

## **Mukono Diocese School of Nursing and Midwifery Sciences**

### **Health Service Management**

#### **The need for managers in health care**

- Healthcare is an expansive industry that ranges from preventative care, to emergency services, to follow-up and rehabilitation.
- Health care organizations are complex and dynamic.
- The nature of organizations requires that managers provide leadership, as well as supervision and coordination of employees.
- Organizations are created to achieve goals that are beyond the capacity of any single individual.
- This is more so in health care organization
- ns where the scope and complexity of tasks carried out in provision of services are so great that individual staff operating on their own can't get the job done.
- Managers are therefore needed to make sure certain that organizational tasks are carried out in the best way possible to achieve organizational goals and that appropriate resources including financial and human resources, are adequate to support the organization.

## **Management**

### **Introduction**

- Though management is universal, there is no agreed definition.
- Choice can be made to suit that situation in which it's applied.
- The simplest definition is "*the getting of things done through people*".
- Management can also be defined as a process which enables organizations to achieve their objectives by planning, organizing and controlling their resources including gaining the commitment of their employees through motivation.
- HSM can be observed as getting people both health workers and non-health workers work together harmoniously to make effective use of resources to deliver health services effectively to the community they serve.
- The aim of teaching Health Services Management (HSM) is to equip the students with relevant skills that will enable them to effectively manage health services.
- Therefore management enhances teamwork as opposed to work in isolation.
- This therefore requires a manager to be flexible in order to succeed.
- The manager who is stiff causes "a red tape" i.e. a breakdown in organization.
- In proper management information should flow from subordinates to the supervisors and vice-versa.
- In management, there is control of resources.
- Resources are considered under 4m's i.e.
  - Manpower
  - Material
  - Money
  - Movement/Moment (Time)
- Manpower resources cannot be bought from shelves like any other resources.
- This means manpower is not always available particularly in the right kind.

NB:

- Management has been applied since the beginning of civilization.
- In communities, people have always worked together to grow crops, build temples, etc.

## Commonly used Concepts in HSM

- Three of the most important concepts in healthcare management are: effectiveness, efficiency and equity.
- These concepts can help you work successfully with people and other resources;
  - 1. Effectiveness**
    - a. This is the measure of how well an organization or person is meeting his/her goals.
    - b. E.g. if the goal of hospital is to provide high quality healthcare and it succeeds in doing so, then it is working effectively.
  - 2. Efficiency**
    - a. This is the measure of how well an organization is using its resources to achieve its goals.
    - b. If money and materials are being used well and there is little wastage, then the organization is working efficiently.
    - c. If costs are too high or materials are being wasted, then your activity is inefficient.
    - d. Efficiency involves doing things right, using resources wisely and with a minimum of waste.
  - 3. Equity**
    - a. Access to basic healthcare is the right to all people.
    - b. However, this does not happen in real life for many reasons.
    - c. Health inequalities are a result of unfair distribution of resources and may be associated with low socioeconomic status, low education level, geographical factors and sometimes ethnicity.

## Qualities of a good manager

- A good manager;
  - Knows when, where, what and how to act i.e. good manager is flexible, Kind, & Patient.
  - Knows the importance of accountability i.e. must be able to account for whatever he/she has used or done.
  - Should be transparent
  - Should be able to consult because he's not working in isolation
  - Should be polite and able to share knowledge with others
  - Should be knowledgeable i.e. up dated and never challenged.

**However, management incurs some problems**

- Biasness
- Lack of knowledge and skills
- Inadequate resources e.g. money and other equipment in the Health Unit, manpower, etc.
- Environmental hazards e.g. blocked toilets, no water etc.
- Lack of cooperation from colleagues
- Poor communication both verbal and written, no telephone, lack of transport
- Beauracracy: Tendency to go through very many processes before arriving at the final decision
- Competition in management where two managers are competing to be in charges of a unit, conflicts may occur.
- These make it difficult to manage. These can hinder the effectiveness of management.

**Management as a Collective Effort**

- While more often than not, we tend to focus on the role of senior manager or lead administrator of an organization, it should be realized that management occurs through many others who may not have “manager” in their position title. Examples of these managerial positions in health care organization are:-

<b>Health Care setting</b>	<b>Management Position</b>
Ward	In-charge
Special Clinic	In-charge
Outreaches	Coordinator
Records Department	Director of Medical Reports
Nursing	Senior /Principal Nursing Officer

**Principles of Management**

1. Henri Fayol gave the following 14 Principles of Management:

1. *Authority with corresponding responsibility.*
  - a) Authority is the right to give orders and the power to exert obedience.

- b) Responsibility implies the obligation to perform the work in the manner desired and directed by the superior.
  - c) If responsibilities are allocated, then the post holder needs the requisite authority to carry out the duties.
  - d) He/she should be responsible for his /her actions.
  - e) It is not uncommon in some organizations to find powerless managers.
2. *Specialization/ division of Labour.*
- a) This is a principle of work allocation/specialization so that individuals do activities which they are best suited for hence more efficiency of the organization.
  - b) In any organization, a manager cannot perform all the activities to achieve its objective.
  - c) So, there should be division of work according to managerial and non-managerial or according to departments in the hospital.
3. *Discipline.*
- a) For an organization to prosper, there must be orderly behavior for all its employees.
  - b) Employees must adhere to the rules & standards of the organization.
  - c) It is facilitated if there are good supervisors at all levels, rules are clear and penalties are imposed with fairness.
4. *Unity of command.*
- a) In any organization, subordinates should be supervised by a single superior to whom s/he should be accountable.
  - b) This generalization still holds even where we are involved with team and matrix structures which involve reporting to more than one boss.
  - c) The basic concern is that tensions and dilemmas arise where we report to two or more bosses.
5. *Unity of direction.*
- a) There should be only overall manager and only one plan to which everybody adheres to.
  - b) That is to say there should be one supervisor to give direction to his/her subordinates.
6. *Subordination of individual interest to the organization's interest.*
- a) This principle denotes that one employee's interest or those of one group should not prevail over the organization as a whole.

7. *Staff Remuneration.*

- a) The staff remuneration should be as fair as possible in view of the organization's costs and profitability.

8. *Scalar chain of command/line of authority.*

- a) The line of authority in the organization runs from top to bottom in a straight line.
- b) Communication should normally follow this path, although managers should be able to communicate across the organization to peers at the same level of authority.

9. *Order.*

- a) To run well as an organization, there should be a place for everything and everything should be in its place.
- b) There should be proper, systematic arrangement of staff, materials, supplies and equipment according to requirement of specific job departments.

10. *Equity.*

- a) Fairness and a sense of justice should pervade the organization in principle and practice.
- b) An organization runs best when there is friendliness among employees and managers and when managers act fairly towards others.

11. *Stability of Tenure.*

- a) Employee turnover is unhealthy for organizations because time is needed for employees to adapt to their work and perform effectively.
- b) Stability of tenure promotes loyalty to the organization.

12. *Initiative.*

- a) At all levels of the organization, zeal, enthusiasm and energy are enabled by employees having the scope for personal initiative.
- b) Subordinates should be given the opportunity to conceive and execute plans as long as they are in line with the overall organizational plan.

13. *Centralization / delegation.*

- a) It refers to the extent to which authority is concentrated or dispersed in an organization.
- b) There should be a balance between centralization and delegation.

- c) Authority and responsibility should not be too centralized in one manager.

14. *Team spirit (Spirit de corps).*

- a) For proper organizational functioning, there is need for building and maintaining harmony among the workforce, team work and sound interpersonal relationships.

### **Functions of Management**

2. **Henri Fayol** also described the functions of management as planning, organizing, leading or directing, and controlling.

#### **1. Planning**

- This is determining the long-term and short-term objectives (ends) of the institution or unit and the actions (means) that must be taken to achieve these objectives.
- Planning is deciding in advance **what to do, how to do a particular task, when to do it, and who is to do it.**
- It is predetermining course of action in order to arrive at a desired result.
- It is a technical/managerial function that enables organizations to deal with the present and anticipate the future.
- It is the first and fundamental function of management because all other management functions are dependent on it.

#### **2. Organizing**

- To organize a business means to provide it with everything useful for its functioning-i.e. raw materials, tools, capital and personnel.
- It involves identifying the workers of the organization, dividing the labour, developing the chain of command and assigning authority.
- Involves setting up the **organizational structure** through identification of groupings, roles and relationships.
- It determines staff needed through developing and maintaining staffing patterns and distributes them in the various areas as needed

#### **3. Leading or directing**

- This is supervising, or leading workers to accomplish the goals of the organization.
- It's the process of getting the organization's work done.

- In many organizations, directing involves making assignments, assisting workers to carry out assignments, interpreting organizational policies, and informing workers of how well they are performing.
- To effectively carry out this function, managers must have **leadership skills** in order to get workers to perform effectively.
- Activities under directing / leading include: Effective communication; Delegation; Supervision; Coaching; Problem solving; Conflict resolution; Motivation

#### 4. Controlling

- It is the process of determining if the organization's goals and objectives are being met.
- This process also includes correcting situations in which the goals and objectives are not being met.
  - i. Managers must first set standards of performance for workers.
  - ii. Then the standards must be communicated to the workers so they know what is expected of them.
  - iii. It is the manager's responsibility to monitor performance to see that the standards are being met.
  - iv. Provide feedback
  - v. Take corrective action where standards are not met as now you (manager) would have known where the problem is arising from.

#### **Management skills**

- In order to carry out the above mentioned functions, the manager needs to possess key skills including.
  - **Conceptual skills.**
    - i. These are skills that involve the ability to critically analyze and solve complex problems e.g. finding the best way to provide a certain service.
  - **Technical Skills.**
    - i. These are skills that reflect expertise or ability to perform a specific work task.
    - ii. For example designing a computerized staff monitoring tool.
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➤ **Interpersonal skills.**

- i. These are skills which enable managers to communicate well with other individuals, regardless of whether they are peers, supervisors or subordinates e.g. a manager counseling an employee whose performance is below expectation or communicating to subordinates the desired performance level for a service for a given time period.

**Skills versus Organizational hierarchy (Management levels)**

- The importance of management skills differ at various levels in the organizational hierarchy:-

➤ **Lower level Management.**

- i. For lower level managers, technical skills are of greatest importance, human skills are also helpful in interaction with subordinates, but conceptual skills are normally not critical for them.
- ii. They responsible for the daily management of health activities in the health unit/community.
- iii. They supervise work for non-managerial personnel and responsible for the clinical nursing practice.
- iv. Although first level managers typically do not set goals for the sector or organization, they have a very strong influence on the sector and they have to set goals for their own work.
- v. These are the managers that interact most with the larger community on a daily basis.

➤ **Middle level Management:**

- i. For middle level management, the need for technical skills decreases, human (interpersonal skills) are still essential and conceptual skills gain importance.
- ii. They are responsible for carrying out the goals set by top managers.
- iii. They supervise a number of first level managers within their specialty and are responsible for the people and activities within those areas or departments.
- iv. They also set goals at their level and perhaps for other units they are responsible for.
- v. They can motivate and assist frontline managers to achieve the sector objectives.
- vi. They may also communicate upwards by offering suggestions and feedback to top managers.

➤ **Top level Management.**

- i. For top management, conceptual and human skills are still very reliable but there is less need for technical abilities.
- ii. This is true for large companies but in small organizations, technical skills may still be quite important.
- iii. These are often called senior managers or executives or directors.
- iv. Often, a group of these managers will constitute the top management team e.g. board of governors.
- v. They make decisions affecting the entirety of the health sector.
- vi. They do not direct day to day activities of the sector rather they set goals and strategic plans for the health sector or for the entire division of nursing and direct others to achieve them.

**Managerial Roles**

- Managers play various roles in their day to day activities which are generally categorized as interpersonal roles, informational roles, and decisional roles.
  1. *Interpersonal roles*
    - a. This involves directing supporting and supervising your team and work together with people from other agencies.
    - b. There are three interpersonal roles:
      - i. Figure head: all managers but especially senior manager, are figure heads because they engage in ceremonial and symbolic activities such as greeting visitors and making speeches at organizational events.
      - ii. Liaison: involves formal and informal, internal and external contacts.
      - iii. Inspiration: involves motivating and leading other staff members.
  2. *Informational roles*
    - a. Gives information that is of value to the organization.
    - b. The disseminator role entails passing on relevant information to those in the organization that may be in need of it.
    - c. The spokesperson role which involves the dissemination of information to others outside the organization.
  3. *Decisional roles*

- a. Roles include: resource allocation, negotiator, entrepreneur and problem solving.
- b. The resource allocation role entails prioritization and allocation of scarce resources in response to the many demands on those resources.
- c. The negotiator role is to negotiate resolutions to important disputes both inside and outside the organization.
- d. The entrepreneur role is to seek and identify opportunities to promote improvement and needed change.
- e. The problem solving involves taking corrective action when needed to resolve unexpected disturbance. In this role the health manager must handle problems and conflict among team members.

### **Nursing Leadership**

- ) Nurses may assume leadership & managerial roles in their work setting, their profession, & their community e.g.
  - May advocate for improvements in the quality of patient care at the workplace.
  - May also advocate for improvements in the working environment of nurses & other health workers in the profession.
  - May coordinates various health workers who provide services to the client including those in pharmacy, physiotherapy etc.
  - May advocate for changes that promote physical, psychological, & social well-being in the community as a whole.
- ) S/he also assumes a situational role of manager as ward in-charge, nursing supervisor, & PNO that is to say s/he directs & evaluates the nursing & non-nursing staff members.
- ) Therefore, a **leader** is someone who uses interpersonal skills to influence others to accomplish specific goals.
- ) And **leadership** is an interpersonal process involving influence and role modeling that inspires people to achieve personal and group goals.

### **Leadership Styles**

- A leadership style is a leader's method of providing direction, implementing plans, and motivating people to achieve goals.
- There are many different leadership styles that can be exhibited by leaders in the political, business or other fields e.g. charismatic, authoritarian, democratic, & laissez faire.

- The styles are often blended in a selective combination to fit the situation, the needs of the leader, & the need of the group rather than implemented continuously in pure form.

### **Authoritarian**

- Also called directive or autocratic leadership
- Strong control over the group is exerted by the leader through determining policies, giving orders and directions to members.
- Decisions are made without consultations from other group members
- Leaders are task-oriented rather than the people who carry out the task.
- The leader expects respect and obedience from staff
- It lacks group support generated by participants
- Communication is primarily in one-way and downward
- Criticism is punitive
- Common examples: a police officer directing traffic, a teacher ordering a student to do his or her assignment, and a supervisor instructing a subordinate to clean a workstation.
- *Disadvantages:*
  - The degree of openness & trust between leader & group members is minimal or absent.
  - Group members' needs for creativity, autonomy & self-motivation are not met since procedures are well defined, & activities are predictable.
- *Advantages:*
  - It is effective in emergency situations e.g. fire on the unit, when one person must assume responsibility without being challenged by other team members.
  - It can also be effective when a project must be completed quickly & efficiently.

### **Democratic**

- Also called participative leadership.
- It consists of the leader sharing the decision-making abilities with group members.
- It encompasses discussions, debates and sharing of ideas and encouragement of people to feel good about their involvement.
- The boundaries of democratic participation tend to be restricted by the organization or the group needs and the contributory value of people's attributes (skills, attitudes, etc.).
- It also encompasses the belief that everyone, by virtue of their human status, should play a part in the group's decisions but still members require guidance and control from a specific leader.
- The leader is people oriented and emphasizes effective group functioning.

- It Fosters communication that is open and usually two way i.e. up and downward.
- Criticism is constructive
- This type of leadership is particularly effective when cooperation and coordination between groups are necessary; therefore, it can be extremely effective in the health care setting.
- *Advantage:*
  - It allows for more self-motivation &
  - It allows for creativity among group members.
  - It has a high productivity level from subordinates
  - It encourages better contributions from group members.
- *Disadvantage:*
  - It requires time for consultation & collaboration hence it is not the most effective method if an urgent decision is required or if members lack skills & information to make decisions.
  - In situations where roles are unclear or time is of the essence, democratic leadership can lead to communication failures or uncompleted projects respectively.

### **Charismatic leadership**

- ) The leader inspires others by obtaining an emotional commitment from followers & by arousing strong feelings of loyalty & enthusiasm.
- ) A charismatic leader communicates a plan for change & the followers adhere to the plan because of their faith & believe in his/her abilities.
- ) They are likely to set an example by their behavior, communicate high expectations to followers & express confidence in them & arouse motives for the group's mission.

### **Laissez-faire**

- It is also called non-directional leadership.
- It is where all the rights and powers to make decisions are fully given to the worker.
- The laissez-faire style is sometimes described as a "hands off" leadership style because the leader delegates the tasks to their followers while providing little or no direction to the followers.
- Laissez-faire leaders allow followers to have complete freedom to make decisions concerning the completion of their work.

- It allows followers a high degree of autonomy and self-rule, while at the same time offering guidance and support when requested.
- The laissez-faire leader using guided freedom provides the followers with all materials necessary to accomplish their goals, but does not directly participate in decision making unless the followers request their assistance.
- This is an effective style to use when:
  - Followers are highly skilled, experienced, and educated.
  - Followers have pride in their work and the drive to do it successfully on their own.
  - Outside experts, such as staff specialists or consultants are being used.
  - Followers are trustworthy and experienced.
- This style should NOT be used when:
  - Followers feel insecure at the unavailability of a leader.
  - The leader cannot or will not provide regular feedback to their followers.
- If the leader withdraws too much from their followers it can sometimes result in a lack of productivity, cohesiveness, and satisfaction.

### **Traits/qualities of a Good Leader**

- **Honest**
  - Display sincerity, integrity, and openness in all your actions.
  - Deceptive behavior will not inspire trust.
- **Competent**
  - Base your actions on reason and moral principles.
  - Do not make decisions based on childlike emotional desires or feelings.
- **Forward-looking**
  - Set goals and have a vision of the future.
  - The vision must be owned throughout the organization.
  - Effective leaders envision what they want and how to get it.
  - They habitually pick priorities stemming from their basic values.
- **Inspiring**
  - Display confidence in all that you do.
  - By showing endurance in mental, physical, and spiritual stamina, you will inspire others to reach for new heights.
  - Take charge when necessary.
- **Intelligent**
  - Read, study, and seek challenging assignments.

- **Fair-minded**
  - Show fair treatment to all people.
  - Prejudice is the enemy of justice.
  - Display empathy by being sensitive to the feelings, values, interests, and well-being of others.
- **Broad-minded**
  - Seek out diversity.
- **Courageous**
  - Have the perseverance to accomplish a goal, regardless of the seemingly insurmountable obstacles.
  - Display a confident calmness when under stress.
- **Straightforward**
  - Use sound judgment to make a good decision at the right time.
- **Delegate**
  - Delegating tasks to the appropriate departments is one of the most important skills a leader can develop as the organization grows.
  - The key to delegation is identifying the strengths of the team & capitalizing on them.
  - Find out what each team member enjoys doing most & delegate that to him/her.
- **Communication**
  - Being able to clearly describe what you want done is extremely important.
  - If you can't relate your vision to your team, you won't all be working towards the same goal
- **Imaginative**
  - Make timely and appropriate changes in your thinking, plans, and methods.
  - Show creativity by thinking of new and better goals, ideas, and solutions to problems.
  - Be innovative!

### **Human Resource Management**

- Ψ This is the management of an organization's employees.
- Ψ Human resources may be defined as total knowledge, skill, creative abilities, talents and aptitudes of an organization's workforce as well as the values, attitudes, approaches and beliefs of the individuals involved in the affairs of the organization.
- Ψ People are the most important resources of any country and as such should be managed properly.

- Ψ It's important to manage staff properly because 80% of health budget is spent on salaries and staff benefits; personnels are crucial assets.
- Ψ Secondary, managing staff is more complex than managing other resources.
- Ψ When personnel are well managed, they can make the best use of the available resources.
- Ψ Health staff management involves several approaches and sub functions which include the following functions:-
  - Π Planning, organization, directing and controlling all the human activities of the organization.
  - Π It is concerned with the people at work and their relationships within the organization
  - Π It strives to bring together and develop into an effective organization people who make up an organization as well as the well-being of individuals and working groups so as to make the best contribution to the organizations success.

### **Management Responsibilities of an In-Charge of a Health Unit**

- Π The in-charge is responsible for proper operation and management of a health unit.
- Π Ultimately the in-charge is responsible for:
  - ) Monitoring the staff in terms of the quantity of work, quality of the work they do and punctuality
  - ) Determining the allocation of staff on different duties
  - ) Accounting for revenue and ensuring efficient and honest use of it
  - ) Ensuring constant availability of drugs and other supplies
  - ) Ensuring timely reporting, keeping the files updated and in good order (filing)
  - ) Plan and follow up activities, ensuring that they are executed as expected.
  - ) Equally, the in-charge is expected to create a strong bond between the Health Unit and the communities within his/her catchment area where the services are utilized.
  - ) The in-charge is entrusted to improve the coverage of preventive services e.g. Immunization notification of diseases etc.
  - ) The in-charge is also entrusted to every patient (client).

