed in order to achieve the health sector reform objectives outlined by the Ministry of Health (MoH).

To respond to need for capacity building in leadership and management, as well as the implementation of health programs and delivery of essential services, the United State Agency for International Development (USAID), represented by the Primary Health Care Program in Iraq (PHCPI), has developed this training program. This training program focuses on the knowledge, skills, and attitudes required of health management teams to cope with their challenging new roles and tasks. This will increase their work efficiency and allow them to better serve the communities with whom they work.

Introduction

As part of the health sector reform, a number of changes are being introduced in the primary health care system in Iraq. One of the major pillars of the reform is decentralization, whereby local level managers will have greater responsibility for managing the PHC services. To implement and manage the process of decentralization, it will be critical that managers at all levels have the skills for designing, implementing and evaluating health programs. As managers at lower levels take on greater program management responsibilities, they will also need to understand the principles of accountability to both people as well as managers at the higher levels. Improved managerial skills at the district and primary health care facility level will help in improving the quality of services and make these more attractive, affordable and useful for the population. Furthermore, the development from isolated health care delivery services to a systems approach of health care requires new skills for health professionals working at the PHC level, especially in administrative and organizational positions. Strengthening their managerial capacity has become an important factor of improving health care performance at the district level.

Good leadership and management are about providing direction to and gaining commitment from partners and staff, facilitating change and achieving better health services through efficient, creative and responsible deployment of people and other resources. While leaders set the strategic vision and mobilize the efforts toward its realization; good managers ensure effective organization and utilization of resources to achieve results. Thus, better leadership and management are critical to achieving the Millennium Development Goals (MDGs) because they are required to demonstrate results from existing resources. In turn, these results make it feasible for additional resources to be made available in the health sector. It is necessary to have managers who can lead and leaders who can manage. At present, a lack of leadership and management capacity is a constraint, especially at the operational levels of both the private and public health sectors. Thus, it is clear that these efforts have to be improved. The competencies, roles and responsibilities should be clearly defined and performance changes should be measured.

The training program presented is established on the concepts and principles of PHC and its further developments in regards to the work of health personnel at the PHC clinics level. Therefore, it is intended for use by district and PHC facility management teams with the objective of developing the capacity to address the problem areas identified from the assessment of district/clinic health systems operations.

Program Objectives

This training program gives participants the systematic knowledge regarding how they need to perform these tasks. The course covers essential contents including leadership and the management of a health district and PHC facilities including situational analysis, planning, monitoring, and managing human resources, evaluation and quality assessment and partnership. The course uses problem-oriented, participant-centered, gender/diversity-sensitive, self-directed, experiential learning methods, and focuses on the development of

practical knowledge and skills to create a strong link with the actual working practice of the participants. The exchange of ideas, personal experiences and perspectives are part of the learning process.

The training program will contribute to improving the quality of health services at district and PHC facility level by enabling participants to apply effective leadership and train specific skills in order to prepare them to take part in a leading role in the health system.

Emphasis is placed on multidisciplinary, cross-sectoral and community oriented approaches and strategies as a frame to develop quality health care in all its dimensions: "equitable, accessible, acceptable, appropriate, comprehensive, effective and efficient" [6]

Participants will improve their communication and presentation skills, as well as learn the basic principles, methods and techniques of district health management. They will practice the different steps of conducting a situational analysis and use the results to develop a district health plan taking into consideration the specific regional, social, cultural, and gender conditions. They will analyze and prioritize problems, determine appropriate objectives and quality goals, design implementation strategies by considering human and financial resources and will develop techniques for monitoring, control and evaluation.

Target Groups

Target groups of the training itself are managerial health professionals in Iraq (national, district and PHC facility level). This training program is also designed for students of public health schools specializing in health management in Iraq, and health project managers working for governmental, non-governmental and private organizations.

Due to the participatory methods used during the course, the number of participants should not exceed 25.

Part I: Trainer's Guide

This training curriculum is a guide to assist trainers in improving health care by training health professionals in the Basics of Management and Administration of Primary Health Care Centers (PHCCs).

Materials in this document are designed for training service providers who work at a variety of health facilities in Iraq, but most importantly for those involved in the management of the PHCCs. The modules can be used to train health professionals, physicians, nurses, midwives and other health workers in group training or, with adaptation, as a basis of individualized or self-directed learning.

Trainers implementing this course should be thoroughly familiar with the policies, strategies, guidelines and procedures. Because the PHCCs' functions and procedures are based on this training course along with the skills in the practices described. The trainers need to have a positive attitude about the participants and their training work.

Training may be implemented either off-site or on-site. In off-site training, a group of participants come together from several health facilities and then return home to apply what has been learned. Off-site training may be the most appropriate way to reach individuals from many small sites. On-site training refers to training held in a health facility team where the participants work. Both types of training can be very effective. When training is conducted off-site, it may be more difficult to observe actual clinical settings. On the other hand, when training takes place on-site, there may be interruptions due to participants being called away for other responsibilities.

How to Use the Manual

This manual is designed as a working instrument for trainers and facilitators. It can also be used as a planning tool for PHC and district health managers. The module schedule contains a condensed summary of the contents organized in units and is meant as a check list for the facilitator/s before and during the course. The time indicated for each unit is an average time span based on experience, and can vary according to the composition and dynamics of each respective group.

The manual is divided into two parts. The first part is an introduction to the training course giving an overview over the rationale, objectives, and target groups for the course. It includes the present section on recommendations on how to use the manual, introducing the structure, training methods and course schedule. It also contains information on how to organize a workshop / training course and concludes with some recommendations on the limitations of the document and how to deal with them.

The second part presents the actual training contents, methods, didactic materials and additional literature recommended for each content area, organized/compiled in the different modules of the program. Every training course starts with the introduction of participants and team presenting the course objectives, contents, methods and program and allowing participants to express their expectations and fears.

The course content is presented according to five broad content areas (modules), subdivided into different sessions:

Overall learning objectives: states the objectives to be achieved at the end of the module in terms of knowledge, skills and competence.

Schedule: gives an overview over the time span, methods, materials and recommended content for each session / topic and states the specific objectives of each session.

Sessions: are subdivisions/sessions of the module that follow a logical flow to develop the content of the module.

Specific objectives of the sessions: relate to the content and the expected level of competence to be achieved and can also be used as basis for the development of exam questions.

Background information for the facilitator: includes background information important for the facilitator to develop the content of the module, necessary and recommended definitions, concepts, theory and its applications.

Exercises: describe practical applications of the theory and are meant to facilitate the learning process through experiential approaches: role plays, games, etc. (see list of exercises).

Handouts: are the essential documentation for the participants about the content of the session / module stating the objectives, listing the key words, developing the concept / theory of the content, and giving recommendations for further reading.

References: additionally recommended literature, articles and books, which are related to the content of the module.

Structure of the Training Course

The training course has been planned as a five days course. However, it is also possible to shorten the course due to limited time and / or to select modules according to learning objectives and needs. As well the time can be expanded in order to deal more in depth with the content and allow for more exercises, practical, field work.

The time frame of the training course consists of six working hours per day. These hours are divided into two morning and two afternoon sessions. Each session normally has duration of 2 hours. The number of course trainers/ facilitators can range from one to two per course according to the requirements. Also, for special topics, external resource persons should be asked to lecture and work with the group in their respective areas of expertise. The trainee - facilitator ratio should be 15 to one, a ratio of 20 or 25 to one still being acceptable. The total number of participants should not exceed 25.

The course structure and training methods not only allow for the development of knowledge, skills, competence and change of attitudes of the participants. The course concept is also designed to be put into practice by participants after the training during their supervisory work or by organizing their own training courses. Therefore this manual is not only a facilitator's manual, but also a supervisor's manual.

APPROACH TO TRAINING AND LEARNING

The training course outlined in this document is based on adult learning principles, competency-based training and performance improvement. Selected elements of the strategies that guided the development of this material and should guide its implementation and use are listed below.

How people learn best

People learn best when the following conditions are met:

- Participants are motivated and not anxious, know what is expected of them and treated with respect
- Information and skills are interesting, exciting, meaningful, and build on what participants already know, encourage problem-solving and reasoning
- Experiences are organized, logical, practical, include a variety of methods, and protocols and procedures are available
- New learning experiences are relevant to work and training needs of participants, and are applied immediately
- Training involves every participant in active practice and participants share responsibility for learning
- Training is a team activity, including trainers and co-trainers, providing participants with a variety of experiences and limiting trainer's biases
- The trainer acts as a facilitator of the learning process rather than a teacher who "spoon feeds" the learner
- The role and responsibilities of the trainers/facilitators and those of the participants/learners are clearly defined with:

- The facilitators responsible for providing the learners with the necessary opportunities to acquire the knowledge and skills necessary to perform the tasks for which they are being trained
- The facilitators responsible for providing the learners with the necessary opportunities to be exposed to the attitudes necessary to implement the acquired skills in a systematic manner and initiate the process of internalizing these attitudes
- The learner remains responsible for her/his learning

- The transactional relationships between the learners and the facilitators are at the level of adult to adult characterized by mutual respect and support

    - Trainers are knowledgeable and competent in the subject matter and skills, use a variety of training methods, pay attention to individual participants' concerns, and provide motivation through feedback and reinforcement

    - Participants must be selected according to specific criteria, such as the relevance of the training content to the job expectations/tasks

    - Participants must have the necessary prerequisite level to enable them to benefit from the learning experience

    - Feedback is immediate and focused on behavior that the participants can control

    - Assessment of learning and skills is based on objectives that the participants understand

Knowledge, skills and attitudes

This course aims to improve health care by changing health workers' knowledge, skills and attitudes.

➢ Knowledge includes the facts that the participants need to know to perform their jobs.

Tips on increasing **knowledge** through training

- Start with what the participants already know or have experienced
- Use a variety of educational resources, including participatory activities that require participants to use their knowledge
- Use learning aids
- Review and summarize often
- Assess knowledge to verify learning

- Skills include the specific tasks that participants need to be able to perform.

Tips on increasing **skills** through training

- Describe the skill
- Provide protocols and procedures
- Demonstrate the skill
- Have participants demonstrate the skill
- Verify that each skill is practiced correctly
- Assess skill by observation using a checklist

- Attitudes affect behaviors, such as whether learned skills are applied and interactions with clients.

Tips on changing **attitudes and behavior** through training

- Provide information and examples
- Include direct experience
- Invite discussion of values, concerns and experience
- Use role plays and brainstorming
- Model positive attitudes
- Assess changes in attitude by observing behavior

Methods

The training will use a participatory and "hands on" approach where the role of the trainers is to facilitate learning by the participants. The responsibility for learning remains with the participants.

Participants learn more and stay engaged in learning activities when they play an active role in their learning and a variety of training methods are used. The following methods are recommended in the curriculum/modules.

Selected Training Methods

Brainstorming	Individual assignments	Return demonstration
Case study	Individual exercises	Role play
Clinical session	Interview	Self-directed activities
Demonstration	Mini-lecture	Small group discussion
Discussion	Observations	Simulation
Field visits	Pairs exercises	Small group exercises
Plenary group exercises	Presentation	Summary
Group assignments	Questions and answers	Survey
	Research	Team building exercises

IN EACH MODULE OR SESSION

This document contains an outline of a training plan for each of the key areas of content.

Each module contains the following sections:

- Front page with a module number, module objectives, module content by session and an estimated duration for the module.

- Session plans covering the various content areas.

Each session contains the following sections:

- **Trainer Preparation**: This section lists the specific preparations that trainers should make for the session. Preparations for every session include:
  - Making sure the room is properly arranged
  - Ensuring that markers and flip chart or a writing board with chalk or markers are available
  - Reviewing the training plan
  - Reviewing steps for the methods used in the training session
  - Ensuring that the resources needed to facilitate the learning process are available including copying materials that participants need

- **Methods and Activities:** This section lists the methods and activities that are used in the module. General instructions for methods that are frequently used are included in this introductory material. Instructions for participatory activities are included in the training plan.

- **Resources:** The relevant reference materials/handouts and other resources needed are listed here.

- **Evaluation/assessment:** Evaluation methods for the knowledge or skills included are listed. Questionnaires and skills checklists are included where needed.

- **Estimated Time:** The time that each session/module will require depends upon the particular group of participants, the amount of time available and other constraints. The module gives a general time range to allow for flexible scheduling.

- **Training Plan:** This section gives the specific learning objectives or purpose of a session, the key **"must know"** content, and the appropriate training methods and activities for each objective. All modules include one or more activities that give participants structured, participatory practice with the content of the module.

.

- **Handouts:** When specific activities require handouts, these are included after the training plan and should be copied before the session in which they will be used.

- **Questionnaires:** Each session/module includes a questionnaire that is tied to the learning objectives and a key with the correct answers. It is not appropriate to assign a pass or fail designation to the questionnaire. Instead, use the questionnaire as a learning tool. It must be used for **formative evaluation**. If participants are not certain of the answers, they should be encouraged to use the training resources to find the correct answer. Answer key must be given to the participants after finishing the processing of the responses.

- **Skills Checklists:** Each session that includes skills objectives includes a skills assessment checklist. The checklist is used by the trainer to evaluate the participant's skill based on observation of the specific steps included in the skill. The skills checklists are also used by each participant to assess their performance and take charge of their own learning. They can also be used by other participants for peer assessment. It is recommended that these checklists not only be used during training to assess the acquisition of skills, but also for post training evaluation and supervision.

Note: There are various possible formats for modules and sessions. Provided the necessary information is included for the trainer to use, the selection of format will depend on how comfortable the trainers are in using it.

METHODS FREQUENTLY USED IN THIS CURRICULUM

Instructions for methods used frequently in this training course are included here. Activities for specific methods are included with the sessions where they are used.

Mini-lecture

Trainer makes a short (5 to 15minutes) presentation using the materials available. Mini-lectures are used to provide information and knowledge. They insure that all participants have an adequate level of information and insure standardization and uniformity of this information. Mini-lectures should be kept short and should be followed by questions and answers for clarification to enable participants to better understand the content of the session/module and clarify issues, and questions and answers for evaluation to ensure comprehension.

Questions and Answers (Q&A)

Questions and answers sessions are used to recall information or elicit participants' knowledge (in introductory sessions in order to assess training needs), for clarification (to ensure that participants understand information/content), presentation of information (to elicit

information that participants may already know) and evaluation (to assess acquisition of knowledge and fill gaps in participants' knowledge).

Steps for Questions and Answers for clarification

1. Trainer asks participants if they have questions
2. If a participant has a question, trainer asks another participant to answer
3. If the participant's answer is correct and complete, trainer reinforces
4. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to answer
5. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participants where to find the information
6. If there are no questions, trainer asks questions to verify knowledge and follows the same steps (3, 4, 5)

Steps for Questions and Answers to elicit information from participant (s)

1. Trainer asks participants questions
2. If a participant's answer is correct and complete, trainer reinforces
3. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to answer
4. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participants where to find the information

Steps for Questions and Answers for evaluation

1. Trainer asks participants questions
2. If a participant's answer is correct and complete, trainer reinforces
3. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to answer
4. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participants where to find the information

Brainstorming

Brainstorming is an excellent way to find out what participants already know and gaps in their knowledge. Brainstorming brings participants experience into the classroom and lets the participants know that their experience is valuable.

Brainstorming is also a very effective way for problem solving.

A brainstorming session should always end with a summary.

Steps for brainstorming

1. Trainer asks an open-ended question
2. Participants shout out their answers or ideas:
   - Until no more ideas are generated, or at least every participant has a chance to contribute or time allocated has run out
   - No ideas are discarded criticized or analyzed, but clarifying questions can be asked
3. Trainer records ideas on newsprint or in another format where all can see them
4. Trainer leads a discussion of each of the ideas generated
5. Trainer clearly marks ideas that are agreed upon
6. Trainer summarizes or asks participants to summarize points of agreement
7. Trainer moves to the next question only after finishing discussion of previous question
8. Ideas generated in brainstorming can be used for summarizing, as input to group exercises, and to relate content to participant experience

Case study

A case study is method of training whereas data/information about a case, preferably a real one or based on one, is presented to the participants for review and analysis. It includes specific questions to be answered. Case studies are a very effective way to allow participants to practice using information to solve problem, the highest level of knowledge objective. They are also effective in providing participants opportunities to explore their attitudes and confront/compare them with other participants and trainers' attitudes. Moreover case studies allow for the identification of gaps in knowledge.

Participants, individually or in small groups are asked to study the case and prepare responses to the questions. The responses are then processed. During the processing the trainer must encourage and ensure that all participants get a chance to provide inputs. Processing can be done using questions and answers and/or discussion.

The questions must be answered in an orderly manner in the sense that each question must be answered fully and the inputs summarized before moving to the next question. Answer key must be given to the participants after the processing of the case study.

Case studies can be presented in different format. They can be based on the presentation of a real patient, the files of a patient, a written description of a case, an illustration such as a photograph or slides of a case, or a video.

This method is not used in this curriculum but trainers can develop case studies based on local conditions/data as additional exercises if time permits.

Discussion

Discussion is indicated when the outcome is not predetermined in advance and is "still negotiable". Therefore using discussion to provide "scientific" knowledge/information or a decision that has already been made and not to be changed can lead to frustration.

Discussion in plenary or in small groups is recommended to explore attitudes, values and opinions. It is also indicated to confront/compare different options of "doing things" ensuring that the "why" is covered.

During the discussion the trainer's role is to facilitate the process, and ensure that the discussion remains "on track" and that every participant gets a chance to contribute.

When small groups do not have the same assignment/topic to discuss, each group presents their output(s) and discussion follows immediately after the presentation before moving to the next group. Time management is essential to ensure that no group gets "short changed" and has ample time for the presentation and discussion.

If all the groups have the same assignment, all groups present before discussion takes place. Only clarification questions are allowed during the presentation. Processing the output(s) must focus on the points of agreement before moving to the differences.

If time does not allow for all groups to present, one group can present and the other groups complete from their own group's output before discussion starts.

Every discussion must be followed by a summary.

Demonstration

Demonstration is a very effective way to facilitate learning of a skill or initiation of the development of an attitude. The facilitator should use this method to show the skill(s) and/or the attitude(s) addressing more than one sense at a time. Often a demonstration can effectively replace a presentation provided the facilitator explains as s/he is doing.

A demonstration should always be followed by a Q/A for clarification session before the learners are required to do a return demonstration.

<u>Steps for a demonstration</u>

1. Trainer assembles resources needed for the demonstration
2. Trainer ensures that participants are ready, can hear and see
3. Trainer explains what s/he is going to do
4. Trainer instructs participants on what is expected of them (e.g. to observe closely, to take notes if appropriate, to use the skills checklist when appropriate etc.)
    - To prepare for the Q/A, and

- Because they are required to do return demonstration(s) for practice

5. Trainer demonstrates while explaining the skill(s)/attitude necessary for each step of the procedure being demonstrated
6. Trainer conducts a Q/A for clarification at the end of the demonstration

Return demonstration

Return demonstrations provide the learners with the opportunity to practice the skills necessary to perform the procedures they are being trained on. The trainer must ensure that each learner/participant has the opportunity to practice **enough times to reach a preset minimum acceptable level of performance.**

Steps for a return demonstration

1. Trainer reminds participants of what is expected of them:
   1.1 To practice the procedure/skills
   1.2 To observe when others are practicing to be able to ask for clarification
   1.3 To observe when others are practicing to be able to provide feedback and peer evaluation
2. Trainer divides participants into small groups, if more than one workstation. (**Note:** each workstation requires at least one facilitator/trainer).
3. Participants take turns practicing the procedure/skills
4. Trainer ensures that all participants can hear and see
5. While each participant is practicing trainer can provide guidance as necessary provided it does not interfere with the process and confuse the participant
6. After each participant, trainer solicits feedback from other participants
7. After feedback from other participants, trainer reinforces what is correct and corrects and/or completes feedback
8. Each participant needs to practice more than once or until control of the skill, as time permits
9. If participant(s) need more than time permits, trainer arranges for additional practice opportunities

Simulation/simulated practice

A simulated practice is a very effective method to allow participants to practice procedures/skills in an environment that recreates as closely as possible the "real world" without the stress involved in practicing procedures/skills that they do not control yet in the field. It is recommended to have participants practice on models before they do perform the procedure/ use the skill in the work place. During a simulation the participant practices tasks that are part of her/his actual role in the workplace or that s/he will perform in the job s/he is being trained for.

Use the same steps as for a demonstration/return demonstration practice.

Role play

Role plays are a very effective method to practice procedures/skills in the training room. They are especially effective to practice procedures/skills that deal with human interactions such as health education and counseling sessions. They are also very effective when the learning objective deal with attitudes.

In a role play participants "play roles" that are not necessarily their roles in the "real world". Often they are asked to play the role of someone they would be dealing with. In this case it is called "role reversal" or "reverse role play". This allows the participants to explore and discover how other perceive/live the interaction.

A role play must always be processed to analyze the lessons learned.

Summary

Every time a training method allows for inputs through exchanges between the trainer(s) and the participants and between the participants themselves, it must be followed by a summary session to "tie up the loose ends" and provide the participants with clear answers. If this does not happen there is the likelihood that the participants will forget the "correct" answers.

A summary can be done by the trainer to ensure that there are "no loose ends". If time permits, it is recommended to use the summary for evaluation. In this case the trainer can use the Q/A method.

Steps for a summary for evaluation

1. Trainer asks a participant to summarize
2. Trainers reinforces if the summary is correct/complete
3. Trainer asks another participant to correct/complete if the summary is incorrect/incomplete
4. Trainer repeats steps 2 and 3
5. Trainer corrects/completes if after 2 or 3 trials the summary is still Incorrect/incomplete

EVALUATION

Evaluation of learning and training objectives

Evaluation or assessment of learning and of training objectives allows trainers, program managers and participants to know how successful a training program has been. On-going evaluation and assessment allows trainers to identify gaps in learning and to fill those gaps. Evaluation also assists in revising learning experiences for later trainings.

Many strategies can be used to evaluate learning. Some of the most useful methods include:

- Knowledge assessments: Written or oral questions that require participants to recall, analyze, synthesize, organize or apply information to solve a problem. The knowledge component of a skill objective should be assessed prior to beginning skill practice in a training room or clinical session.

- Questionnaires: Written exercises that assist trainers and participants to identify and fill gaps in knowledge. Questionnaires can be administered as self-assessments. In some situations, it may be reasonable to have participants use course materials or to work together on questionnaires.

- Skill checklists: Observation of a participant performing a skill and assessment of the performance using a checklist. Simulated practice (using real items or models in a situation that is similar to actual practice) should ideally be assessed prior to beginning clinical practice with clients. Checklists should be used by the trainer and other participants to observe simulated (training room) performance and actual practice and provide feedback to help improve the performance. The checklists can also be used by the participant for self-assessment. During the training participants should be trained on how to use the checklists and encouraged to use them after the training to continue assessing their own performance and improving it.

Additional techniques for evaluation include: projects, reports, daily reflection, on-site observation, field performance, and discussion.

Each training module includes assessment of learning methods and tools:

- Questions and Answers should be used to frequently identify gaps in knowledge and fill them.

- Questionnaires are included with every module and can be used for self-assessment. To use them as self-assessment, participants fill out the questionnaire and then use any course materials to check their own answers. Trainers should work with participants filling out the questionnaires to make sure that all gaps in knowledge are filled before practicing and evaluating skills. When time permits, process responses in plenary to address any issues and fill the gaps in knowledge. At the end of this activity the answer key needs to be distributed to the participants.

- Skills Checklists are included for each of the skills that are included in this training curriculum. Participants can use the Skills Checklists as learning guides during practice sessions in training room or clinical sessions. To evaluate skills, trainers should generally observe participants three times with coaching as needed to ensure the skills are learned.

Evaluation of the participants

The evaluation of the learning by participants will be done through questions and answers, synthesis of sessions done by selected participants, self-assessment following the micro-sessions, peer assessment through feedback provided by other participants following the micro-sessions and assessment of performance by facilitators.

Each participant will practice more than once, preferably three times" the use of the curriculum to plan, organize, conduct and evaluate the training through simulated micro-sessions. A checklist will be used both by participants for self and peer assessment, and by the facilitators.

Videotaping the micro sessions or at least significant segments of the micro sessions and reviewing the taped segments after each session will enable the participants to assess their own progress in terms of acquisition of training/facilitation skills. This approach to evaluation although time consuming is very effective in helping participants assess their own performance and stabilize feedback received from their peers and from the trainers/facilitators.

Post training evaluation of the learners must be conducted within three (3) to six (6) months after the end of the training. Further post training evaluation and follow-up can be integrated into routine supervision. It is highly recommended to use the skills checklists used during the training for post training evaluation and follow-up.

Evaluation of the training

The "End of Training" evaluation can be done through a questionnaire (form 1) whereby the participants are asked to respond and express their opinions about various aspects of the workshop, such as organization, the process, the facilitation, and a general assessment.

The "End of module" evaluation can be done through a questionnaire (form 2) whereby the participants are asked to respond and express their opinions about various aspects of the module, such as the relevance of the module objective to the course ones, the relevance of the content to the objectives, the adequacy of the content, the presentation of the content, the effectiveness of the methodology, the facilitation and the sequencing of the content.

A confidence/satisfaction index can be calculated to determine how confident the learners feel that they acquired the knowledge and skills necessary to perform the tasks they have been trained for, and how committed they feel to using those skills to ensure the quality of the services they are to provide. The confidence index applies to the training objectives and acquisition of skills and knowledge and to the degree to which the participants feel that they able to apply what they have learned during the training. The satisfaction index applies to the organization and implementation of the training.

The items are labeled in the form of statements followed by a scale 5 (Strongly Agree), 4 (Agree), 2 (Disagree), and 1 (Strongly Disagree), where 5 represents the highest level of satisfaction/confidence (agreement with the statement) and 1 represents the lowest. The participants are asked to select the level that expressed their opinion best. A space for comments is provided after each statement.

The confidence and satisfaction indices are calculated by multiplying the number of respondents by the correspondent coefficient in the scale, then adding the total. The total is multiplied by 100. The product is divided by the total number of respondents to the statement multiplied by 5. 60% represents the minimal acceptable level and 80% a very satisfactory level of performance.

For example, if the total number of respondents is 19 and 7 of them selected 5 on the scale, 6 selected 4, 4 selected 2, and 2 selected 1, then the index will be (5x7)+(4x6)+(2x4)+(1x2) multiplied by 100, divided by (5X19). A 100% index would if the total number of respondents selected 5. In this case it would be 95. In this example the index is 72.63%.

The training content and process are evaluated on a continuing basis through daily evaluations using methods such as “things liked the best” and “things liked the least” and/or “quick feedback” forms. The facilitators will use the results of this evaluation during their daily meeting to integrate the feedback and adapt the training to the participants needs.

“Where Are We?” sessions will be conducted with the participants to assess the progress in content coverage and process towards reaching the training goals and learning objectives.

Comments are analyzed and categorized. Only significant comments, those mentioned more than once and/or by more than one participant, are retained.

The facilitators need to use the results of this evaluation during their daily meeting to integrate the feedback and adapt the training to the participants needs.

Feedback and assessment of training experiences allows trainers and program managers to adapt training to better meet participants’ needs.

Trainers can also assess their own performance in facilitating the learning experience of participants using a standardized “facilitation skills” checklist (form 4).

Form 1: END OF COURSE EVALUATION QUESTIONNAIRE

TRAINING CENTER

DATE

COURSE TITLE:

INSTRUCTIONS

This evaluation will help adapt the course to your needs and to those of future participants.

It is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

- 5 = **strong** agree
- 4 = agree

- 2 = disagree
- 1 = **strongly** disagree

Please circle the number that expresses your opinion; the difference between **strongly** agree and agree, and between **strongly** disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner, in the space provided after each statement. If that is not sufficient feel free to use extra paper. If you select 2 or 1, make sure to suggest how to make the situation better, practical, and offer solutions.

N.B: Course goals objectives and duration will vary based on the type of training conducted. Adapt the form to each specific course by including in it the relevant course items.

COURSE GOALS

The Course Achieved Its Goals

1. To provide the participants with the opportunities to acquire/update the knowledge and skills necessary to:

1.1 Play an effective role as a member of the PHC Center team to improve the quality of care and services

5-4-2-1

Comments:

1.2 Use the team approach to solve problems at the PHC center level

5-4-2-1

Comments:

2. Provide the participants with opportunities to be exposed to and initiate the development of attitudes favorable to the systematic use of the knowledge and skills acquired in team building and problem solving to improve the quality of care and services

5-4-2-1

Comment

COURSE OBJECTIVES

1. The course helped me reach the stated objectives:

1.1 Apply the team approach principles to play an effective role as a member of the Model PHC Center service delivery team

5-4-2-1

Comments:

1.2 Use the team approach to implement the problem solving

cycle to solve service delivery and management problems at the PHC Center level

5-4-2-1

Comments:

1.3 Explain the importance of being an effective team member of the Model PHC Center to improve the quality of care and services

5-4-2-1

Comments:

1.4 Explain the importance of using the team approach to implement the problem solving cycle to solve service delivery and management problems at the Model PHC center

5-4-2-1

Comments:

2. The course objectives are relevant to my job description / task I perform in my job

5-4-2-1

Comments:

3. There is a logical sequence to the units that facilitates learning

5-4-2-1

Comments:

ORGANIZATION AND CONDUCT OF THE COURSE

1. Time of notification was adequate to prepare for the course 5-4-2-1

   Comments:

2. Information provided about the course before arriving was adequate 5-4-2-1

   Comments:

3. Transportation arrangements during the course were adequate (if applicable) 5-4-2-1

   Comments:

4. Training site (Training Center) was adequate 5-4-2-1

   Comments:

5. The educational materials (including reference material) used were adequate both in terms and quantity and quality in relation to the training objectives and content 5-4-2-1

   Comments:

6. The methodology and technique used to conduct the training were effective in assisting you to reach the course objectives 5-4-2-1

   Comments:

7. Clinic/ practice site, as applicable, was adequate 5-4-2-1

Comments:

8. Relationships between participants and course managers and support staff were satisfactory 5-4-2-1

   Comments:

9. Relationships between participants and trainers were satisfactory and beneficial to learning 5-4-2-1

   Comments:

10. Relationships between participants were satisfactory 5-4-2-1

    Comments:

11. The organization of the course was adequate (Time, breaks, supplies, resource materials) 5-4-2-1

    Comments:

Additional comments:

GENERAL ASSESSMENT

1. I can replicate this training in my future work 5-4-2-1

   Comments:

2. I would recommend this training course to others 5-4-2-1

   Why or Why Not?

3. The duration of the course (10 days) was adequate to reach all objectives and cover all necessary topics 5-4-2-1

   Comments:

4. General comments and suggestions to improve the course

   (Please be specific)

Form 2: END OF MODULE EVALUATION QUESTIONNAIRE

COURSE: **DATE:**

MODULE NUMBER & TITLE:

INSTRUCTIONS

This evaluation is intended to solicit your opinions about the modules.
Your feedback will help adapt the course to your needs and to those of future participants.
It is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

- 5 = **strongly** agree
- 4 = agree

- 2 = disagree
- 1 = **strongly** disagree

Please circle the number that best expresses your opinion; the differences between **strongly** agree and agree, and between **strongly** disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner in the space provided after each statement. If that space is not sufficient feel to use extra paper. If you select 2 or 1, make sure to write specific comments on how to improve the module.

EVALUATION ITEMS

1. The module objectives are relevant to the course objectives 5- 4- 2- 1

   Comments:

2. The content / topics covered in the unit are relevant to the objectives 5- 4- 2- 1

   Comments:

3. The content / topics were adequate to help me achieve the objectives 5- 4- 2- 1

Comments:

4. The content / topics were clear and well-presented 5- 4- 2- 1

Comments:

5. The training methods and activities were effective in facilitating learning 5- 4- 2- 1

Comments:

6. The training methods and activities were conducted adequately to facilitate learning 5- 4- 2- 1

Comments:

7. These are important topics that will enable me to better perform my job 5- 4- 2- 1

Comments: (specify these points)

8. There is a logical sequence to the sessions and topics that facilitates learning 5- 4- 2- 1

Comments:

9. There are certain topics that need further clarification 5- 4- 2- 1

Comments: (specify these points)

10. The training materials and resources provided were adequate 5- 4- 2- 1

Comments:

11. The training materials and resources were provided on time to facilitate learning 5- 4- 2- 1

Comments:

12. The training materials and resources used were adequate to facilitate my learning 5- 4- 2- 1

Comments:

13. The training site was adequate 5- 4- 2- 1

Comments:

14. The clinic/ practice site was adequate (if applicable) 5- 4- 2- 1

Comments:

General comments (if any not covered):

Form 3: QUICK FEEDBACK FORM

TRANING COURSE: **DATE:**
LOCATION:

MODULE NUMBER AND TITLE:
SESSION NUMBER AND TITLE:

INSTRUCTIONS

This evaluation is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

5 = **strongly** agree
4 = agree

2 = disagree
1 = **strongly** disagree

Please circle the description that expresses your opinion best; the difference between strongly agree and agree, and between strongly disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner, if you have any, in the space provided after each statement. If that space is not sufficient feel free to use extra paper. If you selected 2 or 1 please make sure to give comments (e.g. why? Solutions? …)

1. The session objectives are relevant to
the tasks in the job description 5- 4- 2- 1

COMMENTS

2. The methods/learning activities were adapted to the objectives 5- 4- 2- 1

COMMENTS

3. The materials provided were adequate to cover all of the content 5- 4- 2- 1

COMMENTS

4. The time allocated to the session was adequate to cover all the topics 5- 4- 2- 1

COMMENTS

5. The facilitation (conduct of the session) helped reach the session objectives 5- 4- 2- 1

COMMENTS

6. The content of the training was clearly presented 5- 4- 2- 1

COMMENTS

7. The materials/resources were used in a way that helped me learn 5- 4- 2- 1

COMMENTS

8. There are points of content that need further clarifications (Specify what specific content areas)

Other comments:

Form 4: TRAINING SKILLS CHECKLIST

This checklist is used with the relevant curriculum to give feedback on the trainer's performance.

The checklist contains a list of items to be observed:

- If they are observed a check mark (√) is entered in the column observed under **adequate** or **inadequate** depending on the performance.
- Comments are entered in the appropriate column to clarify/specify what is observed or not observed.
- Is not observed a check mark (√) and comments are entered in the appropriate columns.

The finding and comments are analyzed and discussed with the trainers supervised. Any immediate corrective action(s) taken and further action(s) needed must be entered in the spaces provided.

The trainers supervised must be given an opportunity to comment and the comments must be entered in the appropriate space. The form must be dated and signed by the trainer and the supervisor. It is then filed in the trainer's file for future follow-up and reference.

Legend: A = Adequate NA = NOT adequate NO = NOT observed

Items	Observed		NO	Comments
	A	NA		
1. <u>Planning of the session</u> • Relevant sessions plan selected from curriculum • Organization conduct and evaluation of training in conformity with curriculum (based on observation during the session)				
2.<u>Organizing the session</u> • Arrive before beginning of session • Ensure that all training resources are in place • Ensure that equipment is in working condition • Ensure that training site is set up in accordance with the requirements of the training objective (s) and methodology • Prepared/rehearsed for the training (based on observation of mastery in				

conducting activities and using resources during training)				

Items	Observed		NO	Comments
	A	NA		
3. <u>Conducting the session</u> **3.1 <u>Introduction</u>** • Introduce oneself - Name - Job - Experience relevant to topic • Introduce/let team members introduce themselves • Module: - Introduce topic - Present objective - Clarify topic and objectives - List sessions - Establish linkage with job/task • Session - Introduce topic - Present objectives - Clarify topics and objectives - Establish linkage with module - Establish linkage with preceding session(s) - Explain methodology • Present evaluation methodology • State estimated duration **3.2 <u>Facilitation skills</u>** ➢ **<u>Clarifying</u>** • Make sure participants are ready before starting on any content item • Make sure participants can hear: - Trainer - Other participants • Make sure participants can see: - Writing - Illustrations/ educational aids - Trainer - Each other				

• Make sure s/he look at participants • Make sure s/he can hear participants • Use appropriate educational material • Summarize after each content topic item before moving to next topic • Use examples relevant to objectives, content, and participants learning				
Items	**Observed**		**NO**	**Comments**
	A	**NA**		
➢ **Ensuring Active Participation** • Ask participants questions • Allow participants to ask questions • Allow participants to question/discuss/make contributions • Ensure that all participants contribute • Provide participants with opportunities to practice • Adapt to participants' learning capability (speed, learning activities, use of educational material) • Encourage participants through: - Listening - Letting participants complete their interventions - Not being judgmental - Maintaining cordial relationships with participants ➢ **Mastering Training** • Conduct the learning activities as per session plan • Use the training resources/ materials as per plan • Cover content adequately (relevant, clear, concise, complete, concrete, credible, consistent and correct) • Follow curriculum for learning/training activities • Use content as per curriculum **5. Evaluating learning/training process**				

• Check that participants understand • Check that participants learn skills • Provide supportive feedback by: - Reinforcing the positive learning - Correcting any errors - Correcting any incomplete learning • Listen to participants comment about one's performance (without making it personal) • Adapt one's performance based on feedback from participants • Allow participants to answer questions asked by the group				

Additional comments or observations

Analysis of findings

Action (s) taken

Further action (s) needed

Trainer's comments

Date:

Trainer's name & signature **Supervisor's name & signature**

SYLLABUS/PROGRAM

TRAINING OF PHC CENTERS MANAGERS

IN

LEADERSHIP AND MANAGEMENT

GOALS:

1- To give the participants opportunities to improve or/and acquired knowledge, skills and attitude necessary to conduct training of Leadership and Management using training curriculum.
2- To provide participants the opportunities to be exposed and begin to improve attitudes needed for systemic and systematic use of the curriculum.

