

## **LECTURE NOTES**

For Health Extension Trainees in Ethiopia

# ***Health Planning and Management***



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In collaboration with the Ethiopia Public Health Training Initiative, The Carter Center,  
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*This material is intended for educational use only by practicing health care workers or students and faculty in a health care field.*

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## INTRODUCTION

Shortage of teaching materials for primary cadres of health is the major problem in Ethiopia. Currently textbook for Health Extension Package Workers is not available. To meet this unmet need, this lecture note was prepared. Therefore, the production of this teaching material is very important and has immense contribution in teaching of Health Planning and Management for Health Extension Package Workers in Ethiopia.



# UNIT ONE

## Planning and Management

### Learning Objectives

At the end of this unit the trainee will be able to:

- Define management
- Define planning
- Identify importance of planning and management
- Identify other functions of management
- Differentiate administration and management

Management is a process of reaching organizational goals by working with and through people and other resources.

The definition of management is based on two principles

- Commitment to achievements
- The importance of people and other resources

This means that people are the most important resource for getting things done.

### Importance of Management

Management is universal and necessary function.

It is essential for all kinds of organizations. This is because every organization requires:-

*The making of decisions*

The *coordinating of activities*  
The *handling of people* and  
*Evaluating the performance directed toward its*  
*objectives*

### **Administration and Management**

The term "Management" and "Administration" are used interchangeably in government and business organizations.

#### **Administration:**

Means overall determination of policies and major objectives.

#### **Functionally:**

It is the laying down of the general purpose of the organization.

The framing of its major policies.

The formulation of general plan of procedure.

The inauguration of broad programme.

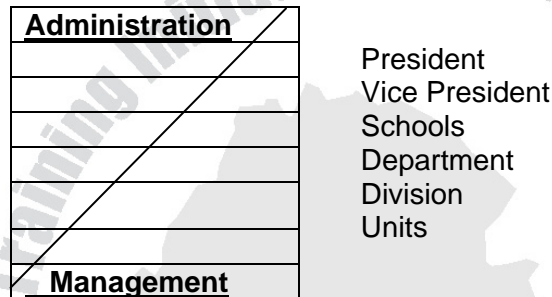
Approval of specific major projects that fall within the general programme.

#### **Management:**

Is essentially an executive function, the active direction of human effort. It is the work that a manager seeks to get results through other people.

As a function, administration is determinative and management is essentially executive. Yet the same person may perform both

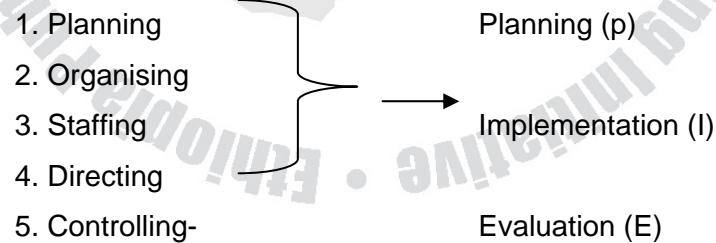
functions. The chief executive would devote a greater part of his/her time to the broader administrative responsibilities, but will also participate (though to limited extent) in executing those policies. As we go down the hierarchical ladder, the administrative function became less and less and the management function more and more. The following figure clearly demonstrates this point.



### Management Functions

**Function** is defined as a broad area of responsibility composed of many activities aimed at achieving a predetermined objective.

### Functions of Management Include



In addition to these three broad sequential functions Planning, Implementation & Evaluation (PIE).

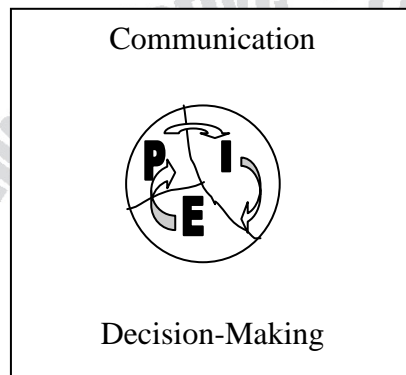


Two continuous functions of management are:-

Communication

Decision- Making

The relationship between function of Management:-



The diagram shows Planning, Implementation and evaluation as the three slices of a PIE. But what matters is the arrows that link the three functions to emphasise the spiral/continuous cycle of management.

### **Communication**

It is necessary for sharing ideas/information between the  
Manager  
Staff and the  
Community

during the process of planning, implementation and evaluation.

### **Decision Making**

Is employed during

- Planning
  - Implementation
  - Evaluation
- } each one of them require decision making as a task

## **Concepts and Principles in Management**

In the process of fulfilling his/her managerial duties the manager would apply the following concepts and principles.

### **Concepts**

#### **1.1 Effectiveness**

Effectiveness is the degree to which a stated objective is being achieved. It is something that management tries to improve.

#### **1.2 Efficiency**

It is concerned with the balanced use of resources (money, material, human resource, time, space and information)

#### **1.3 Economy of Scarce Resources**

Some, and often many, resources are scarce and costly thus we have to economize

#### **1.4 Work Relations**

Work activities should be designed and structured so as to support each other towards the achievement of objectives

#### **1.5 Information**

Management needs information if it is to make the right decision for action. At the same time, information can easily handicap Management, if it is not the right kind at the right time and in the right hands.

## **2. Principles**

### ***2.1 Management by Objectives***

Management sees that objectives are specified and then that they are achieved.

The objective should state:

What is to be accomplished?

How much of it?

Where it is to be done?

When it is to be completed?.

Therefore, a clear statement of objectives makes it possible to evaluate how effective one is in approaching and reaching the objectives.

### ***Learning From Experience***

Analysis of the results between the objectives and achievement made. For better performance there should be feedback to learn from the experience gained.

### ***Division of Labor***

Management attempts to bring about balance of work among the different people concerned.

### ***2.4 Substitution of Resources***

Often when the resources that are normally used to provide service became scarce or too expensive, different resources may be used to provide the intended results.

### ***Convergence of Work***

Working relations should contribute to the success of each activity and so to general effectiveness. These working relations of activities are:-

the logical relations with each other

time relations or sequence

spatial relations between activities

functional and structural-working relations between people

**Example:** In EPI programme the general goal is to vaccinate/immunize children and mothers and require.

Developmental activities (training of vaccinator) and

Some continuous support activities (supplies).

### ***Functions Determine Structure***

When the work is defined i.e. the function and duties of the individual members of the team are clearly defined and known to

all. The working relations (the structure) follow. The exact nature of authority will be clearly delineated on the structure.

### ***Delegation***

Delegation takes place when some body's authority is lent, so as to enable that person to take responsibility when the occasion arises.

### ***Management By Exception.***

In effect this means two things:-

1. Don't be overloaded with the routine, unnecessary information, be selective.
2. Make BIG decision first.

In short management by exception means

- selectivity in information
- priority in decision

### ***Shortest Decision-Path***

This principle deals with issue

Who should make which decision?

When and where?

Decision must be made as closely as possible in time and place to the object of decision and to those affected by it.

## **Planning**

### **Learning objective**

The main objective of this session is to acquire planning skill so as to plan and prepare health action plan for primary health care units.

### **Definition**

**Planning** - is the combination of compiling and analyzing, information dreaming up ideas, using logic and imagination and judgment in order to come to a decision about what should be done.

**Health Planning** - Is the process of defining community health problems, Identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals.

### **Scope of Planning:**

#### **1. What is the target client?**

- . population
- . institution
- . programme

*What is the plan intends to address should be clearly defined?*

#### **2. What is the target geographical region or area?**

- . Village/kebele
- . District

- . Zone/Region

*At what level are you planning? has to be clearly defined.*

***For what level of comprehensive service should be planned?***

The degree of comprehensiveness to be determined as that of the following:

Environmental Determinants

- . Diet –sanitary preparation of food
- . Avoidance of harmful life style  
sanitary housing condition
- . Un polluted phy. Environment
- . Freedom from stress

Compressive H. Care

- . Curative
- . Promotive
- . Preventive &
- . Reh. Health Care

**Features of Planning:**

**1. A good plan should give**

Clear vision/mission, goal and objectives

A clear picture of the tasks to be accomplished

The resources needed to accomplish the task

- . Human resources, material, money, time, space and information.

**2. Planning takes place at all levels**

planning takes place at any level in health system.

planning takes place continually, it is cyclic/spiral process.

planning methods can be applied to:-

- . A large program at national level eg. Malaria control programme
- . Small one - at village level eg. Construction of community health post.

### **3. Planning must be collective undertaking**

It requires the participation of:-

- . Professionals – from health and other sectors
- . Community/Non government organizations (NGO)
- . Government/Party

### **Types of Planning**

**There are two types of planning**

**Strategic planning** –often referred as allocative planning– normally five years or more.

**Tactical/operational planning** –may be referred to as activity planning.

It covers a short period of time medium term –usually one year

### **Strategic Planning**

#### ***What is strategic planning?***

Strategic planning is the process of determining what an organization intends to be in the **future** and **how** it will get there. It is finding the



best future for your organization and the best path to reach that destination.

### **1.1 SWOT Analysis**

SWOT (Strength and Weakness, Opportunities and threats) is a strategic planning tool that matches internal organizational strengths and weakness with external opportunities and threats. By reviewing strengths, weakness, opportunities and threats a useful strategy for achieving objectives will become evident.

In the health sector, strengths may be considered availability of resources and trained human power. Weakness include lack of managerial talent and obsolete facilities. Threats include adverse cultural beliefs towards modern medical practice and growing cost of essential drugs. Example of opportunities are clear and supportive government policies and the presence of a functional health committee in the communities (Figure 1).

**Figure 1: SWOT Analysis: a framework for selecting strategies – SWOT matrix**

	Internal	External
<b>Positive</b>	Strength 1	Opportunities 3
<b>Negative</b>	Weakness 2	Threats 4

### **Tactical/Operational Planning**

**Tactical/operational planning** is short range planning that emphasizes the current operations of various parts of the organization.

Short range is defined as a period of time extending only about one year or less into the future.