### **Staffing**

#### **Introduction**



- Staffing is a managerial function which involves obtaining, utilizing and retaining, qualified and competent personnel to fill all positions of an organization from top to operative level.
- In finer terms, staffing is placing the right person at the right job.
- It aims at employing, deploying and monitoring a competent and contented staff, i.e. daily wage earners, contract employees, consultants, regular employees, etc., to undertake various managerial and non-managerial activities in an organization.
- Staffing process recognizes the significance of each person employed by the organization, as the work of every individual, keeps the organization going.
- Therefore, acquiring a good staff is a tough task, because the success of the organization depends on it and so, the process should be performed attentively.
- Further, the top executives of the organization should be aware of the national labour laws, which apply to the organization.
- Moreover, the organization should be clear on how many employees, it is going to recruit, for carrying out various activities of the organization

### **Importance/Benefits/Advantages of Staffing**

- It helps in the finding out efficient and effective workforce, to fill different posts in the organization.
- It improves organization's performance and productivity by appointing the right person at the right job.
- It facilitates in identifying the staffing requirements of the organization in future.
- It ensures continuous survival and growth of the organization, by way of succession planning for executives.
- It develops personnel to take up top managerial positions of the organization.
- It ensures training and development of the people working in the organization.
- It assists the organization in making the optimum use of human resources.

### **Characteristics of Staffing**

#### **1. People-Centered**

- Staffing can be broadly viewed as people-centered function and therefore it is relevant for all types of organization.

- It is concerned with categories of personnel from top to bottom of the organization i.e. Blue collar workers and white collar workers; Managerial and Non Managerial personnels; Professionals

## **2. Responsibility of Manager**

- Staffing is the basic function of management which involves that the manager is continuously engaged in performing the staffing function.
- They are actively associated with the recruitment, selection, training, and appraisal of their subordinates.
- Therefore, in the health care setting, activities are performed by the medical director, PNO, SNO, administrator/HR manager, and departmental managers in relation to their subordinates.

## **3. Humane Skills**

- Staffing function is mainly concerned with different types of training and development of human resource and therefore the managers should use human relation skill in providing guidance and training to the subordinates.
- If the staffing function is performed properly, then the human relations in the organization will be cordial and mutually performed in an organized manner.

## **4. Continuous Function**

- Staffing function is to be performed continuously which is equally important for a new and well-established organization.
- Since in a newly established organization, there has to be recruitment, selection, and training of personnel.
- As we compare that, the organization which is already a running organization, then at that place every manager is engaged in various staffing activities.

### **Process of Staffing**

- Staffing process stresses on equipping the organization with an exact number of people, and that too at the right time and place, which will help the organization to attain its objectives effectively.
- The staffing process involves a series of steps, as discussed below:

#### **1. Manpower Planning**

- Popularly known as human resource planning.
- It is the process of forecasting the firm's demand for and supply of competent workforce, in the adequate number in future.

## 2. **Recruitment**

- It entails seeking, stimulating and obtaining, as many applications as possible from the eligible and competent candidates.
- The first step of the recruiting process is defining goals and job descriptions.
- The organization may decide to recruit internally or externally.
- Internal recruiting is when an organization intends to fill a vacancy from within its existing workforce.
- External recruitment is when an organization looks to fill vacancies from applicants outside of the organization.

## 3. **Selection**

- It is the decisive step of the staffing process, which involves differentiating between applicants, so as to identify and choose the candidate who best fulfills the qualifications and requirements of the vacant position.
- This process starts with the review of the job applications, résumés, and cover letters of the job candidates.
- The organization then gives an initial interview to eliminate the unqualified candidates.
- The next steps are to reduce the candidates to get the finalist for the job and this includes testing, structured interview and contingent assessment.
- The testing can include personality, ability, and intelligence tests.
- A structured interview has specific questions to ask and is given by somebody within the organization familiar with the position.
- The contingent assessment is the last step, and it includes drug tests and medical exams.

## 4. **Placement/Employment**

- This is the process of hiring the individual who was selected in the section process.

- The organization should first propose a job offer, which typically includes starting date, duration of the contract, compensation, starting rate, benefits, and hours of the position.
- The organization then prepares for the new employee's arrival.
- Ideally, the organization should make sure that the employee has all of the tools required to do their job effectively, such as security badges, keys, and any other technology.

## 5. **Orientation and Induction**

- This to provide the new employee with the information they require for functioning comfortably and efficiently in an organization.
- Induction is the process of introducing the new employees to the job and the organization as well.

## 6. **Training and Development**

- The new employees undergo training to acquire specific skills.
- Development implies learning opportunities, designed by the organization, to ensure the growth of employees.
- With the various technological changes in modern history, the need for training employees is increased to keep the employees in touch with the various new developments.
- Staffing can be influenced by how employees are trained and the type of training they receive.
- Training is generally classified into two types, on the job and off the job.
- Some examples of training programs include:
  1. Technical training – training that teaches employees about a particular technology or a machine.
  2. Quality training – trains employees to identify faulty products.
  3. Skills training – training that is given to employees to perform their particular jobs.
  4. Soft skills – personality development

5. Team training – training establishes a level of trust and synchronicity between team members for increased efficiency.

## 7. Retaining

- Employees can leave jobs for a variety of different reasons.
- Employers should listen to the needs of their employees and make them feel valued.
- Employers need to create a positive work culture and motivating practices into their organization to keep employees.
- Retention methods have a positive impact on the organization's turnover rate.
- **Performance Appraisal:** A rational assessment and evaluation of employee's performance against clear-cut benchmarks.
- **Career Management:** is a process in which the individual understands and learns new skills and interests and use them for the betterment of the organization and self.
- **Compensation:** refers to the consideration which an individual gains, in return for his/her contribution to the organization.

### Job Descriptions

Ψ This is a written narrative that describes the general tasks or other related duties, and responsibilities of a position.

Ψ A job description states:

- The objectives, activities and programmes of the holder of the post concerned
- The authority of a health worker i.e. the decisions that the health workers is expected to make and has a right make.
- The responsibility of a health worker, i.e. the expected degree of achievement of tasks and functions.

Ψ The purpose of the job descriptions is to define exactly of the holder of post, their fellow workers and their supervisors:

- What the holders of the posts are expected to do
- What standards they are expected to reach
- To whom they are responsible
- Whose work they supervise

### Uses of detailed job description

- States clearly what each worker must do and is expected to achieve hence proper organization of work
- It prevents arguments between people about who should do what and the proper distribution of equipment needed to do the work.
- Prevent gaps and overlaps
- Can show need for training
- It is useful as a basis for evaluating team members' performance
- Guidelines, rather than too strictly or literally.

### **Content of a job description**

<b>Item</b>	<b>Description</b>
Job Title	Standard title for the person doing the work or job e.g. nurse/midwife/PNO
Date	JD are not final – people/roles change and JD should be reviewed/revise at least once a year
Job Summary	Brief description of the main responsibilities of the job
Duties	JD's central & most Important part. Expected duties are listed here. Each duty should correspond to one or more of the program objectives which should be listed.
Relations	<ol style="list-style-type: none"> <li>1. Title of the person to who the job-holder is accountable (Who supervises you?)</li> <li>2. Titles of people supervised by the job holder (Whom do you supervise?)</li> </ol>
Qualifications	Describes the basic training and level of experience required for the job

Training & Development	Program for the further training and development of the person holding the job
Review & Appraisal	Process for review and appraisal of the performance of the job holder. Should state clearly who has this responsibility of review and appraisal

***N.B. Job descriptions help to guide work organization.***

**Example of a job description**

***Job title*** : Staff Nurse

***Date*** : 21<sup>st</sup> September 2011

***Reports to*** : Ward in-charge

***Job Summary*** : A Staff nurse is a first level professional nurse who provides direct patient care to one patient or group of patients assigned to him/her during duty shift and assist in management of wards.

***Duties***

(a) *Ward Management* : Helps ward in-charge to carry out his/her work or act as ward in-charge during their absence. Supervises nursing care and other tasks carried out by the students.

(b) *Operation theater*: The staff nurse carries out the following tasks;

- Maintains aseptic environment of the operation theater
- Receives patients from the ward intact for surgery
- Maintains records and reports pertaining to the operation theater

(c) *Patient care* : The staff nurse carries out the following;

- Carry out procedure of admission and discharge of the patient.
- Makes beds for seriously ill patients
- Maintains personal and patients' hygiene
- Attends to the nutrition needs of the patients

- Take rounds with the doctors

**Teamwork/Team Building**



- A *team* is a group of two or more individuals, who perform some work related task, interact with one another dynamically, have a shared past, have a foreseeable shared future, and share a common fate.
- Or simply a *team* is a group of people with complementary skills working towards a common purpose that they hold themselves mutually accountable.
- *Team Building* is a process of grouping people with complementary skills who are committed to a common purpose/ a set of performance goals for which they hold themselves mutually accountable.
- Teams often are difficult to form because it takes time for members to learn how to work together.
- In health care setting, teamwork is defined as a dynamic process involving two or more healthcare professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, implementing or evaluating patient care.

### **Benefits of team work**

- *Problems solving:*
  - A single brain can't bounce different ideas off of each other.
  - Each team member has a responsibility to contribute equally and offer their unique perspective on a problem to arrive at the best possible solution.
  - Teamwork can lead to better decisions, products, or services.
- *Accomplish tasks faster:*
  - A single person taking on multiple tasks will not be able to perform at a same pace as a team can.
  - When people work together they can complete tasks faster by dividing the work to people of different abilities and knowledge.
- *Healthy competition:*
  - A healthy competition in groups can be used to motivate individuals and help the team excel.
- *Developing relationships:*
  - A team that continues to work together will eventually develop an increased level of bonding.
  - This can help people avoid unnecessary conflicts since they have become well acquainted with each other through team work.
- *Everyone has unique qualities:*

- Every team member can offer their unique knowledge and ability to help improve other team members.
- Through teamwork the sharing of these qualities will allow team members to be more productive in the future.
- *Improved Morale:*
  - Teamwork allows employees to take greater responsibility for decision making and also allows team members to control more of the work process.
  - This can lead to improved morale as employees gain more authority and ownership over the projects they are working on.
  - The extra responsibility can lead to a more rewarding work environment and lower turnover.
  - Working on a team also gives employees a greater sense of belonging and of recognition, which helps them take more pride in their work, and their company.

### **Dangers of team work**

- Teamwork may have an "unintended effect of fermenting hostility toward the managerial goal of making the teams fully self-managing.
- There is a potential of "social loafing" (i.e., an individual's doing less work in a team than what he/she would normally do working individually). In order to minimize social loafing, management can make individual performance more visible while in a team setting. This can be done by forming smaller teams, specializing specific tasks to certain individuals, and measuring individual performance.

### **How to Improve Teamwork in the Workplace**

Once you have your team in place, here are a few general tips to make sure the collaborative process runs smoothly:

- ***Don't let individuals get lost in the shuffle.***
  - Even though a team is a collaborative effort, each member should be allowed to feel a sense of ownership and accomplishment.
  - Members should be rewarded for a job well done, and given encouragement and guidance when they need additional help completing a task.

- **Encourage involvement in the decision-making process.**
  - Making each member feel integral to the group's success is crucial for the team's morale.
- **Minimize the importance of rank.**
  - Instead take advantage of the entire group's talents and skills to contribute to its overall success.
  - However, there must be one clear leader who can make the final decision if the team can't agree.
- **Keep the balance of work equal.**
  - One or two team members shouldn't be shouldering the burden for the entire group.
  - Everyone should have a manageable and relatively equal workload.
- **Build a foundation of trust and mutual respect.**
  - Each team member should be encouraged to share his or her opinions openly and respect everyone else's point of view - even if they don't agree with it.
- **Maintain open lines of communication.**
  - Everyone in the team should share ideas or express concerns with one another and with the company's management.
  - Give & receive honest feedback promptly in a positive way to ideas, attitudes, activities & results
- **When conflicts arise, take a positive approach.**
  - Avoid confrontation and blame. Keep your focus on the issues.
- **Provide resources**
  - Provide your team with the resources they need to accomplish their goals.
  - Nothing is more dispiriting than being expected to perform a task for which you don't have the proper resources.
- **Accountability**
  - Hold all team members equally accountable for fulfilling their task.
  - When everyone is held accountable, everyone is more willing to perform at higher levels

### **Stages of team Building or Development**

- ) Team building is a dynamic process.
- ) How do teams evolve?

- ) There is a process of five stages through which teams pass through and these are: forming, storming, norming, performing, & adjourning.

### **Forming stage**

- ) The first stage in the life of a team
- ) Members meet for the first time and start to get to know each other
- ) Members at this stage either engage in busy type of activity, have conflicting circumstances for each other, establishing power and authority roles which are not well defined or show apathy.
- ) Output is very low

### **Storming stage**

- ) The team is marked by formation of dyads & triads
- ) Members seek out familiar or similar individuals & begin a deeper sharing of self.
- ) Continued attention to the subgroup creates a differentiation in the group & tensions across the dyads/triads may appear.
- ) Pairing is a common phenomenon.
- ) There will be conflict about controlling the group.
- ) Output is still very low

### **Norming stage**

- ) This is marked by a more serious concern about task performance.
- ) The dyads/triads begin to open up & seek out other members in the team.
- ) Efforts are made to establish various norms for task performance.
- ) Members begin to take greater responsibility for their own team & relationship while the authority figure becomes relaxed.
- ) Once this stage is complete, clear picture will emerge about hierarchy of leadership.
- ) This stage is over with solidification of the team structure & a sense of team identity & companionship.
- ) Performance can be high as the members begin to own the objectives

### **Performing stage**

- ) This is a stage of a fully functional team where members see themselves as a team & get involved in the task.
- ) Each person makes a contribution & the authority figure is also seen as part of the team.

- ) Team norms are followed & collective pressure is exerted to ensure the process of team effectiveness.
- ) The long-term viability of the group is established & nurtured.
- ) They become highly motivated and they are both task and people oriented.
- ) The output is very high.

### **Adjourning**

- ) In the case of temporary teams, like project team task force, or any other such team, which have a limited task at hand, also have a fifth stage.
- ) This is known as adjourning.
- ) The team decides to disband.
- ) Some members may feel happy over the performance, & some may be unhappy over the stoppage of meeting with team members

### Note

- ) The four stages of group development mentioned above for permanent teams are merely suggestive.
- ) In reality, several stages may go on simultaneously.

## **Motivation**

- Motivation is a psychological feature that arouses an organism to act towards a desired goal and stimulates, controls, and sustains certain goal-directed behaviors.
- Motivation is the purpose or psychological cause of an action.
- Motivation is an inner drive to behave or act in a certain manner.
- *"It's the difference between waking up before dawn to pound the pavement and lazing around the house all day"*.
- These inner conditions such as wishes, desires and goals, activate to move in a particular direction in behavior.
- It is also seen as inspiring and encouraging people to work more and contribute towards achieving the objectives of the company.

### **Intrinsic and Extrinsic Motivation**

- Motivation can be divided into two types: intrinsic (internal) motivation and extrinsic (external) motivation.

#### *Intrinsic motivation*

- It refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on external pressures or a desire for reward.
- It is a natural motivational tendency and is a critical element in cognitive, social, and physical development.
- Health workers who are intrinsically motivated are more likely to engage in the tasks more willingly as well as work to improve their skills, which will increase their capabilities.

#### *Extrinsic motivation*

- It refers to the performance of an activity in order to attain an outcome, whether or not that activity is also intrinsically motivated.
- It comes from outside of the individual.
- Common extrinsic motivations are rewards (for example money or grades) for showing the desired behavior, and the threat of punishment following misbehavior.
- Competition is an extrinsic motivator because it encourages the performer to win and to beat others, not simply to enjoy the intrinsic rewards of the activity.
- A cheering crowd and the desire to win a trophy are also extrinsic incentives.

## **Maslow's Hierarchy of Needs**

- Maslow's theory is one of the most widely discussed theories of motivation.
- According to Maslow; people are motivated by unsatisfied needs.
- It is a series of internal drives within a person at different levels:
  - Level 1: to obtain the necessities of life – food, shelter, clothing, rest & safety
  - Level 2: to satisfy social needs such as those for companionship, love, & a position of respect
  - Level 3: to ensure some degree of personal satisfaction & to pursue ideals. People need to feel reasonably satisfied with themselves, with what they make of their lives & with their talents & abilities.
- Maslow's Hierarchy of Needs theory can be summarized as follows:
  - Human beings have wants and desires which influence their behavior. Only unsatisfied needs influence behavior, satisfied needs do not.
  - Needs are arranged in order of importance to human life, from the basic to the complex.
  - The person advances to the next level of needs only after the lower level need is at least minimally satisfied.
  - The further the progress up the hierarchy, the more individuality, humanness and psychological health a person will show.
- Workers in any organization need something to keep them working.
- Most of the time, the salary of the employee is not enough to keep him or her working for an organization.
- An employee must be motivated to work for an organization.
- If no motivation is present in an employee, then that employee's quality of work or all work in general will deteriorate.

## **Importance/Advantages of Motivation**

- Ψ Willingness to get the job done efficiently & effectively resulting in higher productivity, increased revenue & job satisfaction.

- Ψ Reduces employee turnover hence lower recruitment and selection costs
- Ψ Reduces absenteeism from duty since a work place is source of joy & contentment to them.
- Ψ Enhance good nurse-patient relationship hence higher customer satisfaction
- Ψ Security of employment and other benefits due to cordial relations with the management
- Ψ Readiness for change

### **Disadvantages of motivation**

- ) It may act as distractor
- ) It is difficult to determine appropriate rewards and punishments
- ) It may be ineffective after long period of time
- ) It slow to change behavior
- ) A variety of approaches may be needed to motivate an individual

### **Tips for Motivating Employees**

- Motivated employees make fewer mistakes, have higher productivity, and tend to remain with the organization.
- Motivating employees is an element of performance management.
- It is accomplished through several important performance management strategies including:
  - 1) *Job security:*
    - A stable working environment is a very important trait.
    - Organizations that have a low-turnover rate and provide employees with job security will have highly motivated employees.
    - People who are afraid of losing their jobs will be less motivated to do well and may become disengaged.
  - 2) *Good pay:*
    - Proper compensation, promotions and raises are always helpful.
    - However, once an employee has reached a respectable salary other incentives such as a good work environment, job security, safety, and respect weigh more heavily.
  - 3) *Perks or incentives:*
    - Keeping employees happy by providing various perks (Bonuses) and incentives.



- For example, some organizations have corporate events like organization picnics or quarterly dinners.
- Other organizations offer their employees discounted travel fees or merchandise.
- 4) *Continuing education programs/scholarships:*
  - Offering programs such as continuing education classes, tuition reimbursement, and scholarships show employees that you are interested in them and their future.
- 5) *Opportunities for growth:*
  - The opportunity for promotion and advancements motivates employees to perform well and achieve their goals.
- 6) *Recognition:*
  - Recognizing and rewarding employees for outstanding performance and going above and beyond the call of duty.
  - This helps employers show their employees that their hard work does not go unnoticed.

### ***Intrinsic motivators***

- *Sense of **meaningfulness**.*
  - This reward involves the meaningfulness or importance of the purpose you are trying to fulfill.
  - You feel that you have an opportunity to accomplish something of real value—something that matters in the larger scheme of things.
  - You feel that you are on a path that is worth your time and energy, giving you a strong sense of purpose or direction.
- *Sense of **choice**.*
  - You feel free to choose how to accomplish your work—to use your best judgment to select those work activities that make the most sense to you and to perform them in ways that seem appropriate.
  - You feel ownership of your work, believe in the approach you are taking, and feel responsible for making it work.
- *Sense of **competence**.*
  - You feel that you are handling your work activities well—that your performance of these activities meets or exceeds your personal standards, and that you are doing good, high-quality work.
  - You feel a sense of satisfaction, pride, or even artistry in how well you handle these activities.

- *Sense of **progress**.*
  - You are encouraged that your efforts are really accomplishing something.
  - You feel that your work is on track and moving in the right direction.
  - You see convincing signs that things are working out, giving you confidence in the choices you have made and confidence in the future.

### **Signs of Demotivation**

- Ψ Increased sick leave
- Ψ Increased absenteeism
- Ψ Lateness
- Ψ Decreased work quality
- Ψ Decreased communication
- Ψ Poor attention to presentation
- Ψ Change in attitude from positive to negative

### **Demotivating Factors**

- 1) Negative experiences in the community and at health centers,
- 2) Constraints in the local health system in response to the demand generated by the community health workers,
- 3) Inability to provide good quality services
- 4) Poor working conditions
- 5) Low remuneration
- 6) Distrust from clients
- 7) Perception of poor work achievements
- 8) Training opportunities which not effective in improving knowledge and skills.
- 9) Limited capacity development opportunities

- 10) Night shifts and extra workload = heavy workload
- 11) Little supportive supervision.
- 12) Non-recognition of performance by the institution you are working for.
- 13) Political interference.
- 14) Frequent transfers

#### **Challenges faced by nurse managers**

- ) Rapidly changing environment that requires frequent setting of objectives
- ) Negativity from subordinates
- ) Low staff commitment to the organization
- ) Poor working conditions
- ) Lack of teamwork – human relations variable are needed for productivity

## **Staff Development Program & Methods**

- ) Staff development can be viewed as the activities & programs that help staff members about responsibilities, develop required skills & competencies necessary to accomplish institutional & department goals & purposes, & grow personally & professionally to prepare themselves for advancement in the organization.
- ) Staff development practices have a dual focus in that they attend to individual staff & to organization development.
- ) Therefore, the goal of staff development is improvement in staff & organizational effectiveness.