LEARNING OBJECTIVES

At the end of the training participants will be able to:

1- Prove knowledge and skills needed to use training of trainers curriculum to be able to demonstrate knowledge and skills needed for training through micro sessions in training room.
2- Organize selected parts of the session plan in systemic and systematic order for training
3- Conduct training by using training curriculum and implementing proper facilitating skills considering session introduction, communication, and training resources use
4- Evaluate skills and attitude acquired by the participants described in training objectives by using evaluation check list required during the workshop
5- Evaluate training considering achieving goals, objectives, content, training methodology, facilitation and organization using end of workshop evaluation check list

Content

1- Important Concepts of Management and Leadership
   - Essential Manager
   - Leadership in Health Care
   - Leading Change/ Management of Change

2- Interpersonal communication
   - Basic skills in Interpersonal Communication
   - Conduction effective meeting/ facilitation

3- Team work at Primary Health Care facilities
   - Team Building and problem solving
   - Managing group process
   - Human Resource Development and Supportive Supervision

4- System`s approach to District/ PHC Facility Management
   - Introduction to health problems
   - Planning and programming

5- Important Management themes in Health Care
    - Partnership in Heath Care
    - Ethics and Patients' Rights
    - Quality Management/ Quality Improvement

METHODOLOGY

The training will use a participatory and "hands on" approach where the role of the trainers will be to facilitate learning by the participants. The responsibility for learning remains with the participants.

To ensure that this happens, a variety of training methods will be used:

- Individual assignments (e.g. reading assignments…)
- Small-group work and Q/A in plenary
- Small-group work and Q/A in plenary for clarification
- Q/A in plenary for discussion
- Role plays
- Brainstorming
- Mini lectures
- Exercises

To assist the participants in going through the learning process, the following reference materials were provided:

- Proposed syllabus
- Handouts on Leadership and Management

All the reference documents will be read by the participants as an individual assignment, clarified in plenary session and small group discussions, and used to prepare, conduct, and evaluate the practical sessions.

SCHEDULE

1- Training Workshop schedule

This schedule is a proposed draft which should be discussed and finalized with participants:

- Day one:
  - Opening
  - Introduction
  - Agreement on principles of evaluation
  - Schedule
  - Training curriculum
  - Principles of adult learning
  - Quick review about concepts of training and training management
  - Goals and Objectives of training
- Day two:
  - Training methodology
  - Reviewing training checklist
  - Distribution of micro sessions
- Day three & four:
  - Micro sessions
  - Evaluation & assessment
- Day five:
  - Micro sessions
  - Comprehensive review of the workshop
  - End of training course evaluation
  - closure

2- <u>Daily scheduale</u>

schedule will include 6 hours of training room structured activities. Starting and ending times, and specific daily schedules will be discussed and finalized with the participants.

Evening Assignments include continuation of individual reading and preparation.

EVALUATION

1. Evaluation of the training

The “end of training” evaluation will be done through a questionnaire whereby the participants are asked to respond and express their opinions about various aspects of the workshop, such as organization, the process, the facilitation, and a general assessment.

The confidence index applies to the training objectives and acquisition of skills and knowledge and to the degree to which the participants feel that they are able to apply what they have learned during the training. The satisfaction index applies to the organization and implementation of the training.

“Where Are We?” sessions will be conducted with the participants to assess the progress in content coverage and process towards reaching the training goals and learning objectives.

2. Evaluation of the participants

The evaluation of the learning by participants will be done through questions and answers, summaries of sessions done by selected participants, self-assessment following the practice sessions, peer assessment through feedback provided by other participants following the practice sessions and assessment of performance by facilitators using training check-list.

Each participant will practice the various skills, preferably more than once.

Limitations of this manual

Although the authors have put substantial effort in making the manual simple and practical, we are well aware that for those limited to only reading the text, exercises, and explanations, it will be rather difficult to conduct the course without previously having experienced the training development process. We have therefore tried to give special attention to the description of the procedure of every module. This is done in order to give in this part of the modules practical hints, examples and a detailed guideline for their development. Experienced trainers and facilitators will find it much easier to use the manual, than those having their first training experience.

It is often thought that participatory teaching and learning methods are more relaxing for the trainers when participants themselves are expected to develop the contents in small working groups. This is definitely not the case. A lecture is a continuous presentation, given in a predetermined time span and participants are not expected to interrupt the presenter. Participants listen and may be only required to put forward questions in the end. The lecturer does not need more than technical competence on the topic and some presentation skills.

Participatory training and learning methods are much more open and flexible. Often they present a challenge to the facilitators by raising new topics, which may not adhere to the

readily retrievable knowledge of the facilitator:

- In terms of the necessary continuous monitoring of the learning process to keep participants on track while allowing some space for related topics important to the participants;
- In terms of analytical and systematic competence to be able to summarize important learning results or to guide participants themselves to summarize their learning;
- In terms of monitoring group dynamics and intervening in conflict situations.

Organizers of the training course should be aware of these training style differences and might decide on a more traditional course setting if the above mentioned competences are not well developed in the trainers' team. It is recommended to consider these reflections in the planning of the workshop/training course.

Part II: Training Modules

Module 1: Important Management and Leadership Concepts

Module Objectives:

1. Understand the basics of management and leadership in health
2. Explain the leadership styles
3. Distinguish between leadership and management
4. Understand the change management

Session 1: Essential Manager/Leader
Session 2: Leadership in Health care
Session 3: Leading Change/ Management of Change

Evaluation/ Assessment

Questions and answers, participants' summaries, trainer's evaluation

Estimated Training Time

6 hours

Session 1.1: Essential Manager/Leader

Specific objectives of the session

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

- Understand the concepts of management
- Define the terms "management", "leader" and "manager"
- Explain management principles and functions
- Define the roles and responsibilities of the health facility manager
- Define the effective leader

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, questions and answers, discussion in plenary and group works

Resources

- Reference material/handouts: Basics of Management and the manager? What are the functions of the management? Role and responsibilities of the manager
- Other*:* MoH documents, markers, masking LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Methods/ Activities
1 Understand the concepts of management	**1.** What is Management? An organized process that guides the utilization of various resources (human, financial, material)	**1.** Minilecture on basic concepts of management and essential manager (15 min)
2 Define the "management" the leader and the manager	**2.** Who is the manager? And who is the leader? Manager: is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization. Leader: A "leader" is a person who manages people by creating high involvement and shared commitment that stimulates people to overcome obstacles in the way of achieving maximum results.	**2.** Q&A" who are the managers" **(20 min)**
3 Explain management principles and functions	**3.** What are the functions of the management? - Organizing - Planning - financial management - staffing - coordination……etc	**3.** Q&A" functions of management" (20 min)
4 Define the roles and responsibilities of manager	**4.** Role and responsibilities of the manager - Inter personal roles - informational roles - decision roles	**4.** Discussion in plenary of roles and responsibilities of the manager. (30 min)
5 Define the effective leader	**5.** Characteristics of effective leaders - Take initiative - inquire - Advocate - Face and handle conflict	**5.** Mini-lecture on effective leaders **6.** Trainer distributes E1.1.1 (30 min)

	- make decision	

Session 1.1: Essential Manager/Leader

Introduction

It is important for all district health and PHC units' members to understand the meaning of the terms: "management," "manager" and "leader."

1.1 What is Management?

There are several definitions of management. For instance: An organized process that guides the utilization of various resources (human, financial and material) to meet a desired organizational goal taking into consideration consumers' demands (clients' needs), and the political and economic situation (emphasis on goal) or a process which exists to get results by making the best use of human, financial and material resource available to the organization and individual managers. It is concerned with adding value to these resources, and this added value depends on the expertise and commitment of people who are responsible for managing the business (emphasis on resources).

1.2 The Management Functions

Managerial work consists of a number of well-defined but interrelated activities. They can be summarized as:

- **Coordination:** The important duty of interrelating various parts of work.
- **Evaluation:** Assessing impact/value of something
- **Financial management:** Budgeting, financial planning, accounting and control.
- **Guiding:** The continuous task of making decisions, embodying them in specific general orders, instructions and serving as the leader of their organization.
- **Monitoring:** Keeping track of activities.
- **Ordering and storing:** Identifying needs and making appropriate arrangements for procurement of equipment and supplies and ensuring their safe storage.

- **Organizing:** Establishing the formal structure of an organization through which work subdivisions are arranged, defined and coordinated for the whole organization.
- **Planning:** Working in a broad outline the things that need to be done and the methods for doing them to accomplish the purpose set for organization.
- **Recording and reporting:** Keeping those to whom the management is responsible informed as to what is going on, which includes keeping the manager and his subordinates informed through records, research and inspection.
- **Staffing:** Personnel functions which include staff development, motivation and counseling, planning, recruitment, selection, placement, remuneration, separation and maintenance of favorable working conditions.
- **Supervising:** Assessing the work of subordinate staff to ensure that standards are maintained towards achieving the desired goal.

1.3 Who is the Manager?

A **manager** is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization. These resources consist of human, financial, information and physical assets. Timely use of these resources is essential for effective management. In an ideal team, its members recognize the authority of the manager and support him/her in a constructive way. A manager is therefore a person who can organize people to work harmoniously together and make effective use of resources to achieve laid-down objectives, through a process that includes planning, implementation, monitoring and evaluation. A distinction should be made between a manager and an administrator. Administration is a subset of management. An **administrator** is somebody who interprets policies and directives from above for implementation, knows the rules and applies them well. The administrator and manager do not have to be different people.

1.4 Managerial Roles and Responsibilities

The roles that a manager of PHC center has to fulfill can be summarized as interpersonal roles, informational roles, and decision roles.

Interpersonal roles:

- Managers as figureheads who, because of their authority, are obliged to perform a number of duties.
- Managers as leaders, providing guidance and motivation.
- Managers as liaison officers, maintaining a web of relationships with individuals and groups.
- Managers as disturbance handlers, dealing with involuntary situations and change beyond their control.

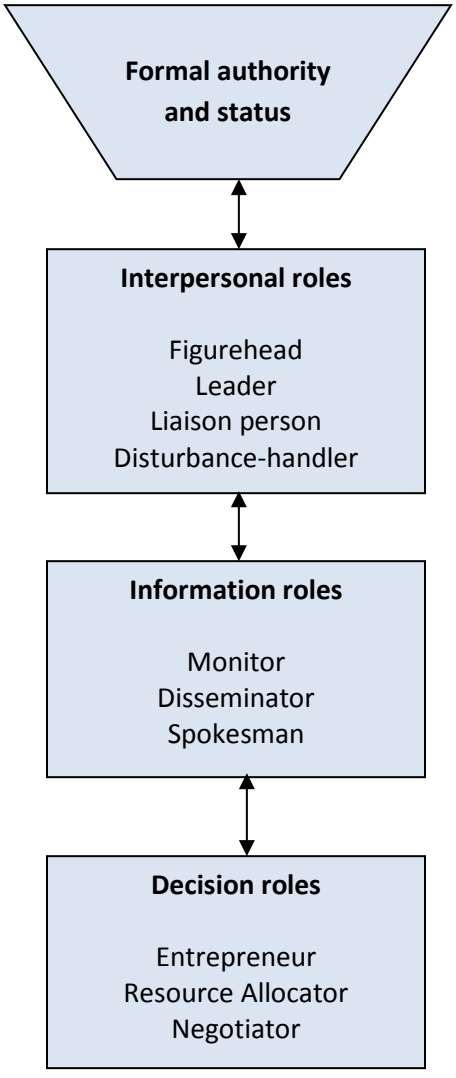
Informational roles:

- Managers as monitors, continually seeking and receiving information as a basis for action.
- Managers as disseminators, passing factual information to supervisors, colleagues and subordinates and transmitting value statements to guide subordinates in making decisions.
- Managers as spokespeople, transmitting information into their organization's environment.

Decision roles:

- Managers as entrepreneurs, acting as initiators of controlled change in the organization.
- Managers as resource allocators, making choices about scheduling their own time, authorizing actions and allocating people and finance. to projects or activities.
- Managers as negotiators with other organizations or individuals

The above-described managers' roles are illustrated in the following figure:



1.5 Who is the Leader?

A **PHC manager** definitely cannot fulfill her/his work without the collaboration of the people working with her/him. Thus management capacities and good leadership skills are important qualifications for a manager/director/boss. To be/ become a good leader and a good manager such as a district medical officer is nowadays even more important because of the movement towards decentralization processes in the health sector and the resulting relative autonomy and increased responsibility of the health districts.

A "leader" is a person who manages people by creating high involvement and shared commitment that stimulates people to overcome obstacles in the way of achieving maximum results.

An effective leader will:

- **Take initiative:** This is exercised whenever effort is concentrated on a specific activity, to start something that was not going on before, to stop something that was occurring, or shift the direction and character of effort. Facility management needs to take individual and collective initiatives, especially during the current changes as a result of the reforms.

- **Inquire:** This permits a leader to gain access to facts and data from people or other information sources. The quality of information may depend on a leader's thoroughness, keenness and commitment. A leader who is keen to learn as much as possible about work activities is more likely to gain quality information than one who ignores the need for inquiry. This is particularly important for PHC facility management in view of the requirements of evidence-based planning and the call for health systems research.

- **Advocate**: This means to take position in support of a cause, e.g. creating awareness on cost- sharing. A leader has convincing abilities and is prepared to take a stand.

- **Face and handle conflict**: A leader should be ready to face conflict and resolve it with the mutual understanding of those involved, creating respect by doing so. Failure to do so leads to disrespect, hostility and antagonism.

- **Make decisions**: This involves choosing or selecting between two or more courses of action. It may involve choosing an intervention or how best available resources can be effectively used. PHC clinic management requires adequate decision-making skills for planning, especially in the aspect of resource allocation.

- **Critique**: Good leaders are able to give constructive critique and feedback. PHC clinic managers need to use the "Critique Approach" when conducting supervision, counseling and guidance of their subordinates.

- **Transparency**: A good leader is open, avoiding doubt through effective communication and information.

In short, a good leader is characterized by decisiveness, integrity, enthusiasm, imagination, willingness to work hard, analytical ability, understanding of others, ability to spot opportunities, ability to meet unpleasant situations, ability to adapt quickly to change, and finally, willingness to take risk.

Exercise E1.1.1: *Who is a Leader to You?*

Individuals first spend a quiet period of a few minutes identifying a person whom, from their own experience, they consider a leader. Then each group member is in turn given the opportunity to share his choice of leader with the other members of the group. A recorder keeps note of all leadership qualities that are mentioned. In the end, a comprehensive list of leadership qualities is presented and compared with the above list.

Session 1.2: Leadership in Health Care

Specific objectives of the session

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

- Identify functions and roles of a leader
- Distinguish between management and leadership
- Diagnose their own leadership styles
- Develop an idea or vision of their future leadership behavior

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Brainstorming, Mini-lecture, discussion in plenary and group works in plenary

Resources

- Reference material/handouts: Functions and Roles of Effective Leaders, Leadership styles and behavior, Leadership Styles Activity, Self-Contract, and the delegation game
- Other*:* newsprint on easel, markers, flipchart, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Method/Material
1.Identify functions and roles of a leader	1.Functions and Roles of Effective Leaders -providing continuity and momentum -initiating and guiding the process of change	1.Brainstorming, group work pin board and cards, on "Functions of an Effective Leader" "Roles of Effective leader" (30 min)
2.Distinguish between management and leadership	2.Leadership styles and behavior - Way of thinking - Technical skills - Personality - Goals	2.Mini lecture; flipchart or Slides "Essential Questions for a Leader" "Leadership: The Behavioral Model" "Situational Leadership Model" (20 min)
3.Diagnose their own leadership styles	3.Leadership Styles Activity - Autocratic - Paternalist - Democratic - Laissez-faire manager	3.Discussion in plenary, distribute E1.2.2 Leadership Style Activity. (25 min)
4.Develop an idea or vision of their future leadership behavior	4. Self-contract People orientation or supportive behavior reflects how much a leader is concerned with the people in her/his team, providing support and encouraging them	4. Discussion in plenary' Memory cards and pencils for each participant (30 min) 5.Distribute E2.2.3 and Delegation Game (15 min)

Session 1.2: Leadership in Health Care

Background Information

There are thousands of publications about leadership and leadership styles in management sciences. Using the internet, it is possible to find enough to read for the next two years under the key words "leadership" and "leadership styles," including whole training manuals.

In this unit, we identify only to a set of concepts that we consider to be essential in order to achieve the objectives of this course. The best, truest and most important managerial function is leadership: the capacity to get things done by having an understanding of people and a capacity to persuade and to move them[1]. Another definition states that leadership is: "the knowledge, attitudes, and behaviors used to influence people in order to achieve a desired mission"[2], speaking about leadership as influence of people with the aim not only to reach organizational goals but increasing personal development of the group.

The terms leadership and management are often used interchangeably but they do describe different concepts and different perspectives: "managers think incrementally while leader think radically;" "managers do things right while leaders do the right thing"[3].

The main aim of the manager is to maximize the output of the organization through administrative implementation. To achieve this objective she/he needs various technical skills like planning, organizing, staffing, directing and controlling but also a decisive personality and qualities like strategic thinking.

Leadership is a way of directing and motivating people. It is less a technical skill and depends more on personal qualities or skills like social and communicative competence, intuition and emotional intelligence, ability to cope with given socio-cultural settings, interpersonal relationships and unpredictable or irrational behavior.

Functions of effective leaders

- Providing continuity and momentum
- Initiating and guiding the process of change--leaders take the responsibility to move forward towards the stated goals
- Mobilizing commitment--leaders create a vision with the "followers"
- Resolving conflicts and constraints--leaders function as mediators
- Building trust--leaders assist the group in defining activities and goals to achieve the objectives

[1] Bradford, D. L., Cohen, A. R.: Managing for Excellence, John Wiley & Sons, New York, 1984.
[2] Srinivasan, Dr. S.: Management Process in Health Care, Voluntary Health Association of India, New Delhi, 1982.
[3] Training Manual on Human Resources for Health, World Health Organisation, 1993.
http://www.triangle.org/resources/leadership/, Triangle Fraternity, Plainfield, USA.

- Building sustainability--leaders help others to develop commitment, skills and behaviors that increase personal and organizational productivity

Leaders develop and nurture other leaders, allow and encourage others to take on leadership roles and create the climate and opportunity for them to do so. Effective leaders empower other people. In doing so, leaders can adopt different roles. They may become:

- Teachers and coaches
- Facilitators of others who do the work
- Resource providers
- Communicators of the vision
- Climate setters

Thus, leadership deals mainly with communicative tasks and abilities, with different people involved in different roles and functions. Therefore, as an effective leader, we need to have clarity about three essential questions:

- Who am I? Know your own personality, strengths and weaknesses
- Who are you? Know your collaborator's personality, strengths and weaknesses
- Who are we together? Be clear about what the team should be able to achieve.

There is a debate about whether leadership should be concentrated in one person or distributed among members of the team. Considering the administrative hierarchies in the health system, one would opt for the first alternative. But there might also be situations in the facility where one member of the team takes the lead in achieving a given task, because she/he has a particular strength to do so. In this case, leadership could change among the team members according to the necessities to achieve the tasks.

Leadership styles and attitudes

A literature review of the topic yields various leadership models. The behavioral model distinguishes four leadership styles. Depending on the situation, each style can have advantages and disadvantages.

The Autocrat: She/he takes all decisions and assigns all responsibility to him/herself. The autocrat leader dominates team members using top-down approaches to achieve a singular objective. Team members are not asked about their opinion, there is no common planning and normally this approach to leadership results in passive resistance from the team members and requires continuous pressure and direction in order to get things done. It is a way to spoil the resources of a team and have low performance.

The Paternalist: "You do what I say; I know what is best for you." This approach is friendlier within the team, but maintains team members out of any decision to be made. May listen to their opinions but will not take them seriously into account, because she/he feels as if she/he is the only expert who knows. This approach may not result in very large resistance, but still the team's competence will not be used to achieve the objective.

The Democrat: She/he is a catalyst for group decision making and shared responsibility, but still maintaining control of the group and the crucial responsibility for the task; allows the group to decide how a task will be tackled and who will perform which task.

The Laissez-faire manager (delegative): She/he leaves all decisions and the responsibility to the group. This approach may be dangerous in a team which is not well motivated and is not very clear about the task to be achieved. It works perfectly well when leading a team of highly motivated and skilled people who have produced excellent work in the past. By handing over ownership a leader can empower the group to achieve their goals.

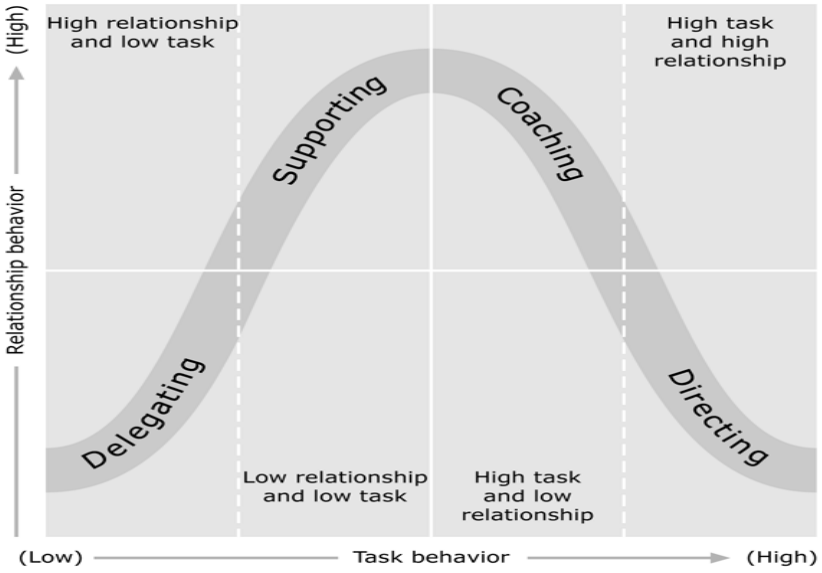
The talented and experienced leader is able to choose the adequate leadership style depending on the problem/task to solve and the qualification and personal qualities of the collaborator/s to complete that task. Thus leadership styles are not static but adapt to the situation and the resources available to solve a given task.

More modern approaches to leadership consider a system of a leader's behavior. The followers and the situation/task can be distinguished between a more task or people oriented/socio-emotional approach in leadership. This approach is called the Situational Leadership Model and has been developed by Hersey and Blanchard[4]. The leader is able to diagnose the situation, to guide and empower the followers and to liberate their talents.

Task orientation or directive behavior reflects how much the leader is concerned with the actual task and whether her/his followers complete it. This style will be appropriate in the case that team members are not very competent or able to perform the task.

People orientation or supportive behavior reflects how much a leader is concerned with the people in her/his team, providing support and encouraging them. This style is concerned with motivation of team members, which might not be that high for working according to what is expecte

[4] Hersey, Paul and Ken Blanchard. *Situational Leadership II*. Original Model: 1969. Updated in 1985 and 1995. http://www.kenblanchard.com/areas/SLII_newSLII.cfm.



able willing motivated	able but unwilling	unable but motivated	unable and unwilling
R4	R3	R2	R1

Exercise E1.2.1 *The Effective Leader*

Objective

To reach a common understanding of keys to effective leadership and define its main characteristics.

Procedure

The facilitator asks group members to remember personalities whom they believed were good leaders. They are asked to write down the main characteristics of these personalities on cards. She/he collects the cards clustering them into groups of key characteristics.

Discussion questions

In your point of view, what are essential characteristics of a leader?

What are the different roles leaders can adopt?

For the discussion refer to “the essential manager: managing people” below

Material: Cards, pin board/soft board

Managing people	**Managers spent 50-80% of their time in direct interaction with people**	**Roles within the team**	**What is your role in the group?**
List the groups of people you have to work with Think of the group of people you work in: - its formal purpose - how do people interact - What are the rituals of the group task oriented or people oriented?	- Professional groups, - Multi-disciplinary groups. - Consumer groups - Politicians - Decision makers - Leaders Formal/informal leaders: - Who is always telling jokes - Who usually breaks the silence first - Who makes the tea - Who sits where?	Chairperson: clarifies objectives, sets the agenda Shaper: Dominates the group, will emerge as the group leader Plant: Source of original ideas, suggestions, proposals Monitor/Evaluator: Contributes towards objective analysis rather than creative ideas Company worker: Practical organizer, turns decisions into manageable tasks Team worker: Strength is social interaction, maintains team harmony Resource investigator: Brings in information, ideas, possibilities Finisher/Completer: Ensures that the group finishes tasks and meets deadlines	

Source: Management for District Health Systems Training Course 1993

Exercise E.1.2.2 *The Leadership Style Activity*

Objective:

To recognize that a good leader uses all three styles of leadership: authoritarian (autocratic), participative (democratic), and delegative (free reign).

Instructions:

Divide the class into small groups (3 or 4 participants). The first exercise is to help the learners recognize the three leadership styles. There are no correct answers. Each individual must realize that each person reacts differently to certain situations. But the goal is to act like a leader for that situation.

After they have completed the first exercise, gather the small groups back together and have them work alone on the second exercise. It is a reflection period on the past, to determine what leadership style was used and if a different style would have been better. After about 10 minutes have them discuss their reflections.

Listed below are some scenarios of different leadership styles. a) Determine what style is being used, and b) then discuss if it is correct for the situation or if a different style would work better.

Helpful hint – you have probably been in a similar situation, what was your reaction to that style at the time?

- A business major is leading a team of research scientist working on new ways to use plastic. Although the team discusses the merits of each ideal and project, she retains the final decision making authority.
- A new supervisor has just been put in charge of the production line.
- He immediately starts by telling the crew what changes need to be made. When some suggestions are made, he tells them he does not have time to consider them.
- A construction crew has worked together for the last four years with very little change-over in personnel. They always vote whenever a decision has to be made on how to proceed with the project.
- The owner of a small electronics store starts every day by telling the three employees what has to be done and how to do it.
- An inspection line has no supervisor. They are expected to have the correct staffing, procedures, and expertise on each shift to ensure no defective parts gets pass them.
- A new squad leader is just assigned overseas. She immediately calls her squad together for a meeting and asks for their ideas and input on an upcoming field training exercise.
- There are seven people on a special project team and each individual is form a

different department. Although a leader was elected, for a decision to pass it must have the approval of each individual.

- A small department performs the same functions every day.
- To get information out, the supervisor sends it by email or voice mail, very rarely is a meeting called.
- A forklift has its forks raised in the air to put some material in the racks.
- An employee darts under the forks (safety violation) so he can get back to his work-station in time. The supervisor tells him very sternly not to ever do that again and notes it in his log.
- A project is running late. The manager puts out a course of action to take to try to put it back on track.
- Later that week she calls a meeting of all supervisors and key players to create a strategy to keep the project running on schedule.
- A manager is working on the budget. He is told to get a hot project running immediately. He calls his staff together and explains the project. He then tells them to get it up and going while he completes the budget.
- A newly hired supervisor is not allowed to make any decisions unless it is approved by the manager first.

Exercise E.1.2.3 *The Delegation Game*

Objective

This is a game underlining the character of delegation. The final message is, that delegation is often used to make someone else do things that oneself does not like to do.

Procedure:

The facilitator asks the group members to write down a task for their right or left neighbor on a piece of paper and to sign it. Then she/he collects the papers and reads out what the group members wanted their neighbors to do and asks the writer to do it themselves.

Discussion questions:

Reflection about the experience, how did we feel in writing the task, what happened when asked to do the task ourselves, what are the conclusions?

Organize small buzz groups and ask participants to discuss the above questions.

Material: Paper, pens

Session 1.3: Leading Change/Management of Change

Specific objectives of the session

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

- Explain the types of change
- Understand the resistance to change
- Define the guidelines for change management
- Understand the leadership and management framework

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, questions and answers, discussion in plenary

Resources

- Reference material/handouts: Introduction to change management, resistance to change, guidelines for change management and framework for leadership and management.
- Other*:* markers, flipchart, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Methods/ Activities
1.Explain the types of change	**1.** Introduction to change management, - Change is inevitable - Strategic change - Operational change	**1.** Minilecture on basics of change management (15 min)
2.Understand the resistance to change	**2.** Resistance to change - Economic considerations - Inconvenience - Conformity - Misunderstanding…etc	**2.** Discussion in plenary of resistance to change (30 min)
3.Define the guidelines for change management	**3.** Guidelines for change management - Ensuring adequate numbers of managers - Ensuring managers have appropriate competences - Creating better critical management support systems - Creating an enabling working environment	**3.** Mini-lecture on guidelines for change management (20 min)
4.Understand the leadership and management framework	**4.** Framework for leadership and management.	**4.** Mini-lecture (15 min) Trainer distributes E1.3.1, E1.3.2, and E1.3.3 (optional). (20 min) (20 min for module summary)

Session 1.3: Leading Change/Management of Change

Background Information

Change has been with us since the beginning of time, and without it there could have been no evolution. Change is inevitable. The difference today is the rate of change and the speed with which we have to adapt it. As seen above, the greatest change effort lies in its implementation and this is exactly what PHC teams are expected to do. It is therefore important that PHC members understand the main factors that play a role in the change process.

3.1 Types of changes

There are two main types of changes:

- **Strategic change:** This has got to do with broad, long-term and organization-wide issues. It is about moving to a future state, which has been defined in terms of strategic vision and scope.
- **Operational change:** Operational change relates to new systems, procedures, structures or technology, which will have an immediate effect on working arrangements within a part of the organization.

Resistance to change

When change is proposed or is imminent, there is always resistance that the change agent should try to overcome. Some of the reasons why people are resistant to change include:

- **Economic considerations:** Change can lead to redundancy, loss of earnings, loss of promotional prospects and loss of status.
- **Inconvenience:** Change can make life more complex and difficult, perhaps requiring a transfer or learning new skills, methods and procedures.
- **Conformity:** People may have a preference for conformity to customary and expected patterns of behavior.
- **Misunderstanding:** People may misunderstand the implications of change and may fear the unknown.
- **Perception:** Different people have different perceptions of situations.
- **Previous experience:** People may have bad experiences from previous attempts at change.

It may be useful to identify various forces that are hindering change and then to devise driving forces such as training, information and advocacy to counteract those forces.

Guidelines for change management

PHC managers should try to avoid or reduce resistance to change and make health workers accept change by doing the following:

- Plan change carefully:
  - identify problems and their underlying causes;
  - formulate alternative actions to solve the problems;
  - select most feasible action;
  - establish an implementation plan.
- Involve those who will be affected by change right from the planning stage.
- Explain the benefits, both for the organization and the people, and also indicate the disadvantages that are likely to arise.
- Introduce change gradually.
- Be patient and tolerant during change. Give support and help.
- Provide training, which may be needed.
- Monitor change.
- Communicate frequently with people during and after change in order to identify snags and problems.
- Be firm about the end results but flexible in getting there.

Management by objectives

Management by objectives is a management style that can be used by open organizations in collaboration with well-trained, experienced and mature staff. Such people wish to decide for themselves, want reasons, ask questions and do not necessarily wish to conform.

The manager and the employee discuss specific tasks and set work objectives to be achieved in a certain time frame, the manager then just assesses the achievement. In case of difficulties the employee consults the manager for advice or re-discussion

How we recognize this idealized self-actualized person?

- More efficient perception of reality and more comfortable relations with it
- Acceptance of self and others
- Spontaneity
- Problem-orientation
- Detachment – the need for privacy
- Autonomy – independence of culture and environment
- Continued freshness of appreciation
- Social interest
- Interpersonal relations
- Democratic behavior
- Sense of humor
- Creativeness

Traditional Management or Leadership for Change?

In the present reform climate, with its many changes, there is a greater need for leaders rather than traditional managers. Leadership is the key factor differentiating the "average" from the "excellent". Effective leadership is about enabling ordinary people to do extraordinary things in the face of adversity, and to constantly turn out superior performance for the long-term benefit of all. Effective leadership involves choosing, and then translating, the right strategy into action and sustaining the momentum. Leadership is essential in any change process and the burden of effort in any change process lies in its implementation. A "leader" is a person who manages people by creating high involvement and shared commitment that stimulates people to overcome obstacles in the way of achieving maximum results. The above definition recognizes "strong and effective leadership" as one which allows active participation of all team members with a clear sense of purpose and mutual support. In such circumstances, team members of the organization gain experience and qualify themselves for promotion and advancement. The organizational results and goals are thus satisfactorily met.

Strong and effective leadership creates a high degree of involvement and shared commitment that stimulates people to overcome obstacles to achieve maximum results. Critical success factors of effective leadership are:

- Excellent interpersonal skills
- Ability to learn on the job
- Hard work and working smarter
- Ability and commitment to motivate people
- Linking strategic planning to implementation
- Facilitating teamwork
- Organizational development.

Management or leadership?

Although there appears to be an overlap between management and leadership, it is possible to differentiate between traditional management styles that are still found in so many organizations and the forward looking, change-oriented leadership styles that are required to achieve actual reforms. The figure below summarizes some of these distinctions with relation to change, focus and self-management.

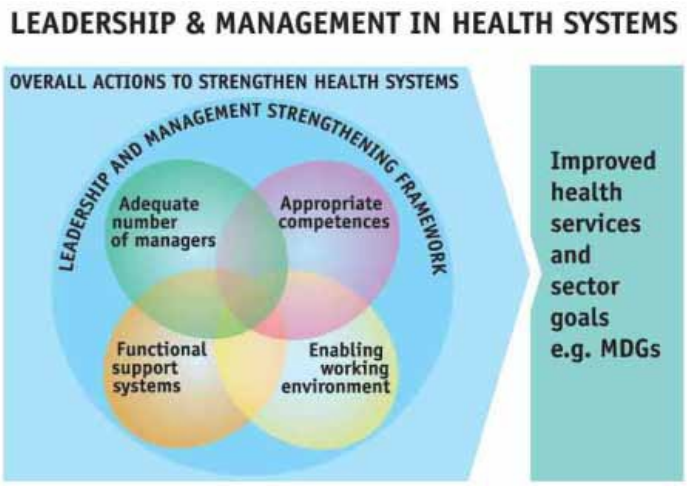
Traditional management		Leadership
Focus on stability, avoiding risk		Emphasis on growth & change / acceptable risk
Peacemaker, avoidance of conflict	CHANGE	Pacemaker, conflict risked as inevitable to growth
Emphasis on skills	→	Emphasis on attitudes
Concerned with events		Concerned with underlying themes
Win-loose power orientation		All can win through expansion
Administers		Innovates
Traditional management		**Leadership**
Extrinsic motivation (stick or carrot)		Intrinsic motivation (the extra mile)
Today	FOCUS	Day after tomorrow
Short-term task	→	Longer-term process
You serve me		I serve you
Hierarchical		Partnership
Low involvement		Empathy
Traditional management		**Leadership**
Externalizes responsibilities, tendency to "wait and see"		Assumes responsibility to change
Them (tendency to blame, premise of incompetence in others)	SELF	Me and them (trust in innate desire to excel / learn)
Linear thinking, intellect dominates	→	Systems thinking, balance between intellect and passion
Positional power emphasized		Competence emphasized

A leadership and management framework

Leadership and management are complex concepts which are relevant to many different parts of the health system, including the private and public sectors; health facilities, district health offices and central ministries; and support systems related to pharmaceutical, finances and information. Leadership and management are also human resource issues – specifically, the skilled and motivated managers and leaders needed to work throughout a health system. To structure work on these complex issues, WHO devised a draft framework which addresses the question, "What conditions are necessary for good leadership and management?"

The framework proposes that for good leadership and management, there has to be a balance between four dimensions:

- ensuring adequate numbers and deployment of managers throughout the health system;
- ensuring managers have appropriate competences (knowledge, skills, attitudes and behaviors);
- the existence of functional critical support systems (to manage money, staff, information, supplies, etc.)
- creating an enabling working environment (roles and responsibilities, organizational context and rules, supervision and incentives, relationships with other actors).



These four conditions are closely interrelated. Strengthening one without the others is not likely to work. Better-functioning systems will, in turn, contribute to achieving the MDGs.

The framework provides a simple but coherent approach to leadership and management strengthening within health systems and in each specific context, can be adapted or modified for use in local situations.

The framework has a variety of uses, including:

- Mapping current activities – which of the four dimensions are covered by current leadership and management strengthening activities?
- Needs assessment – what are the leadership and management development needs in a given health system?
- Planning – does a country's leadership and management development plan deal with issues in all four dimensions of the framework?
- Problem solving – why are some leadership and management problems so persistent in a particular country, given the amount of investment in strengthening leadership and management?
- Monitoring and evaluation – what are the effects of existing leadership and management strengthening activities on the four dimensions of the framework?

The four conditions which facilitate good leadership and management

- Ensuring adequate numbers of managers
- Ensuring managers have appropriate competences
- Creating better critical management support systems
- Creating an enabling working environment

Evaluating Your Management and Leadership Qualities

Exercise E1.3.1

As an individual confidential exercise, judge yourself against the above list of traditional management / leadership qualities; write down how you rate yourself. Then make a list of "good intentions" on how you will improve yourself on your weak points. Optionally, discuss with a trusted friend / colleague, your facilitator or a counselor.

Exercise E1.3.2

Do the same exercise, but now in relation to your superior or one of your colleagues. This should only be done under guidance of a facilitator who is very skilled in the handling of group processes.

Exercise E1.3.3

Choose an important change that your DHMT will have to implement in the context of ongoing reforms. In group discussion identify who in the district: will see themselves as winners? Who will see themselves as losers?

Who has the power (both to block and to promote the changes), who has the required information that is relevant to the change (both "hard" official information, and informal "soft" information)?

Use the above information to devise a change strategy; implement this strategy while regularly reviewing it.

Module 2: Interpersonal Communication

Module Objectives:

1. Understand Basic Interpersonal Communication
2. Able to conduct effective meeting

Session 1: Basic Skills in Interpersonal Communication
Session 2: Skills in Interpersonal Communication (Continued)
Session 3: Visualization/ Conducting Effective Meeting

Evaluation/ Assessment

Questions and answers, participants' summaries, trainer's evaluation

Estimated Training Time

6 hours

Session 2.1 and 2.2: Interpersonal Communication

Specific objectives of the session

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

- Distinguish the different steps of the communication model;
- Explain important role of feedback in communication and know basic rules for feedback;
- Understand the different types and forms of messages a sender can transmit to the receiver or the receiver can read from the sender.

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, questions and answers, discussion in plenary, Brainstorming, Exercises and role play.

