# UNIT 1: INTRODUCTION TO HEALTH SYSTEM MANAGEMENT

## Unit Outcomes

By the end of this unit the learner should be able to;

1. Define concepts in Health System Management
2. Explain theories of Health System Management
3. Describe the styles of Health System Management
4. Describe Practices and Principles of Health System Management

## **Concepts of Management**

**Introduction**

The word management has been in existence for many years and it has evolved over time.

It has gained cognisance over time because it is a crucial element in the co-ordination of individuals and group efforts.

The role of managers is to guide organizations towards goal accomplishment. All organizations exist for some purpose or goal, and managers have the responsibility of combining and using organizational resources to ensure that the organization achieves its purpose through the members (staff).

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In management, a manager should be pro-active (take measures to anticipate changes) and not be reactive (not seeing what can happen tomorrow). Organizations therefore have

Organizations therefore have certain things in common. These include:

* A goal or a purpose
* A program/method of achieving goal or purpose
* Plans to ensure effectiveness of the goals.
* Leaders/managers who are responsible for helping organizations achieve its goals

**Management or managing has four main elements**

That is:

* A process comprised of interrelated social and technical functions and activities.
* That accomplishes organizational objectives
* Achieves these objectives through use of people and other resources
* Does so in formal organizational setting

**Definition of terms**

There is no universally accepted definition of management. Various scholars have defined management in different ways.

**Management** is the process of forecasting and planning, organizing, leading, coordinating and controlling the resources of a health system in the efficient and effective pursuit of a specified goal.

***Management*** is working with and through individuals and groups and other resources to accomplish organizational goals (Hersey & Blanchard).

Management is the process of planning, organising, leading and controlling the work of organization members and of using all available resources to attain the organizational goals (Stone & Freeman)

Management is working with human, financial and physical resources to determine, interpret and achieve organizational objectives by performing the functions of planning, organizing, staffing, leading and controlling ( Megginson&Pietri).

Management is the process of designing and maintaining an environment in which individuals working together in groups efficiently accomplish selected aims (Koontz &Weihrich).

Management is the art and science that guides the use/utility of human efforts and other resources efficiently to effectively achieve both individual and group goals for the accomplishment of the organizational objectives (Eric Mathuva).

It is essential for organized life and necessary to run all types of management. Good management is the backbone of successful organizations. Managing life means getting things done to achieve life’s objectives and managing an organization means getting things done with and through other people to achieve its objectives.

Management in all business and human organization activity is simply the act of getting people together to accomplish desired goals and objectives. It comprises [*planning*](http://en.wikipedia.org/wiki/Planning)*,* [*organizing*](http://en.wikipedia.org/wiki/Organizing)*,* [*staffing*](http://en.wikipedia.org/wiki/Staffing)*,* [*leading*](http://en.wikipedia.org/wiki/Leadership)*, directing, facilitating* and [*controlling*](http://en.wikipedia.org/wiki/Control_(management))or manipulating an [*organization*](http://en.wikipedia.org/wiki/Organization) for the purpose of accomplishing a goal. Resources encompass the deployment and manipulation of [*human resources*](http://en.wikipedia.org/wiki/Human_resources)*,* [*financial*](http://en.wikipedia.org/wiki/Financial) resources, [*technological*](http://en.wikipedia.org/wiki/Technological) resources, and [*natural resources*](http://en.wikipedia.org/wiki/Natural_resources).

***Managers*** are persons who are formally appointed to positions of authority in an organization.

They enable others to do their work and are accountable to a higher authority for work results.

**A system** is defined as “a regularly interacting or interdependent group of items forming a unified whole” and as “a group of devices or artificial objects or an organization forming a network especially for distributing something or serving a common purpose.

**Health system:** all the insitutions, people and actions whose primary purpose is to improve health.

**Information:** Meaningful collection of facts or data.

**Information System**: Systems that provide specific information support to the decision-making process at each level of an organization.

**Health Information System**: A set of components and procedures organized with the objective of generating information which will improve health care management decisions at all levels of the health system.

Three of the most important concepts in the health system management are **effectiveness, efficiency** and **equity**

**Effectiveness**

**Effectiveness** is the measure of how well an organization is meeting their organization Or a person in an organization is meeting their goals. For example if the goal is to provide high quality health care and the organization or person succeeds in doing so the n they are working effectively. If the health care is poor and people are not satisfied the n the organization or person is not effective.

**Efficiency**

It is the measure of how well the health sector is using its resources to achieve its goal. Health system management involves getting things done using human financial and material resources so that the goal of improving the health of the community can be achieved

If money and material is being used well and there is little or no wastage theyou are working efficiently. If costs are too high and materials are being wasted then your activity is inefficient. Efficiency involves doing thing right, using resources wisely and with a minimum of waste.in a situation where a health facility receives CSB that expires in 2 weeks’ time after serving only a few people, we term this as inefficiency.

**Equity**

Access to health care is a basic right of all people. However this does not always happen in real life for many reasons. Health inequalities are a result of unfair distribution of resources and many be associated with low income levels,housing,education, gender, geographically inaccessible areas and sometimes with ethnicity

**Principles of management**

In health system management the following are the most important principles to apply.

* Team spirit
* Division of labour
* Focus on results not activities

**Team spirit**

This principle advocates the benefits of working as a team and building good morale among everyone you work with.it helps to promote an atmosphere of mutual trust and understanding.

**Division of labour**

It advocates that work must be shared or divided fairly among the team. Normally in a team there needs to be division of labour where each category of staff exercises their particular skills towards achieving specific objectives. The role of management is to assign a balanced proportion of each type of worker to the work to be done.

**Focus on results not activities**

One of the principles of management is to make sure that everybody within the organization has a clear understanding of the goals and objectives and make each person aware of their own roles and responsibilities in achieving those objectives

Management or managing has four main elements. It is

* A process comprised of interrelated social and technical functions and activities.
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**Functions of management**

* Planning
* Organizing
* Controlling
* Directing
* Staffing
* Decision making

**Importance of management to organizations**

* It improves and sustains personnel performance in various endeavours
* It effects good performance in places of work in any organization
* It puts disorganized resources into useful and effective ends
* Brings order within an organization
* Produce managers who will effect the establishment and accomplishment of economic, political and social goals of a country

**Is it a science or an art?**

**As a Science:**

* It is a body of knowledge which can be learnt by an individual and become a manager.
* This knowledge is what constitutes the science
* It is the know-how – it is doing things in the light of the realities of a situation

**As an Art:**

* Managing as practice is an art, just like all other practices like engineering, accountancy – is an art
* The effectiveness of managing can be improved through practices and experience.

**The concept of managerial effectiveness and efficiency**

**Effectiveness**

* Is solution oriented? Organizations function within the larger society and the performance of organizations.
* In totality effectiveness is a key factor to the performance of a society/nation.
* An efficient manager is one who achieves outputs that measure to inputs.

Effectiveness – the achievement of objectives (Doing the right things)

 Efficiency – the achievement of the ends with the least/minimum amount of resources (Doing things right)

## **Theories of health system and management**

The theoretical component of systems is that they are either “closed” or “open.” Closed systems are completely self-contained, are not influenced by external events and eventually must die. Open systems, on the other hand, interact with their external environment by exchanging materials, energies, or information, and are influenced by or can influence this environment; they must adjust to the environment to survive over time. The environment can be generally classified as political, economic, social, and tech-no logical, as well as physical, the space available and the way system components relate physically to each other.

Health systems are open and must be approached from this perspective. They are open to their local and national environments, and now, ever increasingly, to international and global influences. All the world’s national health ministries are members of the World Health Organization, are often accountable to more local government, and usually to the people they serve.

Health systems are one of several determinants of health, and high-performing health systems can improve the health of populations. While there is no perfect health system, an understanding of the system in its current form allows us to gain a comprehensive picture of how it contributes to maintaining health, and thereby also start to understand the various interac-tions required of its various components.

Theoretically, components within a system can be deterministic, i.e., the components function according to a completely predictable or definable relationship, as in most mechanical systems; or they can be probabilistic, where the relationships cannot be perfectly predicted, as in most human or human-machine sys-tems, like health care. WHO suggests that health sys-tem boundaries should encompass all whose primary intent is to improve and protect health, and to make it fair and responsive to all, especially those who are worst of?

***HERSEY’S AND BLANCHARDS THEORY OF READINESS***

***Developed by Paul Hersey and Kenneth Blanchard***

* Is based on the ’readiness’ level of the people the leader is attempting to influence.
* Readiness is the extent to which followers have the ability and willingness to accomplish a specific task.
* Ability is the knowledge, experience, and skill that an individual possesses to do the job and is called job readiness
* Willingness is the motivation and commitment required to accomplish a given task.
* The style of leadership depends on the level of readiness of the followers.

**This theory is ideal for:**

* Appropriate for diagnosing the work environment
* It has two major components
  + Ability
  + Willingness
* **Ability**Ones ability to solve a problem, including knowledge and experience
* **Willingness**Ones willingness to carry out a task with self-confidence, commitment and self – respect

**Four benchmarks in readiness levels**

* **Individuals**
* R1 = Unable and unwilling (UU)? Sack
* R2 = Unable and willing (UW) Need training
* R3 = Able and unwilling (AU) Need motivation
* R4 = Able and willing (AW)? Promote

**Four benchmarks explained**

* R1, R2, R3 and R4 - Translates the level of readiness which managers can use to gauge the readiness levels of their staff. Organizations can therefore be diagnosed using the four variables
* Ability
* Willingness
* Confidence
* Motivation
* Remember when applying this theory a person is willing or unwilling, able or unable

Contingency Theory

This theory asserts that managers make decisions based on the situation at hand rather than a "one size fits all" method. A manager takes appropriate action based on aspects most important to the current situation. Managers in a university may want to utilize a leadership approach that includes participation from workers, while a leader in the army may want to use an autocratic approach.

Systems Theory

Managers who understand systems theory recognize how different systems affect a worker and how a worker affects the systems around them. A system is made up of a variety of parts that work together to achieve a goal. Systems theory is a broad perspective that allows managers to examine patterns and events in the workplace. This helps managers to coordinate programs to work as a collective whole for the overall goal or mission of the organization rather than for isolated departments.

Chaos Theory

Change is constant. Although certain events and circumstances in an organization can be controlled, others can't. Chaos theory recognizes that change is inevitable and is rarely controlled. While organizations grow, complexity and the possibility for susceptible events increase. Organizations increase energy to maintain the new level of complexity, and as organizations spend more energy, more structure is needed for stability. The system continues to evolve and change.

Theory X and Theory Y

The management theory an individual chooses to utilize is strongly influenced by beliefs about worker attitudes. Managers who believe workers naturally lack ambition and need incentives to increase productivity lean toward the Theory X management style. Theory Y believes that workers are naturally driven and take responsibility. While managers who believe in Theory X values often use an authoritarian style of leadership, Theory Y leaders encourage participation from workers

**1.3. Styles**

Leadership Styles in Healthcare System

Hybrid Management

Hybrid management involves giving health professionals positions in management. There are two types of hybrid management structure, rational-legal and charismatic.

**Rational-Legal Vs. Charismatic**

Rational-Legal leadership ties an organization’s authority to legal rationality, legitimacy and bureaucracy, requiring a systematic and logical approach to leadership. In contrast, charismatic leadership does not have a strict structure. It is based on an individual’s impact instead. This leadership style connects distinct groups and gives an authority the influence to lead them.

**Charismatic Leadership in Practice**

In the United Kingdom, a group of health practitioners used a charismatic management structure to establish a specialized diabetes foot-care practice.

Implementing a charismatic structure of management allowed these health practitioners to demonstrate their knowledge, clinical skills and public confidence, despite lacking formal credentials. This resulted in a 50 percent reduction of major amputations. However, The Case of the “Diabetes Specialist Podiatrist” published by the Sociology of Health & Illness Journal noted that “A lack of formal admission rights and their status as supplementary prescribers constrains their role, ensuring their continued dependence upon medical colleagues.”

**New Public Management**

New Public Management (NPM) is a method of management implemented by governments wanting to hold public institutions accountable for delivering a high quality of care and allocating resources based on performance. NPM was introduced in the 1980s due to “mistrust in self-regulated knowledge and of the need to enhance the efficient use of resources.” However, these reforms have limited clinicians’ ability to move into management roles. According to a research proposal published by Aarhus University, “The initial intentions of the politicians may very often change down through the hierarchy, and it may often conflict with the daily routine experiences, which results in complete different outcomes than first anticipated.”

**Transactional, Charismatic, Transformational and Servant Leadership**

The four main leadership styles — transactional, charismatic, and transformational and servant — may vary, but they each have the ability to improve poorly-structured organizations.

Transactional leadership works by establishing an exchanging process between leaders and followers. While transactional leadership encourages strong planning and budgeting skills, it does not foster skills involving cognitive and affective competence. Charismatic leadership inspires followers to place organizational and departmental interests above their own and to strive for greater ambitions than expected. While charismatic leaders have a clear vision for future goals and strong affective competence, they may be lacking in cognitive and technical competence.

Transformational leadership requires leaders with a strong vision and a belief that shared values are necessary for fostering relationships. It is characterized more by cognitive competence than it is by technical and affective competence. Implementing this style of leadership is essential for struggling organizations. Servant leadership is characterized by leaders who put the needs of others before their own interests. Even though servant leaders have plenty of affective and cognitive competence, they can lack technical competence.