## **Benefits of Staff Development**

### **1. Performance improvement**

- ) Staff development can help organization meet and even exceed performance expectations.

### **2. Better handling of unexpected situations**

- ) Organization environment is constantly changing everyday.
- ) And that change not only brings challenges (for the workforce), but if handled properly, it also opens previously unexpected opportunities.
- ) It is therefore vital for the workforce to be able to handle ever-evolving situations quickly and effectively.
- ) Adaptable staff members are great at improvising solutions where employees with less-developed skills would simply accept the status quo.
- ) Therefore, staff development can equip employees to better handle the unexpected.

### **3. Learning culture inside an organization help attract new employee and improve loyalty**

- ) When people know of the staff development plan of an organization they will be eager to apply for the available posts
- ) Helping develop employee talent, including through tactics such as personalized development plans creates a highly working environment

### **4. Save money via retaining employees**

- ) Investing in in-house employee skills development programs is important to ensure that the workforce can do what they must do to keep the organization competitive.
- ) However, employee development can also be a big money-saver in the longer-term when compared to the cost of replacing or hiring a new employee.

**5. Help grow potentially good employees into great leaders**

- ) If an organization is to grow, survive and thrive in the long-term, it needs to build a continuous stream of would-be-leaders.
- ) Typically, these traits, required to turn good employees into great leaders, come from within the organization.
- ) One of the benefits of instituting an in-house staff development program is that those leadership skills can be fine-tunes to the organization's standards.

**6. Improve employee engagement and motivation with good training**

- ) Having a workforce that is fully committed and engaged with the organization at every level is vital for success
- ) For employee to remain motivated and engaged to the organization's mission is a function of various factors including great training
- ) A well-defined employee engagement program can balance all the critical employee motivational factors including training and skills development to deliver the benefits of a fully-motivated workforce across the organization.

**7. This gives the organization the flexible to expand, innovate and compete more robustly within its niche**

- ) To be competitive in one's niche, it is important to be nimble, flexible and accommodative to the needs of the needs of their customer and partners.
- ) Having a well-balanced workforce, which has the skills to innovate and compete favourably, is one benefit that robust employee development plans offer to organizations.
- ) Such programs not only develop existing skills but can be used to deliver longer-term competitiveness by instilling new skills that might be needed in the future.

**Staff Development Techniques**

- ) The following are some of the staff development techniques
  - ) **Committees** – they are made up of staff from different areas of your organization will enhance learning by allowing members to see issues from different perspectives.
  - ) **Conferences & forums** – employees can attend conferences that focus on topics of relevance to their position & the organization.
  - ) **Field trip** – trips to other organizations serving clientele or with similar positions can also provide a valuable learning experience.
  - ) **Job rotation** – on a temporary basis, employees can be given the opportunity to work in a different area of the organization.

- ) **Job shadowing** – if an employee wants to learn what someone else in the organization does, your employee can follow that person & observe him or her at work.
- ) **Peer-assisted learning** - two employees agree to help each other learn different tasks. Both should have an area of expertise that the co-worker can benefit from.
- ) **Stretch assignments** – these assignments give the employee an opportunity to stretch past his/her current abilities e.g. chairing a meeting if the person has never done this before.
- ) **Special projects** – give an employee an opportunity to work on a project that is normally outside his/her job duties e.g. being part of special event team
- ) **Coaching** – refers to a pre-arranged agreement between an experienced manager & his/her employee. The role of the coach is to demonstrate skills & to give the employee guidance, feedback, & reassurance while s/he practices the new skill.
- ) **Mentoring** - similar to coaching but in mentoring the two people involved have usually developed a working relationship based on shared interest & values.
- ) **Performance appraisals** – are partly evaluation & partly developmental. The results can be used to identify areas for further development of the employee.
- ) **Courses, seminars or workshops** – these are formal training opportunities that can be offered to employees either internally or externally. A facilitator can be brought into the organization to provide the training sessions or an employee can be sent to one of these learning opportunities during working time.
- ) **Courses offered by colleges or universities** – these institutions offer relevant courses to employees. Employees may attend these classes on their own time or the organization may give them time off with pay to attend.

### **Fringe Benefits**

- ) These are various forms of non-wage compensation provided to employees in addition to their normal wages or salaries.
- ) Most employees expect some form of nonmonetary benefits in addition to wages.
- ) In order to be competitive in their production, organization can offer various fringe benefits to attract & retain employee.
- ) Common benefits include the following:
  - ) Relocation assistance
  - ) Sick leave

- ) Organization car
- ) Medical & dental insurance plans
- ) Vacation/paid leave
- ) Profit sharing
- ) Retirement plans
- ) Long-term & life insurance
- ) Education funding
- ) Legal-assistance plans
- ) Child – care plans
- ) Free breakfast & lunches at work
- ) The objectives of fringe benefits include:
  - ) To boost up employee morale
  - ) To motivate the employees by identifying & satisfying their unsatisfied needs
  - ) To provide qualitative work environment & work life
  - ) To provide security to the employees against social risks like old age benefits & maternity benefits
  - ) To create employees welfare by providing welfare measures like recreation facilities.
  - ) To create a sense of belongingness among employee & to retain them. Hence, fringe benefits are called golden hand-cuffs.

## **Delegation, Authority And Responsibility**

- *Delegation* is the process by which responsibility and authority for performing a task is transferred to another individual (normally from a manager to a subordinate) who accepts it.
- *Authority* is the power and right to allocate human and material resources and to take decisions or give commands in order to achieve set objectives.
- *Responsibility* is the state of being answerable/accountable for one's conduct and obligations.
- *Accountability* is the act of accepting ownership for the results or lack thereof.
- Authority and responsibility may go together but are not the same.
- People use authority to get work done for which they are responsible.
- Delegation does not mean surrendering of authority by the higher level manager.
- It only means transfer of certain responsibilities to subordinates and giving them the necessary authority to discharge the responsibility properly.
- The person who delegates does not separate himself or herself from the responsibility and authority which he has entrusted but remains accountable for the overall performance and also for the performance of his/her subordinates
- Delegation is needed when the volume of work to be done is in excess of an individual's physical and mental capacity.
- Delegation is "hands off but eyes on".

### **Rules of Delegating Authority and Responsibility**

#### **1) Be clear about what is delegated exactly.**

- Provides basic and important information needed to complete the task
- It is important to delegate results/outcomes rather than methods
- Inform the employee your goals or the milestones you hope to hit and let them tackle the problem in their own way.
- Do not look for perfection or interfere

#### **2) Select the person whom you are sure can do the work**

- Part of being a good leader is understanding your employees' strength, weaknesses, and preferences.
- If you need to delegate a task that is going to require a lot of collaboration to complete, don't delegate it to someone who very strongly prefers working alone.
- You can also sit down with your team, go through a list of tasks want to delegate and letting people self-select the tasks they are most interested in taking over.



**3) Explain why you are delegating**

- If you are delegating a task to someone out of the blue, it really helps when you provide context for why you are giving them that responsibility.
- Inform him/her why you have chosen them specifically and how you hope to see this help them grow
- Help them see each delegated task as an opportunity to take on more responsibilities or grow new skills.
- Also explain to others that you have delegated work and to whom.

**4) Do not interfere unless asked to and be prepared for mistakes**

- Create an atmosphere where people feel free to make decisions, ask questions and take the necessary steps to complete the work.
- Otherwise, if people are given tasks and are not fully empowered to make decisions work will stall and it will take more time to complete it.

**5) Give support as needed**

- When you delegate, provide the person with the tools and skills needed to accomplish the task.
- “a good training rule of thumb is ‘I do, we do, you do’

**6) Follow-up on the progress of work**

- Check on the progress of the work delegated.
- When it is complete, make sure it was done correctly.
- Give feedback i.e. point out specific things that were done well or right as well as areas that need improvement when handling the task next time.
- Show genuine appreciation for the work well done.

**Advantages/Benefits of delegation**

**To the organization:**

- Team work improves; therefore the organization will benefit by achieving its goals more efficiently.
- Productivity will increase and hence the organization’s financial position will improve.
- The quality of care also improves.

### ***To the manager/delegator***

- The manager will be able to devote more time to those tasks which cannot be delegated and be able to achieve more.
- During the manager's absence, the work still continues normally hence tasks will be accomplished.
- The manager's own reputation will improve as being a trusting manager and someone who invests in the development of the team.
- With more time available, the manager can develop more skills and abilities thereby facilitating his/her career advancement.

### ***To the delegatory***

- Builds trust and support thus creating self-esteem and confidence.
- Delegation may increase or improve cooperation enhancing team work.
- Higher chances of promotion if the delegate performs her/ his assigned task or duties.
- The delegate gains new skills and abilities that can facilitate upward mobility.
- Job satisfaction and motivation are enhanced as individuals feel stimulated by new challenges
- Moral improvement: A sense of pride and belonging develops as well as greater awareness of responsibility.

### **Disadvantages**

- If wrong decisions are made, the work may not be done or it may be done less well.
- A leader may delegate all the work, leaving very little to do

### **Barriers to Delegation**

- ) The potential barriers to delegation can be environmental or can result from either the nurse manager or the delegatory.
- ) ***Environmental Factors***
  - Job descriptions

- Policies
- Resources
- Standards
- Norms
- Management styles
- Organizational structure

) ***Nurse manager***

- Lack of trust and confidence.
- Belief others are incapable
- Fear of competition
- In experience in delegation.
- Fear of criticism.
- Fear of loss of control.
- Insecurity.
- Fear of overburdening.
- Fear of blame for other's mistakes

) ***Delegatory***

- Inexperience
- Fear of failure and reprisal
- Lack of confidence
- Over dependence on others

## **Decision-Making and Critical Thinking**

### **Introduction**

- ) Decision making is the process of choosing between alternatives to achieve a goal.
- ) Problem solving always involves a decision making step.
- ) Therefore, problem is a difference between an actual state of affair and the desired state.
- ) And problem solving is a process that is used to remove the deviation or close the gap between the actual and desired state of affair.
- ) Critical thinking is related to evaluation of the alternatives.
- ) All administrative and managerial functions involve decision making.
- ) Decision making is at the core of all planned activities and is one of the primary responsibilities of any manager.

### **Types of decision**

- ) Decisions made by nurse managers generally fall into two basic categories:

#### **1) Non-routine decisions**

- a. They are also called non-pragmatic, strategic, non-recurring, uncertain, non-programmed or policy decisions.
- b. These are decisions made by top management.
- c. They involve heavy expenditure
- d. Decisions are usually collective i.e. they are made by a committee or group of people.
- e. Examples include: changing the way of organizing for the delivery of nursing care, hiring new nurses, and increasing or discount nursing services.

#### **2) Routine decisions**

- a. They are also called pragmatic, programmed, minor, recurring, and certain.
- b. These are decisions made by middle (SNO, PNO) and lower level managers (department/ward in-charges).
- c. Decisions are made within the purview of the policies, rules or procedures.
- d. Decisions are taken frequently and are repetitive in nature
- e. The decision outcomes are predictable.
- f. Examples: duty roster, purchase of stationery, granting leave or permission

### **Importance of Decision-Making and Problem Solving**

- ) Developing problem solving and decision-making skills allows nurses to see all sides of an issue, look for creative alternatives and approaches to problems and make well thought-out decisions.
- ) This results into a more competent leader, thus a stronger organization

### **Characteristics of Decision Making**

- ◆ The decision-maker has freedom to choose an alternative.
- ◆ Decision making may not completely be rational but may be judgmental and emotional
- ◆ Decision making is goal-oriented
- ◆ It is a mental or intellectual process because the final decision is made by the decision maker
- ◆ A decision may be expressed in words or may be implied from behavior.

### **Decision Making Process in Nursing**

- ) Decision making, the process of selecting one course of action from alternatives, is a continuing responsibility of nurse managers.
- ) Decision making involves the following steps.
  1. *Identify the problem and analyze the situation.*
    - The first step in decision making is defining the problem; what is wrong? What are the presenting symptoms? Who is involved? What are the discrepancies? Where is improvement need? What is the desirable situation?
    - Make sure all the facts are gathered
    - Try to determine the area the problem covers and find out whether you have authority to do anything about it
  2. *Explore alternative solutions.*
    - There are usually a number of ways to solve a problem.
    - Determine whether the problem is covered by the policy.
    - If so, select the different alternative solutions to the problem
    - If not, then you use your knowledge and experience for facts and concepts which can help you determine alternatives.
    - Because health care changes rapidly, ensure you enrich you knowledge through continuing education, professional meetings, review of literature, correspondence, & brainstorming with staff.
  3. *Evaluate the alternatives.*
    - The developed alternative solutions are written down and plans made to develop the best solution out of them.
    - While evaluating the alternatives, the manager should maintain a critical attitude towards the way the problem has been in the past.

4. *Choose the most desirable alternative*

- The nurse manager should select the solution basing on its feasibility, patient safety, staff & public acceptance, cost-effectiveness and risk of failure.
- The following can interfere with choosing effective solutions:
  - Avoidance of the real problem
  - Lack of clear problem definition
  - Insufficient data
  - Early statement of attitude by status figure
  - Mixing of idea generation and idea evaluation
  - Lack of staff commit
  - Decisions made by large groups
  - Lack of staff commitment because the superior who makes the decision does not implement it
- Therefore, the manager should fully involve those who will be affected by the solution.

5. *Implement the solution.*

- The decision is put into action.
- This requires the communication of the decisions to the concerned employee in clear and simple terms.
- If the manager chooses a solution that he/ she knows may not be accepted, the manager must take steps to educate or motivate the staff to comply with it.

6. *Evaluate the results*

- After implementing the decision, the manager should carry out the follow-up action.
- The manager should review the plan instituted using audits, checklists, ratings or ranking and compare the actual results and benefits to those of the idealized solution.
- If the result is not satisfactory, the manager has to take necessary corrective action or modify the decision.

**Role of Critical Thinking in Decision-Making**

- ) Critical thinking is a process of examining underlying assumptions, interpreting and evaluating arguments, imagining and exploring alternatives and developing reflective criticism for the purpose of reaching a reasoned, justifiable conclusion.

- ) It encompasses an aspect of feelings and emotions that increase awareness of values, meaning and personal relationship.
- ) Components include reasoning and creative analysis (creativity) which is the ability to develop and implement new and better solutions.
- ) Utilization of the critical thinking components in the decision-making process ensures a quality decision.
- ) Critical thinking provides awareness of areas of vulnerability that hinder successful decision-making.

#### **Techniques Generally Used in Decision-Making.**

- ) *Interim action.*
  - Buying time e.g. promised workers 20% increment and they are demanding for it. You may say, that let's establish a committee to look into it or you may say we shall give you 10% as we sort it out.
- ) *Adaptive action.*
  - Decide to live with the problem comfortably e.g. a good worker who comes late.
  - Then you can adapt to getting flexible working time.
- ) *Corrective action*
  - Eliminate the problem completely.
- ) *Preventive action.*
  - Anticipate behavior and put in place some ways of preventing that behavior.

## **Performance Appraisal**

- ) It is the assessment of the performance of an individual in relation to the objectives, activities, outputs and targets of a job over a specific period of time.
- ) Employee performance is influenced by three underlying factors; ability, motivation & environment.
- ) If there is a defect in any of the factors, it will ruin employee performance.
- ) It is normal for an employee to desire to know what his/her supervisor thinks of his/her work.

### **Purpose of performance appraisal**

- ) The general purpose is to improve the efficiency of the organization by ensuring that the individual within it are performing to the best of their ability and developing their potential for improvement.

### **Objectives of Performance Appraisal**

- 1) To identify employee strengths and weaknesses.
- 2) To develop employees in their present jobs.
- 3) To identify individuals for promotion.
- 4) To plan career progression
- 5) To recognize good work.
- 6) To establish and monitor performance objectives and targets
- 7) To develop communication between managers and their staff.
- 8) To improve job satisfaction and motivation
- 9) To encourage self-evaluation.
- 10) To alert managers to constraints which inhibit employee performance.

### **Accomplishments/benefits/advantages of performance Appraisal**

#### **1. Promotion**

- a. Performance Appraisal helps the supervisors to check out the promotion programmes for efficient employees.
- b. In this regards, inefficient workers can be dismissed or demoted.

#### **2. Compensation**

- a. It helps in check out compensation packages for employees.
- b. Compensation package which includes bonus, high salary rates, extra benefits, allowances and pre-requisites are dependent on performance appraisal.
- c. The criteria should be merit rather than seniority.



### **3. *Employees Development***

- a. The systematic procedure of performance appraisal helps the supervisors to frame training policies and programmes.

### **4. *Employee Capability***

- a. It helps to analyze strengths and weaknesses of employees so that new jobs can be designed for efficient employees.
- b. It also helps in framing future development programmes.

### **5. *Selection Validation***

- a. It helps the supervisors to understand the validity and importance of the selection procedure.
- b. The supervisors come to know the validity and thereby the strengths and weaknesses of selection procedure.
- c. Future changes in selection methods can be made in this regard.

### **6. *Communication***

- a. For an organization, effective communication between employees and employers is very important.
- b. Through performance appraisal, communication can be sought for in the following ways:
  - Through performance appraisal, the employers can understand and accept skills of subordinates.
  - The subordinates can also understand and create a trust and confidence in superiors.
  - It also helps in maintaining cordial and pleasant labour management relationship.
  - It develops the spirit of work and boosts the morale of employees.

All the above factors ensure effective communication.

### **7. *Motivation***

- a. Performance appraisal serves as a motivation tool.
- b. Through evaluating performance of employees, a person's efficiency can be determined if the targets are achieved.
- c. This very well motivates a person for better job and helps him to improve his performance in the future.

## **Biases during Appraisals**

- ) Managers commit mistakes while evaluating employees and their performance.
- ) Biases and judgment errors of various kinds may spoil the performance appraisal process.
- ) Bias here refers to inaccurate distortion of a measurement.
- ) These are:

### **1. First Impression (primacy effect)**

- Π Raters form an overall impression about the rate on the basis of some particular characteristics of the rate identified by them.
- Π The identified qualities and features may not provide adequate base for appraisal.

### **2. Halo Effect**

- Π The individual's performance is completely appraised on the basis of a perceived positive quality, feature or trait.
- Π In other words this is the tendency to rate a man uniformly high or low in other traits if he is extra-ordinarily high or low in one particular trait.
- Π If a worker has few absences, his supervisor might give him a high rating in all other areas of work.

### **3. Horn Effect**

- Π The individual's performance is completely appraised on the basis of a negative quality or feature perceived.
- Π This results in an overall lower rating than may be warranted.
- Π "He is not formally dressed up in the office. He may be casual at work too!"

### **4. Excessive Stiffness or Lenience**

- Π Depending upon the raters own standards, values and physical and mental makeup at the time of appraisal, rates may be rated very strictly or leniently.
- Π Some of the managers are likely to take the line of least resistance and rate people high, whereas others, by nature, believe in the tyranny of exact assessment, considering more particularly the drawbacks of the individual and thus making the assessment excessively severe.

- Π The leniency error can render a system ineffective.
- Π If everyone is to be rated high, the system has not done anything to differentiate among the employees.

### **5. Central Tendency**

- Π Appraisers rate all employees as average performers.
- Π That is, it is an attitude to rate people as neither high nor low and follow the middle path.
- Π For example, a professor, with a view to play it safe, might give a class grade near the equal to B, regardless of the differences in individual performances.

### **6. Personal Biases**

- Π The way a supervisor feels about each of the individuals working under him - whether he likes or dislikes them - as a tremendous effect on the rating of their performances.
- Π Personal Bias can stem from various sources as a result of information obtained from colleagues, considerations of faith and thinking, social and family background and so on.

### **7. Spillover Effect**

- Π The present performance is evaluated much on the basis of past performance.
- Π “The person who was a good performer in distant past is assured to be okay at present also”.

### **8. Recency Effect**

- Π Rating is influenced by the most recent behaviour ignoring the commonly demonstrated behaviours during the entire appraisal period.

Therefore while appraising performances; all the above biases should be avoided.

### **Principles of Performance Appraisal**

- ) Assess performance in relation to behaviourally stated work goals
- ) Observe a representative sample of employee’s total work activities to provide a basis for evaluation.

- ) Compare supervisor's evaluation with employee's self-evaluation.
- ) Cite specific examples of satisfactory and unsatisfactory performance while documenting nurse's performance appraisal
- ) Indicate which job areas have highest priority for improvements.
- ) Purpose of evaluation is to improve work performance and job satisfaction.

### **Tools/techniques/methods for performance appraisal**

- ) *Free response reports*
  - o These provide narrative description of quality of overall performance.
  - o The evaluator is asked to comment in writing on the quality of nurses' performance in a specified position over a specified period.
- ) *Ranking*
  - o It ranks quality of workers' total performance against that of coworkers.
  - o Some evaluation tools ask the evaluator to rank the employee against coworkers with respect to quality of her/his performance in several areas.
- ) *Checklists*
  - o It checks statements of desired behaviour that are exhibited by worker.
  - o A performance checklist should contain a list of performance criteria for the most important tasks on the job description, with blanks beside each, in which the evaluation indicate, whether the nurse does or does not exhibit the criterion behaviour
- ) *Graphic rating*
  - o It checks numerical to indicate quality of performance of each task.
  - o The graphic rating scale includes a listing of several activities included in an employee's job description.
  - o Here the supervisor indicates the quality of the employee's performance of each activity by checking the appropriate point on a numerical scale or by selecting the appropriate phrase from several

### **The Performance Appraisal Interview**

#### **Preparing for the interview**

- ) Key step is proper planning.
- ) Set up the performance appraisal interview in advance preferably -2 days' notice .
- ) Schedule enough time -20 -30 minutes.
- ) Have specific examples of behaviour to support the ratings. (important for performance areas in which an employee receives low ratings.
- ) Anticipate how the staff member will react to the appraisal.