Resources

- Reference material/handouts: The tasks of managers' work, Introduction of the communication model, The Telephone Game, Controlled dialogue or Mandala (optional), Levels of communication, True or false (optional), Feedback rules, Course contract
- Other*:* markers, flipchart, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

4 hours (2 for each session)

Session Plan

Objectives	Contents	Method/Material
1- Distinguish the different steps of the communication model;	Introduction of the communication model The communication: Is the process by which individuals exchange information, ideas and/or feelings in order to produce an effect or reaction Adoption process: The process by which people decide to try on new health behaviors and / or practice and either adopt or reject them	Mini lecture on management tasks at different levels, dynamic to place participants on the levels they mainly work on (15 min)
2- Explain important role of feedback in communication and know basic rules for feedback	The obstacles of communication - Lack of active listening - Language - Length and way of message How to avoid it - Choice of channel - Precise and short message - Language - two way communication	The Telephone Game E2-1-1(30min), Brainstorming and group work (30 min), Controlled dialogue Exercise 2-1-2 or Mandala Exercise 2-1-3(optional) (30min) (Total Time:90 min)
3- Understand the different types and forms of messages a sender can transmit to the receiver or the receiver can read from the sender.	Levels of communication - Content of message - Relationship - self revelation - appeal	Brainstorming (30 min) Mini lecture followed by Q&A (45 min)

	Types of communication - Verbal and nonverbal communication Feedback rules - A piece of information - Means having contact with other person - Know and learn - Express thought and feelings Feedback tips - Giving feedback *Describe in state of judgment * Be concrete and prescise * positive - Receiving feedback * Acknowledge * Respect to other person * Say stop	Q&A (30 min) Mini lecture (20 min) Summary (20 min)

Session 2.1 and 2.2: Basics skills in Interpersonal Communication

Due to their role and function in the health system, health workers in general must be multi-talented and gifted communicators (interacting with patients, relatives of patients, colleagues, subordinates, superiors, officials, community representatives, etc…).

However, the opportunities to develop skills in communication in special training courses or on the job are scarce or almost none existent in developing countries, particularly at the facility and district level. The present session takes the opportunity to present elementary communication techniques; one can continuously practice on his/her own under different circumstances. Communication skills will be reiterated throughout the whole training course as on-going skills- building process.

This information is divided into two parts: a short introduction to the communication model demonstrating how communication takes place; and a presentation of the role of feedback in communication and what to take into consideration in receiving and giving feedback.

1.1 The communication model[5]

Communication does not consist of just one person speaking and another one listening. Human communication is a very complex process involving a sender, who intends to get a message with certain content across to the receiver, and a receiver who needs to interpret the message correctly. The basic issue is: Who says what to whom with what effect?
In general we can distinguish different parts of the communication process, and only if all parts harmonize, smooth and easy communication takes place:

Input:	The sender has an intention to communicate with another person, this makes up the content of the message.
Sender:	The sender encodes the message (idea), thus he/she gives expression or structure to the content.
Channel:	A message is sent/transmitted via a channel, depending on the type of communication the channel is made by air = oral communication, paper = written communication, etc.
Receiver:	The receiver decodes the incoming message, translates it and thus receives the output
Output:	This is the content decoded by the receiver.
Code:	In the process the relevance of the code becomes obvious, the codes of the sender and the receiver must have at least a certain set of information in common in order to make communication work.

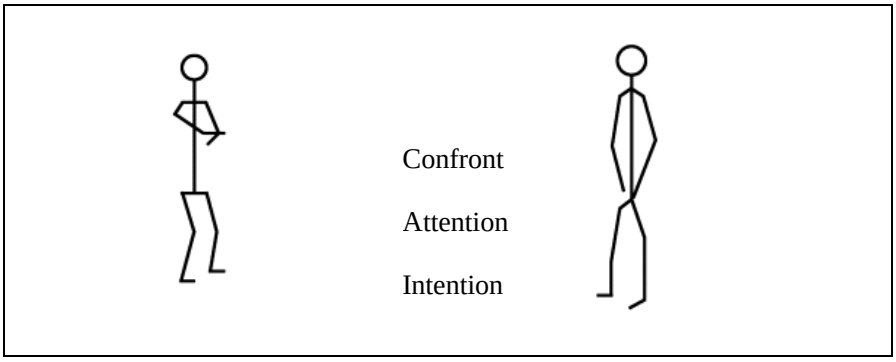
[5] Adapted from Lohmeier, Jochen: Facilitation - Approach and Tools for Development Practitioners, BAOBAB, Berlin, 2001.

1.2 Main functions of a sender

Confront: The message and the receiver(s); confront here means to be able to face any person, task, thing or situation.

Attention: Be conscious of what is transmitted in order to encourage the receiver to take the message.

Intention: Be clear about what your objectives are, the way you want to transmit your message and what kind of response you expect from the receiver.



Main functions of a receiver

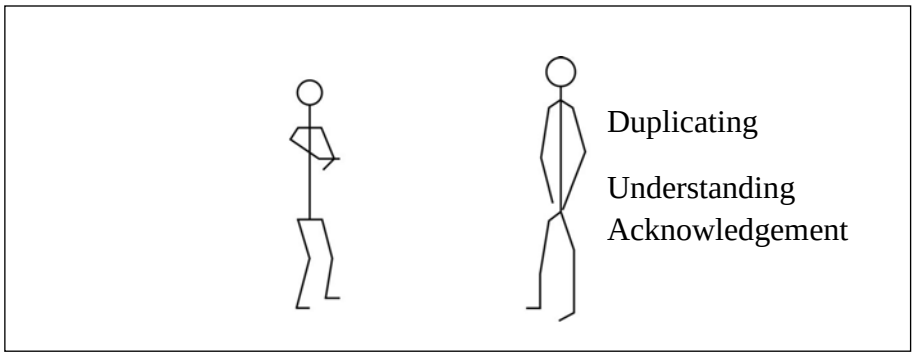
Duplicate: Recapitulate the message, making a true copy of the message.

Understand: Make your own interpretation of the duplicated copy of the message, wrong duplication and interpretation leads to misunderstanding and then the communication breaks down.

Acknowledge: Demonstrate that you listened to the message, that you received it and understood it. Acknowledgement is a continuous process that shows you are with the one who speaks.

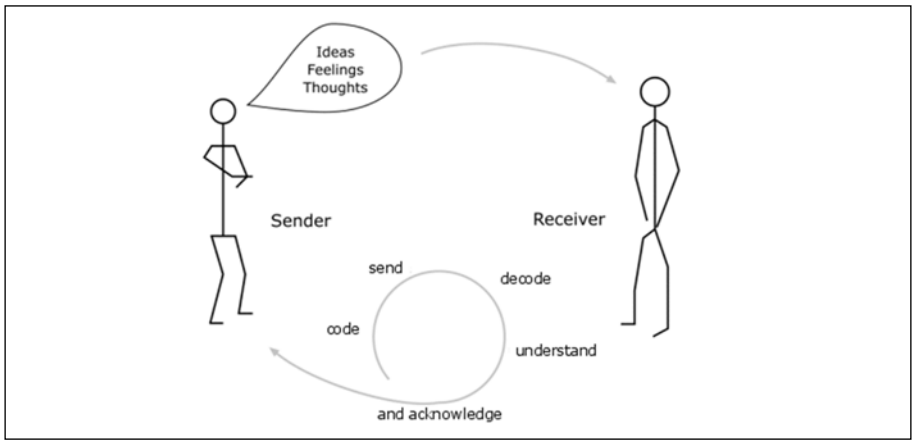
There are different types of acknowledgement:

- Partial acknowledgement: A nod, short "hmm", etc. to mean, "I hear you". It is aimed at encouraging the speaker to continue.
- Full acknowledgement: Paraphrasing what the sender said, thanking the sender, etc., are different means to take over and prepare for a response.
- Pre-mature acknowledgement: Comes before the sender has completes his/her message. It is meant to interrupt the sender or stop him/her from continuing to speak.



To bring a message across the sender should be aware of his/her ideas, thoughts, and feelings in order to catch the full attention of the listener. The latter needs in turn to duplicate, understand and eventually acknowledge what he/she has heard, to be sure that he/she got the message the way it was meant by the sender. Often we do not duplicate messages we receive, but just go on and interpret them according to what we think the sender wants to say; especially if we are emotionally involved. This is a frequent miss- happening in communication and the reason of miss-understandings.

In reality we always are sender and receiver at the same time and disturbances in communication can arise at any part in the process. Being aware of the different parts and possibilities of communication disturbances and break down makes it easier to avoid them.

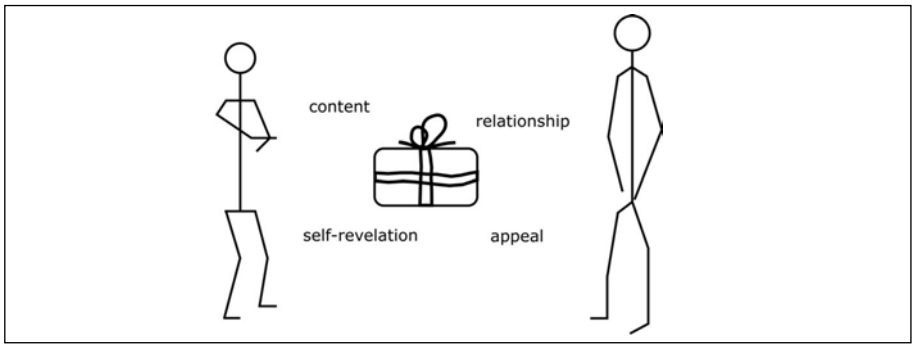


1.3 Levels of Communication

Communication is not just an exchange of words between two persons, but an interaction between two personal histories, experiences, conventions, which build up a relationship. Direct human communication contains the following two different levels:

The first level refers to the content of a message. The second refers to the relationship between communication partners and incorporates not only the cognitive side but also the emotional side of a sender and receiver. The latter refers to the relationship between sender and receiver, to the self-revelation in the message of the sender and to the appeal of the message, in order to influence the other person's point of view. The relationship has a high impact on how the content of a message is perceived during the communication process.

We distinguish four sides or "ears" that are revealed by a message:



Content: What is being said? What is the logic? Questions and answers?

Relationship between presenter and audience: How does the presenter see his/her audience? What kind of relationship do the sender and receiver have?

Self-revelation of the presenter: How does he/she see him/herself? How does he/she want to be seen, received by others?

Appeal of presenter: What does he/she want the audience to think?

1.4 Verbal and non-verbal communication

Verbal parameters besides the content of a message are melody of speech, gaps within conversations and tone of voice and volume. These also have an impact on the effectiveness of communication.

In addition, verbal communication can be reinforced or mitigated by a number of non-verbal parameters like facial expression (indifferent, angry, enthusiastic, sad, etc.), visual contact (looking in the person's eyes versus at the floor; for example, in some cultures it is not allowed in certain relationships to have direct eye contact), gestures (hand movements), posture (crossed legs or arms, sitting styles, walking around while speaking, etc.).

The so called nonverbal communication can be:

Complementing: adds extra information to the verbal message

Contradicting: puts the verbal message into question

Substituting: replaces the verbal message

Accenting: emphasizes particular points of the verbal message

Regulating: co-ordinates the dialogue

Repeating: repeats what has been expressed verbally

In conclusion, it has become obvious that human face-to-face communication is a complex process. It consists of many different elements to influence the conversation partner on the one hand, on the other hand to judge about the partner's communicative credibility. Other elements influencing communication are time and culture, the environment, body types, shapes and sizes, clothing and personal characteristics.

1.5 Feedback

Despite its inevitability and importance in human communication, feedback or information about one's performance in a working environment is enjoyed and performed effectively by few. We often relate our communication only to the content side of the message and neglect the relationship side although that part of communication which hinders understanding. Feedback is a good tool to also look into the relationship part of communication. It means having the opportunity to know and learn how we are perceived by others as well as being able to openly express what we think and feel about others. It is information as well as control of understanding. Clear and direct feedback normally influences how the persons understand each other in a positive way and it improves communication, as well as collaboration between people. It can reduce uncertainty, solve problems, build trust, strengthen relationships and thus improve work quality.

So feedback is:

- A piece of information for another person.
- Means having contact with another person in a regulated way.
- An opportunity to know and learn.
- An opportunity to openly express thoughts and feelings.

Giving and receiving effective feedback should follow some important rules in order to avoid being painful and sort of offensive, or giving an unintended message.

Giving Feedback

- Speak always about your own impression/perception/feelings, use "I ....you" messages.
  Negative example: clearly you are not convinced.
  Positive example: I have the impression that you are not convinced.

- Use descriptions instead of judgments or generalized statements.
  Negative example: Obviously you are irritated because I did not follow your argument.
  Positive example: I am aware that you interrupted me several times. I would like to explain my argument to you without being interrupted.

- Relate feedback to a concrete situation (when, what, how, reference).
  Negative Example: You are very much afraid of everything.
  Positive Example: My impression is that you might be afraid of having to present the topic in public tomorrow.

- Be concrete and precise.
  Negative Example: Your presentation is quite o.k.
  Positive Example: I specifically liked the structure and how you acted.

- Give feedback immediately, in the concrete situation.
  Negative Example: Last week I did not like your presentation either.
  Positive Example: The presentation is very extensive. Yet I am missing...

- State the positive, constructive intention.
  Negative Example: We are not going to agree on anything.
  Positive Example: I would like to discuss the issue with you to come to a consensus.
- Be attentive to the needs of the receiver.
  Negative Example: We must stick to the planned schedule or we will not finish everything that the plan mandates.
  Positive Example: Is it o.k. with you if we continue working, or would you like a break?

- Present your point of view, recommend possible alternatives of behavior.
  Negative Example: We cannot deviate from the plan.
  Positive Example: I would recommend starting the agenda but we could also have the meeting for two more hours than originally planned.

- Give your feedback in a way; you yourself would be ready to receive it. The feedback should be reversible.

Receiving feedback

- Listen attentively to the other person, ensuring eye contact when appropriate
- Acknowledge
- Do not justify
- Respect the other person's point of view
- Say stop, if you have heard enough
- Thank the presenter but this does not mean you will follow the given views: what you do with the feedback is your own business.

Always remember: What counts is what the other person hears, not what you have been saying.

Exercise E.2.1.1 *The Telephone Game*

(Facilitator's Sheet)

For group-workers or trainers, it is very important to feel that people they work with are really interested in what they say. Participants also need to feel that their contributions are valued and respected. One way to support these needs is to improve one's listening skills.
In order to do so, it is good to know something about listening, its barriers and how to overcome them.

The following exercise deals with listening barriers.

Objective

To make participants aware of communication problems and identify methods to improve active listening skills.

Procedure

Take any recent article of 2-3 paragraphs that is not currently in the news. You can also use an example which you elaborated yourself.

Here is one example which has been used in former management courses:
"The secretary had been paid poorly. She quit her job and moved to Basrah with her family. Her husband found work as a doctor at the DoH and is very happy about it."

Divide the participants in groups of 8 – 10 persons. Read the article/sentence with a very low voice to the first group member. The first person reads it once for him/herself and passes it verbally to the neighbor. The second person is allowed to ask the first person to repeat, but only once. Then the second one passes the same message to the third, from the third to the fourth etc. The same rule applies throughout: the receivers only ask for a single repetition. The last in the row is asked to write down what he/she understood.

Compare the content to the initial message.

If you have time you may ask everybody to write down on a card what he/she heard and thus construct a ladder of information, which shows at what stage the correct information got mixed up.

Discussion questions

- How much and what was lost in the respective transmittals of the initial story?
- Why did this happen and how?

Form groups of 3 participants and let them discuss the above questions for about 10 minutes and have them come up with their results in the plenary. Collect these on a flip chart or soft board.

Now form groups of five and let them discuss for again ten minutes the following question and present in the plenary.
How could we have increased both the facts and the understanding of the story?

Here is an example for a possible result and discussion of one of the training courses:
Original written message handed out:
Ex.: "Nada is a very impressive lady in the way she conducts herself both professionally and socially. She basically has all the qualities of a PHC manager, but authorities do fear her. She is sometimes too confrontational and non-compromising when it comes to the rights of the workers."

Results

Group 1:

"A manager is informing me that he is being confronted by a confrontation problem."

Group 2:

"There is a woman called Fadia who works in a PHC clinic. Her husband is called Basim. Fadia is looking for glass."

Comments

1. The message is distorted
2. The message is shorter
3. There are additions
4. One group puts it in a reported speech
5. Results of the 2 groups are different

The Telephone Game

Why?

1. Lack of active listening
2. Language, pronunciation
3. The length of the message
4. The way the message is acknowledged, understood
5. What is important, to whom?
6. How familiar/non-familiar the situation is
7. Speed of the sender and source of message
8. Personal interest of the sender and/ or the receiver
9. The channel of communication (1 versus 2 ways)

How to avoid?

1. Choice of channel of communication
2. Precise and short message
3. Length of the communication chain: shorter is better
4. Language/words used
5. Two-way communication as much as possible
6. Stress the main points

Materials required: Article or short story, statement.

Source: Grieshaber, Christine: Step by Step, Group Development, A Trainer's Handbook, DSE/ZEL, 1994.

Exercise E.2.1.2 *Controlled Dialogue*

Objective

To improve listening skills and exercise duplicating and to better understand and be understood.

Procedure

Divide the group in small groups of three: A, B, C.

Choose topics of which one can have controversial opinions, e.g. abortion, cloning, terrorism or liberation movement, globalization, decentralization of services. Write down short statements which you distribute to every group member.

You may also leave the participants to choose the topics, but then allow time for them to select their topics.

Group A and B is given one to three minutes to establish their thoughts.

Group A presents his/her opening remarks/statement to Group B. Group A is allowed to talk for a maximum of two minutes (if there is little time you can reduce speaking time to one minute). Group B listens, receives the message, and repeats the content of Group A's statement. Group B attempts to do this as correctly as possible and is only allowed to answer, if A is satisfied with the repetition. If this is not the case, Group A repeats his/her statement and Group B has a second chance. Group C will act as the referee between the two by keeping time, and ensuring that the receiver is fairly judged. Group C has the final word for any discrepancies.

The process should stop after 10 minutes. Then the group rotates (A becomes B, B becomes C, C becomes A).

The participants are asked to vary the content of the message to find out what type of message is easy to duplicate and what difficult contents are.

If there is little time, you may do the exercise in pairs, skipping C and only change roles once.

After the exercise the small groups should reflect on the following questions:

- What did you observe about the/as a receiver?
- What are "easy" contents/subjects, what made it "easy" to duplicate?
- When is it difficult to listen/repeat?
- What does this exercise mean to you as a manager?

Material: Instruction sheet or flip chart.

Here are some examples for reflections which may come out of the discussion: The speaker/sender

- Does not organize thoughts before speaking;
- Does not express him/herself clearly;
- Tries to put too much/too many different ideas into one statement, making it confusing;
- Does not respond to what has been said before which hinders the progress of the discussion.

The listener/receiver

- Does not fully pay attention to what is being said, but rather thinks about how to respond;
- Tries to listen to every little detail and loses the full meaning of the message;
- Adds to the message of the speaker.

Conclusion

The fact that understanding and being understood are not only matters of content as sometimes assumed, but involve all levels/parts of communication. Understanding this, especially on the listener's side, makes one more sensitive in regard to the possibilities of misunderstanding and of being misunderstood in a larger group. It can make us aware of the fact that we often assume that our own thinking is also that of the other person, which definitely not the case is.

Source: Adapted from Lohmeier, Jochen: Facilitation - Approach and Tools for Development Practitioners, BAOBAB, Berlin, Germany, 2001

Exercise E.2.1.3 *Mandala*

This is another exercise to practice passing messages to another person and experience the related difficulties, if we only rely on one "channel". The exercise demonstrates that it is recommended to use different ways of communicating and stimulate different senses in order to transmit the message fully.

Objective

To practice transmission of clear and easily understood messages using different "channels" and two way communications.

Procedure

Divide the group in pairs and ask them to sit back to back. Person A takes a pen and draws a Mandala or any figure he/she likes. In drawing he/she describes his/her figure and B tries to follow the instruction and to draw the same figure. B is not allowed to talk. After two minutes A and B compare the results. Then B draws a figure and A tries to follow, but is allowed to ask three questions during the process. After two minutes they compare results. In the last turn A draws the figure, B follows, the two are allowed to exchange ideas during the whole process. After two minutes they compare the results.

Questions

- What was the difference in the results of the first, second and third turn?
- What lessons does this provide us for being trainers, trainees, supervisors or supervised personal?

Material: Pens and paper

Exercise E.2.1.4 *True or False*

Objective

Participants train their perception of verbal and nonverbal communication in order to find out hidden aspects or false statements.

Procedure

The participants should know each other at least a little.

They form small groups of three or four persons. One group member chooses another group member and gives him/her feedback (three statements) on his/her personality, behavior, work or anything else. Two statements should be true, his/her very opinion, one statement should be a lie. The listeners have to find out which statement is false and explain why they think so. All group members are asked to give their feedback once.

The group should list their "indicators" for false statements on a flip chart paper and later present the results during a plenary session.

Finalize of the discussion with a quick round and refer briefly to the "Levels of communication" model.

Discussion questions

- How did you feel receiving the feedback?
- Was it difficult to find out the false statement?
- What did you learn about your ability to perceive a message?

Material: Flipchart paper

Source: MWOnline, Ideenfabrik Kommunikation, www.mwonline.de

Session 2.3: Visualization/Conducting effective meeting

Specific objectives of the session

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

- Explain theories, results, messages, ideas, thoughts, etc. for presentation purposes or in group/team work;
- Able to conduct basic knowledge on facilitating meetings, group work sessions, seminars, conferences, etc., by asking the right questions and using the appropriate answer modes.

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, questions and answers

Resources

- Reference material/handouts: Visualization rules, Questions and answers, Manager as a sender
- Other*:* newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objectives	Contents	Methods/Resources
1. Participants know the visualization rules and apply them	**1.** Visualization rules -Definition - The card technique - flipchart and transparences	1. Minilecture (20 min) , Q &A, flipchart, and Card Technique Exercise(E.2.3.1) (20 min), (Total Time: 40 min)
2. Participants are familiar with the questioning facilitation approach	2.Moderation tools Questions and answers - Questions * good and bad questions in facilitation *Types of questions - Answers * Hints for dealing with answers	2.Mini lecture and, flipchart (15 min) Q & A(10 min) and plenary discussion(10 min), (Total Time: 35min)
3. Participants get feedback on their personal presentation style	3.Manager as a sender	3.Personal presentation and group comment, if available video camera, recorder and screen (45 min)

Session 2.3: Visualization/Conducting effective meeting

Background Information

Good modern management is based on the active involvement and creativity of all members of working groups, teams, departments or divisions, etc... Group members need possibilities to contribute with their ideas, thoughts and feelings. The manager's or leader's role is it to provide these occasions and to guide the communication towards a defined or agreed goal/aim assuring the contribution of all participants. Thus the manager becomes a facilitator/ moderator.

One important tool to collect and structure information in meetings is to visualize statements and comments in a short and precise form. Members of the meeting can use this visualization to organize their discussion and to be more systematic and effective in communicating.

2.1 Visualization

As we receive most of the information around us by sight (80%) and not by sound, the visualization of statements, ideas, relations, etc. on media such as flipcharts, overhead transparencies, cards, boards or posters is one possibility to record or emphasize oral contributions; to collect arguments and ideas, and to rely on these in presentations.

The card technique, for example, is very useful in analysis and planning processes with brainstorming sessions. Flipcharts or boards are useful to record arguments or results during meetings and/or discussions, whereas transparencies are more useful in prepared presentations.

Each technique has specific advantages and disadvantages and should be chosen after a careful reflection of the situation as well as the aim of its use.

The card technique

Cards of different sizes, colors and shapes are a very helpful moderation tool when used as a means to protocol the discussion process and results, by pinning them on a soft board. There are some rules to be followed, in a successful moderation session with the cards technique.
The facilitator chooses one person to take short notes of the statements of all of the other members in a meeting. After the topic has been exhausted, these statements are presented and structured on the soft board. The group then has the opportunity to identify missing points and add them. With group consensus, the topic is to be most successfully tackled.

In a bigger group, such as a class, each and every member of the group writes his or her own statements on cards.

If you are not used to the card technique it takes some time to feel comfortable with it, but

very quickly you will feel that visualization is helpful not only for the members of the group, but for your own structuring of the content while facilitating/moderating.

Flipcharts or Transparencies

Another form of visualization is to present issues and themes on a flip chart or transparency

A flip chart has the advantage of mobility in the sense that you can hang the paper on the walls of the class room to remain there during the whole course. This is useful for group rules, objectives of the course, or any other information which might be useful to go back to during the following sessions.

Transparencies are very useful for long presentations. They help to structure thoughts and words on one hand and on the other they are a visual aid for the audience to identify the process of the presentation. If the presentation is long, it might be useful to distribute the transparencies as handouts to participants. They can then write down their comments and questions of the related page and are able to get a more complete picture of your presentation afterwards.

Do not just copy text pages out of books on to the transparency; it should be just the skeleton of your presentation. If you have access to PowerPoint, this software is designed to elaborate transparencies and has many different models for lay outs.

If you are using just normal text software please be aware of the following to make a good transparency:

- KISS Rule – Keep It Simple and Straight
- Give a heading
- Present in point form
- Write legibly
- Max. 6 – 7 lines per page
- Use pictures, images, drawings to simplify

2.2 Moderation Tools[6]

Another tool in facilitation/moderation is to pose the right questions in order to keep the discussion going.

Question

By asking questions one enters into a dialogue with others. We ask in order to get information, feedback, advice, a reaction or an action. A leader, manager, trainer or facilitator using a "pro-question attitude" demonstrates her/his interest, shows her/his openness to learn, to acquire new knowledge, an attitude which is different from a "statement attitude". A vivid dialogue will occur if participants are allowed to openly ask questions, have the opportunity for an open discussion and the facilitator does not expect a preconceived "correct" answer.

The facilitator needs to have clear purposes in mind, when she/he asks questions. Questions can structure sessions, meetings, etc. They can integrate the participants' existing knowledge, stimulate an exchange of experiences, describe situations by listing and systematically structuring individual perceptions, elaborate solutions, extract opinions, test understanding, and evaluate a situation.

A "good" question in facilitation

- stimulates attention, curiosity and interest
- is relevant to the subject matter under discussion
- respects personalities, enables trust and does not lead to doubts about hidden intentions
- is concise, including only one idea
- is comprehensive
- does not pre-empt the answer
- allows different answers
- enforces reflection

A "bad" question in facilitation

- is a yes/no question
- is a rhetoric question
- is a suggestive question
- a teacher's question: only permitting right or wrong answers
- a trick question: purposefully misleading (as they suggest a "wrong" answer)

[6] Adapted from Lohmeier, Jochen: Facilitation - Approach and Tools for Development Practitioners, BAOBAB, Berlin, Germany, 2001.

Types of questions

- Q. of understanding: relate to a subject already dealt with
- Q. of interest: relate to a subject not yet dealt with
- Q. of application: is often about how the subject can be dealt with or put into practice
- Q. of meaning: asks for the meaning, the "why" of a process (carrying out an order, exercise)
- Q. of deviation: often delaying or with the intention to move away from the context
- Rhetorical Q.: already contains the answer
- Emotionally loaded Q.: shows the feeling of the person, aggression, fear, discontent (answer/reaction has to deal with the emotional content!)

Answers

Any answer to a question is a contribution and therefore demands positive feedback, in terms of thanking for the contribution, independent from the content of the answer.

Hints for dealing with answers:

- **Wrong answers**:
  Listen and acknowledge them. Have other participants add further statements. Discuss and evaluate all answers received. Commend acceptable aspects; clarify on problems of understanding by repeating facts and explanations. Thank the participant that he/she has contributed to clarification by his/her answer.

- **Incomplete answers:**
  Acknowledge the answer, continue collecting other statements, and have the answer added on to or modified by additional contributions

- **Unclear answers:**
  Acknowledge the answer, and then ask the participant to clarify, possibly helping with formulation, or re-wording. Invite other participants to clarify, do not try and change the answer to a concept conceived by you or others.

- **Answers that do not belong to the question discussed:**
  Acknowledge the answer, point out that the aspect probably belongs to another topic. Postpone it for a later discussion and clarify your question or the actual topic of discussion, reformulate it. Give the person the occasion to clarify or give another answer.

- **No answers:**
  Give enough time for reflection, check on the understanding of the question, and reformulate it. Split up the question into parts if it turns out to be too difficult. Acknowledge any attempt to answer. If questions are "taboo", discuss the legitimacy of the question.

Exercise E.2.3.1 *The Manager as Sender*

Objective

Participants get familiar with different visualization aids. In preparing their own presentation and receiving a group feedback, they get an idea how they are perceived, what their strengths and weaknesses are in presenting a topic and their presentation style.

Procedure

Divide the participants in groups of 6 – 8 persons. Each group should have a facilitator who moderates the process and sums up the presentation in the end.

Individual task: "Take a subject of interest to you: me and my family, me and my work- place, me and my country, and make a 5 minute visualized presentation of it. Use any visualization material."

After a preparation period of 10 – 15 minutes, the participants are requested to present the subject to their group. Take the time in order to discipline the presentation process.

Afterwards, the presenter gets 10 minutes of feedback from his/her group. The distribution of special tasks like observation of body language, the logical flow, the use of didactic material, the use of questions and the involvement of the audience among the group members may keep the session more interesting and effective.

If a video camera is available, the presentation can be filmed and selected sequences can be shown during the feedback round. (Don't go through the whole presentation on video, just pick interesting points from it (gestures, words)

After the individual feedback, invite the group to reflect on the following question: What did you observe that you would like to use in your own presentations in the future?

Collect the statements on a flip chard and put them on a wall in the class room.

Material: Visualization aids: transparencies, markers, cards and soft board, flipcharts, overhead projector. If available: video camera, recorder, screen.

Module 3: Team Work at Primary Health Care Facilities

Module Objectives:

1. Understand the concepts of team work
2. Explain the process of team management
3. Describe the principles of human resource development
4. Able to apply supportive Supervision

Session 1: Team Building and Problem Solving

Session 2: Managing group/team process

Session 3: Human Resource development, Supportive Supervision, Coaching and Capacity Building

Evaluation/ Assessment

Questions and answers, participants' summaries, trainer's evaluation

Estimated Training Time

6 hours

Session 3.1: Team Building and Problem Solving

Specific objectives of the session

At the end of the session the participants:

- Describe the concepts and principles of team work
- Understand the differences between groups and teams
- Understand the different stages of a team development process
- Recognize their own roles as members of a team
- Apply management principles related to team work

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Exercises, questions and answers, discussion in plenary and brain storming

Resources

- Reference material/handouts: features of the team, ways of operating successful teams, the role of the manager in a team, the difference between groups and teams, The process of team development, and characteristics of effective teams.
- Other*:* newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation and participant's summaries

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Objective	Content	Methods/ Activities
1. Describe the concepts and principles of team work	1. • Features of the team A principle of a good team relationship is an attitude of recognition and respect for the value and interdependency of its members, and confidence in one another. • Ways of operating successful teams - has shared goals that everyone knows and agrees on; - has a climate of trust and openness;	**1.** Trainer distributes cards, soft board, Q&A" what are the features of the team" (20 min)
2. Understand the differences between groups and teams	2.The difference between groups and teams - Working in teams means that there is a significant need or opportunity to increase performance and to improve performance impact.	2.Q&A on The difference between groups and teams, flipchart (20 min)
3. Recognize the roles of managers as members of a team	3.The role of the manager in a team - The ability to be a team leader or facilitator requires: first, functional knowledge; second, caring for the team members; and third, approachability. Effective team leaders are able to delegate, listen and genuinely recognize the contribution others make towards achieving the group objective.	**3.** Discussion in plenary of the role of the manager in a team (features of the effective team, functions of the team leader and successful team), (30 min)
4. Understand the different stages of a team development process	**4-** The process of team development - The five stages model of a group development process introduced in 1977 by Tuchman and Jensen is still the basis of many published reflections about groups and their developmental	4.Distribute" stages of development of the team, Q&A and Video-taped sequences of team development (20 min) Trainer distributes H3.1.1, E3.1.1, E3.1.2 optional (10 min)

5. Apply management principles related to team work	process. 5. Characteristics of effective team.	5- Discuss in plenary functions of management (20 min

Session Plan

Session 3.1: Team Building and Problem Solving

Background Information

Humans are social beings: they live together with others; they share rooms, institutions, geographical areas, ideas, opinions, feelings and situations. In most fairly complex tasks, people depend on working together with other people in order to accomplish the task. There are different ways to do this: bureaucratic systems have a clear hierarchical structure, superiors order and supervise the accomplishment of the tasks and people are bound to what has been ordered. In more horizontal systems, people work together toward a common goal.

In practically all settings of the district health system or in health systems in general, teams are working together to provide adequate health care.

1.1The features of a team

Working in teams means working as a group with shared objectives under specific rules/regulations with equal members who have different but complementary competencies to fulfill a specific task. Most teams have a leader and the different members of the team have different tasks on which they have agreed before starting their work. All team members are committed to the task and to its achievement as well as to each other.

A principle of a good team relationship is an attitude of recognition and respect for the value and interdependency of its members, and confidence in one another.

1.2 Ways to operate a successful team

According to Adair, in successful teams which function properly people care for each other, they are open, truthful and have a high level of trust. Decisions are made by consensus, there is strong commitment and conflicts are ad- dressed and worked through. People truly listen to ideas and feelings, which can be expressed freely. All process issues, such as tasks and feelings are dealt with.

The successful team

- has shared goals that everyone knows and agrees on;
- has a climate of trust and openness;
- is conscious about the fact that they need each other's knowledge, skills, and resources in order to accomplish any given task;
- values every members thoughts and ideas on how to accomplish a task as a valid contribution;
- allocates/assigns responsibilities, monitoring assignments and tracks their fulfillment;
- makes decisions together;
- co-ordinates the implementation by: identifying problems, analyzing conflicts, developing solution strategies, reviewing organizational regulations and adapting them if necessary;
- discusses arising problems openly;
- evaluates success at the personal and task level, adapting objectives if necessary.

1.3 The role of a manager in a team

The membership in a team may limit the individual freedom and this is very often the source of team conflicts. To avoid these conflicts, teams need space for open communication. It is the task of the manager (team manager/leader) to hold the team together.

It belongs to her/his key functions to steer the team towards success, to ensure its proper organization, to provide support to individuals and sub- groups and to ensure the achievement of team spirit. The ability to be a team leader or facilitator requires: first, functional knowledge; second, caring for the team members; and third, approachability. Effective team leaders are able to delegate, listen and genuinely recognize the contribution others make towards achieving the group objective. Holding regular meetings guarantees mutual information on progress and problems ensures transparency to all team members and maintains the spirit of owner- ship of the task.

1.4 The difference between groups and teams

All teams are groups but not all groups are teams. Before we deal with the process of team/group development, we should be aware of some essential differences between both. This will identify when we as managers need to work in teams or when it might be better to work as a group.

In many organizations people work in groups, e.g. functional departments of an organization. The group members interact mainly to share information, best practices or perspectives, co-ordinate activities, and to make decisions to assist in individual performance within a defined area or responsibility. The group members work within externally set rules and regulations.

Working in teams means that there is a significant need or opportunity to increase performance and to improve performance impact. The team members are equally committed to a common purpose, goal, and working approach for which they hold themselves mutually accountable. They have the complementary skills needed to perform the task. Each member is not only committed to the achievement of the set objective/s but also to one another's personal growth and success. Examples where true teams are needed are sports teams or emergency room trauma teams. If they are not functioning well, the results may be disastrous. Before forming a team, the manager needs to look into the task and the professional skills needed to perform the task. According to this analysis, he/she will assign the appropriate persons to the team.

In the district there are several situations where one would need a team in order to best perform (e.g. in a vaccination campaign, to deal with an epidemic outbreak, or mass traffic accidents) whereas the day to day management tasks to run the health center or hospital may be better addressed by working as a group.

1.5 The process of team development

Groups/teams are made up of individuals but a group/team is not just the total sum of its individuals. Each group/team is a new entity and produces its own dynamics, a change in its composition leads also to a change in the dynamics of the group. Because roles of group/team members may change over time, team work is a dynamic process.

The following stages of a group development apply more, though not exclusively, to teams in the above mentioned definition than to groups. The process of going through these stages depends mainly on the time the group/team members are together and the task orientation they have.

The five stages model of a group development process introduced in 1977 by Tuchman and Jensen is still the basis of many published reflections about groups and their developmental process. The four stages model developed by Jones analyzed these stages according to two terms: the personal relations functions and the task functions.

A group/team can move back and forth between stages at any time the dynamics shift, relationships change or new members arrive.

It is important for a manager, as well as a facilitator, to be aware of these stages and to have clarity about his/her role in this group development process.

In the following, we present an adaptation to the Jones model, which has been developed by participants of a training of trainers' course on curriculum design and delivery process at Virginia State University, USA and which we feel is a comprehensive approach to what normally happens at different levels in the formation of teams.

Stage 1: Acquaintance (politeness/orientation)

Personal Relations: Testing and dependency

In the first stage people get to know each other, their histories, background, experiences. In this stage, expectations are stated and capabilities explored. People may feel some nervousness or even anxiety, some will be quiet and observant, others will be more outspoken to show who they are and to prepare the ground for leadership. It is a phase of testing what behavior is acceptable and what is taboo: people begin to establish boundaries and see themselves as separate from the group. The group as a whole depends on the team-leader whom they expect to establish the ground rules, and the agenda.

Task: Orientation

The group needs are to know the task in detail, specify issues, identify expectations and explore the nature of the work to be done. It will be important at this stage to get to know other stakeholders and their interest in the development of the task. It will be necessary to meet them and discuss with them in order to take their opinions into consideration. The team will develop an overall picture of the task, its objective and possible constraints, develop a plan, assign responsibilities and set its own roles, rules and structures.

Questions arising during this stage can be: why are we here? what is our assignment? What are the competencies of the individual group members? How do people want to engage in the task, which part of the task do they find attractive or unattractive for themselves?

At this stage it is very important for the manager to monitor for the development of communication structures in the team in order to guarantee a smooth information flow and transparency for everyone, as well as keeping record of the fulfillment of assignments.

In short: the group has set some common goals, it has accepted and is de- pendent on a leader and everyone is being amicable.