**1.4. Practices**

**1.5. Principles**

Principles of Change

By **definition**, **change** management is a structured approach to transitioning individuals, teams, and organizations from a current state to a desired future state.

Six Principles of Change

1. The belief that you can change is the key to change. This is not the powerlessness message of the 12 steps but rather the message of [self-efficacy](https://www.psychologytoday.com/us/basics/self-esteem). Addictions are really no different from other behaviors—believing you can change encourages commitment to the process and enhances the likelihood of success.
2. The type of treatment is less critical than the individual's commitment to change. People can select how they want to pursue change in line with their own values and preferences. They don't need to be told how to change.
3. Brief treatments can change longstanding habits. It is not the duration of the treatment that allows people to change but rather its ability to inspire continued efforts in that direction.
4. Life skills can be the key to licking [addiction](https://www.psychologytoday.com/us/basics/addiction). All addictions may not be equal; the community-reinforcement approach, with its emphasis on developing life skills, might be needed for those more severely debilitated by [drugs](https://www.psychologytoday.com/us/basics/psychopharmacology) and [alcohol](https://www.psychologytoday.com/us/basics/alcohol).
5. Repeated efforts are critical to changing. People do not often get better instantly—it usually takes multiple efforts. Providing follow-up care allows people to maintain focus on their change [goals](https://www.psychologytoday.com/us/basics/motivation). Eventually, they stand a good chance of achieving them.
6. Improvement, without abstinence, counts. People do not usually succeed all at once. But they can show significant improvements; and all improvement should be accepted and rewarded. It is counterproductive to kick people out of [therapy](https://www.psychologytoday.com/us/basics/therapy) for failing to abstain. The therapeutic approach of recognizing improvement in the absence of abstinence is called harm reduction.

**Principles of Change Management**

**Change management** is a systematic approach to dealing with the transition or transformation of an organization's goals, processes or technologies. The purpose of **change management** is to implement strategies for effecting **change**, controlling **change** and helping people to adapt to **change**.

**Ten Principles of Change Management**

1. **Address the “human side” systematically.  “**Transformation causes “people issues”. A formal approach for managing change — beginning with the leadership team and then engaging key stakeholders and leaders — should be developed early, and adapted often as change moves through the organization. This demands as much data collection and analysis, planning, and implementation discipline as does a redesign of strategy, systems, or processes.”

2. **Start at the top.** “Leaders themselves must embrace the new approaches first, both to challenge and to motivate the rest of the institution. They must speak with one voice and model the desired behaviors. The executive team also needs to understand that, although its public face may be one of unity, it, too, is composed of individuals who are going through stressful times and need to be supported.”

3. **Involve every layer**. “As transformation programs progress from defining strategy and setting targets to design and implementation, they affect different levels of the organization.”

4. **Make the case**. “confront reality and articulate a convincing need for change…. demonstrate faith that the company has a viable future and the leadership to get there. Finally, provide a road map to guide behavior and decision making”

5. **Create ownership**. “Ownership is often best created by involving people in identifying problems and crafting solutions. It is reinforced by incentives and rewards.”

6. **Communicate the message**.  “The best change programs reinforce core messages through regular, timely advice that is both inspirational and practicable. Communications flow in from the bottom and out from the top, and are targeted to provide employees the right information at the right time and to solicit their input and feedback. Often this will require over communication through multiple, redundant channels.”

7. **Assess the cultural landscape**.  “Thorough cultural diagnostics can assess organizational readiness to change, bring major problems to the surface, identify conflicts, and define factors that can recognize and influence sources of leadership and resistance. These diagnostics identify the core values, beliefs, behaviors, and perceptions that must be taken into account for successful change to occur. They serve as the common baseline for designing essential change elements, such as the new corporate vision, and building the infrastructure and programs needed to drive change.”

8. **Address culture explicitly**.  “Company culture is an amalgam of shared history, explicit values and beliefs, and common attitudes and behaviors. Change programs can involve creating a culture (in new companies or those built through multiple acquisitions), combining cultures (in mergers or acquisitions of large companies), or reinforcing cultures (in, say, long-established consumer goods or manufacturing companies)”

9. **Prepare for the unexpected**.  “Effectively managing change requires continual reassessment of its impact and the organization’s willingness and ability to adopt the next wave of transformation.”

10. **Speak to the individual**.  “Individuals (or teams of individuals) need to know how their work will change, what is expected of them during and after the change program, how they will be measured, and what success or failure will mean for them and those around them.”

**1.6. Change and change management**

**How Leadership in Health Care is changing**

As mobile technology and big data continue placing more strain on health care leadership and management, patients are expecting more control over their treatment and a quicker response time from their care providers.

**How Changes in Health Care Are Impacting Leadership**

The health care environment is becoming more complex, causing health care leaders to struggle as they try to keep up with new technologies.

Mobile technology is improving patient-doctor connectivity, and patients are demanding timely responses from a plethora of platforms, including patient networks, telemedicine and social media.

Big data is causing an increased demand for specialized tech roles to ensure compliance with HIPAA regulations, which is placing a strain on human resources and organizational structure.

According to a report published by the Health Research & Educational Trust (HRET) titled “Building a Leadership Team for the Health Care Organization of the Future,” 60 percent of health care leadership teams are larger than they were three years ago.

**1.7. Mission and vision statements**

**Vision**

A strongly felt aim, ambition, or calling.

## **Vision statement**

A **vision statement** is a **declaration** of an organization's objectives, intended to guide its internal decision-making. A **vision statement** is not limited to business organizations and may also be used by non-profit or governmental entities.

# UNIT 2: ORGANIZATION OF HEALTHCARE SERVICES

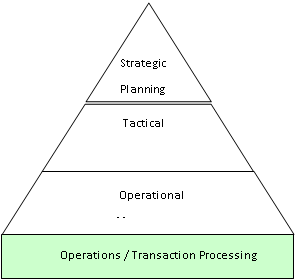
Introduction

Organizational structure is a system used to define a hierarchy within an organization. It identifies each job, its function and where it reports to within the organization. This structure is developed to establish how an organization operates and assists an organization in obtaining its goals to allow for future growth. The structure is illustrated using an organizational chart.

## **2.1. Define organizational structure**

**2.2. The organizational structure in the health care system**

**Organization Structure in Healthcare**



***Figure 1: Organization Structure***

1. **Supervisors**

Supervisors manage and monitor the employees or workers. They are responsible for the day-to-day operational matters. An example of a supervisor’s responsibility would be to monitor workers and materials needed to build the product.

Supervisors get information from middle managers above them and workers below them (primarily vertical). They need internal information for operational planning. They need detailed, current day-to-day information. An example of a supervisor need for information is listings of current supplies, current inventory and production output.

1. **Middle Management**

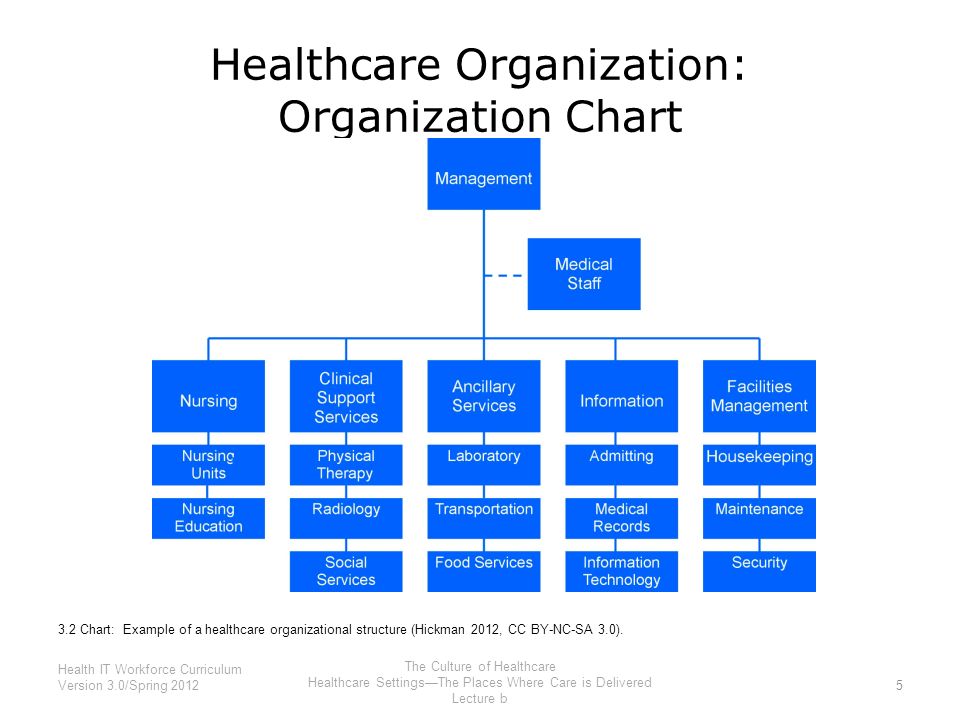
Middle managers deal with control planning, tactical planning and decision-making. They implement long-term goals of the organization. An example of a middle manager’s responsibility would be to set sales goals for several regions.

Middle-level managers get information from among all departments (horizontally) and from all levels of management (vertically). They need historical internal information for tactical planning. They need summarized information such as weekly or monthly reports. An example of a middle-level manager information need would be to develop production goals with concurrent information from top-level managers and supervisors.

1. **Top Management**

Top managers are concerned with long-range strategic planning. They need information to help them plan future growth and direction of the organization. An example of a top manager’s responsibility would be to determine the demand for current products and the sales strategies for new products.

Top-level managers get information from outside the organization and from all departments (horizontally and vertically). They need future-oriented internal and external information for strategic planning. They need information that reveals the overall condition of the business in a summarized form. An example of a top-level manager information need would be to plan for new facilities.



Importance of Organization Structure

* Ensures that tasks occur in the correct sequence
* Activities are monitored
* Decisions can be and are taken at appropriately responsibilities
* Authority for completing certain tasks is assigned to individuals and groups
* Resources are used effectively

UNIT 3: COMMUNICATION AND NETWORKING

**Introduction**

**Communication**

Communication is the act of conveying meanings from one entity or group to another through the use of mutually understood signs, symbols, and semiotic rules.

**Networking**

Networking is a process that fosters the exchange of information and ideas among individuals or groups that share a common interest. It may be for social or business purposes. Professionals connect their business network through a series of symbolic ties and contacts.

**3.1. Importance of networking**

**It Allows You to Help Others**

One of the most important benefits of networking that people tend to overlook is that it allows you to help other people. Granted, our motives in the professional world are rarely altruistic, but helping someone else with their career goals can be truly rewarding. Think of helping someone get their first job for example or putting in a good word to help someone get the promotion they’ve been after for the past two years.

What’s more, helping out a professional connection means that they’ll owe you one, which essentially means that by making introductions and helping other people connect, you are basically paving the path for your professional success.

**2. Exchange Fresh Ideas**

Most of us try to stay up to date with changes in our fields either through [continuing our education](https://www.careeraddict.com/lifelong-learning-advance-career) or via reading up on industry news, but there’s a wealth of knowledge out there which you can gain access to by simply [talking](https://www.careeraddict.com/conversation-starters) to other professionals in your industry.

Being on the receiving end of these fresh ideas allows you to introduce new practices in your workplace and win points with your boss. What’s more, it helps you remain on top of changes in the industry which not only helps you remain employed but is also a great first step in professional growth.

**3. Makes You More Visible**

What many professionals fail to understand is that the fight for visibility and standing apart from competition does not end once you get the job. In fact, making yourself more visible in the workplace is not only harder, but it also requires a lot more skill.

One of the advantages of networking is that it helps you become more visible because you become that one person that knows everyone and can be asked to make introductions or provide insight on clients, associates etc.

**4. Opens Doors to New Opportunities**

Precisely because networking makes you more visible, it also opens new doors. From getting approached by recruiters about job opportunities, to getting noticed by people who would like to work with you on a freelance basis, you never know when an opportunity that can advance your career will present itself.

It’s important to understand that opportunities not only present themselves in the form of new jobs, but they can also mean meeting an important person in the industry that can change the course of your career, or being given the chance to [start your own business](https://www.careeraddict.com/start-business).

**5. Allows You to Express Opinions**

Unlike your friends and family, a professional network is there to share opinions about the industry and exchange information. You can discuss industry related matters that you have been thinking about and ask for advice whenever you reach an impasse.

Having this kind of support system is one of the many advantages of networking and it’s why people are encouraged to take an active role in building their network. Not only can you share opinions about new trends with other professionals, but you can also share ideas about client projects (be careful not to overshare) and get some constructive feedback.

**6. Expands Your Support Network**

Another benefit is that it helps you build a support network that can assist you at every stage of your career. Let’s say that you are [interviewing with a company](https://www.careeraddict.com/the-20-most-common-job-interview-questions-and-best-answers); in an open network there will be someone who’s gone through the same process in the past which means that they can give you advice and tips on how to conduct yourself and what to expect.

The is true when you are trying to approach a new client. An open network can mean getting tips on what the client likes and what the best tactic to approach is.