- ) Have a private setting that is relatively free from interruptions.
- ) A poor setting limits the usefulness of the interview.
- ) No one wants weaknesses discussed in public and interruptions destroy the flow of feedback session.

### **The Interview**

- ) The nurse manager needs to have written and shared critical incidents throughout the evaluation period; so that staff members go into the interview with a good idea of how they are likely to be rated; as well as what behaviour led to the rating.
- ) Nurse Manager should be aware of the employees' level of tolerance for criticism, beyond which deficiencies set in.
- ) *Steps to take during the Appraisal Interview:*
  - o Put the employee at ease
  - o Clearly state the purpose of the appraisal.
  - o Go through the ratings one by one with the employee.
  - o Draw out the employees reactions to the ratings. Ask for the reactions. Listen, accept and then respond.
  - o Decide on specific ways in which performance areas can be strengthened.
  - o If the interview revealed performance deficiencies a joint action plan should be developed to help the employee/individual improve.
  - o The action plan should be to improve performance. These activities may include formal training, or on job training or coaching.
  - o Set a follow up date.
  - o Express confidence in the employee, that improvement will be forthcoming.

### **Performance Problems that require corrective action**

- ) Skill-related performance problems –medication error.
- ) Policy/procedure related problems e.g. If a nurse violates the policy of handing over patients to her/his peers before leaving the unit
- ) Dishonesty
- ) Poor communication towards colleagues and patients.
- ) Lack of trustworthiness
- ) Repeated late coming
- ) Absenteeism

### **Dealing with Poor Performance**

- ) Discuss the issue, providing clear feedback and explaining the consequences of continued poor performance.

- ) Try to get the root cause of the issue, i.e. establish the real cause of the poor performance. There must be good communication.
- ) Explore all options and alternatives available to help bring the person back on track.
- )
- ) Agree the next steps and set clear objectives for improvement, establish regular review meetings to monitor progress.
- ) Provide training and coaching if appropriate.
- ) Monitor and document progress.

### **Counselling in Performance Appraisal**

- ) Counselling is a process through which the problem facing an individual is clarified with a view of helping him/her take full responsibility of finding a solution to that problem.
- ) *The counselling session gives an opportunity for clients to;*
  - o Talk
  - o Be heard
  - o Reflect on an issue
  - o Look for a solution
  - o Feel comfortable
  - o Talk about his/her feelings
  - o Explore, understand and decide on his/her solution.
- ) *Counselling is important because:*
  - o It alleviates stress
  - o Reduces resistance to change
  - o Motivates an individual –sense of belonging and a feeling that one is valued.
  - o Lighten the burden
  - o Builds confidence in an employee/individual.

## **Conflict Resolution**

- Ψ Within organizations, it is the manager who most often manages conflicts and who is most responsible for dealing with them.
- Ψ A conflict is any discontent or dissatisfaction that affects the organizational performance.
- Ψ A conflict is a situation when the interests, needs, goals or values of involved parties interfere with one another.
- Ψ A conflict is not the same as a problem. It only becomes a problem after failing to resolve it.
- Ψ Conflicts may involve team members, departments, projects, organization & client, boss & subordinate, organization needs vs. personal needs.
- Ψ In many cases, conflicts in the workplace just seem to be a fact of life.
- Ψ We've all seen situations where different people with different goals and needs have come into conflict.
- Ψ The following are the common causes of conflicts at the workplace:

### **1) Communication**

- Infrequent or ineffective communication may cause conflict for example lack of feedback, misunderstandings, lying, and criticism.

### **2) Processes or Preferred methods**

- This comes from differing views about what should be done or how it should be done e.g. differing goals, differing approaches to a problem, differing perspectives on an issue and differing sources of information.
- Some people think their way of doing things is the right way and should be used by others.

### **3) Sharing of scarce resources**

- Too often, employees feel they have to compete for available resources in order to do their job.
- In a resource scarce environment, this causes conflicts –despite awareness of how scarce resources may be.

### **4) Priorities**

- Often people have and want others to share their priorities

### **5) Personality clashes**

- People have different personalities, values, attitudes, needs, expectations, perceptions and social styles.
- Personality is very difficult to change and therefore, some workmates may not agree on personality grounds

## **6) Power struggles**

- The need for control and influence is at the root of many conflicts in many workplaces e.g. Whose office is the most spacious? Whose opinion counts most in the final decisions?

## **7) Values**

- People in the workplace judge their own behaviour as well as those of others by what they believe should be done by the values that they hold.

Ψ Conflicts are multidimensional and there are four dimensions of conflicts:

### **1) Intrapersonal /personal conflict**

- This conflict occurs within us.
- It involves an internal struggle to clarify contradictory values or wants.
- They occur when we are not happy with ourselves or when we are torn between choices we need to make or when we are frustrated with our goals/accomplishments.
- These conflicts often lead to conflict with others
- Example:
  - An employee frequently calls out because she is the only person who can take care of a sick family member.
  - The employee has a conflict (the need to be at work versus the need to stay at home) and the Nurse Manager has an intrapersonal conflict because a sick leave (even when justifiable) becomes a staffing issue.

### **2) Interpersonnel conflict**

- This conflict happens between 2 or more people with differing values, goals and beliefs.
- Most common type of conflict.
- Interpersonal conflicts will occasionally arise in the workplace due to natural differences in human personality, complexity of human needs, beliefs or work ethics.
- Co-workers may disagree over problem-solving tactics or shared resources, or employees may enter conflict with customers and clients.
- Has a tendency of resolving itself because conflicting parties are not able to continue in a tense situation for a long time (hence time is healing factor).



### **3) Social / inter group conflict:**

- This conflict happens between 2 or more groups of people.
  - These could be Departments or organizations.
- Ψ The fact that conflict exists, however, is not necessarily a bad thing: as long as it is resolved effectively, it can lead to personal and professional growth.
- Ψ In many cases, effective conflict resolution can make the difference between positive and negative outcomes.
- Ψ The good news is that by resolving conflict successfully, you can solve many of the problems that it has brought to the surface, as well as getting the following benefits that you might not at first expect:
- 1) **Increased understanding:**
    - The discussion needed to resolve conflict expands people's awareness of the situation, giving them an insight into how they can achieve their own goals without undermining those of other people.
  - 2) **Increased group cohesion:**
    - When a conflict is resolved effectively, team members can develop stronger mutual respect and a renewed faith in their ability to work together
  - 3) **Improved self-knowledge:**
    - Conflicts push individuals to examine their goals in close detail, helping them understand the things that are most important to them, sharpening their focus, and enhancing their effectiveness.
- Ψ However, if conflict is not handled effectively, the results can be damaging i.e.;
- Conflicting goals can quickly turn into personal dislike.
  - Teamwork breaks down.
  - Delay in decision making
  - Talent is wasted as people disengage from their work.
  - A vicious downward spiral of unconstructiveness and accusation.
- Ψ If you're to keep your team or organization working effectively, you need to stop this downward spiral as soon as you can.
- Ψ To do this, it helps to understand the different approaches or styles that lie behind effective conflict resolution:

### **Conflict Resolution Styles**

- ) Once you understand the different styles, you can use them to think about the most appropriate approach (or mixture of approaches) for the situation you're in.
- ) You can also think about your own instinctive approach, and learn how you need to change this if necessary.

- ) Ideally you can adopt an approach that meets the situation, resolves the problem, respects people's legitimate interests, and mends damaged working relationships.
- ) The following are the different styles used in conflict resolution:

1. **Competitive**

- ) People who tend towards a competitive style take a firm stand, and know what they want in a conflict.
- ) They usually operate from a point of power, drawn from things like position, rank, expertise, or persuasive ability.
- ) Here the manager denies others their benefits, punishes others and uses force to achieve what he/she wants.
- ) This style can be useful when there is an emergency and a decision needs to be made fast; when the decision is unpopular; or when defending against someone who is trying to exploit the situation selfishly.
- ) It is a win-lose situation.
- ) However it can leave people feeling bruised, unsatisfied and resentful when used in less urgent situations.

2. **Collaborative**

- ) People tending towards a collaborative style try to meet the needs of all people involved.
- ) These people can be highly assertive (empathetic) but unlike the competitor, they cooperate effectively and acknowledge that everyone is important.
- ) This style is useful when you need to bring together a variety of viewpoints to get the best solution; when there have been previous conflicts in the group; or when the situation is too important for a simple trade-off.
- ) Both parties set aside their original goals and work together to establish a priority common goal.
- ) It includes identifying the underlying concerns of the opponent & finding an alternative which meets each party's concerns.
- ) It is not easy to reach this kind of arrangement because it needs a lot of time and resources.
- ) It results in a win-win situation.

3. **Compromising**

- ) People who prefer a compromising style try to find a solution that will at least partially satisfy everyone.
- ) Everyone is expected to give up something and the compromiser him- or herself also expects to relinquish something.

- ) Compromise is useful when the cost of conflict is higher than the cost of losing ground, when equal strength opponents are at a standstill and when there is a deadline looming.
- ) It can provide a temporary solution while still looking for a win-win solution.
- ) It does not contribute to building trust in the long run
- ) With time one tends to go back to the compromised needs and the parties clash again.
- ) For compromising not to result in a lose-lose situation both parties must be willing to give up something of equal value.

#### **4. Accommodating**

- ) This style indicates a willingness to meet the needs of others at the expense of the person's own needs.
- ) The accommodator often knows when to give in to others, but can be persuaded to surrender a position even when it is not warranted.
- ) This person is not assertive but is highly cooperative.
- ) Accommodation is appropriate when the issues matter more to the other party, when peace is more valuable than winning, or when you want to be in a position to collect on this "favor" you gave.
- ) However, people may not return favors, and overall this approach is unlikely to give the best outcomes.
- ) It works when it is important to provide a temporary relief from the conflict or when the issue is not as important to you as it is to the other person.
- ) This means that one is interested in harmony and equal share, so is a person of good will.
- ) If you become too much of an accommodator, people may take you as a weak person, so one should be situational.
- ) It is a lose-win situation

#### **5. Avoiding**

- ) People tending towards this style seek to evade the conflict entirely.
- ) This style is typified by delegating controversial decisions, accepting default decisions, and not wanting to hurt anyone's feelings.
- ) It can be appropriate when victory is impossible, when the controversy is trivial, or when someone else is in a better position to solve the problem.
- ) However, in many situations this is a weak and ineffective approach to take.
  - ) It works when you see no chance of getting your concerns met or when more important issues are pressing
  - ) It is a lose-lose situation

- ) Disadvantage: The conflict remains and often will re-emerge at a later time in an even more exaggerated fashion.

### **Conflict Resolution Process**

- ) Look at the circumstances, and think about the style that may be appropriate.
- ) Then use the process below to resolve the conflict:

#### **Step One: Set the Scene**

- Π Make sure that people understand that the conflict may be a mutual problem, which may be best resolved through discussion and negotiation rather than through raw aggression.
- Π If you are involved in the conflict, emphasize the fact that you are presenting your perception of the problem.
- Π Use active listening skills to ensure you hear and understand other's positions and perceptions e.g.
  - Look at the person speaking
  - Maintain an open mind
  - Pay attention
  - Ask questions
  - Repeat what the speaker says (Restate, Paraphrase, Summarize)
  - Listen for the feelings of the speaker
  - Don't: Interrupt, change the subject, make up your mind before the person finishes speaking
- Π And make sure that when you talk, you're using an adult, assertive approach rather than a submissive or aggressive style.

#### **Step Two: Gather Information**

- Π Here you are trying to get to the underlying interests, needs, and concerns.
- Π Ask for the other person's viewpoint and confirm that you respect his or her opinion and need his or her cooperation to solve the problem.
- Π Try to understand his or her motivations and goals, and see how your actions may be affecting these.
- Π Also, try to understand the conflict in objective terms: Is it affecting work performance? Damaging the delivery to the client? Disrupting team work? Hampering decision-making? & so on.
- Π Be sure to focus on work issues and leave personalities out of the discussion i.e.
  - Listen with empathy and see the conflict from the other person's point of view.
  - Identify issues clearly and concisely

- Remain flexible.
- Clarify feelings.

**Step Three: Agree on the Problem**

- This sounds like an obvious step, but often different underlying needs, interests and goals can cause people to perceive problems very differently.
- You'll need to agree on the problems that you are trying to solve before you'll find a mutually acceptable solution.
- Sometimes different people will see different but interlocking problems – if you can't reach a common perception of the problem, then at the very least, you need to understand what the other person sees as the problem.

**Step Four: Brainstorm Possible Solutions**

- If everyone is going to feel satisfied with the resolution, it will help if everyone has had fair input in generating solutions.
- Brainstorm possible solutions, and be open to all ideas, including ones you never considered before.

**Step Five: Negotiate a Solution**

- By this stage, the conflict may be resolved: Both sides may better understand the position of the other, and a mutually satisfactory solution may be clear to all.
- However you may also have uncovered real differences between your positions.
- This is where a technique like win-win negotiation can be useful to find a solution that, at least to some extent, satisfies everyone.

**NB:** There are three guiding principles here: Be Calm, Be Patient, and Have Respect.

**Indicators of Conflicts in a Team**

- Non-communication
- Poor meeting attendance
- Poor work performance
- Use of deviant language among members
- Dictatorship

**How are Conflicts Discovered?**

- Through grievance procedure
- Direct observation
- Suggestion boxes
- Open-door policy
- Personnel counselor

- Exit interviews

**Prevention of conflicts**

- ) Make quality time
- ) Talk sooner rather than later
- ) Stay current
- ) Think of solutions
- ) Avoid name calling

**Staff Turnover & Staff Retention**

- ) *Staff turnover (attrition)* is the process whereby staff voluntarily leave or transfer from their position

- ) *Staff retention* is the degree to which the current employees of an organization remain with the organization over a given time period.

### **Causes of staff turnover**

- ) ***Job dissatisfaction***

- Ψ People who are frustrated with their current employment may leave more easily

- ) ***Pay***

- Ψ This is something given in exchange for services rendered in an organization.

- Ψ By binding pay with performance, an employer can monitor and control specific activities

- ) ***Career Promotion***

- Ψ Lack of promotion and boring/routine work can force employees to leave an organization

- ) ***Management***

- Ψ The relationship between the managers and employees influences employees' attrition decision

- ) ***Job Fit***

- Ψ It is important that there is a good fit between what the employee and what the institute needs.

- ) ***Personality***

- Ψ Personality might affect the experience of emotional happenings at work which, in turn, may influence job satisfaction

- ) Perceived alternative employment or Opportunity

- ) Influence of co-workers

- ) Retirement

- ) Poor health

- ) Death

### **Positive Consequence of staff turnover**

- ) Reduction of entrenched conflict

- ) Increased mobility and morale

#### **Positive Consequence of staff turnover**

- ) Costly to the organization. Replacing the work is two times the employee's salary in a year.
- ) Operational disruption leading to reduction in service delivery
- ) Burnouts
- ) Demoralization among remaining members

#### **Management /Strategies to Retain Staff**

- ) ***Recruit Suitable Employees***
  - o The organization has to ensure that the right people for the job are recruited.
- ) ***Retain Valuable Employees***
  - o The organization makes a point that it attracts and recruits employees who will make a meaningful contribution.
- ) ***Provide realistic job preview and follow up***
  - o Employees should well inducted, supervised and given feedback on their work performance
- ) ***Facilitate intra-organizational movement***
  - o Employees should be rotated in different departments within an organization
- ) ***Flexible organization policies***
  - o Coordinate with other managers to influence organizational policy.
- ) ***Favourable management practices***
  - o Improve management practices like facilitating training and development, encouraging downward and upward communication.

### **Ward Management Charing Ward Meeting Introduction**

- ) One thing central to any functional group is regular meetings.



- ) In health care organizations, almost all decisions will be made at these meetings and there will be sufficient level of discussion to ensure all those attending have a good idea of the activity and arguments in the different struggles the organization is involved in.
- ) Meetings might also have some time dedicated to education.

### **Before the meeting**

#### *1) Publicity*

- o A meeting will only be effective if the key persons are present.
- o All possible means of publicity should be used e.g. internal memo, ward notice board, SMS, e-mail, and social media.
- o It is also advisable to develop a year plan that can be distributed to all members entailing all the dates of the meetings for the year as this allows members to plan ahead.

#### *2) Convenient & comfortable time & place*

- o You will want a space that is private enough for you to have strong disagreements in and where only the members of the group will be while you are using it
- o This could mean a private room on the ward or ward in-charge's room.
- o As a chairperson, try and arrange the room so that everyone sits (in circle) and make sure you are seated where you can see everyone.
- o Avoid scheduling meetings first thing Monday morning. They are not as effective as ones later in the week.
- o Start on time. People meander when they know the meeting typically starts late.
- o Keep the meeting to an appropriate length. They never should last more than 90 minutes.

#### *3) Making attendance enjoyable*

- o Consider ways of injecting some fun.

#### *4) Purpose of the meeting*

- o It is worth writing a brief summary of what the meeting is hoped to achieve.
- o Some meetings are called to communicate information, others to exchange views and ideas, and others to make decisions about plans or activities.

#### *5) Preparing an agenda*

- o An Agenda is a list of items to be discussed at a meeting
- o An agenda gives people time to plan, think over things that will be discussed, to do assignments and bring necessary information and materials.
- o A well-constructed agenda encourages attendance & ensures that a meeting is orderly & productive.

- The agenda can be printed and distributed either in advance or at the meeting.
- It can be written on a chalkboard or whiteboard where everyone can see it
- This helps keep people on topic and lets them know what will be covered and when.
- If there is any disagreement over the order of the agenda then this should be quickly discussed and voted on at the start of the meeting.
- It is important to set a maximum amount of time that can be spent discussing particular topics right at the start of the meeting if the agenda has a lot of items.

### **During the meeting**

- ) Make sure you start on time
- ) If you have newcomers, start with introductions.
- ) Make sure someone facilitates (chairs) the meeting and someone else takes decent notes of the meeting.
- ) The best way to tackle this is to have a list of everyone willing to chair or take notes and each week take the next person on the list.
- ) Stick to the agenda
- ) Minute taking
  - Someone should be responsible for keeping the minutes of the meeting and preparing them to be read at or distributed before the next meeting.
  - Minutes need not be very detailed
  - They should include: who attended the meetings? What were the topics discussed? Which decisions were made for each topic? Who volunteered to do what? What arose from the previous minutes? What are the items to be discussed at the next meeting and when will it be?
- ) Encouraging group discussion
  - Turn questions back to the group for their input by asking people to comment on something just said.
  - Compliment people on their ideas and input
  - Ask open-ended questions.
  - Encourage quiet people to give their views but tactfully interrupt the longwinded ones
- ) Guiding the meeting
  - The chairperson manages the traffic and helps the discussion move along.
  - Ask people who are talking at once to take turns.
  - Note people's names in the order they have raised their hands to help you when selecting the next speaker.

- It is a good idea to put people who have not spoken yet on the top of your list.
  - Make sure everyone gets their turn to avoid the discussion becoming dominated by a couple of speakers.
  - You might have to start asking some people to keep their discourse short.
  - If the discussion is getting off-topic, point this out and redirect it back on course.
  - If the discussion is getting hostile, & argumentative, tactfully intervene and constructively redirect it.
  - You might want to agree to limit each speaker's time or say that no one can speak a second time until everyone has spoken once.
  - If people are only repeating themselves, restate and summarize the issues and ask if people are near ready to make a decision on the subject.
  - If it just doesn't seem that the group can make a decision right now, suggest tabling the matter until another time
  - You may want to ask someone to bring back more information, or form a committee to work on the issue.
  - Do not impose your personal ideas and opinions on the group.
  - If you have strong feelings on a particular issue, you may let someone else facilitate the discussion.
  - At the very least, keep your comments to a minimum & try to let others speak first.
  - Avoid criticizing the ideas of others-your position gives your comments undue extra weight.
- ) Use of non-verbal for expression
- Be attentive to people who are speaking: look at them, lean forward, smile, & nod.
  - Make eye contact with people who may need encouragement to speak.
  - Pay attention: people who are less confident about speaking will often indicate that they want to speak in minor way (e.g. briefly half put up their hand).
  - Spot and encourage them to speak
- ) Silence of members
- It is a very useful tool
  - It gives people a chance to consider and collect their thoughts.
  - It may encourage someone to voice a comment they have been thinking about but hesitant to say
- ) Guide to the closure of the meeting
- Re-state people's comments to make sure everyone understands their point.