Stage 2: Groundwork (Bid for power/organizing) Personal Functions: Intergroup conflict

At this stage, team members have got to know each other a bit more, they will find allies and people with whom they do not always agree or whom they do or do not like. This stage is characterized by competition and conflict both in the personal relations dimension and in the task functions dimension. Everything might be questioned; the leader, the goal, the objectives, the rules, and much more often the procedures necessary to achieve the objectives. The group and the individual members may experience uncertainty about their own roles and their position in the team and fear of failure at tasks. Discussions are often polarized with an either/or attitude. This results in a need to establish defined structures and roles and ensure the attainment of these. During this stage the atmosphere can be tense and the conflicts may not be spoken out.

Some questions that may arise are: Will I be respected? What ideas, experiences, expertise can I contribute? Do I agree or disagree? What's in for me? Who is who (credentials, titles, allies)? What do I like? Dislike? Accept?

Task: Organizing to get the work done

Concerning the attempt to organize for the task, conflict will also arise about procedures, responsibilities, structures to be put in place and much more. The group will need to make a number of decisions in order to get the work started. They need to establish work rules, determine limits (time limits, a budget, who else will be involved, when and how, etc), define a reward sys- tem, set criteria for the task, divide the work and assign individual responsibility for particular sub-tasks.

Questions put forward will be: What is the real problem? Why should we proceed as others propose? What is our mission, goal, objective, strategy? How will we proceed?

The manager's/moderator's/facilitator's task in this stage is to help the group understand their full commitment, keep the process emotionally and physically safe, and to let go off control so that the group will take ownership in its own process and success. The most important skill in order to assist the group in moving to the next stage seems to be the ability to listen.

In short: as the group passes through this stage, it needs its goals and activities to be well defined in order to have a standard to adhere to, or to contradict against. When the team reaches its transition point to the next stage, difference among members will be accepted and the group as a whole will be internally focused.

Stage 3: Working (Co-operation/data flow) Personal relations: group cohesion

When the group has reached this stage (which does not necessarily always happen), its members begin to experience a feeling of belonging to a group. The diversity of the individual group members concerning their background, experience, culture, views and opinions begin to enrich the group process. The either/or attitude of stage 2 changes to a both/and attitude. The group often not only shares the working space but starts also to engage in common social activities after work.
Questions arising during this stage are: How can I help the group? What do I know and can contribute? What do others think about the problem?

Task: Information flow

The process of work becomes more task oriented, participants openly share their experiences, ideas and feelings, give and ask for feedback, explore possible actions and share information related to the task. There is a clear problem definition and eagerness to identify solutions and work them out.

The main questions during this stage are: What is the next step? What else can we do?

For the manager this means that he/she can leave most of the problem solving to the group. The ownership of rules, process, and outcome belongs now more to the group than to the manager.

Stage 4: Closing (Enthusiasm, creative problem solving) Personal Relations: Interdependence

Many groups do not reach this stage, where the group develops proficiency in achieving goals and functions and roles between group members shift flexibly according to the needs. The group's activities are both collaborative and functionally competitive. The task

seems to be completed and there is a need for closure, repose, and tranquility. The main feeling is: “we did it!”

A question may be: How can we do better?

Task: Problem solving

The tasks are well defined; there is a strong commitment and support for experimentation in solving problems. Decision making does not take much time nor need discussion, the work is mainly result oriented and responsibilities are equally shared.

Questions could be: What are alternative solutions we did not yet consider? Does anybody have a new idea which allows us more quickly to achieve the task?

The role of a manager at this stage is more that of a consultant. The one re- source that most groups need to achieve this stage is: time.

Having reached this stage, the group will become aware that there is the possibility of a new beginning for engaging in a new task, which also means that the group will work through each of the stages again but at a different level. Sometimes it may be better to form another team for the next task, depending on the need for expertise in that new group.

Characteristics of Effective Working Teams

In order to work as an effective team, you as an individual member, together with other members of the facility team should:

- have a clear understanding and commitment to a common task and overall purpose;
- have a clear idea of your own job and how it relates to other team members’ jobs;
- understand the work and duties of other members, particularly where there is an overlap in functions; for example, a nurse and a clinical officer may do similar work from time to time;
- be flexible among yourselves so that the work of your team does not collapse when one member is absent;
- Create a good learning and training environment in the workplace. Your team leader should encourage and stimulate this process;
- ensure stability and continuity of your functions by avoiding frequent changes of members, otherwise you will not sustain teamwork;
- Build-up an efficient team by mobilizing sufficient resources to carry out the team’s functions.
- You also need to develop working methods and procedures which are well understood and practiced by each team member and ensure efficient use of the resources available to your district;
- develop good relationships within yourselves by being open, understanding and willing to help each other;

- develop ways of measuring and recognizing your team's functionality, achievements and success;
- develop a strong sense of cohesiveness and loyalty, which will enable you to work well and tackle new problems successfully.

The chairperson/manager of the health facility team has a key role to play in overcoming dangers of groups working in isolation by explaining and interpreting parts of the functions of the facility team to other health workers at different levels.

For team building to be effective, leaders must first identify the issues their group is facing. Then they can plan activities to address these challenges directly – and make sure that the team will actually gain some benefits from the event. Keep competition out of the exercises, and aim to make team building part of the daily corporate culture, instead of a once-a-year event.

Exercise E.3.1.1 *What is Your Teamwork Style?*

Objective: Participants reflect on their own teamwork style and analyze their behavior in a team.

Procedure:

Read the statements clearly and tick the respective column for each of them.

In a second step, group the statements according to the different team work styles, i.e. “Go along with what others say”/Harmonizer.

In a third step, analyze which of the styles you prefer, considering how often the first column was ticked for each of the categories.

In groups I…	**Often**	**Sometimes**	**Never**
usually take charge.			
go along with what others say.			
ask a lot of questions about what we’re doing.			
disagree with others openly.			
give my opinion easily.			
usually keep quiet when I disagree.			
am the one who explains things to others.			
try to make peace when others argue.			
get the quiet people to give their opinions.			
want to be sure my ideas are good before talking.			
want to look at hard facts more than opinions.			
get the group back on task if they get off task.			
would rather work alone, not with others.			
feel uncomfortable when there is conflict.			

summarize where we are in our task.			
interrupt people who talk on and on.			
define group problems as they come up.			
suggest what we should do next.			
watch what we are doing as if I'm on the outside.			
relate different ideas together and restate them.			
analyze ideas to see if they would work.			

How do you see your team work style?	
Are you a leader?	
Are you a harmonizer?	
Are you a fact-finder?	
Are you a gatekeeper/ controller?	
Are you an organizer?	

Exercise E.3.1.2 *The Functions of a Team*

Objective:

The objective of this exercise is to make the participants reflect on the different functions of a team and analyze if they fulfill these functions in their normal day to day work.

Procedure:

Organize small groups of 3 – 4 participants. Everybody first writes down on his/her own what each person considers the functions of the district health management team to be (e.g. what they do and what they consist of). In a second step, have the group share the ideas and come up with a consolidated list of functions.

Ask each group to name one function and write the function down on a flip chart paper. The next group should list another function until all functions are completely named. Make sure that the final list is accepted by everyone and discard functions only if there is a good reason to do so with the group's agreement.

Finally, compare the participant's list with the below cited list and make sure that you, as a facilitator, as well as the group members are satisfied with the list.

Examples of functions of the Health Facility Management Team

1. to establish the health needs of the area
2. to establish priorities for action
3. to identify and maintain an up-to-date record of community resources for the development of primary health care
4. to prepare a plan which meets the needs of the area
5. to implement the plan and ensure its continued success
6. to maintain effective communication with staff at the district hospital, within the district management team, and committees in the area
7. to plan, supervise, and monitor the allocation of resources, especially staff, time, and transport
8. to compile regular reports for the district health management team
9. to provide support for community-based PHC
10. to provide health center services as required.

Place the flip chart on the wall in the class room. It will form the basis for your discussions of the planning cycle and the nine epidemiological questions of the next modules.

Exercise E.3.1.3 *Let's Construct a Tower*

(Facilitator Sheet)

If a video camera is available the facilitator films the process of construction of the tower in the different groups. If you do not have a camera, do a round and observe the group dynamics. You may also choose observers out of the group and give them the task to observe what is happening and report later in the plenary. If you work with group observers, hand them out the following questions as guidance for their observation.

Materials required: 30 Cards each group, scissors, glue

Time: 35 minutes

Exercise: Construction 10', Reflection: 10', Feedback: 5', Video Feedback: 10'

After having finished the tower construction, organize the election of the highest, most stable and most beautiful tower. First look at the height, then for stability and finally let the group vote for the most beautiful tower.

Come then to reflect on the exercise and the process of going through it. Ask the group first and then let the observers give their feedback.

Some important recommendations which should come out of the reflection/discussion:

1. Have a leader of the group for the achievement of the task
2. Get started with a planning exercise about the character of the work and how it should be done (clarify different tasks)
3. Agree on the distribution of the different tasks for every group member
4. The leader should monitor the process, assist, recommend, motivate, and supervise the good use of all resources in order to ensure the groups productivity.

Observation/Discussion questions:

1. How did the groups get organized?
2. Who decided on the roles in the beginning?
3. Who took what function?
4. What made the leader be a leader?

5. Which functions were missing?
6. Did the same role continue for the whole time?
7. If not, why and when was there a change?
8. Who decided what?
9. Who did not participate?
10. Whose resources were not used (enough)?
11. Who would have liked another role? Which one?
12. Why didn’t the person take it?
13. Was there a conflict? What type of conflict?

E.3.1.3 *Let's Construct a Tower*

(Participants' Sheet)

Objective:

Participants experience the range of different options to solve a given task and the need for helping hands; they experience their own behavior in groups.

Procedure:

Participants are asked to construct a tall, strong and beautiful tower using colored cards and glue.

Instruction:

1. Construct the tallest, most stable and most beautiful cards-tower in the world.
2. Use only the given material (cards, scissors, glue).
3. Construction time: 40 min
4. Prepare a presentation of your tower

The tower will be assessed by a jury composed of one representative from each group and three international experts (if you have different facilitators available) for design, who score the different towers (score 1–10 points each for height, strength and beauty)

Handout H3-1-1

How Do Good Listeners View the World?

People who are good listeners have a certain way of looking at the world around them.

- Good Listeners believe that listening to others is important. They take the time to listen to others. People trust them and usually openly share their problems and concerns with them. Because they take the time to listen, they are valuable employees and superior executives.
- Good listeners believe that everyone has something valuable to say. These listeners don't just listen to people who are in higher positions; they also listen to people who are in entry level positions. As a hotel manager, this listener would listen carefully to a room attendant's ideas on how to improve household operations.
- Good Listeners believe that feelings are as important as facts. When they listen to you, they not only pay attention to the words that are said, but also to those that are not said.

They pay close attention to body language and tone of voice. If a person said that they were happy with their job, but looked down and didn't seem happy, a good listener would ask more questions in order to be sure of what was really being said.

- Good listeners believe that when they really listen to someone, they help to increase that person's self-esteem. They believe that people feel cared for, valued and important when they are listened to.
- Good listeners let the speaker control the conversation. They don't interrupt in order to change the topic of conversation.
- Good listeners believe that people are capable of solving their own problems.
- They don't try to solve other people's problems, or tell them what to do.
- They realize that the more people talk about a problem, the more likely they will come up with their own solutions to that problem.

Session 3.2: Managing group/team process

Specific objectives of the session

At the end of the session the participants:

- Understand the cross-sectional team
- Explain the stages of team formation
- Understand the steps of resolving team conflict
- Define constructive controversy

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Discussion in plenary, mini-lecture, questions and answers, exercises

Resources

- Reference material/handouts: setting up a cross-function team, team formation stages, resolving team conflict, and constructive controversy.
- Other*:* newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation and participant's summaries

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Methods/ Activities
1.Understand the cross-sectional team	**1.**Setting up a cross-function team, what is cross functional team, characteristics of functional team, who to get and manage functional team.	**1.** Q&A" what cross functional team" Minilecture on characteristics of functional team Q&A "how to get functional team" (30 min)
2.Explain the stages of team formation	**2.**Team formation stages, how teams perform effectively, leadership activities at different team formation stages	**2.** Discuss in plenary team formation stages Brainstorming" how teams perform effectively Minilecture on activities of managers at different stages of team formation (40 min)
3.Understand the steps of resolving team conflict	**3.**Resolving team conflict, preventing conflict	**3.** Q&A "team conflict" Minilecture on resolving conflict Q&A "preventing conflict" (30 min)
4.Define constructive controversy	**4.**What constructive controversy, how to create constructive controversy, and roles of constructive controversy	**4.** Q&A "what constructive controversy" "how to create constructive controversy" Minilecture on roles of constructive controversy (20 min) Trainer distribues E3.2.1, E3.2.2, E3.2.3, E3.2.3, E3.2.4, E3.2.5 (optional)

Session 3.2: Managing group/team process

Setting up a Cross-functional Team

If you've ever worked in a cross-functional team – that is, a team that includes people from different departments in your facility – you'll know how much of a challenge it can be.

For instance, who should lead the group? Will everyone be motivated to meet the team's objectives? And how can people balance the needs of the team with their responsibilities in their day-to-day role?

In this session, we'll look at what a cross-functional team is, and we'll explore the challenges behind setting one up. We'll also look at strategies that will help your team succeed, right from the start. Although we're exploring setting up cross-functional teams inside an organization, you can apply many of these strategies to working collaboratively between organizations, too.

What is a Cross-Functional Team?

A cross-functional team is simply a team made up of individuals from different functions or departments within an organization.

Teams like this are useful when you need to bring people with different expertise together to solve a problem, or when you want to explore a potential solution. For example, you might put together a team made up of people from finance, engineering, production, and procurement to come up with a solution to reduce the lead-time for a new product.

One approach is for team members to be "loaned" full-time to the cross-functional team, returning to their day-to-day role once their contribution has finished. Alternatively, they may work on a part-time basis, continuing with their existing responsibilities alongside their cross-functional team-work.

The most important distinction between the creation of a cross-functional team and the formation of a new department is that members of a cross-functional team maintain substantial links to their day-to-day responsibilities and to managers in their "home" department.

Projects often involve people from a variety of functions. However, projects tend to have a more formal structure, have set deliverables and timelines, and have a definite end point. A cross-functional team is more likely to be used when the team has an ongoing responsibility, or when the team is meeting for a short period of time to solve a problem.

Challenges

It's always a challenge to create a new team, but setting up a cross-functional team has additional difficulties.

For instance: Team members may still be doing their "day jobs," with the same responsibilities, workload, and deadlines as before. This can lead to prioritization issues.
People might be reluctant participants, and may not be happy to take on the additional work and effort that being part of a cross-functional team often requires. (This may be true for you, too!)
It's more difficult to set priorities, make decisions, motivate people, and manage performance when you don't have direct authority over members of the team.
Team members may be required to use a different set of skills in a new environment. For example, a programmer who normally works alone may now be required to work with others.

How to set up a Functional Team

If you're tasked with setting up a cross-functional team, use these strategies to give your team the best chance of success:

1. Set Objectives
Begin by setting a goal for your team. What are its objectives, and why has it been set up?

Create a Team Charter to clarify these objectives and identify the resources that the team can call upon. Get these objectives agreed with senior managers in the organization, and by the managers of the departments affected by your new team.

2. Define Roles and Select the Right Team Members
Once you have an idea of what you want to achieve with your team, you can identify the roles that you need to fill, and the types of people you want in those roles. (Bear in mind, however, that you may need to select your team based on who's available at the time.)

When defining roles, remember to think about more than just the technical expertise each person should have. For example, will they need good communications skills, or good decision making skills? Or, will they need to be able to work to tight deadlines?

Once you have team members on board, work through the Team Charter with them to make sure that you're all working to achieve the same objectives. Update your Team Charter if necessary. It's also important to give people the opportunity to talk through how they see things. Be really clear about what you can decide as a team, and what has already been agreed by more senior people.

Tip 1:

Don't be tempted to take "the easy option" when it comes to team selection – use the best people available, even if they don't necessarily agree with your views or your ways of working.

Tip 2:

Team members will likely go through several predictable stages, as they move from being strangers to forming an effective team. Read our article on Forming, Storming, Norming and Performing for more on this.

Tip 3:

Although having shared goals and objectives will help motivate people, you'll likely need to motivate them in other ways too, especially if they were reluctant to join the team. Our article on Motivating Your Team looks at how you can motivate people effectively.

3.Consider Resources and Logistics

It seems obvious, but new teams need access to all normal, basic resources, and it's worth making sure you've thought about everything that you need to organize.

For instance:

- Do you need dedicated team space?
- Does the team need a budget against which team members book time or other costs?
- Do team members have access to all of the hardware and software needed to do the job?
- Do you need to set up a shared area for storing files and documents?

If possible, make sure that everything is in place before your people start working together.

4. Establish Ways of Working

With a new team, you can't make any assumptions about the processes that the team will use to meet its objectives. Instead, you need guidelines in place that explain how the team will work together.

Here are some areas to consider:

- How acceptable is it to be late to meetings? Do these always start on time, or do you wait for latecomers? How are meetings structured? Is an agenda sent out in advance of the meeting, and, if so, how far in advance will it be sent?
- Are team members copied into all correspondence? Or only into correspondence about certain things?
- Are team members expected to be "always available" or is it accepted that people will have times when they can't be contacted?
- Who is involved in making decisions, and how are they made? Who is told about these decisions?

Once you've agreed how your people will work together, add this to your Team Charter.

5. Adopt the Right Leadership Style

Overall authority for your cross-functional team will probably lie with senior managers, sponsors, or a steering group. However, the team will likely be expected to make day-to-day decisions without their input, so you (or someone on the team) will need to lead the team towards its objectives.

As the manager, you'll probably be "leading equals," as you won't have direct authority over many of your team members. So, you'll need to use a more persuasive leadership style, rather than a controlling approach, to help them set their priorities. Often, this involves functioning as a coach, helping people make their own decisions and solve their own problems, rather than as a traditional manager who issues orders and distributes tasks.

With this in mind, try to involve everyone in making a decision. Also, establish your credentials early on, so that you can gain respect from your team.

6. Negotiate and Communicate

Naturally, there will be times where team members have priorities that conflict with their day-to-day roles, and you may sometimes need to seek advice from your sponsor or steering group to take things forward.

However, you can often avoid issues by first negotiating a solution that works well for everyone. It's also important that you communicate effectively with everyone affected by your cross-functional team, including your people's day-to-day managers – stakeholder analysis will help you identify who these key people are.

Tip:

You may find that having a Steering Group is helpful. This gives you an opportunity to report the same information to key stakeholders at the same time. Working with a steering group can help you build consensus and wider support for your team's decisions, and you'll get help resolving issues along the way.

Key Points

A cross-functional team is a team made up of people from different functions or departments in an organization.

These types of teams are useful when you need to bring together expertise to solve an issue, or to explore potential solutions. However, setting up a cross-functional team can sometimes bring difficulties.

You can overcome these challenges by setting objectives early on, and by getting your team, and key managers, to agree to them.

You also need to establish the processes that your team will use, and use the right leadership style.

It's also vital to have good negotiation skills and to communicate effectively with key stakeholders.

Team formation stages (Forming, Storming, Norming and Performing)

How Teams Perform Effectively and Quickly

Effective teamwork is essential in today's world, but as you'll know from the teams you have led or belonged to, you can't expect a new team to perform exceptionally from the very outset. Team formation takes time, and usually follows some easily recognizable stages, as the team journeys from being a group of strangers to becoming a united team with a common goal.
Whether your team is a temporary working group or a newly-formed, permanent team, by understanding these stages you will be able to help it quickly become productive.
Understanding the Theory
Psychologist Bruce Tuckman first came up with the memorable phrase "forming, storming, norming and performing" back in 1965. He used it to describe the path to high-performance that most teams follow. Later, he added a fifth stage that he called "adjourning" (and others often call "mourning" – it rhymes better!)

Teams initially go through a "**forming" stage** in which members are positive and polite. Some members are anxious, as they haven't yet worked out exactly what work the team will involve. Others are simply excited about the task ahead. As leader, you play a dominant role at this stage: other members' roles and responsibilities are less clear.

This stage is usually fairly short, and may only last for the single meeting at which people are introduced to one-another. At this stage there may be discussions about how the team will work, which can be frustrating for some members who simply want to get on with the team task.

Soon, reality sets in and your team moves into a **"storming" phase**. Your authority may be challenged as others jockey for position and their roles are clarified. The ways of working start to be defined and, as leader, you must be aware that some members may feel overwhelmed by how much there is to do, or uncomfortable with the approach being used. Some may react by questioning how worthwhile the goal of the team is, and by resisting taking on tasks. This is the stage when many teams fail, and even those that stick with the task may feel that they are on an emotional roller coaster, as they try to focus on the job in hand without the support of established processes or relationships with their colleagues.

Gradually, the team moves into a "**norming" stage**, as a hierarchy is established. Team members come to respect your authority as a leader, and others show leadership in specific areas.
Now that the team members know each other better, they may be socializing together, and they are able to ask each other for help and provide constructive criticism. The team develops a stronger commitment to the team goal, and you start to see good progress towards it.
There is often a prolonged overlap between storming and norming behavior: As new tasks come up, the team may lapse back into typical storming stage behavior, but this eventually dies out.

When the team reaches the **"performing" stage**, hard work leads directly to progress towards the shared vision of their goal, supported by the structures and processes that have been set up. Individual team members may join or leave the team without affecting the performing culture.

As leader, you are able to delegate much of the work and can concentrate on developing team members. Being part of the team at this stage feels "easy" compared with earlier on.

Project teams exist only for a fixed period, and even permanent teams may be disbanded through organizational restructuring. As team leader, your concern is both for the team's goal and the team members. Breaking up a team can be stressful for all concerned and the "adjourning" or "mourning" stage is important in reaching both team goal and personal conclusions.

The breakup of the team can be hard for members who like routine or who have developed close working relationships with other team members, particularly if their future roles or even jobs look uncertain.

Using the Tool

As a manager, your aim is to help your team reach and sustain high performance as soon as possible. To do this, you will need to change your approach at each stage. The steps below will help ensure you are doing the right thing at the right time.

1. Identify which stage of the team development your team is at from the descriptions above.
2. Now consider what needs to be done to move towards the Performing stage, and what you can do to help the team do that effectively. The table below (Figure 1) helps you understand your role at each stage, and think about how to move the team forward.
3. Schedule regular reviews of where your teams are, and adjust your behavior and leadership approach to suit the stage your team has reached.

Figure 1: Leadership Activities at Different Team Formation Stages

Forming	Direct the team and establish objectives clearly. (A good way of doing this is to negotiate a team charter.)
Storming	Establish process and structure, and work to smooth conflict and build good relationships between team members. Generally provide support, especially to those team members who are less secure. Remain positive and firm in the face of challenges to your leadership or the team's goal. Perhaps explain the "forming, storming, norming and performing" idea so that people understand why conflict's occurring, and understand that things will get better in the future. And consider teaching assertiveness and conflict resolution skills where these are necessary.
Norming	Step back and help the team take responsibility for progress towards the goal. This is a good time to arrange a social, or a team-building event
Performing	Delegate as far as you sensibly can. Once the team has achieved high performance, you should aim to have as "light a touch" as possible. You will now be able to start focusing on other goals and areas of work
Adjourning	When breaking up a team, take the time to celebrate its achievements. After all, you may well work with some of your people again, and this will be much easier if people view past experiences positively.

Tip 1:
Make sure that you leave plenty of time in your schedule to coach team members through the "Forming", "Storming" and "Norming" stages.

Tip 2:

Think about how much progress you should expect towards the goal and by when, and measure success against that. Remember that you've got to go through the "Forming", "Storming" and "Norming" stages before the team starts "Performing", and that there may not be much progress during this time. Communicating progress against appropriate targets is important if your team's members are to feel that what they're going through is worthwhile. Without such targets, they can feel that, "Three weeks have gone by and we've still not gotten anywhere".

Tip 3:

Not all teams and situations will behave in this way, however many will – use this approach, but don't try to force situations to fit it. And make sure that people don't use knowledge of the "storming" stage as a license for boorish behavior.

Key Points:

Teams are formed because they can achieve far more than their individual members can on their own, and while being part of a high-performing team can be fun, it can take patience and professionalism to get to that stage.

Effective health managers can accelerate that process and reduce the difficulties that team members experience by understanding what they need to do as their team moves through the stages from forming to storming, norming and, finally, performing.
Working in teams can be fantastic – if team members work well together. However, if people are pulling in different directions, the experience can be awful. What's worse is that without sufficient direction, teams can focus on the wrong objectives, can fail to use important resources, can be torn apart with avoidable infighting, and can fail, with sometimes dire consequences for the organization.

Team Charters are documents that define the purpose of the team, how it will work, and what the expected outcomes are. They are "roadmaps" that the team and its sponsors create at the beginning of the journey to make sure that all involved are clear about where they're heading, and to give direction when times get tough.

For teams to get off "on the right foot", Team Charters should be drawn up when the team is formed. This helps to make sure that everyone is focused on the right things from the start. However, drawing up a team charter can also be useful if a team is in trouble and people need to regain their view of the "big picture".

The precise format of team charters varies from situation to situation and from team to team. And while the actual charter can take on many forms, much of the value of the Charter comes from thinking through and agreeing the various elements.

Tip:

At the start of a project, all is momentum and excitement, and people are eager to start work right away. This is where it's tempting to charge in to productive work. However, "failing to plan is planning to fail", as is failing to set objectives clearly. Time taken agreeing a team charter will be repaid many times over as the project progresses.

In particular, it will speed the process of forming, storming, norming and performing, meaning that the team becomes effective much more quickly.

The precise format of team charters varies from situation to situation and from team to team. And while the actual charter can take on many forms, much of the value of the Charter comes from thinking through and agreeing the various elements.

Adapt the following elements to your team's situation.

1. Context
2. Mission and Objectives
3. Composition and Roles
4. Authority and Boundaries
5. Resources and Support
6. Operations
7. Negotiation and Agreement

Context:

This is the introduction to the charter. It sets out why the team was formed, the problem it's trying to solve, how this problem fits in with the broader objectives of the organization, and the consequences of the problem going unchecked.

- What problem is being addressed?
- What result or delivery is expected?
- Why is this important?

Example:

The team has been formed to increase cooperation and cohesion between a multinational company's business units in different countries.

The historic lack of cooperation between country business units has meant that they have ended up selling different parts of the company's product portfolio. This has undermined the company's ability to achieve economies of scale in manufacturing, and has lead to the R&D budget being frittered away across many different business areas. These are key reasons why the company has been losing out to competitors.

Mission and Objectives:

This section is at the heart of the Charter. By defining a mission, the team knows what it has to achieve. Without a clear mission, individuals can too easily pursue their own agendas independently of, and sometimes irrespective of, the overarching goal.

Example:

The mission of this team is to develop a plan that increases cohesion between country business units so that, within three years, they are selling a common product range..
The next stage is to take the mission, and turn it into measurable goals and objectives. These are the critical targets and milestones that will keep the team on track.

When writing goals and objectives, consider using the SMART framework (SMART stands for Specific, Measurable, Attainable, Relevant, and Time-bound). The key here is to make sure each objective can be measured, so that success can be monitored.

Example:

The team will be made up of senior representatives from each of the four global regions, HR, the information systems department, the organizational structuring committee, and the finance team. This range of skills and knowledge will enable the team to understand the issues relating to individual countries, as well as developing solutions to the problems outstanding.

Key Points

By negotiating a Team Charter at the outset of a project, you set up team projects for success. You ensure that everyone understands why the project needs to be carried out, knows what the objectives and measures of success are, and knows who is doing what, with what resources.

More than this, by negotiating the Charter assertively, all parties can shape the project so that it stands a good chance of success. Then can then commit wholeheartedly to the project's success.

Negotiating a Team Charter can also be useful as a way of sorting out a dysfunctional team. Objectives can be confirmed, goals structured and agreed, roles aligned, and resources can be recommitted. Finally, after fair negotiation, people can be asked to commit to the Team Charter, and can be managed appropriately.

2.3 Resolving Team Conflict (Building Stronger Teams by Facing Differences)

Conflict can be pretty much inevitable when you work with others. People have different viewpoints and under the right set of circumstances, those differences escalate to conflict. How you handle that conflict determines whether it works to the team's advantage or contributes to its demise.

Managers can choose to ignore it, complain about it, blame someone for it, or try to deal with it through hints and suggestions; or you can be direct, clarify what is going on, and attempt to reach a resolution through common techniques like negotiation or compromise. It's clear that conflict has to be dealt with, but the question is how: It has to be dealt with constructively and

with a plan, otherwise it's too easy to get pulled into the argument and create an even larger mess.

Conflict isn't necessarily a bad thing, though. Healthy and constructive conflict is a component of high functioning teams. Conflict arises from differences between people; the same differences that often make diverse teams more effective than those made up of people with similar experience. When people with varying viewpoints, experiences, skills, and opinions are tasked with a project or challenge, the combined effort can far surpass what any group of similar individual could achieve. Team members must be open to these differences and not let them rise into full-blown disputes.

Understanding and appreciating the various viewpoints involved in conflict are key factors in its resolution. These are key skills for all team members to develop. The important thing is to maintain a healthy balance of constructive difference of opinion, and avoid negative conflict that's destructive and disruptive.

Getting to, and maintaining, that balance requires well-developed team skills, particularly the ability to resolve conflict when it does happens, and the ability to keep it healthy and avoid conflict in the day-to-day course of team working. Let's look at conflict resolution first, then at preventing it.

When a team oversteps the mark of healthy difference of opinion, resolving conflict requires respect and patience. The human experience of conflict involves our emotions, perceptions, and actions; we experience it on all three levels, and we need to address all three levels to resolve it. We must replace the negative experiences with positive ones.

The three-stage process below is a form of mediation process, which helps team members to do this:

Step 1: Prepare for resolution

- **Acknowledge the conflict** – The conflict has to be acknowledged before it can be managed and resolved. The tendency is for people to ignore the first signs of conflict, perhaps as it seems trivial, or is difficult to differentiate from the normal, healthy debate that teams can thrive on. If you are concerned about the conflict in your team, discuss it with other members. Once the team recognizes the issue, it can start the process of resolution.
- **Discuss the impact** – As a team, discuss the impact the conflict is having on team dynamics and performance.
- **Agree to a cooperative process** – Everyone involved must agree to cooperate in to resolve the conflict. This means putting the team first, and may involve setting aside your opinion or ideas for the time being. If someone wants to win more than he or she wants to resolve the conflict, you may find yourself at a stalemate.

- **Agree to communicate** – The most important thing throughout the resolution process is for everyone to keep communications open. The people involved need to talk about the issue and discuss their strong feelings. Active listening is essential here because to move on you need to really understand where the other person is coming from.

Step 2: Understand the Situation

Once the team is ready to resolve the conflict, the next stage is to understand the situation, and each team member's point of view. Take time to make sure that each person's position is heard and understood. Remember that strong emotions are at work here so you have to get through the emotion and reveal the true nature of the conflict.

- **Clarify positions** – Whatever the conflict or disagreement, it's important to clarify people's positions. Whether there are obvious factions within the team who support a particular option, approach or idea, or each team member holds their own unique view, each position needs to be clearly identified and articulated by those involved.

This step alone can go a long way to resolve the conflict, as it helps the team see the facts more objectively and with less emotion.

e.g. Sally and Ali believe the best way to market the new product is through a TV campaign. Mary and Beth are adamant that internet advertising is the way to go; whilst Josh supports a store-lead campaign.

- **List facts, assumptions and beliefs underlying each position** – What does each group or person believe? What do they value? What information are they using as a basis for these beliefs? What decision-making criteria and processes have they employed?

e.g. Sally and Ali believe that TV advertising is best because it has worked very well in the past. They are motivated by the saying, "If it ain't broke, don't fix it."

Mariam and Huda are very tuned-in to the latest in technology and believe that to stay ahead in the market; the company has to continue to try new things. They seek challenges and find change exhilarating and motivating. Rami believe a store-lead campaign is the most cost-effective. He's cautious, and feels this is the best way to test the market at launch, before committing the marketing spend.

- **Analyze in smaller groups** – Break the team into smaller groups, separating people who are in alliance. In these smaller groups, analyze and dissect each position, and the associated facts, assumptions and beliefs. Which facts and assumptions are true? Which are the more important to the outcome? Is there additional, objective information that needs to be brought into the discussion to clarify points of uncertainly or contention? Is additional analysis or evaluation

required? Consider using formal evaluation and decision-making processes where appropriate.

If such techniques have not been used already, they may help make a much more objective decision or evaluation. Gain agreement within the team about which techniques to use, and how to go about the further analysis and evaluation. By considering the facts, assumptions, beliefs and decision making that lead to other people's positions, the group will gain a better understanding of those positions. Not only can this reveal new areas of agreement, it can also reveal new ideas and solutions that make the best of each position and perspective.
Take care to remain open, rather than criticize or judge the perceptions and assumptions of other people. Listen to all solutions and ideas presented by the various sides of the conflict. Everyone needs to feel heard and acknowledged if a workable solution is to be reached.

• **Convene back as a team** – After the group dialogue, each side is likely to be much closer to reaching agreement. The process of uncovering facts and assumptions allows people to step away from their emotional attachments and see the issue more objectively. When you separate alliances, the fire of conflict can burn out quickly, and it is much easier to see the issue and facts laid bare.

Step 3: Reach agreement

Now that all parties understand the others' positions, the team must decide what decision or course of action to take. With the facts and assumptions considered, it's easier to see the best of action and reach agreement.
In our example, the team agrees that TV advertising is the best approach. It has had undeniably great results in the past and there is no data to show that will change. The message of the advertising will promote the website and direct consumers there. This meets Mariam and Huda's concern about using the website for promotions: they assumed that TV advertising would disregard it.

If further analysis and evaluation is required, agree what needs to be done, by when and by whom, and so plan to reach agreement within a particular timescale. If appropriate, define which decision making and evaluation tools are to be employed.

If such additional work is required, the agreement at this stage is to the approach itself: Make sure the team is committed to work with the outcome of the proposed analysis and evaluation. If the team is still not able to reach agreement, you may need to use a techniques like Win-Win Negotiation, Nominal Group Technique or Multi-Voting to find a solution that everyone is happy to move the team ahead.
When conflict is resolved take time to celebrate and acknowledge the contributions everyone made toward reaching a solution. This can build team cohesion and confidence in their problem solving skills, and can help avert further conflict.

This three-step process can help solve team conflict efficiently and effectively. The basis of the approach is gaining understanding of the different perspectives and using that understanding to expand your own thoughts and beliefs about the issue.

2.4 Preventing Conflict

As well as being able to handle conflict when it arises, teams need to develop ways of preventing conflict from becoming damaging. Team members can learn skills and behavior to help this. Here are some of the key ones to work on:

- Dealing with conflict immediately – avoid the temptation to ignore it.
- Being open – if people have issues, they need to be expressed immediately and not allowed to fester.
- Practicing clear communication – articulate thoughts and ideas clearly.
- Practicing active listening – paraphrasing, clarifying, questioning.
- Practicing identifying assumptions – asking yourself "why" on a regular basis.
- Not letting conflict get personal – stick to facts and issues, not personalities.
- Focusing on actionable solutions – don't belabor what can't be changed.
- Encouraging different points of view – insist on honest dialogue and expressing feelings.
- Not looking for blame – encourage ownership of the problem and solution.
- Demonstrating respect – if the situation escalates, take a break and wait for emotions to subside.
- Keeping team issues within the team – talking outside allows conflict to build and fester, without being dealt with directly.
- To explore the process of conflict resolution in more depth, take our Bite-Sized Training session on Dealing with Conflict.

Key Points

Conflict can be constructive as long as it is managed and dealt with directly and quickly. By respecting differences between people, being able to resolve conflict when it does happen, and also working to prevent it, you will be able to maintain a healthy and creative team atmosphere. The key is to remain open to other people's ideas, beliefs, and assumptions. When team members learn to see issues from the other side, it opens up new ways of thinking, which can lead to new and innovative solutions, and healthy team performance. The key is to adopt different perspectives to gain a better understanding of the problem as a whole – meaning that the solution arrived at is likely to be improved significantly. Constructive Controversy is a time-consuming, highly structured process. However, when used to tackle significant problems, the benefits of using such a thorough technique can be enormous.

2.5 Constructive Controversy

Improving Solutions by Arguing For and Against Your Options

"What do you think about this as a way ahead?"

"Can I get your feedback on this?"

"Do you think this will work?"

In general, we like to consult others when there's a problem to solve or a decision to make. We do this because we know that, as individuals, we have limited perspectives; and what may at first appear to be the best solution from one vantage point may no longer seem so after we've seen a fuller picture.

Involving other people – who inevitably have different perspectives and views – helps us ensure that we've considered solutions from all possible sides. It forces us to consider the options, and make sure that we make decisions for the best reasons. So, what's the best way to draw on other people's experience so that the solution we finally choose is indeed the best?

Constructive Controversy is a powerful technique for doing this. Its objective is test a proposed solution by subjecting it to the "clash of ideas", showing it to be wrong, proving it, or improving it. As such, by using Constructive Controversy, your confidence in the solution chosen improves as you reach a better understanding of all the factors involved.

What is Constructive Controversy?

This problem-solving approach was introduced by David Johnson and Roger Johnson in 1979. It has been researched and validated, and it's recognized as a leading model for developing robust and creative solutions to problems. The technique draws on five key assumptions:

1. We adopt an initial perspective towards a problem based on our personal experiences and perceptions.
2. The process of persuading others to agree with us strengthens our belief that we are right.
3. When confronted with competing viewpoints, we begin to doubt our rationale.
4. This doubt causes us to seek more information and build a better perspective, because we want to be confident with our choice.
5. This search for a fuller perspective leads to better overall decision making.

The more times you go through the cycle, the closer you come to the "truth" or the "right" solution. Using Constructive Controversy tends to produce better solutions, compared with solving problems using consensus, debate, or individual effort. This happens because the Constructive Controversy process forces you to face your assumptions and avoid drawing conclusions too quickly. At the same time, it pushes you to use clear reasoning to defend or

argue against a position, and it helps to protect you from logical fallacies and blind spots, because you're forced to explain and defend your rationale.