**7. Gets You Promoted**

According to many studies, having an open network is a predictor of success and it [ensures promotions](https://www.careeraddict.com/get-promoted) and salary increases. Remember that connecting with other professionals gives you insight and makes you more visible, attributes that any boss values and looks to reward.

The key is to use your contacts wisely and to be smart about how you carry yourself in the workplace. Remember that if you’ve been contacted by a recruiter about a new position you can use the offer to leverage your current position. The chances are that your boss will learn to appreciate you more once they know that you are in demand.

**8. Boosts Your Self-Esteem**

It may not be the first thing that comes to mind when thinking about networking benefits, but the boost to your self-esteem is something to consider. Knowing people, being asked about your opinions and ideas and getting asked to introduce people can be quite the social thrill, and it’s exactly what you need especially if you are an introvert who’s looking to advance themselves in a cut-throat business environment.

There are many methods and techniques to get over your initial shyness and actually start talking to people, but the important thing to remember is that it can be done on your own terms. Networking is not like entering a high-school cafeteria, it’s a lot more grown-up and it’s something anyone can achieve as long as they set their mind to it.

**9. It Becomes Your Resource**

You probably have tonnes of questions about your industry that not even Google can help you with. Talking to other professionals (and this includes colleagues) can help you resolve these questions.

Your professional network essentially functions as your resource because as the old adage goes two minds are better than one. Having these connections means that you can tap into their knowledge whenever you need to (and they feel inclined to give you access).

**10. Influence Things Positively**

Sometimes all our careers need is an influencer who can help things go our way and that’s what a professional network does a lot of the time. It puts in a good word and applies pressure whenever it’s necessary. It’s an aid in helping you achieve your goals, and this is precisely why taking active steps towards building and maintaining a network is essential.

**3.2. Partnership and collaboration in the health care system**

Collaboration is the process of two or more people or organizations working together to complete a task or achieve a goal.

## **Partnerships**

Partnerships between services are critical to the success of working in health promoting ways; the importance of this is recognized by practitioners across all levels. Successful partnerships strengthen the capacity of projects and services to broaden their reach, engage more stakeholders and achieve shared objectives.

Working in partnership may be beneficial at an organizational and an individual level. Partnerships may be either strategic and concerned with the broad program concept, scope, and direction or planning; or operational and concerned with resources, incentives, engagement and communication.

A partnership is usually a voluntary agreement but it may also include formal written agreements and contracts between two or more partners.

Partnerships can achieve greater outcomes than individuals or organizations acting alone. Partnerships achieve increased benefits because they share expertise, skills and resources. These benefits can include:

* more effective service delivery
* more efficient resourcing
* policy development at organizational or community levels
* systems development as a result of changed relations between organizations
* Social and community development aimed at strengthening community action.

To achieve their potential, partnerships should be transparent and accountable, and be based on agreed ethical principles, mutual understanding, commitment and respect for the capacity of all partners. Where the capacity of each partner is different, these principles need to be clearly understood. In short-term partnerships these principles may not be as apparent as they might be in longer-term or more involved partnerships.

Some partnerships may need formal agreements, such as a contract or a memorandum of understanding. Others may only need simple records of commitments and agreements made. It is essential to identify the most appropriate documentation to support the partnership early. Partnerships can operate at different levels – this is determined by how much resources and information are shared, and the willingness to change activities and increase capacity for a common purpose, or for mutual benefit.

The public, private and community sectors need to explore opportunities to collaborate on health promotion. There are many ways they can work together on this, including networks and coordinated, cooperative and collaborative partnerships.

# UNIT 4: HUMAN RESOURCE MANAGEMENT

## **Key concepts and principles of human resource management**

***What is Human Resource Management (HRM)?***

HRM is a specialty within the broader field of management that focuses on managing employees. HRM is the process of attraction, acquisition, development, motivation and maintenance of labour at optimum levels most efficiently and effectively. In addition, HRM is a model of personnel management that focuses on the individual rather than taking a collective approach. Responsibility for human resource management is often devolved to line management. It is characterized by an emphasis on strategic integration, employee commitment, workforce flexibility, and quality of goods and services

***Purpose of HRM***

The primary purpose of personnel management is to contribute to the profitability and survival of an organization by effective management of its total human resources. The success of any organization depends on productive and effective people. An effective HRM will directly contribute to organizational efficiency and minimizes high rates of turnover and unresolved conflicts between staff members. Poorly managed staff can be very costly to an organization both in terms of productivity and finances. HRM is therefore important to all managers because they require an effective HRM as they are charged with the management of the human resource aspect within an organization.

***Practices in human resource management***

**Notes needed here**

***Typical HRM functions (Practices and Activities)***

In summary the typical HRM functions are as follows:

1. **Staffing**

This is about hiring the right people with the right skills at the right time and more important is that the process must comply with Human Rights Legislation. The activities in staffing include:

1. **Job analysis**

This is a process for systematically collecting information to help you fully understand and describe the duties and responsibilities of a position as well as the **K**nowledge, **S**kills and **A**bilities (**KSA**) required in doing the job. The purpose is to provide information.

1. **Job description**

This is the statement that gives the purpose, scope, responsibilities and tasks, which make up a stated job. Job descriptions are used on the basis of most other human resource management practices such as selection, training and performance management.

1. **Recruitment**

Recruitment is the process of finding and employing individuals to carry out the tasks that need to be done within the organization. It is the term given to the overall activity of choosing suitable applications for job vacancies and selection is included.

* 1. **Induction of new staff**

Orientation of all new staff is done by the HRM department. They take the new staff through all the company’s policies and processes, and ensure that the new staffs understand what is expected of them.

1. **Training and development**

**Training** is a planned process to modify attitude, knowledge and skill behaviour through learning experience to achieve effective performance in an activity or range of activities.

**Development** is a strategic approach to investment in the skill, expertise and capabilities of an organizations employee (its human capital). It provides a framework for self-development, and career progression to meet an organization’s future skill requirements. This includes: induction, socialization of the employees to fit the cultural requirements of the organization, career plans etc. Good organizations are those who value learning or training and development for their staff.

1. **Compensation and benefits**

Some of the compensation and benefits organizations give their employees include:

* Compensation plans incase of accidents and medical bills
* Benefits that an employee will enjoy within the organization
* Retirement plans e.g. pension

1. **People management**

This includes:

* Work plans and establishing adequate communication systems
* Recognition and team motivation
* Conflict resolution,
* Grievances and Discipline,
* Staff performance appraisal
* Termination and;
* Counseling.

1. **Work place management**

This includes:

* Work life balance,
* Implementation of the organizations safety policy (Health and safety)
* Diversity to avoid monotony (e.g. job rotation, enrichment and enlargement)
* In summary, HRM in the current times has a more pragmatic, proactive, flexible and prescriptive approach. The strategic focus of HRM now is the development of new ideas to make the human being a happier productive worker in order to forge a partnership between him/her and the management. By having a supportive HRM framework, an organization will have:
* Staff with the knowledge and skills needed to achieve organizational goals,
* Staff who understand what is expected of them and how their work contributes to the mission and vision of the organization, and ;
* A work environment which brings out the best in the employees, and that is safe and healthy.

***Human Resource Recruitment***

This is the process of finding and attracting candidates who qualifies to fill job vacancies. Job recruits can be drawn from within or outside the organization. However, before recruiting can take place, a job analysis consisting of a position description and job specification must be made.

***Performance Management***

This includes:

* Work plans and establishing adequate communication systems
* Recognition and team motivation
* Conflict resolution,
* Grievances and Discipline,
* Staff performance appraisal
* Termination and;
* Counseling.

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## **Professionalism and work ethics in the health care system and medico – legal issues**

# UNIT 5: COMMODITY AND SUPPLIES MANAGEMENT

**5.1. The commodity management cycle**

*What is a Commodity?*

A commodity is something that is fixed in the sense that it is basically the same, no matter who supplies it. Common commodities that we are all familiar with include petrol, gas, wheat, coffee (to a large extent), gold and of course, oil, but in effect there are many more

Commodity management is becoming an increasingly important role within the supply chain community as more and more companies attempt to secure their supplier lines, deliver value for money and develop structured relationships with key suppliers. Although a commodity manager has a clear managerial role within the process, it is the context that the manager operates in as a whole that is significant

**What is Supply Management?**

A broad term describing the various acts of identifying, acquiring and managing the products and resources to meet a pre-determined need in an organization. These include physical goods, information, services and any other resources. Supply management comprises up to 75% to 85% of an organization’s expenditure.

The main goals within supply management are to control costs, efficiently allocate resources and gather information to be used in strategic organizational decisions.

**Commodity Management Cycle**

*Supply chain management*

Supply chain management (SCM) is the management of a network of interconnected [businesses](http://en.wikipedia.org/wiki/Business) involved in the ultimate provision of [goods, works](http://en.wikipedia.org/wiki/Product_(business)) and [service](http://en.wikipedia.org/wiki/Service_(economics)) packages required by end customers Supply chain management spans all movement and storage of [raw materials](http://en.wikipedia.org/wiki/Raw_material), work-in-process inventory, and finished goods from point of origin to point of consumption ([supply chain](http://en.wikipedia.org/wiki/Supply_chain)).

The main components of supply management are:

Procurement

Stores administration and control (including warehousing)

Distribution and logistics

Sourcing

Sourcing is the identification and evaluation of potential suppliers

Selection of appropriate /suitable suppliers and sources of supply

Managing the relationship with the suppliers

Sources of supply

Internally generated and manually maintained supplier databases

Contract history i.e. past performance

Internet

Client preferences

Supplier agreements. These are used with known future requirements (e.g. vehicles)

Vendor-base reduction

Suppliers partnerships

Prequalification of bidders

Trade directories

Media

Exhibitions and trade fairs

**5.2. Procurement procedure**

Procurement is one of the key functions within the supply chain. Procurement is the acquisition of goods, works and/or services. It is favorable that the goods, works and services are appropriate and that they are procured at the best possible cost to meet the needs of the purchaser in terms of quality and quantity, time, and location. The five rights of procurement are:

* Buy the right item/goods,
* At the right price
* Buy the right quality
* The right quantity
* Delivered to the right place

Before starting any procurement there must be provisioning. This is where an organization identifies a need and allocates resources to meet the identified need. It includes the drawing of a procurement plan. Every department in a procuring entity is required to make a work plan showing the activities they intend to undertake, resources needed and proposed budgets. These are then consolidated in a procurement plan for the entire procuring entity by the procurement department and approved by the head of the procuring entity who is usually the accounting Officer.

A procuring Entity will only initiate a procurement process after confirming that funds are available to meet the expenditure. A procurement method is then selected depending on the type of goods or services to be procured and their estimated values. The GOK allows the following procurement methods.

1. Open Tender including International Bidding
2. Restricted Tendering
3. Request for Proposals
4. Direct procurement
5. Request for Quotations
6. Low Value Procurement
7. Specially permitted Procurement i.e. framework contracts, design competition-procurement , public private partnerships(concessions)

**Open Tender:**

Applies both to local and international bidders and is the preferred method of procurement. It is open to all tenderer’s who feel competent to purchase the tender documents. The procedure is as follows:

1. Tender advertisement notice (in a media of wide circulation)
2. Tender preparation and submission within 28 days for local and 42 days for international
3. Tender opening
4. Tender Evaluation and adjudication
5. Tender award and notification to bidders (within bid validity period of 90 days for local 150 days for international)
6. Signing of contract
7. Contract implementation

**Restricted Tender:**

This is only used in the acquisition of complex or specialized goods, services or works. It can also be used where the time and cost to evaluate a large number of tenders would be disproportionate to the value of goods, works or services. The procedure is as follows

1. Prequalification of tender advertisement notice
2. Bid invitation to pre-qualified candidates
3. Tender preparation and submission (same as open tender)
4. Tender opening
5. Tender Evaluation and adjudication
6. Tender award and notification to bidders (within bid validity period of 90 days for local 150 days for international)
7. Signing of contract
8. Contract implementation

**Request for Quotations**

This is another method of procurement commonly used where the procurement is of goods readily available and for which there is an established market; and the estimated value of goods being procured is less than or equal to the prescribed maximum value for using RFQ. The threshold for this is between Ksh. 500,000 to Ksh. 1,000,000 depending on the class of the procuring entity. The procedure is as follows:

Potential bidders are picked from the list of pre-qualified suppliers where this is mandatory or from known suppliers in the market or a list of approved suppliers from previous relationships. Depending on the size of the contract, 3-7 bidders are invited to compete for the business.

1. A quotation committee or tender committee is convened
2. Quotation opening is done
3. Quotation Evaluation and adjudication
4. Contract award and notification to bidders
5. Signing of contract
6. Contract implementation

Validity period of a quotation is 90 days

**Direct Procurement:**

This method may only be used where only very rare goods are needed or only one candidate can supply the goods, services or works. There is no reasonable alternative or substitute for the goods, works or services; it can be used in times of national emergency and disaster. The circumstances that gave rise to the urgency are not foreseeable. It must not be used with a view to discriminate or avoid possible competition. Its threshold is Ksh. 300,000. The procedure is as follows

1. Prepare need description
2. Describe special requirements as to quality, quantity, terms and times of delivery, price etc
3. Negotiation with sole candidate
4. Procurement agreement confirmed by signed contract
5. If below threshold Local Purchase Order/Local Service Order is issued

**Low Value Procurement**

This method is used if

* The estimated value of the goods, works or services being procured are less than or equal to the prescribed maximum value for this procedure
* No benefit accrues to the PE in terms of time or costs if it uses this procedure
* The procedure is not being used to avoid competition
* The procedure has been recommended by the procurement committee after a market survey.
* This is cash purchase.