- Ask for clarification.
  - Summarize what has been accomplished or agreed and what is left to resolve.
  - Suggest when it's time to wrap up & make decisions or take action.
- ) Decision making
- Arguments about how best to reach decisions are fundamental to chaos.
  - You may wish to leave time for discussion in the hope of being able to reach consensus.
  - If time permits it may make sense to postpone making a contentious decision to the next meeting to give people a chance to think things over.
- ) Ending of the meeting
- Reflect on what went well and encourage people to share any lingering concerns or things that just don't seem right
  - Check out assumptions
  - Make sure people understand their assignments and have what they need to do them
  - Make sure you stick to the time you set at the very beginning.
  - Thank the people for their input.
- ) After the meeting
- Many meetings may be well-planned & conducted effectively, but implementation of the decisions may be neglected or delayed.
  - People may simply forget what was agreed or they may not be clear what is to be done, by whom & when.
  - An effective chairperson will therefore ensure that minutes are written & circulated as soon as possible and that before the next meeting an action report is circulated.
  - A format for an action report might look as follows:

**Meeting date: 21/06/14 Meeting location: SONAMS**

<b>Agenda item</b>	<b>Action agreed</b>	<b>Person responsible</b>	<b>Date for completion</b>	<b>Action taken</b>

Discipline case (abused teacher)	Investigate case of C.K	Principal	25/06/20	C.K found guilty &Suspended for 2 weeks
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- Now you are done, you can start getting ready for the next meeting!

**In summary, the following are the roles & responsibilities of a chairperson in a meeting**

**Chairperson**

- ) Ensures the meeting is necessary
- ) Ensures the meeting has an agenda and that the agenda is followed
- ) Ensures participants have the information they need to attend & participate effectively
- ) Ensures the venue is suitable & arranged in good time
- ) Acts as the meeting's leader & guide but not dominate discussions
- ) Fosters the participation of all members
- ) Ensures that the meetings rules & procedures are followed
- ) Ensures that minutes are prepared & circulated
- ) Guides the meeting to achieve the purpose for which it was called for
- ) Ensures that the meeting starts & finishes on time
- ) Fosters good working relations among members
- ) Mediates disagreements
- ) Ensures a quorum is met.

**Logistics Management**

**Definition of Logistic**

- ) It refers to material equipment that is used on the day to day activities by health workers.  
It involves supply, distribution and replacement of material

### **Types of Material Equipment (Logistics)**

There are two:-

- Expendable termed as consumable or recurrent
- Non expendable termed as capital or non-consumables

### **Expendable Equipment**

- ) It is the equipment that is used for a short time e.g Matchbox, cotton wood, lab stains, disposable syringes, gloves etc.

### **Non- expendable**

- ) It is the equipment that last for several years and needs care and maintenance e.g. weighing scale, tables, beds, microscope, vehicles, bed, pans, trolleys, trays, etc.

### **Procedures of Managing Equipment**

- ) These are four procedures of management of equipment.
  - Ψ Ordering
  - Ψ Storing
  - Ψ Issuing
  - Ψ Controlling /maintaining

### **Ordering**

- ) Ordering of equipment is usually done by the senior staff or ward in-charge, who has authority.
- ) When ordering, the in-charge should make sure that there is still a balance on stock which will be used before a new stock is delivered (head of time consideration).
- ) The ordering staff must have the skills to do it which include:-

#### **1) Listing the relevant equipment**

- Several lists of required items should be made according to the expected place of purchase e.g. paper – stationery, matches – local shop
- Exact required type of each item should be written
- Quantity of each item should be estimated: The quantity of an item used depends on the number of people using it & can be estimated from experience.

#### **2) Balancing the requirements with available resources and making cost estimates**

- Health services all over the world are short of resources.
- Balance quantity with demand (to avoid shortages and surplus)

- Priorities must therefore be established among needs & the needs must be balanced against resources hence a cost estimate must be made before completing the order form.

### **3) Use the catalogue**

- This is a book that contains a list of articles for purchase from a certain place.
- It is a communication tool the manufacturer or supplier uses to enable the customer make a final decision of what is to be bought (also termed as pre-former invoice).
- It is used whenever things are ordered at a distance.
- Therefore while ordering; one needs to note the exact item, number, description and price.

### **4) Purchasing**

- Before purchasing new equipment, several factors should be considered which means asking yourself and your colleagues a number of questions.

#### *1. Uniformity*

- Does the equipment you are proposing to buy match with equipment which is already being used locally?
- Nationally, is it proved to be good?

#### *2. Sustainability*

- How expensive are replacement's spares and consumables?
- Will replacement parts be available for a reasonable price in the future?
- Does a local agent supply them?

#### *3. Training / Complexity*

- How easy is the equipment to maintain?
- Is special test equipment needed?
- Can hospital staff be trained to maintain equipment or need outside experts?
- Are special tools required to carry out maintenance or adjustment?
- Does it have any accessories which are expensive that will do the job just as well?

#### *4. Safety*

- What risks or challenges are associated with the piece of equipment?
- Will costly building alterations or services be required to accommodate the equipment?
- Will there be need for special protective clothing for users?

#### *5. Durability and Robustness*

- Will the equipment withstand the local conditions (temp, humidity, drought, dust)?
- Manufacturers should be able to supply relevant records if requested to do so.

6. Cost

- Do not buy cheapest item just because it is cheap. The most expensive design or makeup may be cheaper in the longer term.
- Buy equipment best suited to your hospital needs.

7. Specifications

- If requested to do so, the world health organization (WHO) will confirm whether or not the equipment you are proposing to buy meets their standards.

**5) Completions e.g. order forms or requisition forms**

- They are usually supplied with a catalogue
- Different suppliers, stores or firms have their own particular order forms.
- An example is shown below:

S/No.	Article Number	Article name	Article Quantity	Price per unit Ugsh	Total price
1.		Body thermometers	20	1,500/=	30,000/=
2.		BP machine (mercury sterilizer)	20	3,000/=	60,000/=
3.		Little sister	1	200,000/=	200,000/=
	<b>Total</b>				<b>290,000/=</b>

**Storing**

- ) Equipment is stored in two places
  - Ψ A main or reserve store where stocks are kept but not used
  - Ψ Place of use after issue



- ) To store equipment, the following skills are necessary
  - Ψ Recording the receipt of new articles and the issue of articles
  - Ψ Keeping the stock book or ledger book in balance

### **Receiving New Items of Equipment into the Store**

- ) This involves checking of the equipment whether new or 2nd hand.
- ) Equipment should be accepted in hospital if only after specific checks and tests have been carried out and found satisfactory.
- ) The equipment should be received in the presence of purchasing officer, maintenance engineering officer; maintenance staff; maintenance staff member and user representative.
- ) This team together should:-
  - Ψ Undertake a site inspection to confirm that necessary services (water supply, drainage, electricity supply) are available
  - Ψ Check the delivery note
  - Ψ Keep all packaging materials in case the equipment needs to be transported again.
  - Ψ Check the contents against the delivery note, ensure reports are there and manufacturer's instructions are provided
  - Ψ Check if the serial number of the package matches with that on the equipment
  - Ψ Check equipment damage
  - Ψ Report any omissions or damages to the supplier as soon as possible, register the guarantee, if appropriate.
  - Ψ If the equipment is to be connected to the electricity, check the plugs, switches and everything.
  - Ψ Include the equipment in the register, giving it a serial number
  - Ψ Carry out test runs of equipment
  - Ψ Organize staff training for performance and users of the equipment
- ) Apart from equipment checking, on receiving new equipment item, some documents are delivered with items like invoices or delivery note should be checked and signed keeping a copy of each from the supplier who also gets a copy.
- ) Invoices (a statement of the cost of the article) and delivery notes must be kept in separate files which are labeled.
- ) Each item is recorded on a separate page in the stock book or ledger book, noting the following:-
  - Date on which the item has been delivered

- Reference number of the items from catalogue and places of purchase
- Invoice number of statement account
- The quantity of items

### Keeping Ledger Balance

- ) Usually there are 2 ledgers - one for expandable & one for non-expendable equipment.
- ) Each item is recorded, on a separate page every time a similar item is bought and added to the total stock.
- ) Each time the item is issued, it is subtracted from the total stock.
- ) The resulting number is the balance in stock.
- ) When a balance reaches a certain low point, it is time to order new equipment.
- ) Example of a Stock Card;

Item	Date	Received	Invoice Number	Qty Received	Qty Issued	Balance in store
Gauze	11/01/12	Uganda medical stores	632/12	10 rolls	2 rolls	14 rolls
	16/01/12	-		-	4	10 rolls
	20/01/12	-		-	4 rolls	6 rolls
	25/01/12	-		-	3 rolls	3 rolls
	28/01/12	Uganda medical stores	768/12	8 rolls	-	11 rolls

### Issuing Equipment

- ) A health centre has several sections/departments e.g. medical, surgical, treatment room, maternity, lab, etc. and each department is responsible for the equipment in its section.
- ) After equipment has been received and recorded in the stock book, it is stored and later issued for use as it is needed.
- ) Three papers work procedures are involved in issuing
  - Writing the issue in stock ledger,
  - Issue of voucher which must be signed and
  - Inventory record of the section receiving and issuing the equipment.

### Ledger Record

- ) When an issue is entered in the stock ledger, the balance of items remaining in stock is accumulated by adding.

### **Issue Voucher**

- ) The issue voucher is an official form on which the following are recorded:
  - o Date of issue
  - o What is issued in what quantity, & its page number in the ledger
  - o Where it is used
  - o Who is responsible
  - o Signature of person responsible for its use
- ) Issue vouchers must be filed & kept in the store
- ) Duplicate copies are given to the department that receives the equipment.

### **Inventory**

- ) Inventory is a list of items that are found in a certain place/unit (including those in use and storage).
- ) Each section of a health centre/unit keeps an inventory of its non-expendable equipment i.e. equipment that is used for several years e.g. furniture, trolleys, drip stands, weighing scales, etc.
- ) Expendables are those used in a short time e.g. match box, cotton wool, disposable syringes and needles etc.
- ) New equipment issued to the unit must be added to the inventory which is used at interval to check stocks of equipment in use.

### **Advantages of Inventory Taking**

- Any loss is easily identified and prompt report is made
- Any shortage is easily identified and new order made
- It helps in identifying equipment that need repair or replacement

### **Interval of Inventory Taking**

- ) Equipment in a department is inspected by checking what is present & comparing it with the inventory.
- ) Consumable items need to be checked frequently.
- ) Long lasting equipment are checked once a year.
- ) But it is important to have a careful physical checking of all equipment at frequent intervals:
  - o *Monthly.*
    - Checks should be made/carried out by a nursing officer in-charge.
    - However, the staff does it on daily basis as they handle and take over in their different shifts (even students).
    - The staff signs for the equipment and report any loss to the in-charge.

- *Three Monthly.*
  - Checks are carried out by the Principal Nursing Officer (PNO) or in-charge of the Health Unit.
  - In other times, the inventory is carried out when a new in-charge is taking over a unit/hospital.
  - During handing over and taking over and signs for the equipment he/she finds on that unit.

### **Points of Importance**

- ) Involve all the staff
- ) Identify any loss
- ) Mark all equipment
- ) Keep the books safely

### **Controlling & Maintaining Equipment**

- ) Expendable equipment must be controlled to avoid wastage.
- ) Non-expendable must be maintained or kept in good working condition
- ) Skills needed to control & maintain equipment:
  - Convincing staff that equipment must be cleaned, inspected & kept in good order
  - Using an inspection checklist & inspection schedule
  - Detecting discrepancies & explaining them

### **Detecting & Interpreting Discrepancies**

- ) This is a difference between what is reported & what is found
- ) For example, a difference between the amount of something actually used & the amount normally expected to be used or a difference between the equipment entered on the inventory list & the equipment actually present

### **Convincing Staff of the Importance of Maintenance**

- ) The best way to convince staff of the need to clean & keep equipment in good condition is for the supervisor to set a good example
- ) Emphasize that equipment must be cared for;
  - To prevent transmission of infection
  - To keep them in good condition
  - To economize
- ) Equipment should be returned clean & in good order to its correct place after use; in this way it lasts longer & has to be replaced less often.

### **The Value & Use of Equipment Records**

- ) Good management takes care of equipment by:-
  - Introducing and motivating staff to feel responsible for the equipment they use

- Π Ordering supplies when needed
  - Π Storing supplies safely
  - Π Controlling the use of supplies
- ) There are several reasons for keeping equipment records, requisition forms, stock cards/ledgers, issue vouchers, inventories, etc.
- Π Previous order records make subsequent orders quicker or easier. They should have supplies address, item reference numbers, normal quantities required.
  - Π The balance in the ledgers shows when to order for more supplies thus avoids items to be out of stock which improves effectiveness of health services
  - Π Issue vouchers encourage workers to take responsibility of equipment and can indicate who is responsible for loss or breakages.
- ) In summary accurate records save time and contribute to the economy, efficiency and smooth functioning of the health service.

## **Financial Management**

- ) This is an activity which is concerned with planning, controlling of funds & all the financial resources.
- ) Managing money in health services is complex and a responsibility done by accounts or finance officers.
- ) However, sometimes the in charge of a Health centre may be asked to record the spending of money (to keep accounts).
- ) Prior to spending the money, managers are also required to make budgets of what they need in line with the available funds.
- ) Revenue is the money coming in from patients, donors, government, projects etc.
- ) Expenditure is the money going for purchase or pay for resources like drugs, salaries, supplies, allowances, and utilities.
- ) Importance of proper management of health facility finances;
  - 1) To ensure money is available for high priority purchase like drugs
  - 2) To ensure that health unit does not run out of money
  - 3) To know how much the health unit spends on each item.
- ) Key financial records in the management of finances;
  - 1) Cash and bank books
  - 2) Budgets
  - 3) Cheque
  - 4) Requisition forms
  - 5) Voucher books
- ) There are two types of money
  - 1) Invisible money or budgetary allocations**
  - ) This is money that is not seen or handled.
  - ) It is a 'paper credit' given as an allowance, allocation or warrant of funds e.g. the government may give a hospital an allocation of 5 million Ugs to draw drugs from GMS.
  - ) The hospital accounts for the drugs taken from GMS, with a paper called requisition to be charged against the allocation.
  - ) Actual money is not handled by the hospital but a written account must be kept of each order used against the allocation.

### **2. Visible money or cash**

- ) This is money that is seen & handled.
- ) It is advanced to the health worker to spend for the work of the health service.
- ) It is not safe to have large amount of cash at the hospital as it may be stolen.
- ) Therefore, cash is usually small in amount & is called 'petty cash'.

### Keeping and allocations ledger (spending “invisible “money)

- ) The allocated invisible money by government (or any other organization) is usually of a definite purchase and can only be spent for that purpose e.g. drugs, equipment or transport.
- ) Accurate records of how the allocation is spent must be kept in an allocation ledger (accounts book).
- ) Example of an allocations ledger

Date	Description /purpose	Document reference( folio No.)	Order or requisition

### Filling in an Allocation Ledger

- ) Allocation of invisible money may be monthly quarterly or annually.
- ) When granted the date, the purpose and the amount are recorded in the allocations ledger.
- ) The reference number of the document that confirms the grant of the money is written in the column headed document reference (folio number) in order that the original document can be found again when necessary.
- ) When a purchase is made, the date, the order (requisition) and amount are also recorded.
- ) The number of the requisition form or order form is written in “Document reference (folio number) column.
- ) From this number, the order (requisition) can be found again in the files that hold copies of the order forms or requisition.
- ) At certain intervals, perhaps monthly or quarterly, the amount paid out is totaled and deducted from the amount allocated.
- ) The unused money is brought forward (BF) and added to the new allocation for the next months or quarterly or yearly or according to the interval chosen e.g.

Date	Description/purpose	Folio/reference no.	Order or requisition (debit)	Allocation (credit)
1/7/2015	Allocation for 3/12	36		5.000.000/=

3/7	Requisition	70	2.500.000/=	
15/9	requisition	71	1.000.000/=	
	Total		3.500.000/=	5.000.000/=
	Balance		1.500.000/=	
30/9	B/F			1.500.000/=
1/10	Allocation for 3/12	37		5.000.000/=
5/10	Requisition	72	3.000.000/-	

### **Using Petty Cash Imprest System or Spending Visible Money**

- ) Petty cash means small money; this is forwarded to the health unit to be used exclusively for certain authorized health services e.g. Postage-stamps, telegram, calls from public telephone calls; cleaning materials-soap, and detergent, antiseptic, furniture polish; office needs- paper, envelopes, glue, pins; Sundries-matchboxes, paraffin and candles.

### **The imprest system**

- ) An imprest is an advance of cash given for a particular purpose & restocked as necessary.
- ) An imprest is always restored to its original level.
- ) In this way it is different from a grant, which is a definite amount for a definite period.
- ) An imprest may be replenished at any time when the cash balance is becoming low.
- ) Thus, the imprest cash may be spent within a week or it may last for one or two months depending on the needs at the moment.
- ) Whatever the period it has to be refilled to the original level.
- ) An imprest is refilled only against original receipts for money spent; this prevents misuse of funds.
- ) At any time, unused cash plus disbursements must add up to the imprest level.

### **The petty –cash voucher**

- ) Each time money is spent from the petty-cash box it must be recorded on a form called **a petty-cash voucher.**
- ) Each PCV is numbered & is kept & filed in order.
- ) Each PCV must have a receipt attached to it from the person who sold the goods.



- ) If it is not possible, the PCV must be signed by the H/C in charge of the petty cash.
- ) PCV must be kept carefully because the finance officer, or auditor may ask for them at any time.
- ) **Example**

<b>Mukono diocese nursing school</b>	
<b>PETTY CASH VOUCHER</b>	
Name: ... <u>Ludise Jena</u> .....	
Voucher No. .... <u>17</u> ..... Date: ..... <u>11/12/2015</u> ....	
ITEMS	AMOUNT
1 packet candles	500.0
1 box matches	<u>500.0</u>
(Attach receipts to the PCV)	1,000.0
Received by: <u>[Signature]</u>	
Authorized by: <u>[Signature]</u>	prepared by: <u>[Signature]</u>

**Note:** Keep the petty cash vouchers under lock and the key.

### Keeping petty-cash records

- ) This is done by use of a simple petty-cash book
- ) This is used to record small amounts & and where there is no need to show the breakdown of expenditure by category.
- ) A simple petty-cash book has five columns;

Date	Details	Voucher no.	Amount	
			Received	Paid out
1/2/16	To imprest (original level)	-	200,000/-	
2/2/16	Airtime	1		10,000/-
3/2/16	Transport Mukono	2		2,000/-
	Stationery	3		20,000/-
	petrol	4		50,000/-
11/2/16	Transport Kampala	5		10,000/-

	Paraffin	6		15,000/-
15/2/16		Total	200,000/-	107,000/-
		Balance		93,000/-
16/2/16	Balance B/F		93,000/-	
	To imprest (restock)		107,000/-	

### **Budget**

- ) This a statement of goals & objectives expressed in monetary terms for specific period.
- ) It may also be considered as a quantitative expression of goals that an organization wishes to achieve with the costs of attaining the goals
- ) Resources such as personnel, materials, money & time will always be scarce therefore it is the role of management to make the best use of the scarce resources.
- ) A good resource manager should be measuring cost allocation early, identifying areas where resources are mostly required so that they are not wasted.
- ) In managing finances, costs must be determined in a budget, & sources of funding should also be identified e.g. grant, client fees, & sales.

#### **Factors to Consider While Budgeting**

- ) Level of expenditure – these should be current & as anticipated
- ) Expected changes in cost because the conditions can shift
- ) Projected changes in activities in case there are easier options, changes may occur.
- ) Coincidental – certain changes that are not predictable but come as emergencies.
- ) Contingencies - funds set beside for unexpected conditional expenses. This is of late has been ignored because, accountability is not often given by the managers.

#### **Characteristics of a Good Budget**

- ) It should cover a defined set of activities
- ) It should state specific time & period to cover.
- ) It should be realistic about resources at hand

#### **Objectives or Reasons for Budgeting**

- ) To ensure sufficient working capital & securing of other resources for efficient operation of a business
- ) To coordinate all activities of a business in order to centralize, control & optimally decentralize responsibilities.
- ) For directing expenditure into the most profitable & rewarding directions of business

- ) To reduce & trim down losses to the minimum
- ) For planning & controlling income against the expenditure so as to achieve the highest profitability & act as a guide for management decision.
- ) To provide a yardstick against which results from the budget implementation can be compared
- ) To show management where effort is needed to remedy situations & so help facilitate management by exception.

### **Budgeting Process or Cycle**

- ) Identification of objectives
- ) Determination of resource needs
- ) Pricing of the requirements
- ) Identification of revenue resources
- ) Negotiation of budget allocation with supervisors
- ) Prioritize the needs
- ) Coordination and consolidation into master budget
- ) Approval
- ) Ongoing review (this can be quarterly, ½ annually, annually)

### **Accountability**

- ) It is a record of activity or transaction in a business showing in-flows&out-flows of resources.
- ) It is a statement that shows how resources have been used.
- ) It is a process of making top leaders become responsible for their actions, goals in the utilization of community resources or any other resources obtained for the organization.
- ) It indicates how resources have been rightly or wrongly used.
- ) There are two types of accountabilities: vertical & horizontal accountabilities
- ) Vertical accountability is when those who at operational level give an account to their supervisor.
- ) Horizontal accountability is the one in which those at the same level give an account to each other.