Creating Constructive Controversy

Constructive Controversy is not about simply arguing and creating conflict for its own sake – it follows a formal procedure to manage controversy in a positive way:

Step 1: Brainstorm possible solutions to the problem.

Step 2: Form advocacy teams.

Each team is given an alternative, researches it, and presents a best-case scenario supporting why that alternative should be chosen.

Step 3: Engage in Constructive Controversy.

Use the following steps:

Each team presents its case to the wider group. The objective is to help the group understand the particular choice, and convince people of its validity.

The other teams then have the opportunity to argue against the position. This is an open discussion – the presenting team listens to the counter-arguments, tries to disprove them, and defends its original position as best it can.

The emphasis is on logic and critical thinking. Remind the teams that the overall objective is to gain a better understanding of all options in order to make the best decision possible. Encourage them to ask for solid data, and push the team to defend its conclusions. Star bursting is a useful technique for thinking about how you should challenge a proposal, and the 5 Whys technique is a great tool to use for exploring someone's position.

Step 4: Decide.

Now's the time to drop the advocacy roles, and bring the group together to make a final decision. Take the time to explore what people have learned from the Constructive Controversy process, and then bring together ideas to create a final proposal.

Tip

Make sure that you evaluate this proposal to ensure that the outcome is better than the status quo. After all, you don't want to spend a lot of money and hard work, just to make the situation worse. Our article on Go/No-Go Decisions will help you do this.

You may choose to include a post-decision evaluation session as well. This helps you find ways of improving the next Constructive Controversy session that you decide to run.

The "Rules" of Constructive Controversy

Before using Constructive Controversy, it's important to lay down ground rules. After all, you need people to work together positively and cooperatively to arrive at a best possible solution. By contrast, if people compete with one another, then they will probably want to "win" at all costs. This will likely create problems between advocacy teams than improve their collective understanding. As such, ensure that participants do the following:

- Demonstrate mutual respect at all times.
- Criticize ideas, not people.
- Remember that they are not being criticized, just the current ideas they're putting forward
- Focus on good decision-making, not winning.
- Listen actively, and ask for clarification when necessary.
- Commit to understanding all sides of an issue.
- Are willing to change positions when the evidence suggests it's necessary.
- Use rational arguments, including inductive and deductive logic, and draw conclusions based on evidence and well-structured reasoning.

Key Points

Constructive Controversy is an effective tool for developing well-rounded solutions to problems, especially when you use it in the right setting and ensure that participants have the skills to manage this type of structured conflict.

Managing Team Processes Exercises

You've probably been involved in a team-building exercise at some point. Perhaps it was a weekend retreat, or an afternoon at the climbing gym learning to rely on one another, or a day on the golf course getting to know everyone.

Regardless if you or and your colleagues enjoyed the experience, what happened when your team members returned to the office? Did they go back to their usual behavior – perhaps arguing over small assignments, or refusing to cooperate with each other? The 'day of fun' may have been a nice break from business, but did your colleagues actually use any of the lessons that they learned once they were back in the workplace?

Too often, managers plan an activity with no real thought or goal in mind. This tends to be a waste of time – and managers risk losing the team's respect when they plan an exercise that doesn't actually help those involved.

Team-building exercises can be a powerful way to unite a group, develop strengths, and address weaknesses. There has to be a real purpose behind your decision to do the exercise – for example, improving the team's problem-solving or creativity skills – rather than because you felt like giving your people a nice day out of the office.

Exercise E.3.2.1 *Team Building that Actually Builds Teams*

The most important step when planning a team-building exercise comes at the very beginning: you must start by figuring out what challenges your team faces. Only then can you choose exercises that will be effective in helping them work through these issues.

Spend time thinking about your team's current strengths and weaknesses. Ask yourself these questions to identify the root of any problems:

- Are there conflicts between certain people that are creating divisions within the team?
- Do team members need to get to know one another?
- Does poor communication slow the group's progress?
- Do people need to learn how to work together, instead of individually?
- Are some members resistant to change, and does this affect the group's ability to move forward?
- Do members of the group need a boost to their morale?
- Do some members focus on their own success, and harm the group as a result?

If you'd like to test how well you and your team work together, try our Team Effectiveness Assessment. Once you've identified the causes of your team's issues, you can plan exercises that will address these problems. This will help your team to derive real benefit from the event – and feel that it was worth their while.

There are literally hundreds of team-building exercises that address a wide range of issues. We've separated just a few basic, straightforward examples into sections that focus on the most common challenges for teams.

If you'd like to learn more about team building, read our Bite-Sized Training session on Team Building.

Here are some basic exercises you could try, if you're faced with issues of communication, stereotyping, or trust in your team.

Exercise E.3.2.2 *Improving Communication*

Back-to-back drawing – Divide your group into pairs, and have each pair sit on the floor back to back. Give one person in each pair a picture of a shape, and give the other person a pencil and pad of paper.

Ask the people holding the pictures to give verbal instructions to their partners on how to draw the shape – without actually telling the partners what the shape is. After they've finished, ask each pair to compare their original shape with the actual drawing, and consider the following questions:

• How well did the first person describe the shape?

• How well did the second person interpret the instructions?

• Were there problems with both the sending and receiving parts of the communication process?

• Survival scenario – This exercise forces your group to communicate and agree to ensure their 'survival.' Tell your group that their airplane has just crashed in the ocean. There's a desert island nearby, and there's room on the lifeboat for every person – plus 12 items they'll need to survive on the island. Instruct the team to choose which items they want to take. How do they decide? How do they rank or rate each item?

Exercise E3.2.3 *Eliminating Stereotypes and 'Labeling'*

Stereotype party – This is a fun exercise for a medium-sized or large group. Write on nametags many different 'personality types (see the list below), and pin or tape one tag to each person's back. Don't show people which tag is on their back – they'll be able to see everyone else's tag, but not their own.

Now, ask each person to figure out which personality type is on his or her back by asking stereotype-based questions of other people – “Am I a man?” “Am I an athlete?” “Am I an entertainer?” and so on.

Allow group members to answer only yes or no, and encourage participants to ask questions to as many different people as possible.

• Here are some personality types you could consider:

• Auto mechanic.

• Olympic medalist.

• Professor.

• Fast-food restaurant worker.

• Postal worker.

• Movie star.

Exercise E3.2.4 *Building Interdependence and Trust*

• **Human spring** – Ask group members to stand facing each other in pairs. Their elbows should be bent, with their palms facing toward each other. Instruct them to touch their palms together, and gradually start leaning toward each other, so that they eventually hold each other up. Then, instruct everyone to move their feet further and further back, so that they have to depend solely upon their partners to remain standing.

• **Mine field** – This is a great exercise if you have a large room or outdoor field. Set up a 'mine field' using chairs, balls, cones, boxes, or any other object that could potentially be an obstacle and trip someone up. Leave enough space between the objects for someone to walk through.

Next, divide your group into pairs. Pay attention to who you match with whom. This is a perfect opportunity to work on relationships, so you might want to put together people who have trust issues with each other.

Blindfold one person, the 'mine walker' – this person is not allowed to talk. Ask his or her partner to stay outside the mine field, and give verbal directions, helping the mine walker avoid the obstacles, and reach the other side of the area.

Before you begin, allow partners a few minutes to plan how they'll communicate. Then, make sure there are consequences when people hit an obstacle. For example, perhaps they have to start again from the beginning.

Exercise E.3.2.5 *What Not to Do*

If you were a marathon runner, would you train just a few times a year for your next race? Of course not. You would run almost every day. Why? Because only through regular, continuous training and exercise would you have a chance at winning.

Team building works on the same principle. Most managers plan one or two events per year, and that's it. There's rarely any regular 'training' or follow-up, and this can hold back the group's long-term success.

Effective team building needs to happen continuously if you want your group to be successful. It needs to be part of the corporate culture.

If you lead a group, aim to incorporate team-building exercises into your weekly or monthly routine. This will help everyone address their different issues, and it will give them a chance to have fun, and learn to trust one another – more than just once or twice a year.

Finally, make sure that your team-building exercises aren't competitive. Think about it – competition tends to make one person or team work against another. This probably isn't a good way to build team spirit and unity. More likely, it's a way to divide a group.

Many companies use sports for team-building activities. Yes, baseball and soccer can be fun, and some people will enjoy it. But these activities can do far more harm than good if they focus just on competing, and they can really de-motivate people who are not particularly good at these sports. Plan an event that makes people truly depend on others to succeed, and stay away from competition and 'winning.'

Session 3.3: Human Resource Development, Supportive Supervision, Coaching and Capacity Building

Specific objectives of the session

At the end of the session the participants:

- Identify what enables and blocks performance management
- Explain the terms supervision and coaching and identify their different connotations and analyze a supervision/coaching Recognize their own roles as members of a team
- Explain the essential aspects of current issues in human resource development (HRD).

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Exercises, questions and answers, discussion in plenary

Resources

- Reference material/handouts: features of the team, ways of operating successful teams, the role of the manager in a team, the difference between groups and teams, The process of team development, and characteristics of effective teams.
- Other*:* newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Methods/ Activities
1.Identify what enables and blocks performance management	1. Human resource development, performance management	1. Q&A what are the difference between HRD and HRM (40 min)
2.Explain the terms supervision and coaching and identify their different connotations and analyze a supervision/coaching	2. Supervision, aims of supervision, confidence, coaching (training and continuing education)	2. Discuss in plenary , E 3.2.4 (40 min)
3.Explain the essential aspects of current issues in HRD.	3. Current trend of h human resource development - Trainer will distribute the official job description - Explain the purpose of supervision	3. Minilecture (power point presentation) on current trend of HRD (15 min), Trainer distributes sheets on Strategies for Improving Returns on Investment in Training and Capacity-building and E3.3.1(25 min)

Session 3.3: Human Resource development, Supportive Supervision, Coaching and Capacity Building

Human Resource Development:

Managing performance is one of the most important components of any human resource development (HRD) system. It involves:

- Written job descriptions
- Defined supervisory relationships
- Regular work planning meetings
- Performance review
- Opportunities for training and staff development.

These important organizational functions serve to align the work that people do with the goals and priorities of the organization, improve communication and aid in staff development.

There are several criteria for an effective performance management system, these are:

- Organization-wide and consistently implemented
- Connects strategic and operational plans with performance measures
- organizational units (i.e. team, section, project)
- individuals
- Assists employees to understand how their work contributes to the success of the organization (hierarchy of meaning)
- Improves motivation and productivity
- Potential to improve both group and individual performance and therefore make organizations more successful (hierarchy of success).

At the individual level, the performance management system should enable workers to develop individual performance targets based on the job description, personal and career goals. Setting individual performance standards and targets integrates health service needs and objectives, as well as individual needs and objectives. Individual target setting is also a means of motivation. These individual targets can act as a basis for the performance management process. The discussion with the subordinate allows for reflection on potential areas of growth or problems that may otherwise remain uncovered if the job description is not individualized.

The process of target setting should be a participatory process so that the results and the final targets are agreed by superiors and subordinates. But defining standards and objectives is not as easy as it seem.

Some basic rules for managers (superiors, team leaders) are to be wary of defining targets or standards which are:

- not measurable, exaggerated, too general or vague,
- focused on activities without a clear purpose,
- over-optimistic or pessimistic,
- too numerous, lengthily and indeterminate in terms of time,
- unethical or illegal.

Some basic rules for subordinates, when they elaborate targets and performance objectives with their superiors:

- Define the starting point or base of where you are starting, this will allow measurement of progress; you will know and be able to present evidence of progress.
- Achievement of the target/standard – how it will be measured.
- Both you and your superior will be able to point to it (evidence, data). You both need to be referring to the same figures, the same data and interpret these the same way.
- When the standard or target will be measured
- A timeframe for periodic meetings or other means such as progress reports.

Link the target or improvement to a plan of action. Work out how it will be achieved. Targets should be more focused on actual results and not just stated as efforts or activity.

These targets and the job description are the basis for the performance management process. The performance dialogue should be a continuing process throughout the year, with a formal interview conducted at least once every calendar year. Informal meetings should be held with employees frequently. Ideally, the once-a-year

Performance interview is a summary of earlier meetings, with a major portion of the interview time devoted to a discussion of future performance and career development planning.

Supervision

Supervision is a regular, programmed visit of a health service by an experienced specialist of a higher instance of the district health system and has been one of the most usual forms of performance management in low and middle income countries. The aim of the visit is the continuous monitoring of the health service and the continuous education (on the job training) of the health personal to improve service quality and performance.

Aims of supervision:

- Professional support and motivation of the personal
- Continuous education
- Improvement of service quality
- Improvement of service administration
- Improvement of co-operation with the community.

Supervision demands a lot of preparation before the on-site visit. The supervisor, for instance should:

- Study the last monthly reports
- Study the last supervision report
- Study the documents of the last supervision-meetings of the health facility team
- Plan the objectives and key focus areas for the supervision.

Confidence is a basic assumption for a good collaboration of supervisor and supervisees. The supervisor should understand himself as a partner and consultant of the supervisee, the control aspect of supervision is less important. The experienced supervisor supports the less experienced health worker.

Supervision is time consuming, to visit a health service the supervising team should calculate at least one day. Supervision has to be announced in advance to give the supervisees time to prepare the visit. This avoids unnecessary.

Stress and the control character of a supervision visit and it gives the members of the community committee the opportunity to participate in the supervision.

Supervision should be carried out by a team of district managers and health staff. Ideally one health service is regularly visited by the same supervision team, thus supervisors and supervisees are able to build up a confidential relationship, supervision gets continuity and the supervisors may be involved in a problem solving process. Supervision should be carried out regularly, thus health workers especially in distant parts of the district stay in touch with facility team and know that their work is valued.

If there is a community health committee members should be involved in the supervision, especially in financial audits and the control of the pharmacy stock. This may create and stabilize a confidential relationship between community and health service.

At the end of supervision the results should be discussed between both, supervisors, supervisees and community representatives and the results have to be documented in a supervision report. If problems have been identified and a solution strategy is programmed, a brief plan of action containing dates and responsibilities should be worked out.

If possible, the cost of supervision should be budgeted in the supervised health service to underline the service aspect of supervision and the role of the supervisors.

There are many ways to develop staff and methods range from individual training to team development activities. The need for development should be identified during the time of developing the individual's job description and/or performance evaluation. For teams this can be done during the design or development phase of the team and/or at the evaluation phase. Coaching is one means of development that is becoming more popular.

Coaching

Coaching in involves interaction of persons, in which someone helps someone else to learn to do something new, to solve problems and issues, to achieve goals and attain success. It does not mean having someone make the decisions for the person being coached or telling her/him what s/he should do. Coaching can therefore be regarded as a process of continuous human resource development and quality improvement. Most people occasionally get stuck with a problem that they can't solve. It is sometimes considered a sign of weakness to not be able to solve a problem without outside help. The use of a coach means that a lot of the struggle is taken out of problem solving and goal achievement. Coaching relationship are not always easy. Often challenges have to be faced and overcome. But the strength of a good coaching relationship is that attention is focused on the most productive areas and the synergy of two people working together on important issues ensures that results are achieved. The coach mainly listens, provides support in a reflective manner and gives encouragement. The coach gives feedback, may offer stimulus, and encourages new ideas and experimentation.

Coaching can be a useful tool in handling changes in routine work, carrying out special assignments: reorganization processes in the case of work place changes and promotion but also after the introduction of new performance standards and objectives and other processes. The coach can be a superior, but as well a colleague or an extern expert. Experts may be fairly directive, non-experts may be supportive facilitators (non-directive).

In the district health system, coaching could be a useful tool in the development of human resources. Especially the development of new and/or young staff to competent members of the health workers community in the district can be supported through a coaching system.

In modern supervision the situation between supervisor and supervisee is described as a coaching situation. The steps of coaching (see below) can be followed in supervision as well as in specific coaching situations.

Steps of coaching (supervision):

Set the scene, create a helping process: meet, discuss, give enough time. Be there if you are needed or find someone who can be, use all the best skills of

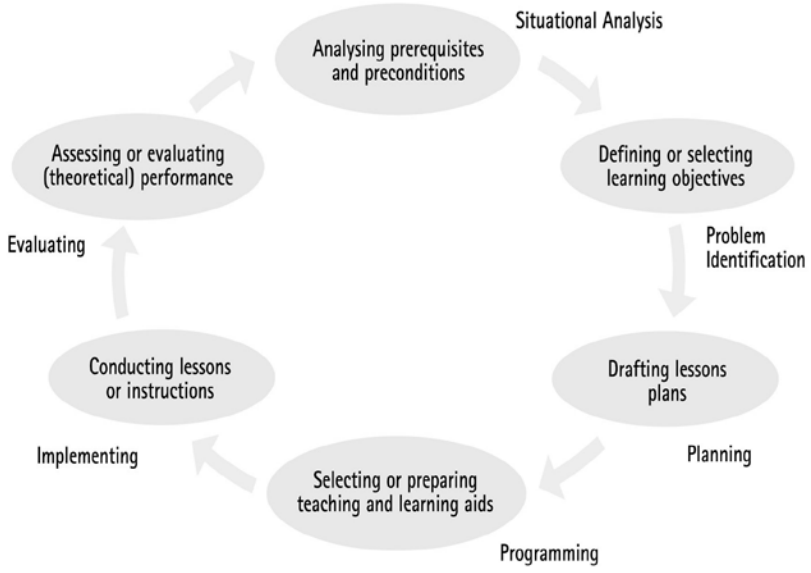
- questions to open up
- questions to penetrate
- offering information on resources
- be an active listener. Use listening to inform the exploration of the "problem"
- summarize – offer reflective descriptions of what was said, the stage you have reached, what has been agreed

- call time out
- empathize, understand feelings but avoid becoming embroiled
- be clear as to your own needs as a coach (needs: power/affiliation/achievement.

Training and continuing education

Organizations are dynamic and change. Together with organizational change the requirements for the human resources and their profiles. This implies on the one hand new professional profiles and on the other continuous learning for the existing human resources. Trainings needs are identified by comparison of necessary professional profiles/task analysis and the profiles of the existing human resources in an organization. Supervision is an additional opportunity to identify training needs; continuous education allows for up-dating human resources on new knowledge and necessary skills. Training and continuing education contribute to high quality services and standards.

Adults need and want forms of learning which are different from the usually applied learning styles at school. Adults have had many practical experiences and often only need to put these experiences in systems in order to develop a deeper knowledge and technical competence. This implies a different role for the trainer who acts more as a moderator/facilitator than a teacher/lecturer6. Adults start their learning process from the identification of problems. The adaptation of the planning cycle to the learning process introduces us to the training and learning cycle which shows the different steps in training and learning:



Strategies for Improving Returns on Investment in Training and Capacity-building

Current trends in HRD

There are many trends in organizations that influence human resource development, some of these are:

- Flatter organizational structures
- Vertical or virtual organizations
- Working in teams or groups
- Combining tasks
- Increasing focus on the service user
- Increasing emphasis on feedback to the worker on job well or not so well done
- Frequent changes in work processes due to technology and other factors such as reengineering and restructuring
- Computerized HR information system

District Health systems will need to use modern HR development and management process to meet these trends and the challenges they provide.

Module 4: A System's Approach to District/PHC Facility Management

Module Objectives:

1. Understand the health problems, risk approach and the priority setting
2. Describe different planning methods (strategic planning, SWOT analysis and objectives oriented planning) and their essential characteristics

Session 1: Introduction to Health Problems
Session 2: Planning and Programming

Evaluation/ Assessment

Questions and answers, participants' summaries, trainer's evaluation

Estimated Training Time

6 hours

Session 4.1: Introduction to Health Problems

Specific objectives of the session

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

- Identify relevant data sources for the analysis of health problems and health services problems;
- Understand the "Nine (9) epidemiological questions"
- Describe the concepts of the risk approach and discuss its scope and applications.
- Understand priority setting and able to set health goals and objectives

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Brian storming, questions and answers, discussion in plenary and Minilecture

Resources

- Reference material/handouts: analysis of health problems and health services problems, Nine (9) epidemiological questions" and explain their relevance in health management planning, Risk Approach, and relevant factors, Priority setting and health services analysis, importance of geographical maps to identify relevant population patterns.

- Other: newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer’s observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

3 hours

Session Plan

Objective	Content	Methods/ Activities
1.Identify relevant data sources for the analysis of health problems and health services problems	1. analysis of health problems and health services problems	**1.**Minilecture followed by Q&A (30 min)
2.Understand the "Nine (9) epidemiological questions"	2. Nine (9) epidemiological questions" and their relevance in health management planning a-Identification b-Magnitude and distributions c-Analysis d-Measures taken-Intervention	**2.**Minilecture followed by Q&A, Trainer distribute information on National Health Strategy and explain their relevance in health management planning (45 min)
3.Describe the concepts of the risk approach and discuss its scope and applications.	3. Risk Approach, and relevant factors	**3.**Discussion in plenary (25 min)
4.Understand priority setting and able to set health goals and objectives	4. Priority setting and health services analysis, importance of geographical maps to identify relevant population patterns	**4.**Working groups followed by Q&A to identify relevant population patterns (30 min), Trainer distributes E4.1.1 (30 min)

Session 4.1: Introduction to Health Problems

Background Information

1.1 Situational Analysis

In the following session, we use the planning cycle as a systematic tool to organize the at the district level. There are several different approaches to management, including: solving problems as they arise, executing tasks according to external pressures, sticking to a pre-established plan, using intuition, etc. The more we work interdependently with other people, the more we need to coordinate activities and adapt to events, which we did not expect nor have prepared for. We move within a complex system when we work at the district, depending on upper levels and interests as well as being challenged by local needs and pressures. Changing one thing changes the whole system. Working with scarce resources obliges us to use these resources in an economic/efficient way trying to achieve the best results and be effective. This also requires being prepared for coming events and this means anticipating events that may happen in the future to be prepared for them.

In the health field, we plan our activities base on our annual plans, which are elaborated by more detailed monthly plans and further by daily activity plans. We also plan how to best allocate resources we manage and often plan how to work best despite lacking resources. We feel more confident about our work if we envisage what might happen and are prepared for it.

1.2 The Nine Epidemiological Questions

In adaptation of the three basic questions of descriptive epidemiology (**Who, Where,** and **When**) the nine epidemiological questions can be categorized in terms of identification:

- Identification
- Magnitude and distribution
- Analysis
- Measures taken

<u>Identification</u>

1. **What** are the main health problems/health services problems in your community or district?

<u>Magnitude and Distribution</u>

2. **How many** cases or problems did you come across?
3. **When** do these generally occur/increase (i.e., a particular time of the year, a particular week, a specific day)?
4. **Where** do they occur/arise (i.e., are they limited to a particular area)?
5. **Who** is affected (i.e., particular individuals, men more than women or vice versa, infants, children, adults, elderly, specific families, ethnic groups. Are other specific groups with the same occupation, habits or family structures more affected than others)?

Analysis

6. **Why** does the problem occur? What are the main factors involved here?

Measures taken/Intervention

7. **What kind of measures** do we/did we take to deal with the problem/s?
8. **What results** did we achieve? What difficulties did we encounter in trying to deal with the problem/s
9. **What else** could we have done? What kind of assistance is needed?

Questions related to identification and measurements are used in situational analysis.

Question No. 1: What?

In the first case, we deal with health problems in the district. There will be many problems depending on the general situation of the population and the health services offered. It is always worthwhile to begin by listing all of the health problems identified in the district, independent from any judgment whether these problems are important or not. It may be advisable to do this list together with community members, in addition to health personnel. Sometimes communities differ in their opinion from professionals.

Question No. 2: How Many?

In order to be able to determine the importance of a problem or disease one indicator is the frequency in which it occurs. Apart from absolute numbers we use percentages in order to be able to compare different problems. To determine group characteristics we use mean and range. The average (the sum of all individual values in a group divided by the number of values in the same group). The range expresses the difference between the lowest and the highest values in the raw data, e.g. a series of values such as different weights of children attending the MCH clinic.

The median is the central value in a range of measurements (a row of values organized from the lowest to the highest value) that divides the set into two equal parts. The mode is the most frequently occurring value in a set of observations.

A proportion is a measurement of frequency that relates a fraction with the total; e.g. the number of men in a group of people. In a proportion the numerator is included in the denominator.

A rate is a specific proportion; it is a simple mathematical proportion, differing from a normal proportion because it is related to a specific population in a defined place and period of time. It is usually expressed in /100; /1.000; /10.000; /100.000 in order to make rates comparable.

A ratio relates to different characteristics of a group, e.g. the relation between men and women in a group. In a ratio the numerator and denominator represent different subgroups of a set of

characteristics.

Talking about measures of disease frequency, we need to take into account two important considerations: measures of disease frequency need to be comparable and they need to be independent of the size of the population under observation.

The two commonly used measures of frequency of diseases and health problems relate to the actual number of the persons affected at a given point in time (prevalence) and to the dynamics of the disease spread (incidence).

The differences between these two measurements are important to consider.

“Prevalence measures the total number of existing cases, episodes or events occurring at one point in time, commonly on a particular day. Prevalence may be more complicated to interpret than incidence because it depends upon the number of people who have developed their illness in the past and have continued to be ill to the present time. Examples of frequency measured by prevalence are the total number of leprosy patients on a register at the beginning of each month or the number of diabetes patients identified in a health programme at the beginning of each year.

Prevalence is often estimated by data obtained from surveillance systems or surveys. This is for example the case for HIV/AIDS prevalence estimates in pregnant women as representatives of the prevalence in the general population or with commercial sex workers as representatives of high risk groups’ prevalence concerning HIV/AIDS.

Period prevalence rate

Period prevalence is the total number of persons known to have had the disease or attribute at any time during a specified period related to the population at risk. So, the period prevalence differs from incidence in that it includes the existing cases at the beginning of the time period. Period prevalence rates are often used in health surveys, where people are asked for their illness episodes during the last two weeks.

Although those asked to report may not remember exactly when the disease started and how long it lasted in every case, they will remember if somebody in the household was sick (11). The exercises analyzing this question introduce proportions, rates and ratios in addition to prevalence and incidence.

Period Prevalence Rate = (No.of illnesses,spells of illness or sick persons existing at any time with in a spicified period of time)/(no.exposed to risk at midpoint of period)

Source: Aviva Petrie; Lecture Notes on Medical Statistics; 1978; p155

Incidence measures the number of new cases, episodes or events occurring over a defined period of time, commonly one year within a specified population at risk. Incidence is the most basic measure of frequency and is the best indicator of whether a condition is decreasing, increasing or remaining static. It is, therefore, the best measure to use in evaluating the effectiveness of health

programmes". Examples include the births and deaths occurring in a district in one year, cases of neonatal tetanus diagnosed per year, cases of maternal mortality occurred per year. It is also the measure used in surveillance systems to analyze disease dynamics, e.g. HIV/AIDS.

In the textbooks of epidemiology, different incidence measures are used in order to describe different aspects of the dynamic of a disease. We therefore present in the following some of these definitions:

The term incidence is sometimes used to denote incidence rate. In the calculation of incidence rates the numerator is the number of new events that occur in a defined time period and the denominator is the population at risk of experiencing the event during this period. The most accurate way of calculating incidence rate is to calculate the "person- time incidence rate". Each person in the study population contributes one person year to the denominator for each year of observation before disease develops or the person is lost to follow-up.

The numerator strictly refers only to first events of disease. The units of incidence rate must always include a dimension of time (day, month, year, etc.). For each individual in the population, the time at risk is that, during which the person under observation remains disease-free. The denominator for the calculation of incidence rate is the sum of all the disease-free time periods in the defined time period of the study.

The incidence rate takes into account the variable time periods during which individuals are disease-free and thus at risk of developing the disease. Since it may not be possible to measure disease-free periods precisely, the denominator is often calculated approximately, by multiplying the average size if the study population by the length of the study period. This is reasonably accurate if the size of the population is stable and the incidence rate is low.

$$\text{Incidence Rate} = \frac{No.of\ illnesses\ or\ spells\ of\ illness\ begining\ or\ no.of\ persons\ becoming\ sick\ in\ a\ specicfic\ period\ of\ time}{no.exposed\ to\ risk\ at\ midpoint\ of\ period(population\ at\ risk)}$$

Question No. 3: When?

The question about when there is an increase in disease occurrence is an important question for a health manager in several aspects: regular increases can be predicted and material and human resources prepared accordingly. Seasonal variations of diseases can be grouped according to new cases per day, week, month or year. The time periods set depend on which disease is being observed. For instance, new cases of cholera would be counted per day, new cases of measles per week, new pregnant women per month and tuberculosis per year. If we know, for example, that in a certain time of year diarrheal diseases will increase (rainy season or dry season), sufficient rehydration sachets can be ordered, additional beds for children made available, necessary working schedule for the personnel organized, etc. We can compare the dynamic of a given disease or health problem with that of former years and may come up with an instrument for predicting possible epidemic outbreaks on an endemic curve.

Question No. 4: Where?

The place where people live or work may partly determine which health problems they suffer from and what available health services they use. If people are living very close together, the spread of a communicable disease like measles will be much quicker than in low population-density areas. To organize an immunization campaign in a town will be easier than to organize the same campaign in mountainous regions where people are scattered. It is therefore necessary to get an overview of the district in terms of geography, where health services structures are, what equipment is available where, what the population patterns are, and how the places of residence in the district are distributed. In addition to that, it may also be necessary to identify possible places of exposure to certain health risks. Drawing a map considering these different aspects is a very useful tool to get a comprehensive overview of the district.

Question No. 5: Who?

Who is affected? This is the last question concerning situational analysis of health problems in the district. Considering scarce and limited resources and the different needs of varied population groups who are differently affected by diseases and problems, we need to properly analyze these aspects in order to target the right groups with the correct interventions.

The most commonly used variables to describe a population are age, sex, residence, education, occupation, income, member of cultural and religious groups, family size, nutritional status and immunization status. Other groupings might be such characteristics as: clinic attendance and non-attendance, those with latrines and those without, or normal and low birth weight infants.

Any ***relevant*** variable may be used, provided that persons can be clearly placed in one category or another. One should be quite clear on what the information will be used for before including a particular variable in any design of questionnaires or surveys. Considerable effort and resources could be needed to collect and process the information. In the design of surveys and research, defining relevant variables is a crucial step, which in turn has implications on costs, analysis time, and necessity of data. Including too many variables may be confusing or jeopardize the quality of the research.

1.3 Risk approach

Different population groups are at a different risk of being affected by different diseases. Knowing these groups and the factors facilitating or impeding the disease is essential for health management planning. We therefore need to assess risk groups and risk factors in order to use our resources accordingly, and have the highest possible impact.

Management according to risk groups and risk factors is called the **risk approach**. In the district, women and children under five are commonly considered to be high risk population groups because of the risk of pregnancy related problems, maternal mortality, malnutrition, and risks due to low immunization status of children. One may also look into gender aspects concerning different risk groups. Men have different health risks than women, e.g. women have higher risks

related to pregnancies and births, men have higher risk of trauma, etc. People are exposed to different health risks in relation to their age, sex, education, occupation, life style, areas of residence, etc. One definition of risk group may be: a group of people who are or have been exposed to a risk factor and are therefore at greater risk of developing a given disease, e.g. people who have unprotected sex with different partners are at greater risk to get HIV/AIDS than those who use condoms in similar situations. In the following, we present some definitions:

Risk: The probability that an event will occur, e.g. that an individual will become ill or die within a stated period of time or age. **Risk Factor**: An aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic, which on the basis of epidemiological evidence is known to be associated with the health–related condition(s) considered important to prevent. The term 'risk factor' is rather loosely used with any of the following meanings. You can find in the literature: risk factor, risk markers, determent etc. Factors whose presence is associated with an increased probability that disease will develop later are called risk factors. The need to identify such factors is becoming more apparent with the growing awareness that chronic diseases represent a major health challenge.

Risk factors may be immutable or susceptible to change. Such factors as age, sex, race, and family history, which are not subject to change, are often major determinants of risk. However, some risk factors can be altered, such as when smokers can be persuaded to quit. Others are not now amenable to change, but their identification may still be useful for identifying persons who deserve close medical supervision (or population groups which need preventive measures).

Risk estimates are the tools of the risk approach. The degree of risk of a population or an individual is an expression of their need (professionally defined), which is an essential component in the determination of priorities and the allocation of resources. The main aim is to look at the problem of health and the improvement of health services by defining priorities as a function of the major or minor vulnerability of a certain group to suffer a specific damage. In other words, you identify population groups at a higher risk to suffer from certain health problems and you design special programmes for them. As health managers, we should be aware of the different terms in relation to risk and risk factors and their uses. For planning purposes it is important to determine whether we are able to influence this factor with our public health interventions.

1.4 Priority Setting

We can establish health care priorities based on the demand approach (expressed needs) using health services statistics like archives and data of the Health Management Information System. The demand approach is a retrospective approach which gives us information on the actual use of our services, which, as we know, is not necessarily congruent with the real needs of the population. Demand depends for example on the distribution and availability of health services, on accessibility (geographical and financial), Historically, health care budgets are often based on a demand analysis. The needs approach tries to establish a more prospective view to priorities resource allocation. As we know there are different needs to be considered: felt/perceived needs and professionally defined/normative needs. The needs approach is based on rapid appraisal methods, surveys or expert knowledge. In order to apply such an approach, there are specific

activities to be performed which means investment of financial, material and human resources.

Economic appraisals like cost-benefit analysis or cost-effectiveness analysis are expensive and time consuming methods to define priorities. In addition, economic appraisals require experts to conduct them.

Cost-benefit analysis: is a form of economic evaluation where all costs are expressed in monetary terms. In principle this form of analysis enables one to assess whether a particular objective is worth achieving. However, estimation difficulties often limit cost-benefit analysis to a consideration of those costs and consequences that are expressed only in money terms.

Cost-effectiveness analysis: is a form of economic evaluation where costs are expressed in monetary terms but where some of the consequences are expressed in physical units (e.g. life years gained, cases detected). It is usually used to compare different ways of achieving the same objective (e.g. life-saving interventions) and assumes the objective is worth achieving. If two programmes have consequences that are identical in all respects, the analysis is some-times called a cost-minimization analysis. At the district level possibilities to perform economic appraisals are often times limited.

The matrix method tries to integrate the above mentioned techniques in a practical and simple tool, easily applicable in any setting. It is an opportunity for participatory approaches for priority settings by integrating health professionals as well as community representatives and other interest groups. The matrix uses different categories to be prioritized according to the *health problems* identified:

- Disease frequency, which is normally an information relatively easy to assess, either on health records or existing surveys
- Severity, in terms of numbers of deaths from the disease or people disabled as a result of the disease.
- People's concern, in terms of social stigma attached to the disease (for instance, those having the disease are rejected by the community) and in terms of fear to get
- the disease. People's concern may be greater in one population than another. Here we can use our own experience as well as the results of surveys conducted with the aim to know about people's concerns regarding different health problems/diseases;
- Sensitivity to public health measures, in terms of the feasibility of control (Can anything be done? Are we technically in a position to do some-thing about it?) and in terms of costs (Can we afford to control the problem, what are the necessary resources and can we get them?). It may also be analyzed in terms of competence to control at district or higher levels of the health system. If we deal with TBC for example, often TB programmes are vertical national programmes which are run parallel to the district health activities. Thus, something may be done about it at national level, but it is not within our competence frame.

Categories to analyze health services problems:

- Negative impact on the population
- How far are we from the expected results?

- Is it considered as a problem by the community
- Possibilities of improvement at district level

1.5 Health Service Analysis

The District and PHC clinic health management team need to use health indicators to analyze the district's commitment to policies for socio-economic development and PHC, to monitor progress in implementing health programs, and to evaluate their impact on the health status of the population, if possible. Indicators help us to:

- Analyze the present situation
- Make comparisons
- Measure change over time

Concerning the analysis of health services, a systematic approach is needed to provide a comprehensive picture. On the one hand, e.g. we need to consider, what resources and information we have to work with, on the other hand, we need to analyze what we are doing or have already accomplished with what we have and thirdly, we need to know what the results of our activities have been. In short, this represents the conceptual framework of the analysis of health services. The following presents the above description in a schematic overview, which can be used to subgroup and explain the indicators related to the different subsystems.

Input	Process	Output	Outcome
Accessibility (geographical, financial, cultural)	Activities	Coverage	Effectiveness
Availability	Productivity (performance)	Efficiency	
	Use (extent and intensity)	Efficacy	
	Utilization		
	Quality (technical and human)		

Input

The input indicator *accessibility* is closely related to *availability, because* health services can be accessible in terms of geography, financial situation and culture. All three dimensions may be barriers for the population to actually demand the health service, independent from its availability. In contrast, availability contains a dimension of existing resources in order to offer the services in terms of human resources, working hours of health personnel or material resources {such as beds available}.The accessibility and availability of services are necessary preconditions to actually use the services and as such indicators for equity in health service provision.

Process

Activities can be furthers analyzed in terms of time necessary to perform a certain activity. For example: number and duration of consultations in the out-patient clinic over a specified time period.

The next level of analysis is productivity, which deals with how many of certain activities are performed over a specified time period by a particular health professional. Depending on the data available, one will use working hours hired or actual working hours as a denominator for the analysis.

Examples are: average of immunizations per health personnel per day, average consultations per physician per hour, average discharges per bed and year, etc. These numbers can be used to set new targets and use available resources in a more efficient way.

In order to examine the use of health services, the analysis looks at the population itself. Everybody who uses a service may not necessarily also be in need of it. Thus, the extent of use does not look into the actual target group of a service, but simply into the number of people using the service compared to the whole population. Additionally, there are offered services that need to be used more than once by the same client, e.g. antenatal care controls.

The intensity of use of such services should be mathematically higher than one when considering the number of prescribed antenatal care controls and the number of pregnant women attending. The same applies to bed days per client or immunization doses given per person. Increasing the extent of use may result in an increase of coverage, if the population in need of a particular service is targeted. Increase in the intensity of use will focus the attention to offer a specific service for a defined number of populations. Sometimes it can be difficult to achieve both because of limited resources. Use is an indicator that is influenced by health service factors like the availability and accessibility of the services and population make-up.

Utilization is predominantly related to the comparison between the resources available and the resources really employed.