### **Steps in planning**

There are six steps in planning

Situation analysis

Analyzing and selecting critical (priority) problems

Setting objectives and targets

Identifying potential obstacles

Designing the strategies

Writing up the plan

### **Step 1: Situational Analysis**

Review and describe organizational characteristics, Consider,  
National health policies & programmes;

Analyze the organizational structure and functions of the health  
services;

Identify limitations/ bottlenecks in the organizational structure;

Review past implementation experience;

Analyze the health condition (magnitude);

Study the size, composition and distribution of the population;

Collect information about resources;

### **Step 2: Selecting Critical Problem (Priority)**

. Analyzing problems and constraints

Define a problem: a problem is a difficulty or obstacle seen to exist  
between a present situation and desired future objective.

What exist now (the present situation)	What should be (programme objective ideal situation)	Problem gap
50% vaccination coverage	80% coverage (EPI)	30%

- . Establish criteria for selection

**Criteria** - In identifying priority problem

Does the Problem:-

1. affect large number of people
2. cause high infant mortality
3. affect maternal health
4. affect children and young persons
5. cause chronic conditions & handicap
6. affect socio-economic development
7. cause worry to the community

If the answer to any one of the above question is yes, the problem is a priority one.

To be based on the above question, the criteria can be:

The magnitude of problem

Degree of Severity

Feasibility

- . effectiveness
- . cost and
- . social acceptability of intervention

Community concern

Government concern and social acceptability

**Step 3: Setting Objective/ Target**

- . Objectives are desired end states (outcomes) of a programme
- . If the programme is made to have an objective and target then:-

It must be relevant - fits with health policy

It must be feasible - achievable

It must be observable

It must be measurable

In other words: Objective must be SMART: S = specific

M = measurable

A = Achievable

R = Realistic

T = Time bound

Example: By the end of 2005 90% of eligible children will be vaccinated against six target disease in Omo Nada woreda.

**Step 4: Identifying Potential Obstacles**

Why objectives could not be attained?

Which are the limitations & obstacles?

**Resources:**

- . People
  - lack of interest
  - no skilled people etc

- . Equipment
  - not available
  - expensive
- . Money
  - No budget
- . Time
  - People may not have time

**Environmental Obstacles:**

- . Geographical problems
- . Climate - type of diseases
  - type of building
- . Technical - electricity
- . Social factors – traditions may operate against your plan

After identification – Analyze the obstacle

- obstacles might be modified,
- obstacles might be removed or
- can not be removed but has to be clear



Example:- Analysis of Obstacles

<b>Objective</b>	<b>Obstacles</b>	<b>Analysis</b>		<b>Can not be Changed</b>
		<b>Removed</b>	<b>Modified</b>	
1. To provide trained personnel for all women in child Birth by 2005	-Shortage of midwives - In sufficient Maternity Beds	. Train & utilize TBA . Midwives support TBA to care for women at risk		
2. Build School	Insufficient Material & money		Build A simple shelter	
3. To provide ANC to women at risk	Women not Interested			Education level of women



### **Step 5: Designing the Strategies**

Outline potential strategies this include

- . The technology to be applied
- . Procedure to be used
- . Defining the role of the communities and other relevant sectors

Design the details of selected strategy

Determine resources required in terms of proposed strategy

- time
- staff
- facilities/materials
- money

Estimate strategy costs & assess adequacy

### **Step 6: Writing up the Plan**

#### **The purpose of writing the plan**

to request funds or resources

for monitoring and evaluating the implementation process by all concerned

#### **The seven guideline words**

Why are we doing this?

The rationale/problem situation

#### **Planning steps**

##### Steps

1. Information &
2. The problem

<u>What</u> is to be done?	Step 3
The objectives and Targets are clearly stated	Objectives & Targets
<u>How</u> will it be done?	Steps
Strategies of activities	4.Chosen strategy
	5. Activities
<u>Who</u> will do it and <u>what</u> are	Step 6
The things that we need?	- Implementation
. Types & quantity of human power	- Resources
. Equipment - required	
. Cost will be stated here	
Where will the work be done?	Step 7
Area/village	Organization
When will the work be done (Gannt chart next page)	Step 8
By <u>Whom</u> and <u>How</u> will it be controlled?	Controlling
. Schedule of activities	
. Allocate responsibilities for activities	
. Information to be collected for monitoring	

**Gannet chart for establishing an EPI out reach site**

Activities	Date							
	September				October			
	07	14	21	28	04	11	18	25
Discussion with staff	_____							
Training of staff on cold chain mgt.		_____						
Ordering equipment			_____					
Discussion with comm... leaders			_____					
Site selection					_____			
Informing mothers in the village						_____		
Date equipment expected						_____		
Start out reach							_____	

## **Writing the Plan (summary)**

### ***Executive summary***

Introduction

Problem Statement

Objectives and Targets

Strategies and Activities

Budget

Work Plan

Monitoring and Evaluating



## **UNIT TWO**

### **Primary Health Care (PHC)**

#### **Learning Objective**

The objective of this Unit is to let Health Extension Package Workers know Primary Health Care (PHC) programmes principles on which the health system operates, as planning of health services are based on PHC programmes.

#### **1. Introduction**

The World Health Organisation (WHO), which was established in 1948, has always had as a major objective the attainment by all people of the highest possible level of health. Health according to the WHO definition is "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity". However due to political and socio economic factors the various health care approaches implemented in different countries between 1948 and 1978 did not enable WHO to meet the stated objective.

#### **2. Primary Health Care (PHC)**

##### **Definition**

The international conference on PHC, held At ALMA-ATA in 1978 defines as follows:

PHC is defined as Essential Health Care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individual and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part of both the country's health system, of which, it is the central function and main focus and the overall social and economic development of the community. It forms the first level of contact of individual, the family and the community with the national health system, bringing health care as close as possible to where people live.

### **3. PHC Principles and Approaches**

The following principles underline the concept of PHC

Intersect oral collaboration

Community participation

Appropriate technology

Equity

Focus on prevention and health promotion

Decentralization

#### **3.1 Intersect oral Collaboration**

Inter-sect oral collaboration is one of the key principles of PHC. It means a joint concern and responsibility of sectors responsible for

development in identifying problems, programmes and undertaking tasks that have an important bearing on human well being. Health has several dimensions that can be affected by other sectors. The cause of ill health are not limited to factors related to the health sector. Education for literacy, income supplementation, clean water, sanitation, improved housing, ecological sustainability, more effective marketing of products, construction of roads and water ways, enhanced roles of women, are changes that may have substantial impact on health. The reverse is also true that economic, social and cultural development cannot proceed smoothly without concomitant and consequent health development. Health therefore is fundamental to socio-economic development and plays a critical role.

Why is intersectoral collaboration important?

To save resources (effective use of resources)

To identify community needs together

Which are the sectors that should collaborate?

All those sectors involved in the development process such as Health, Agriculture, Education, Information, transport and communication, housing and non governmental organization (NGOs).

What hinders inter sectoral collaboration?

Lack of communication between different sectors

How can we promote intersectoral collaboration?

By forming bodies from relevant agencies and elders at different levels, starting from the community.

In general communities can often respond more readily to broad approaches to the problems of development than to the fragmented sector by sector approach. Collaboration should be at all levels, programmes should be coordinated and activities should be integrated.

### **3.2 Community Involvement**

**Community:** Is a collection of people living together in some form of social organization and cohesion.

Its members share in varying degree of political, economic, social and cultural characteristics as well as interests and aspirations including health.

#### **Community involvement**

Is the process by which individuals and families assume responsibility for the community and develop the capacity to contribute to their health and the community's development.

Is a means by which communities can play a more influential role in health development, in which the emphasis is on strengthening the capacity of communities to determine their own needs and take appropriate action. Communities should



not be passive recipients of services. Every body should be involved according to his/her ability.

**The community should be actively involved:**

- In the assessment of the situation
- Problem identification
- Priority setting and making decisions
- Sharing responsibility in the planning, implementing, monitoring and evaluation.

**3.3 Appropriate Technology**

Take account of both the health care needs and the socio-economic context of a country. This must include consideration of:-

Costs (both capital and recurrent). Appropriate technology does not necessarily mean low cost.

Efficiency and effectiveness in dealing with health problems.

Acceptability of the health approach to both target community and health service providers.

Broader social and economic effects.

The sustainability including the capacity to maintain equipment of the approach.

Based on these points, all levels of health system have to review their methods, equipment and techniques.

### **Criteria for Appropriateness**

To be appropriate, a technology must be:-

Effective - it must work and fulfill its purpose in the circumstances in which it needs to be used.

Culturally acceptable and valuable.

Affordable. i.e cost effective.

Locally Sustainable.

We should not be over dependent on imported skills and supplies for its continuing function, maintenance and repair.

Possessive of an evolutionary capacity.

A technology is highly appropriate if its introduction and acceptance can lead to further benefits.

Environmentally accountable.

The technology should be environmentally harmless or at least minimally harmful

Measurable

The impact and performance of any technology needs proper and continuing evaluation, if it is to be widely recommended.

Politically responsible

### **3.4. Equity**

In view of the magnitude of health problems, the inadequate, inequitable distribution of health resources between and within countries, and believing that health is a fundamental human right and world-wide social goal, the conference called for a new approach to health and health care. This is to close the gap between the have's and "have not's" which will help to achieve more equitable distribution of health resources, and attain a level of health for all the citizens of the world that will permit them to lead a socially and economically productive life.

Universal coverage of the population with care provided according to need, is the call for equity. If all cannot be served, those most in need should have priority. These principles may come into conflict with efforts to promote cost effectiveness, because those most in need may be more costly to reach.

Possible definition of equity include:-

- Equal health
- Equal access to health care
- Equal utilization of health care
- Equal access to health care according to need
- Equal utilization of health care according to need

Planning for equity in PHC requires the identification of groups which are currently disadvantaged in terms of health status access to or utilization of services.