### **Importance of Accountability**

- ) This is to make a separation of authority as resource owners for management.
- ) It helps to avoid misuse & mishandling resources
- ) It helps in deterring wrong decisions on the future activities
- ) It is an aid towards understanding actual utilization of resources

- ) It helps in delegation of authority as from the owner to the management which runs the show
- ) It is a major tool to show transparency when resources have been used
- ) It gives clues & indicator which can help when judging the results or achievement of the objectives.
- ) It motivates resources owners to give more resources when they have given a feedback in form of accountability.

**Accountability Documents**

- ) Timetable
- ) Programmes
- ) Results reports
- ) Salary payment reports
- ) Delivery notes
- ) Receipts & vouchers
- ) Orders
- ) Invoice receipts

**Time Management**

- ) Time management is defined as the accomplishment of specified activities during the time available.
- ) Time management is making optimal use of available time.

- ) It is the process of managing the things an individual does with his or her available time.
- ) Time management is a set of principles, practices, skills, tools and systems that help you use your time to accomplish what you want.
- ) You have had expressions such as time is money, time ships away and time does not wait for the king.
- ) All those expressions are true but whether time flies or drags for you depends on how you manage it.
- ) Time management also makes some managers say “I don’t have time or have too many things to do”, unfortunately the amount of time available is strictly limited.
- ) Therefore, if you are going to make the best use of it, you have to improve the skills in time management.
- ) You are the person responsible for managing yourself and time is available to all of us regardless of the type of job we do.
- ) However, if not properly managed, time will be wasted and once it’s gone, you can’t get it back.
- ) Managing yourself and your responsibility means organizing your time and using it sensitively.
- ) It’s only after you organize yourself that you can organize other people and other resources when you waste your time, along chain of activities are affected, e.g. if mother has brought her child for immunization, she can’t go back to milk her cow in time because she has been delayed for long hours at the health centre.
- ) The milk truck that takes milk will leave the milk thus she will lose her income for that day, will not be able to pay for her child’s medical fee that day.
- ) Economists can quantify the opportunity cost for such delays.
- ) Time is a non-renewable resource hence once wasted or abused time can’t be recovered, bought or increased.
- ) Using time effectively is a management skill.

#### **Importance of Time Management**

- ) Wise time management can help you find the time for what you desire to do.
- ) Most people feel like they have too much to do and not enough time.
- ) Through right time management you can accomplish more with less effort.
- ) By planning your time wisely, you will have more time to do more things.
- ) Time management helps you set up your priorities.
- ) It helps you make conscious choices, so you can spend more of your time doing things that are important and valuable to you.
- ) Time management can help you reduce wasted time and energy, help you become more creative, and productive and enable you to do the right thing at the right time.

- ) It helps you to achieve your personal goals in an easier way.
  - o It provides a stable platform for staying organized and effective.
  - o As a result, you gain a tremendous level of productivity and personal efficiency.
- ) Improved decision-making ability
  - o Through effective time management, you can eliminate the pressure that comes from feeling like you don't have enough time.
  - o You'll start to feel more calm and in control.
  - o When the time comes to examine options and make a decision, instead of rushing through the process, you can take time to carefully consider each option.
  - o And when you're able to do that, you diminish your chances of making a bad decision.

### **Techniques of Time Management**

- ) To be able to manage time and therefore organize yourself, it's important that you bear in mind the following important points.
  - ▢ You must know what your responsibilities are. Are you doing things which you could have delegated to someone else?
  - ▢ Decide how to organize your activities. You have to plan how best to use your time to produce maximum results.
  - ▢ Develop a system which helps you reduce the time you spend on unimportant tasks and increase the time you spend on important tasks.

### **Finding out How you Spend your Time**

- ) In managing health services, you have many responsibilities and activities to carry out.
- ) It is important to find out how much time is spent talking to staff of the health centre, meetings, supervising activities, in rural health facilities training the health workers, doing ward rounds or attending to financial and administrative matters, visiting the administrative headquarters etc.
- ) You can find out how much time you spend on these activities by keeping a daily diary for a few days termed as an ***inventory of your time***.
- ) This is achieved by keeping track e.g. of events and the time.
- ) It takes great effort to carry this activity out.
- ) An example is the form of a table shown below.

### **DAILY TIME –DAIRY OF INCHARGE OF A HEALTH UNIT**

Name of staff member.....Day.....Date.....

Time	Patients		People		Administration		District	Breaks	Remarks
	OPD	Ward	Staff	Meeting	Office	Stock inspection			
7:30am	1hour								
8:30am	1hour								
9:30am		1hour							
10:30am			10min		20min			30min	Tea
11:30am	1hour								
12:30am			20min	1hour	40min				
13:30pm				30min					weekly
14:30hrs									
<b>Total</b>	<b>3hrs</b>	<b>1hr</b>	<b>30min</b>	<b>1hr:30min</b>					

- ) After recording the activities for a minimum of 2 weeks, you can do analysis of how you used your time.
- ) It will give you a clue whether you spend too much on low priority task or too little on high priority tasks.
- ) You should encourage staff to use the same balance to find out how they use their time.
- ) Thus, it helps you to make long term as well as immediate improvement in your time management practices and helps you identify where you misuse time and therefore decide what you can do to improve on how you spend your time.

**Consequences of Poor Time Management**

- ) Stress: as work continues to pile up
- ) Crisis management: you respond to whoever is pushing you hardest
- ) Indispensability: everything starts to revolve around you
- ) Monster on the desk: paperwork, unanswered email, issues
- ) Wasting other people’s time

**Internal Time Wasters**

- ) Procrastination
- ) Failure to delegate
- ) Unclear objectives
- ) Failure to set objectives

- ) Failure to set priorities
- ) Crisis management
- ) Failure to plan
- ) Poor scheduling
- ) Lack of self-discipline
- ) Attempting to do too much at once
- ) Lack of relevant skills

**External time wasters**

- ) Telephone interruptions
- ) Meetings
- ) Visitors
- ) Socializing
- ) Lack of information
- ) Excessive paper work
- ) Communication breakdown
- ) Lack of policies and procedures
- ) Lack of competent personnel

**Some of the Ways of Managing Time at Work**

**1. Make Lists**

- Ψ Write as much down as you can.
- Ψ If you don't carry a planner or notebook already, start.
- Ψ A simple To Do List is often a huge help to anyone.
- Ψ Your goal is to avoid a list that reaches outrageous length and is overwhelming to even look at.

**2. Make Use of Down Time**

- Ψ Think about what your goals are for that day or the next.
- Ψ Which goals are most important?
- Ψ Prioritization is the key.

**3. Reward Yourself**

- Ψ Whenever you accomplish something, especially the important things, make sure to take the time to reward yourself.

**4. Concentrate on One Thing**

- Ψ The human mind works more efficiently when it is focused.
- Ψ Focus on one thing and get it done.



Ψ Take care not to bleed tasks into each other.

Ψ At times, multitasking may seem like a more efficient route, but it is probably not.

5. **Avoid Procrastination at All Costs**

Ψ When trying to be more productive and trying to save time, procrastination should be avoided like nothing else.

Ψ It is the ultimate productivity-killer.

6. **Set Personal Deadlines**

Ψ Nobody likes deadlines.

Ψ They cause stress, and worry.

Ψ A guaranteed way to alleviate some of this stress is to set your own earlier deadlines.

Ψ Not only will this save you time and make you more productive in the long run, but you will also have a buffer time.

Ψ Of course, this tip has potential for abuse, so be sure to make your own penalties for missing your personal deadlines.

7. **Delegate Responsibilities**

Ψ It is not uncommon for people to take on more than they can handle.

Ψ The overestimation of one's abilities, though not necessarily a bad thing, can often result in stress and more work for an individual.

Ψ To avoid this unnecessary stress, do not feel bad about delegating tasks.

8. **Set up a Long Term Planner**

Ψ In the everyday life, we can often lose sight of our goals.

Ψ Setting up a long term planner will help you envision your long term goals and rationalize your current objectives.

Ψ Whenever you find yourself thinking "Why am I putting myself through this work right now?

Ψ I could be home watching TV." just take a look at your long term planner and you'll be reminded of paying off your loan or saving up enough for your child's college tuition.

Ψ Revise this long term planner monthly to keep goals up-to-date.

9. **Work in a Team**

- Ψ This tip works hand-in-hand with tip # 7(delegation)
- Ψ Although giving up responsibilities is a scary thought for some, it is an invaluable method to increase the average team productivity of all involved.
- Ψ Make sure the team goals are clear and make sure everyone knows who is responsible for given tasks.
- Ψ Make sure all lines of communication are always open.
- Ψ A clogged or blocked line will have the opposite effect on productivity.
- Ψ Give tasks to those who are best suited for them and things will get done faster.

10. **Be Careful to Avoid Burnout**

- Ψ Burnout occurs when your body and mind can no longer keep up with the tasks you demand of them.
- Ψ Don't try to force yourself to do the impossible.
- Ψ Dedicate time for important tasks, but always be sure to leave time for relaxation and reflection.
- Ψ Review your recent accomplishments and make sure you feel good.
- Ψ Review and reflection is one of the best ways to gain confidence and higher confidence means more productivity.

**Advantages of Time Management**

These range from personal satisfaction to relationship with your colleagues.

**1. Greater Job satisfaction**

- Ψ Working under intense time pressure can lead to stress and time anxiety.
- Ψ Time anxiety can lead you down.
- Ψ If you can focus on positive accomplishment your enthusiasm for your work will increase.
- Ψ You will be able to meet more of your personal needs.
- Ψ Great personal satisfaction will lead you to greater achievements.

**2. Increased productivity**

- Ψ Planning your time properly and eliminating time wasters, has an impact on increased productivity.

Ψ Highly motivated workers can achieve more in less time than those who just put in their 8 hours.

### **3. Increased interpersonal relationships**

Ψ A health manager who is under pressure often has little patience for communication or for working effectively with others.

Ψ On the other hand, a health manager, who has a reasonable time schedule will relate more successfully with others.

### **4. Better future direction**

Ψ A manager who plans time properly has the ability to know the direction in which he/she is moving both now and in future.

### **5. Reduced stress**

Ψ A major source of stress for manager is a combination of heavy work load and time limitations.

Ψ As result of the reduced time anxiety, one may feel better mentally, physically and emotionally.

## **Planning Time Arrangements in a Health Service**

- ) Events are arranged in daily, weekly, monthly or yearly time period depending on their frequency or regularity
- ) Time – plans are written in various common forms known as timetables, schedules, roster or programmes.
- ) A well-managed health unit may need the following time-plans
  - **A Weekly Timetable**
    - It shows the time of the week when certain regular events always occur e.g. staff meeting
    - To make a timetable, all the activities that happen regularly each week should be listed & then arranged in an appropriate timetable grid according to local working hours
  - **Several Schedules**
    - It shows the detailed dates on which intermittent events occur & where they occur e.g. mobile clinics.

- To make a schedule, each different activity or each different place is listed & assigned dates in turn; the whole cycle is then repeated.
  - It is essential to have a calendar showing the dates of the chosen days
- **Several Duty Rosters**
  - It is a time-plan for distributing work among staff member in turn.
  - They are arranged for different sections of the work e.g. night-call, OPD duties.
  - When rotating several people, the length of time of each duty period must be the same as for all other types of duty period. A duty period may be a day or a week or a month but all periods must be the same within a single roster.
  - Also, the number of people or groups working in turn must divide evenly into the number of duty stations or duty periods; e.g. 3 people cannot be rostered through 5 duty stations, or 5 people through 3 duty stations.
  - To make a duty roster, the date of the beginning of each new roster should be listed in the left-hand column.
  - The duty stations should be listed across the page.
  - Names should be filled in order from left to right.
- **A programe**
  - It is a plan that outlines a series of events or activities that will take place in the future
  - A programe usually includes what will be done, where it will take place, who will do it, & when it will occur.
  - A convenient way to write a programe chart is to list the activities, in the order in which they must occur, down the left side of the page, then fill in the weeks or months across the top of the page, & then show with a line

opposite each planned activity the week (s) during which it is to take place.

○ ***An Annual Overview or Year Calendar***

- Things happening outside the normal routine in the course of the year are filled in.
- These may be matters of administration – annual stock-taking, annual reports, festivals, elections, conferences & seminars, or visits by dignitaries.
- So the whole year may be seen at once- it is convenient to have a one-page annual calendar or year-planner pinned on the wall, with important events marked.
- Dates of the months are written down the left margin & columns are drawn across the page one for each month.

**Health Service Management Records**

- ) Records consist of information kept in the health unit about the work of the unit, health conditions in the community and individual patients as well as information on administrative matters such as staff, equipment and supplies.
- ) Records are written information kept in notebooks; they may also be kept on tapes or be computerized.
- ) Records are administrative “memory” an important tool in controlling and assessing work.

**Note:** Failure to keep patients records accurately will lead to miss-diagnosis, miss management and difficulties in follow up of patients /clients.

### **Types of Records Kept in Health Unit**

- Inventory
- Drugs
- Registration book
- Admission/discharge books
- Monthly returns
- Report books
- Notification form
- Birth/death certificates
- Patient's records

### **Importance of Records**

- Source of information that keeps the patients identified
- Assist the hospital to discharge its obligation to the patients and community
- Assists health worker to give logical services to the patient
- Protects the health worker in case of legal suits
- An indispensable tool for teaching and research
- Legal document for claims e.g. Insurance and compensation
- Basic element for vital health statistics
- Donors use records to compare alternative methods of Health care delivery and to assess progress with effectiveness and efficiency.
- Records give information which is a vital resource for health planning, implementation and evaluation
- Records help in handing over and taking over between Health workers of all categories by giving a written report.

**NB: read about “writing a ward report”**

### **Health Management Information System (HMIS)**

- ) Health Information system is a vital tool in health services management.
- ) It plays an import role at every level/stage of health services management e.g. planning, implementation, control and monitoring/evaluation of health services.

- ) HMIS involves collection, compilation, analysis, interpretation, utilization and dissemination of data on health.
- ) The information can be used for planning, implementation and evaluation of health activities.

### **Data and Information**

- ) Although these 2 words are used interchangeably as one, there are significant differences between them.
- ) Data consists of facts and figures e.g. number of patients attended to, number of children immunized and number of staff just recorded in the files.
- ) This is not information.
- ) It is only after these facts are analyzed for facilitating decisions that they become information.

### **Collection of data**

#### ***Source of data***

- ) In Uganda, data can be collected from various sources. Routine collection of health data is from;
  - *The health facilities e.g.*
    - ✓ Morbidity and Mortality
    - ✓ Special investigations
    - ✓ Quarterly and annual reports
  - *The community.*
    - ✓ Through surveillance reports e.g. survey, census, and epidemic reports and on spot observation.
  - *Other sectors*
    - ✓ Agriculture e.g. food production
    - ✓ Education e.g. literacy levels, student involvement
    - ✓ Administration e.g. manpower, finance supplies
  - *Media*
    - ✓ Newspapers, magazines, radios, and TV

### **Types of HMIS forms used to collect data**

- ) Health data is routinely collected through a set of HMIS registers and forms;
  - Ψ Outpatient register

- Ψ Outpatient card MF5 (>5 years)
- Ψ Outpatient tally sheet
- Ψ Child health care card MF5 (< 5 years)
- Ψ ANC tally sheet MF 454
- Ψ ANC card
- Ψ Maternity return/discharge register MF49
- Ψ Monthly summary report MF77
- Ψ Inpatient return /discharge register MF 74
- Ψ Lab registers
- Ψ Lab tally sheet MF 1999 A
- Ψ Environmental health tally sheet and special investigation forms namely
  - EDP sheet
  - Surveillance forms for special health problem e.g. AIDS/T.B etc.

### **Analysis of Data**

- ) The first step in analyzing the data is to determine the various types of information obtained from the HMIS forms.
- ) Each and every form seeks particular information about the patient or client e.g.
  - **Outpatient card MF5**
    - Record of an individual's health status.
    - The information which can be obtained on this card includes Diagnosis, Treatment, weight record, immunization of < 5 years.
  - **Inpatient return discharge register**
    - Can also give information on case morbidity patterns, case fertility rates as well as, major causes of admissions, age specific mortality rates.
  - **Maternity return/discharge register MF49**
    - Can indicate No. of mothers delivered, Still births, Maternal death rates, &Complication of deliveries.
  - **Antenatal tally sheet MF 49A**
    - Provide information on Utilization of services, Complication of pregnancy, &Proportion by trimester tendency.
  - **Child health tally sheet MF 45A**
    - Can indicate Incidence and prevalence rate of malnutrition &Utilization of vaccines



- **Lab tally sheet MF199**
  - Shows Rate, work load utilization of reagents & Common investigations done
- **Environmental tally sheet**
  - This gives information on access to safe water, housing indicators, mortality rates, access to PHC workers.
  - Information can also come from reports, usually from the health related sources e.g. Administrator reports provide information for managerial purposes on manpower, finances and supplies.
  - Censuses and surveys can provide information on population (demographic) and other specific finding respectively.

### **Presentation of Information**

- ) To make use of various types of information, the information should be presented in a logical and understandable way by using 2 methods.
  - *Numerical presentation* i.e. Percentages and rates
  - *Pictorial presentation* i.e. maps and graphs, histograms, pie charts etc.

### **Utilization of Health Information Services**

- ) This is a useful management tool even for the operational level of the health worker.
- ) Operational health workers can use it in the following aspects; planning, Supervision check list, accountability, monitoring and evaluation.

### **HMIS as a Planning Tool**

- ) As a planning tool, HMIS achieves the following;
  - Ψ Assessment of the work load at the Health Unit
  - Ψ Resource requirement for specific activity in a specific period e.g. drugs personnel, stationery, other logistic or materials
  - Ψ Forecasting and reviewing disease and mortality patterns over seasons or periods.

### **Use of HMIS as Superiority Checklist**

- To determine performance of workers
- To assess training needs
- To foster distribution of facilities/resources
- To keep inventory check
- To determine travel plans

- To identify priority attention items.

### **HMIS Use in Accountability**

- Ψ The coverage and utilization rates of a service do commonly explain the utilization of materials or funds availed for the specific activity.
- Ψ The resources supplied should be reflected by the activity.
- Ψ The resources supplied should be reflected by the services provided by the community or target groups.

### **HMIS use in Monitoring and Evaluation**

- Ψ The services provided can be accessed through continuous collection of information to determine coverage, accessibility and utilization of such services.
- Ψ The morbidity and mortality patterns may reflect effectiveness of services.

### **Maintenance of HMIS**

- Ψ Health workers should first and foremost appreciate that HMIS or the data collected is more useful to the DHO or the health planning unit for the better utilization.
- Ψ Therefore, the health worker should ensure that the health data s/he collects or submits to high authorities is;
  - Complete
  - Accurate and accurately recorded
  - Regularly recorded
  - Collected and compiled by the H/staff with good knowledge and skills in HMIS
  - Well stored and easy to retrieve
  - Copied to relevant activities
- Ψ The collection, compilation and analysis of health data should be done within the limited resources available to the Health worker.
- Ψ He should be very familiar with types and resources of various forms being used and the quantities required over a specified period.
- Ψ The ordering should be based on set targets, facilities available or previous coverage.
- Ψ There should be proper custody and /or security of record.
- Ψ As a method of motivation, HMIS reporting should be a two way system to ensure feedback can reach the one who collects the information and the subsequent user at a higher level.

- Ψ The health data /information should be kept in a summarized form for as long as it is still wanted.

### **Flow of Health Information**

- Ψ The health worker in charge of health unit should collect all the information from the various health services preferably from all health programmes such as EPI, ANC, MCH, General OPD and others to summarize the monthly forms.
- Ψ He must use HMIS information for his own day to day running of the health facility as well as for long term planning purposes.
- Ψ It is also necessary that health workers send a copy of the summary monthly report to the DHO's office.
- Ψ Urban H/Units send it through the municipal council to the DHO's office.
- Ψ At the DHO's office, all summary monthly reports of various health facilities including hospitals are compiled into a monthly summary report for the district which is sent to the HMIS unit of MOH in Entebbe.
- Ψ After the analysis of the data from all Health Units, important information should be sent back through the DHO's office to the respective Health Units.
- Ψ The information sent back should consist of queries, advice or a comparison with other units or the districts.
- Ψ Another flow of information is from the DHO's office through the Chief Administrative Officer (CAO) who reports to the ministry of local government.
- Ψ This information is mainly administrative e.g. salaries, personnel, general problems in the health facilities, etc.

**Note.** Since some of this information is also health related, the ministry of local government will discuss the reports with the ministry of health and give feed-back accordingly.

<b>Common sources of data error in HMIS reports</b>	
<b>Error</b>	<b>Example</b>
Missing data	Data items for whole months missing (ex - HIV positive women delivered in facility)
Duplicate data	Multiple counting of a fully immunized child

Thumb suck	When data collection tools are not used routinely, staff just fills in a likely-looking number (often using preferential end digits! <b>/0 &amp; 5/</b> )
Unlikely values for a variable	A man being pregnant; low birth weight babies exceeding number of deliveries
Contradictions between variables	100 births in a month when there are only 2,000 women in childbearing age
Calculation errors	Mistakes in adding
Typing error	Data is wrongly entered into the computer
Capture in wrong box	TB Cured in the place of Treatment Completed

**Electronic HMIS (eHMIS)**

- eHMIS is a facility based data aggregation system that is used for public health related decision making.
- Its main users are public policy makers, health officers, researchers, planning departments of health offices, HMIS focal persons, data entry clerks and many others ranging from health facility to central management levels.
- Moreover, eHMIS is best referred as a system that is designed to fulfill the need of automated national health information management system.
- It helps to accurately and timely collect, aggregate, store, analyze and evaluate health related data from health facility to national level.
- The system also has decision support tools mainly used by decision makers at the national, regional, district and health sub-district levels.
- eHMIS, therefore, is composed of a set of interrelated components and procedures organized with the objective of generating health information and intelligence to monitor the health status and health services of the nation to improve public health care leadership and management decisions at all levels.