Quality has both a technical and the human dimension. Four different angles of technical quality need to be considered:

a) **Comprehensiveness**: degree to which all needs of the client are satisfied: preventive, curative and rehabilitative needs
b) **Continuity**: accomplishment of everything that needs to be done in each case without delay or interception
c) **Skill**: complete everything the way it should be (good practice)
d) **Opportunity**: apply procedures at the right time and in the right sequence (appropriateness)

As can be understood from the above described, quality is a complex indicator and cannot be measured simply through archives, documents or calculations. Consequences of low quality services may be under-use and lack of acceptance in the population. Consequences of low quality services in hospitals may be high mortality rates and long stay of patients. The health facility team therefore needs to identify appropriate parameters applicable to the concrete situation of the service in order to assess quality.

Output

Coverage is the concept widely known to measure the results of health services activities. The most common example is coverage of EPI (Expanded Programme of Immunizations). The denominator is - in contrast to extent of use- the population in need of a specific service. Thus, to determine coverage it is necessary to have basis data to identify different population groups in need of particular services. Census data is often used, which approximates the real population numbers. Examples for this indicator are: percentage of population covered by vaccination, percentage of population covered by antenatal care services or other specific health programmes. Coverage can be used to measure equity of health services.

Efficiency compares the results achieved and the resources spent. Resources are usually expressed in monetary terms. One may calculate unit costs in order to be able to compare efficiency over the time or of different services of the same kind. An example is the unitary cost of a vaccine dose compared to other vaccines of the same kind, or the number of vaccine doses applied in one day by one person compared to the number applied by another person given the circumstances, skill level and parameters.

A dictionary of epidemiology defines efficiency: The effect or end-results achieved in relation to the effort expended in terms of money, resources and time. The extent to which the resources used to provide a specific intervention, procedure, regimen, or service of known efficacy and effectiveness are minimized. A measure of the economy (or cost in resources) with which a procedure of known efficacy and effectiveness is carried out.

It is important to understand, that efficiency always relates to costs of a particular result, thus differing from efficacy.

Efficacy is the extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Generally the determination of efficacy is based on the results of a randomized controlled trial. For example, in the laboratory, a vaccine may produce high antibody levels in the blood of the vaccinated persons. In public health terms, one can assess efficacy in terms of the desired result or achievement of a specific objective of the service, such as percentage of patients treated and cured. Thus efficacy differs from effectiveness within a specific dimension, while effectiveness implies changes in the general health situation of the population.

Outcome

Effectiveness deals with the impact of the health services in the health status of the population. One way to measure effectiveness is to compare mortality rates, e.g. before and after an intervention. Mortality statistics are relatively easy to access as they are normally collected in most countries. The same cannot be said for morbidity data, as there are often no surveys at hand which allow comparison between the past and present. It should also to be taken into account that health status not only depends on the health sector alone, but is influenced by other sectors such as education, general socio-economic environment and so on (see Module 4.1, Determinants of health).

All together outcome indicators measure the extent to which a specific intervention, procedure, regimen, or service does what it is intended to do for a defined population when deployed in the field. As district health managers, we look most often at efficiency and effectiveness, whereas efficacy as such is primarily of academic interest. Still, under ideal conditions efficacy and effectiveness should have the same results.

Here are some strategies to increase efficiency without necessarily increasing needs for additional financial, material or human resources:

1. Focus attention to high risk population groups.
2. Selection of evidence-based procedures.
3. Improve interpersonal relations between providers and users.
4. Minimize unnecessary hospitalization.
5. Reduce number of users not in need of a service.
6. Reduce unnecessary diagnostic procedures.
7. Eliminate procedures that are not sufficiently specific.
8. Decrease under-utilization of services.
9. Work according to professional profiles.
10. Priorities treatment appropriate to services (e.g. upper respiratory tract infection treated in hospitals instead of health centers).

Exercise E.4.1.1 *Priority Setting*

Objectives

- Participants will have analyzed the list of health problems and health services problems within the related prioritization categories
- Participants will have developed a matrix scheme with priority health and health services problems

Procedure

The facilitator explains the categories for prioritization that are listed in the Health Problems and Health Services Problems matrices and answers any questions for clarification. Participants are asked to prioritize their lists of health and health services problems according to their own experiences. This exercise is done in plenary. Each participant is given ten points (colored stickers can be used as points) for each of the vertical columns to distribute them among the health and health services problem categories (frequency, severity, etc.). More points are given for those diseases or problems that the participant perceives as most severe, frequent, etc. For better distinction, different colours can be used for each column's points.

Priority setting of Health Problems at District Level

List of Health Problems	**Frequency (how often?)**	**Severity (how severe?)**	**People`s concern (are people worried?)**	**Sensitivity to public health measures (can something useful be done?)**	**Total**	
Total						

Legend:

Severity: in terms of number of deaths from the disease and in terms of people disabled as a result of the disease

People's concern: in terms of social stigma attached to the disease (for example, if those stricken are rejected by the community) and in terms of fear

Sensitivity to public health measures: a) in terms of the feasibility of taking action against the problem (can anything be done?) and, b) costs (Is it cost effective or expensive to control the problem?)

Session 4.2: Planning and Programming

Specific objectives of the session

At the end of the session the participants:

- Describe different planning methods (strategic planning, SWOT analysis and objectives oriented planning) and their essential characteristics
- Explain the purpose and process of a stakeholder analysis
- Understand objectives oriented planning
- Identify alternative approaches to solve a problem
- Understand ZOPP/ Logical Framework Approach
- Describe the essential tools for monitoring

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Brian storming, questions and answers, discussion in plenary

Resources

- Reference material/handouts: Objective oriented planning and different planning methods; ZOPP, strategic planning. Four analytical steps in planning, Project planning matrix (PPM), Alternative approaches to solve a problem, Workplan development and monitoring.

- Other: newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

3 hours

Session Plan

Objective	Content	Methods/ Activities
1. Describe different planning methods (strategic planning, SWOT analysis and objectives oriented planning) and their essential characteristics	**1.** Objective oriented planning and different planning methods; ZOPP, strategic planning.	1. Minilecture followed by Q&A on different planning methods (45 min)
2. Explain the purpose and process of a stakeholder analysis	**2.** Four analytical steps in planning, Project planning matrix(PPM) - Stakeholder analysis; - Problem analysis - Analysis of objectives - Analysis of alternatives	**2.** Brainstorming analytical steps in planning followed by presentation on the PPM (45 min)
3. Understand ZOPP/ Logical Framework Approach	**3.** ZOPP approach ,Alternative approaches to solve a problem	**3.** Discussion in plenary followed by summary (30 min)
4. Describe the essential tools for monitoring	**4.** Workplan development and monitoring	**4.** Minilecture followed by Q&A (30 min), exercises (30 min)

Session 4.2: Planning and Programming

Background and Introduction

The essential functions of management are: to set goals and agree on objectives, to plan, decide, organize, steer, control and inform, so that people are kept motivated. The planning of yearly health interventions is primarily a routine event. Although some interventions may be similar to projects, with a specific time frame, and others may be part of broader interventions that may include other sectors or geographical regions (programmes). The planning process for all projects or interventions starts with an analysis phase which includes a situation, stakeholder, problem and objectives analysis. The next step in the process is a planning phase, which operationalizes the analysis. This is done by identifying the strategies and determining the financial, human and material resources and time needed to achieve the objectives. Objectives Oriented Project Planning (ZOPP) and the Logical Framework Approach are useful tools for planning projects or interventions.

When implementing projects or interventions it is necessary to follow-up on activities in order to identify gaps or problems in the process. In other words, a follow-up on planned activities is project or intervention monitoring. Follow-ups are often done unconsciously and are not very systematic. Working with a planning tool provides a useful instrument to continuously control the implementation of the planned activities and make necessary corrections. It is also a useful instrument that helps prepare for unexpected events.

Quality management (QM) is a new management approach that looks at the providers and customers side and provides basic instruments for designing and improving quality in the planning process. At the health district level, QM instruments are applied using the four principles of QM: leadership, teamwork, user-focus and a systems approach.

Objectives Oriented Project Planning (ZOPP) and Other Planning Methods

Planning is one of the essential functions of a manager and involves a wide range of decisions, from establishing the overall goal of the organization or a project to the day-to- day schedules of operation. The planning cycle provides for the different steps in planning: situation analysis and identifying needs and problems; establishing priorities; analyzing problems and determining objectives; planning activities to achieve objectives; and mobilizing resources for implementation, control and evaluation.

The different steps in planning are:

- Situation analysis and identifying needs and problems;
- Establishing priorities;
- Analyzing problems and determining objectives;
- Planning activities to achieve objectives; and
- Mobilizing resources for implementation, control and evaluation.

Strategic planning

It is a process for deciding what an organization wants to be, what it wants to do and involves political thinking, decision making and prioritizing to successfully achieve the organization's goals and objectives. It provides a framework of directions and priorities within which an organization's members can make decisions towards common goals and a shared vision. Strategic planning involves determining the best way to achieve a desired result within an organization by choosing the path of least resistance to bring about change. This is done by analyzing the organization's environment and determining the best way to respond to friendly, neutral, or hostile reaction how it will proceed. In this sense, strategic does not necessarily mean long term, but purposeful planning which involves identifying the specific forces that impede the achievement of the objectives and creatively responding to a changing and dynamic environment. Thus, strategic planning is not a strict sequence of predetermined procedures, but is a dynamic and flexible process that adjusts to arising changes in a situation.

There are **five** (5) basic steps in a strategic planning process:

Step 1: Get Ready: identify specific issues to be addressed; clarify roles; create a planning committee; develop an organizational profile; identify and collect necessary information for decision- making; produce the end-project, i.e., the work-plan.

Step 2: Articulate Mission and Vision: a mission statement summarizes the what, how and why of an organization's work. It describes the organization's purpose (why the organization exists, and what it seeks to accomplish), and its business (the main method or activity through which the organization tries to fulfill its purpose and values). The values of the organization are the principles or beliefs that guide the organizations' members as they pursue the organization's purpose. Conversely, a vision statement presents an image of what success will look like.

Step 3: Assess the Situation: obtain current information about the organization's strengths, weaknesses and performance (see Module 5) that highlight the critical issues which form the basis for an intervention.

Step 4: Develop Strategies, Goals and Objectives: identify the broad approaches necessary to change a situation (strategies); identify general and specific results that are desired (goals and objectives).

Step 5: Complete a Written Plan: agree with all involved on a written document that will form the basis for the development of an operational plan or action plan. It is essential in this step to determine whether the plan answers the key questions regarding priorities and directions in sufficient detail to serve as a guide for the planned intervention.

SWOT analysis

It is an effective tool used to identify an organization's strengths and weaknesses and to examine the opportunities and threats it faces. In strategic planning, carrying out an analysis using the SWOT frame-work helps an organization focus on its activities into areas where it is strong and where the greatest opportunities lie.

In analyzing Strengths, Weaknesses, Opportunities and Threats, we need to consider our own points of view, as well as the points of view of the people we are working with.

Generally, a SWOT analysis looks at strengths and weaknesses as issues inherent in an organization and its tasks, while opportunities and threats come from the external environment.

	Positive	Negative
Internal	**Strengths**	**Weaknesses**
	What are our advantages?	What could we improve?
	What are we doing well?	What are we doing poorly?
	What relevant resources do we have?	What should we avoid?
	What do others see as our strength(s)?	
External	**Opportunities**	**Threats**
	Where are opportunities favorable to our goals?	What obstacles do we face?
	What are interesting trends we are aware of and could be responsive to?	What are our competitors doing?
		Are the requirements for what we offer changing?
		Could any of our weaknesses threaten the aim of our organization?

Objectives oriented planning

In the 1970s, there was increasing criticism that planning was not precise and that the relationship between project activities and accomplishments was not well defined. In addition, there was criticism that the responsibilities of project management were not clear and the evaluation of projects had no rational basis. Such critiques led to quarrels among planners rather than designing successful strategies and actions. But increasingly there was the need felt to develop rational tools to measure results and impact of development cooperation projects.

The logical framework approach and ZOPP are very similar planning methods. Therefore, they are not presented as separate approaches in this module. The similarities and differences are identified. The logical framework is a simple tool that supports the organization of thinking: it relates activities and investments to expected results, sets performance objectives, allocates responsibilities and assists in communicating concisely and unambiguously. As such, it provides a logical framework with clear statements on what will be accomplished (outputs) and what results are expected (purpose). The formulation of objectives follows a hierarchy which links activities and results in a logical way.

ZOPP is characterized by the following principles:

- participation of all important stakeholders and actors
- consensus between all involved (through negotiation and compromising)
- transparency of decisions
- systematic decision making
- flexible adaptation

The main features of ZOPP are as follows: teamwork (planning is elaborated by all project participants), visualization (each planning step is documented and clearly visible to all participants), and facilitation (workshops are mode-rated by a person who is not associated with the project).

ZOPP was adapted from the logical framework method and developed and implemented in projects of the German Agency for Technical Cooperation (GTZ). In 1983, ZOPP became mandatory for all project planning within GTZ. Why then is ZOPP necessary? ZOPP is used to formulate the basis for a project, i.e., to arrive at clear-cut definitions and a common understanding of the problems a project intends to eliminate or minimize. In addition, it provides for a systematic analysis of the situation, a delineation of objectives and a basis for monitoring and evaluation. Through joint planning and documentation of all planning steps, ZOPP improves communication and co-operation between the project partners. In comparison to the logical framework approach, ZOPP puts more emphasis on a team approach and on the participation of key stakeholders, potential collaborators and community members. By promoting their active participation in assessing, analyzing and acting on identified needs and priorities, ZOPP encourages participants to become invested collaborators in all subsequent activities. Consequently, the ZOPP planning method or logical framework approach is widely used by USAID, Canadian Development Cooperation, and other governmental and non-governmental organizations. The European Commission and the World Bank also use the Project Cycle Management tool, which is very similar to ZOPP.

The ZOPP planning process answers the following questions:

- Why is the project or intervention carried out?
- What is the project or intervention expected to achieve?
- How can it be achieved?
- What external factors are crucial?
- How to evaluate success?
- Where to find the data/information for evaluation?
- What will the project or intervention cost?

A well-designed plan will:

- State the current situation (situation analysis)
- Have a clear aim (goals and objectives)
- Use the resources available (operational plan)

- Detail tasks, assign responsibility, and set priorities and deadlines (work-plan)
- Establish control mechanisms that alert the project team of difficulties in achieving the plan (monitoring schemes)
- Identify risks and plan for contingencies
- Consider transitional arrangements.

Logical Framework Approach/ ZOPP: The Four Analytical Steps

The logical framework approach was developed in the 1970s and is now used by a large number of different agencies. The logical framework is a simple tool that supports the organization of thinking: it relates activities and investments to expected results, sets performance objectives, allocates responsibilities and assists in communicating concisely and unambiguously. As such, it provides a logical framework with clear statements on what objectives the project or intervention will achieve. The formulation of objectives follows a hierarchy which links activities and results in a logical way. The framework also indicates under what conditions these objectives will be achieved and establishes important assumptions outside the control of the project or programme that may influence the success. The ZOPP method uses the same framework. The framework is not only a planning instrument, but can be used to monitor and evaluate process and output of the project or intervention. It becomes a tool for managing each phase of the project cycle and is the basis for other planning components such as budgeting, allocation of responsibilities, implementation schedule and monitoring plan.

The logical framework is a working instrument that needs to be adapted and used flexibly; it should not be considered as a rigid guideline to be followed independent of potential or actual changes in a situation. When completing the planning exercise, there are two phases to consider: the analysis phase and the planning phase. In the analysis phase, the existing situation is analyzed so that a vision of the "future desired situation"15 is created and strategies for achieving the vision are selected. There are four steps to the analysis phase:

1. Stakeholder analysis;
2. Problem analysis (image of reality);
3. Analysis of objectives (image of an improved situation in the future); and
4. Analysis of alternatives (considering alternative solutions or strategies to solve a problem).

Analysis Phase

Step 1: Stakeholder analysis

The stakeholder or participant analysis focuses on the major actors, their interests, goals and relationships. The stakeholder analysis is conducted in a series of workshops attended by all those involved in the project. The aim of the analysis is to gain insight into the social reality and power relationships of the project stakeholders and participants. Consequently, it is important to consider the points of view of all groups affected by the planned intervention in order to identify potential allies as well as potential enemies; and to recognize the potential contributions different actors are willing and in a position to make. Equally, it is important to identify which groups will be affected positively or negatively by the planned project or intervention. In the process of analyzing the different stakeholders, it will become evident that some actors may actively participate in the planned intervention, while others may be more passive, if their interests are only indirectly affected by the project or intervention.

It is equally important to pay attention to gender, as the views and interests of men and women may differ to a considerable extent. Failure to address gender aspects, particularly in the stakeholder analysis, may lead to difficulties in the process of planning and implementing a project or intervention, as well as hinder the achievement of planned objectives: effectiveness and sustainability may be endangered. Therefore, the stakeholder analysis addresses gender differences systematically as well as the specific interests, problems and potentials of women and men among the stakeholder groups.

Ideally, the stakeholder analysis should be conducted from a participatory approach during a workshop or a series of workshops. There is a range of instruments that can be used during or in addition to the workshop(s) to enhance participation. These instruments include target group analysis, relationship maps, power matrix, service interaction analysis, organizational analysis, and participatory rapid appraisal

Identifying the different actors

Groups	Community (examples)	Government Sector (examples)	Private Sector (examples)	International Organizations (examples)
Beneficiaries	The whole community	Hospitals		
Actors	Women Groups, Youth Groups, Volunteers	Community Health Workers		
Supporting institutions	Village Council, Churches and Schools	Ministry of Environment, Ministry of Health	Small and Medium Sized Businesses	WHO, UNICEF, etc.
Opponents	Conservative Traditionalists			
Competitors				

Analyzing the different stakeholders

Stakeholders (examples)	**Characteristics:** -social, economic -gender differentiation -structure, organization, Status -attitudes	**Interests and expectations**	**Sensitivity to and respect of cross cutting issues:** -environment, -gender equality, etc.	**Potentials and deficiencies:** -resource endowment -knowledge, experience -potential contributions	**Implications and conclusions for the project:** -possible action required -how to deal with the
Women's groups					
Youth groups					
Provincial council					
Local committees					
Community health workers					
Schools					

Step 2:Problem analysis

The second step in ZOPP is the problem analysis, which is derived from the logical framework approach. The problem analysis identifies the negative aspects of an existing situation and establishes the "cause and effect" relation-ship between the problems.
The problem analysis involves three steps:

1 Precise definition of the framework and subject of analysis;
2 Identification of the major problems faced by target groups and beneficiaries (what is/are the problem(s)?); and
3 Visualization of the problems in a form of a diagram, called a "problem tree" or a "hierarchy of problems" to establish cause-effect relationships.

The stakeholder analysis provided information about relevant persons, groups and actors which may be affected by the project and who should be integrated into the planning process. During the problem analysis, the stakeholders are consulted for their views and perceptions on the negative aspects of a situation. The analysis is also aimed at identifying the real bottlenecks to which stakeholders attach priority and seek to overcome. Thus, the problem analysis is in fact an analysis of an undesired situation. The analysis is visualized in a hypothetical model called the problem tree, which displays the identified problems in a hierarchical order (i.e., cause-effect relationships), the analysis shows the effects of a problem on top and its causes underneath. The impact of the diagram is often greatest if it is prepared at a workshop by those who know the situation and are led by an experienced moderator who understands the group's dynamic. This approach can be combined with other instruments such as technical, economic or social studies, to complement the analyses of the group.

Step 3: Objectives analysis

Questions 7: What are we going to do about it?
What do we want to achieve?

Up to this point, we analyzed the situation and answered the questions: Where are we? Why is it so?
The next questions in the planning process are:

Where do we want to go? and How are we going to achieve this? The objectives analysis is the third step in the planning process. The objectives analysis is a methodical approach employed to:

- discuss and identify the future desired situation with all stakeholders;
- verify the hierarchy of objectives; and
- illustrate the means-end relationship in a diagram.

The objectives analysis describes the desired future situation that will be achieved by solving the problems and identifies alternatives for the project. The problem tree is used as a basis for the analysis of objectives. The "negative" conditions in the problem tree diagram are converted into solutions, expressed as "positive achievements". For example, "agricultural production is low" is converted into "agricultural production increased", or "low vaccination coverage" is converted into "vaccination coverage increased". These positive achievements are in fact objectives and are presented in a diagram of objectives referred to as the objectives tree. Often such diagrams show some objectives that cannot be achieved by the project or intervention and are left to be addressed by other projects or interventions. Some objectives may be unrealistic, therefore other solutions need to be found or the attempt to solve them abandoned.

Step 4: Analysis of alternatives

The last step in the analysis phase is the identification and selection of the possible strategy(ies) that could lead to the achievement of the desired objectives. The selection of (a) strategy(ies) is based on which objectives are included in the project or intervention. In the hierarchy of objectives the different lines or clusters of objectives are called strategies. Normally, one or two objectives will be chosen as the strategy for future operation, depending on the analysis of alternatives. Usually, the main objective (goal) is selected according to the resources available, the feasibility of the activities necessary to achieve the objective, the acceptability among stakeholders, and the time frame needed to achieve a successful result. Finally, the sustainability of the project or intervention is an important factor to be considered in the analysis of alternatives.

The process of analyzing alternatives or selecting a strategy requires clear assessment criteria for selecting or identifying different strategies. On the basis of a number of criteria the most relevant and feasible strategy is chosen. For example, such criteria may include: priorities of important stakeholders, likelihood of success, resources available, relevance of the strategy, time required, potential to reduce inequalities, etc.

Operationalize the Analysis: Project Planning Matrix (PPM), Work- plan, and Monitoring

After completing the objectives analysis and selecting a strategy for the planned project or intervention, the next planning step is to operationalize this analysis into a plan and a programme of activities geared towards the achievement of the objectives. This process involves a number of steps: develop a hierarchy of objectives and convert them into the intervention or project's objectives; identify indicators to assess or measure the achievement of the objectives; determine assumptions external to the project which can hinder or assist in the achievement of objectives; and identify sources for the collection of relevant information or data in order to assess the project's process, and its success or failure.

Plan and programme documents

We often read or hear of the terms 'plans' and 'programs' mentioned inter- changeably and assume that they may be similar or even identical terms. However, this is not the case. In the planning cycle, planning and programming are different steps: a plan refers to a document that mainly identifies the scope of a project or intervention and deals with a broad policy statement on the goals, objectives and strategies. A programme refers to a document that describes the concrete implementation of a project or intervention. A programme document includes a short statement concerning scope, policy, goals and objectives and detailed intervention strategies. Furthermore, a programme specifies resources required to carry out the planned activities such as technologies, organizational and management issues, budget, and the operational schedule. Thus, a programme concretizes the plan. Concerning the different project planning documents, the project planning matrix (PPM) represents the plan while the

Overview: Plans and Programmes

Content	Plans Policy oriented	Programmes Content oriented
Scope	++	+
Policy Statement	++	+
Goals	++	+
Objectives	+	++
Strategies	+	++
Activities		++
Technologies specified		+++
Org. Management specified		+++
Resources specified	+	+++
Budget breakdown	+	+++
Operational schedule		+++

In the chart above, the number of crosses illustrate the significance or weight of the content found in a plan or programme document.

Objectives

Objectives are generally constructed around six critical elements, all of which relate to a seventh element. Together they represent the relevant information for sound planning practice:

Who	the project or intervention and planned activities
What	the specific service or activities carried out
How much	the specified quantity of service or activity
Whom	the target population
Where	the geographic area or site of planned activities by
When	what point in time are the objectives achieved
What	does it cost?

The hierarchy of objectives

In order to plan the activities of a project or intervention, it is first necessary to identify the different levels of objectives (hierarchy of objectives). In the last unit, the most appropriate strategies were selected based on the objectives analysis and the analysis of alternatives. These analyses assist in identifying the various levels of objectives.

The hierarchy of objectives should include enough detail to permit:

- Identification of important elements or characteristics of the project or intervention
- Specification of the "causal" association between the various levels of objectives
- Control of important activities in the implementation and operation of the project or intervention.

The definition of the different levels of objectives is described below:

Goals

Goals are long term, positive statements that express an idealized vision of a quality of life that is almost universally accepted. Goals are purposefully stated in a general and abstract form so that they remain fairly constant throughout rapid social changes. As such, they serve to provide direction, purpose and continuity to the planning process and indeed to society itself.

Examples: - To contribute to the health and well being of the population of the nation.
The aim of the Global Health-Sector Strategy (GHSS) is to strengthen the response of the health sector to the challenges posed by HIV/ AIDS as part of an overall multisectoral effort (WHO)

In some cases, a project that is limited in scope may require a much more specific or detailed project goal than in the example above.

Policy Objectives

Policy objectives represent a partitioning of the goals into identifiable components consisting of desired or improved states or conditions. The improved states or conditions identified in policy objectives are desired characteristics or attributes of the community at large and need not be limited to subgroups within the population.

Examples: - To reduce extreme poverty by 50% by the year 2015.

WHO and its partners are working with full commitment to achieve the 3 by 5 target providing access of ART to 3 million people living with HIV/AIDS in developing countries by the end of 2012.

Depending on the complexity and size of the project, the overall goal can also be a policy objective

Project objectives/purpose

Project objectives/purpose answers the question of why the project is under-taken. Project objectives/purpose identifies specific effects or impacts which, if accomplished, would contribute to the realization of policy objectives. They identify specific changes that the target population is to experience as a result of the project or intervention.

Example: To reduce neonatal mortality rate from 70/1000 to 40/1000 by October 2012.

Service objectives/results

Service objectives/results specify levels of effort or outputs from the project and specify what the project will accomplish, produce or deliver. Service objectives/ results identify the quantity of activity necessary to achieve the project's objectives.

Example: - To provide maternal and childcare to 125 women and their newborns in Karbala by 1 December 2012.

Resource objectives/Assessment of necessary resources

Resource objectives/Assessment of necessary resources identifies specific inputs that need to be mobilized or procured in order to begin actual project operations.

Example: To establish one maternal and child health clinic in Karbala by September 2012.

Implementation objectives

Implementation objectives describe specific products that first need to be developed so that the resources required for actual project operations can be mobilized or procured.

Example: To establish a performance standard for female multi-purpose health workers, who provide MCH care services, by May 2012.

Activities

Activities demonstrate how the project will be accomplished. Component activities list the activities that need to be undertaken and the resources available to produce the outputs. Indicators represent an agreed standard of measurement, whether quantitative or qualitative, and generally relate to periods/phases within the project or intervention. Indicators assist in verifying whether the overall goal, the project purpose or a result has been reached. Indicators can be direct or indirect. In correlation to objectives, indicators need to be constructed in a way that conveys the details about the implementation of an objective in terms of quantity (how much?), quality (how?), time (when?), and place (where?). Indicators provide the basis for monitoring and evaluating projects or interventions.

Examples of qualitative indicators:

Indicators	Variable	Possible Values
Imminent famine	Animal feed is used for human consumption	yes, no, don't know
Safety, security	Access to health posts controlled by the opposition party can be negotiated	yes, no, don't know

Examples of a quantitative indicator:

Accessibility of First Line Health Services (FLHS)

$$\frac{\%\text{ of population within 1 hour of walking distance from FLHS}}{\text{total population}}$$

Ideal characteristics of indicators:

- Relevant - indicators should apply to project objectives and targets
- Valid - indicators should be capable of measuring the phenomena
- Objective - there is low inter-observer variation
- Non-invasive - assessing and measuring indicators produces minimal side effects
- Timely - it should be possible to collect, analyze and report the data in a reasonable period of time
- Sensitive - indicators should be sensitive to changes in the situation being observed
- Technically feasible - indicators should be capable of being assessed or measured with the skills available

The above characteristics should be reflected in every indicator. There are 5 steps in the

formulation of an indicator:

Step 1: Identify the indicator
Step 2: Determine the quantity
Step 3: Define the quality
Step 4: Specify the time frame
Step 5: Define the location

As with objectives, indicators should follow the **SMART** checklist.

Specific:	Indicators need to be specific and to relate to the conditions the project seeks to change.
Measurable:	Indicators need to be precise and measurable to allow for analysis of data.
Attainable:	Indicators must be attainable at a reasonable cost using an appropriate collection method.
Relevant:	Indicators need to be relevant to the information needs of the people who will use the data.
Time bound:	Indicators need to be collected and reported at the appropriate time in order to influence management decisions.

Indicators for project results should not be a summary of what has been stated at the activity level, but should describe the consequences. Often it is necessary to establish several indicators for one objective; together these provide reliable information on the achievement of objectives.

Objectively Verifiable Indicators

Objectively verifiable indictors (OVls) measure actual results against planned or expected results in terms of quality, quantity and timeliness. Indicators are regarded as objectively verifiable if different people reach the same results by using the indicators to measure whether a project result has been achieved or to determine if progress is made towards the achievement of a result. In the ZOPP/logical framework approach, OVls should be formulated whenever possible.

OVls should be clearly defined during the stage of identification and formulation. During the implementation stage, and once additional information becomes available and the demands of monitoring become apparent, OVls will need to be specified in greater detail. Care should be taken to ensure that the OVls for the project purpose - the project's "centre of gravity" - incorporate in practice the notion of "sustainable benefits for the target population". In addition, the costs of periodically assessing and measuring indicators, and the time and human resources required needs to be taken into account when constructing indicators.

Assumptions

Assumptions are circumstances or conditions that are important to the success of a project, but are beyond the direct control of the project. Assumptions are an important aspect of project planning and need to be identified in order to ensure smooth project implementation. Assumptions answer the question: What external factors are not influenced by the project, but may affect its implementation and long-term sustainability? Furthermore, since the project cannot achieve all the objectives identified in the objectives tree, the objectives not included in the intervention logic remain as external factors outside the project. They affect the project's implementation and long-term sustainability but lie outside its control. These factors must be considered if the project is to succeed and should be included as assumptions into the planning exercise.

The source of information and means of verification (MOV) (means of collection) should be established for each indicator. MOV should test whether or not an indicator can be realistically measured at the expense of reasonable amount of time, money and effort. MOV also states the time and method of information collection. The different means (or sources of verification) of information collecting should be considered when choosing appropriate indicators during the planning exercise. MOV can be routine documents of the health services such as monthly or yearly reports, records from outpatient departments or other health institutions, surveys, interview reports, etc. A good health management information system should provide most of the defined indicators for a health project or intervention.

For some indicators it may be necessary to conduct a baseline study prior to the project or intervention. Baseline studies present a description of existing conditions to provide a starting point against which progress can be assessed or comparisons made, i.e., baseline studies describe indicators at the start of the project with enough precision to allow for later evaluation. Baseline data helps measure departments or other health institutions, surveys, interview reports, etc. A good health management information system should provide most of the defined indicators for a health project or intervention progress against the situation that prevailed before the project's implementation. When collecting and comparing data with the initial assessment (data) in order to measure change over the life of a project, the same indicators must be measured in the same population using the same methodology. Baseline studies are normally cost intensive making it necessary to plan ahead and ensure that adequate resources are budgeted.

Work-plan and schedule of activities

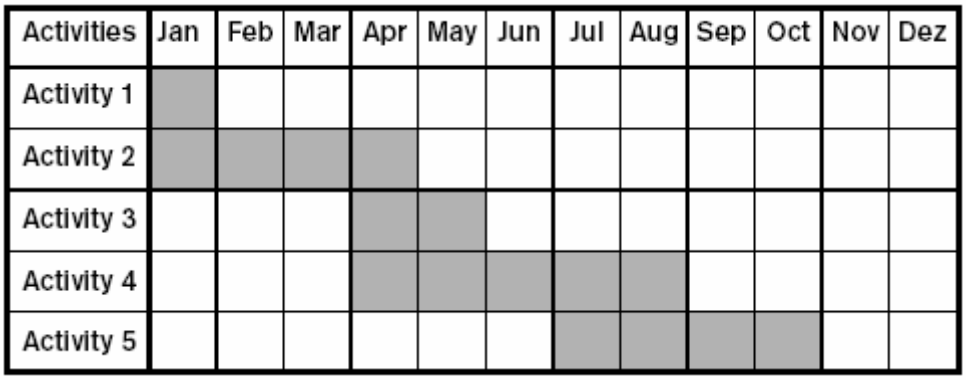
Once the project planning matrix is completed and generally during the formulation phase, additional operational details can be added to the project plan. Operational details are generally presented in work-plan and schedule of activities formats in project documents. These formats are methods of presenting project activities in a logical sequence and illustrate any dependencies that exist between activities. Work-plan and schedule of activities also serve as a basis for allocating management responsibility for the completion of activities. Also, it is important to note that an overall project schedule may only specify activities on a quarterly or monthly basis, while an individual's quarterly work-plan may use a weekly format.

The information contained in a work-plan can be summarized in a graphical format called a Gantt Chart. A Gantt Chart is a calendar which indicates when project milestones (immediate targets) are to be reached and the periods in which activities are to be carried out. A Gantt Chart is sometimes referred to as an action plans

A Gantt Chart

- helps to layout visibly the tasks that need to be carried out
- provides the basis for scheduling the completion of tasks
- helps plan the allocation of resources necessary to complete the project
- helps in identifying the critical path for a project in order to meet the completion date

Example of a Gantt Chart



Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dez
Activity 1												
Activity 2												
Activity 3												
Activity 4												
Activity 5												

Using the Gantt chart it is possible to further develop a more detailed schedule of activities that states the persons responsible for the activity, the necessary resources and costs involved. This detailed schedule becomes the central working document for daily project management. In addition, the schedule serves as a monitoring tool ensuring that activities are delivered within costs, on time and to a specific standard of quality.

Example of a Schedule of Activities

No.	Activity	Indicator/ Target	Time frame	Responsibility	Hum. Res. needs	Material, needs	Costs	Remarks
1.1 1.1 1 1.1 2 1.1 3 1.2 1.2 1 1.2								

Monitoring

In the project planning cycle we indicate an on-going activity which is called monitoring. In the systems approach, monitoring is part of the planning process. When we speak of monitoring we are referring to the control of the process of project or programme implementation. Thus, monitoring is about controlling human resources, the physical environment, materials and sup-plies, equipment, budget and time. Monitoring involves the routine gathering of information with which to make informed decisions for project management. Monitoring is done through observation, checklists and inventories, the study of records and documents and conversations with staff. In addition, the operational plan aids in this continuous control of the implementation of planned activities by serving as a monitoring tool to ensure that activities are delivered within costs, on time and to a specific standard of quality.

Monitoring is an essential management practice that allows managers to assess the current project situation, identify problems or barriers and readjust plans if necessary, keep project activities on schedule, and measure progress toward expected results. As such monitoring is interlinked with evaluation. For example, results of monitoring activities may lead to the decision that there is a need to analyze in more detail the situation so that the project can be successful in reaching its objectives.

Examples of monitoring activities

Monitoring human resources

- ensuring the fulfillment of work-plans
- posting personnel according to needs
- replacing personnel in case of absence
- observing unusual staff absenteeism and identifying the causes
- in order to improve the situation
- maintaining peaceful work relations and mediating in conflicts Monitoring human resources is different from supervision. Supervision deals with the performance of health personnel, how they work and if their work is according to quality standards and set norms and regulations

Monitoring the budget

- assigning the budget to different items and establishing mechanisms for controlling expenditure
- establishing a budget for necessary incidental expenditures
- documenting expenditure in a transparent way
- regularly analyzing expenditure
- planning for budgetary adaptations

Budgetary issues are crucial for smooth project implementation since the performance of certain activities often times depends on money. As such, the development of a budget is part of the planning exercise and the control and adaptation of expenditure is part of monitoring (see also module 8 Financial Management and Health Care Financing).

Monitoring time

- developing an annual, monthly, weekly plan of recurrent and routine activities
- elaborating on a work-plan for personnel
- developing a work-plan for specific activities (e.g., out-reach activities, etc.).

Work-plans and the schedule of activities represent the basic documents for project monitoring. These plans assist in the co-ordination of different activities by helping to avoid duplications of activities, allocating the use of resources, such as vehicles, among staff members, and ensuring information is appropriately and timely distributed. Monitoring time is essential to ensure that project activities are on schedule, to minimize project costs and enhance effectiveness.

Please note that in literature, the terms monitoring and evaluation are at times used indistinctively. The terms supervision and monitoring are sometimes also used interchangeably in reference to the assessment of personnel and the control activities. Yet, it is important to differentiate between these terms since they refer to different situations and steps in the planning process and incorporate different objectives and aims.

In summary, monitoring has two aims:

1. To control the implementation of the plan
2. To ensure the quality of planned activities

Module 5: Important Management Themes in Health Care

Module Objectives:
1. Understand the approaches to partnership in health care
2. Understand the basics of ethics and patients' rights in health care
3. Understand the basic concepts of Quality Improvement and Quality Management

Session 1: Partnership in Health Care
Session 2: Ethics and Patients' Rights
Session 3: Quality Improvement and Quality Management

Evaluation/ Assessment
Questions and answers, participants' summaries, trainer's evaluation

Estimated Training Time
5 hours

Session 5.1: Partnership in Health Care

Specific objectives of the session

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

- Define partnership;
- Explain types of partnership;
- Understand the importance of partnership in health care services;
- Describe approaches for developing partnership
- Understand the approaches to develop and maintain partnership among organizations in the district of health.

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, discussion in plenary

Resources

- Reference material/handouts: Introduction to partnership, types of partnership, advantages of partnership, key approaches to partnership, mutual agreement, communication and development of networking, factors facilitate development of partnership and constrains to partnership
- Other*:* flipchart, markers, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

1/1\2 hours

Session Plan

Objective	Content	Methods/ Activities
1. Define and understand partnership **2.** Explain and list types of partnership **3.** Understand the importance of partnership in health care services **4.** Describe approaches for developing partnership **5.** Understand the approaches to develop and maintain partnership among organizations in the district of health	1. Introduction to partnership - Partnership definition 2. types of partnership - Why partnership 3. Advantages of partnership - When resources are scarce there is an obvious need to share the limited resources. - Partnership makes the most efficient and effective use of resources while avoiding duplication. - Significant health problems always have environmental, social, economic, political and legal determinants. These multiple determinants of health problems may only be addressed through combined efforts by various sectors 4. Key approaches to partnership, mutual agreement, communication and development of networking 5. Factors facilitate development of partnership, constrains to partnership	**1.** Minilecture on basic concepts of partnership in health care (15 min) **2.** Q&A" what is partnership" (20 min) 3. Discussion in plenary (20 min) **4.** Mini-lecture followed by Q&A on the key ways to develop networking and communication (15 min) **5.** Minilecture (20 min

Session 5.1: Partnership in Health Care

Background Information

Multisectoral collaboration is one of the prerequisites of primary health care (PHC). In order to provide quality services in the district, facility team management needs to work collaboratively with their colleagues, who may include individuals from other government departments within the district, as well as people from other organizations, which may be public and private, whether or not belonging to the health sector. In this unit you will explore in detail the importance of partnership in the district. It is necessary to consider the character of various organizations and the community. Organizations differ in many ways, and knowing something about the character of organizations will help you to foster partnership with them. The issues to be addressed in this unit concern the types of partners you may need to collaborate with and the approaches that may exist which can be used to foster partnership.