**Request for Proposals:**

This method is used to obtain consulting services or combinations of goods and service for which open or restricted tendering is not suitable because of the difficulty in defining precisely their services. The proposals shall be addressed to not less than 3 and not more than 7 candidates. The proposals contains terms of reference (description of services). Candidates for consultancy assignments must exclude themselves from subsequent procurement contracts. The procedure is as follows:

1. Tender preparation and submission.
2. Opening is done in two phases (i) the technical proposals are opened first and (ii) later the financial proposal. The technical proposal determines who gets the contract.
3. Negotiations with candidates with respect to content
4. Award to the most advantageous proposal
5. Budget ceiling or man months for performance must be stipulated.

**Specially Permitted Procurement**

* This is used only when specially permitted by the Authority. It may include concessioning and design competition. This procedure is used
* Where exceptional requirements make it impossible, impracticable or uneconomical to comply with the Act and Regulations or
* For specialized or requirements that are regulated or governed by harmonizing international standards or practices.
* This has been used in the agreement of Kenya Railways and Rift valley Railways

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**The Procurement Process**

After the tendering process and a contract are signed, a Local Purchase Order or Local Service Order is raised for the goods or services as the case may be. The suppliers then supply the goods or carry out the service and submit a delivery note and an invoice. The goods are received in the stores after inspection and the delivery note signed by the store man and a copy left in the store. The invoice is attached with other transaction documents and taken to accounts department for payment. Procurement ends with the payment for the goods.

**Stores administration and control (including warehousing)**

This function is known by many names e.g. inventory management, stores management, materials management etc. It involves such activities:

1. Receiving requisitions from the user departments
2. Inspection of goods
3. As receiving of goods into the storehouse
4. Storing the goods in the respective locations of the storehouse
5. Issuing of stores to users
6. Keeping records of receipts and issues
7. Maintaining acceptable stock levels
8. Ordering for more supplies in liaison with the procurement department
9. Ensure health and safety in stores
10. Identify items for disposal and arrange for the same.
11. Control of stocks
12. Coding and categorizing

**The common documents used in supply management**

**Local Purchase Order:**

* This is used to order goods from the supplier who was awarded as the need may arise.
* It is an accountable document and once issued forms a valid contract.
* It is issued by the procurement department in triplicate and approved by the accounting officer.
* It has a column for the accounts officer to commit the funds in the vote book
* The supplier signs as a sign of commitment and takes the original copies.
* The duplicate is attached to the transaction documents i.e. Quotations, or tender.
* The triplicate is attached to the payment voucher and the last copy left in the book for record purchase.
* An LPO should never be issued before confirming availability of funds in the vote book.

**Local Service Order:**

This is used during purchase of services such as cleaning services, works as building etc.

The particulars are like those of an LPO and goes through the same process.

**Counter Requisition and Issue Voucher: (S11)**

This is used internally to make requisitions from the stores by user departments. The requisitioning officer should be the in charge of the department making the requisition. The receiving officer maybe anyone on behalf the requisitioning officer. It is filled in triplicate and requisitioning department keeps the duplicate, the original is filed away and the triplicate remains in the book as record.

**Counter Receipt Voucher (S13)**

When goods have been brought to the stores the S13 is used by the store man to acknowledge such receipt. A copy of this document must be attached to the invoice when processing payment as evidence that the goods were bought and received in the store. It is filled in triplicate and procurement department keeps the original, the duplicate is attached to the invoice and the triplicate remains in the book as record.

**Delivery note**

This accompanies the goods on delivery and lists the goods delivered stating their quantities. It is usually in duplicate. The store man signs it as acknowledgement of receipt. The suppliers take the duplicate and the original is retained in the store of the procuring Entity for record purposes.

**The Invoice**

This is issued by the supplier on delivery of goods and is a demand for payment. It is attached with the triplicate copy of the LPO and a copy of the S13 and forwarded to accounts department for payment.

**Consignment note**

This is used when goods are transported by a hired transporter. The sender of the goods is the consignor and the receiver is the consignee. The goods are the consignment. The contract here exists between the consignor and the transporter but the consignee has to ensure that the goods are as stipulated in the consignment note.

**Packing Note:**

This is usually inside a box containing goods or stack on the side showing the contents of the package. It is also referred to as a content note.

**Stock records**

These are documents that contain information about the stock held in the stores organization. The stock records maybe manual or electronic (computer).

**Functions of Stock Records**

Stock records have very important functions to perform all of which are designed to provide information on which effective stores management and other operational decisions can be made.

These functions are:

* To supply information as to the calculated level of stock for each item
* To supply information on verification of physical stock compared with the calculated figures in the stock records.
* To supply information for the formation of price lists and material costing methods.
* To supply information for financial control of the stock by virtue of the process of stock valuation.
* To supply information for the formulation of production plans and distribution plans both of which require detailed information about the levels of stock Minimum stock levels type, shelf life etc
* To supply the clerical information on which the stock control system depends for effective operation.
* To supply information for the establishment and recording of stock levels for each item held in stock. The main stock levels are Minimum stock levels, maximum stock levels, Minimum stock levels re-order level;

**Stock Records and Bin card**

The information generated by a stock records system is stored in a stock record card. It is designed to hold all information required. The scope and range of information stored on a stock card varies according to the needs of an organization. In the Government of Kenya the stock record is known as Stores Ledger and stock control card (S3).

**Bin Card**

This is the same as the S3 but has fewer columns. It is usually kept where the item of stock is and records receipts and issues and shows balances. In GOK today it is mostly used in the Hospital wards and drug Pharmacies.

**Sources of Stock Record Information**

For any stock record system to operate effectively, it has to receive a continuous flow of source information about all the movement of and alterations to the stock held by the organization.

**Stock Control**

Stock control is the total sum of principles and procedures necessary to maintain stocks at the appropriate levels in order to satisfy the authorized customer requirements at minimum costs. Stock control is the practices by which materials of the correct quantity and quality are made available when required with due regard to economy in storage and ordering costs, purchase prices and working capital. This involves:

1. Regulating the receipt of stock items into the storehouse.
2. Regulating the issue of stock items into the storehouse.
3. Deciding the items to be held in stock; items to be held in stock are those which are frequently used and also those which may not be frequently used but are very important such that if they are out of stock the production of goods or services may have to halt.
4. Deciding the maximum value or quantity of stock which can be held at any one time in the warehouse.

**Factors influencing levels of stock**

1. Operational need
2. Shelf life of the stock-if an item has a very restricted shelf life e.g. fruits and vegetables then the amount held will be short.
3. Delivery period- how long does it take from the time an order is placed to the time goods are received.
4. Buffer stock
5. Capital available- the amount of capital that can be held in stocks without affecting other operations
6. Storage capacity

**Constraints of stock control**

The aim of the stock control is to provide materials of the correct quantity and quality but there are constraints hindering the achievement of this objective. These constraints are:

1. Finance
2. Storage facilities
3. Delays in supply
4. Security
5. Location
6. Distribution
7. Deterioration of stock
8. Personnel
9. Policy of an organization
10. Transport
11. Constraints of others
12. Other circumstances e.g. force majeure for instance earth quake, sunken road etc.

**Stock Taking**

Stock taking is a simple term that means stock counting. It is the physical process of counting, checking, weighing and measuring all the materials, tools and other equipment held within the storehouse. The figures obtained from the physical count are then compared with the calculated levels of stock as indicated in the records system.

**Reasons for stock taking**

* To verify the accuracy of stock recording control of stock by quantity, i.e. to ensure stock records agree with the physical stock.
* To support the value shown in the balance sheet by physical verification.
* To disclose the possibility of theft, fraud or loss.
* To reveal any weakness in the system for the custody and control of stock.
* To test the accuracy of computerized control systems.
* To act as an indicator of overall stores efficiency and management control.
* The number and size of stocktaking discrepancies are good indicators of efficiency.

**Discrepancies**

A discrepancy is the difference between the calculated and the physical stock quantity. If the physical stock exceeds the calculated figure then there is a surplus or positive stock. If the physical stock is less than the calculated figure then there is a deficiency or negative stock. The causes of discrepancies include:

* Incorrect stocks take.
* Mathematical errors
* Confused or changed units of issue
* Misplacement of stocks into the wrong shelves, cupboard or other storage locations can result in stock being counted but recorded in the wrong stock count sheet.
* The basic stores documents may be lost or entered incorrectly.
* Stock taking adjustments from previous stock takes can influence the accuracy of the current stock take if the discrepancies were incorrectly written of as lost, only to become a surplus in the current stock take.
* Stock taken from the stores without proper documentation or notification to the stores will result in the deficiencies.
* Unreported damage or deterioration of stock
* Theft or fraud of stock
* Incorrect labeling of stock
* Mistakes made in packing for issue or issue of wrong quantities.
* Mislaid stock i.e. pushed off the rack or shelf.
* Illegible handwriting or wrong copying of figures.

**Methods of Stocktaking**

* **Periodic:** done after certain intervals e.g. annually, quarterly etc
* **Continuous:** This is done continuously on a weekly basis throughout the year. It can be done on selected items of high value or importance.
* **Spot checking:** This is used in connection with the security and anti theft aspects of stores management. They are carried out without warning. A discrepancy found during a spot check calls for an investigation.

**Ethical and legal implications in commodity and supplies management**

* **Ethics**: Rules of conduct recognized in respect to a particular class of human actions or particular group, culture etc. medical Ethics/Christian Ethics.
* Ethical implications in commodity supplies can be viewed in respect of producers, middlemen, Retailers and Consumers.

**Legal Aspects of Supply Management: The Basics You Need to Succeed**

Why do supply management professionals need to know about the law?

Understanding the law will enable you to avoid misunderstandings and maintain productive relationships. Knowing the law will enable one to know their rights , responsibilities and obligations so that one can protect themselves and their organization.

**The Public Procurement and Disposal Act of Kenya .Cap142C ,(Rev. 2010)**

***Is AN ACT of Parliament to establish procedures for efficient public procurement and for the disposal of unserviceable, obsolete or surplus stores, assets and equipment by public entities and to provide for other related matters***

**Purpose** The purpose of this Act is to establish procedures for procurement and the disposal of unserviceable, obsolete or surplus stores and equipment by public entities to achieve the following objectives to:

1. Maximize economy and efficiency;
2. Promote competition and ensure that competitors are treated fairly;
3. Promote the integrity and fairness of those procedures;
4. Increase transparency and accountability in those procedures; and
5. Increase public confidence in those procedures;
6. Facilitate the promotion of local industry and economic development.

Knowledge of this act will enable Commodity and supply managers to appreciate :-

* How to conduct business legally with suppliers and customers
* Key laws that affect their role as a supply management professional
* Their legal and ethical obligations and liabilities
* Which transactions are governed by what law
* How to identify issues that require professional legal advice
* How to form binding contracts
* The legal impact of the use of electronic communications

**5.3. Inventory management procedures**

**What is an Inventory?**

Inventory is an accounting term that refers to goods that are in various stages of being made ready for sale, including:

* Finished goods (that are available to be sold)
* Work-in-progress (meaning in the process of being made)
* Raw materials (to be used to produce more finished goods)

Inventory is generally the largest current asset – items expected to sell within the next year – a company has.

**Inventory Management**

Inventory management simply means the methods you use to organize, store and replace inventory, to keep an adequate supply of goods while minimizing costs.

# UNIT 6: FINANCIAL RESOURCE MANAGEMENT

**Introduction**

**What is Public financial management?**

Public financial management is the process where a government unit or agency

1. Employs the means to obtain and allocate resources and/or money based on implied or articulated priorities
2. Utilizes methods and controls to effectively achieve publicly determined ends

**The need for public finance management**

Public finance management system is a key element to achieve:

1. Fiscal sustainability and balance in the public economy
2. Restructuring and reallocations for growth and poverty alleviation, and
3. Improved public sector performance, efficiency and effectiveness in the public sector, leading to improved service delivery and results for Kenyans

**Role of Parliament in Financial Resource Management (National Assembly/ County Assembly)**

a) Passing of (laws) the Financial management Bill into ACT of Parliament.

b) PIC /PAC: Public Investments Committee and Public Accounts committee

**National Treasury**

**Actors**

* Budget Controller
* Auditor general
* Cabinet Secretary Finance
* Principal Secretary for finance (formerly PS, Finance)

**County Treasury**

1. Arranges for the County Revenue Fund to be kept in the Central Bank of Kenya or a bank appy for roved by the County Committee Executive member responsible for finance and shall be kept in an account to be known as the “County Exchequer Account”
2. Ensure that all money authorised to be paid by the county government or any of its entities for a public purpose is paid from that account without undue delay.
3. Ensure that at no time is the County Exchequer Account overdrawn.
4. The County Treasury shall obtain the written approval of the Controller of Budget before withdrawing money from the County Revenue Fund under the authority of—
5. an Act of the county assembly that appropriates
6. money for a public purpose; or
7. an Act of Parliament or county legislation that
8. imposes a charge on that Fund,

## **6.1. Sources of health care financing**

**Sources of Health care Financing**

**Health care financing**

* Is the mobilization of funds for health care
* Allocation of funds to the regions and population groups and for specific types of health care

**Sources**

1. General revenue or earmarked taxes
2. Social insurance contributions
3. Private insurance premiums
4. Community financing
5. Direct out of pocket payments

**Each method**

* distributes the financial burdens and benefits differently
* each method affects who will have access to health care
* financial protection
* Mechanisims for paying health care (Hsaio, W and Liu, Y, 2001)

**Sources of Public Finance**

In Governmental Organization we have the following;

1. Government allocation/Budget
2. Grants, can either be restricted or unrestricted
3. Training fees
4. Fundraising
5. Community contributions
6. Bank Interest and currency gains

**Sources of Government Finance**

Government finance/revenue refers to all monies receivable by the Government for the purpose of financing its services and the implementation of development programmes

**Sources of government revenue include**

1. **Internal sources**

* direct taxation and indirect taxation
* Fees and charges
* Fines and penalties
* Income from property (investment revenue)

**External sources**

1. **External sources**

* Loans
* Grants
* Donations

Government expenditure falls into two broad

Categories;

1. **Recurrent**

Revenue expenditure incurred by government on normal activities

1. **Development**

Incurred for the establishment of new infrastructure agricultural and industrial projects, water, power projects, roads etc. This is essentially the capital budget.

