



Healthservicemanagement 2-171212061325

community health nursing (Kenya Medical Training College)



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HEALTH SERVICE MANAGEMENT

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First addition

2017 - 2018

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Health service management

Introduction

Health has been declared a fundamental human right. This implies that the state has a responsibility for the health of its people.

National governments all over the world are striving to expand and improve their health care services.

The current criticism against health care services is that they are:

1. Predominantly urban-oriented
2. Mostly curative in nature, and
3. accessible mainly to a small part of the population

The present concern in both developed and developing countries is not only to reach the whole population with adequate health care services, but also to secure an acceptable level of health for all, through the application of primary health care programmers.

CHAPTER ONE

PLANNING AND MANAGEMENT OF HEALTH SERVICE

Key Definitions:

What is Health Services Management?

Health service management is the field relating to leadership, management, and administration of [public health](#) systems, systems, hospitals, and [hospital networks](#). In the United States, management of a single institution (e.g. a hospital) is also referred to as "Medical and health services management "Healthcare management" or Health Administration.

Health Services Management majors are interested in the application of business management knowledge and techniques to the healthcare industry, Therefore, students acquire knowledge and experience both in the general management sector and specifically in the healthcare field.

Health services managers also called healthcare executives or healthcare administrators, plan, direct, and coordinate medical and **health services**. They might **manage** an entire facility or specialize in **managing** a specific clinical area or department, or **manage** a medical practice for a group of physicians.

Health: - is the maximization of the biological & clinical indicators of organ function & the maximization of physical, mental, & role functioning in everyday life.

WHO defined health as “a state of complete physical, mental, and social well being and not the mere absence of disease or infirmity?”

Health care: -Health care (or healthcare) is the diagnosis, treatment, and prevention of [disease, illness](#), injury, and other [physical and mental impairments](#) in humans

Health services: - are specific activities within the larger domain of health care undertaken to maintain or improve health or to prevent decrements of health.

Health service organizations: - are entities that provide the organizational structure within which the delivery of health services is made directly to consumers, whether the purpose of the services is preventive, acute chronic, restorative or palliative.

Environmental health: has been defined by the **World Health Organization (WHO)** comprises those aspects of human health, including quality of life, that are determined by physical, biological, social and psychosocial factors in the environment.

It also, refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations' (WHO, 1993a)

Organizing: Organizing is the process of establishing orderly uses for all the organization's resources.

Health Service Delivery: The World Health Organization (WHO) defines *service delivery* as the way inputs are combined to allow the delivery of a series of interventions or health actions

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

Planning and Management of health service

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

The definition of management is based on two principles

Commitment to achievements

The importance of people and other resources

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

Importance of Management

Management is universal and necessary function.

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

The making of decisions

The coordinating of activities

The handling of people and

Evaluating the performance directed toward its objectives

Levels of managements:

> Top Level of Management

It consists of board of directors, chief executive or managing director. The top management is the ultimate source of authority and it manages goals and policies for an enterprise. It devotes more time on planning and coordinating functions.

The role of the top management can be summarized as follows –

Top management lays down the objectives and broad policies of the enterprise.
It issues necessary instructions for preparation of department budgets, procedures, schedules etc.
It prepares strategic plans & policies for the enterprise.
It appoints the executive for middle level i.e. departmental managers.
It controls & coordinates the activities of all the departments.
It is also responsible for maintaining a contact with the outside world.
It provides guidance and direction.
The top management is also responsible towards the shareholders for the performance of the enterprise

➤ **Middle Level of Management**

The branch managers and departmental managers constitute middle level. They are responsible to the top management for the functioning of their department. They devote more time to organizational and directional functions. In small organization, there is only one layer of middle level of management but in big enterprises, there may be senior and junior middle level management. Their role can be emphasized as -

They implement the plans of the organization in accordance with the policies and directives of the top management.
They make plans for the sub-units of the organization.
They participate in employment & training of lower level management.
They interpret and explain policies from top level management to lower level.
They are responsible for coordinating the activities within the division or department.
It also sends important reports and other important data to top level management.
They evaluate performance of junior managers.

They are also responsible for inspiring lower level managers towards better performance.

➤ **Lower Level of Management**

Lower level is also known as supervisory / operative level of management. It consists of supervisors, foreman, section officers, superintendent etc. According to R.C. Davis, "Supervisory management refers to those executives whose work has to be largely with personal oversight and direction of operative employees". In other words, they are concerned with direction and controlling function of management. Their activities include -

Assigning of jobs and tasks to various workers

They guide and instruct workers for day to day activities.

They are responsible for the quality as well as quantity of production.

They are also entrusted with the responsibility of maintaining good relation in the organization.

They communicate workers problems, suggestions, and recommendatory appeals etc. to the higher level and higher level goals and objectives to the workers.

They help to solve the grievances of the workers.

They supervise & guide the sub-ordinates.

They are responsible for providing training to the workers.

They arrange necessary materials, machines, tools etc. for getting the things done.

They prepare periodical reports about the performance of the workers.

They ensure discipline in the enterprise.

They motivate workers.

They are the image builders of the enterprise because they are in direct contact with the workers.

The basic skills needed are:

- Calmness
- Maturity
- Friendliness
- Tolerance
- Appreciable
- Tolerable
- Adorable
- Frank
- Determined

The management functions

The four basics management functions and activities that make up the management process are the following:-

- a. planning
- b. organizing
- c. influencing or directing
- d. Staffing
- e. Budgeting
- f. controlling

Planning

Planning involves choosing tasks that must be performed to attain organizational goals, outlining how the task must be performed and indicating when they should be performed.

Organizing

Organizing can be through assigning the tasks developed under the planning function to individuals or groups within the organization. Organizing then creates a mechanism to put plans into action.

Influencing

Influencing is another form of the basic functions within the management process. This function also commonly referred to as motivating, leading or directing. It is concerned primarily with people within the organizations. Influencing can be defined as guiding the activities of organization member in appropriate directions.

Staffing:

It is the process of “personalizing” the organization, by hiring the right type and adequate number of workers to each unit for the time required for the program, through the following steps:

- Identifying the type and number of personnel
- Recruitment
- Selection and appointment
- Orientation
- Job analysis
- Job description

BUDGETING

Financial administration consists of a series activities where funds are made available for certain people in the organization under procedures that will ensure their efficient use.

Budgeting: is the allocation of financial resources in support for programs or projects for a special period of time. A budget is defined as “a balanced estimate of expenditures and receipts for a given period of time”.

- The main activities are
- Budgeting
- Accounting
- Reviewing
- Purchasing

Controlling

Controlling is the management function for which managers can do the following:-

1. Gather information that measures recent performance within the organization.
2. Compare present performance to pre-established performance standards.
3. From this comparison, determine if the organization should be modified to meet pre-established standards.

Controlling is an ongoing process. Managers continually gather information, make their comparison, and then try to find new ways of improving production through organizational modifications.

MANAGEMENT CYCLE



Managerial Skills

There are three types of skills are important for successful management performance these are:-

1. Technical skills involve using specialized knowledge and expertise in executing work related techniques and procedures.
2. Human skills are skills that build cooperation within the team being led.
3. Conceptual skills involve the ability to see the organization as a whole. A manager with conceptual skills is able to understand how various functions of the organization complement one another, and how change in one part of the organization affects the rest of the organization.

Management and Organizational Resources

Management must always be aware of the status and use of organizational resources. These resources composed of all assets available for activation during the production process are of four basic types"-

1. human
2. monetary
3. raw materials
4. capital

Definition

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

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

What is the target client? Population, Institution, Programmer

What is the target geographical region or area? Village, District, Zone/Region

Features of Planning:

1. A good plan should give

Clear vision/mission, goal and objectives

A clear picture of the tasks to be accomplished

The resources needed to accomplish the task

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

2. Planning takes place at all levels

Planning takes place at any level in health system.

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

Planning methods can be applied to:-

- . A large program at national level e.g. Malaria control programmed
- . Small one - at village level e.g. Construction of community health post.

3. Planning must be collective undertaking

It requires the participation of:-

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

Types of Planning

There are two types of planning

Strategic planning –often referred as a locative planning– normally five years or more.

Tactical/operational planning –may be referred to as activity planning. It covers a short period of time medium term –usually one year

Strategic Planning

What is strategic planning?

Strategic planning is the process of determining what an organization intends to be in the **future** and **how** it will get there. It is finding the best future for your organization and the best path to reach that destination.