What is Partnership/Collaboration?

Partnership means voluntary joint action or decision-making in a harmonious and supportive way, for a common goal and outcome. It involves all players or stakeholders at district level who, through their actions, will influence health services delivery at any of the health delivery points in the district. Partnership and collaboration will be used interchangeably.

Types of Partnership

There are two types of partnerships described in this module. The first type of partnership is between organizations providing health and health-related care in a district. The second type is between organizations providing health and health-related care and the community.

Why Partnership?

Isolated efforts have limited impact because experiences, expertise and lessons learnt are neither shared nor concentrated. With effective collaboration, each organization can focus on its strongest areas. By cooperating with interested parties, facility team may be able to provide broad-based and high quality health services to those who need them.

Advantages of partnership in health care

- When resources are scarce there is an obvious need to share the limited resources.
- Partnership makes the most efficient and effective use of resources while avoiding duplication.
- Significant health problems always have environmental, social, economic, political and legal

determinants. These multiple determinants of health problems may only be addressed through combined efforts by various sectors.

- Through collaboration, organizations may identify common areas of interest and they may pursue activities in similar standards. Eventually they may develop common policies and thus increase a common sense of direction.
- Monitoring of progress is easier when efforts and technology are harmonized.
- Combined health interventions or programmes may be more responsive to specific health needs of a particular area or community than multiple isolated efforts.
- Exchange of data, information and networking may improve the approaches of individual partners and sustain the capacity of large programmes that cover many areas. Such exchange and sharing of information may make an organization avoid mistakes, learn from the problems and successes of others, and avoid wasteful and unnecessary activities. It may also benefit the design, implementation and evaluation of programmes in all kinds of fields including health, education, home-based care, etc.
- Maintenance of equipment may be both convenient and inexpensive when technical inputs are made compatible.
- When organizations coordinate, they can assign activities to those organizations that are best qualified to carry out those activities, thus putting an end to duplication of services. This should free both funds and personnel to take on new activities, thereby broadening the scope of the services provided.
- Collaboration brings greater influence. When all service-providers speak with one strong voice, they are much more likely to be heard, respected and answered.

In summary, collaboration among partners builds solidarity and reduces unnecessary competition and uncertainties among stakeholders while addressing major health problems. Therefore, organizations need to remove doubts they may have about each other if they are to establish and develop a spirit of cooperation.

Approaches to Partnership

It is important to understand the range of approaches in developing inter-agency partnership. Approaches to develop partnership include organizational-bureaucratic approach, mutual agreement and development of networking to link organizations.

Organizational-bureaucratic approach

The organizational-bureaucratic approach lays emphasis on control systems whereby management uses its techniques of control, direction and planning to influence other people to come together. Some policies, rules and regulations created by government and other large organizations are meant to achieve more collaboration. For example, a policy on the control of epidemics such as cholera or plague influences organizations to work together.

Mutual agreement

Mutual agreement as an approach sees organizations as different, competing and decentralized, but these features are also seen as positive. Coordination in this form is not through imposition from above, but rather through mutual negotiation or informal mechanisms. Coordination can be achieved by agencies adjusting their activities to those of other organizations. Organizations have their own interests to pursue and try to influence decisions of other agencies through manipulation, bargaining or negotiation. For example, while working with the community a health care organization may wish to adjust its working regulations to fit with those of the community in order to work with them.

Development of Networking

In all health care organization, there are individuals and institutions that have connections or channels with other influence with other individuals or institutions. This leads to the development of organizational net- working. Management has to devote time and attention to these lateral and horizontal approaches and not to concentrate only on activities within the structure of the organization. For example, inter-person- al relationship may influence a link within organizations which were once not working together.

Communication

Achieving a common understanding is very crucial for the success of any partnership. To arrive at a common understanding, there has to be good and effective communication, where messages are conveyed with a shared meaning in a two-way manner between the parties involved. Often, conflict arises because of barriers to communication. Such barriers could be difference in perception, lack of knowledge, prejudice or bias, among others.

Partnership between Organizations

In order to provide clients with the best and most accessible health services possible, the facility team management needs to work collaboratively with other organizations in both the public and private sectors available in the district. It is very important for the facility team management to coordinate all elements of health programmes in the district and PHC center.

Characteristics of an Organization

Before entering into partnership you would like to know your partner better. It is therefore good to consider briefly what determines the character of an organization. Organizations are defined as collections of people joined together in some formal association in order to achieve group or individual objectives.

Organizations are characterized by:

- The purpose of the organization. For example, the purpose of a religious organization is obviously different from that of a transport company. Sometimes the differences of purpose or intentions are not all that clear. "Hidden" goals and objectives may exist that may even be different for departments and individuals working in the same organization.
- The people, who are associated with the organization, their attitudes and values, their aspirations, their experience of different types of work, etc.
- The strategies and tactics, as evidenced from plans and policies. These strategies may relate to services provided, intended target group and area, finances and personnel. Also, strategies may differ to the extent that they may encourage or discourage innovation and change.
- The technology or equipment they have. A research institute may have computers and information/communication equipment; a transport firm has vehicles, equipment and expertise for maintaining and repairing cars.
- The environment in which the organization is operating. This environment consists of individuals, groups, and, most importantly, other organizations, which have their own internal
- Complexities and sources of stress and strength. A church hospital works in a partly different environment from a government hospital.
- The structure of roles and relationships, which is partially revealed in organizational charts and job descriptions, but extends to the content and form of control systems and administrative structure.
- The culture of the organization, which consists of its shared values and beliefs. This culture creates special patterns of thinking and feeling within each organization. Large government and donor organizations may have a bureaucratic culture very different from the organizational culture of a local NGO.

Organizations Existing in District

Within a district there are usually many organizations that are involved in health or health-related services. These organizations may be:

- religious organizations;
- private for-profit organizations;
- NGOs;
- local-government organizations (water, community development and other departments);
- government organizations (including central, regional and provincial governments);
- donor organizations;
- political organizations;
- civic organizations;
- Community-based organizations.

Factors Facilitating Partnership

- Promoting partnership may be difficult and there are usually obstacles or constraints in the way. There are also factors that make it easier to achieve your aims.
- It is good to know what factors encourage partnership. Knowing those factors may help you to create the right climate for partnership and to recognize opportunities for collaboration when they arise.

Examples of factors that promote partnership between organizations include:

- **Clear purpose and commitment** to inter-organizational partnership by all partners. This is sometimes called "political will".
- Partnership at all levels. Partnership is easier to achieve if there is a **national framework** for facilitating a similar process at regional, district and community levels.
- Partnership is facilitated by **decentralization.** Decentralization provides district managers with decision-making authority over resources that facilitate partnership.
- **Joint planning** makes a useful contribution to partnership because planners join in efforts to identify and agree on problems, setting objectives, identification of resources, budgets, timetables and procedures.
- Sometimes **formal rules, regulations and procedures** indicate where different agencies can make common use of resources such as finance, personnel and transport. Agencies in various sectors should review their policies and regulations to make provision for collaboration and joint decision-making procedures.
- Intersectoral coordination can be further encouraged when workers at various levels **maintain contact** with workers at similar levels in other organizations. Such "lateral" contacts should be encouraged both in formal and informal ways. When regular contacts exist between many individuals in different organizations they form a network to facilitate partnership.
- In many respects, effective partnership depends on the **development of a collaborative style of interpersonal relationship** both within and between organizations. There is also a need to trust others and reward initiatives of individuals fostering partnership.

The health information systems use indicators that measure progress in key areas of PHC activities, health status and quality of life contributed by multiple agencies. If organizations are already used to **innovation and inquiry** to guide their inter agency partnerships it will be easier to establish partnership.

Constraints to Partnership

If you intend to work together, it is important to foresee and identify possible problems of collaboration and seek ways of solving them. Problems in collaboration are related to differences in organizational structures, cultures, procedures (e.g. financial, administrative) and

professional ideologies and values.

Examples of constraints to partnership:

Problems related to organizational purpose and structure

- Different policy priorities held by different organizations. For instance, interests and priorities of individual districts and local organizations are sacrificed when collaborating with large international organizations that have their own agenda.
- Establishing relationships with local partners is difficult when partners are still under central control and are lacking autonomy.
- Partnership is further made difficult when agency boundaries are different. A diocese may have facilities spread out over several districts and regions, while a particular facility team management is only interested in providing health facilities in its own district.
- Some organizations may view partnership as a threat to their established role or responsibility, or causing a loss of autonomy or abdication of their leadership role. These fears exist in every organization but they tend to be most pronounced among weak or young organizations.

Problems related to differences in procedures

Organizations operate according to their own management and planning systems and procedures that may be incompatible with those of other organizations. Such different systems include:

- planning horizons and cycles;
- budgetary cycles and procedures.

Problems related to finances

Collaboration may be difficult because many organizations have insufficient resources to be used in joint programmes and the considerable costs involved in establishing and maintaining collaboration. Even those who have enough resources to commit may find it difficult to share them with others because of differences in funding sources, funding mechanisms and flow of finances. This is due to the regulations which give guidance on how the funds should be used.

Problems related to professional differences

Professional differences that may come in the way of collaboration include:

- differences in ideologies and values;
- professional self-interest and concern for threats to autonomy;
- conflicting views about the roles and views of health service users.

Problems related to status and organizational culture

- Organizational members may hesitate to collaborate because they may fear loss of autonomy and bureaucratic control.
- Mistrust and conflict may further be based on differences in organizational culture (an example may be the difference in attitude toward family planning between the government and religious organizations).
- Donors and NGOs often compete for access to national policy-makers and specific districts.
- Fear of revealing secrets or weakness. Organizations may feel that they have to share innovative
- ideas and methods, which they believe give them advantage over the competition, or they may fear that their weaknesses will be exposed. These issues of competition and pride must be taken into account.
- Fear of being used. Managers of some organizations may worry that another organization will use them for its own benefit. Making effort to open communication channels and to understand the interest of other organizations can minimize these fears.

Developing Coordination among Organizations in the District

Mapping collaborators and collaborative activities

When many organizations are involved in improving health and health-related services, the facility team management may want to sort out which organization is offering what type of services and whether there is any duplication in the provision of services. The facility team management can do this by constructing a function allocation chart, as shown in the following example.

How to improve partnership among organizations in the district

In order to improve partnership among organizations in the district, the facility team management should call a meeting, propose draft agenda and suggest organizations that might send a representative to the meeting. During the meeting:

- allay the fears and highlight the advantages of partnership;
- establish working procedures of the group, such as frequency of meetings and sharing of information through reports;
- conduct a function allocation exercise to see who is currently doing what and to identify gaps and redundancies;
- define the key areas for coordination, and specify the desired changes and expected results;
- record the discussions and agreements reached;
- set a date for next meeting.

Techniques to influence relationships

The following techniques can be used in the process of influencing relationships:

- personal informal interactions, e.g. hospitality: lunch, visits and entertainment;
- co-opting or incorporating individual groups or organizations to boards or advisory committees;
- bargaining on the exchange of valued scarce resources;
- agreeing on common pricing standards;
- contractual agreements;
- technological advancement through training, exchange of information and joint research.

Conditions for successful coordination

Successful coordination is more likely to occur when:

- facility team understands how to carry out coordination activities;
- facility team members and staff from other organizations can be shown that there are common or complementary goals among organizations;
- there is a clear analysis and agreement on the kind, amount and quantity of the resources that are needed and available;
- a realistic and equitable system for the exchange of resources can be worked out;
- there is a formal agreement on cooperation between organizations;
- key people and groups in the organizations agree on the importance of collaboration;
- it can be shown that there is the potential for a larger reserve of total resources if activities are coordinated;
- specific proposed coordination activities are set in the context of a broad range of goals and activities, rather than in a narrow, activity-specific framework;
- the participating organizations are linked structurally and/or functionally (e.g. presence of advisory committee, having similar programmes, reciprocal obligations);
- organizations recognize or can be convinced that they are mature enough to collaborate with others rather than being entirely concerned with their own activities only;
- collaboration is present and recognized as a viable alternative to competition and conflict;
- organizations can be shown that, without collaboration, other organizations may take over functions or activities perceiving them to be in their area of interest, responsibility or their competence;
- there is mutual respect, especially of differences, respect of promises and commitments, transparency and openness.

- Collaboration/partnership will only take place if someone takes the initiative and perseveres. It requires a persistent effort. If no collaboration is taking place in your district, it may be that no organization has recognized the need for it or is willing to lead the coordination effort. This provides managers with an opportunity to take the lead. When he does so, it will be effective if it guides the process rather than trying to control it. It takes a lot of time and effort to initiate and maintain partnership or collaboration. Try to keep the effort from being abandoned before the benefits can be realized. PHC clinic members who are responsible for initiating partnership need to have skills in negotiation, problem-solving and teambuilding.

Session 5.2: Ethics and Patients' Rights

Specific objectives of the session

At the end of the session the participants:

- Define ethics and patients' rights as they relate to primary care
- Cite several ethical dilemmas a primary care provider may encounter on a daily basis
- Identify the rights and responsibilities of patients as defined by the Patients' Rights Charter

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Mini-lecture, discussion in plenary

Resources

- Reference material/handouts: Introduction to ethics and patients' rights, standards and guidelines in medical ethics, responsibilities of health care providers and roles of patients
- Other*:* flipchart, markers, LCD projector

Evaluation/assessment

Questions and answers, trainer's observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

1/1\2 hours

Session Plan

Objective	Content	Methods/ Activities
1. Define ethics and patients' rights as they relate to primary care	**1.** Introduction to ethics and patients' rights - Definition and background	**1.** Minilecture followed by Q&A on basic concepts of ethics and patients' rights (30 min)
2. Cite several ethical dilemmas a primary care provider may encounter on a daily basis	**2.** Standards and guidelines in medical ethics - treatment and test - Alternative medicine - compliance	**2.** Minilecture followed by Q&A (30 min)
3. Identify the rights and responsibilities of patients as defined by the Patients' Rights Charter	**3.** Responsibilities of health care providers and roles of patients	**3.** Discussion in plenary , trainer distributes Patients' Rights Charter in Iraq (30 min)

Session 5.2: Ethics and Patients' Rights

Background Information

Ethics are defined as the underlying moral principles of a society or group. In short, ethics seek to distinguish right from wrong. ***Medical ethics*** are the system of moral principles designed to apply values and judgments to the practice of medicine. Historically, medical ethics has focused on the duties of physicians to their patients. The Hippocratic Oath, with its directive to "first do no harm" dates from the 5th century BC. Early modern religious thinkers such as Ishaq bin Ali Rahawi, Maimonides, and Thomas Aquinas helped define medical ethics within the framework of their religious traditions and sacred texts. Modern medical ethics have had to evolve rapidly to address advances in science and technology. Today, medical ethics apply not only to doctors, but all types of service providers, patients themselves, and other third parties involved in the health care system. This section focuses on how ethics relate to the provision of primary health care services. We will discuss common ethical dilemmas faced in the primary health care setting, and provide guidelines as to how to address difficult situations in an ethical manner.

Professional Standards and Guidelines in Medical Ethics

Treatment and Tests

As simple as it seems, following articulated clinical services guidelines is a service provider's first step towards fulfilling his or her ethical obligations. When a patient presents with a specific complaint or condition, the service provider must follow the standard of care, based on the best scientific evidence available. The service provider should provide the optimal level of care – and no more. This includes:

- **Not prescribing unnecessary antibiotics**. Patients may request or expect to receive antibiotics. However, if antibiotics are not indicated, over prescription leads to bacterial resistance and creates a larger public health problem.
- **Not administering unnecessary diagnostic tests**. Sometimes, service providers prefer to run as many tests as possible, both to reassure patients and avoid liability. However, "in circumstances where there is no plausible chance that the outcome of the test will affect the subsequent management of the case, there is no rationale for the test"[7]. In these situations, performing unnecessary tests 1) wastes valuable time and clinic resources, 2) may delay care for other patients for whom the test is necessary, 3) may result in a false-positive that will result in even more unnecessary treatment and worry.

Sometimes this is difficult when patients become angry and insist on specific medications or tests. It is the responsibility of the service provider to calmly explain his/her rationale to the patient and stick to the clinical guidelines.

[7] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 9.

Alternative Medicine

Service providers may encounter patients who prefer or simultaneously look to traditional or *alternative medicines* because of their religious or cultural beliefs. Alternative medicine is a broad term and has been defined to include:

A broad domain of health resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.[8]

While it is important for primary care providers to respect the culture and beliefs of their patients, certain alternative medicine approaches may pose ethical dilemmas. Some patients may be giving large amounts of money to charlatans whose alleged treatments have no evidence of effectiveness.

Primary care providers should be aware of existing alternative approaches in the communities where they work, if these alternative approaches have shown any proven effectiveness, and whether there are potential harmful side effects in combining alternative with modern treatment options. While choice of treatment is ultimately up to the patient, the primary care provider should give the patient as much information as possible to make an informed decision.

Compliance

Noncompliance refers to patients who do not take medications as prescribed or who do not follow medical recommendations. Noncompliance is a common occurrence in primary health care. Studies show that average adherence to long-term drug regimens is only 50-65 %.[9] Noncompliance is costly and can be dangerous for patients and for others (for example, patients with a communicable disease like TB who do not take their medications risk infecting others). This is where the primary care provider faces an ethical dilemma. When dealing with noncompliant patients, providers should consider their duty to:

- **The noncompliant patient**: primary care providers to seek to understand *why* the patient is noncompliant (misunderstanding of procedures, cost, choice, etc.) and work to remove any barriers to compliance. Observational therapy, for example, has proven effective in managing noncompliant TB patients.
- **Society as a whole**: When a noncompliant patient poses a health risk to others, public health measures may be indicated. For example, in many jurisdictions there are mandatory reporting laws for sexually transmitted diseases. In the case of highly infectious, dangerous diseases, quarantine may be warranted.

[8] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 29.
[9] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 42.

Confidentiality and Trust

Disclosure of information to patients

That primary care providers should tell the truth to their patients seems obvious. And while outright lying to patients is rare, ethical questions arise when providers attempt to "soften the truth" by withholding certain information. These lies of omission occur when providers feel that patients need to be protected from the truth.

As difficult as it may be to break bad news, being truthful with patients is necessary to maintain a relationship of trust. If the patient discovers later that a care giver has been untruthful, the relationship is irrevocably harmed. The table below lists twelve important tips for breaking bad news to patients:

Twelve Tips for Clinicians Breaking Bad News to Patients[10]

Preparation:

- Set aside adequate time for a discussion
- Provide privacy and a conformable setting
- Come prepared with information and a plan
- Sit, and if appropriate, touch the patient
- Warn the patient that you have something difficult to discuss

Discussion

- Speak straightforwardly and get right to the point
- Keep terms simple and check for understanding
- Watch for nonverbal cues and be aware of your own
- Acknowledge and address strong emotional reactions
- Allow the patient time to express fears and worries

Follow-up

- Schedule follow-up with yourself and consultants
- Be available

Disclosure of patient information to third-parties

Confidentiality, or the promise not to share private personal information, is fundamental to the primary care provider-patient relationship. Without this guarantee of privacy, patients would be unlikely to share all relevant personal information needed for their diagnosis and treatment.

Most rules about confidentiality are very straightforward. For example, a provider may not:

- Discuss a patient's private information with the patient's family or employer without his/her consent.

[10] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 142.

- Discuss a patient's private information with the provider's own family and friends.
- Discuss a patient's private information with other patients or in a setting where it can easily be overheard by third parties.
- Discuss a patient's private information with other providers, unless directly asking them for a referral or second opinion.

However, some circumstances require a provider to break confidentiality. These circumstances include:

- Disclosure of a child's medical information to a parent or guardian.
- Disclosure of an incapacitated patient's medical information to a guardian or next of kin.
- Disclosure to innocent third parties, for example, of sexually-transmitted infections.
- Disclosure if a patient is violent, and intends to harm either him/herself or a third party.

Informed Consent

Importance of Informed Consent

The purpose of informed consent is to involve the patient in the decision-making process involving his or her treatment and care. Informed consent not only protects providers from liability, but also ensures that both the provider and patient are on the same page regarding the course of treatment.

Characteristics of Meaningful Informed Consent[11]:

- ***Decision-making capacity***: For patients to play a role in treatment decisions, they must possess a minimum level of decision-making capacity or **competency**. That capacity includes 1) the ability to receive, process, and understand information, 2) deliberate, and 3) articulate their choices. Patients are presumed to be competent unless proven otherwise. If a patient is ruled incompetent, then consent may be obtained from a surrogate.
- ***Absence of manipulation or coercion***: Primary care providers must present patients with complete, unbiased information. They must present alternatives in a balanced fashion so as not to manipulate the patient. A provider may not withhold treatment if a patient chooses an alternative to the one the provider has recommended.
- ***Adequate information***: Patients must be provided with all the information they need in order to be an informed participant in the decision.
- ***Adequate understanding***: Patients must demonstrate an understanding of the nature of the decision and its consequences.
- ***Opportunity to express a preference***: Patients must be given an explicit opportunity to voice their preferences.

Refusal of treatment

When a patient refuses a recommended intervention, the primary care provider faces an ethical conflict between honoring the patient's wishes and doing what they believe is in the patient's best interest. Cultural or religious beliefs held by patients may influence their understanding of

[11] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 249-251.

their illnesses and/or their willingness to accept treatment. Patients have the ultimate right to refuse treatment; however, it must be established that the patient is able to make an *informed refusal*.

The elements of an informed refusal are similar to those of informed consent and include 1) the provider's obligation to disclose all information that the patient needs for decision making, 2) an assurance that the patient understands the issues, including the consequences of refusal, 3) consideration of the patient's capacity to decide, and 4) assessment of the voluntary nature of the refusal.[12]

Patients' Rights

In order to provide the best quality care, providers must work in partnership with their patients. Patients must be seen as stakeholders in their own evaluation and treatment. As such, patients have specific rights and responsibilities related to the care they receive. This unit explores the concept of patients' rights and how it relates to the provider-patient relationship.

What are patients' rights?

Patients' rights are the rights to which a patient is entitled as a recipient of medical care. Patients' rights are defined as the rights that health care providers are *required* to provide patients in whom they entrust their care. These rights include access to certain information, fair treatment, and control over treatment decisions.

Why patients' rights?

Safeguarding patients' rights is essential to ensuring that all citizens have fair and equal access to health care services. Patients' rights protect patients to ensure they are receiving quality care in quality facilities from quality providers. Patients' rights give them control over the care they receive.

Patients' rights charter

The Ministry of Health, in partnership with the Primary Health Care project in Iraq (PHCPI), has committed to supporting and promoting patients' rights. The Patient Rights Charter is being established as the commonly accepted standard for patients' rights. This charter outlines the rights and responsibilities of patients within the health care context.

Rights

Every patient has the following rights:

- ***Access.*** Everyone has the right of access to health care services that include 1) Use of quality diagnostic and treatment methods; 2) Emergency care; 3) Provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons; 4)

[12] Sugarman, Jeremy. *Ethics in Primary Care*. New York: McGraw-Hill, 2000; 192.

Counseling without discrimination, coercion or violence on matters such as reproductive health and HIV/AIDS; 5) Health information, in the language understood by the patient, that includes the availability of health services and how best to use such services; 6) Referral, if necessary, to another health facility; and 7) Quality provider interactions/relationships based on courtesy, human dignity, patience, empathy and tolerance.

- ***Consent.*** Everyone has the right to participate in decision-making on matters affecting one's health including 1) the provider they choose to see; 2) the facilities they utilize; and 3) the services they accept.
- ***Confidentiality.*** Everyone has the right to receive confidential health services, which include 1) health service procedures; and 2) exam and testing results.
- ***Environmental Safety.*** Everyone has the right to health services in a healthy and safe environment, which include 1) Adequate water supply; 2) Proper Sanitation; and 3) Infection Control Procedures.
- ***Equity.*** Everyone has the right to equitable quality health services regardless of their sex, gender, race, sexual orientation or religion.

Responsibilities

Everyone in the health system has a role to play in upholding patient rights, including patients themselves. In order to ensure their rights are maintained, every patient has the following responsibilities:

- Every patient must champion their health and wellness;
- Every patient must know of health facilities and access services as they see fit;
- Every patient must ask questions, so they can be informed about their health care concerns;
- Every patient must be informed about their health records/history;
- Every patient must communicate/advocate for their health care wishes/directives to the attending provider;
- Every patient must disclose the most up to date and accurate health information to their providers to ensure proper diagnosis and treatment;
- Every patient must adhere to their agreed treatment plan decided by their provider and themselves; and
- Every patient must be respectful of the rights of other patients and providers.

Role of providers

Working in partnership with patients to protect and assert their rights will ensure the best possible patient care. Therefore, health care providers at all levels must commit to being **advocates** for their patients.

Being an effective patient advocate includes:

- **Emphasizing the patient's role.** Encourage patients to take more initiative and responsibility for their care and to improve their health-promoting behaviors.

- **Obtaining informed consent**. Discuss options at length with the patients and make sure they understand and consent to all procedures and treatments.
- **Maintaining confidentiality.** Keeping medical information confidential is essential to building and maintaining patients' trust.
- **Ensuring safe and equitable access to services.** Make sure that all facilities are safe, secure, and adequately supplied. Make sure all facilities can adequately provide basic and emergency care, and that a referral system exists to provide more specialized care.
- **Fostering a culture of respect.** Be respectful of patients. Be courteous, patient, tolerant, empathetic, and treat all patients, regardless of race, ethnicity, gender, age, or disability, with dignity.

Session 5.3: Quality Management/Quality Improvement

Specific objectives of the session

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

- List common principles to improve and assure quality.
- Explain the significance of the Quality Cycle approach.
- Describe key Quality Improvement (QI) methods and tools applicable to district health management
- Identify opportunities and barriers to improving quality within health systems and services

Trainer preparation

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

Methods and activities

Brian storming, questions and answers, discussion in plenary

Resources

- Reference material/handouts: The increasing significance of 'Quality' in the Health Sector, Quality trends, theories and terminologies, quality improvement from different stakeholder perspectives, the significance of the quality cycle approach, key Quality Improvement (QI) methods and tools applicable to district health management, barriers to improving quality within health systems and services.

- Other: newsprint on easel, markers, masking tape, LCD projector

Evaluation/assessment

Questions and answers, trainer’s observation

Trainer

Experienced with management of primary health care in Iraq

Estimated training time

2 hours

Session Plan

Objective	Content	Methods/ Activities
1.List common principles to improve and assure quality	1.The increasing significance of 'Quality' in the Health Sector - increasing complexity - pressure from technology - often conflicting - increasing influence	**1.** Discussion in plenary (30 min)
2.Explain the significance of the Quality Cycle approach	**2.**Quality trends, theories and terminologies, quality improvement from different stakeholder perspectives, the significance of the quality cycle approach - Quality Control (QC) - Quality Assurance (QA) - Total Quality Management (TQM)	**2.** Minilecture on the quality trends, theories and terminologies followed by Q&A (40 min)
3.Describe key Quality Improvement (QI) methods and tools applicable to district health management	**3.**QI methods and tools applicable to district health management.	**3.** Discussion in plenary (20 min)
4.Identify opportunities and barriers to improving quality within health systems and services	**4.**Opportunities and barriers to improving quality within health systems and services.	**4.** Brain storming on the key barriers to improving quality within health systems and services. Trainer distributes: E4.1.1 "Peanut Butter and Jelly Game" (30 min)

Session 5.4: Quality Management/Quality Improvement

Background Information

We have seen that the term Quality can be used as an indicator in the process of health service analysis in terms of technical and human process quality. Here we will enlarge this approach and examine some broader concepts, methods and tools of QI that can be applied at different stages of planning and management.

Quality management and improvement is one essential tool to analyze activities and processes for further improvement. A second tool is to provide and use the necessary data basis for decision making: the health management information system; a third tool is evaluation in its different components and uses. Concerning the nine epidemiological questions we have come to the final ones:

Q. What results did we achieve? What difficulties did we encounter in trying to deal with the problem(s)?
Q. What else could we have done? What kind of assistance is needed?

4.1 Quality Management in the Health Sector

The recent increased focus on Quality within the health sector has arisen from several challenges. These challenges are generally agreed to be:

- increasing complexity of health care systems and organizations,
- pressure from technology and 'modern' medicine enabling us to do more
- (which generally means we have less money to do it with),
- often conflicting perceptions on what success looks like,
- increasing influence of the customer or service user, and
- the overall impression that change appears to be happening faster.

The increasing influence of Health Reform agendas with their emphasis on, for example, 'value for money, planning, safety and patient focus, have occurred parallel to developments in Quality Management.

But what is quality and, with this increase in complexity, how can we work towards improving it? Many frameworks or methods have arisen in the last fifty years attempting to deal with these mounting challenges and, in addition, to maintain or improve the quality of health care and services. In the 1980s the framework developed by Robert Maxwell influenced many countries and organizations. His dimensions of Efficiency, Effectiveness, Acceptability, Access, Equity, and Relevance were used in various forms at both national and organizational levels to bring about improvements in quality, with varying levels of success and differences between

countries. At about the same time, business models for improving quality increasingly influenced the health sector and the concept of 'doing the right things, right, the first time' became a common slogan amongst health leaders. Many 'gurus' of quality emerged, among them were Deming, Juran and Donobedian. Deming and Juran focused on the industry sector and in brief their message was that giving people the direction, tools and training within the right organizational culture will provide Quality results. Deming also put forward his Plan-Do-Check-Act (PDCA) Cycle which still strongly influences Quality Management Frameworks. Donobedian was a Physician who proposed that improvement in structures and processes will bring about improved outcomes. One consistent theme of all these theories is the move from a focus on Quality Control, to Quality Assurance and more recently Quality Management.

Quality Control (QC) can be defined as 'a method of sampling the output of a process with the objective of detecting and controlling preventable variations in quality. These methods are still useful in clinical- laboratory settings or hospital maintenance departments where variance is more easily controlled.

Quality Assurance (QA) can be described as all the processes and sub-processes of planning for quality, the development of objectives for quality, setting specifications for standards, actively communicating these, developing indicators, setting thresholds, collecting data to monitor compliance with standards/ specifications and applying solutions to improve health care. QA is sometimes used interchangeably with the term Quality Management.

Total Quality Management (TQM) can be described as a Management Model that is based on the participation of all its members, puts Quality first, and aims at

- satisfying customers,
- achieving long-term organizational success,
- benefiting the members of the organization,
- benefiting society.

TQM has strongly influenced current Quality Management with its emphasis on frameworks that outline improvement and assessment techniques and tools aimed at improvement in the overall performance of systems. A basic difference between QM and TQM is the strengthening of the emphasis on an organization-wide comprehensive management system including values, participation, teamwork and empowerment with (self)-improvement cycles oriented towards sustainable innovation and improvement.

Another consistent theme has been the focus on the user of services with the argument that it is this user who will ultimately experience the outcome of the service or care, be that outcome an appropriate treatment, an error, disability or death. But is the perspective of the user really that different from other stakeholders in the health sector?

Possibly it is a difference in emphasis and not perspective as demonstrated by the following

descriptions:

A Customer's Perspective

The ability and capacity of a health care system to satisfy both my known and unknown health needs and expectations, while considering the needs of my family and possibly my community.

The Professional Perspective

The proper performance (according to standards) of interventions that are known to be safe, that are affordable to the society in question, and that have the ability to produce an impact on mortality, morbidity, disability, and malnutrition. (Roemer and Aguilar, WHO, 1988)

The Managerial Perspective

Doing the right thing right, right away, the first time (Deming).

Quality Management Principles

One important aspect of all Quality Management is its emphasis on principles and the use of principles to determine what activities an organization or ser-vice should focus on. The concept underpinning this is that improvement in 'Quality' is not dependent on anyone tool or method but on a model or frame-work propelled by multiple interconnected principles. Though the choice of these principles is not universal there is strong consistency amongst principles mentioned in QM frameworks.

The ten most commonly identified principles in the health sector that leads to sustainable quality improvement worldwide are:

1. Leadership and vision
2. User Focus
3. Inter-level and inter-disciplinary team approach
4. Process approach
5. System's approach
6. Continual improvement
7. Decision-making based on data/information
8. Mutually beneficial external relationships
9. Supportive supervision system
10. Capacity building/training

But a word of warning, before suggesting these principles within any setting it is important to remember to build on the principles, methods and tools already articulated and existing in that setting that have proven to improve quality.

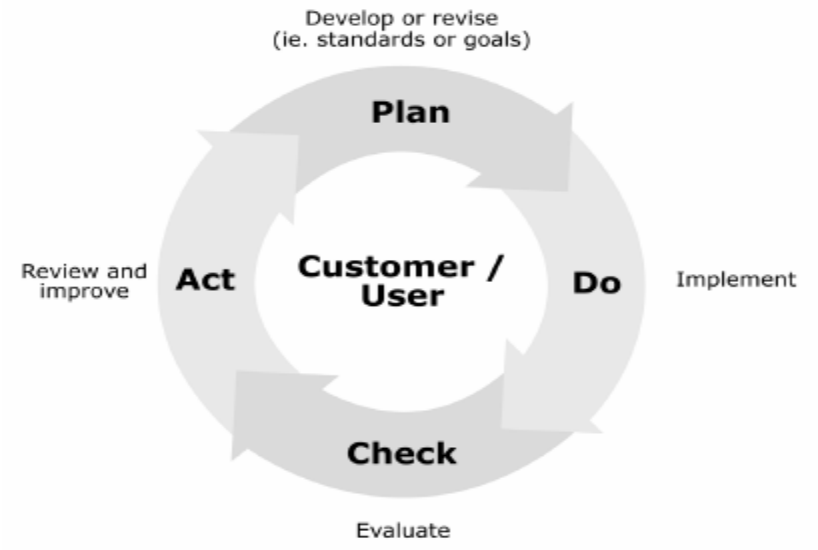
Within any agreed upon framework or model, quality improvement requires a cyclic approach of design/ planning, implementation, evaluation and improvement. Many make the mistake of

focusing only on evaluation or inspection without sufficient attention to increasing awareness about 'quality' or putting effort in the design step. A framework for quality improvement must be designed. The purpose of this is twofold, one is to provide a model for improving quality that is relevant in the local context and the other is, using this model, to increase the awareness of quality and why it is important. This framework must include those principles agreed upon by key persons and groups within the local setting. The framework must also outline those quality improvement tools and methods consistent with the principles and most suited to the local context. This could mean the development of State quality of care and service standards, clinical guide-lines, quality circles, accreditation or other evaluation processes and so forth.

The implementation process must include not only implementation of the agreed tools and methods but also increasing awareness of the Quality Framework, as well as training on the methods and tools.

Evaluation means, for example, evaluation of facilities against the quality standards, assessment of efficacy of the clinical guidelines and use of service-user satisfaction surveys or customer complaint mechanisms. The results of evaluation must be used to improve quality. A common mistake is to leave this step of the quality cycle out, so there is no learning built into the quality improvement system.

The quality cycle is a process that is an ongoing mechanism for improvement; it is a cycle of design, implementation, evaluation, review and improvement. At the centre of the cycle is the user of the care or service. Using this cyclic approach encourages a results-oriented focus, enables sustainability of improvements and directs attention away from just thinking about inputs and processes to attention on health outcomes.



Methods and Tools for Quality Management

There are many methods and tools for quality management, most are based on general management. Some important methods are:

- Accreditation
- Benchmarking
- Supervision internal/external
- Quality or Clinical 'Audit'
- Critical incidents
- Evidence based medicine
- Standards
- Practice Guidelines
- Quality Circles
- Indicators

Exercise: E.5.3.1 *Peanut Butter and Jelly Game*

Why Use This Game

- To teach that systems only work as well as they are designed.
- To teach the importance of error-proofing design.
- To show the importance of clearly documenting your process

Type of Game

A demonstration with everyone participating.

Key Concepts

- Each system is perfectly designed to achieve the results it gets.
- Clear instructions to one person may not be clear instructions to another.
- Steps early in a process may have an unforeseen impact later in that process or system.

Source, History and Resources for more information about this game comes from Quails Health, the QIO for Washington State, and its Performance Improvement Support Center.

Materials

For this game, you will need:

- Ingredients for a peanut butter and jelly sandwich (bread, peanut butter, jelly, knife)
- A pad of paper and pens for each team
- Flip chart and markers to record the key points of the discussion

Preparation

To prepare for this session:
Familiarize yourself with the session's structure and content:

- Read through the game instructions and key teaching points in their entirety.
- Practice the game itself.
- Practice presenting the key teaching points.

Prepare the room:

- Arrange chairs around a table or tables, set up to make it easy for the participants to work in small groups.
- Set up a small desk or table in the front of the room and place the sandwich ingredients on the table.
- Set up the flip chart so you can capture key points of the discussion after the game.

Playing the Peanut Butter and Jelly Game

Welcome and Introductions
To begin the game, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives
Tell participants that by the end of the session they will:
Understand that systems and processes only work as well as they are designed.
Understand what is involved in error proofing a design.
Appreciate the importance of clear documentation of steps.

Agenda
Provide a brief description of the session's primary components:
1. Background to the Peanut Butter and Jelly Game.
2. The game itself.
3. Debrief and discussion on what the game shows, and how its lessons can be applied to PHC care.
4. Feedback and close.