### ***3.5 Focus on Prevention and Promotive Health Services***

Health promotion relates to the importance of adopting, where possible a promotive or preventive approach to health problems. Such an approach sees health as a positive attribute, rather than simply "the absence of disease". One of the important tasks of the planner is to redress the imbalance in allocation of resources to preventive and curative care, enhancing the role of resources available to prevention and promotion.

### ***3.6 Decentralization***

After the Alma-Ata conference, a sixth theme has emerged, that of decentralization, reflecting the two key principles of community participation and multisectoralism.

Decentralization away from the national or central level brings decision making closer to the communities served and to field level providers of services, making it more appropriate. There is also a greater potential for multisectoral collaboration at the lower service-delivery level. Decentralization may enhance the ability to tap new sources for financing health care. Finally, by breaking down the large, monolithic decision making structures, typical of many national ministries, decentralization may lead to greater

efficiency in service provision. However decentralization may lead to geographical inequalities in resource availability and technical quality. If handled inappropriately decentralization may actually result in a shift away from the principles of PHC. Planners should, therefore, consider whether specific strategies and decisions will enhance or hinder the achievement of PHC.

#### **4. PHC – The level of Care**

The term PHC- historically mean most peripheral level of organized health care- the point of contact between community & the health services.

The ALMA-ATA declaration states that this level is an:- " Integral part of the national health care system of which it is the central function and main focus."

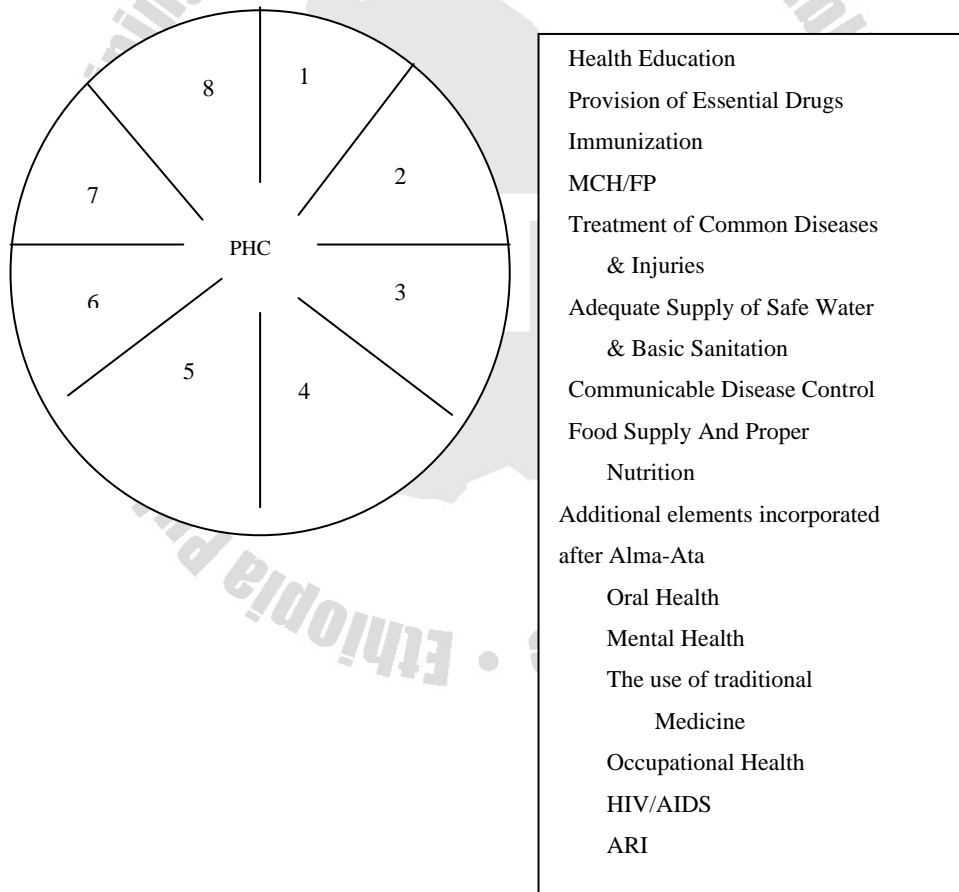
### PRIMARY HEALTH CARE AS A LEVEL OF HEALTH CARE

<i>Level</i>	<i>Administrative area</i>	<i>Health Facilities</i>	<i>Types of Care</i>	<i>Levels of Prevention</i>
Local	Kebele + Woreda	PHCU + 5CHP District Hospital	Primary Care	Primary Prevention + Secondary and Tertiary Prevention
Intermediate	Zonal/Region	Zonal Hospital Regional Hospital	Secondary Care	Primary Prevention + Secondary and Tertiary Prevention
Central	National	Central Referral & teaching Hospital	Tertiary care	Tertiary Prevention

The level of care at various levels of health delivery system provides intact two ways referral system addressing all health care programme elements. The level of care also needs to consider involvement of communities and other sectors within the functional infrastructure.

## 5. The Components/Elements of PHC

### Essential Health Care consisting of at list 8 Elements



**Detail explanation of the components are:**

### **Immunization**

Immunization against six major childhood diseases namely:

1. Tuberculosis -BCG
  2. Poliomyelitis -Polio
  3. Diphtheria
  4. Pertusis
  5. Tetanus
  6. Measles
- DPT
- Measles

### **Food Supply and Proper nutrition**

Promotion of food supply and proper nutrition

Improve food supply at family level

Correction of faulty feeding practices

Treatment and rehabilitation of malnourished children

Treatment and prevention of nutritional diseases

### **Water and Sanitation**

An adequate supply of safe water and basic sanitation.

To prevent disease and improve quality of life



### **Appropriate Treatment of Common Diseases and Injuries**

Appropriate treatment of disease included in the essential component of PHC, but in the early 1980s the enthusiasm for the development of rural primary level care led to a neglect of curative and hospital services. The damning criticism of vast, expensive and inappropriate territory hospitals called disease palaces "by pediatrician Dr. David Morley, rubbed off on secondary and district hospital which have essential function.

### **Maternal and Child Health Care Including Family Planning**

60 - 70% of the population are mothers and children

Promoting and protecting the health of children and women of child bearing age group

Health problems of great magnitude

Main functions:-

- Antenatal care

- Delivery care

- Postnatal care

- Child care

- Family planning

### **Providing of Essential Drugs**

Safe and effective drugs including vaccines

Promoting the rational use of drugs

National drug list -based on incidence and prevalence of diseases

**Education concerning the prevailing health problems and the methods of preventing and controlling them:**

Education for promotion of health  
Education for prevention of disease  
Education for maintenance of health  
Education to deal with disease

**Prevention and Control of Locally Endemic Disease**

Prevention and control of locally endemic disease is important and needs emphasis

**Mental Health**

**Dental Health**

*As incidence and prevalence of these diseases are increasing they need adequate attention as essential component of PHC component of PHC*

**The use of Traditional medicine**

**- The role of traditional healers in PHC**

Advantages of traditional healers

Some treatments are effective

They are accepted and people trust them

They are easily accessible

Disadvantages of traditional healers

Some traditional practices are harmful

Traditional healers are sometimes expensive

Lack of knowledge of distinction between diseases (critical and non critical conditions).

The traditional healers can have the following roles in PHC

Traditional healers can be used as health educators

They can be used as community development organizers, because they are accepted, recognized and treated

Traditional healers can be trained as Community Health Agents and Traditional Birth Attendants.

How to collaborate with traditional healers

Recognition of the useful aspects of traditional medicine.

Commitment to know more about traditional healers and their act before rejecting them.

Building essential relationship with them.

Training them in aspects of modern medicine

**Control of ARI**

**Control of HIV/AIDS and other STDs**

**Occupational Health**

*The incidence and prevalence of ARI, HIV/AIDS and Occupational Health are increasing. Therefore, the prevention of these diseases needs special emphasis.*

## 6. ADAPTING PHC FOR THE YEAR 2000 AND BEYOND

In 1988 ten years after Alma-Ata WHO, UNICEF and other parties decided that it was an appropriate time to review what has happened since Alma-Ata and what the prospects appear to be per the year 2000 and beyond. The meeting was held in Riga, capital of the Latic Republic of the former USSR in March 1988.

The assessment revealed that most countries have made considerable gains in increasing the equity and effectiveness of health services and in improving the health and well-being of their population, the same striking examples can be given of improvements in coverage, effectiveness, and quality of programmes.

Immunization rates in most countries of the world have increased from about 5% of children in developing countries in 1970 to more than 50% in the late 1980s.

Decreasing infant, under five and maternal mortality rates are evidence of remarkable progress; in many countries, under five mortality rates have decreased by more than 50% since 1950.

Many countries have based their national health policies on the concepts of health for all, emphasizing health promotion, including improvements in life styles, and decentralizing initiative to districts, cities and local communities.

However it is evident that the improvements haven't been uniform either between countries or within them moreover a number of least developing countries have made only very limited progress; most indicators (morbidity's and mortalities) remain unacceptably high.

Despite substantial progress in many countries much still remains to be accomplished on the way to HFA. Of course there was never a thought that HFA meant that the world would be free of health problems. The quest for HFA will not end in the year 2000. No country can solve all of its health problems, and new problems continue to emerge in every country. Health for all remains a permanent goal of all nations up to and beyond the year 2000.

## **UNIT THREE**

### **Health Care Delivery System And Health Policy In Ethiopia**

#### **Objectives**

At the end of this unit the trainee will be able to:

- Identify health care delivery system in Ethiopia
- Explain the eight components of Health sector Development Program
- Describes the general strategies of the Ethiopian health policy
- Examines health and related policies.

#### **Health care delivery system**

The main function of health care delivery and quality of care is to increase the coverage and quality of promoting preventive and curative activities.

If a better performing health system is to be attained, adequate and motivated personnel, availability of medical supplied and sustainable financial resources are conditions to achieve such as objective.

The main purpose of the health service is to give a comprehensive and integrated primary health care (Health Extension Package) at the community level. The approach will be to emphasize on the preventive and promotive aspect of health care without neglecting essential curative services.