Tactical/Operational Planning

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

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

Steps in planning

There are six steps in planning

1. Situation analysis
2. Analyzing and selecting critical (priority) problems
3. Setting objectives and targets
4. Identifying potential obstacles
5. Designing the strategies
6. Writing up the plan

Step 1: Situational Analysis

Review and describe organizational characteristics, Consider, National health policies & programmers, Analyze the organizational structure and functions of the health services, Review past implementation experience, Analyze the health condition (magnitude), Study the size, composition and distribution of the population, Collect information about resources;

Step 2: Selecting Critical Problem (Priority) Analyzing problems and constraints, Establish criteria for selection

Criteria - In identifying priority problem

Does the Problem:-

1. Affect large number of people, Cause high infant mortality, Affect maternal health, Affect children and young persons, Cause chronic conditions & handicap, Affect socio-economic development, Cause worry to the community

Step 3: Setting Objective/ Target

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

It must be relevant - fits with health policy, It must be feasible - achievable, It must be observable, It must be measurable

Step 4: Identifying Potential Obstacles

Why objectives could not be attained?

Which are the limitations & obstacles?

Resources:

- . People: lack of interest, No skilled people etc
- . Equipment: not available, Expensive
- . Money: No budget
- . Time: People may not have time

Step 5: Designing the Strategies

Outline potential strategies this include

- . The technology to be applied, Procedure to be used, defining the role of the communities and other relevant sectors, Design the details of selected strategy
- Determine resources required in terms of proposed strategy

- Time
- Staff
- Facilities/materials
- Money

Step 6: Writing up the Plan

The purpose of writing the plan

To request funds or resources

For monitoring and evaluating the implementation process by all concerned

Writing the Plan (summary) Executive summary

Introduction

Problem Statement

Objectives and Targets

Strategies and Activities

Budget

Work Plan

Monitoring and Eval

CHAPTER TWO

HOSPITAL MANAGEMENT

Hospital

A building in which the sick, injured, or infirm are received and treated; a public or private institution founded for reception and cure, or for the refuge, of persons diseased in body or mind, or disabled, infirm, or dependent, and in which they are treated either at their own expense, or more often by charity in whole or in part; a tent, building, or other place where the sick or wounded of an army cared for.

Hospital is a formal institutions developed by the society for patient care Intended to meet the complex health needs of its members Individual-sick or injured has access to centralized medical knowledge & technology Society-it protects the family from many of the disruptive effects of caring for the ill in the home and making the problems less disruptive for the society as a whole.

Hospital is a place for the diagnosis and treatment of human ills and restoration of health and well-beings of those temporarily deprived of these. Professionally & technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances - to provide quality care for the patient.

Evolution of hospitals

Evolution of hospitals has been divided into two parts which are history of hospital and changing concept of hospital

History of hospitals

Early History: The word hospital originates from Latin word 'hospice'. A place where a guest is received is called hospitable, an institution for the care of sick and injured. In the early period, during Greek and Roman Civilization the temples were used as hospitals and these hospitals were integral part of the temples.

Some of the notable hospitals established in Europe date back to ancient times. The earliest Hospital was founded at Hotel Dieu, Paris in 542 AD. St Bartholomew's hospital London dates back to 1123 AD. In 1524, Spanish built the first hospital in Mexico.

The first general hospital opened in 1751 in North America as Pennsylvania hospital. Thereafter, Bellevue Hospital in New York in 1736 and Massachusetts Hospital in 1811 AD.

The advances in medical science in the field of microbiology, pharmacology, radiation, blood transfusion, anesthesiology, surgical techniques and computers all led to exponential growth in hospital services.

- a) **Ancient Asia:** Sri Lankans are responsible for introducing the concept of dedicated hospitals to the world. The first teaching hospital was the Academy of Gundishapur in the Persian Empire.
- b) **Modern Era:** By the mid 19th Century most of the Europe and United States had established a number of public and private hospital systems. In

Continental Europe, the new hospitals were generally built and run by public funds. In the late 20th Century, the concept of nonprofit hospital was switched over to chains of for profit hospital.

- c) **Period of Growth:** The first hospital in USA was founded in 1751, the Pennsylvania Hospital. Rapid growth in the field of hospital occurred in between 1860 to 1920. The main reason to the growth of the hospital can be credited to the rapid advancement in the field of medicine
- d) **Consolidation (1920-1950) :** The increasing average size of the hospitals improved the comprehensiveness and quality of medical care. The American College of Surgeons (ACS) was constituted in 1913.

The general and acute care hospitals established during the period were mainly from private and voluntary action during Second World War. The number of hospital increased significantly.

Changing concept of hospitals

The concept in the field of hospital is fast changing; the changing concept of hospitals is broadly divided into four periods.

1. Trusteeship Period

Most of the hospitals were run and managed by the trustee's. The advances in technology were minimal during that period. This period lasted till 1920. The doctors and nurses are not working for money, the approach was only humanitarian. The objectives of the hospital remained to provide comfort to the patient.

2. Physician Period

It was being utilized for medical. The hospitals were being utilized for medical practice. The laboratory medicine developed during the period 1940 to 1950. The political and economic environment started influencing the hospitals.

3. Administrative and Team Periods

The hospital practice became a team approach. The advances in technology became more rapid. The use of computers and application of computers in patient's care and management of hospitals changed the scenario. People started thinking about professionally managing the hospital.

4. Growth of Corporate Sector

With liberalization policy of the government all over the world lead to globalization. The rapid advancement in the field of information technology, with fast and safe air travel all over the world lead to the concepts of medical tourism, the concept of corporatization of the hospital. The hospital concept has changed from service approach to the profit making approach. The doctors have started thinking on management principles and functions for productivity.

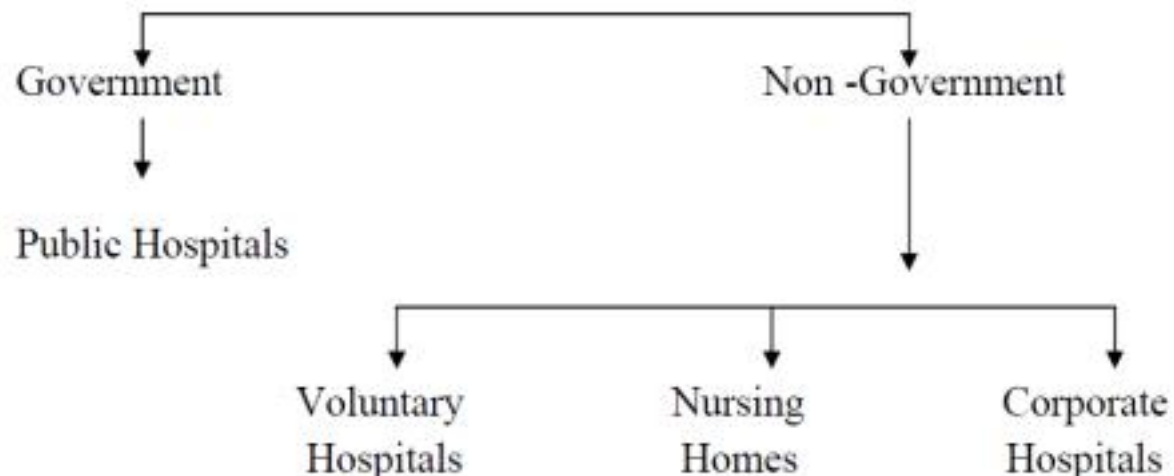
Types of hospitals:

There is wide range of hospitals Some hospitals are small, some are big, some imparting teaching and training facilities, some are owned by private bodies, some are special hospitals and so on.

These hospitals can be categorized or classified in several manners. Some of the methods of classification of hospital are given below:-

A) According to ownership and control

Classification of hospital based up on ownership and control is present as below:

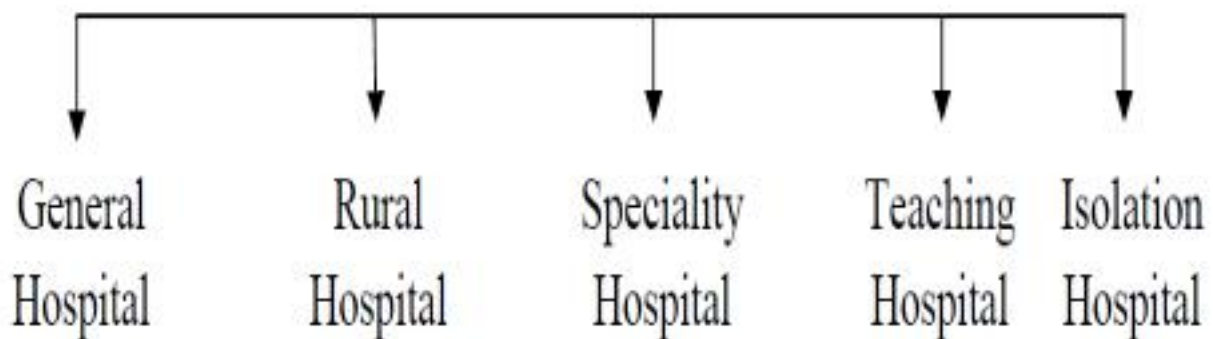


1. **Public hospitals:** The hospitals run by central or state government, local bodies and public sector undertaking. The hospitals are purely service organizations and nonprofit making hospitals. Examples are civil hospitals.
2. **Voluntary Hospitals:** These hospitals are registered under the societies act or public trust act. They are run by trusts and on non commercial basis examples, charitable hospitals
3. **Nursing Homes:** Generally owned and, managed by individual doctors. These hospitals generally do not admit cases of medico legal importance and the patient care services are usually provided in some of the specialties of medicine.

4. **Corporate Hospitals:** These hospitals are run on the basis of profit earning and are registered under companies act. Examples are Kamil Hospital, Kalkaal Hospital, etc.

B) According to Directory of Hospital

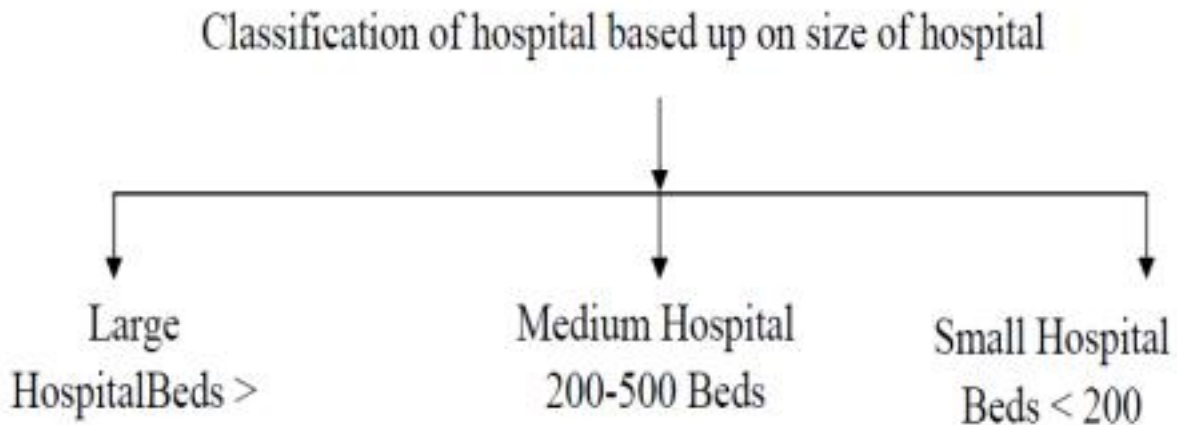
Classification of hospital based up on directory of hospital.



1. **General hospitals:-**They care for patients with various- disease conditions for both sexes to all ages, medical, surgical, pediatrics, obstetrics, eye and ear hospital etc. General hospitals may contain specialized units staffed by specialized personnel, Renal Unit, Intensive Care Unit, Coronary Care Unit, Plastic Surgery Unit and Burn Unit. There may be specialization at Unit level, Neurological, Urological, Orthopedic Units, etc.
2. **Rural Hospitals:** The hospitals located in rural areas.
3. **Specialty Hospitals:** Hospital providing medical care usually in one or more specialty like TB Hospital, Eye Hospital, Cancer Hospital, heart centers etc.
4. **Teaching Hospital:** Usually the hospitals attached to medical college

5. **Isolation Hospital:** Hospitals providing patient care to communicable diseases.

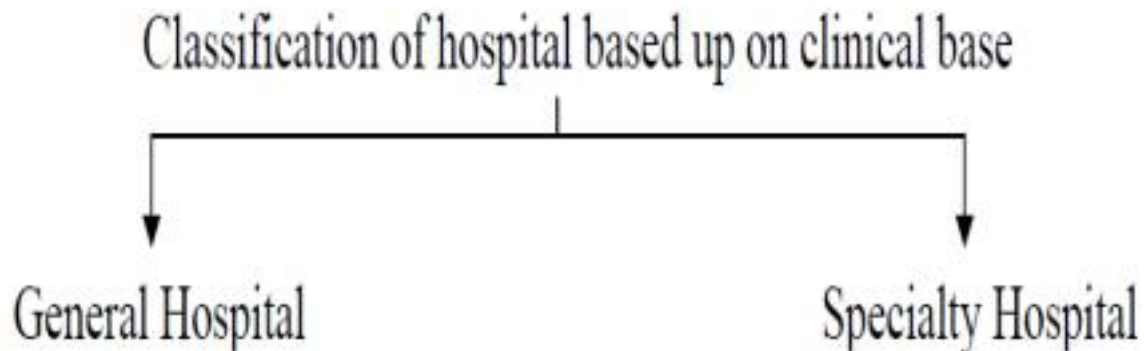
C) According to size of hospital



The hospitals can be classified as small, medium or large size depending upon the bed strength of the hospitals. Hospitals having more than 500 beds are usually called large hospitals.

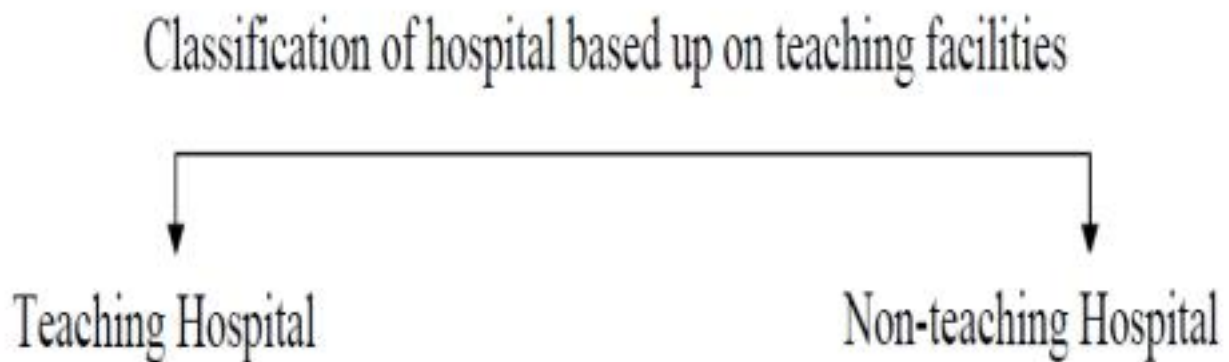
Hospitals having bed strength from 200 to 500 are called medium size hospitals and hospitals having less than 200 beds are small hospitals.

D) According to clinical base

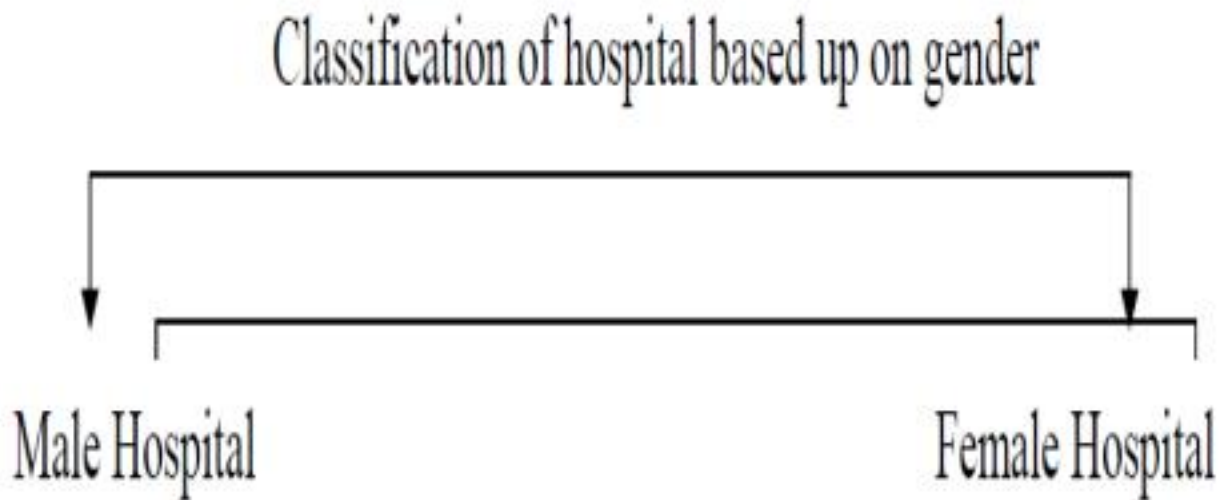


The hospital can be classified as general hospital or specialized hospital.

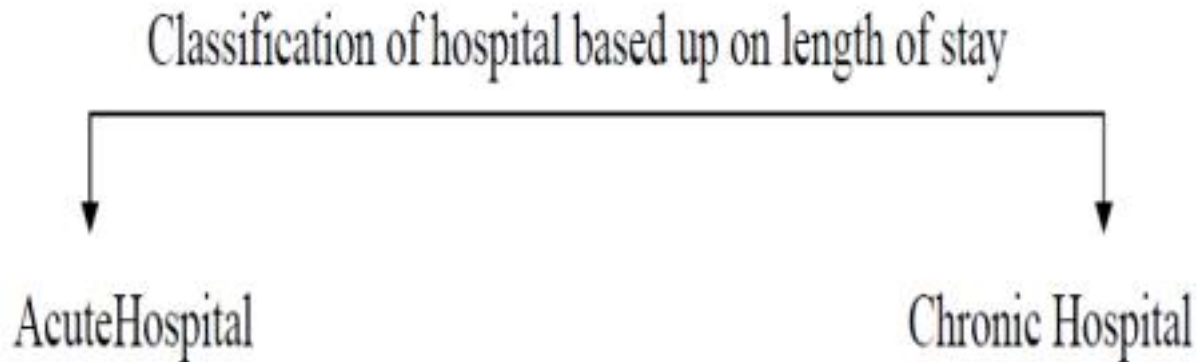
E) According to teaching facilities



F) According to gender



G) According to length of stay



CHAPTER THREE

FUNCTIONS AND ROLES OF HOSPITAL

Functions of Hospital administrator

The hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and preventive and whose outpatient services reach out to the family and its home environment; the hospital is also a centre for the training of health worker and for biosocial research (WHO).

1. ***Patient care:*** Primary function (curative function) refers to any type of care given to patients by the health team members, e.g. Physicians; Nurses, Physical Therapists, Dietitians, etc. It also. Includes health teaching to patients.
2. ***Health Personnel Education:*** Secondary function (Educational function). Refers to the education of professional and technical personnel who provide health services, e.g. Physicians, Nurses, Dentists, Therapists, Technicians, etc.
3. ***Health Promotion:*** Secondary function (Preventive functioning emerging function for the hospital is that of a community health center taking an active role to improve the health of the population it serves. Hospitals as major community health centers can sponsor programs of environmental and occupational health, home care services, etc.

4. **Health Related Research:** Secondary function (Research - function)
Research that focuses on the improvement of health and/or - prevention of disease.

Roles of hospital Administrator

By virtue of serving a health care organization, the hospital administrator performs some specific roles which are described below. The hospital administrator ensures that hospital runs effectively and efficiently.

The role of hospital administrator varies, depending up on the nature and complexity of hospital, various roles can be grouped as role towards patients, towards hospital organization, towards community.

- Role towards Patients
- Role towards Hospital Organization
- Role towards Community

Role towards Patients

The hospital administrator has a great responsibility to understand and appreciate the emotional aspects of the patient care, his responsibility is to understand the specific needs of certain groups of patients, i.e. patients on wheelchairs, stretchers, geriatric group of patients, pediatric patients, neonates, serious cases, foreign nationals etc.

Some of the aspects of patients are given below:

- ✓ Creation of friendly environment
- ✓ Understanding patient's physical needs
- ✓ Patient's emotional needs
- ✓ Patient's clinical needs
- ✓ Patient's satisfaction
- ✓ Patient's education
- ✓ Patient's communication needs,

Role towards Hospital Organization

- 💡 To handle the hospital resources for maximizing the output is one of the fundamental roles of the administrator.
- 💡 Hospital is a complex organization it is a labor intensive organization working for day and night and without break; expectations of the workers are very high and unity of direction and unity of command are often violated.
- 💡 The role of administrator is more of coordination in nature instead of controlling he is coordinating officer.

Under the role a hospital administrator performs following function.

- ✓ Strategic planning
- ✓ Environmental influence on the hospital
- ✓ Operational management
- ✓ Management of hospital staff
- ✓ Materials management
- ✓ Financial management

- ✓ Hospital information
- ✓ Communication
- ✓ Public relation
- ✓ Risk management
- ✓ Law, Ethics and Code of Conduct
- ✓ Marketing of health services
- ✓ Quality management

Role towards Community

Hospital is a community organization; it receives inputs from the community in the form of manpower, material, money, machines, land, building, environment, information and gives output to the community.

Community participation is must for the success of any health program.

The utilization of health facility is also an important behavior of the community. Hospital may provide State of the art Care, but if community does not utilize it; it will go to waste.

Hospital must fulfill the felt needs of the community.

There should be social responsiveness and social responsibility of the hospital administrator.

This can be achieved by:

- ✓ Integrating with primary health care
- ✓ Integrating hospital with other health care organizations
- ✓ Community participation in planning of services and also for utilization of hospital services
- ✓ Outreach program: Outreach program like health camps, camp surgery, immunization camps, etc.

The World Health Organization initiated the Network of Health Promoting Hospitals with the aim to reorient health care institutions to integrate health promotion and education, disease prevention and rehabilitation services in curative care.

Many activities have been carried out and more than 700 hospitals in 25 European Countries and worldwide have joined the WHO network since the establishment of the network.

Health Promoting Hospitals have committed themselves to integrate health promotion in daily activities, i.e. to become a smoke-free setting, and to follow the *Vienna Recommendations*, which advocate a number of strategic and ethical directions such as encouraging patient participation, involving all professionals, fostering patients' rights and promoting a healthy environment within the hospital.

However, so far no tool or set of standards was available to systematically assess, monitor and improve the quality of health promotion activities in hospitals.

Definition of health promotion

Health promotion is defined as *“the process of enabling people to increase control over, and to improve, their health”* (Ottawa Charter for Health Promotion), and is here understood to embrace health education, disease prevention and rehabilitation services.

It is also understood to include health enhancement by empowering patients, relatives and employees in the improvement of their health-related physical, mental and social well-being.

Hospitals play an important role in promoting health, preventing disease and providing rehabilitation services.

Some of these activities have been an essential part of hospital work, however, the increasing prevalence of lifestyle-related and chronic diseases require a more expanded scope and systematic provision of activities such as therapeutic education, effective communication strategies to enable patients to take an active role in chronic disease-management or motivational counselling.

The need of standards for health promotion in hospitals

1. The predominant approach to quality management in hospitals is through setting standards for the services.
2. Health promotion is a core quality issue for improving health and sustaining quality of life, however, a review of existing standards for quality in health care for references to health promotion activities yielded little results.
3. Standards for health promotion in hospitals are necessary to ensure the quality of services provided in this area.

4. Standards will facilitate both the implementation of health promotion and the assessment and continuous monitoring for quality improvement.
5. Recognizing the need for standards for health promotion in hospitals, WHO established a working group at the 9th International Conference on Health Promoting Hospitals, Copenhagen, and May 2001?
6. Since then several working groups and country networks have been working on the development of standards.
7. As a result, five core standards applicable to all hospitals have been developed in accordance with international requirements established by the ALPHA program developed by the International Society for Quality in Health.
8. It involved a wide range of scientists, health promotion experts and managers of health care organizations from the WHO European Region, as well as members of the international Health Promoting Hospitals Network.

Format and application of standards

The standards presented in this document are the result of series of workshops and consultations.

They have been piloted in 36 hospitals in nine European countries and were assessed to be relevant and applicable.

Based on the feedback from the pilot test, substandards and measurable elements have been amended and specified and steps for the further development and facilitation of standards have been planned.

Each standard consists of standard formulation, description of objective and definition of sub standards.

The standards are related to the patient's pathway and define the responsibilities and activities concerning health promotion as an integral part of all services offered to patients in a hospital.

The way forward

In order to facilitate the practical use of the standards in planning, implementation and assessment of health promotion in hospitals measurable elements and indicators are being defined and a tool for self assessment is being developed.

It is not the aim of WHO to externally assess the activities in hospitals in the European Network of Health Promoting Hospitals, but hospitals within and other hospitals are encourage using the self assessment tool for improving their health promotion services.

The standards are considered public domain and quality agencies and accreditation bodies are encouraged to include the standards for health promotion in hospitals in their existing standards sets.

Standards for health promotion in hospitals

Standards for health promotion in hospitals are listed below:-

Standard 1: Management Policy

The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Objective:

To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system.

Substandard:

- 1.1** The organization identifies responsibilities for the process of implementation, evaluation and regular review of the policy.
- 1.2** The organization allocates resources to the processes of implementation, evaluation and regular review of the policy.
- 1.3** Staff is aware of the health promotion policy and it is included in induction programmes for new staff.
- 1.4** The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
- 1.5** The organization ensures that staffs have relevant competences to perform health promotion activities and supports the acquisition of further competences as required.

1.6 The organization ensures the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.

Standard 2: Patient Assessment

The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

Objective: To support patient treatment, improve prognosis and to promote the health and well-being of patients.

Substandard:

2.1 The organization ensures the availability of procedures for all patients to assess their need for health promotion.

2.2 The organization ensures procedures to assess specific needs for health promotion for diagnosis related patient-groups.

2.3 The assessment of a patient's need for health promotion is done at first contact with the hospital.

This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.

2.4 The patients' needs assessment ensures awareness of and sensitivity to social and cultural background.

2.5 Information provided by other health service partners is used in the identification of patient needs.

Standard 3: Patient Information and Intervention

The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

Objective:

To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways.

Substandard:

3.1 Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed.

3.2 Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health.

3.3 The organization ensures that health promotion is systematically offered to all patients based on assessed needs.

3.4 The organization ensures that information given to the patient, and health promoting activities are documented and evaluated, including whether expected and planned results have been achieved.

3.5 The organization ensures that all patients, staff and visitors have access to general information on factors influencing health.

Standard 4: Promoting a Healthy Workplace

The management establishes conditions for the development of the hospital as a healthy workplace.

Objective: To support the establishment of a healthy and safe workplace, and to support health promotion activities for staff.

Substandard:

4.1 The organization ensures the establishment and implementation of a comprehensive Human Resource Strategy that includes the development and training of staff in health promotion skills.

4.2 The organization ensures the establishment and implementation of a policy for a healthy and safe workplace providing occupational health for staff.

4.3 The organization ensures the involvement of staff in decisions impacting on the staff's working environment.

4.4 The organization ensures availability of procedures to develop and maintain staff awareness on health issues.

Standard 5: Continuity and Cooperation

The organization has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.

Objective: To ensure collaboration with relevant providers and to initiate partnerships to optimize the integration of health promotion activities in patient pathways.

Substandard:

5.1 The organization ensures that health promotion services are coherent with current provisions and health plans.

5.2 The organization identifies and cooperates with existing health and social care providers and related organizations and groups in the community.

5.3 The organization ensures the availability and implementation of activities and procedures after patient discharge during the post-hospitalization period.

5.4 The organization ensures that documentation and patient information is communicated to the relevant recipient/follow-up partners in patient care and rehabilitation.

CHAPTER FOUR

MANAGEMENT OF BLOOD BANKS IN HOSPITALS

Overview and background

- A well-organized blood transfusion service (BTS), with quality systems in all areas, is a prerequisite for safe and effective use of blood and blood products.
- The HIV/AIDS pandemic has focused particular attention on the importance of preventing transfusion-transmitted infections (TTIs).
- Up to 3% of HIV infections worldwide are transmitted through the transfusion of contaminated blood and blood products.
- Many more recipients of blood products are infected by hepatitis B and C viruses, syphilis and other infectious agents, such as Chagas disease.
- The global burden of disease due to unsafe blood transfusion can be eliminated or substantially reduced through an integrated strategy for blood safety which includes:-
 - ✓ Establishment of a nationally-coordinated blood transfusion service.
 - ✓ Collection of blood only from voluntary non-remunerated blood donors from low-risk populations.
 - ✓ Testing of all donated blood, including screening for transfusion-transmissible infections, blood grouping and compatibility testing.
 - ✓ Reduction in unnecessary transfusions through the effective clinical use of blood, including the use of simple alternatives to transfusion (crystalloids and colloids), wherever possible.

Management of Blood Banks

- Blood is the part of life that is given to those who need it by those who have the resource to satisfy the need. Emergencies occur every minute.
- For each patient requiring blood, it is an emergency and the patients could have set back if blood is not available.
- The surgeries need blood, and also the blood is required in blood disease, such as leukemia's, thalassemia, and a blood cancer.

The main tasks of blood banks are as follows:-

1. Collection of Blood
2. Testing of the blood.
3. Storage of Blood.
4. Supply of Blood to the hospitals and other health facilities.

How we can collect a Blood?

1- Voluntary/intentional donors: - This kind of blood collection is done by the voluntary organization, they are establishing blood camps in different organization and institutions and they persuade the people to donate with the poor and venerable patient and save their life.

2- Professional Donors: they are the private blood banks, even they collect the blood voluntarily or they buy the blood and then they sale the blood.

Some Critical issues in blood banks

1. Insufficient provision of Blood:-

- The blood bank is facing many problems, one of the most important one is the lack of donor and volunteers, so this deficit is due to some misconceptions and lack of education among the local people.
- To educate the people and to wash the brain of the people so the public information campaign is so vital because the media is the blood of the war, the volunteers and especially the youth should encourage to donate blood.
- As it is obvious that the volunteer organization can play a big role in the collection of blood, through blood donation camps in different places, they are supplying the blood just for a little payment because they are just cutting their test expenses.
- If the blood is broken in to small components so we can protect this blood from wastage by this way.

2. Blood Testing: -

- Among the blood banks some of them are just working to recover their cost but some of them are subsidized. With the emerge of AIDS these laboratory costs are increased because the costs are increasing by this Test.
- It is so important for the blood banks to test the blood so carefully, because it is the matter of life and death to the recipient of blood e.g. jaundice typhoid, malaria and even the AIDS.
- It is not bad for the patient to pay more for a good quality of blood, because it is secure from different infectious diseases.

3. Staffing and workload:-

- When there is the collection time for blood so there is overcrowding of the staff is exist, when this process end up so the overcrowding is became decrease.
- The blood banks which are attached to the hospitals they are usually using the trained staff of other hospitals, when the load is less so they are going back to their own duties.

Internal blood banks vs. external blood banks

The advantage of the external blood banks are:--

- ❖ No capital investment-
- ❖ No staffing and management problems.

The Disadvantage:-

- ❖ Blood is not quickly available when it is needed.
- ❖ Patients can replace the blood immediately when he wants.

In-house blood banks depend on:--

- ❖ Having financial resources.-
- ❖ Location of hospitals near to private blood banks.-
- ❖ Basic equipments for example laboratory.

Establish a blood transfusion service

- It is the responsibility of governments to ensure a safe and adequate supply of blood.
- This responsibility may be delegated to a non-profit nongovernmental organization, but the BTS should be developed within the framework of the country's health care infrastructure.
- The BTS requires government commitment and support and recognition as a separate unit with an adequate budget, management team and trained staff.

Important activities in establishing a blood transfusion service include:

1. Formalization of government commitment and support
2. Development of a national blood policy and plan
3. Development of necessary legislation/ regulation for the BTS
4. Formation of an organization with responsibility and authority for the BTS
5. Formation of a BTS management committee
6. Appointment of a medical director
7. Appointment of a quality manager
8. Appointment, when necessary, of specialist BTS advisory groups
9. Appointment and training of staff experienced in each key aspect of the BTS
10. Development and implementation of a budgeting and finance system to ensure a sustainable blood programme through cost recovery and/or annual budget allocation
11. Establishment of national quality system, including guidelines, standard operating procedures, accurate records, monitoring and evaluation.

Testing of donated blood

- Technical officer
- Screening strategies and protocols
- Training of laboratory technical staff
- Screening of all donated blood for TTIs
- Blood grouping and compatibility testing
- Good laboratory practice, including standard operating procedures (SOPs)
- Continuity in testing
- Effective blood cold chain

CHAPTER FIVE

HOSPITAL WASTE MANAGEMENT

INTRODUCTION

Biomedical waste management has recently emerged as an issue of major concern not only to hospitals, nursing home authorities but also to the environment. the bio-medical wastes generated from health care units depend upon a number of factors such as waste management methods, type of health care units, occupancy of healthcare units, specialization of healthcare units, ratio of reusable items in use, availability of infrastructure and resources etc.

The proper management of biomedical waste has become a worldwide humanitarian topic today. Although hazards of poor management of biomedical waste have aroused the concern world over, especially in the light of its far-reaching effects on human, health and the environment.

Now it is a well established fact that there are many adverse and harmful effects to the environment including human beings which are caused by the “Hospital waste” generated during the patient care. Hospital waste is a potential health hazard to the health care workers, public and flora and fauna of the area. The problems of the waste disposal in the hospitals and other health-care institutions have become issues of increasing concern.

Definition

According to Biomedical Waste (Management and Handling) Rules, 1998 of India “Any waste which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological.

The Government of India (notification, 1998) specifies that Hospital Waste Management is a part of hospital hygiene and maintenance activities. This involves management of range of activities, which are mainly engineering functions, such as collection, transportation, operation or treatment of processing systems, and disposal of wastes.

One of the major achievements has been to change the attitudes of the operators of health care facilities to incorporate good HCW management practices in their daily operations and to purchase on-site waste management services from the private sector.

Sources of Biomedical Waste

Hospitals produce waste, which is increasing over the years in its amount and type. The hospital waste, in addition to the risk for patients and personnel who handle them also poses a threat to public health and environment.

Major Sources

- Govt. hospitals/private hospitals/nursing homes/ dispensaries.
- Primary health centers.
- Medical colleges and research centers/ paramedic services.
- Veterinary colleges and animal research centers.
- Blood banks/mortuaries/autopsy centers.

- Biotechnology institutions.
- Production units.

Minor Sources

- Physicians/ dentists' clinics
- Animal houses/slaughter houses.
- Blood donation camps.
- Vaccination centers.
- Funeral services.
- Institutions for disabled persons

Classification of Bio-Medical Waste

The World Health Organization (WHO) has classified medical waste into eight categories:

1. General Waste
2. Pathological
3. Radioactive
4. Chemical
5. Infectious to potentially infectious waste
6. Sharps
7. Pharmaceuticals
8. Pressurized containers

Problems relating to biomedical waste

A major issue related to current Bio-Medical waste management in many hospitals is that the implementation of Bio-Waste regulation is unsatisfactory as some hospitals are disposing of waste in a haphazard, improper and indiscriminate manner. Lack of segregation practices, results in mixing of hospital wastes with general waste making the whole waste stream hazardous. Inappropriate segregation ultimately results in an incorrect method of waste disposal.

Inadequate Bio-Medical waste management thus will cause environmental pollution, unpleasant smell, growth and multiplication of vectors like insects, rodents and worms and may lead to the transmission of diseases like typhoid, cholera, hepatitis and AIDS through injuries from syringes and needles contaminated with human.

Various communicable diseases, which spread through water, sweat, blood, body fluids and contaminated organs, are important to be prevented.

Need of biomedical waste management in hospitals

The reasons due to which there is great need of management of hospitals waste such as:

1. Injuries from sharps leading to infection to all categories of hospital personnel and waste handler.
2. nosocomial infections in patients from poor infection control practices and poor waste management.

3. Risk of infection outside hospital for waste handlers and scavengers and at time general public living in the vicinity of hospitals.
4. Risk associated with hazardous chemicals, drugs to persons handling wastes at all levels.
5. “Disposable” being repacked and sold by unscrupulous elements without even being washed.
6. Drugs which have been disposed of, being repacked and sold off to unsuspecting buyers.
7. Risk of air, water and soil pollution directly due to waste, or due to defective incineration emissions and ash.

Biomedical Waste Management Process

There is a big network of Health Care Institutions in India. The hospital waste like body parts, organs, tissues, blood and body fluids along with soiled linen, cotton, bandage and plaster casts from infected and contaminated areas are very essential to be properly collected, segregated, stored, transported, treated and disposed of in safe manner to prevent nosocomial or hospital acquired infection.

1. Waste collection
2. Segregation
3. Transportation and storage
4. Treatment & Disposal
5. Transport to final disposal site
6. Final disposal

Biomedical Waste Treatment and Disposal

Health care waste is a heterogeneous mixture, which is very difficult to manage as such. But the problem can be simplified and its dimension reduced considerably if a proper management system is planned.

Incineration Technology

This is a high temperature thermal process employing combustion of the waste under controlled condition for converting them into inert material and gases. Incinerators can be oil fired or electrically powered or a combination thereof. Broadly, three types of incinerators are used for hospital waste: multiple hearth type, rotary kiln and controlled air types. All the types can have primary and secondary combustion chambers to ensure optimal combustion. These are refractory lined.

Environmental Impact

Treatment and disposal of healthcare waste may pose health risks indirectly through the release of pathogens and toxic pollutants into the environment.

- Landfills can contaminate drinking-water if they are not properly constructed. Occupational risks exist at disposal facilities that are not well designed, run, or maintained.

Incineration of waste has been widely practiced, but inadequate incineration or the incineration of unsuitable materials results in the release of pollutants into the air and of ash residue. Incinerated materials containing chlorine can generate dioxins and furans, which are human carcinogens and have been associated with

CHAPTER SIX

HUMAN RESOURCE MANAGEMENT SYSTEM IN HOSPITALS

Definion

HRM is the business of people and also HRM refers to activities by which an organization recruits, selects, trains, develops, motivates, evaluates, compensates, and rewards people fairly.

The **Human Resources Management** (HRM) function includes a variety of activities, and key among them is deciding what staffing needs you have and whether to use independent contractors or hire employees to fill these needs, recruiting and training the best employees, ensuring they are high performers, dealing with performance issues, and ensuring your personnel and management practices conform to various regulations.

The goal of the management of human resources function is to identify and provide the right number of competent staff to meet the needs of patients served by the hospital

A Growing Profession

As it is obvious to us that the current century as an era of development and knowledge, the knowledge is expanding through the world by the emerging of new decade, new technologies and new inventions and new observations and even new experiments keep emerging, at the mean time many new proficient fields and specialization have also emerged.

As compare to social sciences the rapid growth is more in physical such as medical sciences is increased, because the financial and technological resources are more assigned in this field.

Labour Management/Unionization

- Labour Management is one of the most important and even a crucial part of Personnel Management. Since the emergence of unionization the management has faced with many challenges and obstacles.
- Sometimes these unions are creating many problems and headache in the hospitals, and we hope that they have contributed in a positive side such as trade unions and so far.
- The constructive and destructive role of unions depends on some factors, such as past management practices and leadership style, many union are emerging like a virulent and infectious disease who are not following the healthy personnel policies.
- But most unions and central Labour bodies are also active in their communities, helping to make conditions better for working people and their families, both union and non-union.
- Unions individually and collectively pressure the government on issues that impact working people such as minimum wage, hours of work, health and safety regulations and other employment standards.
- Unions have been at the forefront of struggles to preserve and protect health care, education and other important public services. Unions fight budget cuts and laws that help big business while eroding the quality of life in our communities.

Functions of Human Resource Management:-

- Human resource planning
- Training and Development
- Employee Communication
- Staffing (recruitment and selection)
- Compensation and benefits
- Job design and Organization design
- Employee/Labour industrial relations.
- Performance Appraisal

Employees training and development:-

- Training and Development provides employees with background information about an employer. It can also teach you a new skill and can provide you with overall knowledge that can help you better perform your job.
- If you are trying to teach a skill, a video or some type of visual aid can be very beneficial. Seminars comprise another form of training
- These can be used to teach any size group and are very helpful in providing a vast amount of information in a short period of time. Other types of training can involve on-the-job observation in which you watch what others are doing and learn while they work.
- all these different types of training, people can choose the best training for their organization. Since it is important to provide clear, accurate and up to

date training, it is also important to revamp your training styles every couple of years.

Benefits of Training and development:-

1. Increased job satisfaction and morale among employees
2. Increased employee motivation
3. Increased efficiencies in processes, resulting in financial gain
4. Increased capacity to adopt new technologies and methods
5. Increased innovation in strategies and products

Updating Medical Knowledge:-

- It is so necessary to keep the medical staff updated and trained in order to fit them for the emergence of new technology in the medical field, Participation in medical seminars, workshops, and joining medical communities and reading the medical books, journals and literature is essential but it is not enough.
- There is also advance in training technology such as the software and hardwares (videos, projectors, and other instruments).

Manpower Planning:-

- Personnel management is productive exploitation of manpower resources. This is also termed as '**Manpower Management**'. Manpower Management is choosing the proper type of people as and when required.
- It also takes into account the upgrading in existing people. Manpower Management starts with manpower planning. Every manager in an organization is a personnel man, dealing with people.

Advantages of manpower planning:

Manpower planning ensures optimum use of available human resources.

1. It is useful both for medical organization and for others.
2. It generates facilities to educate people in the organization.
3. It brings about fast economic developments.
4. It boosts the geographical mobility of labor.
5. It provides smooth working even after expansion of the organization.
6. It opens possibility for workers for future promotions, thus providing incentive.
7. It creates healthy atmosphere of encouragement and motivation in the organization.
8. Training becomes effective.
9. It provides help for career development of the employees

Recruitment and selection

- Recruitment and selection is the important stage in HRM, actually the selection processes, if use it inappropriately, may have the potential to discriminate against certain groups. Equally subjective judgments based on stereotypes, appearance, can disadvantage the applicant.
- The entire selection process must therefore be based on criteria related to the requirements of the job, the necessary competencies to perform the job and the potential for development such as intelligence, qualification, aptitude.
- Interviewers need training, because every administrator or a medical doctor cannot be a good interviewer.

- As we know in many private institutions the recruitment is done by referral basis, while in governmental institutions the routine advertisements of the posts, screening of documents, and then interviewing.
- So these all need an overhaul, and to introduce scientific methods for the selection and recruitment in order to avoid nepotism and referral system.

Job and Organization design:-

- As it is clear from the definition of Job design, that job design is the specification of the contents, method and relationships of the jobs to satisfy technological and organizational requirements as well as the personal needs of the job holder.
- So Like other organizations and institutions, hospital and health facilities also have the same structure and roles; sometimes they are not able to achieve their targeted goals and objectives. So hospitals need clear job description and image, proper declaration of personnel policies and procedures, organizational charts and so on as much the other organizations have.

Employee Communication:-

- Effective communication have much more effect on the human and organizational health, because if we have a proper channel and code of communication, so it is not easy that we have face any problems, the problems and obstacle is preventing by the virtue of effective communication, effective communication is the blood of any organization.
- When there is a strike or the spread of infectious disease so in that time the effective communication can play a significant role to control all the

matters. So newsletters, pamphlets, leaflets, slide presentations, and cassettes are so essential for employee communication.

CHAPTER SEVEN

LEADERSHIP

Objective

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

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

Definition

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

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

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

Main aspects of leadership

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

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

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

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

Characteristics of managers versus leaders

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

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

How do leaders influence other people?

1. The influence of leaders on other people is expressed through power relationship. Power of a leader is defined as the ability of a leader to influence or change the behavior of other people. The power of leaders comes from a number of sources: it could be because of:

2. Their expertise or education/experience,
3. Their position in a government structure,
4. Acceptance in the community,
5. Degree of authority in rewarding and punishing others, etc.

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

What is vision or vision statement?

Definitions # 1

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

Definition # 2

Vision separates the leader from manager managers see what is and leaders what should be. Vision see beyond the horizon. 10% of the people are forward looking, 10% of the people are backward looking and 80% are watching to see who is going to win. Example:- Albert Einstein once said, "Imagination is more important than knowledge. Imagination or the smart use of knowledge is what separates winners from losers.

Have Personality Trail of Visionary Leader

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

A Good Visionary Leader:

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

Understand who a leader is:

the root of the word lead is a word meaning to go. It denotes travel from one place to another. Leaders can be said to be those who go first. They are those who step out to show others the directions in which to head. They are pioneers. They are people who venture into annex plowed territory and uncharted seas. They guide us to new destinations. They are ones who take us on places we have never been before.

Leadership is the capacity and willing to valley men and women to a common purpose, and the character which inspire confidence.

Leadership is influence, the ability of one person to influence others. One man can lead others only to the extent that he can influence them.

Leader is a man who knows the road, who can keep ahead, and who can pull others after him/her.

A leader is a person who has the ability to get others to do what they don't want to do, and like it.

Leadership is the capacity to move, inspire and mobilize masses of people.

A leader is a person who is passionate to achieve a goal and convinces others by example to join him/her the same direction

Evaluate Your Effort

Evaluate the outcome

Be willing to evaluate oneself and everyone involved (one of the greatest challenge that a leader may face is to go back to critic his/her performance)

Don't see every thing as easy and as simple as you go along this road:

- don't be discouraged
- stay focused
- be willing to modify and change
- stay consistent
- lead beyond the cultural road blocks
- be willing to be criticized
- Try for the second time, third time, and so on (*please be courageous not to give up*)

Lead today by having the tomorrow in

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

Core leadership competencies for a leader

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

A Leader as a change Agent

In order to change the culture of any organization:

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

Summary

- Leaders will have an overview of global leadership - Leaders will be empowered to take the next step in their journey of leadership - Leaders will have the courage to become changes' agent. - Leaders will be motivated to be visionaries in leading their organizations - Leaders will be exposed on how to lead their organizations in the change process - Leaders will have a confidence to engage in change. Leaders of to day are constantly confronted with a reality of a need for change. Leaders face overwhelming decisions to make and changes to introduce. The strategies established to introduce change, skills exercised to bring change, systems structured for management and mechanisms developed for evaluation determines the leader's effectiveness in his/her effort to bring change in the life of their organization. Hence Health Extension Worker will be highly motivated to grasp basic concepts of leadership and change management while reading this concept paper

CHAPTER EIGHT

SUPERVISION

Learning Objectives

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

Definition

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

For effective supervision, the manager should possess technical proficiency, tact and leadership qualities. It is the art of guiding, instructing, and encouraging staff initiative. It must be seen to be of value and the worker supervised must regard it as a support and a way of improving competence.

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

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

The supervisor should be able to make orders and issues instructions and in addition to checking and reviewing performance. Through supervision, the manager is monitoring, controlling and supporting.

An effective system of staff supervision is essential part of any such strategies and must be given a priority status.

Kinds of Supervision

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

1. Task-Oriented

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

2. Person-Oriented

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

Responsibilities of Supervisors

1. Identify standards of good performance and communicate to staff members.
2. Work with staff to periodically assess their performance compared to these standards.
3. Provide feedback to staff about their performance.
4. Work with the staff and the community to identify appropriate interventions that will lead to improve worker performance and delivery of high quality service.
5. Mobilize resources from many different sources to implement interventions.
6. Ensure that interventions have had the intended effect.

Needs of a Supervisor

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

A supervisor gets results through people. People must be treated as individuals.

This has to be understood by any supervisor.

Main Features of a Supervisor

1. Guidance and training
 - o Maintain regular contact with staff
 - o Manage performance problems
 - o Designing a supervisory system (plan, schedule and performance evaluation).
2. Assistance with resources and logistics
3. Support, encouragement and advocacy
4. Monitoring and evaluation.

Effective Supervision

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

- Create good communication and understanding, and participatory discussions with the staff. Encourage suggestions and participation. Even you need to talk informally with your staff.
- Share the overall goals and objectives of the program with the staff.
- Respect your staff and the give praise to the contributions made.

- Identify the types of decisions or issues the staff feel are important.
- Develop and create team working and team spirit among the staff involved in supervision.
- Equip yourself with a checklist.
- Select properly qualified staff with technical and managerial skill.
- Reward (in kind or cash) those with better performances.

Roles of a supervisor

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

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

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

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

Factors that influences supervisions

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

1. The Task

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

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

2. The Supervisee

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

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

3. Time

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

5. The supervisor's own style and situations.

Individual style of supervision and the existing situation/condition may have positive or negative impact on supervision. It is clear that individuals have different behavior and character. Depending on the type of behavior an individual possesses, the style of supervision also may be favored or affected. On the other hand, situations may have also an impact on the style of the supervisor, even if he/she has good knowledge on supervision. Internal and external forces or conditions may dictate on the individual style. For example, in the case of and an epidemic, where many people are suffering and dying of the disease, a supervisor should take an immediate action on those who are not working properly. "Do not be afraid to vary your type of supervision to suit the circumstances."

Should supervision be based on task or relationship behavior?

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

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

Should supervision style adapt to the circumstances?

Contemporary approaches to management have criticized the view that there is a "one best way" of managing that may be used universally, irrespective of time, place or task. The burden is on adapting management to the particular circumstances and the recognition that what is appropriate in one case is not necessarily appropriate in another. This is certainly the case with supervision styles which should not be seen as mutually exclusive and universally applicable.

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

What skills are required for effective supervision?

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

1. Technical Skills

It is highly essential and important in the specific area of work for supervision. The supervisor should possess good experience and training in the area of concern in addition to knowledge of relevant legislation and organizational policies for that area.

2. Conceptual Skills

It refers to the ability of the supervisor to see specific problems in their wider dimension in addition to applying a logical approach to the issues raised in supervision. Improving skills here are problem identification and solving, organizing, and planning in addition to a proactive management style.

4. Human Relation Skills

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

Process and Activities of Supervision

1. Preparation for supervision

In the preparatory stage the supervisor has to:

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

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

2. Conducting the Supervision

In this stage, the supervisor

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

3. Follow up of supervision

These stages should systematically set the particular solution to the individual's problems. It is identified through the supervisors' report and the health teams' program of work. It is important to clarify the objectives and targets, and then set out the actions required in terms of training, timetable of activities, and changes in logistic support. In order to secure a record for future supervision and clarify action required, the supervisor should make a report. **The experience of supervision in the health sector**

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

- Lack of skilled/experienced staff
- Lack of motivated staff
- Lack of resources to carry out supervision sustainable
- High turn of skilled manpower
- It is sometimes carried out without planning and scheduling

- Feedback is not given on time
- Most of the time those areas which are far away are not covered by supervision.
- Lack of transportation to reach inaccessible areas

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- Feedback is not given on time
- Most of the time those areas which are far away are not covered by supervision.
- Lack of transportation to reach inaccessible areas
- Supervisors and Supervisees have in sufficient time for supervision
- Supervision visits and sessions suffer from poor scheduling
- Supervisors do not have the necessary seniority and respect among the employees
- Feedback does not occur in the supervisory process
- Supervisors fail to adopt the right supervisory style
- Supervision takes place sporadically and/or infrequently
- Nobody is responsible for ensuring that effective supervision occur
- Lack of preparation of supervision particularly in not prioritizing the issues for supervision

- Insufficient development supervisory skills
- Inadequate job descriptions confuse the supervisory process.

Classification of Supervision

1. Individual and Group Supervision

• Individual Supervision

Individual supervision takes place one-to-one bases between the supervisor and supervisee. Some of the advantages are:

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

Can contribute to the motivation of the supervisee,
The supervision can adjust his/her style of supervision.

• Group Supervision

It may well be more appropriate to conduct group supervisory sessions. This means that the supervisor would supervise community workers from a defined geographic area at one time and one site, combining field contacts between a supervisor and multiple community workers into one supervisory session. Supervision can occur on a fixed schedule and the site can be rotated among the community workers' villages in the area. This method introduces the possibility of peer group support as problems an solutions are shared among co-workers and colleagues in a learning process. Problems faced by the health workers might even be common or interrelated and therefore require a more team.

2. Informal and Formal Supervision

Supervision is normally considered to be a relatively formal process with a structure involving preparation, organized supervision sessions, regular frequency and time limits, recognized stages and means for the gathering of information, agenda setting, the keeping of records, and formal definition of actions to be taken. Those recognized procedures lend seriousness to the supervisory process. The pressure of time, the immediacy of a crises situation or the development of highly interesting and important problems also requires supervision to be conducted on a more formal basis. It is important, however, that this informality should not become the predominant form of supervision. There is clearly a need to ensure supervision takes on the form of a repeating system with a clear and regular structure.

3. Direct and Indirect Supervision

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

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

CHAPTER NINE

IMPLEMENTATION

Learning Objectives

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

Define implementation,

Ensure the availability and on timely deployment of all resources that are needed for implementation,

Use time-table for proper follow up of implementation,

Decide on important issues to facilitate implementation,

Know that motivation of staff, coordination, monitoring and supervision of works are vital for implementation, and

Understand factors that affect implementation and find means of alleviating them.

Definition

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

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

Implementation “consists of initiating the activity, providing assistance to it and to its participant, problem-solving issues that may arise, and reporting on progress.”

To accomplish all of this, one has to select the most appropriate

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

Factors that facilitate Implementation

1. The implementer need to *f* Know and review the plans drafted, *f* Understand the goals/objectives, *f* Write detail activities based on the goals/objectives, *f* Arrange time-table, *f* Assign responsible bodies, and *f* Discuss with the stakeholders.

2. Allocating the necessary Resources/Inputs

- ✓ **Manpower** Secure and deploy on time the necessary manpower in kind and number.
- ✓ **Money** - Clear budget for capital and recurrent uses have to be available and utilized effectively and efficiently. - Know the amount of budget allocated for implementing the project/program/activity. - Close control of the utilization is very essential. *f*
- ✓ **Materials** - Obtain the necessary equipment and supplies on time. - Need strict controlling on the utilization to prevent corruption.
- ✓ **Information** - Document all the necessary information about the progress of the implementation. - Inform the stakeholders about the development and if there is any constraint, etc. *f*
- ✓ **Time** - Use time effectively. - Develop time-table to follow the implementation

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

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

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

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

Give defined responsibilities to the staff. f

Give authority that can balance the authority offered. f

Person in charge have to be assigned and be known by all. f

Develop check lists that will guide coordination such as:

- ✓ What is to be done?
- ✓ Where does the action will take place?
- ✓ When will be the action will take place?
- ✓ Which materials and equipment are needed?
- ✓ Who will be responsible at each level?

General and specific responsibilities have to be clearly stated and known by all concerned. Etc

5. Communication Directives and coordination will go smoothly if there is proper communication on the ground f Create link with the necessary stakeholders including the community.

Develop organizational structure, which will help you to know the authority, responsibility and who makes decision, etc. f

Communicating with staff, government agencies, community, and other relevant stakeholders will enhance and facilitate the implementation process. Create networking with all stakeholders. f

Intersectrol communication and collaboration will enhance the implementation process

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

During monitoring check f

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

Use of Log Frames, Activity Plans, and Schedules will help to monitor progress. Periodic supervision has to be made to know the progress of the implementation. It needs to be planned. It is to maintain and improve the quality of implementation of program/activity. Supervision can be conducted either directly by observing the implementation at the site or indirectly by checking reports.

Decisions on Implementation

First: Ensure that program activities are executed as planned and services delivered as intended. Coordination of activities on time and place are the first to be considered.

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

Third: Mobilization and allocation of the necessary resources. Monitoring and controlling, logistics deploying, accounting and organizing have to be undertaken for proper implementation of programs/activities.

Fourth: The information needed in relation to implementation. Decision on What? And Why? – Adequate quantity and quality. From where? - Which

sources? How? – Processing and putting together, analyzed, reported, etc. To whom to be communicated?

Factors affecting Implementation/ Causes of Poor Implementation

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

Factors f

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

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

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

Effective Performance Measurement Process

These measurement process needs due attention by any implementer:

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

CHAPTER TEN

EVALUATION

Learning Objectives

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

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

Health services have become complex. There has been a growing concern about their functioning both in the developed and developing countries. Questions are raised about the quality of medical care, Utilization and coverage of health services, benefits to community health in terms of morbidity and mortality reduction, and improvement in the health status of the recipients of care. An evaluation study addresses itself to these issues

Definition

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

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

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

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

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

Evaluation: - cannot be expected to do anything

What it can often do is: -

1. To show the main achievements/findings;
2. To show where and how changes can be made;
3. To show how strengths can be built upon;
4. To provide information;
5. To increase skills for planning; and
6. To increase skills in decision-making.

The results of evaluation are expected to show:

What a program has been trying to do?;

What actually happened?

Where the differences/gaps between the plan and the Actions has happened

The reasons for the difference/gaps, and What needs to be done?

Evaluation involves finding the answers to the following questions:

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

The main purposes of evaluation may be generalized as:

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

Stakeholders be it in health or other sectors, they need programs to be evaluated and the necessary measurements to be undertaken.

Six general reasons why stakeholders may want programs to be evaluated.

1. To determine the achievements of objectives related to improved health status.
2. To improve program implementation. Through it weak elements can be identified, removed and replaced.
3. To provide accountability to funders, community and other stakeholders. An evaluation may provide decision makers with the information to determine if the program funding should continue, discontinue or expand.
4. To increase community support for initiatives.

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

5. To contribute to the scientific basis for community public health intervention. Program evaluation can provide funding that can lead to new hypothesis about human behavior and community change, which in turn may lead to new and better programs.
6. To inform policy decisions. Program evaluation data can be used to impact policy within the community.

The Process of Evaluation

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

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

Planning:

Why do you need to plan evaluation?

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

Planning helps you to: *f*

Select the priorities and objectives of the evaluation *f*

Indicate the kind of methods you need to use *f*

Decide what you need to do in detail *f*

Decide the role each person will play in the evaluation *f*

Indicate how long the evaluation will take and how much it will cost *f*

See how one part the evaluation relates to the others *f*

Increase skills in planning & organization.

f Review the program goals and objectives

- Determine whether the necessary resources are available

- Determine the evaluation design *f*

Determine whether the evaluation questions reflect the goals and objectives of the program.

**Health Service Management
Hassan**

by: ustad Mohamed

Data collection: f

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

Data analysis: f How to analyze; - who will analyze? Etc.

Reporting:

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

Application: f

Determine how the results can be implemented

The General Approach to evaluate:**Five Steps:**

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

Collecting- the information- evidence findings.

Comparing the results with targets/objectives.

Judging- target/objectives met.

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

Who will conduct the evaluation?

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

If someone trained in evaluation, who is personally involved with the program conducts the evaluation, it is called an ***Internal Evaluation***. Advantages:

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

Major Drawbacks:

Evaluator bias or conflict of interest.

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

Advantage:

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

Disadvantage:

- More expensive.

General steps of evaluation

The basic steps involved are as follows:

1. Determine what is to be evaluated
2. Establish standards and criteria
3. Plan the methodology to be applied
4. Gather information
5. Analyze the result
6. Take action
7. Re-evaluate

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