Background to the Game

Facilitator's note
"A system is defined as a collection of interdependent elements that interact to achieve a common purpose." It is the interaction of systems that makes them tricky to manage – something that affects one part of a system may have an unforeseen impact later on another part of the system. In thinking about making improvement, we have to under- stand that each system is perfectly set up to achieve the results it gets. If we want to change the results, we need to change the system. For example, the number of women getting gynecology consults will not improve unless you do something to change the link between the processes in your program and those in the gynecology service.

The purpose of this game is to teach the link between design and results, and to stress that decisions that make sense
when taken in isolation (like how to put peanut butter and jelly on bread) can have an unexpected impact on the result. As you play your role, stick strictly to the instructions as given, and "play up" the result. Participants will quickly grasp the relationship between clear documentation of the process and the resulting sandwich, but may need help from you to make the link to thinking about health care systems.

Key points to explain to your audience:
Explain the definition of "process" and "system." A process is a series of steps that turns an input into an output. A system is a group of processes with a common aim. A patient visit is a process. Treating diarrhea is a system.

- Mention that improving one process in a system may have an unforeseen impact on another process in a system. Most people will understand this easily; if you have time, discuss some examples of this that you or participants have encountered.
- Explain that this game will help illustrate some of the issues involved in improving processes and systems.

The Game Itself

Divide the participants into small groups. Aim for 3 or 4 groups.

- Tell each group to prepare, write down and submit the process for making a peanut butter and jelly sandwich.
- Reconvene as a large group. You, as facilitator, demonstrate each set of instructions for making the sandwich. Follow these instructions exactly as written – for example, if the instructions don't tell you to take the peanut butter out of the jar, don't take it out of the jar.
- Ask the group: do we adopt, adapt or abandon this process? Discuss why.
  If time permits, try one round of adaptation of the instructions.

Debrief and Discussion

- Review results.
- Ask the group to describe what happened:

- Aim for comments that the instructions assumed people would know to do certain things, even if they were not stated.
- Ask if this situation ever occurs in their organization, and discuss.

- Ask for feedback on your role as a sandwich-maker:

- Did you follow directions?
- Did your result reflect what the instructions contained? (Aim to get participants to see that the results perfectly matched the instructions.)
- What therefore needed to be changed, to achieve the expected result? (The underlying way of doing work
– the core instructions for making the sandwich.)

- Discuss the application of what they have learned to their own diarrhea program:

- What is the link between the current design of their care system and the results it achieves?
- What about existing process instructions? Are they clear and well understood?

- Have they made improvements that have had unforeseen consequences? How have they handled these? What might they do differently? (This can be a place to bring up the concept of PDSA: testing changes on a small scale can reveal these problems early.)

Feedback and Close

- Ask your audience for feedback on whether this session met its objectives. Take notes of their response on a flip chart, and keep it for your use in the future.
- Schedule an informal follow-up session with any audience member who wants clarification or more information on the game or the concepts you discussed.
- Thank your audience and congratulate them on their hard work and success.
- Provide sandwiches to them

Appendix
Leadership and Management Toolkits

I. How Good Are Your Leadership Skills?

Introduction

Who do you consider to be a good leader? Maybe it's a politician, a famous businessperson, or a religious figure. Or maybe it's someone you know personally – like your boss, a teacher, or a friend. You can find people in leadership roles almost everywhere you look. However, simply having the responsibilities of a leader doesn't necessarily make a person an effective leader. This is a shame because, with a little study, humility and hard work, all of us can learn how to lead effectively. So, how can you bring your leadership skills to tip-top condition? You can start by analyzing your performance in specific areas of leadership. Complete the quiz below to help you identify where you already lead effectively, and where your skills need further development. In the analysis sections underneath, we'll direct you to the resources you need for exceptional leadership.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Sometimes	Often	Very Often
1.	When assigning tasks, I consider people's skills and interests.					
2.	I am confident in myself and my ability to succeed.					
3.	I expect the most from people.					
4.	I expect higher quality work from myself than the others.					
5.	When someone is upset, I try to understand how he or she is feeling.					
6.	When circumstances change, I can easily adapt and figure out what to do.					
7.	I am highly motivated because I know I have what it takes to be successful.					
8.	I consider team morale to be important.					
9.	My actions show people what I want from them.					
10.	When working with a team, I encourage everyone to work toward the same goal.					
11.	I enjoy planning for the future.					
12.	I am able to accept constructive criticism from others.					
13.	I take time to learn what people need from me so they can be successful.					
14.	I'm optimistic about life, and I can see beyond temporary setbacks and problems.					
15.	I think that teams perform best when individuals keep learning new skills and challenging themselves, instead of					

	repeated the same tasks over and over again.					

Tallying up the scores

Instruct the participants to award themselves the following points:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

Have them add up their total score.

Score Interpretation

Score	Comment
15-30	You need to work hard on your leadership skills. The good news is that if you use more of these skills at work, at home, and in the community, you'll be a real asset to the people around you. You can do it – and now is a great time to start!
30-60	You're doing OK as a leader, but you have the potential to do much better. While you've built the foundation of effective leadership, this is your opportunity to improve your skills, and become the best you can be.
60-75	Excellent! You're well on your way to becoming a good leader. However, you can never be too good at leadership or too experienced.

Key Points

To be successful in your career, regardless of your title or position, focus on developing your leadership skills.

Effective leaders can add value simply by being present on teams. They are inspirational and motivating. They know the right things to say to people to help them understand what's needed, and they can convince people to support a cause.

When you have talented and effective leaders in your organization, you're well on your way to success. Develop these leadership skills in yourself and in your team members – and you'll see the performance and productivity of your entire team improve.

II. How Good Are Your Management Skills?

Introduction

To be a great manager, you must have an extensive set of skills – from planning and delegation to communication and motivation. Because the skill set is so wide, it's tempting to build skills in the areas of management that you're already comfortable with. However, for your long-term success, it's wise to analyze your skills in all areas of management – and then to challenge yourself to improve in each of these areas. This quiz helps you to quickly identify your areas of strength and weakness, so that you can capitalize on the former and manage the latter. We then direct you to resources that you can use to develop your skills further.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	When I have a problem, I try to solve it myself before asking my boss what to do.					
2.	I spend time talking with my team about what's going well and what needs improving.					
3.	I talk with team members as individuals to ensure that they're happy and productive.					
4.	I make decisions following careful analysis, rather than relying on gut instinct.					
5.	In meetings, I take on the role of moderator/facilitator and I help my team reach a better understanding of the issue or reach consensus.					
6.	I fully understand how the business processes in my department operate, and I'm working to eliminate bottlenecks.					
7.	When putting together a team, I consider the skills I need - and then I seek people who best fit my criteria.					
8.	I try to motivate people within my team by tailoring my approach to motivation to match each individual's needs.					
9.	I brief my team members so that they know what's going on around them in the organization					
10.	I talk to team members about their individual goals, and I link these to the goals of the entire organization.					
11.	When I delegate work, I give it to whoever is free at the time.					
12.	If I'm putting a team together, I select people with similar personalities, ages, and other characteristics.					
13.	When a conflict arises in a new team, I consider it a failure of the team and make a note not the put these team members together in the future.					
14.	When my team makes a mistake, I try to cover it up so my boss never finds out.					

15.	I think that the statement "If you want a job done well, do it yourself" is true.					

Tallying up the scores

Instruct the participants to award themselves the following points:

For questions 1-10:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

For questions 11-15:

- Every time they answered “very often” – 1 point
- Every time they answered “often” – 2 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 4 points
- Every time they answered “not at all” – 5 points

Have them add up their total score.

Score Interpretation

Score	Comment
15-30	You need to improve your management skills urgently. If you want to be effective in a leadership role, you must learn how to organize and monitor your team's work. Now is the time to start developing these skills to increase your team's success!
30-60	You're on your way to becoming a good manager. You're doing some things really well, and these are likely the things you feel comfortable with. Now it's time to work on the skills that you've been avoiding.
60-75	You're doing a great job managing your team. Now you should concentrate on improving your skills even further.

A Model of Effective Management

Our quiz is based on eight essential skill areas where managers should focus their efforts. By covering these basics, you'll enjoy more success as a team manager:

1. Understanding team dynamics and encouraging good relationships.
2. Selecting and developing the right people.
3. Delegating effectively.

4. Motivating people.
5. Managing discipline and dealing with conflict.
6. Communicating.
7. Planning, making decisions, and problem solving.
8. Avoiding common managerial mistakes.

Key Points

You need to develop and improve your managerial skills on an ongoing basis as your career develops and as you meet new managerial challenges.

Whether you manage a department or a project team, it's important to know how to get the work done right. When you're asked to achieve something with the help of others, it's complex – and you spend much of your time managing relationships instead of doing the actual work. So, you must develop not only your technical skills, but your management skills as well.

Delegating, motivating, communicating, and understanding team dynamics are some of the key skills needed. With those skills, along with patience and a strong sense of balance, you can become a very effective manager.

III. How Good Is Your Problem Solving?

Introduction

Good problem solving skills are fundamentally important if you're going to be successful in your career. But problems are something that we don't particularly like. They're time-consuming. They muscle their way into already packed schedules. They force us to think about an uncertain future. And they never seem to go away! That's why, when faced with problems, most of us try to eliminate them as quickly as possible. But have you ever chosen the easiest or most obvious solution – and then realized that you have entirely missed a much better solution? Or have you found yourself fixing just the symptoms of a problem, only for the situation to get much worse? To be an effective problem-solver, you need to be systematic and logical in your approach. This quiz helps you assess your current approach to problem solving. By improving this, you'll make better overall decisions. And as you increase your confidence with solving problems, you'll be less likely to rush to the first solution – which may not necessarily be the best one. Once you've completed the quiz, we'll direct you to tools and resources that can help you make the most of your problem-solving skills.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	Once I choose a solution, I develop an implementation plan with the sequence of events necessary for completion.					
2.	After a solution has been implemented, I immediately look for ways to improve the idea and avoid future problems.					
3.	To avoid asking the wrong question, I take care to define each problem carefully before trying to solve it.					
4.	I strive to look at problems from different perspectives and generate multiple solutions.					
5.	I try to address the political issues and other consequences of the change I'm proposing so that others will understand and support my solution.					
6.	I evaluate potential solutions carefully and thoroughly against a predefined standard.					
7.	I systematically search for issues that may become problems in the future.					
8.	I ask myself lots of different questions about the nature of the problem.					
9.	When I need to find a solution to a problem, I try to amass all of the information I need to solve it.					
10.	Making a decision is not the end of my problem-solving process.					

Tallying up the scores

Instruct the participants to award themselves the following points:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

Score Interpretation

Score	Comment
10-20	You probably tend to view problems as negatives, instead of seeing them as opportunities to make exciting and necessary change. Your approach to problem solving is more intuitive than systematic, and this may have led to some poor experiences in the past. With more practice, and by following a more structured approach, you'll be able to develop this important skill and start solving problems more effectively right away.
20-40	Your approach to problem solving is a little "hit-and-miss." Sometimes your solutions work really well, and other times they don't. You understand what you should do, and you recognize that having a structured problem-solving process is important. However, you don't always follow that process. By working on your consistency and committing to the process, you'll see significant improvements.
40-50	You are a confident problem solver. You take time to understand the problem, understand the criteria for a good decision, and generate some good options. Because you approach problems systematically, you cover the essentials each time – and your decisions are well thought out, well planned, and well executed. You can continue to perfect your problem-solving skills and use them for continuous improvement initiatives within your organization.

This quiz is based on Min Basadur's Simplex problem-solving model. This eight-step process follows the circular pattern shown below, within which current problems are solved and new problems are identified on an ongoing basis.

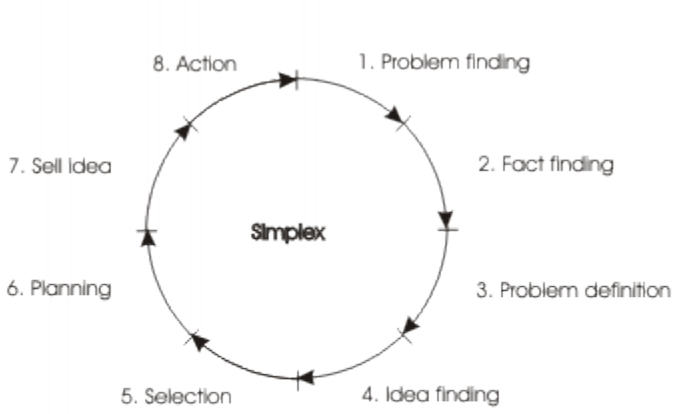


Figure 1: The Simplex Process

Below, we outline the tools and strategies you can use for each stage of the problem-solving process. Enjoy exploring these stages!

Step 1: Find the Problem
Some problems are very obvious, however others are not so easily identified. As part of an effective problem-solving process, you need to look actively for problems – even when things seem to be running fine. Proactive problem solving helps you avoid emergencies and allows you to be calm and in control when issues arise.

Step 2: Find the Facts
After identifying a potential problem, you need information. What factors contribute to the problem? Who is involved with it? What solutions have been tried before? What do others think about the problem? If you move forward to find a solution too quickly, you risk relying on imperfect information that's based on assumptions and limited perspectives, so make sure that you research the problem thoroughly.

Step 3: Define the Problem
Now that you understand the problem, define it clearly and completely. Writing a clear problem definition forces you to establish specific boundaries for the problem. This keeps the scope from growing too large, and it helps you stay focused on the main issues.

Step 4: Find Ideas
With a clear problem definition, start generating ideas for a solution. The key here is to be flexible in the way you approach a problem. You want to be able to see it from as many perspectives as possible. Looking for patterns or common elements in different parts of the problem can sometimes help. You can also use metaphors and analogies to help analyze the problem, discover similarities to other issues, and think of solutions based on those similarities. Traditional brainstorming and reverse brainstorming are very useful here. By taking the time to generate a range of creative solutions to the problem, you'll significantly increase the likelihood that you'll find the best possible solution, not just a semi-adequate one. Where appropriate, involve people with different viewpoints to expand the volume of ideas generated.

Step 5: Select and Evaluate
After finding ideas, you'll have many options that must be evaluated. It's tempting at this stage to charge in and start discarding ideas immediately. However, if you do this without first determining the criteria for a good solution, you risk rejecting an alternative that has real potential. Decide what elements are needed for a realistic and practical solution, and think about the criteria you'll use to choose between potential solutions.

Step 6: Plan
You might think that choosing a solution is the end of a problem-solving process. In fact, it's simply the start of the next phase in problem solving: implementation. This involves lots of planning and preparation. If you haven't already developed a full Risk Analysis in the evaluation phase, do so now. It's important to know what to be prepared for as you begin to roll out your proposed solution. The type of planning that you need to do depends on the size of the implementation project that you need to set up. Here, it can be useful to conduct an Impact Analysis to help you identify potential resistance as well as alert you to problems you may not have anticipated.

Step 7: Sell the Idea
As part of the planning process, you must convince other stakeholders that your solution is the best one. You'll likely meet with resistance, so before you try to "sell" your idea, make sure you've considered all the consequences. As you begin communicating your plan, listen to what people say, and make changes as necessary. The better the overall solution meets everyone's needs, the greater its positive impact will be!

Step 8: Act
Finally, once you've convinced your key stakeholders that your proposed solution is worth running with, you can move on to the implementation stage. This is the exciting and rewarding part of problem solving, which makes the whole process seem worthwhile.
This action stage is an end, but it's also a beginning: once you've completed your implementation, it's time to move into the next cycle of problem solving by returning to the scanning stage. By doing this, you'll continue improving your organization as you move into the future.

Key Points

Problem solving is an exceptionally important workplace skill.

Being a competent and confident problem solver will create many opportunities for you. By using a well-developed model like Simplex for solving problems, you can approach the process systematically, and be comfortable that the decisions you make are solid.

Given the unpredictable nature of problems, it's very reassuring to know that, by following a structured plan, you've done everything you can to resolve the problem to the best of your ability.

IV. How Good Are Your Decision Making Skills?

Introduction

Decision-making is a key skill in the workplace, and is particularly important if you want to be an effective leader. Whether you're deciding which person to hire, which supplier to use, or which strategy to pursue, the ability to make a good decision with available information is vital. It would be easy if there were one formula you could use in any situation, but there isn't. Each decision presents its own challenges, and we all have different ways of approaching problems. So, how do you avoid making bad decisions – or leaving decisions to chance? You need a systematic approach to decision-making so that, no matter what type of decision you have to make, you can take decisions with confidence. No one can afford to make poor decisions. That's why we've developed a short quiz to help you assess your current decision-making skills. We'll examine how well you structure your decision-making process, and then we'll point you to specific tools and resources you can use to develop and improve this important competency.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	I evaluate the risks associated with each alternative before making a decision.					
2.	I try to determine the real issue before starting a decision-making process.					
3.	I use a well-defined process to structure my decisions.					
4.	If I have doubts about my decision, I go back and recheck my assumptions and my process.					
5.	I consider a variety of potential solutions before I make my decision.					
6.	Before I communicate my decision, I create an implementation plan.					
7.	When communicating my decision, I include my rationale and justification.					
8.	I think that involving many stakeholders to generate solutions can make the process more complicated than it needs to be.					
9.	I am sometimes surprised by the actual consequences of my decisions.					
10.	I rely only on my own experience to find potential solutions to a problem.					

Tallying up the scores

Instruct the participants to award themselves the following points:

For questions 1-7:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

For questions 8-10:

- Every time they answered “very often” – 1 point
- Every time they answered “often” – 2 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 4 points
- Every time they answered “not at all” – 5 points

Have them add up their total score.

Score Interpretation

Score	Comment
10-20	Your decision-making hasn't fully matured. You aren't objective enough, and you rely too much on luck, instinct or timing to make reliable decisions. Start to improve your decision-making skills by focusing more on the process that leads to the decision, rather than on the decision itself. With a solid process, you can face any decision with confidence.
20-40	Your decision-making process is OK. You have a good understanding of the basics, but now you need to improve your process and be more proactive. Concentrate on finding lots of options and discovering as many risks and consequences as you can. The better your analysis, the better your decision will be in the long term. Focus specifically on the areas where you lost points, and develop a system that will work for you across a wide variety of situations.
40-50	You have an excellent approach to decision-making! You know how to set up the process and generate lots of potential solutions. From there, you analyze the options carefully, and you make the best decisions possible based on what you know. As you gain more and more experience, use that information to evaluate your decisions, and continue to build on your decision-making success. Think about the areas where you lost points, and decide how you can include those areas in your process.

As you answered the questions, did you see some common themes? We based our quiz on six essential steps in the decision-making process:

1. Establishing a positive decision-making environment.
2. Generating potential solutions.
3. Evaluating the solutions.
4. Deciding.
5. Checking the decision.
6. Communicating and implementing.

If you're aware of these six basic elements and improve the way you structure them, this will help you develop a better overall decision-making system.

Key Points

Decision-making is a skill – and skills can usually be improved. As you gain more experience making decisions, and as you become more familiar with the tools and structures needed for effective decision-making, you'll improve your confidence. Use this opportunity to think about how you can improve your decision-making and take your skills to the next level. Ultimately, improving your decision-making skills will benefit you and your organization.

V. How Good Are Your Project Management Skills?

Introduction

Whether or not you hold the official title of project manager, chances are you'll be called upon to lead some sort of project at some time. From initiating a procedural change in your department to opening a branch office in a different city, projects come in all shapes and sizes. As the complexity increases, the number of details you have to monitor also increases. However, the fundamentals of managing a project from start to finish are usually very similar. This short quiz helps you determine how well you perform in the eight key areas that are important to a successful project. The quiz is aimed at people who manage projects of a significant size, but who are not full-time project managers. However, everyone can use their answers to make sure they're applying best practices.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	When I choose suppliers, I base my decision on their ability to deliver on time as well as on price.					
2.	I prepare a specific timeline and sequence of activities, and I use this schedule to manage the overall project to ensure its timely completion.					
3.	Project teams are only temporary, so I don't worry too much about personalities. I select team members based on the technical skills I need.					
4.	I consider a variety of cost alternatives when developing my original project budget plan.					
5.	I outline clear expectations for the project team, and I manage their individual and collective performance as part of the overall project evaluation process.					
6.	When a project gets behind schedule, I work with my team to find a solution rather than assign blame.					
7.	I identify as many potential project risks as I can, and I develop a plan to manage or minimize each one of them, large or small.					
8.	I routinely monitor and reevaluate significant risks as the project continues.					
9.	I give people a deadline to complete their project work, and then I expect them to coordinate with others if and when they need to.					
10.	I define specifically what the stakeholders need and expect from the project, and I use these expectations to define and manage the project's scope					

Tallying up the scores

Instruct the participants to award themselves the following points:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

Have them add up their total scores.

Score Interpretation

Score	Comment
10-20	Oh dear. Right now, you may be focusing mostly on day-to-day activities rather than the bigger picture. If you spend more time on planning and preparation, you'll see a big improvement in your project outcomes. And you'll have more time to spend on productive work rather than dealing with last-minute surprises. As part of planning more for your projects, take time to create a development plan for the specific skills on which you scored lowest.
20-40	Your project management skills are OK, and when projects are relatively simple, your outcomes are often good. However, the more complex the projects you manage, the less control you will have and the more likely you are to deliver below expectations. Take time to improve your planning skills and prepare for the unexpected. The more time you spend on your up-front planning, the better your project outcomes will be.
40-50	You are an accomplished project manager. Few things that happen will upset you, or hurt your confidence in your ability to lead the project to a successful end. Use your mastery to help others on your team develop their project management skills. Lead by example, and provide opportunities for other team members to manage parts of the project. Also, be aware of your own strengths and weaknesses. Just as you review a project at its completion, make sure that you review your own performance, and identify what you can do better next time.

Key Points

Project management is a complex process that requires a wide range of skills.

Whether you manage projects on a regular basis or only once or twice a year, the skills learned in project management are applicable to many managerial and leadership positions.

Understanding client needs and meeting their expectations in a timely manner are universal requirements. Use the information you gain here to improve specific project management skills – as well as your general workplace skills.

VI. How Good Is Your Time Management?

Introduction

How often do you find yourself running out of time? Weekly, daily, hourly? For many, it seems that there's just never enough time in the day to get everything done. When you know how to manage your time you gain control. Rather than busily working here, there, and everywhere (and not getting much done anywhere), effective time management helps you to choose what to work on and when. This is essential if you're to achieve anything of any real worth. We've put together a Time Management Quiz to help you identify the aspects of time management that you need most help with. The results will point you to the specific tools you need to use to gain control of your time, and start working efficiently.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	Are the tasks you work on during the day the ones with the highest priority?					
2.	Do you set aside time for planning and scheduling?					
3.	Do you know how much time you are spending on the various jobs you do?					
4.	Do you use goal setting to decide what tasks and activities you should work on?					
5.	Do you know whether the tasks you are working on are high, medium, or low value?					
6.	When you are given a new assignment, do you analyze it for importance and prioritize it accordingly?					
7.	Do you find you have to take work home, in order to get it done?					
8.	Do distractions often keep you from working on critical tasks?					
9.	Are you stressed about deadlines and commitments?					
10.	Do you find yourself completing tasks at the last minute, or asking for extensions?					

Tallying up the scores

Instruct the participants to award themselves the following points:

For questions 1-6:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

For questions 7-10:

- Every time they answered “very often” – 1 point
- Every time they answered “often” – 2 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 4 points
- Every time they answered “not at all” – 5 points

Have them add up their total score.

Score Interpretation

Score	Comment
40-50	You're managing your time very effectively!
20-40	You're good at some things, but there's room for improvement elsewhere.
10-20	Ouch. The good news is that you've got a great opportunity to improve your effectiveness at work, and your long term success!!

Key Points

Time management is an essential skill that helps you keep your work under control, at the same time that it helps you keep stress to a minimum.

We would all love to have an extra couple of hours in every day. Seeing as that is impossible, we need to work smarter on things that have the highest priority, and then creating a schedule that reflects our work and personal priorities.

With this in place, we can work in a focused and effective way, and really start achieving those goals, dreams and ambitions we care so much about.

VII. How Good Are Your Communication Skills?

Introduction

Communication skills are some of the most important skills that you need to succeed in the workplace. We talk to people face to face, and we listen when people talk to us. We write emails and reports, and we read the documents that are sent to us. Communication, therefore, is a process that involves at least two people – a sender and a receiver. For it to be successful, the receiver must understand the message in the way that the sender intended. This sounds quite simple. But have you ever been in a situation where this hasn't happened? Misunderstanding and confusion often occur, and they can cause enormous problems. If you want to be an expert communicator, you need to be effective at all points in the communication process – and you must be comfortable with the different channels of communication. When you communicate well, you can be very successful. On the other hand, poor communicators struggle to develop their careers beyond a certain point. So are you communicating effectively? Take this short quiz to find out.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	I try to anticipate and predict possible causes of confusion, and I deal with them up front.					
2.	When I write a memo, email, or other document, I give all of the background information and detail I can to make sure that my message is understood.					
3.	When people talk to me, I try to see their perspectives.					
4.	When talking to people, I pay attention to their body language.					
5.	I use diagrams and charts to help express my ideas.					
6.	Before I communicate, I think about what the person needs to know, and how best to convey it.					
7.	If I need to communicate with someone I don't like, I use email to avoid direct confrontation.					
8.	When I finish writing a report or memo, I send it out immediately without proofreading it.					
9.	I'm surprised to find that people haven't understood what I've said.					
10.	If I don't understand something, I tend to keep this to myself and figure it out later.					

Tallying up the scores

Instruct the participants to award themselves the following points:

For questions 1-6:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

For questions 7-10:

- Every time they answered “very often” – 1 point
- Every time they answered “often” – 2 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 4 points
- Every time they answered “not at all” – 5 points

Have them add up their total score.

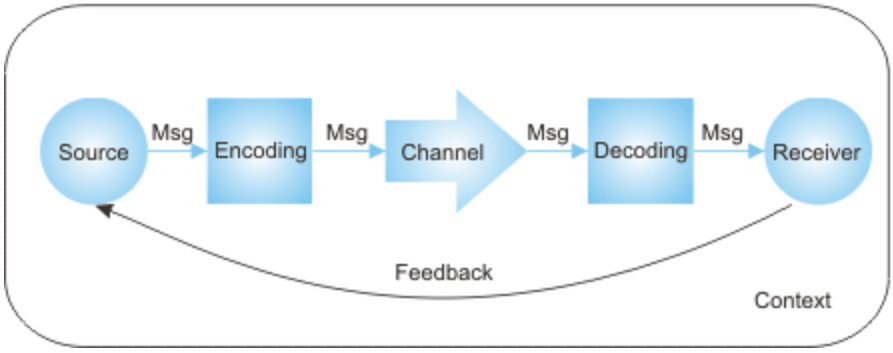
Score Interpretation

Score	Comment
40-50	Excellent! You understand your role as a communicator, both when you send messages, and when you receive them. You anticipate problems, and you choose the right ways of communicating. People respect you for your ability to communicate clearly, and they appreciate your listening skills.
20-40	You're a capable communicator, but you sometimes experience communication problems. Take the time to think about your approach to communication, and focus on receiving messages effectively, as much as sending them.
10-20	You need to keep working on your communication skills. You are not expressing yourself clearly, and you may not be receiving messages correctly either. The good news is that, by paying attention to communication, you can be much more effective at work, and enjoy much better working relationships!

Detailed Interpretation

Whenever you communicate with someone else, you and the other person follow the steps of the communication process shown below.

The Communications Process



Here, the person who is the source of the communication encodes it into a message, and transmits it through a channel. The receiver decodes the message, and, in one way or another, feeds back understanding or a lack of understanding to the source.

By understanding the steps in the process, you can become more aware of your role in it, recognize what you need to do to communicate effectively, anticipate problems before they happen, and improve your overall ability to communicate effectively.

Key Points

It can take a lot of effort to communicate effectively. However, you need to be able to communicate well if you're going to make the most of the opportunities that life has to offer.

By learning the skills you need to communicate effectively, you can learn how to communicate your ideas clearly and effectively, and understand much more of the information that's conveyed to you.

As either a speaker or a listener, or as a writer or a reader, you're responsible for making sure that the message is communicated accurately. Pay attention to words and actions, ask questions, and watch body language. These will all help you ensure that you say what you mean, and hear what is intended.

VIII. How Self-Confident Are You?

Introduction

How self-confident do you feel? Whether someone demonstrates self-confidence by being decisive, trying new things, or staying in control when things get difficult, a person with high self-confidence seems to live life with passion and enthusiasm. Other people tend to trust and respect these confident individuals, which helps them build even more self-confidence – and so the cycle continues. A good place to start is to look at how effective you believe you are in handling and performing specific tasks. This is termed 'self-efficacy,' and it plays an important part in determining your general levels of self-confidence. Self-efficacy is the belief in one's capabilities to achieve something specific. If people have high self-efficacy in an area, then they think, feel, and behave in a way that contributes to and reinforces their success, and improves their personal satisfaction. They're more likely to view obstacles as challenges to overcome, so they aren't afraid to face new things. They recover quickly from setbacks, because they view failure more as a result of external circumstances than internal weaknesses. In general, believing in your abilities affects your motivation, your choices, your toughness, and your determination. Therefore, self-confidence – by way of self-efficacy – often affects how well you perform, and how satisfied you are with the choices you make. This is why it's important to understand your current level of self-efficacy, particularly in the context of your belief in your ability to perform in a variety of situations. In so doing, you will be able to identify areas where you can improve, and make a plan to do so. Does your self-confidence affect your ability to perform? Take this short quiz and find out.

Instructions:

For each statement, Mark an X in the column that best describes you. Please answer questions as you actually are (rather than how you think you should be), and don't worry if some questions seem to score in the 'wrong direction'. When you are finished, the Facilitator will help you calculate your score.

	Statement	Not at all	Rarely	Some times	Often	Very Often
1.	I tend to do what I think is expected of me, rather than what I believe to be "right."					
2.	If something looks difficult, I avoid doing it.					
3.	When I face difficulty, I feel hopeless and negative.					
4.	I need to experience success early in a process, or I won't continue.					
5.	I relate to people who work very hard, and still don't accomplish their goals.					
6.	I believe that if I work hard, I'll achieve my goals.					
7.	When I overcome an obstacle, I think about the lessons I've learned.					
8.	If I work hard to solve a problem, I'll find the answer.					
9.	I keep trying, even after others have given up.					
10.	I handle new situations with relative comfort and ease.					

Tallying up the scores

Instruct the participants to award themselves the following points:

For questions 1-5:

- Every time they answered “very often” – 1 point
- Every time they answered “often” – 2 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 4 points
- Every time they answered “not at all” – 5 points

For questions 6-10:

- Every time they answered “very often” – 5 points
- Every time they answered “often” – 4 points
- Every time they answered “sometimes” – 3 points
- Every time they answered “rarely” – 2 points
- Every time they answered “not at all” – 1 point

Have them add up their total score.

Score Interpretation

Score	Comment
10-20	You probably wish you had more self-confidence! Take a closer look at all the things you've achieved in your life. You may tend to focus more on what you don't have, and this takes time and attention away from recognizing and using your skills and talents.
20-40	You're doing an OK job of recognizing your skills, and believing in your abilities. But perhaps you’re a little too hard on yourself, and this may stop you from getting the full benefit of your mastery experiences.
40-50	Excellent! You're doing a fabulous job of learning from every experience, and not allowing obstacles to affect the way you see yourself. But you need to nurture your self-confidence.

Building Self-Confidence

No matter what your self-confidence level is right now, you can probably improve it. But you need to believe in yourself and your capabilities before anyone else will.

Bandura's theory of self-efficacy is a great place to start looking for ways to improve the way you see your abilities. According to the theory, there are four sources of self-efficacy:

1. Mastery experiences – things you have succeeded at in the past.
2. Vicarious experiences – seeing people who are similar to you succeed.
3. Social persuasion – hearing from others that you're capable.

4. Emotional status – staying positive, and managing stress.

Three of these sources (the first, second, and fourth) are within your control, However, while we can't force people to say good things about us (the third source), we can increase the likelihood of receiving positive feedback by being more confident in general.

Key Points

Self-efficacy is an important part of self-confidence. The theory of self-efficacy says that high levels of it lead, by way of improved effectiveness, to greater success and personal satisfaction.

Some people seem to be naturally confident, but most of us need to improve our confidence – and we have the power to do so.

Focus on the experiences in your life where you were successful. This can give you the ability to see the positive side of your mistakes and setbacks. Choose to believe in yourself, and surround yourself with other positive and confident people. The more you see the success of others whose skills and abilities are similar to yours, the more likely you are to believe that you can also achieve that success. Combine all of this positive energy with great stress management strategies, and you'll soon improve your levels of personal confidence.

Bibliography

1. Health Management Course Capacity Building International, Germany, 2011.
2. Training Curriculum in Management and Administration of Primary Health Care Centers, USAID/TMPP, 2006.
3. Training Curriculum in Interpersonal Communication, Referral and Follow-up Process, and Selected Practices in Infection Prevention and Control, USAID/TMPP, 2006.
4. Management, Leadership and Partnership for District Health; WHO, 2004.
4. Training Curriculum in Team Building and Problem Solving, USAID/TMPP, 2006.
5. Primary Health Care Project in Iraq Team-building ppp., University Research Co., LLC, 2011.
6. Issues in health services delivery, improving provider skills, WHO/EIP/OSD/001., Woodward, Geneva, 2000.
7. District Health Management, Facilitators Guide, 2005.
8. Towards better leadership and management in health. Report on the international consultation on strengthening leadership and management in low income countries, Ghana, 2007.
9. Amri, M., Ngatia, P., Mwakilasa, A.O. (eds.): A Guide for Training Teachers of Health Workers, pp 25–35, Review of the Process of Communication, AMREF, 1993.
10. Grieshaber, Christine: Step by Step, Group Development, A Trainer's Handbook, DSE/ZEL, Dok. 17 14 C7a, pp 50 to 54, 1994.
11. Werner, David, Bower, Bill: Helping Health Workers Learn, Hesperian Foundation, Palo Alto, California, 1982.
12. Amri, M., Ngatia, P., Mwakilasa, A. O. (eds.): A Guide for Training Teachers of HealthWorkers, pp 25-35: Review of the Process of Communication, AMREF, 1993.
13. Grieshaber, Christine: Step by Step, Group Development, A Trainer's Handbook, pp 50 to 54, DSE/ZEL, Dok. 17 14 C7a, 1994.
14. Lohmeier, Jochen: Facilitation - Approach and Tools for Development Practitioners, BAOBAB, Berlin, Germany, 2001.
15. White, George: Communication...The Basis of Good Practice Management, Journal of the Dental Association of South Africa, Jan 50(1): 25-6, 1995.
16. Gender Handbook, DSE, 1998.
17. Johnstone, P., Ranken, J.: Management Support for Primary Health Care: A Practical Guide to Management for Health Centres and Local Projects, FSG Communications / The Lavenham Press LTD, Suffolk, GB, 1994.
18. Lohmeier, Jochen: Facilitation - Approach and Tools for Development Practitioners, BAOBAB, Berlin, 2001.
19. King, Maurice: Health is a Sustainable State, The Lancet, Vol. 336, No. 8716, pp 663–667, Sept. 15, 1990.
20. Lancaster, Ted: Setting Up Community Health Programmes, A Practical Manual for Use in Developing Countries, Macmillan Education Ltd., second edition fully revised 2002.

21. Walsh, J. A., Warren, K. S.: Selective Primary Health Care, An Interim Strategy for Disease Control in Developing Countries, The New England Journal of Medicine, Vol. 301, No. 18, pp 967-974, November 1, 1979.
22. Green, Andrew: An Introduction to Health Planning in Developing Countries, Oxford Medical Publications, Oxford University Press, 1999.
23. Vaughan, J. P., Morrow, R. H.: Manual of Epidemiology for District Health Management, WHO, Geneva, 1989.
24. The Challenge of Implementation, WHO/SHS/DHS/88.1/Rev.1, Geneva, 1998.
25. Kroeger, Axel et al.: The Use of Epidemiology in Local Health Planning, A Training Manual, pp 23-24 and 59-60, ZED Books, London, 1997.
26. Dessler, G. Human Resource Management Pearson Education (Singapore), 2000
27. Cassels A., Janovsky, K. Strengthening Health Management in Districts and Provinces WHO, Geneva, (1995)
28. DiPrete Brown, L. et. al. Quality Assurance of Health Care in Developing Countries, Part Two: Tools for Quality Improvement, 2nd Edition, Bethesda, Maryland 1990
29. Moss, F. et. al. Quality improvement around the world: how much we can learn from each other Quality in Health Care 2000: 9, pp. 63–66.
30. Strategic management of health care organizations, 2001.
31. WHO. Community health care: Evolving partnerships. 5th consultation with leading medical practitioners. WHO/HRB/98.1. Geneva, World Health Organization, 1998.
32. WHO. Community home-based care: Family caregiving – Caring for family members with HIV/AIDS and other chronic illnesses: The impact on older women and girls. A Botswana case study. WHO/NMH/CCL/00.1. Geneva, World Health Organization 2000.
33. WHO. Guidelines for the selection of community health activities. Geneva, World Health Organization,1992.
34. WHO. Home-based and long-term care: Home care issues and evidence. WHO/HSC/LTH/99.2 Geneva, World Health Organization, 1999.
35. Dessler, G. Human Resource Management Pearson Education (Singapore), 2000
36. Kleinmann, Arthur. 1980. Patients and healers in the context of culture. Berkeley: University of California Press.
37. Matiru, B; Mwangi, A; Schlette, R (eds.): Teach Your best, A Handbook for University Lecturers, Institute of Socio Cultural Studies, University of Kassel, Germany, DSE. 1995.
38. Nichter, M & Carl K (eds.). 1991. Contemporary issues of anthropology in international health. Medical Anthropology Quarterly (Special Issue) 5(3): 195–270.
39. Nadler, Leonard; 1984, The Handbook of Human Resource Development. New York: John Wiley & Sons. Donald Clark, 1995
40. WHO. Coordinated Health and Human Resource Development. WHO Technical Report, 1990.
41. Manual Project Cycle Management of the European Commission, Europe Aid Co-operation Office, General Affairs, Evaluation, retrievable from http://europa.eu.int/comm/europeaid/evaluation/methods/ PCM_Manual_EN-march2001.pdf.