Government revenue can be classified into two main categories namely

i) Recurrent

ii) Development revenue.

#### Recurrent Revenue

This refers to finances needed to pay for the operating costs of running the government services. The main sources of this revenue are;

1. Fines and fees;
2. Taxes e.g. VAT, P.A.Y.E.,
3. Duties e.g. custom duty, excise duty;
4. Investment revenue etc.

#### Development Revenue

These refer to finances needed to implement development programmes and projects. The main sources of development revenue are:

1. Sale of non strategic assets e.g. sale of government owned business organizations (privatization of parastatals);
2. Grants from friendly governments, institutions and individuals;
3. Loans - these may be borrowed locally (domestic) through sale of treasury bonds and treasury bills or from external lenders (donors).

**Public Financial Management Bill, 2012**

* Is an act of Parliament to provide for the effective management of public finances by the national and county governments; the oversight responsibility of Parliament and county assemblies; the different responsibilities of government entities and other bodies, and for connected purposes

## **6.2. The accounting systems and mechanisms**

Accounting serves as an information system through which fiscal data and events are recorded, classified, summarized, interpreted, and communicated for decision-making purposes. ... (1) Funds or groups of funds are accounting entities that embody a whole group of self-balancing accounts used to denote transactions. MORE NOTES NEEDED

## **6.3. Counting documents used in financial management and designing a budget proposal**

* [**Bank statement**](https://www.accountingtools.com/articles/what-is-a-bank-statement.html)**:** This contains a number of adjustments to a company's [book balance](https://www.accountingtools.com/articles/what-is-a-book-balance.html) of cash on hand that the company should reference to bring its records into alignment with those of the bank.
* **Cash register tape:** This can be used as evidence of cash sales, which supports the recordation of a sale transaction.
* **Credit card receipt:** This can be used as evidence for a disbursement of funds from [petty cash](https://www.accountingtools.com/articles/2017/5/16/petty-cash).
* [**Lockbox**](https://www.accountingtools.com/articles/2017/5/9/lockbox) **check images:** These images support the recordation of cash receipts from customers.
* Packing slip. This describes the items shipped to a customer, and so supports the recordation of a sale transaction.
* [**Sales order**](https://www.accountingtools.com/articles/2017/5/16/sales-order)**:** This document, when coupled with a [bill of lading](https://www.accountingtools.com/articles/2017/5/11/bill-of-lading) and/or packing list, can be used to invoice a customer, which in turn generates a sale transaction.
* **Supplier invoice**: This is a source document that supports the issuance of a cash, check, or electronic payment to a supplier. A supplier invoice also supports the recordation of an expense, inventory item, or [fixed asset](https://www.accountingtools.com/articles/2017/5/10/fixed-asset).
* [**Time card**](https://www.accountingtools.com/articles/2017/5/15/time-card)**:** This supports the issuance of a paycheck or electronic payment to an employee. If employee hours are being billed to customers, then it also supports the creation of customer invoices.

## **Designing a Budget in Health Care Delivery**

Narrowly **defined**, the **budget** is the government's forecast of revenue and planned expenditure, usually provided on an annual basis.

A **health budget** is the portion of the national **budget** allocated to the **health** sector, including all ministries and agencies involved in **health**-related activities.

**Budgeting** in **health care** systems. …..

This efficiency test can be applied to **health care** systems, their component parts and the individuals (especially doctors) who control resource allocation within them.

**Purpose for Budgeting**

Specifically for the **health** sector, it ensures that funds flow to the priority services and enables the purchasing of **health** services to be operational. By making explicit the **purposes** and results of **budget** spending, **budget** managers can also be held to account by the legislature and citizens.

**Key steps in the process are listed below.**

1. A request for inputs from the general public, including civil society and private sector groups.

2. An update of the macroeconomic frame

# UNIT 7: HEALTH INFORMATION SYSTEMS

## **The sourcesof Health Information Systems**

1. Census

2. Registration of Vital Events

3. Sample Registration System (SRS)

4. Notification of Diseases

5. Hospital Records

6. Disease Registers

7. Record Linkage

8. Epidemiological Surveillance

9. Other Health Service Records

10. Environmental Health Data

11. Health Manpower Statistics

12. Population Surveys

13. Other routine statistics related to health

14. Non-quantifiable information

1. **Census** refers to ‘The total process of collecting, compiling and publishing demographic, economic and social data pertaining at a specified time or times, to ALL persons in a country or delimited territory’.

It is massive undertaking to contact every member of the population in a given time and collect a variety of information

**The primary function of census was to collect demographic information i.e.**

* Total count of population
* Break-up of the population into subgroups such as age and sex distribution
* Census data provides a frame of reference and baseline information for administration, planning, action and research in medicine and social sciences
* Population census provides the data used to compute health, demographic and socio economic indicators

**Over the years, much more information is collected along with this**

* Social and economic characteristics of the households
* Their living conditions e.g. type of fuel used, type of house etc.
* Occupation
* Income Etc.

**2. Registration of Vital Events**

Definition (UN): ‘legal registration, statistical recording and reporting of the occurrence of and the collection, compilation, presentation, analysis and distribution of statistics pertaining to vital events’

**Vital events include:**

* Live births
* Deaths
* Fetal deaths
* Marriage
* Divorce
* Adoptions
* Legitimations
* Recognitions
* Annulments and
* Legal separations

**The Vital event registration is unreliable. It lacks:**

* Accuracy
* Timeliness
* Completeness and
* Coverage
* there is lack of uniformity in the collection
* compilation and transmission of data, which is different for rural and urban areas and multiple registration agencies (e.g. health agency, panchayat agency, police agency and revenue agency)

**3. Sample Registration System (SRS)**

The civil registration system in Kenya has a lot to be improved and would require a huge effort and time. A need for having an alternate source of such information was felt.

SRS aims to provide reliable estimates of birth and death rates for the States and also at All Kenya level.

**The following features of SRS ensure the completeness of vital events reporting:**

1. A representative sample of the population is covered and NOT the WHOLE population

2. It is based on Dual – record system:

* First a baseline survey of sampled units is done
* This is followed by continuous enumeration of vital events of the areas by an enumerator (who is a volunteer from the community)
* Independent retrospective 6-monthly surveys are done for recording births and deaths which occurred in the preceding 6 months and the number is matched with the one reported by the enumerator

At present, the Sample Registration System (SRS) provides reliable annual data on fertility and mortality at the state and national levels for rural and urban areas separately. In this survey, the sample units, villages in rural areas and urban blocks in urban areas are replaced once in ten years

Various birth and death rates calculated in the world and State levels are based on SRS data only;

Birth rate, death rate, IMR, Total Fertility Rate, sex ratio at birth and in 0-4 yr age group, Child Mortality rate, institutional deliveries etc.

**4. Notification of Diseases**

Disease notification is a practice of reporting the occurrence of a specific disease or health-related condition to the appropriate and designated authority.

A notifiable disease is any disease that is required by law to be reported to government authorities.

Effective notification allows the authorities to monitor the disease, and provides early warning of possible outbreaks

A notifiable disease is one for which regular and timely information regarding individual cases is considered necessary for the prevention and control of the disease.

**Reasons for Declaring a Disease as Notifiable may be:**

* It is of interest to national or international regulations or control programs
* Its National/ State/ District incidence
* Its severity (potential for rapid mortality)
* Its communicability/ Its potential to cause outbreaks
* Significant risk of international spread
* The socio-economic costs of its cases
* Its preventability
* Evidence that its pattern is changing

**Limitations of notification system:**

* Notification data can include only a small portion of the total illness in the community
* The system suffers from a good deal of under reporting
  + Atypical and subclinical cases escape notification e.g.
* Rubella
* Non paralytic polio etc.
  + Accuracy of notification is dependent upon availability of facilities for diagnosis
  + Often the disease is not reported because:
* Healthcare worker is not aware
* Intention to report a lower incidence to prove effective administration etc.
* In spite of these limitations,
  + notification provides valuable information about fluctuation in disease frequency
  + It also provides early warning about new occurrences or outbreaks of disease
  + It has become a valuable source of morbidity data i.e. the incidence and distribution of certain specified diseases which are notifiable.

Under IHR following diseases were notifiable to WHO:

* Cholera
* Yellow fever and
* Plague

In 2005 revision, following diseases were added:

* smallpox,
* poliomyelitis due to wild-type poliovirus,
* SARS and
* cases of human influenza caused by a new subtype

Diseases under International surveillance are

* Louse borne typhus
* Relapsing fever
* Polio
* Influenza
* Malaria
* Rabies and
* Salmonellosis

**Now some non-communicable diseases are in the ambit of notification e.g**

* Cancer
* Congenital malformations
* Mental illness
* Stroke and
* Handicapped persons

**Hospital Records**

These are the documents that relate to a patient while they have been in.

**Limitations:**

* The cases constitute only the tip of the iceberg – i.e. they provide information on only those patients who seek medical care but not on a representative sample of the population. Mild cases may not attend hospitals; subclinical cases are always missed
* The admission policy may vary from hospital to hospital; therefore hospital statistics tend to be highly selective
* Population served by a hospital cannot be defined. Hence there is no the denominator. hospital statistics are a poor guide to the estimation of disease frequency in a community

**A study of hospital data provides information on the following aspects:**

* Geographic sources of patients
* Age and sex distribution of different diseases and duration of hospital stay
* Distribution of diagnosis
* Association of between different diseases
* The period between disease and hospital admission
* The distribution of patients according to different social can biological characteristics and
* The cost of hospital care

**Hospital information is useful in planning of health services. Indices needed for this purpose are:**

* Bed occupancy rates
* Duration of stay
* Cost effectiveness of treatment policies is useful in monitoring the use of hospital facilities

**7. Disease Registers**

• A registry is basically a list of all the patients in the defined population who have a particular condition.

• It is different from ‘notification’ where the case is reported and is counted once.

• A register requires that a permanent record be established

– that the cases be followed up and

– that basis statistical tabulation be prepared both on frequency and on survival

– Hence mostly for chronic conditions

– In addition the patients on a register are frequently be the subjects of special studies

• It helps keep track of

– when they were seen last,

– what tests and treatments they have had and

– Survival etc.

• Morbidity registers are a valuable source of information such as the

– duration of illness, case fatality and survival

– Natural history of disease especially chronic diseases

**Limitations:**

– Absence of a defined population base, hence incidence and prevalence rates can’t be calculated

• Population based registry can provide this if complete reporting can be ensured

– Morbidity registers exist only for certain diseases and conditions such as stroke, myocardial infarction, cancer, blindness, congenital defects and congenital rubella etc.

## **Types and systems of health information**

**There are two types of registries:**

1. **Hospital based**

It involves recording of information on the patients seen in a particular hospital. The primary purpose of hospital based registries is to contribute to patient care by providing readily accessible information on the patients, the treatment received and its results. The data is also used for clinical research and for epidemiological purposes.

**The objectives of hospital based registry:**

* Assess patient care
* Participate in clinical research to evaluate therapy
* Provide an idea of the patterns of cases
* Contribute to follow up of the patients
* Epidemiological research through case control studies
* Show time trends in the stage of diagnosis
* Help study the quality of care for the patients in the hospitals

1. **Population-Based Registry:**

A population-based disease registry contains and tracks records for people diagnosed with a specific type of disease who reside within a defined geographic region (i.e., a community, city, or state-wide)

The major concern of Population Based Registries is to calculate the incidence rates.

Population Based Registry systematically collects information on all reportable cases occurring in a geographically defined population from multiple sources.

• The comparison and interpretation of population based incidence data support population-based actions aimed at reducing the burden in the community.

• The systematic ascertainment of incidence from multiple sources can provide an unbiased profile of the burden in the population and how it is changing over time.

• These registries can provide data for planning and evaluating control programmes.

1. **Record Linkage**

• Record linkage means bringing together information that relates to the same individual or family, from different data sources. In this way it is possible to construct chronological sequences of health events for individuals

• The records may originate in different time or places.

• Medical record linkage implies the gathering and maintenance of one file for each individual in a population, with records relating to his/her health.

**The events commonly recorded are**

* birth, marriage, death,
* hospital admission and discharge
* sickness absence from work,
* prophylactic procedures
* use of social services, etc.

**Record linkage** is a particularly suitable method of studying association between diseases; these associations may have etiological significance.

**The challenges with record linkage are**

* the volume of data that can accumulate
* Need for technology
* Privacy issues
* Involvement of different agencies for different records
* High chances of incomplete retrieval of information

1. **Epidemiological Surveillance**

Surveillance systems are set up for select diseases under the respective control/eradication program as a procedural matter

The purpose of this surveillance is to keep an eye on the incidence, prevalence and changing pattern of the particular disease so as to adjust the control measures accordingly.

Example:

* AFP surveillance data under polio eradication
* Leprosy cases surveillance under NLEP
* No. of children give JE vaccine etc.

These programs have yielded considerable morbidity and mortality data foe the specific diseases.

1. **Other Health Service Records**

Apart from hospitals, records are also maintained in:

* Primary health centers
* Polyclinics
* MCH centers
* School health records
* Special clinics like diabetic clinic, autism clinic, cardiac clinics

1. **Environmental Health Data**

Sometimes information on environment may be needed for studying its effects on health

Data is then required on various aspects of

* air, water and noise pollution;
* harmful food additives;
* industrial toxicants,
* inadequate waste disposal and other aspects

Collection of environmental data remains a major problem for future research

1. **Manpower Statistics**

For planning, administration and evaluation of health services, information on health manpower is important.

Such information includes the number of

* physicians (by age, sex, specialty and place of work),
* dentists (classified in the same way),
* pharmacists,
* veterinarian,
* hospital nurses,
* medical technicians, etc.

Their records are maintained by the State medical/dental/nursing councils and the Directorates of Medical Education.

The census also provides information about occupation.

The Institute of Applied Manpower Research attempts estimates of manpower, taking into account different sources of data, mortality and out-turn of qualified persons from the different institutions.

1. **Population Surveys**

The health information from the sources discussed before do not provide information for all the diseases prevalent in and the health status of the community

The statistics regarding diseases prevalent in the community and the health status of the community are of importance for public health administration. Also for research in any one disease or health related state one may not find the required information in these records.

This calls for conduct of population surveys for the specific health problem/s

The term ‘health survey’ is used for surveys for studying any aspect of health – morbidity, mortality, nutritional status etc.

Survey for studying the diseases in a community is known as ‘morbidity survey’

**Health surveys are of the following types**

1. Survey for studying the diseases prevalent and their distribution in the population and the health status of the individuals
2. This is needed for planning and developing the health services for this population
3. Surveys for studying factors affecting health or ‘risk factors’
4. Surveys for assessing administration of health services e.g. utilization rates, out-of-pocket expenditure on health, unmet health needs etc.

Sampling techniques are available so that estimates at any level of precision desired can be achieved. Hence the precision level may be set in accordance with the constraints of available resources and the appropriate sample size may be surveyed.

Health surveys may be

* cross sectional or longitudinal
* Descriptive or analytical (or both)

**Data collection in surveys can be carried out in one or more of the following methods:**

* Health examination
* Health (face to face) interview
* Health records
* Mailed questionnaire

**Each method has its own advantages and disadvantages and may be suitable in varying situations.**

1. Health examination of the members is suitable when morbidity survey is carried out

* The survey team includes doctors, technicians, interviewers etc.
* Hence it is expensive and not suitable for an extensive scale
* It carries the issue of providing treatment to those found ill.

**2. The health interview (face to face) survey is a suitable for assessing subjective phenomena such as**

* Perceived morbidity, disability and impairment;
* Economic loss due to illness,
* Expenditure incurred on medical care;
* Opinions, beliefs and attitudes;
* Some behavioral characteristics etc.

**3. Health records survey involves collection of data from health service records.**

This is evidently the cheapest method of collecting data. This method has several disadvantages:

* The estimates obtained from the records are not population based
* Reliability of data is open to question, and
* Lack of uniform procedures and standardization in recording of data.

**4. The use of questionnaire is simpler and cheaper and they may be sent, for example, by mail to persons sampled from a given target population.**

A certain level of education and skill is ex• Sources of data other than health are also required by the epidemiologists to study health, disease, risk factors etc.

The following list, which is not comprehensive, merely serves to give examples of such sources of data expected from the respondents

• There is usually a high rate of non-response.

**14. Other routine statistics related to health**

* Demographic: In addition to routine census data, statistics on such other demographic phenomena as population density, movement and educational level
* Economic: consumption of tobacco, dietary fats and domestic coal; sales of drugs and remedies; information concerning per capita income; employment and unemployment data.
* Social security schemes: medical insurance schemes make it possible to study the occurrence of illnesses in the insured population.
* Other data that may be needed comprise sickness absence, sickness and disability benefit rates.

**15. Non-quantifiable information**

* Health planners and decision makers require a lot of non-quantifiable information too e.g.
* Information on health policies,
* Health legislation,
* Public attitudes,
* Program procedures and technology.

In other words, a health information system has multi-disciplinary inputs.

## **7.2 Types and Systems of Health Information**

Healthcare information systems capture, store, manage, or transmit information related to the health of individuals or the activities of an organization that work within the health sector.

There are many different types of healthcare information systems, including:

* Operational and tactical systems for easy classification of information.
* Clinical and administrative systems for managing patient details on an administrative level.
* Subject and task based systems such as Electronic Medical Records (EMRs) or Electronic Health Records (EHRs).
* Financial systems for tracking revenue and managing billing submissions.
* These systems are designed to assist healthcare providers with managing daily tasks and patient information. Often, these types of systems are broken up into different software solutions, butwhat if you could have all of these systems packaged into one convenient software solution?

## **7.3. The use of health information and decision making in health care delivery**

## ***The Use of Health Information and Decision Making in Health Care Delivery***

Health information systems strongly influence quality and efficiency of health care, and technical progress offers advanced opportunities to support health care.

**The Significance of Information systems for Health Care**

* Information processing is an important quality factor, but an enormous cost factor as well. It is also becoming a productivity factor.
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* Information processing is an important quality factor, but an enormous cost factor as well. It is also becoming a productivity factor.
* For example: when a patient is admitted to a hospital, a physician or nurse first needs information about the reason for patient admission and about the patient history. Later, she or he needs results from services such as laboratory and radiology which are some of the most frequent diagnostic procedures
* Information processing is an important quality factor, but an enormous cost factor as well. It is also becoming a productivity factor.
* Information processing is an important quality factor, but an enormous cost factor as well. It is also becoming a productivity factor.
* Information processing is an important quality factor, but an enormous cost factor as well. It is also becoming a productivity factor.
* Communication is increasingly supported by electronic means
* Computer-based training systems strongly support efficient learning for health care professionals
* Information and communication technology (ICT) has become economically important and decisive for the quality of health care. It will continue to change health care
* Impact on quality of care
* Impact on economics
* Changing health care

# UNIT 8: PROJECT PLANNING AND MANAGEMENT

**Introduction**

What is a project?

A project is an activity that:

is temporary having a start and end date

is unique

brings about change

has unknown elements, which therefore create risk

**8.1. Principles of project management**

There are six principles of project management.

**Principle 1: Vision and Mission**

In order to be successfully executed, every project or initiative should begin with the end in mind. This is effectively accomplished by articulating the Vision and Mission of the project so it is crystal-clear to everyone. Creating a vision and mission for the project helps clarify the expected outcome or desired state, and how it will be accomplished.

**Principle 2: Business Objectives**

The next step is to establish two to three goals or objectives for the project. Is it being implemented to increase sales and profit, customer loyalty, employee productivity and morale, or product/service quality? Also, it's important to specifically quantify the amount of improvement that is expected, instead of being vague.

**Principle 3: Standards of Engagement**

Simply put, this means establishing who will be part of the project team? What will be the frequency of meetings? What are the meeting ground rules? Who is the project owner? Who is designated to take notes, and distribute project meeting minutes and action steps? This goes along with any other meeting protocol that needs to be clarified.

**Principle 4: Intervention and Execution Strategy**

This is the meat of the project and includes using a gap analysis process to determine the most suited intervention (solution) to resolve the issue you are working on. There are many quality management concepts that can be applied ranging from a comprehensive "root cause analysis" to simply "asking why five times." Once the best possible intervention has been identified to resolve the issue, then we must map out our execution strategy for implementing the intervention. This includes identifying who will do what, when, how, and why?

**Principle 5: Organizational Alignment**

To ensure the success and sustainability of the new initiative or process brought on by this project, everyone it will directly impact must be onboard. To achieve organizational alignment (or buy-in), ongoing communication must be employed in-person during team meetings, electronically via email and e-learning (if applicable), and through training. The message must include the WIIFM *"what's in it for me"* at every level; otherwise most stakeholders will not be interested or engaged around the new initiative.

**Principle 6: Measurement and Accountability**

And last, how will we determine success? Well, a simple project scorecard that is visually interesting is a great way to keep everyone updated and engaged. A scorecard is an excellent resource for holding employees, teams, and leaders accountable for the implementation, refinement, and sustainability of the new initiative or project. Accountability means that consistently, top performers will be rewarded and recognized; while those needing improvement will be coached with specific expectations and consequences clearly outlined.

**8.2. Process of project proposal writing**

A project proposal is a detailed description of a series of activities aimed at solving a certain problem (NEBIU 2002).  In order to be successful, the document should (REPOA 2007):

* provide a logical presentation of a research idea
* illustrate the significance of the idea
* show the idea's relationship to past actions
* articulate the activities for the proposed project

Designing a project is a process consisting of two elements, which are equally important and thus essential to forming a solid project proposal:

* [project planning](https://sswm.info/planning-and-programming/programming-and-planning-frameworks/programming-%26-planning-frameworks) (formulation of project elements)
* proposal writing (converting the plan into a project document)

The project proposal should be a detailed and directed manifestation of the project design. It is a means of presenting the project to the outside world in a format that is immediately recognised and accepted.

* From [vision](https://sswm.info/planning-and-programming/decision-making/deciding-community/visioning) to proposal: The first step is to decide what the problem is and develop a rough idea (vision) of how this could be solved. This vision is then to be transformed into an idea for a specific project proposal. A [logical framework](https://sswm.info/planning-and-programming/decision-making/planning-community/logical-framework-approach) may help you to structure this idea in a systematic way, and clearly define the aim, purpose, outputs, activities, means, costs and the methodologies for [monitoring and evaluation](https://sswm.info/arctic-wash/module-3-health-risk-assessment/further-resources-participatory-approaches-and-health/participatory-monitoring-and-evaluation), and will thus from the basis for the preparation of the narrative of the proposal. Remember that your idea may have to fit certain requirements if you are answering to a call for proposals, and that it must also fit local [policies and frameworks](https://sswm.info/sswm-university-course/module-3-ecological-sanitation-and-natural-systems-wastewater-treatment-2/policies-and-legal-framework).
* Identify potential [funding options](https://sswm.info/planning-and-programming/implementation/financing/donor-agencies): It is necessary to find out in advance what sources of funding are available, through governments, international cooperation agencies, some international [NGOs](https://sswm.info/glossary/N#glossary-10240) or private foundations.
* Build a project proposal team (adapted from PHILIP et al. 2008): a leader will be needed to manage the proposal development in an efficient way, and therefore it is advisable to assign the lead role to one specific person. This person is then responsible for the coordination of the overall proposal development, for communication with potential funders and for making sure that all different pieces of input are brought together in a consistent and coherent text. Experts with more detailed technical knowledge might be part of the team, or simply contribute to an initial brainstorming session. Furthermore, the [budget](https://sswm.info/planning-and-programming/implementation/project-design/budget-allocation-and-resource-planning) should be compiled in close cooperation with staff from the financial department. Input from [stakeholders](https://sswm.info/humanitarian-crises/prolonged-encampments/planning-process-tools/exploring-tools/stakeholder-identification) or other specialists with different backgrounds helps bring in the necessary expertise to the project.
* Hold a kick-off meeting: It is helpful to discuss and develop the proposal in a small team and share drafts with experts of all relevant disciplines not just from within the administration, but also from outside it. Input from stakeholders or other specialists with different backgrounds helps bring in the necessary expertise, but also a larger variety of ideas on how to solve a particular issue and achieve the previously agreed objectives.

The proposal format might sometimes be of importance for the donor. Source: unknown

“The requirements of content and format of proposals differ noticeably from one sponsoring agency to another. While some may provide their own application forms to be filled, and others may request on-line submission of proposals, others will accept a proposal in any format as long as it features the necessary information, and does not contradict their conditions” (AUB 2010).

**A full proposal should have the following parts:**

* Title page: A title page should appear on proposals longer than three to four pages. The title page should indicate the project title, the name of the lead organisation (and potential partners, if any), the place and date of project preparation and the name of the donor agency to whom the proposal is addressed.
* Project title: The project title should be short, concise, and preferably refer to a certain key project result or the leading project activity. Project titles that are too long or too general fail to give the reader an effective snapshot of what is inside.
* Abstract/Executive Summary: Many readers lack the time needed to read the whole project proposal. It is therefore useful to insert a short project summary, an abstract or executive summary. The abstract should include: the problem statement, the project’s objectives, implementing organisations; key project activities; and potentially the total project budget. Theoretically, the abstract should be compiled after the relevant items already exist in their long form. For a small project the abstract may not be longer than 10 lines. Bigger projects often provide abstracts as long as two pages.
* Context: This part of the project describes the social, economic, political and cultural background from which the project is initiated. It should contain relevant data from research carried out in the project planning phase or collected from other sources.
* Project justification: A rationale should be provided for the project. Due to its importance, this section is sometimes divided into four or more sub-sections:
  + Problem statement: The problem statement provides a description of the specific problem(s) the project is trying to solve, in order to “make a case” for the project. Furthermore, the project proposal should point out why a certain issue is a problem for the community or society as a whole, i.e. what negative implications affect the target group. There should also be an explanation of the needs of the target group that appear as a direct consequence of the described problem.
  + Priority needs: The needs of the target group that have arisen as a direct negative impact of the problem should be prioritized. An explanation as to how this decision was reached must also be included.
  + The proposed approach (type of intervention): The project proposal should describe the strategy chosen for solving the problem and precisely how it will lead to improvement.
  + The implementing organization: This section should describe the capabilities of your organization by referring to its capacity and previous project record. Describe why exactly your organization is the most appropriate to run the project, its connection to the local community, the constituency behind the organization and what kind of expertise the organization can provide. If other partners are involved in implementation provide some information on their capacity as well.
  + Project aims: This information should be obtained from the Log frame Matrix, including the project goal (a general aim that should explain what the core problem is and why the project is important, i.e. what the long-term benefits to the target group are), project purpose (that should address the core problem in terms of the benefits to be received by the project beneficiaries or target group as a direct result of the project) and the outputs (i.e. results describe the services or products to be delivered to the intended beneficiaries).
* Target group: define the target group and show how it will benefit from the project. The project should provide a detailed description of the size and characteristics of the target groups, and especially of direct project beneficiaries.
* [Project implementation](https://sswm.info/humanitarian-crises/urban-settings/planning-process-tools/implementation-tools/project-implementation): The implementation plan should describe activities and resource allocation in as much detail as possible. It is exceptionally important to provide a good overview of who is going to implement the project’s activities, as well as when and where. The implementation plan may be divided into two key elements: the activity plan and the resource plan. The activity plan should include specific information and explanations of each of the planned project activities. The duration of the project should be clearly stated, with considerable detail on the beginning and the end of the project. In general, two main formats are used to express the activity plan: a simple table (a simple table with columns for activities, sub-activities, tasks, timing and responsibility in  a clear and readily understandable format) and the ***Gantt chart*** (a universal format for presenting activities in certain times frames, shows the dependence and sequence for each activity, see [project management](https://sswm.info/humanitarian-crises/rural-settings/planning-process-tools/implementation-tools/project-management) for more info. The resource plan should provide information on the means necessary to undertake the project. Cost categories are established at this stage in order to aggregate and summarize the cost information for budgeting.
* [Budget](https://sswm.info/planning-and-programming/implementation/project-design/budget-allocation-and-resource-planning): An itemized summary of an organization’s expected income and expenses over a specified period of time.
* [Monitoring and evaluation](https://sswm.info/arctic-wash/module-3-health-risk-assessment/further-resources-participatory-approaches-and-health/participatory-monitoring-and-evaluation): The basis for monitoring is set when the indicators for results are set. The project proposal should indicate: how and when the project management team will conduct activities to monitor the project’s progress; which methods will be used to monitor and evaluate; and who will do the evaluation.
* [Reporting](https://sswm.info/humanitarian-crises/urban-settings/planning-process-tools/tools-ensuring-sustainability/process-documentation): The schedule of project progress and financial report could be set in the project proposal. Often these obligations are determined by the standard requirements of the donor agency. The project report may be compiled in different versions, with regard to the audience they are targeting.
* [Management](https://sswm.info/humanitarian-crises/rural-settings/planning-process-tools/implementation-tools/project-management) and personnel: A brief description should be given of the project personnel, the individual roles each one has assumed, and the communication mechanisms that exist between them. All the additional information (such as CVs) should be attached to the annexes.
* Plan ahead. Allow plenty of time for those involved to meet, [discuss](https://sswm.info/node/7497), and review progress in the grant writing process. Also, allow enough time to get the required signatures and to get the proposal to the funder.
* Make it a team effort. Assign specific [roles and responsibilities](https://sswm.info/water-nutrient-cycle/water-purification/softwares/creating-and-enabling-environment/bundling-and-unbundling-of-functions-%28wp%29) to people in terms of developing the proposal.
* Be realistic in what you are proposing. What can reasonably be accomplished in the scope time and resources of this grant?
* Be a learning organization. Learn from your own and others experiences with the same donor! Read the reviews of other proposals that have been submitted to the same donor if is possible.
* Be factual and specific. Don't talk in generalities or in emotional terms. Be sure to substantiate all statements in your proposal, otherwise don't make them.
* Limit technical and organizational jargon. Use language anyone will understand — no abbreviations, initials, or jargon. Don't assume the reader will understand your acronyms or abbreviations, and also make sure to include an acronyms page.
* Call the donor if you have questions. Realize that many others will be calling as well and don't wait until the last minute.
* Consider collaborating with other organizations. At a minimum, find out what other proposals are being submitted to the same donor at the same time.
* Clarify partner’s roles and responsibilities. When collaborating with partners, be sure you have determined who will be responsible for what. After the project is funded, it is not the time to discover there were differing opinions.
* Choose a format that is clear and easy to read. Readers are overloaded with proposals and appreciate legible, attractive proposals. Make sure tables are legible and easy to figure out.
* Keep within page limits. Stick to the specified number of pages. Extra pages or attachments may either be removed before the proposal is read, or may disqualify your entire proposal from the reading process.
* Be aware of donor priorities. Carefully match your project with an appropriate funding source. The primary difference between successful grant writing and inefficient proposal submission is the amount of time invested in the strategic identification of appropriate funders.
* Use action words when writing your proposal, such as achieve, engage, begin, compare, evaluate, exhibit, offer, lead, involve, organize, prepare, research, restore, reveal, support, demonstrate, define, implement, instruct, produce, validate, verify, test, recognize, use, etc.

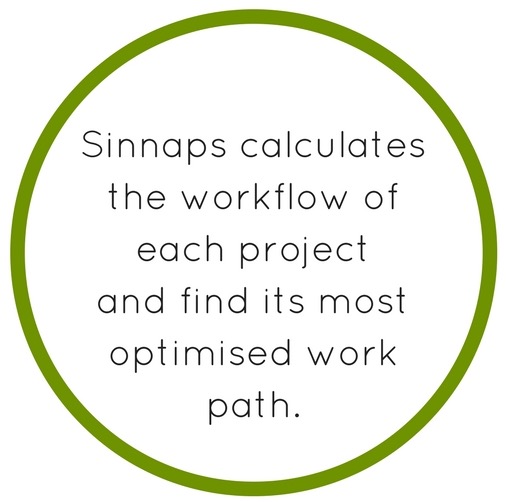
**8.3. Different types of plans**

**Types of projects in project management**

You may be wondering **what are the different types of projects?** Project management covers the management of projects and their running. Not all projects are the same and vary on a number of different elements that make each project individual. These factors that differ project among themselves must be taken into consideration so that projects can be managed efficiently and effectively regarding each project type.

**Project scope:** This describes the reach and scale of the project. A project scope varies depending on the amount of people involved and the scale of the impact of its outcomes. Projects can be big or small depending on the scope.

**Timeframe:** A project’s timeframe is defined from its initiation or conception until result evaluation. A project’s timeframe can also be divided into smaller blocks which in themselves have their own timeframe.

**Organization:** The organization of a project refers to how tasks and activities are organized and 

prioritized. The project workflow is calculated in each individual project to reach objectives. **Cost:** Projects can be expensive or relatively cheap depending on their overall cost.

**Communication**: What are the types of project that require communication? Communication is the cornerstone of every project. Among different types of projects, communication, its frequency and its format can vary.  However, without effective communication a project will fail.

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**Stakeholder Management:** Projects can vary depending on the number of stakeholders involved. Sometimes, the only stakeholders involved in a project is the team and project manager, but more often than not, there are a wider group of stakeholders involved. The more stakeholders, the more complex the management of their expectations and communication.

**Task assignation**: Within the different types of projects in project management, there are many different tasks and activities. Projects can vary depending on how these tasks are assigned to team members- whether they will be completed by individual members or groups and how responsibilities will be defined.

**Quality of results**: Results of projects vary among the different types of projects. They can vary depending on each client’s requests.

**Classification of project**

Every Project is different. Projects can be classified on several different points. The classification of projects in project management varies according to a number of different factors such as complexity, source of capital, its content, those involved and its purpose. Projects can be classified on the following factors.

According to **complexity**:

* **Easy:** A project is classified as easy when the relationships between tasks are basic and detailed planning or organisation are not required. A small work team and few external stakeholders and collaborators are common in this case.
* **Complicated**: The project network is broad and complicated. There are many task interdependencies. With these projects, simplification where possible is everything. Cloud-based apps such as Sinnaps will immensely help to simplify complicated projects by automatically calculating the project’s best work path and updating any changes introduced through its use of different types of project management tools.

According to **source of capital:**

* **Public:** Financing comes from Governmental institutions.
* **Private:** Financing comes from businesses or private incentives.
* **Mixed:** Financing comes from a mixed source of both public and private funding.

According to **project content:**

* **Construction:** These are projects that have anything to do with the construction of a civil or architectural work. Predictive methods are used along with agile techniques which will be explained later on.
* **IT**: Any project to do with software development, IT system etc.  The types of project management information systems vary across the board, but in today’s world are very common.
* **Business**: These projects are involved with the development of a business, management of a work team, cost management, etc., and usually follow a commercial strategy.
* **Service or product production:** Projects that involve themselves with the development of an innovative product or service, design of a new product, etc. They are often used in the R & D department.

According to **those involved**:

* **Departmental**:When a certain department or area of an organisation is involved.
* **Internal**:When a whole company itself is involved in the project’s development.
* **Matriarchal**: When there is a combination of departments involved.
* **External**: When a company outsources external project manager or teams to execute the project. This is common in digital transformations, process improvements and strategy changes, for example.

According to its **objective**:

* **Production**: Oriented at the production of a product or service taking into consideration a certain determined objective.
* **Social**: Oriented at the improvement of the quality of life of people.
* **Educational**: Oriented at the education of others.
* **Community**: Oriented at people too, however with their involvement.
* **Research**: Oriented at innovation and the gaining of knowledge.

# UNIT 9: QUALITY ASSURANCE IN HEALTH CARE

## **9.1. Concepts and principles in quality assurance in health care services**

The concepts of quality management in healthcare can be named as some of the activities in which the appropriate management processes are of vital importance. Hospital quality means, in simple words, to ensure that the health of patients and other participants in the process, like companions and the staff, is preserved and, where possible, free of risks.

Procedures are tested to exhaustion; tight controls are employed, continuous training is necessary, sensitive and perishable logistical materials and high-value equipment should be managed and maintained. And this is just the beginning of a long list of key activities.

**Principles of Quality Assurance**

There are five basic principles of quality assurance.

1. Quality Assurance is oriented towards meeting the needs and expectations of our clients
2. Quality Assurance focuses on systems and processes
3. Quality Assurance uses data to analyze service delivery
4. Quality Assurance encourages the use of teams in problem solving and quality improvement
5. Quality Assurance uses effective communication to improve service delivery

**These principles, as stated below, clearly show what QA is intended for**

**Meeting the Needs of Our Clients -**

The people we provide health services for are very important to us. Without them, we will not be in employment. Therefore we must do our best to satisfy them. In the past, we worked as if the clients did not matter so we did not involve them in healthcare, neither were their needs in service delivery addressed. With QA, the situation is now changing. All over the world, patients concerns regarding their rights to participate in healthcare delivery are becoming important. The clients are the main focus in quality assurance programmes.

**There are two types of clients.**

These are internal and external clients. The external clients include people who directly use our services and those who have special interest in our services. They are made up of patients, relatives and friends and the community as well as other organizations: Non-Governmental Organizations (NGO's), District Assemblies, Ministries, Development partners (Donors) etc.

**Principle 1:**

* 1. **Quality**

Assurance is oriented towards meeting the needs and expectations of our clients

* 1. **Quality**

Assurance focuses on systems and processes

* 1. **Quality**

Assurance uses data to analyze service delivery

* 1. **Quality**

Assurance encourages the use of teams in problem solving and quality improvement

* 1. **Quality**

Assurance uses effective communication to improve service delivery.

The internal clients are the workers in the health facility. Their needs must also be catered for so that they can provide quality care. We will discuss more about clients in chapter four. We can assess our client's needs either through surveys (interviews) or discussions with individuals and groups within the community who use our services. The clients are in the best position to say what constitutes quality to them. They tell us whether we are meeting their expectations through client surveys, community meetings, focus group discussions etc.

## **Focusing On Systems**

Systems are the various aspects or components of service delivery that have to operate together as a unit in a facility to deliver quality health care. The three components of service delivery; namely; inputs, processes and outcomes have already been explained in section 1.5. When things go wrong with health services we often blame the staff. Whilst this may be true to some extent, in most cases, the problems lie in all the areas of service delivery.

In QA also, we address problems by looking at all the three areas - inputs, processes, and outcomes at the same time.

**Use of Data to Improve Quality -**

We collect a lot of information (data) in our health facilities but we just send them on to the District Director without making use of them. Some of the data we collect include the number of people who attend the OPD, their age and sex.

We also collect information on the number of cases of malaria, diarrhea, mothers dying from pregnancy, delivery and after delivery.

These data are very useful. They can tell us where there are problems in service delivery.

We can use the information in planning services and for monitoring. Data can also be used in identifying resources (people, drugs and supplies as well as the amount of money) required for health services.

We must analyze data and use it locally to improve services; some of these data can be shared with community members.

## **9.2. Importance of quality assurance in health care delivery**

* Improve quality of health care
  + Patient safety and risk management
  + Evidence-based practice
  + Continuous learning and improvement
* Stimulate and improve integration and management of health services
* Reduce variation in care and health care costs
* Strengthen the public’s confidence in the quality of health care
* Improve quality of health care
* Patient safety and risk management
* Evidence-based practice
* Continuous learning and improvement
* Stimulate and improve integration and management of health services
* Reduce variation in care and health care costs
* Strengthen the public’s confidence in the quality of health care

## **9.3. The need for quality assurance in the delivery of health care service and various**

The Need for Quality Assurance in the Delivery of Health Care Service

* Monitoring clinical quality indicators
* Ensuring safety of treatment
* Improving the patient experience
* Ensuring continuum of care

**Methods tools and processes used in measuring quality**

## **Various Methods for Quality Assurance in the Delivery of Health Care Service**

* Mechanisms for recognition of institutional competence
* By an independent accrediting body *(Usually)*
  + Participation by professional groups
* Applying hospital standards for optimal and achievable performance
* Emphasis on continuous quality improvement
* Hospital survey by external peer reviewers
* Voluntary participation *(Usually*

**Tools and Processes Used in Measuring Quality**

***Management Tools Used to Measure Quality***

Quality is something customers crave and businesses pursue. The true challenge is defining what quality means to the organization. Once quality is defined, managers must work to identify those processes that need to be improved, improve them and then monitor the progress. There are several tools managers use to measure quality.

**Statistical Process Control Charts**

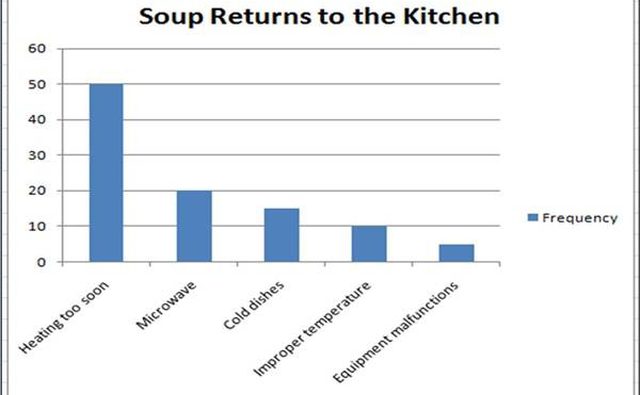
Statistical process control (SPC) charts are a tool used in Six Sigma. Six Sigma is a quality program that seeks to minimize defects in a product or process. Sigma is a unit of standard deviation from the mean (average). Six Sigma is six standard deviations from the average. That is to say, Six Sigma means there is 99.996 percent out of 100 percent accuracy. This type of quality does not just occur; it is the result of measuring, analyzing, improving and controlling the process. An SPC chart is just one of the tools used in Six Sigma.

The control charts are a representation of the upper and lower control limits of a process. Each observance is plotted on the chart. Therefore, if process observances occur outside of the control limits, the process is adjusted accordingly. Process control charts allow for variations within a process. Use the charts to discover the causes of variations in a process. The reasons for variations in a process are common cause and special causes. For example, when making tea, a common cause variation could be the water used (water from the bar spigot vs. water from the kitchen faucet). A special cause variation could be whether the water filter was in place. Use this tool to understand how often the variations occur. Then, use process flow charts to understand where the special cause occurs in the process.

**Flowcharts**

Flowcharts are the visual representations of a process. The shapes represent steps, outputs or decisions to be made during the execution of a process. Use a flowchart to document the process. Keep the steps succinct and use subject-matter experts to create the flowchart. Have associates who are not as familiar with the process use the flowchart to execute the process. This will help validate the flowchart. Look for loops in the process. A loop is a series of steps that could be performed repetitively and cause a delay in completing the process. Also, check for bottlenecks in the process. A bottleneck is a part in the process in which the outputs are significantly slower than the inputs. Use flowcharts to isolate problems in a process, then work with stakeholders to remove the problems.

**Pareto Charts**



Pareto charts are used to show the most common reasons for a problem. The Pareto principle is basically the 80/20 rule. It states that 80 percent of a problem is created by 20 percent of the causes. For example, 80 percent of car accidents are caused by 20 percent of the drivers, or 80 percent of crime is caused by 20 percent of the people. A Pareto chart is a bar graph that displays variances in descending order according to the number of frequencies. Managers use a Pareto chart to isolate that 20 percent that is causing 80 percent of the problems. For example, restaurant customers return their soup order to the kitchen; this is 80 percent of food returns to the kitchen. The reasons the soup is cold are varied: heating it too soon, using the microwave instead of the oven, served in cold dishes, not heated to the proper temperature and equipment malfunctions. Using this example, the managers can begin correcting the reason the soup is being heated too soon.

**Balanced Scorecard**

A balanced scorecard is a tool that provides a view of the organization from a financial, customer, business process and learning and growth perspective. The financial perspective is a shareholder's point of view. This perspective asks questions such as what is the bottom-line revenue? The customer perspective asks if the customers are satisfied. Business processes ask how effective processes are at meeting customer and shareholder requirements. Learning and growth examines how the organization manages change and improvement, not only for the products and services, but also for the employees. A major benefit of the balanced scorecard is that it is a consolidation of quality and business measures in one place. Use the balanced scorecard to get a "bird's eye view" of the business and the quality of the business.

**Employees**

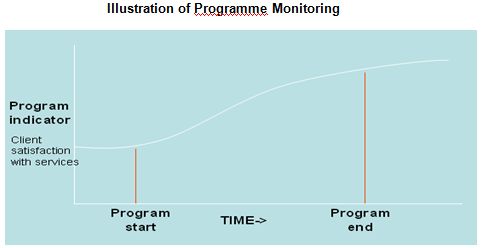
Managers also use their employees to manage quality. Those employees who are on the front lines and speak with customers directly know the quality issues of a product or service. They hear each day how the product breaks or how the service technician is frequently late to repair an appliance. When the front-line employees attempt to correct the problem, they also know the internal processes that cause delays in fixing the customer's problem. Ask employees what they perceive as ongoing problems. Assemble a project team of front-line employees and analysts to begin working on the solution to process issues.

# UNIT 10: MONITORING AND EVALUATION

## **10.1 Introduction**

**Monitoring** is the systematic process of collecting, analyzing and using information to track a programme’s progress toward reaching its objectives and to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who delivers them and how many people or entities they reach.

Monitoring is conducted after a programme has begun and continues throughout the programme implementation period. Monitoring is sometimes referred to as process,performance or formative evaluation.



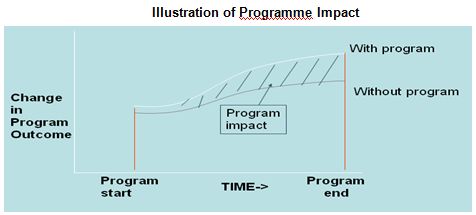
**Importance of Monitoring**

* Track progress towards the agreed results in the UNDAF matrix
* Checks if assumptions made and risks identified at the design stage are still valid or need to be reviewed
* Allows UNCTs and implementing partners to make mid-course corrections as an integral part of programme management.
* Monitor the use of project inputs
* Monitor the effectiveness of the project implementation process
* Monitor the production of project outputs
* Assess project impacts on the target communities
* Assess the effectiveness of project outputs in producing the intended short-term and long-term impacts.
* Assess the extent to which these impacts can be attributed to the effects of the project.

**Evaluation** is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institution’s performance.

**Evaluation focuses on;**

* expected and achieved accomplishments,
* Examining the results chain ([inputs, activities, outputs, outcomes and impacts](http://www.oecd.org/dataoecd/29/21/2754804.pdf)),
* Processes
* Contextual factors and causality, in order to understand achievements or the lack of achievements.



**Importance of Evaluation:**

Evaluation aims at determining;

1. The relevance,
2. Impact,
3. Effectiveness,
4. Efficiency and sustainability of interventions
5. The contributions of the intervention to the results achieved.

## **10.1. Various monitoring and evaluation tools**

* Staff meetings – weekly, monthly and annual
* Partners meeting/learning forums (FGD, Surveys/Retreat)
* Participatory reviews – stakeholders
* Monitoring and supervision mission (self/donors/joint)
* Progress reports/statistics

## **10.2. Performance indicators and targets**

* An indicator is a standardized, objective measure that allows—
* A comparison among health facilities
* A comparison among countries
* A comparison between different time periods
* A measure of the progress toward achieving program goals

**Characteristics of an Indicator**

* An indicator is a standardized, objective measure that allows—
* A comparison among health facilities
* A comparison among countries
* A comparison between different time periods
* A measure of the progress toward achieving program goals

**The following questions can help determine measurable indicators:**

* How will I know if an objective has been accomplished?
* What would be considered effective?
* What would be a success?
* What change is expected?

# UNIT 11: DISASTER MANAGEMENT

Introduction

A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community’s or society’s ability to cope using its own resources. Though often caused by nature, disasters can have human origins.

**(**[**VULNERABILITY**](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/what-is-a-disaster/what-is-vulnerability/)+ [HAZARD](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/) ) / [**CAPACITY**](https://www.ifrc.org/en/what-we-do/disaster-management/preparing-for-disaster/)  **=** [**DISASTER**](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/)

**A disaster occurs when a hazard impacts on vulnerable people.** The combination of hazards, vulnerability and inability to reduce the potential negative consequences of risk results in disaster.

## **11.1. Types of disasters; stages of disaster**

1. **Natural hazards** are naturally occurring physical phenomena caused either by rapid or slow onset events which can be **geophysical** ([earthquakes](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/geophysical-hazards-earthquakes/), [landslides](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/geophysical-hazards-mass-movement-dry/), [tsunamis](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/tsunamis/) and [volcanic activity](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/volcanic-eruptions/)),
2. **Hydrological** ([avalanches](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/mass-movement-wet/) and [floods](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/floods/)),
3. **Climatological** ([extreme temperatures](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/extreme-temperatures/), [drought](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/drought/) and [wildfires](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/drought/)), meteorological ([cyclones](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/tropical-storms-hurricanes-typhoons-and-cyclones/) and [storms/wave surges](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/storms-and-tidal-waves/)) or
4. **Biological** ([disease epidemics](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/biological-hazards-epidemics/) and [insect/animal plagues](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/biological-hazardsanimal-and-insect-infestation/)).
5. **Technological** or **man-made hazards** ([complex emergencies/conflicts](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/complex-emergencies/), [famine](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/famine-food-insecurity/), [displaced populations](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/displaced-populations/), [industrial accidents](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/industrial-accidents/) and [transport accidents](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/transport-accidents/)) are events that are **caused by humans** and occur in or close to human settlements. This can include environmental degradation, pollution and accidents. Technological or man-made hazards (complex emergencies/conflicts, famine, displaced populations, industrial accidents and transport accidents)

There are a range of challenges, such as [climate change](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/aggravating-factors/climate-change/), [unplanned-urbanization](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/aggravating-factors/unplanned-urbanization/), [under-development/poverty](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/aggravating-factors/under-development/) as well as the threat of [pandemics](https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/biological-hazards-epidemics/), that will shape humanitarian assistance in the future. These **aggravating factors** will result in increased frequency, complexity and severity of disasters.

**Stages of Disaster**

The National Governor’s Association designed a phase of disaster model to help emergency managers prepare for and respond to a disaster, also known as the ‘life cycle’ of comprehensive emergency management. The four phases of disaster: 1) mitigation; 2) preparedness; 3) response; and 4) recovery.

The model helps frame issues related to disaster preparedness as well as economic and business recovery after a disaster. Each phase has particular needs, requires distinct tools, strategies, and resources and faces different challenges. The issues addressed below relate to the resiliency and recovery of the local economy and business community before and after a major disaster.

|  |  |
| --- | --- |
| **MITIGATION**  Pre-Disaster Mitigation Efforts | **PREPAREDNESS**  Education, Outreach and Training  Business Continuity & Emergency Management Planning |
| **RESPONSE**  Immediate Response to Stakeholders  Establish Business Recovery Center | **RECOVERY**  Post-Disaster Economic Recovery Plan |

The issues addressed below relate to the resiliency and recovery of the local economy and business community before and after a major disaster.

**Mitigation**

Mitigation involves steps to reduce vulnerability to disaster impacts such as injuries and loss of life and property. This might involve changes in local building codes to fortify buildings; revised zoning and land use management; strengthening of public infrastructure; and other efforts to make the community more resilient to a catastrophic event

## **11.2. Disaster preparedness**

## **11.3. Types of responses to disaster and disaster mitigation**