The approach now being exercised through out the country is to focus on communicable diseases, common nutritional disorders, hygienic and environmental health. Maternal and child health care, immunization against the six child hood diseases, family planning and reproductive infections diseases including tuberculosis, malaria and the control of sexually transmitted diseases and HIV/AIDS are also critical area to address.

#### **Health and Related Policies**

In 1992 the Task Force for the preparation of the new health policy was mandated to evaluate the current status of health services, identify the major health problems and develop a health policy within the frame work of the over all governmental policy of good governance and decentralization. In September 1993, Government approved Ethiopian's National Health Policy.

The Health policy is the result of critical examination of the nature, magnitude and root causes of the prevailing problems of the country. It pays especial emphasis to the needs of less privileged rural

population. The Government has formulated a twenty year health sector development strategy, which will be implemented through a series of five year investment program. The Health Sector Development Program is the first of these investment programs. Health Sector Development Program comprises eight components; service delivery and quality of care, health facility rehabilitation and expansion, human resource development, pharmaceutical services, information education and communication, health sector management and management information systems, monitoring and evaluation, and health care financing.

### **General Strategies**

- Democratization and decentralization of the health service system.
- Development of preventive, promotive, curative and rehabilitation services.
- Development an equitable and acceptable standard of health service system that will reach all segments of the population within the existing limited resources
- Enhancing political will and commitment to put health as one of the top government agenda
- Reorienting the health service delivery system.
- Promoting and strengthening multisectoral collaboration and networking with all concerned sectors



- Availability and accessibility of health care services for all segments of the population
- Working closely with neighboring countries, regional and international organizations to share information and strengthen collaboration.
- Development of appropriate capacity building based on assessed needs.
- Provision of health care for the population on a scheme of payment according to ability with special assistance mechanism for those who cannot afford to pay
- Promotion of the participation of the private sector and nongovernmental organizations in health care.
- Health Education shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations
- Promotive and preventive activities shall be addressed with major emphasis to control of common endemic and epidemic communicable and nutritional diseases, prevention of environmental pollution with hazardous chemical wastes.
- availability of drugs, supplies and equipment shall be assured.
- Traditional medicine shall be accorded appropriate attention
- Health systems research shall be given due emphasis
- Family health services shall be promoted
- Referral system shall be developed

- Diagnostic and supportive services for health care shall be developed
- Health management information system shall be organized.
- Health legislation shall be revised
- Administration and management of the health system shall be strengthened and make more effective and efficient.

#### **Priorities of the policy**

- Information, education and communication of health shall be given appropriate prominence to enhance health awareness and propagate the important concepts and practices of self responsibility in health
- Emphasis shall be given to the control of communicable diseases, epidemics and diseases related to minorities and poor living conditions
- Appropriate support shall be given to the curative and rehabilitative components of health including mental health.
- Due attention will be given to the development of beneficial aspects of traditional medicine including related research and its gradual integration into modern medicine/
- Applied health research addressing the major health problems shall be emphasize.
- Provision of essential medicine, medical supplies and equipment shall be strengthen.

- Development of human resources with emphasis on expansion of the number of frontline and middle level health professionals with community based, task oriented training shall be undertaken
- Special attention shall be given to the health needs of :
  - ❖ The family particularly women and children
  - ❖ Those in the forefront of productivity
  - ❖ Focusing on the majority of the rural population, pastoralists, national minorities
  - ❖ Victims of man-made and natural disasters.

### **Exercises**

1. Explain health care delivery and quality of care.
2. Why do we focus on preventive, promotive and rehabilitative services than curative services ?
3. Describe the health policy strategies.
4. List some of the health policy priorities.

## UNIT FOUR

### Leadership

#### Objective

At the end of this unit the trainee will be able to:

- Define Leadership
- Explain major notes of a leader
- Describe the general strategies in leadership
- Examine different aspects of a leader as a change agent

#### Definition

Leadership and management are not defined the same way. For example, the concept of leaders and managers is understood differently. However, people often use these concepts interchangeably.

There are several ways of defining leadership, and yet, the essential features of leadership are more or less reflected in most of the definitions. For example, the following is one of the shortest definitions of leadership.

Leadership is a process of directing and influencing task-related activities of group members.

## Main aspects of leadership

Although leadership is defined differently the main aspects of leadership include:

- **involvement of other people** in the leadership process. It is very difficult to think of leadership without people.
- presence of **unequal distribution of power** among leaders and members. Where leaders have very high power in the relationship.
- there is **influence of behavior of other people** working with the leader and employees. Some the influence is accepted by the subordinates and employees. The acceptance is most often voluntarily.
- Most of the relationships are attached with **values and conviction**.

Among the many differences between leaders and managers the following are the main ones.

### ***Characteristics of managers versus leaders***

<b>Manager</b>		<b>Leader</b>
1.	Administers	Innovates
2.	A copy	An original
3.	Maintains	Develops
4.	Focuses on systems & structure	Focuses on people
5.	Relies on control	Inspires trust
6.	Short- range view	Long-range perspective
7.	Asks how and when	Asks what and why
8.	Eye on the bottom line	Eye on the horizon

Source: Adapted from Warren G.Bennis, "Managing the dream: leadership in the 21<sup>st</sup> century," Journal organizational change management, Vol. 2, no.1, 1989, p.7.

There are many who say that leaders are borne and not made. These people try to justify their theory by focusing on certain personal characteristics of leaders. For example, some people identify effective leaders by their height. They say leaders are generally tall. They give examples like Abraham Lincoln (President of the USA) or Nelson Madella (former President of South Africa). However, others argue that this is not true. For example, Napoleon who was a world class famous leader was not tall; he was rather short. Because of these

arguments, there is no consensus concerning the personality traits of leaders.

Other theories concentrate on the behavioral characteristics of leaders either related to the tasks they are handling or the way they maintain the dynamics and interactions among their followers and employees. Others would like to relate leaders with the management techniques they are using in the leadership process.

### **How do leaders influence other people?**

- The influence of leaders on other people is expressed through power relationship. Power of a leader is defined as the ability of a leader to influence or change the behavior of other people. The power of leaders comes from a number of sources: it could be because of:
  - their expertise or education/experience,
  - their position in a government structure,
  - acceptance in the community,
  - degree of authority in rewarding and punishing others, etc.

However, it is good to note that educational level is not the critical aspect of becoming a leader. Leaders are everywhere. We can find leaders in the community, in government structures, in schools, in a village, etc.

A Leader As Agents' of change examples of leaders who were change agents

- Political leaders: Winston Churchill, Karl Marx, Adolf Hitler, ... etc.
- Corporate leaders: Bill Gates, Henry Ford, 500 fortune companies,...
- Religious leaders: Jesus Christ, Mohammed the prophet,
- Social Activists:- Martin Luther King, Gandhi, Mother Teresa.

What is vision or vision statement

### **Definitions # 1**

A vision is a mental developed image of a possible and desirable future states of the organization as well as personal destiny. It is the ability to see the invisible.

### **Definition # 2**

Vision separates the leader from manager managers see what is and leaders what should be. Vision see beyond the horizon. 10% of the people are forward looking, 10% of the people are backward looking and 80% are watching to see who is going to win.

Example:- Albert Einstein once said, "Imagination is more important than knowledge. Imagination or the smart use of knowledge is what separates winners from losers.



### **Have Personality Trail of Visionary Leader**

- See the invisible
- Welcome change
- Appreciate vulnerability (when people are honest to you)
- Share knowledge
- energize others
- Benchmarking (applying) experience from people who have gone the same need)
- Follow through
- Set ethical standards

### **A Good Visionary Leader:**

- Takes a stand
- Builds and develops strong followers
- communicates often
- Plays up his/her strength (strength based leadership)
- Recognize that leadership is every where (not just at the top)
- is himself and believe in himself (what you see is what you get)
- Understands the game
- Has Devine interest, concern, and passion for followers and colleagues
- Learn from mistakes
- Makes sure that everyone is getting the messag

### **Understand who a leader is:**

- The root of the word lead is a word meaning to go. It denotes travel from one place to another. Leaders can be said to be those who go first. They are those who step out to show others the directions in which to head. They are pioneers. They are people who venture into annex plowed territory and uncharted seas. They guide us to new destinations. They are ones who take us on places we have never been before.
- Leadership is the capacity and willing to valley men and women to a common purpose, and the character which inspire confidence.
- Leadership is influence, the ability of one person to influence others. One man can lead others only to the extent that he can influence them.
- Leader is a man who knows the road, who can keep ahead, and who can pull others after him/her.
- A leader is a person who has the ability to get others to do what they don't want to do, and like it.
- Leadership is the capacity to move, inspire and mobilize masses of people.
- A leader is a person who is passionate to achieve a goal and convinces others by example to join him/her the same direction

### Evaluate Your Effort

- Evaluate the outcome
- Be willing to evaluate oneself and everyone involved (one of the greatest challenge that a leader may face is to go back to critic his/her performance)
- Don't see every thing as easy and as simple as you go along this road:
  - don't be discouraged
  - stay focused
  - be willing to modify and change
  - stay consistent
  - lead beyond the cultural road blocks
  - be willing to be criticized
  - Try for the second time, third time, and so on  
*(please be courageous not to give up)*

### Lead today by having the tomorrow in

- The future belongs to those who believe in the beauty of their dreams
- To keep leading, try to keep learning
- Value your listening and reading time at roughly times of your talking time. (This will insure since one is on a course of continuous learning) and self-improvement.
- To learn from those who have doing better than the leader.

### Core leadership competencies for a leader

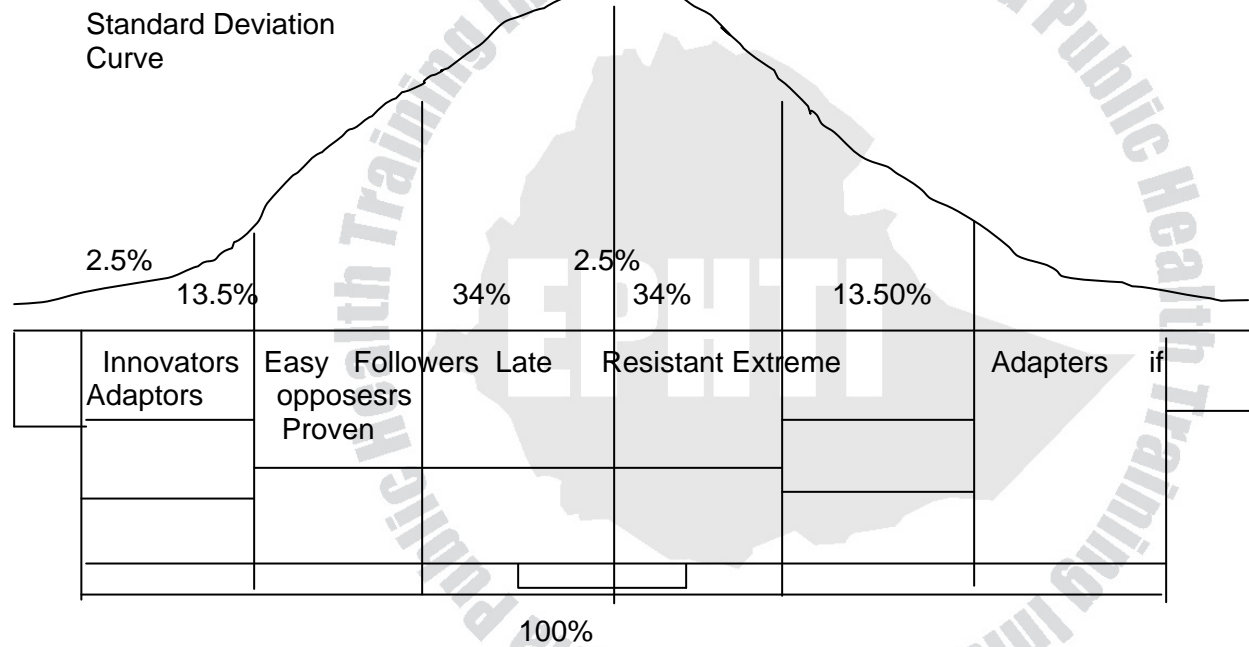
- Setting clear direction
- Setting a good example
- effective communication
- creating emotional alignment
- Bringing the best out of people
- acting as a change agent
- Decisions and action in times
- crisis and uncertainty

### **A Leader as a change Agent**

In order to change the culture of any organization:

- Create and foster a vision of new future
- face up to behavior, values and norms in the current culture that must change
- Nitrate and lead the change
- create a willingness to separate from the past
- Build shared ownership through organization wide participation
- communicate the changes and new cultural messages
- create a sense of urgency and excitement
- model the behavior that supports the new vision
- sustain momentum

### Change Transition Process



A header as change Agent

## **Summary**

- Leaders will have an overview of global leadership
- Leaders will be empowered to take the next step in their journey of leadership
- Leaders will have the courage to become changes' agent.
- Leaders will be motivated to be visionaries in leading their organizations
- Leaders will be exposed on how to lead their organizations in the change process
- Leaders will have a confidence to engage in change.

Leaders of today are constantly confronted with a reality of a need for change. Leaders face overwhelming decisions to make and changes to introduce. The strategies established to introduce change, skills exercised to bring change, systems structured for management and mechanisms developed for evaluation determines the leader's effectiveness in his/her effort to bring change in the life of their organization. Hence Health Extension Worker will be highly motivated to grasp basic concepts of leadership and change management while reading this concept paper.

## **Exercises**

1. What is vision
2. What do we mean a leader as agent of change
3. What are personality trait of visionary leader
4. Describe core leadership competencies

## UNIT FIVE

### Supervision

#### Learning Objectives

At the end of this unit, the trainee will be able to:

- Define supervision,
- Appreciate the importance of supervision,
- Describe the purposes of making supervision,
- Understand and exercise the principles, processes and activities of supervision,
- List down the responsibilities and the roles to be played by a supervisor, and
- Appreciate the importance of giving feedback after making supervision.

#### Definition

Supervision or control is a teaching-learning process of ensuring that workers execute the work and spend money as per the plan. It is an investigative-corrective process: investigative because if the work is not proceeding as per schedule or money is being over spent and corrective because suitable counter-measures are taken to see that the deficiencies are made good.

For effective supervision, the manager should possess technical proficiency, tact and leadership qualities.

It is the art of guiding, instructing, and encouraging staff initiative. It must be seen to be of value and the worker supervised must regard it as a support and a way of improving competence.

Health service supervision is defined as "A process of guiding, helping, training and encouraging staff to improve their performance in order to provide high quality health services. "It is not fault finding. It is concerned with operational running of the unit and should deal with the following key questions:

- Do staff understand the responsibilities and objectives that come with their job?
- How do staff organize their works and what tasks have to be assigned to them?
- How do staff deal with the problems and difficulties in their job?
- Do staff achieve high technical, ethical and legal standards in their job?
- What personal and technical supports are required for the employer to work effectively?
- What measure can be taken to improve the performance of the staffs?



The supervisor should be able to make orders and issues instructions and in addition to checking and reviewing performance. Through supervision, the manager is monitoring, controlling and supporting. An effective system of staff supervision is essential part of any such strategies and must be given a priority status.

### **Kinds of Supervision**

There are many ways of conducting supervision, but one example is sited below.

#### **1. Task-Oriented**

In this case, both quantity and quality of the task are taken into consideration. One of the tasks that are examined is how a manager supervises his/her subordinate.

#### **2. Person-Oriented**

Person-oriented supervision is the control of the workers based on the understanding of their needs, past training and styles of working. Therefore, there are no rigid rules of supervision. Supervision is tailored to the concerned workers personality.

### **Responsibilities of Supervisors**

- Identify standards of good performance and communicate to staff members.

- Work with staff to periodically assess their performance compared to these standards.
- Provide feedback to staff about their performance.
- Work with the staff and the community to identify appropriate interventions that will lead to improve worker performance and delivery of high quality service.
- Mobilize resources from many different sources to implement interventions.
- Ensure that interventions have had the intended effect.

### **Needs of a Supervisor**

- Knowledge of the work
- Knowledge of responsibilities
- Skill in instructing
- Skill in improving methods
- Skill in leadership.

A supervisor gets results through people. People must be treated as individuals. This has to be understood by any supervisor.

### **Main Features of a Supervisor**

- Guidance and training
  - Maintain regular contact with staff
  - Manage performance problems
  - Designing a supervisory system (plan, schedule and performance evaluation).

- Assistance with resources and logistics
- Support, encouragement and advocacy
- Monitoring and evaluation.

### **Effective Supervision**

To make an effective supervision and to facilitate the work, it is advisable to remember and apply the following issues.

- Create good communication and understanding, and participatory discussions with the staff. Encourage suggestions and participation. Even you need to talk informally with your staff.
- Share the overall goals and objectives of the program with the staff.
- Respect your staff and the give praise to the contributions made.
- Identify the types of decisions or issues the staff feel are important.
- Develop and create team working and team spirit among the staff involved in supervision.
- Equip yourself with a checklist.
- Select properly qualified staff with technical and managerial skill.
- Reward (in kind or cash) those with better performances.

### **Roles of a supervisor**

**Coach** - A good supervisor places a high priority on coaching employees. Good coaching involves working with employees to establish suitable goals, action plan, and time liens.

**Mentor** - The employee can look to the supervisor as a model for direction and development.

**Advocate for organization** - Often the supervisor is the first person to tell employees about new policies and programs from management. The supervisor must be authentic, yet tactful.

**Advocate for employee** - The supervisor is often responsible to represent the employee's request and to management, along with also representing the employee's cases for deserving a reward.

### **Factors that influences supervisions**

There are a number of factors that influences supervision and determine supervision style.

Some of them are:

#### **1. The Task**

In this case in which a high degree of consistency and uniformity of output are required and work is determined by strict government policies and/or legislation, then a more directive form of supervision may well be required.

Closed and defined tasks require an emphasis on a tighter and more directive style of supervision. In this case where a high degree of activity and initiative are required and are based on a relatively open learning approach, then a more participative style is preferable.

## **2. The Supervisee**

Maturity, as the capacity to set high but attainable goals (achievement-motivation), willingness and ability to take responsibility, the education and experience of an individual or a group are some of the factors to be considered from the supervisee.

Supervisory style, therefore, should change according to the situation. For example, employees with low maturity require a high task orientation in their supervision.

## **3. Time**

The time factor is important in the sense that tasks governed by strict time limits and emergency situations require a more directive style of leadership, which do not allow for the discussion of the supervisors instructions and requirements.

## **4. The supervisor's own style and situations.**

Individual style of supervision and the existing situation/condition may have positive or negative impact on supervision.

It is clear that individuals have different behavior and character. Depending on the type of behavior an individual possesses, the style of supervision also may be favored or affected.

On the other hand, situations may have also an impact on the style of the supervisor, even if he/she has good knowledge on supervision. Internal and external forces or conditions may dictate on the

individual style. For example, in the case of and an epidemic, where many people are suffering and dying of the disease, a supervisor should take an immediate action on those who are not working properly.

"Do not be afraid to vary your type of supervision to suit the circumstances."

### **Appropriate style of supervision**

#### **Should the style of supervision be autocratic and/or democratic?**

Autocratic supervision is frequently criticized for, among other things, suppressing individual initiative and ability, failing to understand the particular circumstances of supervisees, and generally contributing to organizational inequalities.

A more democratic style of supervision based on the broad and systematic consultation and discussion is designed to contribute to human development and motivation, along with greater employee responsibility and initiative.

The styles are:

#### **1. Autocratic (directive)**

- "Do as I say" is the main say
- One way communication only
- Humiliates people and make them irresponsible.

## 2. Anarchic

- "Do what you like", which is poor in management

## 3. Democratic (supportive, participatory)

- "Let us discuss and agree on what we are to do"
- two ways communication
- helps people to grow, to become responsible and show their initiative
- involve the subordinates in decision-making,

### **Should supervision be based on task or relationship behavior?**

Task behavior refers to the extent of which the supervisor defines roles and specific activities and the means by which the supervisee fits into the operation of the organization. Relationship behavior refers to the extent of which the supervisor emphasizes personal contact and provides the social and personal support for the supervisee.

In many respects, the task behavior is near to an autocratic approach while the relationship behavior tends to be more democratic, open and consultative.

### **Should supervision style adapt to the circumstances?**

Contemporary approaches to management have criticized the view that there is a "one best way" of managing that may be used universally, irrespective of time, place or task. The burden is on

adapting management to the particular circumstances and the recognition that what is appropriate in one case is not necessarily appropriate in another. This is certainly the case with supervision styles which should not be seen as mutually exclusive and universally applicable.

The style of supervision adopted by individual supervisors will very much depend upon the overall policy approach adopted by the organization and the values expressed in organizational relations.

### **What skills are required for effective supervision?**

Three types of skills that may facilitate 'effective supervision' are:

#### **1. Technical Skills**

It is highly essential and important in the specific area of work for supervision.

The supervisor should possess good experience and training in the area of concern in addition to knowledge of relevant legislation and organizational policies for that area.

#### **2. Conceptual Skills**

It refers to the ability of the supervisor to see specific problems in their wider dimension in addition to applying a logical approach to the issues raised in supervision. Improving skills here are problem



identification and solving, organizing, and planning in addition to a proactive management style.

### **3. Human Relation Skills**

It is essential for ensuring the necessary comprehension, communication, motivation, and employee development together with discipline in the supervisory relation.

#### **Process and Activities of Supervision**

##### **1. Preparation for supervision**

in the preparatory stage the supervisor has to:

- Study the available documents (such as reports, charts, job descriptions, etc.)
- Identify the priorities for supervision
- Prepare a supervision schedule.
- Preparation of manpower, finance, and other relevant logistics to conduct the supervision
- Discuss with partners about the supervision.

The most important discrepancies and problems have to be identified and prioritized thereby setting out a checklists of activities and tasks to which priority attention should be given in respect to each program, district, institution or unit, and type of health worker.

## **2. Conducting the Supervision**

In this stage, the supervisor

- will establish contacts with appropriate persons and groups,
- Discuss the issues on the checklists,
- Review objectives and targets,
- Enter into more detailed discussion with the supervisees,
- Observe the supervisee in his/her work,
- Identify areas for follow up and gaps,
- Consult with community representatives, and
- Report to the health team.

## **3. Follow up of supervision**

These stages should systematically set the particular solution to the individual 's problems. It is identified through the supervisors' report and the health teams' program of work.

It is important to clarify the objectives and targets, and then set out the actions required in terms of training, timetable of activities, and changes in logistic support.

In order to secure a record for future supervision and clarify action required, the supervisor should make a report.

## **The experience of supervision in the health sector**

Studies and consultations show a number of key problems in many system of supervision.

- Lack of skilled/experienced staff

- lack of motivated staff
- Lack of resources to carry out supervision sustainable
- High turn of skilled manpower
- It is sometimes carried out without planning and scheduling
- Feedback is not given on time
- Most of the time those areas which are far away are not covered by supervision.
- Lack of transportation to reach inaccessible areas
- Supervisors and Supervisees have insufficient time for supervision
- Supervision visits and sessions suffer from poor scheduling
- Supervisors do not have the necessary seniority and respect among the employees
- Feedback does not occur in the supervisory process
- Supervisors fail to adopt the right supervisory style
- Supervision takes place sporadically and/or infrequently
- No body is responsible for ensuring that effective supervision occur
- Lack of preparation of supervision particularly in not prioritizing the issues for supervision
- Insufficient development supervisory skills
- Inadequate job descriptions confuse the supervisory process.

## **Classification of Supervision**

### **1. Individual and Group Supervision**

- **Individual Supervision**

Individual supervision takes place one-to-one bases between the supervisor and supervisee.

Some of the advantages are:

- It allows dealing with the personal issues and to the particular problems of the supervisee.

Can contribute to the motivation of the supervisee,

The supervision can adjust his/her style of supervision.

- **Group Supervision**

It may well be more appropriate to conduct group supervisory sessions. This means that the supervisor would supervise community workers from a defined geographic area at one time and one site, combining field contacts between a supervisor and multiple community workers into one supervisory session. Supervision can occur on a fixed schedule and the site can be rotated among the community workers' villages in the area.

This method introduces the possibility of peer group support as problems and solutions are shared among co-workers and colleagues in a learning process. Problems faced by the health workers might even be common or interrelated and therefore require a more team

approach in supervision. Supervisees broaden their experience through exposure to different situations and learn how to work in-group situations. It could also be a more cost-effective form of supervision.

In order to make effective group supervisory sessions, much will depend on the group skills of the supervisor and the status given to peer group support within the group.

## **2. Informal and Formal Supervision**

Supervision is normally considered to be a relatively formal process with a structure involving preparation, organized supervision sessions, regular frequency and time limits, recognized stages and means for the gathering of information, agenda setting, the keeping of records, and formal definition of actions to be taken. Those recognized procedures lend seriousness to the supervisory process.

The pressure of time, the immediacy of a crises situation or the development of highly interesting and important problems also requires supervision to be conducted on a more formal basis. It is important, however, that this informality should not become the predominant form of supervision. There is clearly a need to ensure supervision takes on the form of a repeating system with a clear and regular structure.

### **3. Direct and Indirect Supervision**

Direct supervision involves the supervisor observing the supervisee in work situations with the advantage that a clear understanding of problems and valuable solutions can be developed.

Much supervision, however, takes place in an indirect manner relying on interviews and records. The indirect method: is based more on the analysis of documentation and the administration type action. It includes periodical review of the diary, worksheets, records, etc. maintained by the worker.

#### **Feedback**

Giving employees honest feedback on their performance can be one of the toughest jobs a manager can do. Leaders often shy away from delivering the honest feedback. Their employees need because it is uncomfortable and can be seen overwhelming to deal with. yet without good feedback, your operation cannot improve productivity and your employees cannot grow and learn.

- Give task-oriented comments based on observations
- Be prompt (Quick, alert) with feedback
- Give action-oriented tasks so that the employee can do it his/herself
- Be motivating with your comments
- Be constructive with criticism.

## **Summary Note**

### **What is Supervision?**

Health Service supervision is defined as **"A process of guiding, helping, training, and encouraging staff to improve their performance in order to provide high quality health services."**

### **Who Supervises?**

- It can be carried out by a person responsible for the performance of staff.
- It can be conducted internally and externally by authorized bodies.

The internal supervision is conducted on daily basis as part of everyday activities while the external is performed usually on periodical visit.

### **Who is a supervisor?**

- One who supervises one or more people at work.
- One who works in a small scale health post to a large sophisticated hospital but entitled as supervisor.
- He/She can be a clinician, public health worker, district/regional health level people, etc.
- One who has received some formal training in supervision or who have the experience of doing.

### **Responsibilities of Supervisors**

- Work with staff periodically to assess their performance.
- Identify standards of good performance and communicate to staff on time.
- Provide feedback to staff about their performance on time.
- Work with staff at all stages, community and other sectors to identify appropriate interventions that will lead to improve workers performance and delivery of high quality service.
- Mobilize resources from different areas and assist for intervention programs.

### **Skills of Supervisors**

- He/She need to facilitate and motivate team work.
- He/She has to be role-model and demonstrate technical competency to their staff.
- Facilitate meetings and open discussions with colleagues.
- Give merits/rewards to positive outcomes and encourage others who score below.
- Provide constructive, action oriented, and timely feedback.
- Need to have more of human relation skill and need



to communicate effectively with staff and decision makers.

### **Personal Characteristics of supervisors**

- Ability to have good quality of leadership and inspire others.
- The desire to help and encourage others to achieve their full potential for the achievement of the goal.
- One who has the commitment to the provision of high quality of health services.
- He/She needs to be open to new and creative ideas.

### **Exercise**

#### **Instructions**

After going through the note, try to test yourself by answering the following questions. When you are through by yourself, discuss with your colleagues.

1. Why do you need to conduct supervision?
2. If you are assigned to a supervisor, what are the activities that you will perform?
3. Is supervision done only by higher officials? (Say True or False).
4. Could you explain the similarities and differences between supervision and monitoring?

## UNIT SIX

### Implementation

#### Learning Objectives

At the end of this Unit, the trainee will be able to:

- Define implementation,
- Ensure the availability and on timely deployment of all resources that are needed for implementation,
- Use time-table for proper follow up of implementation,
- Decide on important issues to facilitate implementation,
- Know that motivation of staff, coordination, monitoring and supervision of works are vital for implementation, and
- Understand factors that affect implementation and find means of alleviating them.

#### Definition

It is putting a program into action or doing the work.

What is to be implemented depends on the plan. Once a program has been planned and marketed, it must be implemented.

Implementation “consists of initiating the activity, providing assistance to it and to its participant, problem-solving issues that may arise, and reporting on progress.” To accomplish all of this, one has to select the

most appropriate implementation strategy and see that any special concerns associated with implementation are handled properly.

### **Factors that facilitate Implementation**

#### **1. The implementer need to**

- Know and review the plans drafted,
- Understand the goals/objectives,
- Write detail activities based on the goals/objectives,
- Arrange time-table,
- Assign responsible bodies, and
- Discuss with the stakeholders.

#### **2. Allocating the necessary Resources/Inputs**

- **Manpower**

Secure and deploy on time the necessary manpower in kind and number.

- **Money**

- Clear budget for capital and recurrent uses have to be available and utilized effectively and efficiently.
- Know the amount of budget allocated for implementing the project/program/activity.
- Close control of the utilization is very essential.

- **Materials**

- Obtain the necessary equipment and supplies on time.
- Need strict controlling on the utilization to prevent corruption.

- **Information**

- Document all the necessary information about the progress of the implementation.
- Inform the stakeholders about the development and if there is any constraint, etc.

- **Time**

- Use time effectively.
- Develop time-table to follow the implementation.

### Implementation Timetable

To provide some guidance in implementing a program, it is helpful to compile a tentative timetable for implementation. It might even be useful to include the entire planning process.

Tasks/Activities	Time/Months											
	J	F	M	A	M	J	J	A	S	O	N	D
Phase in intervention	X											
Total implementation		X	X	X	X	X	X	X	X	X	X	X
Collect and analyze data for evaluation			X									
Prepare evaluation report				X								
Distribute report					X							
Continue with follow up for long-term evaluation						X	X	X	X	X	X	X

3. **Create good relation** with the stakeholders at all levels. More emphasis has to be given to the immediate manager.

4. **Coordination of the work**

Coordination of the work will facilitate implementation and will help to complete the program on time. Some of the areas to be considered in coordination are:

- Give defined responsibilities to the staff.
- Give authority that can balance the authority offered.
- Person in charge have to be assigned and be known by all.
- Develop check lists that will guide coordination such as:
  - What is to be done?
  - Where does the action will take place?
  - When will be the action will take place?
  - Which materials and equipment are needed?
  - Who will be responsible at each level? General and specific responsibilities have to be clearly stated and known by all concerned. Etc.

5. **Communication**

Directives and coordination will go smoothly if there is proper communication on the ground

- Create link with the necessary stakeholders including the community.

- Develop organizational structure, which will help you to know the authority, responsibility and who makes decision, etc.
- Communicating with staff, government agencies, community, and other relevant stakeholders will enhance and facilitate the implementation process.
- Create networking with all stakeholders.
- Intersectoral communication and collaboration will enhance the implementation process.

## **6. Monitoring and Supervision**

Monitoring is a continuous, systematic and critical review of a project/program/activity with the aim of checking progress. Corrective action has to be taken if any gap is detected during monitoring. During monitoring check

- If activities are implemented as planned or not,
- If the time is properly utilized,
- If the necessary manpower is deployed,
- If the necessary resources utilized properly,
- If there is a need of modifying/changing, etc.

Use of Log Frames, Activity Plans, and Schedules will help to monitor progress.

Periodic supervision has to be made to know the progress of the implementation. It needs to be planned. It is to maintain and improve the quality of implementation of program/activity.

Supervision can be conducted either directly by observing the implementation at the site or indirectly by checking reports.

### **Decisions on Implementation**

**First:** Ensure that program *activities* are executed as planned and services delivered as intended.

Coordination of activities on time and place are the first to be considered.

**Second:** The deployment of personnel in the right number, time and place. Organizing, directing and supervising.

**Third:** Mobilization and allocation of the necessary resources.

Monitoring and controlling, logistics deploying, accounting and organizing have to be undertaken for proper implementation of programs/activities.

**Fourth:** The information needed in relation to implementation.

Decision on What? And Why? – Adequate quantity and quality.

From where? - Which sources?

How? – Processing and putting together, analyzed, reported, etc.

To whom to be communicated?

## **Factors affecting Implementation/ Causes of Poor Implementation**

Poor implementation means delayed or non-implemented or different from that planned. The factors for such causes could be unavoidable or failure at earlier parts of the planning cycle or failure at the programming and implementation stages. The factors could be internal, such as turn over of trained staff or external such as natural calamities, shortage of fund, etc.

### **Factors**

- A change in priorities/ policies. So we need to be flexible in our planning.
- Resistance to the changes. It can be internal and external and it is anticipated. So you should overcome and absorb it.
- Lack on the necessary resources. This can be due to external, unforeseeable circumstances or poor design.
- Imprecisely specified project/program. This can be due to a failure to quantify, identify, when the resources are required.
- Lack of appropriate organizational structures.
- Lack of appropriate managerial skills.
- Unforeseen circumstances, e.g. famine, war, etc.

The solutions for the above factors depend on the individual cause. The implementer has to find the main causes and act accordingly.



He/She should act immediately on those areas under their control. Those areas which are beyond their capacity have to be communicated to the responsible bodies immediately.

### **Effective Performance Measurement Process**

These measurement process needs due attention by any implementer:

- Incorporate stakeholders input;
- Promotes top leadership support;
- Creates a clear mission statement;
- Formulate short-term goals;
- Devises simple, manageable approaches; and
- Provides support and technical assistances to those involved in the process.

### **Summary**

During implementation/execution of the planned activities, remember

- To allocate resources.
- To guide implementation/execution.
- To coordinate the effort.
- To monitor staff and work progress.

## Exercises

### Instruction

After going through the reading of this section, answer the following question first by yourself and then with your group/colleagues.

1. What is implementation?
2. How do you relate implementation and planning?
3. List the necessary factors that are relevant to implement any health activity/program.
4. What are some of the causes for poor implementation and what measures do you take to alleviate them?



# UNIT SEVEN

## Evaluation

### Learning Objectives

At the end of this unit, the trainee will be able to:

- Define evaluation,
- Appreciate the purposes of doing evaluation,
- know the steps in evaluation,
- Identify practical problems in evaluation and find means of solving them,
- Know the similarities and differences of evaluation and monitoring, and
- Describe indicators and know the importance of indicators in evaluation.

### Definition

It is the methodical process of determining the worth of a system, project, course of action, campaign, etc. It involves the comparison of the actual performance of the system.

It is also defined as a systemic way of learning from experience and using the lessons learned to improve current activities and promote better planning by careful selection of alternatives for future action or as asking, “Did we achieve what we set out to do?” and comparing the present situation with the past in order to find out to what extent organizing purposes have been achieved.

All in all it is determining the value or worth of the objects of interest (health programs) against standards of acceptability.

Meaningful evaluation requires clear thinking, profound learning, modify/make new plans, takes corrective actions and provide feedback on time.

It is carried out mainly as a way of looking at program activities, human resources, material resources, information, facts and figures; in order to monitor progress and effectiveness, consider costs and efficiency, show where changes were needed, and help to plan more effectively for the future. Hence, evaluation is a continuous process.

Evaluation: - cannot be expected to do anything

What it can often do is: -

- ◆ To show the main achievements/findings;
- ◆ To show where and how changes can be made;
- ◆ To show how strengths can be built upon;

- ◆ To provide information;
- ◆ To increase skills for planning; and
- ◆ To increase skills in decision-making.

The results of evaluation are expected to show:

- What a program has been trying to do?;
- What actually happened?
- Where the differences/gaps between the plan and the Actions has happened
- The reasons for the difference/gaps, and
- What needs to be done

Evaluation involves finding the answers to the following questions:

- Are workers performing well as planned?
- Is equipment functioning as effectively as expected?
- Are resources being utilized fully?
- Are records being maintained correctly?
- Are the collective actions of the workers producing expected results?

If the answer to one of more of these is no, then the reasons for the deficiency are explored. Where do the faults lie? Is the machines or in the basic assumption that the planned activities lead to the expected outcomes?

## Purposes of Evaluation

The main purposes of evaluation may be generalized as:

- To note the shortcomings, deficiencies, duplicities, etc. in the system. Suitable corrective actions need to be undertaken.
- To justify the governmental expenditure on a program by demonstrating its worth and convincing the people that their money is being well utilized.

Stakeholders be it in health or other sectors, they need programs to be evaluated and the necessary measurements to be undertaken. Six general reasons why stakeholders may want programs to be evaluated.

1. To determine the achievements of objectives related to improved health status.
2. To improve program implementation.

Through it weak elements can be identified, removed and replaced.

3. To provide accountability to funders, community and other stakeholders.

An evaluation may provide decision makers with the information to determine if the program funding should continue, discontinue or expand.

4. To increase community support for initiatives.

Positive evaluation information channeled through the media can help sell a program, which in turn may lead to additional funding.

5. To contribute to the scientific basis for community public health intervention.

Program evaluation can provide funding that can lead to new hypothesis about human behavior and community change, which in turn may lead to new and better programs.

6. To inform policy decisions.

Program evaluation data can be used to impact policy within the community.

### **The Process of Evaluation**

It is spiral and the steps have to be followed properly.

1. Deciding when and how to evaluate: Planning
2. Selecting objectives and methods to be used: Planning
3. Carry out the evaluation: Data collection
4. Looking of the results: Data analysis
5. Using the results to improve the program: report and Application.

In detail it is presented as follows:

## **Planning:**

Why do you need to plan evaluation?

Planning evaluation means: planning is an organized method by which you can work out how you intend to reach your evaluation objectives and when.

Planning helps you to:

- Select the priorities and objectives of the evaluation
- Indicate the kind of methods you need to use
- Decide what you need to do in detail
- Decide the role each person will play in the evaluation
- Indicate how long the evaluation will take and how much it will cost
- See how one part the evaluation relates to the others
- Increase skills in planning & organization.
- Review the program goals and objectives
  - Determine whether the necessary resources are available
  - Determine the evaluation design
- Determine whether the evaluation questions reflect the goals and objectives of the program.

## **Data collection:**

- How to collect: survey, records and documents, telephone and personal interview, observation
- Who will collect? Etc.



**Data analysis:**

- How to analyze; - who will analyze? Etc.

**Reporting:**

- Who will receive the results?
- Who will report the findings?
- How to disseminate? Etc.

**Application:**

- Determine how the results can be implemented.

***The process of supervision******1. Preparation for supervision***

In the preparatory stage the supervisor has to

- Study the available documents (such as reports, charts, job descriptions, etc. )
- Identify the priorities for supervision,
- Prepare a supervision schedule.

The most important discrepancies and problems have to be identified and prioritized thereby setting out a checklist of activities and tasks to which priority attention should be given in respect to each program, district, institution or unit, and type of health worker.

## **2. Conducting the Supervision**

In this stage, the supervisor

- will establish contacts with appropriate persons and groups,
- discuss the issues on the checklists,
- enter into more detailed discussion with the supervisees,
- observe the supervisee in his/her work,
- identify areas for follow up,
- consult with community representatives, and
- report to the health team.

## **3. Follow-up of supervision**

This stage should systematically set out the particular solutions to the individual problems identified through the supervisors' report and the health teams' program of work.

It is important to clarify the objectives and targets, and then set out the actions required in terms of training, timetable of activities, and changes in logistic support.

In order to secure a record for future supervision and clarify action required, the supervisor should make a report.

## **Steps in Evaluation**

### **1. Assess the evaluation situation**

- Determine the evaluation goal

- Clarify what is at stake, e.g. human lives, change in policy, etc.
- Specify how much confidence and reliability to aim for.

## **2. How to choose the evaluation design appropriate to the evaluation situation**

- Assess feasibility of achieving
- Assess potential threats to internal validity
- Choosing the evaluation design appropriate to the situation, and
- Assessment of evaluation criteria.

## **3. How to develop evaluation indicators and instruments.**

## **4. How to plan your approach for analyzing data.**

## **5. How to plan for optimal use of results for learning and action.**

Three key steps are important:

- Know your audience
- Organize results according to importance
- Simplify, simplify, simplify.

## **The General Approach to evaluate:**

### **Five Steps:**

**Deciding-** what aspects of programs are to be evaluated/measured?

**Collecting-** the information- evidence findings.

**Comparing** the results with targets/objectives.

**Judging-** target/objectives met.

**Deciding** to continue unchanged/changed steps and finally giving feedback.

## **Types of evaluation**

Some authors use the terms ***Process, Impacts, and Outcome*** to determine the value of a program.

Others use the term ***Formative/ Diagnostic or Progressive Evaluation*** to evaluate **inputs** and it is performed during implementation. ***Summative or Terminal Evaluation*** to evaluate **outputs** and it is done at the conclusion of the program.

The type of evaluation reflects:

- Whether the results are needed to improve a program before or during implementation.
- To assess the effectiveness of a program, or
- To determine whether the program met the goals and objectives.

### **1. Process Evaluation/Program Monitoring**

Document the implementation of a project and explain cause and effect.

### **2. Impact Evaluation**

- Document and explain cause and effect
- Focus on the immediate observable effects of a program leading to the intended outcomes of a program, immediate outcomes. Requires at least 5 years from the inception of a program.

### **3. Formative/ Diagnostic Evaluation**

- Any combination of measurements obtained and judgment made before or during the implementation of materials, methods activities or programs to control or assure or improve the quality of performance or delivery.
- Is providing information on progress. It must therefore be continuously possible.
- Is designed to inform about the amount still has to go before achieving objectives.
- Measures the progress or gains made from the beginning until completed.
- Enables activities to be adjusted in accordance with progress made or lack of it. Therefore, it is a teaching method.
- Is very useful in guidance and prompt to ask for help.
- Is carried out frequently.

### **4. Summative/ Certifying Evaluation**

Any combination of measurements and judgments that permit conclusions to be drawn about impact outcome or benefits of the program or method.

#### **Evaluation methods**

- Many kinds
- Some are used

- To evaluate the effects of programs on people
- Some help to evaluate program structure and organization
- To evaluate the effects of program activities

**People** (commonly used methods)

- Physical measurements: like height, weight, medical tests
- Verbal questions: such as those asked in questionnaires, interviews, etc
- Written questions: such as those asked in questionnaires, tests of knowledge and skills, attitudes.
- Analysis of existing information: such as records, reports, diaries and autobiographies
- Observations, photographs and drawings of customs, practices, procedures.

**Program structure and organization:-** as well as the methods used to evaluate people

- Written information: such as records, reports, budgets, plans, past evaluations, minutes of meeting, etc
- Verbal or written questions: such as questionnaires
- Interviews
- Observations
- Discussions and tape recording
- Records of personal work or work diaries

### Program activities

- Measurement of various kinds, such as areas covered, # of people or houses, etc
- Physical tests
- Verbal or written questions: such as questionnaires, interviews, surveys,
- meetings, tape recordings
- Observations and pictures, photographs
- Written information, such as reports and records

### Who will conduct the evaluation?

The evaluator may be someone associated with the program or someone from outside.

If someone trained in evaluation, who is personally involved with the program conducts

the evaluation, it is called an ***Internal Evaluation***.

### Advantages:

- Making it easier to collect the relevant information,
- Less expensive.

### Major Drawbacks:

- Evaluator bias or conflict of interest.

An **External Evaluation** is one conducted by someone who is not conducted with the program.

Advantage:

- Can provide a more objective outlook and a fresh perspective, and it helps to ensure unbiased outcome of evaluation.

Disadvantage:

- More expensive.

Practical problems in evaluation

Certain problems may exist that hinder an effective evaluation.

1. The planner failed to build evaluation into program planning.
2. Adequate procedures cost time and resources.
3. Changes sometimes come slowly.
4. Some changes do not last.
5. It is often difficult to distinguish between cause and effect.
6. Conflict can arise between professional standards and do-it-yourself attitudes.
7. Sometimes people's motives get in the way.
8. It is difficult to properly evaluate multi-level interventions.

## **Monitoring**

Monitoring is the day-to-day watch on, or continuous follow-up of, the on going activities. It is carried out through observation of men and



materials, discussion with workers, supervisors and beneficiaries, and review of reports, diaries and statistical data. Monitoring is one of the tools for evaluation.

It is regularly checking to see that program activities are being done as planned.

It means collecting information and keeping records about activities to check whether the work is being carried out as planned and to assess reactions of people receiving the services or involved in the project.

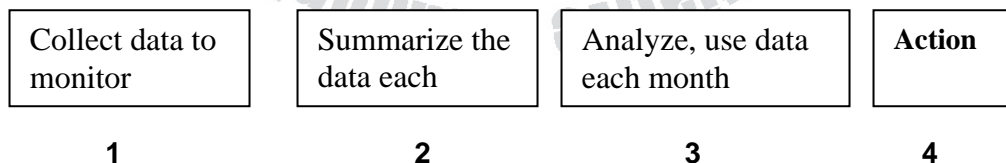
The goals of monitoring are:

- To identify any problem early,
- To solve without delaying the progress of the program.

### **Key areas of monitoring**

1. Adequacy of supply, materials and budget.
2. Training, type, relevance and quality.
3. Quantity and quality of work done.
4. Communication.
5. Supervisory activities.

### **Steps in Monitoring**



## **Indicators**

An indicator is a standard used to measure changes in the state of health and welfare of the community. They are predetermined and pre-defined and are employed to compare the expected with the actual performance. Three types of these are generally used

### **1. The Input Indicators**

These specify the quantity of materials, drugs, vaccines, etc. to be procured, the number of personnel of different categories to be recruited, sent for training, etc. and the amount of money to be spent.

### **2. Process or Performance Indicators**

These are the yardsticks to determine the success of the main, the supportive, and the developmental activities. E.g. The number of daily out patient attendance, % wells chlorinated in the month, etc.

### **3. Outcome, Effect, Impact or Output Indicators**

These are the yardsticks for assessing the impact of the program. E.g. % decreases in IMR, MM, Death, birth rates, etc.

Indicators are important for evaluation.

It is a marker – to analyze present situations

- To make comparisons
- Show progress and help to measure trends and changes.

## **Types of Health Indicators**

- a. Health policies
  - level of political commitment
  - the allocation of resources
  - the degree of decentralization
  - mechanisms for community participation, etc.
- b. Social and economic development
  - level and distribution of economic wealth
  - types and levels of employment
  - school enrollment and adult literacy, etc.
- c. Population related indicators: demographic characters
- d. Provision of health care: availability, accessibility, and coverage
- e. Health status: nutritional status, infant mortality, maternal mortality, etc.

## **Management Audit**

It is a comprehensive and constructive examination of an organizational structure of an institution, organization, a branch of government or of any other component, such as department or division, its plans, objectives, its means of operation and use of human and physical facilities.

It examines the overall performance of the organization.

It is a method of reviewing management activities.

It is a checklist of questions related to management.

It is a summary of all operational control process.

It can be used as a tool by

- Health workers with management functions to examine their own success and failures, or
- Supervisors to assess the management efficiency of an organization.

Audit is defined as the systematic examination of the accounts of a system. It is carried out for detecting errors. The objective of audit is to correct the errors and improve its working and efficiency.

The process can be

- Highly complex, covering every aspect of management organization, or
- Very simple, asking only a few carefully constructed questions to reveal the general standard of organization and efficiency.

The valuable information generated by such an audit assists management in making control decisions.

Example: Management audit for a rural health unit

**Instruction:** Under the date of audit, write Y (Yes) or N (No) opposite each statement.

Description of work	Date	Action	Date	Action
1. Planning & Organization				
- The health center has one or more defined objectives.	2/1/93 Y	Immunize 400 children	3/1/94 Y	Completed
- Regular staff meetings are held				
2. Personnel				
- Each member of the team has a written job description				
- Team members show concern for the welfare of patients				
3. Resources				
- There is sufficient equipment				
- Drugs issue are recorded and reviewed				
4. District and Public Relation				
- There is a health committee of people within the area				
- Health goals and activities relate to PH needs.				
5. Control System				
- There are monthly statistical reports				
- The patient registers are clear and up to date				

## Contents of evaluation report writing

1. Back ground information
2. Statement of the program
3. Literature review
4. Objectives
5. Methodology
6. Work plan
7. Implementation
8. Write up

### Summary

Evaluation can be thought of as a way

- To make sound decisions regarding the worth for effectiveness of health promotion programs,
- To compare different types of programs,
- To eliminate weak program components,
- To meet requirements of funding sources, or
- To provide information about programs.

The evaluation process takes place before, during, and after program implementation. If the evaluation is well designed and conducted, the findings can be extremely beneficial to the program stakeholders.

## Exercises

### Instructions

After reading the note thoroughly test yourself by answering the following questions. Later on you can discuss with your colleagues.

1. What is evaluation?
2. What is the importance of doing evaluation?
3. How do you solve the practical problems in evaluation?
4. What are the similarities and differences of evaluation and monitoring?
5. Evaluation should not be considered as one of the activities in the health institutions. (True or False).
6. If you are assigned to be head of a health post, how do you evaluate your program? E.g. Home visiting.

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