## Major Parts of the eHMIS

- eHMIS is a collection of interrelated tools that are integrated for a common purpose.
- The major tools include the Health System Reference Database (HSRD), Report Tracker, Data Entry, Aggregation, and Decision Support System (DSS).

### Public Relations in Health Service Delivery

- Ψ Public relations – is the planned and sustained effort to establish and maintain goodwill and mutual understanding between an organization and its publics
- Ψ Hospital Public includes staff members, patients and relatives, and the governing board whereas the wider public will embrace all such groups as in case of any other Government and social organizations.
- Ψ It is implied that the community in general is also included in Public.
- Ψ **Grunig and Hunt** – defined public relations as the management of communication between an organization and its public and emphasized that this definition equates public relations and communications management.
- Ψ Public relations are the management function which evaluates public attitudes, identifies attitudes and procedures of an individual and organization with the public interest, and executes programs of action to carry public understanding and acceptance
- Ψ Patients, relatives and community usually form a rather permanent impression of the entire hospital either from their initial contacts which may be with the Outpatient Department, Accident and Emergency (i.e. Casualty) or even Enquiry Office.
- Ψ It is often judged by the standard of efficiency or courtesy offered by these departments.
- Ψ The inpatient area is no less important as it is not a first contact point, and thus gets comparatively less attention from public relations point of view.
- Ψ Common Complaints against the Hospital;

### Importance of Public Relations in Healthcare Delivery

- Ψ It helps to maintain dedicated hospital staff who will provide warm and personal service to patient.
- Ψ It helps to communicate the activity of the hospital to the people and
- Ψ It helps to interpret people's perception of the hospital and its policies to the hospital's management.

## **Responsibility of Public Relations**

- Ψ Every hospital employee has a responsibility towards gaining the confidence of public by discharging his duties efficiently.
- Ψ Every action by each employee is an art of gaining public relations.
- Ψ Major responsibility rests with the highest governing body of the organization.
- Ψ Primary responsibility is a combined affair between the trustee, the administration and the public relations staff concerned.
- Ψ Secondary responsibility rests with all other hospital functionaries.
- Ψ The clinicians should also be involved more actively in total hospital public relations efforts they are the viable and visible links among the patients, families and visitors and hence with the rest of the community

## **How to Improve Public Relations in healthcare**

- Ψ High quality of patient care will ensure simultaneously good public relations---It is a sine qua non (indispensable and essential action, condition, or ingredient).
- Ψ All courtesies must be extended to the patients projecting a good image of the hospital.
- Ψ Receptionist should be available on the right time.
- Ψ Telephone operators should answer calls promptly and politely and promptly respond to the queries of the caller.
- Ψ Environmental sanitation, cleanliness and physical comforts provided to patients create good impression. Well-kept lawns, good surroundings create good impression.
- Ψ Reception, Enquiry and Admission Office should be established as one single unit. The staff for such places should be specially selected
- Ψ The Outpatient Department is the most sensitive place from the public relations point of view therefore, special care should be to be given to it.
- Ψ To avoid public resentment separate counters should be opened for the hospital employees.
- Ψ People coming to casualty/ emergency are charged with emotions, anxiety and sense of urgency. This department should be staffed and equipped for round-the clock services.
- Ψ A hospital information booklet with adequate information to be provided which is helpful to patients and their relatives.
- Ψ Others include:

- Name Labels and Uniform.
- Use of colors in the hospital.
- Allotting priorities in admission on need basis.
- Ward Reception.
- Privacy to be ensured.
- Good food, well prepared and attractively served to patients, makes a very favorable impression.
- Cleanliness.
- Information about Illness
- Visitors: Time should be liberal for the serious patients.
- Complaints and Suggestions: The best way to deal with complaints is to do everything possible to avoid getting them by anticipating the problems.
- Mortuary and Chaplain Facility: The disposal of the dead is influenced by religion, social and cultural beliefs and practices. Disposal of dead has a great bearing on public relations of the hospital.

## **Communication in Health Care**

### **Introduction**

- Communication is the exchange of messages between people for the purpose of achieving common meanings.
- Communication is also a process that ensures the transfer of information, ideas, facts, messages & behavioural inputs from a sender to a receiver with the message being understood by the receiver.
- For example, a manager may send a hundred messages, but there is no communication until each is received, read & understood.

### **Importance of Communication in Health Care Management**

1. Effective communication helps in gaining acceptance of policies, winning cooperation of others, getting instructions and ideas clearly understood and bringing about the desired changes in performance.
2. Helps hospital/health unit management in arriving at vital decision
3. Constant communication with the personnel helps the hospital/health unit management to remain informed about their problems, difficulties and grievances.
4. Effective communication plays a vital role in avoiding misinterpretation of information. The employees should be told clearly what exactly to do and the way in which an instruction is to be carried out.
5. Proper communication reduces friction and minimizes those that inevitably arise.
6. Effective communication helps in building a group having “skill” and “will” to do things.
7. Communication helps in decision making through consultation, planning and general administration. This will give democratic character to managerial process and strengthen the morale of the staff.

### **The communication process**

- ) Communication is not something that happens in a disjointed fashion.
- ) It is an endless and continuous process in which the entire humanity is involved.
- ) Communication process always requires at least three basic elements – the Source, the Message and the Destination.
- ) The Communication is the process by which two or more people exchange information and share meaning.
- ) By analyzing the communication process, one discovers that it is a chain made of identifiable links.
- ) Links in this process includes: Sender, message, encoding, decoding, receiver and feedback.
- ) Like any other chain, the communication chain is only as strong as its weakest link
- ) This link/chain is made up of seven parts:
  - ) **Step 1 (Source/Sender)**
    - o The process of communication involves two parties I e, the sender and the receiver.
    - o Sender may be individual or group of individuals or any organization, who desires to share information for a predetermined purpose or for an expected action or response.



- The process starts at the moment when an idea or feeling or information strikes the mind of the sender.
  - The sender being the promoter of the process is required to have clear vision of his expectation of the communication process and the receiver
- ) **Step 2 (Encoding)**
- Encoding means to transform the idea into words, symbols, pictures, diagrams, gestures i.e., it is a method to provide a concrete shape to the message.
  - The purpose of encoding is to translate internal thought patterns into a language or code that the intending receiver of the message will probably understand.
  - Encoding requires common media which both the sender and the receiver can understand.
  - Because there is a need for the receiver to interpret the information in a sense which the sender transmits.
- ) **Step 3 (Message/Information)**
- The message is the physical form of the thought which can be experienced and understood by one or more senses of the receiver.
  - Communication process facilitates transmission of information or message in the form of word, symbols or any such media, which carries the information to the receiver.
  - In fact, a message is an idea, feeling, opinion or any expression generated in the mind of the sender which he desires to convey to the receiver with a predetermined purpose.
- ) **Step 4 (Channel/Media)**
- It is a vehicle in the transmission of a message.
  - In this stage, the message is actually sent and the information is transferred.
  - Sender must consider all aspects: speed, cost, quick receipt, printer record, confidentiality etc., for making an intelligent decision before sending his message.
- ) **Step 5 (Receiver)**
- The person or group, who perceives the message and attaches some meaning to the message, is the receiver.
  - If there is no receiver, there is no communication.
  - The situation is not much improved if the message reaches receiver but the receiver does not understand it.
- ) **Step 6 (Decoding)**

- Decoding is translation of information received, into an understandable message to interpret it.
  - Even the most expertly fashioned message will not accomplish its purpose unless it is understood.
  - After physically receiving the message, the receiver must comprehend it.
  - If the message has been properly encoded, decoding will take place rather routinely.
  - But perfect encoding is nearly impossible to archive in our world of many languages and cultures.
  - The receiver's willingness to receive the message is a principal prerequisite for successful decoding
- ) **Step 7 (Feedback)**
- Feedback is the response to the message received by the receiver of the information, which sends back to the sender of the information.
  - Feedback is the reversed of the communication process.
  - Appropriate forms of feedback are determined by the same factors that govern the sender's encoding decision.
  - Without feedback, senders have no way of knowing whether their ideas have been accurately understood.
  - It may be noted, that in oral communication, feedback is often immediate and direct, in meeting the audience may nod or smile to show understanding and agreement.

### **Communication Cycle**

- ) Communication process is when the source transmits the message and the destination receivers it.
- ) However, in actual practice, the communication process does not end with the receiving of the message by the destination.
- ) Communication is a continuous process in which each individual or institution functions as the transmitter as well as the receiver of message.
- ) In other words, Communication process thus works in a cycle in which each individual is functioning as the encoder, interpreter and the decoder of information alternatively.
- ) In fact communication is interactive multidimensional process.

## **Types of communication**

- ) Internal communication Vs External communication
- ) Formal communication Vs Informal communication
- ) Verbal communication (oral & written) Vs Non-verbal communication (signs, expressions, body language)

### **Verbal communication**

- ) The basic mode of communication here is the use of words as may be produced orally in the human speech or in writing where symbols, e.g. the alphabet & figures, are used.
- ) Verbal communication can still be subdivided into: intrapersonal, interpersonal, group & written communication.
- ) *Intrapersonal communication*
  - Refers to the kind of communication that goes on in an individual mind.
  - As one conceives an idea, he/she thinks of it trying to put it in a rational & meaningful manner.
- ) *Interpersonal communication*
  - This involves a one to one communication, where two people exchange ideas & information.
  - The direct link here may be on phone, teleconference or at a meeting
- ) *Group communication*
  - The exchange of ideas & information is among each of the group member
  - It paves way for message feedback, message clarification as well as establishing interpersonal relationships.
  
- ) *Written communication*
  - Involves the use of symbols, numbers & the alphabets put together to build meaning that can be conveyed between or among people.
  - In organizations it includes personal letters, orders, inquiries, reports, circulars, creative writing, emails etc.

### **Non-verbal communication**

- ) Body language refers to the use of one's body gestures, movements, or even silence to put a message forward e.g. one's sitting posture will communicate whether one is comfortable or not, relaxed or not, stressed & anxious or not.
- ) In most cases, non-verbal can go without verbal while verbal can't go without non-verbal communication.

- ) The distance (Proxemics); intimate, personal, social & public

### **Formal communication**

- ) Is organized and managed information that is shared with relevant individuals in order to secure coordinated action throughout the organization.
- ) It includes all the instances where communication has to occur in a formal format.
- ) Typically, this can include official conferences, meetings & written memos & corporate letters are used for communication.
- ) Typically, formal communication flows “downward” from executives to directors to managers to staff regarding company direction and instruction and “upward” from staff to managers to directors to executives in the form of data and reports.
- ) The communication flowing through these channels is specific to the jobs and departments.
- ) *Advantages:*
  - o Official backing (having official support and sanction / approval)
  - o Existence of authority (commands promotes respect by subordinates to their superiors)
  - o Uniformity in transmission (each position transmits the message to another in the order of line)
- ) *Disadvantages:*
  - o Delays
  - o Absence of feedback
  - o Mostly downward channel

### **Informal communication**

- ) Informal communication in the workplace satisfies a variety of needs, particularly social and emotional, and is not based on the positions individuals occupy within the organizations.
- ) As a result, the communication is not managed or planned in any organized fashion.
- ) It's more relaxed, casual and tends to be spread by word-of-mouth quickly throughout a department or organization because it's not restricted to approvals and an established path of distribution.
- ) It includes instances of free unrestrained communication between people who share a casual rapport with each other hence it occurs between friends & family.

- ) It arises on account of informal relationship between persons.
- ) It grows up spontaneously from personal and group interest.
- ) It transmits information with considerable speed.
- ) It can pass both correct information as well as rumours
- ) *Advantages:*
  - o Speed
  - o Save time
  - o Morale uniting force
  - o Feedback
  - o Public relations
- ) *Disadvantages:*
  - o Distorts information
  - o Overlooks superiors
  - o Interpretation changes
  - o No authority

### **Sources of Communication**

- 1) Oral/verbal communication: interviews, meetings, debates, phone calls, speeches etc.
- 2) Written communication: letters, memo, reports, contracts, notices, minutes, documents etc.
- 3) Body communication: gestures, voice tones, silence, body movements, etc.
- 4) Visual images & multimedia: photographs, paintings, illustrations, charts, video & films etc.

### **Principles of Effective Communication (7Cs)**

- 1) *Clarity*
  - ) Clarity of thought (plan): communicating to who & why? What is the message to relay? & what is the appropriate format & medium?
  - ) Clarity of expression: use of concrete expression, use of simple words, use of short sentences.
- 2) *Completeness*
  - ) Use 5Ws & H in designing any communication i.e. who, when, where, what, why? & how?

- ) Answer all questions when responding to any incoming communication.
- 3) *Conciseness*
  - ) Be brief, exact & to the point as much as possible.
- 4) *Consideration*
  - ) Sufficient regard, empathy & respect for the recipient or the target audience
- 5) *Courtesy*
  - ) Be & keep polite, friendly, simple, hospitable, helpful, respectful, attentive, & responsive.
- 6) *Correctness*
  - ) Use correct words/facts from correct sources through correct media to correct audience under correct circumstances.
  - ) Avoid obsolete or outdated data or information
- 7) *Concreteness*
  - ) It implies being particular & clear rather fuzzy & general
  - ) Concreteness strengthens the confidence

### **Communication Barriers**

- ) Sender barriers
  - 1) Selective listening
  - 2) Language & vocabulary not understood
  - 3) Attitude of the sender to the receiver & the message itself
  - 4) Organizational hierarchy
  - 5) Personalities/characters
  - 6) Power struggles
- ) Media barrier – wrong choice of media
- ) Receiver barrier
  - 1) Misreading of body & nonverbal language
  - 2) Noise in the organization
  - 3) Cultural differences (misunderstanding symbols)
  - 4) Socio-economic status of the receiver
  - 5) The halo effect (drawing general impression about an individual based on one single characteristic)
  - 6) Age
  - 7) Emotions & moods
  - 8) Unconducive environment
  - 9) Opinion & attitudes
  - 10) Fatigue & time of communication

- 11) Obstinate or adamant mind (closed minds)
- 12) Incredible sources of information
- 13) Poor concentration/attentiveness
- 14) Poor memory/retention
- 15) Sex/gender

### **Customer Care**

- This is helping customers efficiently, in a friendly manner.
- It is essential to be able to handle issues for customers and do your best to ensure they are satisfied.
- Providing good service is one of the most important things that can set your services apart from the others of its kind
- It is any positive encounter between a customer and employee of an organization.
- Providing excellent service to the customer can be the most important factor in building a thriving business.
- Customer service is the act of taking care of the customer's needs by providing and delivering professional helpful high quality services and assistance, before, during and after the customer requirements are met.

### **Benefits of good customer care**

- Increased sales – more likely to try out other products or services too.
- Customer loyalty – more likely to be a source of repeat business and to recommend the business to friends and family
- Enhanced public image – helps build a brand and provides protection if there is a slip-up in customer service
- Improving your customer service skills can lead to greater customer satisfaction and a more enjoyable experience for them.
- It is important to provide good customer service, to all types of customers, including potential, new and existing customers.

### **Ways of providing excellent services to the patients outside the examination room**

- Make sure that your employee is capable of making good first impression. This is even more important to the frontline staff members. The staff must be able to give a smile and greet a client.
- Keep your promise. If your staff or you say “I will get back to you today” do it.
- Show appreciation and gratitude to your patients. Thank customers in a meaningful and thoughtful manner on every interaction. Say thank you with smile.
- Listen and act when your patients complain. Deal with ever complaint, as complaints can be opportunities to build a lifetime of loyalty from a patient.
- Go above and beyond what your patients expect. It is always better to over deliver on expectations. Make sure you are meeting your patients' needs, and then make an effort to exceed them by paying close attention to detail in the delivery of your services



- Make it easy on your patients. Make the experience in your office as easy as possible with minimal waiting time, maximum comfort and amenities like coffee, tea, & water when possible
- Be open with mistakes. Forgot to call a patient back? Overbooked the clinic? Running a little late? Be honest, apologize sincerely and offer options to put it right
- Be a little obsessed with your patients. Would you like to have a clinic without them? You should know who your patients are! Why they come and see you! And you should be sure that they receive the best experience and follow up possible.
- Treat your employees and each other like customers. It is a little like leading by example. If you treat your employees with great service, they will be more equipped to model that for your patients.

### **How to deal with customer complaints**

- Every business has to deal with situations in which things go wrong from a customer's point of view.
- However, the way you respond if this happens is important.
- Don't be dismissive at your customer's problem – even if you are convinced you are not at fault. Although this might seem contradictory, a customer with a complaint represents a genuine opportunity for your business.
- If you handle the complaint successfully, your customer is likely to prove more loyal than if nothing had gone wrong.
- People willing to complain are rare - your complaining customer may be alerting you to a problem experienced by many others who silently took their custom elsewhere.
- Complaints should be handled courteously, sympathetically and above all swiftly.
- Make sure that your business has an established procedure for dealing with customer complaints and that it is known to all your employees.
- At the very least, it should involve:
  - Listening sympathetically to establish the details of the complaints
  - Recording the details together with relevant material such as sales receipts or damaged good
  - Offering rectification – whether b repair, replacement or refund
  - Appropriate follow-up such as a letter of apology or a phone call to make sure that the problem has been made good.

### **Interpersonal relations**

- ) This is a strong, deep or close association between two or more people that may range in duration from brief to enduring.
- ) This association may be based on love, solidarity, & regular business interactions.

### **Guidelines for Developing Good Relationships**

- ) Treat other workers with the respect you expect – they are professionals as well.
- ) Carry out your work & responsibilities in the correct way so that others work will not be affected.
- ) Assist colleagues, supervisors, managers when they request it –you may need to ask for their help at some.
- ) Be friendly & happy to work with you.
- ) Always be polite to everyone who works in the organization no matter what position they hold or job they do.

### **Factors that Affect &Influence Relationships**

- ) It is important to be aware of these factors as they may affect the way your team works.
- ) The factors include;
  - Age
  - Social background
  - Same taste in music, sport, hobbies
  - Same sense of humor
  - Common job role
  - Organization structure I.e. management & staff
  - Personality types – outgoing/quiet
  - Length of time you spend with people

### **Dealing with Visitors**

- ) It is important to know how to greet & assist visitor to your organization so that anyone who arrives, whether expected or unexpected, receives prompt & efficient service.

### **Importance of knowing how to deal with visitors**

- ) There may be occasions when the usual person who greets visitors is not available, or the visitor may not enter by the usual entrance and you may be the only person who can deal with him/her in the first instance.
- ) It is important to determine who the visitor is, what his/her business is, whether the visitor is expected & who he/she wishes to see.

### **If the Visitor Needs to be Directed to another Part of the Organization**

- ) It is a good policy to take the visitor yourself if this is possible, although do not leave your place of work unattended, especially if you have stock or money exposed.
- ) Do not leave the visitor alone in these situations. If necessary ask for assistance from another member of staff, or direct the visitor to another member of staff where assistance can be provided.

### **If the Visitor is Unexpected**

- ) Ask the visitor how you can be of some assistance & determine if you can help, or if she/he needs to be directed can be provided.
- ) Give assistance - if you are able to, escort visitors (if appropriate) or direct them to the relevant person or area.

### **Effective Communication With all Visitors**

- ) When greeting & assisting visitors remember the following points to ensure that customer care is maintained & visitors' needs are met:
  - Greet visitors promptly - always acknowledge them, even if you cannot be with them immediately.
  - Always remain polite & courteous – never ignore people.
  - Use clear, simple language & questioning to determine visitors' needs & requirements & clarify any issues you do not understand.
  - If visitors have to wait to be seen, explain politely that you will fetch someone who can help.
  - Always remember to give visitors general information – avoid giving any information regarding security, cash handling procedures or confidential information relating to staff or customers.
  - Identify any special communication needs visitor may have & adapt your methods of communication to suit their needs.

### **Importance of Maintain a Professional Attitude towards Visitors & Customers**

- ) Shows visitors & customers that they are important to the organization.
- ) Sets the standards that visitors & customers will expect throughout the organization.
- ) Increase likelihood that visitors & customers will adopt a professional attitude in return & not talk down to staff
- ) Enables potential problems to be recognized in advance & complaints handled properly.
- ) Inspires visitors & customers' confidence in the organization

**Organizational Structure of Health Services in Uganda**  
**The National Health Care System**

- This constitutes the institutions, structures and actors whose actions have the primary purpose of achieving and sustaining good health.
- It is made up of public and private sectors.
  - *The Public Sector includes:-*
    - Government health facilities under the Ministry of Health (MOH)
    - Defense Ministry’s Health services
    - Internal affairs Ministry’s ( Police and Prisons) Health Services
    - Local Governments’ Health Services.
  - *The Private sector includes:-*
    - Private Health Providers (PHP<sub>s</sub>)
    - Private Not for Profit (PNFP<sub>s</sub>) Providers
    - Traditional Health Practitioners

**Sector Organization, Function and Management**

- The MOH provides leadership for the health sector and takes the leading role and responsibility in the delivery of curative, preventive, promotive, palliative and rehabilitative services to the people of Uganda.
- There has been decentralization with districts and Health Sub districts (HSD) playing key roles in delivery and management of health services at district and HSD respectively.
- The health services are structured into:-

<b>Level of Care</b>	<b>Population</b>	<b>Type of Facility</b>	<b>Level</b>
Health Centre I	1,000	Village Health Team	Village (LCI)
Health Centre II	5,000	Dispensary	Parish (LC II)
Health Centre III	20,000	Health Centre	Sub County (LC III)
Health Centre IV	100,000	Health Sub district	County ( LC IV)
Health Centre V	500,000	District Hospital	District (L C V)
Health Centre VI	2,000,000	Regional Referral Hospital	Region
Health Centre VII	30,000,000	National Referral Hospital	National

**The Ministry of Health and National Level Institutions**

*The core functions of the MOH are:-*

- Policy analysis , formulation and dialogue

- Strategic planning
- Setting standards and quality assurance
- Resource mobilization
- Advising other ministries, departments and agencies on health related matters
- Capacity development and technical support supervision
- Provision of nationally coordinated services including: health emergency preparedness and response and epidemic prevention and control.
- Coordination of research
- Monitoring and evaluation of the overall health sector performance.

### **National Autonomous Institutions**

*Most functions of the MOH have been delegated to autonomous institutions. These include:-*

- Specialized clinical services
  - ❖ **Uganda Cancer Institute**
  - ❖ **Uganda Heart Institute**
- Specialized Clinical Support Services
  - ❖ **Uganda Blood Transfusion Services (UBTS)**
  - ❖ **Uganda Virus Research Institute**
  - ❖ **National Medical Stores**
  - ❖ **National Public Health Laboratories**
- Regulatory bodies /authorities
  - ❖ **National Drug Authority**
  - ❖ **Medical and Dental Practitioners Council**
  - ❖ **Allied Health Professional's Council**
  - ❖ **Pharmacy Council**
  - ❖ **Nurses and Midwives Council**
- Uganda National Health Research Organization (UNHRO) coordinates national research activities.
- Health Service Commission manages human resources for health
- Uganda Aids Commission (UAC) guides multi-sectoral response to HIV/AIDS.

### **Hospitals**

- Hospitals represent the top end of a continuum of care providing referral services, for both clinical and public health conditions to the district health services.
- They play an important complimentary role to primary health care and constitute an important and integral part of the National Health System.

## **Hospital Infrastructure**

- In Uganda, hospitals services are provided by public, private not for profit and private institutions.
- The degree of specialization varies between hospitals.
- Public hospitals are divided into three groups, according to the level of services available and their responsibilities; general hospitals, regional referral and national referral hospitals.
- Private hospitals are designated general hospitals, but the services they offer vary with some providing specialist services, usually found only in referral hospitals.
- All hospitals are expected to provide support/supervision to the level below

### **General Hospitals**

- These hospitals provide preventive, promotive, curative maternity, inpatient services, surgery, blood transfusion, laboratory and medical imaging services.
- They also provide service training, consultation and operational research in support of community- based health care programmes.
- Examples?

### **Regional Referral Hospitals (RRHs)**

- These offer specialist clinical services such as psychiatry, Ear, Nose and Throat (ENT), Ophthalmology, higher level surgical and medical services, and clinical support services (laboratory, medical imaging and pathology).
- They are also involved in teaching and research.
- This is in addition to services provided by general hospitals
- Examples?

### **National Referral Hospitals**

- These provide comprehensive specialist services and are involved in health research and teaching in addition to providing services offered by general hospitals and RRHs.

### **District Health System**

- The 1995 Constitution and the 1997 Local Government act mandates the district local government to:

- Plan, budget and implement health policies and health sector plans,
- Have the responsibility for the delivery of health services, recruitment, deployment, development and management of human resources for district health services,
- Develop and pass health related laws
- Monitor the overall health sector performance.
- Manage public general hospitals and health centres
- Provide supervision and monitoring of all health activities including those in the private sector in their respective areas of responsibility.

### **Health Sub-district**

- This is the immediate lower level after the district in the hierarchy of district health services organization.
- The Health sub-district is mandated with planning, organization, budgeting and management of health services at this and lower health centre levels.
- It carries an oversight function of overseeing all curative, preventive, promotive and rehabilitative health activities including those carried out by the PNFP, and PFP service providers in the HSD.
- Conscious of the central role of the HSD in the delivery of the Uganda National minimum health care package (UMHCP), high priority was given to the HSD during the health care strategic plan II.
- This was ensured through preferential allocation of the necessary personnel and elements of health infrastructure for making HSDs effective.
- The leadership of the HSD is located in an existing hospital or HC IV (Public or PNFP).

### **Functions of HCIV**

- Provision of basic preventive, curative and rehabilitative care in the immediate catchment areas
- Provision of second level referral services for the HSD including lifesaving medical, surgical and obstetric emergency care (such as blood transfusion, caesarean section, and other medical and surgical emergency interventions).
- Provision of the physical base of the HSD management team.

### **Health Centre III**



This is usually based at sub county level and headed by a clinical officer with the following purposes:-

- Provision of basic preventive, promotive and curative care services to communities in its catchment area
- Support supervision to HC IIs in its catchment area
- Act as first level referral services for sub counties
- Support community based activities including training and supervision of community health workers.

### **Health Centre II**

These are based at parishes ( ≈ 500 people) and provide the following services

- They provide the first level of interaction between the formal health sector and communities
- They provide only outpatient care and community outreach services
- Health education
- Collection of basic statistics
- They are usually headed by an enrolled nurse or midwife.

### **Village Health Teams (H. C. I)**

- A network of village health teams (VHTs) has been established in Uganda which is facilitating health promotion, service delivery, community participation and empowerment in access to and utilization of health services.

### **Roles of VHTs**

- Identifying the community's health needs and taking appropriate measures
- Mobilizing community resources and monitoring utilization of all resources for health.
- Mobilizing communities for health interventions such as immunization, malaria control, sanitation and promoting health seeking behavior
- Maintaining a register of members of households and their health status.
- Maintaining birth and death registration.
- Serving as a link between the community and formal health providers.
- Community based management of common childhood illnesses including malaria, diarrhea and pneumonia, as well as distribution of any health commodities availed from time to time.

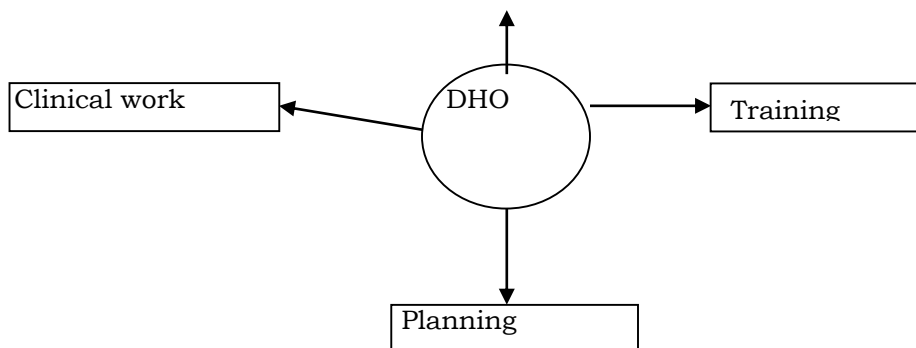
### **The district Health Officer and district Health Management Team**

- The district health services are headed by a district health officer (usually a medical officer with additional training in management).
- Together with other health officials of the district, he is concerned with the overall management of the district health services.
- Other members of the district health management team usually include:-
  - District Biostatistician
  - District Health Educator
  - District Nursing Officer
  - District Stores Manager ( Medical)
  - District Cold Chain Manager
  - District Environmental Health officer
  - District Laboratory focal person
  - District Tuberculosis and leprosy supervisor
  - District vector control officer
  - Heads /In-charges of HSDs in the district
  - Any other member deemed necessary by the DHO.

#### **Functions of district management team**

- The district health officer using his district health management team is responsible for all health related activities in the district including:-
  - ❖ *District Planning.* The DHO is responsible for coordinating all health service planning in the district in cooperation with other district officials.
  - ❖ *Supervision of district health activities.* Supervision of all government and PNFP health facilities through regular visits, and advice to staff concerned and ensuring that appropriate records are kept. Supervision of all special health programmes such as the expanded programme on immunization (EPI), TB and Leprosy control and family planning among others
  - ❖ *Training of health personnel.* Any basic training in the district should be coordinated by the DHO's office. The DHO is also responsible for the continuing education of all health staff in the district and supporting the training of community based health workers.
  - ❖ *Clinical work.* Basing on his expertise, the DHO can also routinely take part in clinical work, especially when there is shortage of health workers.

In summary, the functions of the DHO are summarized in the scheme below;-



### **Uganda National Minimum Health Care Package**

- Emphasis during the implementation of the HSSP II was placed on a limited set of interventions which have been proven effective in reducing morbidity and mortality supplemented by vertical programmes on high morbidity diseases like HIV/AIDS, malaria, tuberculosis etc.
- The HSSP II defines the Uganda National Minimum Health Care package (UNMHCP) and it has four clusters namely:
  - (i) Health Promotion, Disease Prevention and Community Health Initiatives;
  - (ii) Maternal and Child Health;
  - (iii) Prevention and Control of Communicable Diseases
  - (iv) Prevention and Control of Non-Communicable Diseases (NCDs)

#### **Cluster 1: Health promotion, Environmental Health and Community Health Initiatives**

- This cluster aims at increasing health awareness and promoting community participation in health care delivery and utilization of health services.
- This is done through production of IEC materials and distribution to all health facilities in Uganda and implementation of the VHT strategy.
- Where VHTs are functional, they have contributed to increasing health awareness, demand and utilization of health services and significantly led to decongestion at health facilities as they timely treat minor illnesses.
- VHTs have further helped to increase community participation in local health programmes.
- The core activities in this cluster include;

##### **a) Health promotion and education**

- Health promotion and education aim is to create health awareness, promote public participation and involvement in health care delivery and increase demand and utilization of the services provided by the sector.
- This should result in adaptation of appropriate healthy life styles and health seeking behavior.
- The sector strategy for reaching communities and house hold is in the establishment of village health teams (VHTS) in all villages in Uganda.
- Community empowerment and participation is the strategy for enabling communities to take care, responsibility for their own health and well- being and to participate actively in the management of their local health services.

**b) Environmental health**

- The improvement of environmental health aims to contribute to the reduction of morbidity, mortality and disability among the people of Uganda, through improvement in housing, use of water, food hygiene promotion, waste management and control of vector vermin.

**c) Control of diarrhea**

- There is a continuing need to strengthen national capacity all levels to prevent and effectively control epidemics of diarrhea.
- The epidemics of diarrhea (cholera and dysentery) are due to poor sanitation, low safe water coverage, poor domestic and personal hygiene practices and constant mass movement of populations.

**d) School health.**

- The school health programe was introduced to create an enabling environment for delivering quality education, for inculcating health habits and practices in children in their formative years when they are most receptive.
- During HSSP II the school health programe will be integrated with the district activities.

**e) Epidemic and disaster prevention, preparedness and response**

- The element aims at improving national and district levels in order to promote health prevent disease and reduce death among the affected population.

**f) Occupational health**

- Due to the current increased industrial agricultural (esp. horticulture) development in Uganda, threats from emerging and re-emerging diseases, there is need to scale up interventions in occupational health.
- There is need to promote occupational health services and practicals in work places with special emphasis on all the sectors.

**Cluster 2: Maternal and child health**

- Maternal and child health conditions carry the highest total burden of disease with perinatal and maternal conditions accounting for 20.4% of the total disease burden in Uganda.
- This cluster therefore addresses this challenge.

**a) Sexual RH and rights.**

- This addresses obstetric emergencies (emergency obstetric care) operational EMOC service at HC III, HC IV and hospital level including establishment of maternal death reviews).
- The management of family planning commodities improved and increasing the uptake of F/P services reduce the unmet need for F/P.
- Increase the attendance visits per pregnancy and reduce births at home.
- Advocacy and IEPC stating the importance and availability of RH services.
- Scale up goal oriented ANC including IPT and PMTTCT
- Community mobilization and capacity building for reproductive health care including capacity to identify and refer high risk pregnancies and complicated deliveries and also male involvement in sexual /RH.

**b) New born health and survival.**

- Half of deaths in infants occur in the neonatal period.
- The majority of the deaths result from asphyxia, infectious birth injuries and complications of premature births.
- Therefore in UNMHCP there are interventions to reduce such deaths that include.
- Provision of essential care during pregnancy including T.T immunization, proper nutrition including iron/folate supplements and prevention of maternal, infections e.g. STD's
- Infection control during and after delivery
- Provision of mama kits.
- Improving new born resuscitations
- Provision of essential care during the post natal period including promotion of immediate and exclusive breast feeding, thermal control, clean cord practices and vitamin A supplements.
- Counseling and education of newborn care practices especially careful management of low birth weight babies and timely recognition and antibiotics treatment of pneumonia, sepsis and meningitis
- Sensitization and education on danger signs for the new born.
- Promote appropriate care seeking and home care practices for new born health including encouraging fathers to assume more responsibility for child care.

- Strengthen post natal care follow up of the mothers and infants for both ordinary and PMTCT mother/baby pairs
- To achieve these, the following approaches are in place
  - ✓ Integrated child survival
  - ✓ Integrated management of childhood, illness
  - ✓ Expanded programme on immunization
  - ✓ Nutrition

### **Cluster 3: Communicable diseases control**

- Communicable diseases account for 54% of the total burden of disease in Uganda with HIV and AIDs, tuberculosis (TB) and malaria, being the leading causes of ill health.
- The HSSP II prioritized the prevention and control of HIV/AIDS, malaria, tuberculosis and diseases targeted for elimination.
- Therefore the objective of cluster 3 is to reduce the prevalence and incidence of communicable disease by at least 50% and therefore contribute towards achieving the health related MDGS and the overall plan of poverty eradication plan in Uganda.

### **Cluster 4: Prevention and control of NCDs, disabilities and injuries and mental health problems**

- The National health policy calls for the assurance of basic essential clinical care including emergency care and care of common illness and injuries.
- It recognizes that while infectious disease must be prioritized, selective attention will be given to all the key determinants of health in Uganda including un health life styles, non- communicable diseases and the rising toll of accidents.
- **Objective:** *To decrease the mortality and morbidity due to non-communicable diseases, injuries and common emergencies.*
- The non-communicable diseases (NCD) include the chronic illness that are prolonged, do not resolve spontaneously and are rarely cured completely e.g. hypertension, Diabetes mellitus, bronchial asthma, stroke, cardio vascular diseases, sickle cell disease, cancer and arthritis.
- In this cluster the following will be addressed;
  - Injuries, disabilities and rehabilitative health
  - Gender based violence
  - Mental health and control of substance abuse
  - Integrated essential clinical care
  - Oral health
  - Palliative care

## Sustainable Development

- Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs."
- Sustainability is the foundation for today's leading global framework for international cooperation – the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs).
- The Sustainable Development Goals (SDGs) are the blueprint to achieve a better and more sustainable future for all.
- They address the global challenges we face, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice.
- The Goals interconnect and in order to leave no one behind, it is important that we achieve each Goal and target by 2030.
- At its heart, there are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership.
- They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

### Goal 1: No Poverty

**Goal statement:** *End poverty in all its forms everywhere*

#### Targets

- By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day.
- By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.
- Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

- By 2030, ensure that all men and women, in particular the poor and *the vulnerable*, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of 13 property, inheritance, natural resources, appropriate new technology and financial services, including micro-finance.
- By 2030, build the resilience of the poor and *those in vulnerable situations* and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.
- Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.
- Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

## **Goal 2: Zero Hunger**

**Goal Statement:** *End hunger, achieve food security and improved nutrition and promote sustainable agriculture*

### Targets

- By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
- By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment



- By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
- By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
- Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries. Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
- Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

### **Goal 3: Good Health and Well-being**

**Goal Statement:** *Ensure healthy lives and promote well-being for all at all ages*

#### **Targets**

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents 3.7
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

#### **Goal 4: Quality Education**

**Goal Statement:** *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

## Targets

- By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes
- By 2030, ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education
- By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
- By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
- By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
- By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
- Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all
- By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
- By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states

## **Goal 5: Gender Equality**

**Goal Statement:** *Achieve gender equality and empower all women and girls*

### **Targets**

- End all forms of discrimination against all women and girls everywhere
- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life
- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
- Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

## **Goal 6: Clean Water and Sanitation**

**Goal Statement:** *Ensure availability and sustainable management of water and sanitation for all*

### Targets

- By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
- By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
- By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
- By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- Support and strengthen the participation of local communities in improving water and sanitation management

### **Goal 7: Affordable and Clean Energy**

**Goal Statement:** *Ensure access to affordable, reliable, sustainable and modern energy for all*

#### Targets

- By 2030, ensure universal access to affordable, reliable and modern energy services
- By 2030, increase substantially the share of renewable energy in the global energy mix
- By 2030, double the global rate of improvement in energy efficiency

- By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
- By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States, and land-locked developing countries, in accordance with their respective programmes of support

### **Goal 8: Decent Work and Economic Growth**

**Goal Statement:** *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all*

#### Targets

- Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
- Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
- Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
- Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-year framework of programmes on sustainable consumption and production, with developed countries taking the lead
- *By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value*
- By 2020, substantially reduce the proportion of youth not in employment, education or training

- Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
- Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
- By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products
- Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
- Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-Related Technical Assistance to Least Developed Countries
- By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization

### **Goal 9: Industry, Innovation and Infrastructure**

**Goal Statement:** *Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation*

#### Targets

- Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
- Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
- Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets

- By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
- Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
- Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States 18
- Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
- Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020

### **Goal 10: Reduce Inequalities**

**Goal Statement:** *Reduce inequality within and among countries*

#### Targets

- By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
- By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
- Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard



- Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
- Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
- Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
- Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
- Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
- Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
- By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent

### **Goal 11: Sustainable Cities and Communities**

Goal Statement: ***Make cities and human settlements inclusive, safe, resilient and sustainable***

#### Targets

- By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
- By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

- By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
- Strengthen efforts to protect and safeguard the world's cultural and natural heritage
- By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
- By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
- By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
- Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
- By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels
- Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials

## **Goal 12: Responsible Consumption and Production**

**Goal Statement:** *Ensure sustainable consumption and production patterns*

### Targets

- Implement the 10-year framework of programmes on sustainable consumption and production, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
- By 2030, achieve the sustainable management and efficient use of natural resources

- By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
- By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
- By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
- Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle
- Promote public procurement practices that are sustainable, in accordance with national policies and priorities
- By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
- Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
- Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
- Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities

### **Goal 13: Climate Action**

**Goal Statement:** *Take urgent action to combat climate change and its impacts*

Targets

- Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
- Integrate climate change measures into national policies, strategies and planning
- Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
- Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
- Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

#### **Goal 14: Life below Water**

**Goal Statement:** *Conserve and sustainably use the oceans, seas and marine resources for sustainable development*

##### Targets

- By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
- By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
- Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
- By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics

- By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
- By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation
- By 2030, increase the economic benefits to Small Island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
- Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
- Provide access for small-scale artisanal fishers to marine resources and markets
- Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in UNCLOS, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of The Future We Want

## **Goal 15: Life on Land**

**Goal Statement:** *Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss*

### Targets

- By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and dry lands, in line with obligations under international agreements

- By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
- By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
- By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
- Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
- Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
- Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
- By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
- By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
- Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
- Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
- Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities

## **Goal 16: Peace, Justice and Strong Institutions**

**Goal Statement:** *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*

### Targets

- Significantly reduce all forms of violence and related death rates everywhere.
- End abuse, exploitation, trafficking and all forms of violence against and torture of children.
- Promote the rule of law at the national and international levels and ensure equal access to justice for all.
- By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime.
- Substantially reduce corruption and bribery in all their forms.
- Develop effective, accountable and transparent institutions at all levels.
- Ensure responsive, inclusive, participatory and representative decision-making at all levels.
- Broaden and strengthen the participation of developing countries in the institutions of global governance.
- By 2030, provide legal identity for all, including birth registration.
- Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements.
- Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.
- Promote and enforce non-discriminatory laws and policies for sustainable development.

## **Goal 17: Partnerships for the Goals**

**Goal Statement:** *Strengthen the means of implementation and revitalize the global partnership for sustainable development*

## Targets

### Finance

- Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
- Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of ODA/GNI to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
- Mobilize additional financial resources for developing countries from multiple sources
- Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
- Adopt and implement investment promotion regimes for least developed countries

### Technology

- Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
- Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
- Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology

### Capacity building



- Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation

#### Trade

- Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
- Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
- Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access

#### Systemic issues

##### *Policy and institutional coherence*

- Enhance global macroeconomic stability, including through policy coordination and policy coherence
- Enhance policy coherence for sustainable development
- Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

##### *Multi-stakeholder partnerships*

- Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries
- Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

*Data, monitoring and accountability*

- By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
- By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries