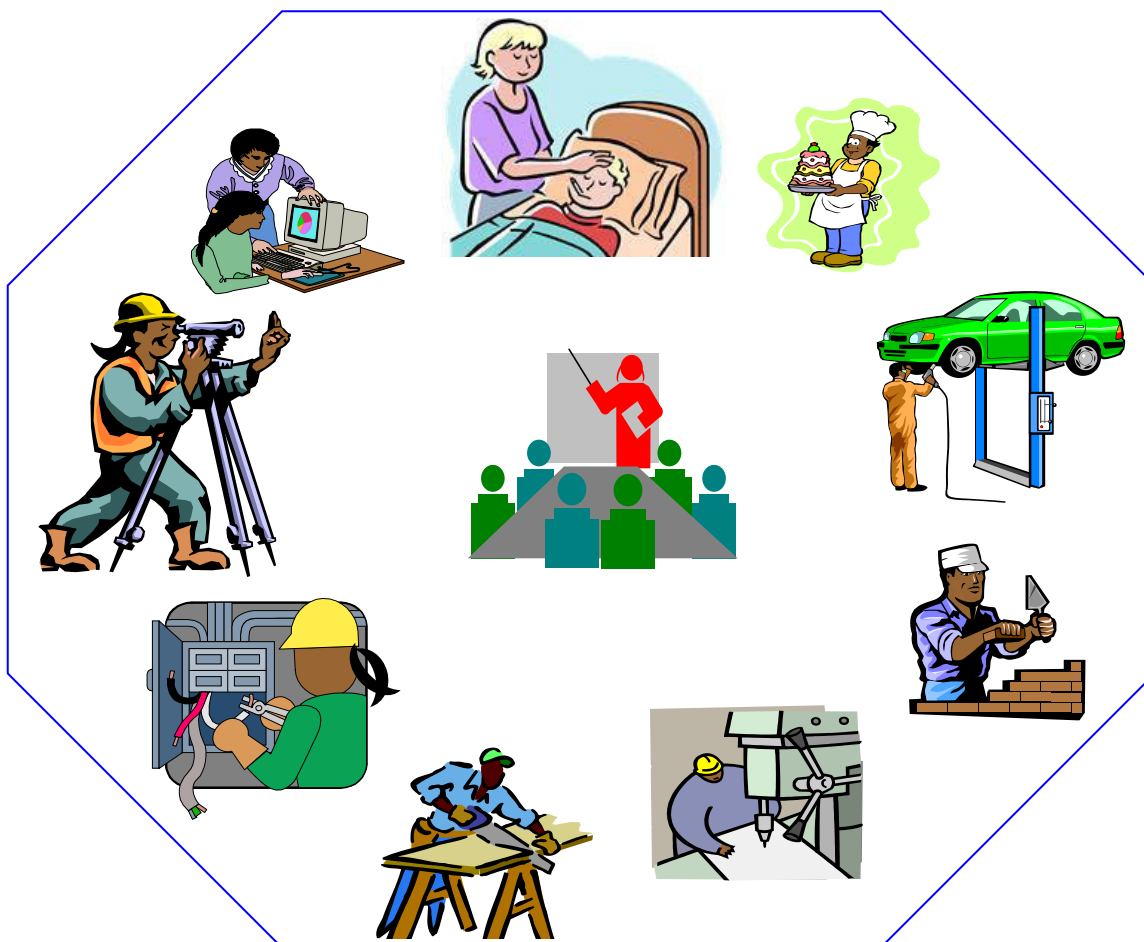




NURSING -Level-IV

Manage Community Health Service

Based on Dec, 2018 Version OS and Dec, 2019 Version Curriculum



Module Title: - Managing Community Health Service

LG Code: - HLT NUR4 M01 LO (1-3) LG (1-3) 0221

TTLM Code: - HLT NUR4 TTLM LO1-3 0221

February 2021
Bishoftu, Ethiopia



Table of Contents

page

LO1. Follow organizational guidelines, understand health policy and service delivery system	4
Information Sheet -1- Definition of terms.....	6
Self-Check -1	9
Information Sheet -2- Historical development of Ethiopian health policy and services	10
Self-Check -2	12
Information Sheet 3- Organizational of health service delivery	13
Self-Check -3	18
Information Sheet 4- Concepts of primary healthcare	19
Self-Check -4	21
Information Sheet -5-Primary healthcare in Ethiopia	22
Self-Check -5	35
Information Sheet -6- health extension Program.....	36
Self-Check -6	39
LO2. Plan, manages, monitor and evaluate health system	40
Information Sheet 1- Management and leadership in community healthcare	42
Self-Check -1	52
Information Sheet 2- Planning health programs	53
Self-Check -2	66
Information Sheet-3- Management of supplies at health system.....	67
Self-Check -3	74
LO3. Lead and build individual's and team's capacity	75
Information Sheet -1- Identifying Self-improvement areas based on individual's self-performance evaluation.....	77
Self-Check -1	80
Information sheet -2- Systematically identifying Learning and development needs in line with organizational requirements	81
Self-Check -2	89
Information sheet -3- Identifying Learning and development program goals and objectives to match the specific knowledge and skills requirements of competence standards	90
Self-Check -3	94
Information sheet 4- Providing Workplace learning opportunities and coaching/mentoring to facilitate individual and team achievement of competencies	95



Self-Check -4	100
Information sheet 5- Developing Joint action plan by team and individuals	101
Self-Check -5	104
Information sheet -6- Allocating Duties and responsibilities on the skills and knowledge required to undertake the assigned task as well as considering individual's preference	105
Self-Check -6	110
Information sheet -7- Making Collaborative efforts to attain organizational goals ..	111
Self-Check -7	113
Information Sheet -8- Using feedback from individuals or teams to identify challenges, develop interventional strategies, and implement them to bring about improvement	114
Self-Check-2	121
References.....	122
Answer Key for self-check.....	123



LG#1	LO1. Follow organizational guidelines, understand health policy and service delivery system
-------------	----------------------------------------------------------------------------------------------------

Instruction sheet

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Definition of terms
- Historical development of Ethiopian health policy and services
- Organization of health service delivery
- Concepts of primary healthcare
- Primary healthcare in Ethiopia
- Health Professional Program

This guide will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Definition of terms
- Historical development of Ethiopian health policy and services
- Organization of health service delivery
- Concepts of primary healthcare
- Primary healthcare in Ethiopia
- Health Professional Program

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow theLL instructions described below.
3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
4. Accomplish the “Self-checks” which are placed following all information sheets.
5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).



6. If you earned a satisfactory evaluation proceed to “Operation sheets
 7. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
 8. If your performance is satisfactory proceed to the next learning guide,
- If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.



Information Sheet -1- Definition of terms

1.1. Definition of terms

- **Health care** – is the total societal effort, undertaken in the private and public sectors, focused on pursuing/improving health
- **Health services** – are specific activities undertaken to maintain or improve health or to prevent decrements of health. Can be preventive, promotive, curative or rehabilitative in nature
- **Health service organization:** Organizational structures within which health services are delivered directly to consumers.
- **Health systems** Are formally linked HSOs, possibly including financial arrangements, joined together to provide more coordinated & comprehensive health services
- **Community packages** were packages that were given for every community members
- **Vertical health program** are centralized, non- integrated and disease specific health programs
- **Effectiveness**, it is how well an organization, or a person in an organization is meeting their goal
- **Efficiency**, is a measure of how well the health sector is using its resource to achieve that goal
- **Equity;** it is a matter of distributing resources as well as service for all segment of the population equally
- **Team spirit;** it is creating an atmosphere of mutual trust and understanding between members of a team
- **Division of labor;** it is an act of distributing work, among all member of the team in equal manner
- **Planning;** it is forecasting and thinking about things that you want to happen in the future and then working to achieve that
- **Management** is an integral component of any programme. In case of health sector



we are doing in, management touches every aspect of our daily activity. Without following the management functions it is impossible to achieve any health related objectives and goals.

- **Community** is a collection of people who interact with one another and whose common interest or characteristics gives them a sense of unity and belonging. A community: is a group of people in defined geographical area with common goal and objective and the potential for interacting with one another (Dryer's den). The function of any community includes its members' sense of belonging and shared identity, values, norms, communication, and supporting behaviors. Some communities who may share almost everything, while other communities (large, scattered and composed of individuals) who may share only there common interests and involvement in certain goals. **A community** is often defined by its geographic boundaries and thus called a geographic community. Example, a city, town or neighborhood is a geographic community. A community demarcated by geographic boundaries becomes a clear target for analysis of health needs to form basis for planning health programs and a geographic community is also easily mobilized for action. **Community** can also be identified by a common interest or goal. A collection of people, although they are widely scattered geographically, can have an interest or goal that binds the members-together called common interest community. (e.g., Disabled individual scattered through out a large city may emerge as a community through a common interest in their need for improved wheel chaired access or other handicapped facilities).
- **Health:** is defined as a state of physical, mental and social well being not merely the absence of disease or infirmity (WHO, 1948). Health, in its holistic philosophy differs greatly from that of the acute care settings.
 - ✓ **Physical health** implies a mechanistic functioning of the body.
 - ✓ **Mental health** means the ability to think clearly and coherently and has to do with your thinking and feeling and how you deal with your problem. A mentally healthy person has a capacity to live with other people, to understand their needs, and to achieve mutually satisfying relationships.



- ✓ **Social health** refers to the ability to:
 - ✓ Make and maintain relationship with others:
 - ✓ Interact well with people and the environment.
- **Wellness:** is a life – style aimed at achieving physical, emotional, intellectual, spiritual and environmental well being. The use of wellness measures can increase stamina, energy and self – esteem, then enhance quality of life. The concept of wellness also allows for individual variability. Wellness can be thought of a balance of the physical, emotional, psychological, social and spiritual aspects of a person's life. This is a dynamic state. Each person would define wellness in relation to personal expectations.
- **Wellness behaviors** are those that promote healthy functioning and help prevent illness. These include, for example, stress management, nutritional awareness, and physical fitness.

**Self-Check -1****Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Match the following ethical principles (under column A) to their meaning(column B)

A

1. Equity;
2. Team spirit;
3. Division of labor
4. Planning;
5. Organizing;

B

- A) an act of distributing work
- B)an act of assigning duties,
- C),equally distribution of resources
- D) forecasting and thinking about things
- E) understanding between members of a team

I. Short answer (each 1point)

1. Define Management?
2. Explain Community
3. Write the differences of Health & Wellness

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Name: _____

Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____



Information Sheet -2- Historical development of Ethiopian health policy and services

1.1. Historical development of Ethiopian health policy and services

Even though the current time seems comparatively modern time for you, Ethiopian health service you will be working in has developed over previous years. The challenges through the process brought the development and application of primary health care in rural part. Ethiopia is a country with 83%(69,986,419)(2007,population census report) of its population living in rural areas and about nearly 80% of the disease of that affect its population are communicable disease that can easily prevented through the change of behavioral practices. Despite this, Ethiopia previously had a health policy that focused on curative and urban centered health services until the government launched its new health policy in 1993.

During the past fifteen years, the Federal Ministry of Health has built an impressive frame work for improving the health for all, including maternal and neonatal health. This has included a wide range of different strategies like making pregnancy safer, reproductive health strategy, adolescent and youth reproductive health strategy and the revised abortion law. There are also strategies on free service for key maternal and child health services, the training and deployment of health professional workers for promotion of institutional delivery and Emergency surgery officers at primary hospital to manage obstetric and other surgical procedures.

Know a day's primary health service coverage reached 92%(84,320,987 total population) with 125 hospitals, 2999 health centers, 15668 health set ups and more than 4000 private for profit and not for profit clinics. There were also more than 30,000 health professional workers deployed and working in every kebeles (Health and health related indicator report, 2004 EFY).



History of Public Health

Why history of public health?

- To learn from the past experiences
- To understand the present situation
- To forecast the future conditions
- To recognize the dynamic transition in social, economic and political factors and their implication on human health.

Health policy in Ethiopia

The first health policy in Ethiopia was developed in 1993 and mainly focuses on prevention and control of this communicable disease.

Prevention and promotion components of healthcare that can resolve most of the health problems of the population were given more attention by the new health policy and the main features of this policy include a focus on decentralization, expanding the PHC system, and encouraging partnerships as well as the participation of the whole community in health activities. The strategy of the policy has been to expand healthcare delivery at the grass roots level through the implementation of the Health Service Extension Programme (HSEP). The primary aim of the HSEP approach is to bring health service delivery to the rural community at family level where such a big percentage of the total population lives.

Policy Development

- Advocate for community needs and issues
- Prioritize health needs
- Plan and develop policies



Self-Check -2	Written Test
----------------------	---------------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Short answer (each 1point)

1. What is the main focus of Ethiopian Health policy?

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answers sheet #2

Name: _____

Date: _____

Score = _____
Rating: _____

1. _____



Information Sheet 3- Organizational of health service delivery

1.3. Organizational of health service delivery

In order to reach the large segment of the population and provide health services for the community, so far Ethiopia was used three different organizational structures (tiers). The first was six tier system, the second was four tier system and the current was called three tier system. Which is organized in to:

- Level one is a Woreda/District health system comprised of a primary hospital (to cover 60,000- 100,000 people), health centers (1/15,000-25,000 population) and their satellite Health Set ups (1/3,000-5,000 population) connected to each other by a referral system. The primary hospital, health centre and health set ups form a Primary Health Care Unit (PHCU).
- Level two is a General Hospital covering a population of 1-1.5 million people; and
- Level three is a Specialized Hospital covering a population of 3.5-5 million people.

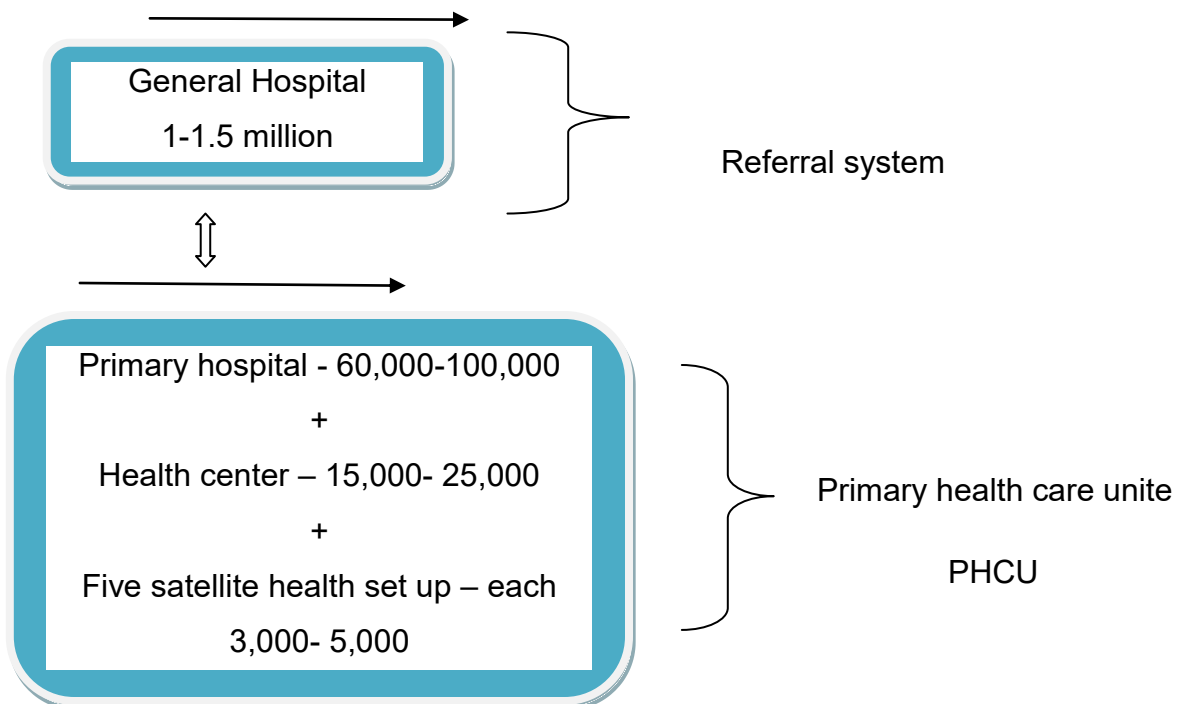


Fig1.1. Three tier system of Ethiopian government health service delivery modality.



The bottom structure of health service delivery is networked as one health center with five satellite health set up. There is one person from the health center who is deployed as a supervisor of health professional under the five health set ups. The five satellite health set ups were mainly accountable for the cluster health center.

They identify problems together, map the problem together, plan the cluster health problem together, implement and evaluate together. This will strength the system and help the implementation of preventive, promotive and curative health service in more integrated and complete manner. The compiled health service report will be sent for the woreda through the cluster health center. The cluster health center head and its management are accountable for the accuracy and completeness of the report sent from the cluster.

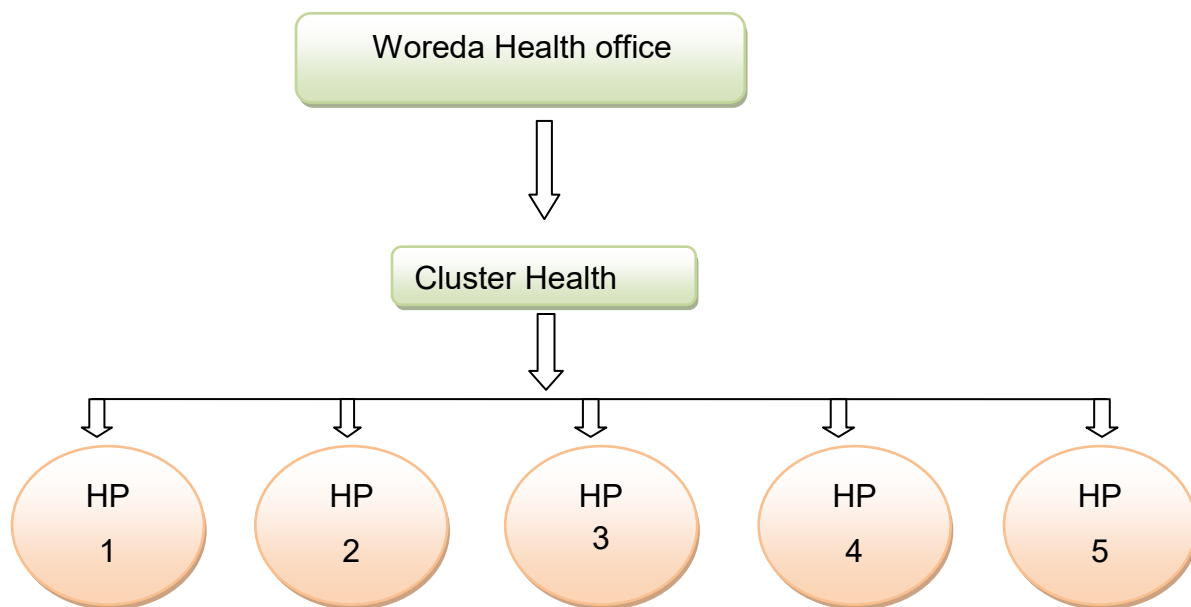


Fig 1.2 Networking of cluster health center with its five satellite health set up

The referral system was also managed in such a way that the satellite health set up were refer their client for further service for their cluster health center and if the case is also above the ability of the health center then the case will be referred to the primary hospital. The net working was illustrated by figure 1.2 above.



Fig1.3. Referral system at rural part of Ethiopia (photo; Mohammed Hussein, 2012)

1.3.1. Organization of Health Delivery System in Ethiopia

- Public health sector – controlled by MOH
- Private health sector
- NGOs

Health care system in Ethiopia was dominated by the public centers with small contribution from missionaries and NGOs. However – due to:

- increasing high population growth,
- people need modern Rx
- slow expansion of public health institutions
- Absence of clear governmental regulation and other problems allow the government to design policies and the health policy of Ethiopia issued in 1993 , and has 2 components.
- participation of NGOs
- Participation of private sectors.



Regulations were designed by council of ministers in 1994 to control & licensing the private health institutions. **MOH** has power and authority to license, hospitals anywhere of the country, radiological, diagnostic centers and any form of health institutions to be run by foreigners.

Regional health department has the power to license

- Health centers
- Clinics
- Clinical diagnostic centers

For this function, standard and guidelines were given by MOH= to private sectors, following this development, the private subsectors seem to have growth very fast but various problems encountered both by regulatory force and providers in operation of private: sectors, these include:

- difficult for private sectors getting medical equipment and drugs
- Complaints professionals in public sectors for not being allowed to work par-time.
- existence of several unlicensed private institutions
- very high service charge
- poor referral and reporting by private facilities
- too much and unnecessary lab. Investigation
- mal-practice and illegal practices in some private sectors
- Absence of clear and standard measures to be taken in case of mal-practices
- Exodus of health professionals to private sectors
- Shortage of resources and human power at the MOH level for properly enforcing and supervising guidelines.

NGOs are non- profitable organizations whose central purposes are to provide materials, assistance and management as well as technical services at little or no cost to the needy. These organization in general are not sponsored, governed, or funded by the government, yet they work on the policy & guideline established by government.



NGOs usually focus on public health services. The challenges faced by NGOs in health institutions in any country include:

- Lack of clean water
- Poor sanitation
- Poor waste disposal system
- High level of infectious disease
- Inadequate and unbalanced health services. Before 1980 NGOs focus on PHC, but nowadays NGOs focus on advanced health services to provide specialized and advanced health services.
- Currently 82 % Ethiopian population is believed to get basic health services, out of this > 7% is covered by NGOs

**Self-Check -3****Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Short answer (each 1point)

1. Discuss the current level health service delivery?
2. Describe the health delivery system in Ethiopia

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Name: _____

Date: _____

Score = _____
Rating: _____

1. _____

_____ -
2. _____

_____ -



Information Sheet 4- Concepts of primary healthcare

1.4. Concepts of primary healthcare

Primary health care (PHC) is a term given to the essential health care that is universally accessible to individuals and is acceptable to them with fulfilling certain principles. Often, as in Ethiopia, this level of health care is free for people living in rural part. Primary health care gained the world's attention after the 1978 International conference on PHC held at ALMA ATA. After the declaration many countries have started to follow the approaches of PHC to reach rural communities where most of the health problem exists. As you know the main problem of our country is to give attention to alleviate the problem of communicable disease the PHC focuses on disease prevention and health promotion. It is the type of health care delivery, can be described as “by the people, of the people and for the people”. This means it involves the community to solve the communities' health problem by using resources generated by the people themselves. As you know Ethiopia is one of the countries in the world which has adopted PHC as a national strategy since 1976. This strategy focuses on fair access to health services by all people throughout the country, with special attention on prevention and control of common disease, self- reliance and community participation. To achieve these principles of PHC the government of Ethiopia started to decentralize the health service delivery system from regional to woreda and kebeles level since 1997 through vertical health program approach.

Vertical health program are centralized, non- integrated and disease specific health programs. This approach has not brought the required health outcome, so the health service professional program that you are now in it started to be implemented since 2003. So this reveals the roll of you as health professional worker of that kebeles will be to work with the community by supporting them to acquire the knowledge and skills that can enable them to produces their own health by themselves. This will follow certain principles that can help to change the health of the community in a better way.



Principles of primary health care

- **Accessibility (equal distribution):** this is the first and most important key to PHC. Healthcare services must be equally shared by all the people of the community irrespective of their race, creed or economic status.
- **Community participation:** this includes meaningful involvement of the community in planning, implementing and maintaining their health services. Through the involvement of the community, maximum utilization of local resources, such as manpower, money and materials, can be utilized to fulfill the goals of PHC.
- **Health promotion:** involves all the important issues of health education, nutrition, sanitation, maternal and child health, and prevention and control of endemic diseases. Through health promotion individuals and families build an understanding of the determinants of health and develop skills to improve and maintain their health and wellbeing.
- **Appropriate technology:** technology that is scientifically sound, adaptable to local needs, and acceptable to those who apply it and for whom it is used.
- **Inter-sectoral collaboration:** to be able to improve the health of local people the PHC programme needs not only the health sector, but also the involvement of other sectors, like agriculture, education and housing.

Elements of Primary Health Care

- Education on health problems and how to prevent and control them.
- Development of effective food supply and proper nutrition.
- Maternal and child healthcare, including family planning.
- Adequate and safe water supply and basic sanitation.
- Immunization against major infectious diseases.
- Local endemic diseases control.
- Appropriate treatment of common diseases and injuries.
- Provision of essential basic medication.

**Self-Check -4****Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Short answer (each 1point)

1. List the five principles and eight elements of primary health care?

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Name: _____

Date: _____

Score = _____
Rating: _____

1. _____



Information Sheet -5-Primary healthcare in Ethiopia

1.5. Primary healthcare in Ethiopia

PHC defined as:

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

1.5.1. Historical Development of Primary health Care in Ethiopia (PHC)

1948 MOH was established with the technical assistant of WHO and USAID (United States Aid for International Development). The goal of MOH was to provide adequate medical care and health services to all sectors of the Ethiopian population. Ethiopia being a member of world health assembly (WHA) started to implement the “Vertical Health Services”

Vertical Health Service (VHS):

The VHS programs are directed centrally and it includes: malaria eradication and smallpox eradication, and leprosy and tuberculosis control. After some years WHO evaluated the program and found out that:

- These programs were autonomous with central direction, hence, expensive and ineffective
- Supported exclusively by foreign agencies with little or no national budgetary support hence, reduced their activities.
- Heavy expenses in transport and per diem because the head offices were in Addis Ababa



- These programs were imported and translated in the country.
- Therefore, WHO decided that this strategy was not effective and shifted over to basic health service era.

Basic Health Services (BHS)

Basic health services gave more attention to rural areas through construction of health centers (HCs) and health stations for ambulatory care and tried to emphasize both preventive and curative. The development of BHS goes with the establishment of Gondar Public Health College producing three categories of health workers (“3 man team”, Public Health Nurses, Health Officers, and Sanitarians).

Development of three five years plan

First five years plan (1958 – 1963). In this plan period emphases were:

- Development of health centers (HCs, for 50,000) health stations (HS, for 5000) people.
- Health human power development
- Malaria eradication

Second five years plan (1963 – 1967). This plan tried to establish a strategy for the basic health services with the following objectives.

- Ensure promotion of health services to rural population
- Increasing of the number of beds
- Construct four new hospitals one of which was block lion.

Third five years plan (1967-1972). In this plan period there was nothing especial except strengthening the 2nd 5 yr plan. After the implementation of the three 5 yr plan, evaluation of what has been done was undertaken. The findings were (in 1974 – after 20 yrs.) 93 HCS & 400 HS

Problems identified were:

- High cost of establishing health institutions
- Curative health services predominated other health services
- Inadequate health budget



- Prevailing of attitude was for hospitals
- Unclear health policy
- No community participation and intersect oral collaboration

After several years of vertical and basic health services attempts, the health situation observed were:

- Prevalence of most common diseases remained static in some cases it showed an increase, Eg. Schistosomiasis
- Maldistribution of available resources appeared in exaggerated form
 - ✓ Health expectations were not improving. Eg. Many mothers and children continued to die).

The New approach of PHC It was declared that PHC is the key to the attainment by all people of the world by the year 2000 of a level of health that will permit them to head socially and economically productive life.

Certain important terms

Essential health care provided through PHC is basic and indispensable

Practical - appropriate and realistic, Selection of priorities based on resources

Universally accessible – the approach is to bring health care as close as possible to where people live and work. Scientifically sound:

- The strategy we use to implement PHC should be scientifically explainable and should be understood.
- PHC should not entertain quack medicine

Socially Acceptable Methods and Technology

Not every method and technology is acceptable to societies.

In order to implement PHC the method and technology we are using should be accepted by the local community. We need to consider the local value, culture and beliefs etc.

Universally Accessible

- Collective expression of political will in the spirit of social equity.



- Because of the inequitable distribution of the available resources, the services are not reachable (approachable) by all who need them.

Community involvement

Active involvement of people in the planning implementation and control of PHC, Individuals and families assume more responsibility for their own health. It was wrongly conceived that health for communities can be achieved through the efforts of health workers alone.

- Health is not a gift that could be given to communities by health professionals.
- Communities can achieve better health status through their own efforts and the health workers role is to help them identify their problems and to point out methods for dealing with the problems.

Cost that the community or country can afford

- Health services are expensive because of professional costs and the cost of equipment and capital expenses.
- PHC demands the use of methods which are cheap or within the cost the community can afford to pay.

Self reliance and self determinations

- implies individuals, families, and community's initiative in assuming responsibilities for their own health development
- Adopting measures that are understood by them & accepted by them.
- Knowing when and for what purpose to turn to others for support and co-operations.

Philosophy of PHC

Equity and justice

- equitable distribution of services, resources, health care
- if all can't be served, priority for these in need individual and community self-reliance
- personal responsibility for their own & their families health



Inter – relationship of health and development

- Development is a multi-dimensional process involving changes in structure, attitude, and institutions as well as the acceleration of economic growth, reduction of inequity and eradication of absolute poverty.
- Better health among adults means a bigger and better work force leads to increased productivity, on the other hand, a developed nation can provide a better health service for its citizens.

Principles of PHC:

- **Equity-** Equitable distribution of services, resources and facilities for the entire population.
- **Inter-sectoral approach-** A joint concern and responsibility of sectors responsible for development in identifying problems, programmes and undertaking actions. Education, income supplementation, clean water, improved housing and sanitation, construction of roads and water ways, enhanced role of women have substantial impacts on health.

Key health related sectors

- Public education and information
- Agriculture, commerce, industry
- Water, sanitation and housing
- Related to human behavior and human development.
- Related to human population and economic relationships.
- Related to human settlements and environmental control.

Three major determinants of health

A. Public Education and Information

- Teach local health problems in schools
 - ✓ Use locally produced learning materials
 - ✓ Organize refresher courses for teachers
 - ✓ Provide sanitary facilities and water in schools



- ✓ Organize a school health (preventive) programme and interschool health competitions.
- Informal community education
 - ✓ Cultural activities, traditional media
 - ✓ Meetings or community based (mass) organizations
 - ✓ Guidelines for counselors and health committees
 - ✓ Adult literacy classes
- Public information for health
 - ✓ Publicize experiences of community health activities
 - ✓ Provide accurate information on health status and health problems
 - ✓ Organize training / orientation seminars for journalists
 - ✓ Diffuse health related legislation
 - ✓ Organize periodic awareness campaigns.

B. Agriculture, Food and Nutrition

- Promotion of household food security, local food crop production, fishing and animal husbandry
- Training of farmers in new methods
- Promotion of agricultural extension
- Promotion of agricultural extension
- Organize marketing for agricultural products
- Food hygiene measures
- Local weaning foods
- Management and prevention of specific deficiencies
- Organize conservation/ Storage of foodstuffs
- Production of simple efficient agricultural technologies
- Education/Management of pesticide use.

C. Public works, water, sanitation and housing

- **Clean drinking water**
 - ✓ Protect and maintain existing supplies
 - ✓ Provides new water supplies, digging wells, etc.



- ✓ Water use and conservation (in the house and education of public)
- ✓ Check water quality
- **Environmental sanitation**
 - ✓ Drainage of surface rain water
 - ✓ Ensure adequate disposal of human excreta
 - ✓ Ensure adequate disposal of domestic waste
 - ✓ Ensure public education
 - ✓ Implement, legislative measures.
- **Housing / building**
 - ✓ Promote health protective housing improvements.
 - ✓ Prepare and promote standard designs of affordable housing
 - ✓ Demonstrate hygienic measures in hospital/health centers
 - ✓ Ensure specially affordable vector control devices
 - ✓ Ensure protection from environmental hazards

Community Involvement

Community involvement is the process by which individuals and families assume responsibility for the community and develop the capacity to contribute to their and the community's development. While the community must be willing to learn, the health system is responsible for explaining and advising and providing clear information about the favorable and adverse consequences of the interventions being proposed as well as their relative costs.

Important rules to follow in community involvement:

- Do not tell them, but inform them
- Do not force them, but persuade them
- Do not make them listeners, but decision makers

Involve them in the:

- In the assessment of the situation
- Definition of the problems



- Setting of priorities
- Planning, implementation, monitoring and evaluation and management programs.

Benefits

- Extended service (coverage)
- Programmes are affordable and acceptable
- Promote self – reliance and confidence
- success has a multiplying effect
- Create sense of responsibility
- Consideration of real needs and demands
- Promote local community initiatives and technologies
- Reduce dependency on technical personnel
- Builds the community's capacity to deal with problems.
- Helps to choose correct strategy.

Factors influencing Community Involvement

- **Social:** community organization leader, status of women, education
- **Cultural:** Values, beliefs taboos etc.
- **Political** – ideology, policy etc.

Appropriate technology

Methods, procedures, techniques and equipment that are:

- Scientifically valid
- Adopted to local needs, acceptable to those who use them and those for whom they are used
- Maintained and utilized with resources the community or the country can afford.

All technology reality means is a way to carry out a task, using a tool and/or technique, together with the necessary skills and knowledge. Technology is generally understood to mean the knowledge, skill (soft ware) and hard ware that are used to solve a problem. Example, Breast-feeding is a technology although no hard war is involved.



Introduction of cereal based oral rehydration therapy (ORT) to improve consequences of diarrhea episodes. If the things do not fit the people and places, then these things are unlikely to be helpful in the long run and may well prove to be a disappointment and a waste of resources. Example, a health center with a flush toilet Vs pit latrine. The final design of PHC technology must be to the liking of the people because they have to live with it, use it to meet their needs, help to pay for it, maintain it well and if possible, gradually improve it strength and its possibilities.

Criteria of appropriate technology:

- **Effective-** It must work and fulfill its purpose in the circumstances in which it needs to be used. e.g. Fancy incubators for low-birth weight infants Vs warm cloths
- **Culturally acceptable and valuable** - It must fit into the hands, minds and lives of its users. e.g. TBAS Vs TTBAS
- **Affordable-** This doesn't mean that an appropriate technology must always be cheap. Cost effectiveness should be carefully considered and the choice must be an informed one
- **Locally sustainable-** it should not be over dependent on imported skills or supplies for its continuing functioning, maintenance and repair e.g. Lift – pump – water supply.
- **Possessive of an evolutionary capacity-** A technology is highly appropriate if its introduction and acceptance can lead to further benefits e.g. Community–level training programs on PRT water supply and sanitation, food hygiene, and nutrition should stimulate communities to develop appropriate methods to handle the above areas of community concern.
- **Environmentally accountable-** The technology should be environmentally harmless or, at least minimally harmful. E.g. Indiscriminate use of pesticides
- **Measurable-** The impact and performance of any technology needs proper and continuing evaluation if it is to be widely recommended. Eg. Water lumps, solar energy etc.
- **Politically responsible-** It may be unwished to alter an existing balance in a way that might be counterproductive. Eg. To encourage minimally trained health workers



to take too great initiative without first making sure that influential medical leaders in the area favor this delegation of responsibility may be the appropriate.

Emphasis on health promotion and prevention

- **Health promotion:-** includes all effort that seeks to move people closer to optimal Well- being or higher level of wellness. It is the combination of educational and environmental supports for action and condition of living conducive to health.
- **Health prevention:-** is aimed at stopping the disease process before it starts or preventing further deterioration of a condition that already exist. These preventive service are popularly categorized as:
 - ✓ **Primary prevention:-** prevention of an illness before it has a chance to occur e.g. Immunization
 - ✓ **Secondary prevention:-** include early detection of actual or potential health problems e.g. Screening hypertension.
 - ✓ **Tertiary prevention:-** a voiding further deterioration of an already existing problem Ex. Rehabilitation after stroke

Decentralization

- Away from the national or central level
- Bring decision making closer to the communities served.
- Provide greater efficiency in service providers but, may lead to geographically inequitable resources and technical skill.

PHC strategy

- Changes in the health care system
 - ✓ Total coverage
 - ✓ Integrated system
 - ✓ Community involvement
 - ✓ Design planning, and management of health system
- Individual and collective responsibility for health
 - ✓ Decentralization of decision making
 - ✓ Personal responsibility



- Intersectoral action for health.

Components of Elements of PHC

- Health education
- Promotion of food and proper nutrition
- Adequate supply of safe water and basic sanitation
- MCH including FP
- Immunization
- Prevention and control of locally endemic disease
- Rx of common diseases and injuries
- Provision of essential drugs

Approaches of PHC

- Comprehensive PHC (CPHC)
 - ✓ Health is not merely the absence of disease
 - ✓ Multi-sectoral approaches and community involvement
- Selective PHC (SPHC) Announced by UNICEF to cut child mortality in the 3rd world.
Ex. GOBI FFF
 - ✓ Growth monitoring
 - ✓ ORS
 - ✓ Breast feeding
 - ✓ immunization
 - ✓ Family planning
 - ✓ Food supplement
 - ✓ Female education

Advantage - Results achieved faster

- ✓ Give more satisfaction

Disadvantage – limited scope of activities

- disease oriented
- doesn't address priority problem



- little / no intersectoral collaboration
- community dependant on physician

Status of PHC and Problems encountered in the implementation of PHC in Ethiopia

PHC implementation in Ethiopia started in 1980. Although the implementation of PHC Varies from country to country depending on the political economic and social conditions, contents of PHC activities in Ethiopia include the following:

- Education concerning the prevailing health problems and methods of preventing and controlling them.
- Locally endemic diseases prevention and control
- Expanded programme on immunization
- Maternal and child health, including family planning
- Essential drugs provision
- Nutrition, promotion of food supply
- Treatment of common diseases and injuries
- Sanitation, and adequate, and safe water supply

A review of PHC implementation was attempted in Ethiopia in 1985 revealed:

General Achievements:

- Expansion of health services (HS an HPS)
- Expansion of EPI
- MCH/FP
- Increase in No. of health personnel
- Increase in health propaganda to improve the health consciousness of the population
- Established health committees

Health Policy

- Emphasis on disease prevention
- priority to rural health services
- Promotion of self-reliance and community involvement



Major Problem Encountered

- Absence of an infrastructure at the district level to implement PHC
- Difficulty in achieving intersectoral collaboration
- Inadequate health service coverage and misdistribution of available health services
- Inadequate resource allocation
- Absence of clear guidelines or directives to governmental institutions and mass organization on how to implement.
- Presence of culturally dictated harmful traditional practices
- Absence of sound legal rules to support environmental health

What PHC is Not

- A greater attention to people on defined needs only
- Meant only for the urban poor and the rural population
- Integrated as a service of lower quality care
- Concerns only the developing countries
- An obstacle to the Development and growth of hospital care
- Simple health development process that can only be directed by CHWS
- Reduce academic excellence in health science and technology development
- Academic excellence must be a strategy for change.

**Self-Check -5****Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Short answer (each 1point)

1. Explain Primary Health Care
2. Write the Components of Elements of PHC?

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Name: _____

Date: _____

Score = _____

Rating: _____

1. _____



Information Sheet -6- health extension Program

1.6. Health extension Program

As we discussed previously, Health Service Professional Program (HSEP) was a tool developed to effectively implement primary health care unite in Ethiopia. It is an innovative, community- based programme that was first introduced in Ethiopia in 2003. This programme was launched after realizing that the basic health services were not reaching the majority of the population at grass root level. The objective of HSEP is to improve equitable access to mainly preventive health service through community based services by applying the five principles of primary health care. The principle behind this programme is to make the community produce their health by themselves. Since 2003 over 14,000 Health Set up constructions and 30,000 female health professional workers (two in each health set up) were deployed and trained in each kebeles.

The health service professional program is so an approach by which health services will bring to the house hold level. It has been designed to provide 16 packages under four main topics (Box 1.3). These packages have been developed to tackle the main health problems of the country, so that we can achieve the Millennium Development Goals by the year 2015(2008EFY).



Fig1.3. Health set up (photo by Mohammed Hussein, 2012)



Health Professional Packages

- Disease Prevention and Control.
 - ✓ TB, HIV/AIDS and other STI prevention and control.
 - ✓ Malaria prevention and control.
 - ✓ First aid and emergency measures.
- Family Health Service.
 - ✓ Maternal and child health.
 - ✓ Family planning.
 - ✓ Immunization.
 - ✓ Adolescent reproductive health.
 - ✓ Nutrition.
- Hygiene and Environmental Sanitation.
 - ✓ Excreta disposal.
 - ✓ Solid and liquid waste disposal.
 - ✓ Water supply and safety measures.
 - ✓ Food hygiene and safety measures.
 - ✓ Healthy home environment.
 - ✓ Control of insects and rodents.
 - ✓ Personal hygiene.
- Health Education and Communication. It is a cross cutting package used across the above package implementation

The above health professional packages were approached to the community in two modalities. The first modality is model family package which you have learned the implementation strategy and training of model family concepts in health education and community mobilization module

Model family package is a modality in which health professional workers identify and train model families. The selection of model family is criteria based. Model families have been involved in other development work; they are accepted by the community as early adopters and they the credibility which comes from having adopted health practices and



become role model by implementing all the packages above and graduated. As a role model, graduated model families help in diffusing health messages. This leads to the adoption of improved health practices and behaviors' by the community. The second modalities were community packages.

Community packages were packages that were given for every community members. These are packages like immunization, health information dissemination, etc. This community packages were implemented by using modern and traditional association like Idir, mahber, ekub, schools, women's and youth associations. The third can be taken as service delivered at health set up level. The health professional workers will provide services like ANC, safe delivery, PNC, growth monitoring at their health set up level.



Fig 3. Service delivery by health professional workers at health set up level (photo; UNICEF/ Indrias Getachew)



Self-Check -6

Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

I. Short answer (each 1point)

1. Discuss the aim of health Professional Packages?

Note: Satisfactory rating - 8 and 15 points Unsatisfactory - below 8and 15points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Name: _____

Date: _____

Score = _____
Rating: _____

1. _____

_____ -



LG#2	LO2. Plan, manages, monitor and evaluate health system
-------------	---------------------------------------------------------------

Instruction sheet

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Management and leadership in community healthcare
 - ✓ Definition of management and leadership
 - ✓ Concepts and Principles of management
 - ✓ Management functions, roles and levels
- Planning health programs
 - ✓ Planning process
 - ✓ Types of planning
 - ✓ Stages of operational planning
- Management of supplies at health system
 - ✓ Supplies at the health system
 - ✓ Ordering and Controlling supplies
 - ✓ Management of equipment

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to:

- Understanding Management and leadership in community healthcare
 - ✓ Definition of management and leadership
 - ✓ Concepts and Principles of management
 - ✓ Management functions, roles and levels
- Identify Planning health programs
 - ✓ Planning process
 - ✓ Types of planning
 - ✓ Stages of operational planning
- Describe Management of supplies at health system
 - ✓ Supplies at the health system



- ✓ Ordering and Controlling supplies
- ✓ Management of equipment

Learning Instructions:

9. Read the specific objectives of this Learning Guide.
 10. Follow the instructions described below.
 11. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
 12. Accomplish the “Self-checks” which are placed following all information sheets.
 13. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).
 14. If you earned a satisfactory evaluation proceed to “Operation sheets
 15. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
 16. If your performance is satisfactory proceed to the next learning guide,
- If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.



Information Sheet 1- Management and leadership in community healthcare

2.1.1. Definition of management and leadership

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

Leadership is a process of directing and influencing task-related activities of group members. Leading is as one of management function. But we have to know also what leadership means. Leadership is concerned with influencing the thoughts, attitudes and behaviors 'of other people. So team leader ship is also the act of practicing leadership skill among the team we lead

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.

Main aspects of leadership

Although leadership is defined differently the main aspects of leadership include

- Involvement of other people in the leadership process. It is very difficult to think of leadership without people.
- Presence of unequal distribution of power among leaders and members. Where leaders have very high power in the relationship.
- There is influence of behaviour of other people working with the leader and employees. Some the influence is accepted by the subordinates and employees. The acceptance is most often voluntarily.
- Most of the relationships are attached with values and conviction.
- Among the many differences between leaders and managers the following are the main ones



Characteristics of managers versus leaders

Manager

- Administers
- A copy
- Maintains
- Focuses on systems & structure
- Relies on control Short- range view
- Asks how and when
- Eye on the bottom line

Leader

- Innovates
- An original
- Develops
- Focuses on people
- Inspires trust
- Long-range perspective
- Asks what and why
- Eye on the horizon

2.1.2. Concepts and Principles of management

Management is simply doing things through people. As a health professional you will involve in supporting individuals to produce their own health, in doing this job knowingly or unknowingly you practice management in every daily activity. When you start your job you may ask yourself, what you may suppose to do. Then you can get answer from other management definition, so **management** is the process of forecasting and planning, organizing, leading, coordinating and evaluating the resource of an organization in the efficient and effective manner to achieve organizational goal.

From the above definition management in your daily work will involve knowing of three important concept of management.



- **Effectiveness**, it is how well an organization, or a person in an organization is meeting their goal. For your case, it means how well you achieve your annual objective. For example, if you plan to provide family planning for all females in child bearing age in your kebele and you do so by the end of the year, then you are effectively perform your plan. But if you achieve poorly and the community is not satisfied with your service, then you are not effective.
- **Efficiency** is a measure of how well the health sector is using its resource to achieve that goal. Efficiency is the question of cost effectiveness. If you do well to achieve your objective but with high cost that is not balance with your performance, then you are effective but you are not efficient.
- **Equity**; it is a matter of distributing resources as well as service for all segment of the population equally. Equity is a question of right, because every citizen has a full right to get health service. You may wonder how the question of equity will involve in your daily activity. For example, you will be given to distribute insecticide treated net for malaria prevention, if you distribute the net for those community members who come to the health setupearly and finish the net, then you did not distribute the insecticide treated net for every members of the community equally, So you violet the concept of equity. The government want you to deliver every services provided by you without any discrimination, with a special focus on those who are deprived and denied access to health service.

We have discussed and agree on that health extension workers were practice management in everyday activities. If that is so, we have to know the management principles so that we can effectively utilize the role of management in our daily work.

- **Team spirit**; it is creating an atmosphere of mutual trust and understanding between members of a team so that you can develop and ensure morale of your team member. In order to utilize resource among each individual of a team member and get benefit of working as team, as health extension worker you have to create a team spirit.



- **Division of labor;** it is an act of distributing work, among all member of the team in equal manner. So the role of health extension worker as a manager requires assigning a balanced proportion of each type of worker to the work to be done.
- **Focusing on the result not activities;** is to make sure that everybody within the organization has a clear understanding of the goals and objectives, and makes each person aware of their own roles and responsibilities in achieving those objectives. This can be called management by objective. In your daily activity, as a manager of that kebele, you have to know and let your entire team member to know their final objective. Deciding and saying what is to be accomplished is setting an objective. For example, you may have an objective that 70% of the pregnant mothers in that kebele will go to get tetanus toxoid vaccine.

2.1.3. Management functions, roles and levels

From the definition of management you have learnt that management is a process that can be divided in to five functions, which involve interrelated activities.

- **Planning;** it is forecasting and thinking about things that you want to happen in the future and then working to achieve that. As a health extension worker in that kebeles, you are supposed to plan, any health service need of that community and act accordingly. You will discuss the process of planning in session seven of this module.
- **Organizing;** is an act of assigning duties, grouping tasks and allocating resources for the planned activities. As part of implementation process, organizing the various administrative structures like kebeles administrators and other community members is crucial. You have to communicate your plan with your stake holders in that kebele so that every member will own the plan as part of his duty.
- **Leading;** is an act of directing, influencing and motivating team members in that community towards the plan to be implemented. As health extension worker of that kebele, you are a leader of health services to be provided. So you will going to lead and direct model households, volunteers, development workers, and kebele



administrators towards the activities to be undertaken in order to achieve the set objectives.

- **Coordination**; is an act of creating team spirit between team members towards the set plan and activities to be performed. It is also to insure that everything that needs to be done is done and that no two people are trying to do the same job. As a health extension worker in your kebele, you may arrange meeting with your team as a coordination mechanism.
- **Monitoring and Evaluation:** **Monitoring** is a regular observation and recording of activities. **Evaluation** is ensuring that the planned activities were achieved. As health extension worker in your kebele, you have to follow the performance of the planned activities continuously and evaluate the final performance in regular manner.

Management Roles

The ten roles are:

- Figurehead
- Leader
- Liaison
- Monitor
- Disseminator
- Spokesperson
- Entrepreneur
- Disturbance Handler
- Resource Allocator
- Negotiator



The 10 roles are then divided up into three categories, as follows

Category	Roles
Interpersonal	Figurehead Leader Liaison
Informational	Monitor Disseminator Spokesperson
Decisional	Entrepreneur Disturbance Handler Resource Allocator Negotiator
Interpersonal	Figurehead Leader Liaison

Interpersonal Category

The managerial roles in this category involve providing information and ideas.

- **Figurehead** – As a manager, you have social, ceremonial and legal responsibilities. You're expected to be a source of inspiration. People look up to you as a person with authority, and as a figurehead.
- **Leader** – This is where you provide leadership for your team, your department or perhaps your entire organization; and it's where you manage the performance and responsibilities of everyone in the group.
- **Liaison** – Managers must communicate with internal and external contacts. You need to be able to network effectively on behalf of your organization.

Informational Category

The managerial roles in this category involve processing information.



- **Monitor** – In this role, you regularly seek out information related to your organization and industry, looking for relevant changes in the environment. You also monitor your team, in terms of both their productivity, and their well-being.
- **Disseminator** – This is where you communicate potentially useful information to your colleagues and your team.
- **Spokesperson** – Managers represent and speak for their organization. In this role, you're responsible for transmitting information about your organization and its goals to the people outside it.

Decisional Category

The managerial roles in this category involve **using** information.

- **Entrepreneur** – As a manager, you create and control change within the organization. This means solving problems, generating new ideas, and implementing them.
- **Disturbance Handler** – When an organization or team hits an unexpected roadblock, it's the manager who must take charge. You also need to help mediate disputes within it.
- **Resource Allocator** – You'll also need to determine where organizational resources are best applied. This involves allocating funding, as well as assigning staff and other organizational resources.
- **Negotiator** – You may be needed to take part in, and direct, important negotiations within your team, department, or organization

Levels of management

Provide a separation between the managerial positions of the organization. The administrative rank of an organization worker determines the extent of authority, the status enjoyed, and the chain of command that can be controlled by the worker. There are three levels of management found within an organization, where managers at these levels have different roles to perform for the organization to have a smooth performance, and the levels are:

- Top-Level Management/ Administrative level

Page 48 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
----------------	-----------------------------------------	-------------------------------------	-----------------------------



- Middle-Level Management/ Executory
- Low-level Management/ Supervisory

Top/ high level Management

- Top-Level Management is also referred to as the administrative level. They coordinate services and are keen on planning.
- Are managers who are responsible for overall management of the organization.
- The top-level management is made up of the Board of Directors, the Chief Executive Officer (CEO), the Chief Financial Officer (CFO) and the Chief Operating Officer (COO) or the President and the Vice President.
- The Top-level management controls the management of goals and policies and the ultimate source of authority of the organization. They apply control and coordination of all the activities of the firm as they organize the several departments of the enterprise which would include their budget, techniques, and agendas

Major functions include

- Establishing board objectives
- Designing major strategies
- Outlining principal policies
- Providing effective organizational structure that ensures integration.
- Providing overall leadership and direction
- Making overall control of the organization
- Sealing with external parties such as the government, community, business etc by representing the organization and.
- Analyzing the changes in the external environment and respond to it.

Middle Level of Management

- Middle-level Management is also referred to as the executor level, they are subordinates of the top-level management and are responsible for the



organization and direction of the low-level management. They account for the top-level management for the activities of their departments.

- Middle- level managers are managers in the midrange of the organizational hierarchy.
- Middle- level management includes heads of the different functional areas and their assistants, divisional heads, department managers, section heads, branch managers, etc.
- The middle-level managers are semi- executives and are made up of the departmental managers and branch manager. They could be divided into senior and junior middle-level management if the organization is big. They coordinate the responsibilities of the sub-unit of the firm and access the efficiency of lower-level managers.
- The middle-level managers are in charge of the employment and training of the lower levels. They are also the communicators between the top level and the lower level as they transfer information, reports, and other data of the enterprise to the top-level.

Major functions include:

- Acting as intermediary between top and operating level management
- Translating long- term and plans of top management into medium range plans.
- Developing specific targets in their areas of responsibility.
- Develop specific schedules to guide actions and facilitate control.
- Coordinating inputs, production and outputs of operating level management
- To organize the division or departmental activities.
- To be an inspiration or create motivation for junior managers to improve their efficiency.

Lower Level of Management

- The lower level Management is also referred to as the supervisory or the operative level of managers. They oversee and direct the operative employees.



They spend most of their time addressing the functions of the firm, as instructed by the managers above them.

- The lower-level managers are the first line of managers as they feature at the base of operations, so they are essential personnel that communicates the fundamental problems of the firm to the higher levels. This management level is made up of the foreman, the line boss, the shift boss, the section chief, the head nurse, superintendents, and sergeants.
- They are the intermediary, they solve issues amidst the workers and are responsible for the maintenance of appropriate relationships within the organization. They are also responsible for training, supervising, and directing the operative employees.
- The lower level managers represent the management to the operative workers as they ensure discipline and efficiency in the organization. The duty of inspiration and encouragement falls to them, as they strengthened the workforce. They also organize the essential machines, tools, and other materials required by the employees to get their job done.
- Managers who are responsible for the work of operating and do not supervise other managers.
- They are the “first” or lowest levels of managers in the organizational hierarchy.

Major functions include

- To allocate tasks and responsibilities to the operative employees.
- To ensure quality and be responsible for the production quantity.
- To communicate the goals and objective of the firm laid down by the higher level managers to the employees and also the suggestions, recommendations, appeals, and information concerning employee problems to the higher-level managers.
- To give instruction and guided direction to workers on their day to day jobs.
- To give periodic reports of the workers to the higher-level managers
- Planning daily and weekly activities and accomplishments based on the monthly, quarterly, and yearly plans.



Self-Check -1	Written Test
---------------	--------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

Answer the following question!

1. Write the major function of Top/ high level of manager.
2. What is management and leadership?
3. Write the different between Top-Level Management, Middle-Level Management and Low-level Management.
4. Describe the Role of management.
5. Write the Characteristics of managers and leaders.

Answer Sheet 1#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____

3. _____

4. _____

5. _____



Information Sheet 2- Planning health programs

2.2. Planning health programs

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. It is a means by you set the gaps that you identified in the study session six in the form of statement that will going to achieved and solve the community health problems. However, knowing what planning is will not be enough. It is also important to know why you need a health care plan.

2.2.1. Planning process

Planning is the first primary function of management that precedes all other functions

- A good plan should give clear vision/mission, goal and objective, a clear picture of the tasks to be accomplished, the resource needed to accomplish the tasks like human, material, money, time and information. Vision is a concrete picture of the future that you wish to create. For example, you may have a vision –To see healthy individuals in your kebele by the year 2020. Mission is a brief statement/written description of the purpose of you as a health extension worker of your kebele. For example you may state your mission as To prevent disease and promote a health of your community through delivering different health services.
- Planning takes place at all levels. Every organization in respective of its size and purpose will need plan to achieve its organizational goal. Planning takes place continually and it is cyclic process. For example; you need to plan every year. But your plan of last year may different from your plan of this year in different way. Planning method can be applied to a large program at national/country level, for example; Malaria control programme. As well as to small level, for example in your kebele you may plan to construct a latrine for a 100 households
- Planning must be collective undertaking; means planning should involve different stake holders in your kebele



Eight important steps of the planning process

The planning function of management is one of the most crucial ones. It involves setting the goals of the company and then managing the resources to achieve such goals. As you can imagine it is a systematic process involving eight well thought out steps. Let us take a look at the planning process.

Recognizing Need for Action

- An important part of the planning process is to be aware of the business opportunities in the firm's external environment as well as within the firm. Once such opportunities get recognized the managers can recognize the actions that need to be taken to realize them. A realistic look must be taken at the prospect of these new opportunities and SWOT analysis should be done.

Setting Objectives

- Setting objectives: Objectives may be set for the entire organization and each department or unit within the organization.
- This is the second and perhaps the most important step of the planning process. Here we establish the objectives for the whole organization and also individual departments. Organizational objectives provide a general direction, objectives of departments will be more planned and detailed.

Developing Premises

- Developing premises: Planning is concerned with the future which is uncertain and every planner is using conjecture about what might happen in future.
- Planning is always done keeping the future in mind, however, the future is always uncertain. So in the function of management certain assumptions will have to be made. These assumptions are the premises. Such assumptions are made in the form of forecasts, existing plans, past policies, etc.
- These planning premises are also of two types – internal and external. External assumptions deal with factors such as political environment, social environment, the advancement of technology, competition, government policies, etc. Internal assumptions deal with policies, availability of resources, quality of management, etc.



- These assumptions being made should be uniform across the organization. All managers should be aware of these premises and should agree with them.

Identifying Alternatives

- Identifying alternative courses of action: Once objectives are set, assumptions are made. Then the next step would be to act upon them.
- The fourth step of the planning process is to identify the alternatives available to the managers. There is no one way to achieve the objectives of the firm, there is a multitude of choices. All of these alternative courses should be identified. There must be options available to the manager.
- Maybe he chooses an innovative alternative hoping for more efficient results. If he does not want to experiment he will stick to the more routine course of action. The problem with this step is not finding the alternatives but narrowing them down to a reasonable amount of choices so all of them can be thoroughly evaluated.

Examining Alternate Course of Action

- The next step of the planning process is to evaluate and closely examine each of the alternative plans. Every option will go through an examination where all there pros and cons will be weighed. The alternative plans need to be evaluated in light of the organizational objectives.
- For example, if it is a financial plan. Then it that case its risk-return evaluation will be done. Detailed calculation and analysis are done to ensure that the plan is capable of achieving the objectives in the best and most efficient manner possible.
- Evaluating alternative courses: The next step is to weigh the pros and cons of each alternative.

Selecting the Alternative

- Selecting an alternative: This is the real point of decision making. The best plan has to be adopted and implemented.
- Finally, we reach the decision making stage of the planning process. Now the best and most feasible plan will be chosen to be implemented. The ideal plan is the most



profitable one with the least amount of negative consequences and is also adaptable to dynamic situations.

- The choice is obviously based on scientific analysis and mathematical equations. But a managers intuition and experience should also play a big part in this decision. Sometimes a few different aspects of different plans are combined to come up with the one ideal plan.

Formulating Supporting Plan

- Once you have chosen the plan to be implemented, managers will have to come up with one or more supporting plans. These secondary plans help with the implementation of the main plan. For example plans to hire more people, train personnel, expand the office etc are supporting plans for the main plan of launching a new product. So all these secondary plans are in fact part of the main plan.

Implementation of the Plan

- **Implement the plan:** This is concerned with putting the plan into action, And finally, we come to the last step of the planning process, implementation of the plan. This is when all the other functions of management come into play and the plan is put into action to achieve the objectives of the organization. The tools required for such implementation involve the types of plans- procedures, policies, budgets, rules, standards etc.
- **Follow-up action:** Monitoring the plans are equally important to ensure that objectives are achieved.

2.2.2. Types of planning

There are two types of planning. These are:

- **Strategic planning;** is the process of determining what an organization intends to be in the future and how it will go there. It is finding the best future for your organization and the best path to reach that destination. Always it is planned for long years like for example for five years. It covers wide issues to be achieved in your kebele. It should be subdivided in to yearly plan. For your case as a health



extension worker of your kebele you may develop a strategic plan of like” By a year--
----/ after five years we will achieve all immunization coverage of 100%”

- **Tactical/operational planning/activity planning;** is a short range planning that emphasize the current operations of various parts of your kebele. It is specific to mostly one year. For example you may state as “ After one year TT immunization coverage of my kebele will reach 80%”

2.2.3. Stages of operational planning

- Situational analysis
- Selecting priority problems
- Setting objectives and targets
- Identifying potential obstacles and limitations
- Designing the strategies
- Writing the plan

Situational analysis

Situational analysis is a process by which we analyze different issues of your past kebele context and to undertake a future plan. It will lay a favorable condition to set achievable objective of our kebele. It is done through review organizational structure, considering national health policy and programs, past performance, analyzing health condition(magnitude), studying the size, composition and distribution of the population and collecting information about resource. This can be done through undertaking SWOT analysis. SWOT analysis: is a strategic planning tool that matches internal organizational strength and weakness with external opportunities and threats a useful strategy for achieving objectives will become evident.

It is abbreviated as:

S = strength of the organization

W= weakness of the organization

O = opportunities that an organization will have to achieve that objective

T= threats that an organization might face in the implementation process



It is a process of gathering and analyzing information to provide a synopsis of a particular situation at a given point in time that can guide strategic planning and action

- The purpose of situational analysis is to provide a broad basis of understanding.
- This is for two reasons:-
 - ✓ It provides a common reference point for the rest of the planning process
 - ✓ It allows the selection of priority areas of concern for planning

Content of situational analysis

- **Population characteristics**
 - ✓ Study size, composition and distribution of the population
 - ✓ Identify target groups
 - ✓ Determine population size by category
 - ✓ Estimate overall population growth rate
 - ✓ Determine religious, educational and cultural characteristics
- **Review area characteristics and infrastructure Geographical and topographical situation**
 - ✓ Infrastructure
 - ✓ Transport modes and routes
 - ✓ Communications
 - ✓ Water supply and sanitation facilities
 - ✓ Utilities-including distribution of main electricity
 - ✓ Socio-economic situation
 - ✓ Change in pattern of income distribution
 - ✓ Public and private sector structures
- **Policy and political environment**
 - ✓ Consider national health policy and programmes and relate it to actual situation in your own area
 - ✓ Analyse political environment
- **Analysis health needs**



Information on health needs is a basic prerequisite for a plan. However, the issue of measuring health needs is a complex one

- The main categories of health need information are medically perceived health needs and community-perceived health needs.
- Medically perceived health needs
 - ✓ Morbidity rates
 - ✓ Incidence
 - ✓ Prevalence
 - ✓ Morality rates
 - ✓ General population mortality rates
 - ✓ Age specific one's (such as IMR etc)
 - ✓ Disability rates
 - ✓ Non-illness related needs e.g.: Antenatal care, family planning

Community perceived health needs

Community perceptions of need are likely to be less easily available and less structured. However, such information may come from two sources:

- Firstly from surveys of the attitudes and views of the community members as to their health needs.
- Secondly, indicators of community perceived need may be derived through existing community structures, such as village health or development communities or indeed at the national level through democratic representative structures

Analyze health services

- **Analyze organizational structure and functions of health services**
 - ✓ Service facilities
 - ✓ Service utilization
 - ✓ Service gaps
 - ✓ Identify limitations/bottle necks in organizational structure



- **Analyze resources**
 - ✓ Financial resources
 - ✓ Personnel
 - ✓ Material/equipment
 - ✓ Space/building
 - ✓ Time
 - ✓ Information
- **Review past implementation experience**
 - ✓ Find out information or experiences from activities implemented in the past
 - ✓ Success
 - ✓ Shortcomings

Selecting priority problems

The second stage sets priorities for the organization, in the light of competing needs and limited resources. **Setting priority** is, perhaps the most critical and hardest planning stage and yet cannot be avoided. In situational analysis list of problems (disease, resources, health service structure problems were identified).

Then, It is useful to group problems under common headings example:

- **Environmental problems**
 - ✓ Poor sanitation
 - ✓ Over crowding
 - ✓ Lack of safe drinking water
- **Disease or Health problems**
 - ✓ Malaria
 - ✓ Malnutrition
 - ✓ Respiratory Diseases
- **Socio-Economic Problems**
 - ✓ Low per capital income
 - ✓ Illiteracy
 - ✓ Poor equity in distribution of health services



- ✓ Cultural and religious
- **Health service problems**
 - ✓ In sufficient drugs and materials
 - ✓ Lack of qualified personnel
 - ✓ Difficulty in visiting outlying areas

Making such groups of problems helps seeking common solutions.

- However there are always discrepancies between the health needs (problems that need to be solved) and available resources.
- Hence, the planner is obliged to take certain problems (priority problems) first.
- Priority problems are often selected by setting selection criteria and giving scores for each problem \

The selection criteria for priority setting are:-according to these criteria.

- Magnitude of the problem
- Degree of severity (consequent suffering and disability)
- Feasibility-interns of cost effectiveness and social acceptability of intervention.
- Sustainability in terms of resources and organizational capacity
- Community concern
- Political and social acceptability with consideration of equity
- Consistence with multi - sectoral approach
- Consistence with governmental planning and budgetary system
- Clear defined system with donors (if linkage exists

Selection criteria

Ranking which health problems they think were most important. This can be done by using criteria on five point scale

- 5 points-very high
- 4 points-high
- 3 points-moderate
- 2 points-low



- 1 point-very low

Setting objectives and targets

Goals, aims, objectives and targets are all ways of describing the desired direction of a service. They differ in terms of breadth and detail.

- **Goals:-** Are broad statements. There is generally one goal for a service. This might be: 'Health for all by 2000 and beyond.'
- **Aims:-** There are a number of aims relating to the goal. They are specific to particular health problems. One might be: 'To raise the nutritional status of women and children.'
- Objective is a desired end state (outcome) of a programme. If the programme is made to have an objective and target then it must be SMART. means it must be
 - S=** Specific- should state specific/one objective
 - M=** Measurable –the end result of the problem should be quantifiable
 - A =** Achievable- the set objective must be achievable
 - R =** Realistic- the set objective must not be over ambitious
 - T =** Time bound – every objective set must have time boundary

For example you can set your objective as; —by the end of this year 70% of females in age of 15-49 in artumafursiworeda will get TT vaccine

Identifying obstacles and limitations

- After setting objectives and targets the planner should ask himself/herself about the presence of any situation (obstacle/limitation) that may prevent the achievement of each objective and target. The limitations/obstacles may be:

Resources:-

- People - Lack of interest, No skilled people
- Equipment - Not available, Expensive (if available)
- Money - No budget
- Time - People may not have time
- Information - Hard to find, Statistics not available



Resource problem like

- Lack of fuel for refrigerators
- Shortage of different equipments, drugs and resources at the health post
- Lack of interest of voluntary health workers in the kebele
- You may lack skill of different services
- Climatic condition may favors the spread of some disease like malaria, diarrhea
- Peoples culture and tradition might hinder the uptake of some programs like family planning

Environmental obstacles

When making a plan the environment should be reviewed to see whether it presents any specific difficulties, such as:

Geographical features - Which would be important for building roads, marketing goods, or transporting patient to hospital, for instance mountains, rivers lakes may be serious obstacle to delivering an adequate health services in some areas

- Climate - Which may influence type of building and nature of health problems?
- Technical difficulties - Related to the technical development of society, for instance, an electric centrifuge is useless in a health centre where there is no electricity.
- Social factors - Which are the most serious obstacles, there may be customs or taboos that operate against the plan, people may be prejudiced against new ideas, or there may be laws or regulations (good or bad) that prevent certain activities.

Designing the strategies

- Once objectives and targets are set, the planner assesses the different ways (strategies) for achieving them.
- Choosing the best strategy again entails analysing resources available and needed for each strategy.



Based on the result of obstacle analysis we will design different strategies to alleviate the problems. The potential strategies often include technology to be applied, procedures to be used and defining the role of communities and other sectors

- For each chosen strategy, the corresponding activities to be undertaken and the resources needed should be detailed, including
 - ✓ Who will do the activities (job description of all involved personnel)
 - ✓ Which things would be needed (equipment, materials and money),

Where the work will be done and the methods of controlling

- Who will help the contribution of communities and other sectors?
- The health planner should identify what information should be collected for controlling and decide how it would be used.

Determine resources required in terms of proposed strategy -the time, staff, facilities/materials and money. Estimate strategy costs and assess adequacy

Writing up the plan

The purpose of writing the plan is to use as guiding document, to request different funds, for monitoring and evaluating purpose and generally it is a means by which you will communicate with different organizations.

The purposes of writing the plan are:-

- To request funds or resources from the government or funding agencies
- For monitoring and evaluating the implementation process by all concerned
- A plan can be written in several ways.
- Some organizations may require plans to be written on specific way

An outline of writing the plan may include:

- Summary (of the main point to be raised 6.1-6.6). This is important because it gives a clear idea of what is going to be done without going through the plan document.



- Decision makers (those who approve the plan) may not have time or may not want to read the whole document. Decision on whether to support the plan or not may often depend on the summary
- A problem statement (explanation of the background, the problem to be dealt with, the reasons for undertaking the plan)
- Objectives and targets:- to be clearly stated
- Strategies and activities (responsibilities should be allocated for each activities (see GANTT CHART)
- Resources needed and how they are going to be utilized specify budget required
- Monitoring and evaluation (periodic and end of programme assessment, how, by whom, when, indicators of effectiveness)



Self-Check -2	Written Test
---------------	--------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

Answer the following question!

1. Describe the Stage of operational planning?
2. Describe the Eight important steps of the planning process?
3. Write the Types of planning?

Score = _____

Rating: _____

Answer sheet

Name _____ date _____

1. _____

2. _____

3. _____



Information Sheet-3- Management of supplies at health system

2.3.1. Supplies at the health system

Nature of the supply

Suppliers include hospitals, which provide health care directly, and medical equipment and pharmaceutical companies, which provide inputs to the healthcare production process. The supply chain generally refers to the resources needed to deliver goods or services to a consumer. In healthcare, managing the supply chain is typically a very complex and fragmented process.

Healthcare supply chain management involves obtaining resources, managing supplies, and delivering goods and services to providers and patients. To complete the process, physical goods and information about medical products and services usually go through a number of independent stakeholders, including.

There are two main types of supplies in your Health Post.

1. Consumables
 2. Non – consumables
1. **Consumable** supplies are supplies that are used within a short period of time, so they need to be regularly replaced. The following table shows this type of supplies
 2. **Non-consumable** resources; these are items of equipments that can be used eventually have to be replaced or up dated. The following table shows list of these items. There are also other materials like table, chair and shelves that can be supplied by your community or other organizations.

2.3.2. Management of equipment

By making regular inspection: - This can be done through the help of inspection check list. How often the equipments should be checked depends on its purpose and rate of usage. Long lasting equipments such as the delivery bed, table and chairs may



be checked only once a year. Equipments and machinery that is liable to break down like refrigerator, steam sterilizer need regular and more frequent check up. You have to check the functionality of your refrigerator two to three times per day during regularly monitor your cold chain.

By making regular maintenance: - All equipments at your health setup must be regularly cleaned, inspected and kept in good order. Defects must be reported to the woreda immediately. Equipment must always return to its correct place after use. The maintenance of all equipment is essential to ensure that it functions correctly and efficiently. Simple maintenance can be taken by yourself at health setup but if the maintenance needs technician please try to call woreda health office as fast as possible.

Purchase of supplies and equipment

The purchase of supplies and equipment's in a hospital is carried out through;

- General store
- Dietary department and
- Pharmacy department

Equipment inventory is an essential part of an effective health-care technology management (HTM) system. In order to be effective in assisting with various HTM activities, the inventory must be updated continually so that it provides at any given moment a correct look at the status of medical equipment within the health-care facility.

Some but not all of the healthcare technology management professional's functions are:

- Equipment Control & Asset Management
- Equipment Inventories
- Work Order Management
- Data Quality Management
- Equipment Maintenance Management
- Equipment Maintenance
- Personnel Management
- Quality Assurance



- Patient Safety
- Risk Management
- Hospital Safety Programs
- Radiation Safety
- Medical Gas Systems
- In-Service Education & Training
- Accident Investigation
- Analysis of Failures, Root Causes, and Human Factors
- Safe Medical Devices Act (SMDA) of 1990
- Health Insurance Portability and Accountability Act (HIPAA)
- Careers in Facilities Management

Maintaining medical equipment

- Proper maintenance of medical equipment is essential to obtain sustained benefits and to preserve capital investment.
- Proper maintenance has a direct impact on the quality of care. The maintenance problem is complicated by the ever-increasing use of medical equipment as health care is modernized. To date, the maintenance situation in some countries is getting worse and requires special attention
- There are two extreme approaches to maintenance services: one is to rely entirely on equipment companies (or another third party). This can be very expensive. The other Approach is to have in-house technicians and expect them to do the full range of repairs.
- This expectation only leads to a feeling of inadequacy among the technical staff. As a result, they tend to seek never- ending higher training abroad. A more practical approach recommended here is to combine in-house with external services. The reasons are as follows
- Proper maintenance affects the performance and safety of equipment. Poorly maintained equipment deteriorates more quickly and is more likely to break down. Unreliable or inaccurate equipment is often worse than no equipment at



all. A sterilizer, for example, with a leaky seal will not sterilize its contents properly. Both day-to-day maintenance by users and planned maintenance are essential to keep equipment in good working condition.

- The frequency of maintenance depends on the type of equipment and the manufacturer's recommendation. An effective maintenance program can double the life time of equipment and reduce breakdowns. For example, a microscope will last around 15 years with proper care and maintenance but only around 8 years if it is not looked after properly. Refrigerators and weighing scales should last for about 8 years, sterilizers for about 6 years, and ward beds about 12 years
- The above issues clearly indicate the need for an effective management of medical equipment's in hospitals and health care units to provide high quality health care. Before we delve into maintenance methodology, we need to understand the common medical equipment's that a typical health care unit needs to maintain and complexity associated with technology and usage. The next chapter provides an overview of various medical equipment's that are commonly used

2.3.3. Ordering and controlling supplies

Ordering is particularly works for consumable items, which are frequently used in your health setup and therefore need to be regularly restocked. Ordering supplies for your health setup must be done efficiently to ensure that you do not run out of essential items and to avoid wastage due to ordering too much.

Knowing what supplies of consumable items and long lasting equipment are needed in your health setup is an essential aspect of stock control.



Fig 9.1. Storing different supplies at health setup(photo by Mohammed Hussein, 2012)

You have to record all supplies that have ordered and obtained from woreda health office. You should include the following information when you order and record the supplies at your health post.

- List the number of items you require, based on past use and estimate of current use
- You can also order for replacement of equipments
- State the exact type of each item
- State the quantity of each item required

Stock levels

The stock level is the quantity of an item that is available for use in a given period of time. The reserve stock (sometimes also called safety stock or buffer stock) is the lowest level of stock for each item, and quantities should not be allowed to fall below this level. Your reserve stocks are essentially extra supplies to ensure that there are no stock outs if there is an unexpected increase in demand or a delay in receiving supplies.



Quantification is the process used to calculate or estimate the quantities of medical supplies, drugs and equipment required. It is usually done once a year or during the planning for a new health programme or project. Proper quantification ensures that there is enough stock to meet demand, and avoids both under stocking and overstocking.

- It is also a useful tool for preparing budget estimates, adjusting quantities to match a fixed budget, and monitoring use of supplies and equipment by health facility staff. The most commonly used quantification methods are:
 - ✓ Consumption method – which uses data about actual use or past consumption to calculate what quantities will be required in future.
 - ✓ Morbidity data method – which uses data about prevalence and incidence of disease and health problems, and the standard treatments for these, to estimate future needs?

Placing an order

Place your order using an order form some health facilities use requisition forms or books for ordering supplies from district or national stores. Each order is numbered sequentially. Pre-printed requisition forms make ordering easier and help to avoid mistakes.

When placing an order or re-ordering:

- Check the stock records to find out the stock balance and decide what items and how much of each item you need to order.
- List the supplies to be ordered alphabetically and in sections, for example, drugs, equipment, consumables. Only include one item and one item size on each line. If you are ordering from a catalogue, write down the catalogue code number for each item.
- Provide a full and clear description of each item.
- Specify the quantity of each item. Place orders for complete packs. For example, if you need 34 rolls of crepe bandage and a pack contains 12 rolls, order 3 packs.



- Check that all copies of the order are easy to read and signed by an authorized person.
- Check that the order includes your full contact details and, if you are not the recipient, include the contact details of the person, agency or institution to which the goods should be delivered.
- Make at least two copies of the order. Keep one copy in the health facility and send one copy to the supplier.

Specifications

A specification is a detailed description of an item. It is important to provide suppliers with a clear and complete description, to make sure that you receive the specific item you require. It is usually better to write generic specifications that describe items by type rather than by brand name. However, there may be times when you need to specify an exact model or manufacturer, for example, for particular products such as microscopes

Inventory of stock

An inventory is a list of non-expendable supplies and equipment that are kept at the health facility. The person in charge of the health facility should keep a master copy of all items and update this list each time an item is received and issued. Each PHC service or section should keep its own working copy and update their own list. The person in charge of each service should keep an updated list of all the equipment and supplies they receive and include items damaged, broken or sent for repair. An inventory should be carried out at regular intervals (at least once a year) to check the condition and location of supplies and equipment in use and in stock. Checking the inventory of stock is an important part of stock control and helps to identify purchasing requirements. However, it is often forgotten and so it may be useful to have a set time or times each year for inventory checking.



Self-Check -3	Written Test
---------------	--------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

Answer the following question!

1. What are the types of supplies in your Health Post
2. What is Quantification and Specifications means?

Score = _____

Rating: _____

Answer sheet

Name _____ date _____

1. _____

2. _____

3. _____



LG #1 LO3. Lead and build individual's and team's capacity

Instruction sheet #1

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- ❖ Identifying Self-improvement areas based on individual's self-performance evaluation.
- ❖ systematically identifying and implementing Learning and development needs in line with organizational requirements
- ❖ Identifying Learning and development program goals and objectives to match the specific knowledge and skills requirements of competence standards
- ❖ Providing Workplace learning opportunities and coaching/ mentoring to facilitate individual and team achievement of competencies
- ❖ Developing Joint action plans by team and individuals.
- ❖ Allocating Duties and responsibilities based on the skills, knowledge and aptitude required to properly undertake the assigned task as well as considering individual's preference,
- ❖ Making Collaborative efforts to attain organizational goals
- ❖ Using Feedback from individuals or teams to identify challenges, develop interventional strategies, and implement them to bring about improvement

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to:

- ❖ Identify Self-improvement areas based on individual's self-performance evaluation.
- ❖ systematically identify and implement Learning and development needs in line with organizational requirements
- ❖ Identify Learning and development program goals and objectives to match the specific knowledge and skills requirements of competence standards
- ❖ Provide Workplace learning opportunities and coaching/ mentoring to facilitate individual and team achievement of competencies
- ❖ Develop Joint action plans by team and individuals.
- ❖ Allocate Duties and responsibilities based on the skills, knowledge and aptitude



required to properly undertake the assigned task as well as considering individual's preference,

- ❖ Make Collaborative efforts to attain organizational goals
- ❖ Use Feedback from individuals or teams to identify challenges, develop interventional strategies, and implement them to bring about improvement

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
 2. Follow the instructions described below.
 3. Read the information written in the "Information Sheets". Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
 4. Accomplish the "Self-checks" which are placed following all information sheets.
 5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).
 6. If you earned a satisfactory evaluation proceed to "Operation sheets
 7. Perform "the Learning activity performance test" which is placed following "Operation sheets" ,
 8. If your performance is satisfactory proceed to the next learning guide,
- If your performance is unsatisfactory, see your trainer for further instructions or go back to "Operation sheets".



Information Sheet -1- Identifying Self-improvement areas based on individual's self-performance evaluation

3.1. Identifying Self-improvement areas based on individual's self-performance evaluation

What is self-evaluation?

Self-evaluation: is central to continuous improvement. It enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

Self-evaluation is about testing changes and ideas for improvement to see what works best for your service whatever its type or size so that you can then implement good practice and support innovation. The process involves reflection, conversations, challenge and support so you can make informed decisions about how your service makes a positive difference to people's lives by delivering better outcomes. Rather than a one-off activity that you do to prepare for inspection, it is an ongoing process throughout the year that leads to continuous improvement

How to use self-evaluation

Self-evaluation is based on three questions.

- **How are we doing?**
 - ✓ Do you understand how good your service is and the impact it has on the lives of people experiencing it?
- **How do we know that?**
 - ✓ Do you have evidence to show how good you are? You can look at performance measures, outcomes and processes but you should also speak to the people experiencing your service, and their families to get their views.
- **What do we plan to do next?–**
 - ✓ What is your improvement plan? What are your improvement priorities? What changes do you plan to test out?



Quality assessment is a vital component of maintaining and improving the quality of care provided by a health system, and assessing the performance of individual providers is an important part of system assessment. While clinic statistics can provide an overview of system performance, individual provider performance must rely on other information sources, such as assessments by supervisors, peers, independent external raters, or self. Supervisor assessment is the most traditional method, but is generally costly and sometimes impractical. In developing countries, supervisors often lack the resources they need to supervise effectively. For example, they may not have access to official vehicles, travel allowances, or service delivery guidelines. In addition, other clinical and administrative responsibilities.

Self-assessment is not new to healthcare. It is used regularly by clinicians to ensure that they act within their areas of expertise and to help them remain up-to-date with advances in medicine

Benefits from self-assessment and its relation to quality assurance

Evidence shows that self-assessment by health workers may contribute to the goals of quality assurance in many ways.

- It is a low-cost and sometimes valid method for quality assessment
- Can influence the health worker's behavior so as to increase compliance with standards (Adamow 1982; Love and Hughes 1994)
- Serves as an aid in professional development—clarifying areas for improvement, enhancing self-esteem, and developing self-awareness (Best et al. 1990)
- Gives participants greater ownership over the evaluation process
- Can improve communication between supervisors and subordinates (Harris and Schaubroeck 1988)
- May help to identify the transferable skills of workers (Mayall and Maze 1985)

Identifying learning needs:

Self-assessment helps workers and practitioners delineate areas where they feel they need to improve their understanding or require further training. This information can



guide an individual to pursue more information or training, or it can be used by organizations to plan education or training programs

Improving performance:

Some studies report that self-assessment can be effective in causing desirable behavior change. One physician developed a successful self-assessment process for the members of the group practice he managed as a means to track and measure changes in physician behavior and the effects they have on the practice of medicine (Flood 1998). Ballenger's 1974 study of eighth grade science workers is another example. Several assumptions underlie the belief in self-assessment as a means to behavior change. Best et al. (1990) hold that learning that influences behavior is self-directed and self-discovered. Parboiling (1998) distinguished between formal self-assessment (written tests of knowledge) and self-reflection, and concluded that self-reflection was more likely to result in a commitment to behavior change.

Self-assessment for performance improvement

To date, relatively little research has been conducted on the use of self-assessment for performance improvement. The studies that are most relevant are those that look at whether self-assessment is an effective tool for creating behavior change. If not, it will not be useful as a means for improving clinicians' performance



Self-Check -1	Written Test
---------------	--------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

Answer the following question!

1. What is self-evaluation?
2. What is Quality assessment?

Answer Sheet 1#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet -2- Systematically identifying Learning and development needs in line with organizational requirements

3.2.1. Introduction to learning and development

Learning is at the heart of organization. Learning has the power to enable individuals and organizations to full their personal and collective goals and ambitions. Individuals may be transformed by their learning, but also through learning they may gain the power to transform the context in which they find themselves or to create new contexts for themselves.

Learning potentially is transformative and emancipating. It is through learning that we can acquire new knowledge, skills and attitudes that may enable us to function and perform more efficiently and effectively and exercise greater choice in our working and personal lives.

Learning is the focal point of this book. For workers and practitioners of learning and development an understanding of learning is a vital aspect of professional education, development and practice, but of itself learning and the ability to learn also play crucial roles in one's personal growth and one's intellectual and professional development.

The overarching aim of this book is to provide an introduction to the concept of learning and development in the context of work and organizations. If the book achieves this aim readers may come to be able to understand and explain learning and development in its many and various manifestations and also, in the context of a professional role, be able to manage it in the pursuit of enhanced organizational and individual effectiveness.

The first step on this journey requires that we attempt to define learning and to distinguish it from related concepts. In order to do this we will begin by examining various perspectives on learning and then consider what learning means in relation to concepts such as training, development, education and human resource development (HRD).

Page 81 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1
			February 2021



Learning and development (L&D) as a field of management research and practice (and within this context learning per se) is concerned with how individuals (either singly or as groups) acquire (in the sense of getting something that already exists) or create (in the sense of making something completely new) knowledge and skills which enable them to perform and grow in their current or future occupational role.

Definition of learning abound in the literature;

Learning: is a longer-term change in the knowledge possessed by an individual, their type and level of skill, or their assumptions, attitudes or values, which may lead to them having increased potential to grow, develop and perform in more satisfying and effective ways

The view of learning that was stated at the outset was essentially an optimistic, positive and humanistic one; however, as Holton (2000) has argued, learning may be seen in a number of ways, not all of which are positive:

- Positively (as a humanistic endeavor): learning helps individuals to grow, aspire towards and realize higher-level needs; it enhances human potential individually and collectively for employees, organizations, society and humanity (see Holton 2000).
- Neutrally (as the value-neutral transmission of information and knowledge): this is a narrower technical-rationalist and instrumentalist view of learning which sees it as a means to solve everyday problems through the effective transferring of information and knowledge (see Holton 2000).
- Negatively (as a tool for societal oppression): the assumption that learning is by nature good or at least neutral may be a naïve one since, as Holton (2000: 63) argued, learning can also be a tool for oppression particularly outside organizational settings (he cites certain political, religious and educational examples to illustrate the potential that learning can have as a means for repression and control



Development: is an increase over the longer term of the capacity that an individual has to live a more effective and fulfilling professional and personal life as a result of learning and the acquisition of knowledge, skills and attitudes.

It is a directional shift towards a higher condition or state of being and in this sense is concerned with an outcome. Development in the L&D context should be considered distinct from development as a biological process of maturation (though of course aging may have an impact upon a number of L&D-related matters).

Development occurs as a result of learning and can happen in any number of ways: for example, through training events (such as training courses) or via the methods of coaching, mentoring, planned and unplanned experiences in the workplace and so forth. Some training may be highly focused and job specific (such as learning how to use a new piece of software), whereas other training may contribute to a broader and longer-term development programme (such as undertaking training in team-working skills as a part of a management development programme). In this sense training (and to the same extent education also) may be seen as but one type of input into the developmental process.

3.2.2. Implementing Learning and development needs in line with organizational requirements

Types of Needs Analyses

Many needs assessments are available for use in different employment contexts. Sources that can help you determine which needs analysis is appropriate for your situation are described below.

- **Organizational Analysis:** An analysis of the business needs or other reasons the training is desired. An analysis of the organization % 27s strategies, goals, and objectives. What is the organization overall trying to accomplish?

The important questions being answered by this analysis are who decided that training should be conducted, why a training program is seen as the recommended



solution to a business problem, what the history of the organization has been with regard to employee training and other management interventions.

- **Person Analysis.** Analysis dealing with potential participants and instructors involved in the process. The important questions being answered by this analysis are who will receive the training and their level of existing knowledge on the subject, what their learning style is, and who will conduct the training.

Do the employees have required skills?

Are there changes to policies, procedures, software, or equipment that require or necessitate training?

- **Work analysis / Task Analysis. Analysis of the tasks being performed.** This is an analysis of the job and the requirements for performing the work. Also known as a task analysis or job analysis, this analysis seeks to specify the main duties and skill level required. This helps ensure that the training which is developed will include relevant links to the content of the job.
- **Performance Analysis.** Are the employees performing up to the established standard? If performance is below expectations, can training help to improve this performance? Is there a *Performance Gap*?
- **Content Analysis.** Analysis of documents, laws, procedures used on the job. This analysis answers questions about what knowledge or information is used on this job. This information comes from manuals, documents, or regulations. It is important that the content of the training does not conflict or contradict job requirements. An experienced worker can assist (as a subject matter expert) in determining the appropriate content.
- **Training Suitability Analysis.** Analysis of whether training is the desired solution. Training is one of several solutions to employment problems. However, it may not always be the best solution. It is important to determine if training will be effective in its usage.



- **Cost-Benefit Analysis.** Analysis of the return on investment (ROI) of training. Effective training results in a return of value to the organization that is greater than the initial investment to produce or administer the training.

What Is Learning and Development?

A specialized HR function, learning and development (L&D) is defined as the process of empowering employees with specific skills to drive better business performance. They may be up skilled to perform better in their existing roles or reskilled to take on new roles in the organization and fill the skills gap that is becoming common in the workplace these days.

Performance is just one of the intended outcomes of L&D – it also has several other benefits, such as employee satisfaction, future-proofing your business, enhanced employee experience, and increased retention. Typically, L&D is categorized as part of a company’s overall talent management strategy, where learning is used as a means to acquire, nurture, maximize, and retain talent.

Learning and development was Deloitte’s top human capital trend in 2019. 86% of respondents to Deloitte’s survey said that improving their L&D capabilities was an “important” or “very important issue.

How does learning and development work?

The L&D process can be broken down into five key steps:

- **Talent gap analysis:** An assessment of your existing talent landscape to identify skills shortage, improvement areas, and possible opportunities in line with current/future business objectives.
- **L&D strategy formulation:** The selection of different L&D components that will make up the learning experience (e.g., hands-on training, executive coaching, mentorships, etc.).



- **Procurement:** Partnerships with L&D providers – internal and external – and on boarding them into the organization (could include consultants, coaching organizations, L&D technologies, etc.)
- **Execution:** The implementation of your L&D strategy via the learning partners and technologies selected, either in groups of employees or individually.
- **Measurement and review:** Measurement of the success of your L&D program against the talent gap analysis initially conducted after program completion.

This five-step process encapsulates how most L&D strategies progress. This process can be perfectly aligned with your business priorities, keeping in mind the budgets and timelines allocated for talent development at your company.

The last step is probably the most critical, as it reveals valuable insights into which key performance indicators (KPIs) were met and which ones fell short of the desired target. This will help you realign L&D component selection and investment in the next learning cycle. In other words, the specifics of your development and learning objectives will depend on the nature of your company and the area of operations.

However, it is possible to classify these objectives into four categories:

Business performance

- The two examples we just mentioned will result in an uptick in business performance through L&D. Improved business performance is usually the top objective of every development and learning activity. Essentially, it implies that companies are training employees to become better at their jobs and meet/exceed the business KPIs assigned to their jobs.
- Learning and development objectives pertaining to business performance include:
 - ✓ Increase in the volume of work completed within a stipulated time
 - ✓ Rise in customer satisfaction scores as a result of better employee performance



- ✓ The ability to gain from emerging opportunities, due to new skills available in the organization
- ✓ Business sustainability through a period of dynamic changes (regulatory shifts, economic upheavals, digital transformation, etc.)

Employee satisfaction

- Research suggests that employees value the importance of learning in the workplace and would stay on with a company that invests in L&D. LinkedIn's 2019 Workplace Learning Report, which surveyed 3,000+ respondents, reaffirms this insight. A whopping 94% of respondents said that they would stay on in a company that invests in their learning and development.
- Learning and development objectives pertaining to employee satisfaction include:
 - ✓ Increase in employee retention rates
 - ✓ Improvement in your employee net promoter score (eNPS)
 - ✓ Reduction involuntary turnover in the long term
 - ✓ Lowering of employee stress, thanks to a rise in confidence and skill levels

Employer branding

- Another objective to remember when formulating a learning and development strategy is its impact on your employer brand. Does your company appears to be "learning-focused"? Do candidates want to join your company because it will help their careers and long-term growth?
- These are some of the key questions that an L&D program should answer. Most preferred employers in the world – the likes of Google, Amazon, and PwC – invest heavily in their employee's development, as it is intrinsically linked to their value proposition in the labor market.
- Learning and development objectives pertaining to employer branding include:
 - ✓ Shorter time to fill for new job roles
 - ✓ Increase in the quality of hire
 - ✓ Reduction in recruitment marketing costs
 - ✓ An uptick in the number of unsolicited/inbound applicants



Individual self-actualization

- In the era of new work, employees value the holistic aspects of a job as much as its tangible components like benefits or compensation. As a result, L&D becomes a means of self-actualization and fulfillment, allowing employees to tap into their full potential. And this is linked both to business performance as well as employee satisfaction.
- Development and learning objectives pertaining to individual self-actualization include:
 - ✓ The ability to reach personal improvement targets
 - ✓ Enhanced work-life balance enabled by robust skill sets
 - ✓ Increased employability, driving greater job security
 - ✓ Realization of hidden potential such as leadership skills or a knack for working with data



Self-Check -2	Written test
----------------------	---------------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

1. What is learning?
2. What is Development?

Answer Sheet 2#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet -3- Identifying Learning and development program goals and objectives to match the specific knowledge and skills requirements of competence standards

3.3.1. Learning objectives

Introduction

The term learning means changes in our behavior, attitude, knowledge and skills. In other words we can say that through learning we can feel permanent changes in our self. If we are not feeling any changes in our above skills then it will not be called as learning. The learning is a type of reinforcement, which may learn a change in behavior enduring by strengthening and intensifying certain aspect of an individual behavior.

Learning may be described as the process of acquiring the ability to respond adequately to a situation, which may or may not have been previously encountered. After analysis, the term learning consists of the following contents:-

- L - At length
- E - It should be effective
- A - It should be apparent
- R - Relentless
- N - Elimination of negative thoughts
- I - Implanting
- N - Elimination negative internalization.
- G - Elimination of generalization

Components of learning objectives:-

The learning objectives have the following components

- **Audience-** Audience is the target of learning objective and the audience character.
- **Behavior** - Behavior is expected from the learner to show the audience has learned something from the instructor.

Page 90 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
----------------	-----------------------------------------	-------------------------------------	-----------------------------



- **Condition-** Under what condition wills the learner be expected to demonstrate his/her knowledge. It is the responsibility of instructor to create an atmosphere of learning for grasping the memory from the learning environment

Main characteristics of good learning objective

- The learning objective should identify a learning outcomes – The main objective of learning is reflection. The objective needs to state what the learner is to perform, not how the learn lesson.
- The learning objective should be consistent with course goal – it is necessary that the learning objective should be consistent with the course goal. When objective and goals are not consistent two avenues of approached will be available.
 - ✓ Change the objective or
 - ✓ Change the course goal
- The learning objective should be precious:- Its some have difficulties to strike a balance between too much and too little precious in an objective. There should be a free line between choosing objective that reflects an important and meaningful outcome of instructions and objective.

To make the objective of learning the affective steps are as under:-

- Starts class on schedule.
- Present material listed in lesson plans and follows the general outline.
- Use following traits and techniques while conducting instruction: flexibility, spontaneity, provides empathy, and compassion uses good questioning techniques, is an active listener, gets feedback, uses positive reinforcement, and provide counseling.
- Facilitator directs and guides the learner towards finding the correct answer to their questions, rather than being an answering service.
- Provide coaching.
- Demonstrates new or difficult material in manner that may be seen and understood by the learners.



- Evaluates learner in the prescribed manner.
- Grades tests and distributes scores as required.
- Completes class roster and other form at end of training session and deliver them to the training department.
- Completes all learning activities and required function, during allotted time period.

Any training and development program must contain inputs, which enable the participants to gain skills, learn theoretical concepts and help acquire vision to look into the distant future.

The inputs in Training and developments are as follows:-

- **Skills-** A worker needs skills to operate machine and use other equipment's with least damage and scrape. This is a basic skill without which the employees Will not be able to function. Employees, particularly supervisors and executives need interpersonal skills popularly known as the people skills. Interpersonal skills are needed to understand one and others better, and act accordingly. Interpersonal skills include Listing, persuading and showing an understanding of others feelings
- **Education:-** The purpose of education is to teach theoretical concepts and develop a sense of reasoning and judgments. Any training and development program must contain an elements of education is well understood by HR specialist

The managements of any organization expect the following from its managers when they are deputed to attend any training and development program:-

- ✓ How do we make our managers self-starters?
- ✓ How do we imbibe them with a sense of commitment and motivation so that they become self-generating?
- ✓ How do we make them subordinate their parochial, functional loyalties to the interests of the organization as a whole?
- ✓ How do we make them result-oriented?
- ✓ How do we help them see and internalize the difference between activity and results, and between efficiency and effectiveness?

Page 92 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
----------------	-----------------------------------------	-------------------------------------	-----------------------------



- ✓ How do we make them sensitive to the environment in which they function, both at the workplace and outside?
- ✓ How do we make them aware of themselves- their potential and their limitations?
- ✓ How do we help them see themselves as others see them and accept this self-image as a prelude to change?
- ✓ How do we teach them to communicate without filters, to see and feel points of view different from their own?
- ✓ How do we help them understand power and thereby develop leadership styles which inspire and motivate others?
- ✓ How do we instill a zest for excellence, a divine discontent, a nagging dissatisfaction with the status quo?



Self-Check -3	Written Test
----------------------	---------------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page

1. Write the Components of learning objectives.
2. Write the Main characteristics of good learning objective.

Answer Sheet 3#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet 4- Providing Workplace learning opportunities and coaching/ mentoring to facilitate individual and team achievement of competencies

3.4.1 Providing Workplace learning opportunities

Workplace learning: Is structured work experience program that provides an opportunity for workers to get some first hand, on the job experience or training workplace learning. It helps young people make informed decisions when planning their transition through schools and from schools to fulfilling working life.

Workplace learning can improve employee performance by giving them the means to grow the institution or contribute to culture built around performance. Continuous learning in the workplace makes employee knowledgeable about their role and how to better enrich their time at work

3.4.2 Coaching/ mentoring to facilitate individual and team achievement of competencies

Definitions of coaching

Coaching is the process whereby one individual helps another; to unlock their natural ability; to perform, learn and achieve; to increase awareness of factors which determine performance; to increase their sense of self responsibility and ownership of their performance; to self-coach; to identify and remove internal barriers to achievement.

Coaching is the art of facilitating the performance, learning and development of another

- **Personal/Life Coaching**– ‘A collaborative solution-focused, results-orientated and systematic process in which the coach facilitates the enhancement of work performance, life experience, self-directed learning and personal growth of the coachee.’



- **Executive Coaching** - 'As for personal coaching, but it is specifically focused at senior management level where there is an expectation for the coach to feel as comfortable exploring business related topics, as personal development topics with the client in order to improve their personal performance.
- **Corporate/Business Coaching** - 'As for personal coaching, but the specific remit of a corporate coach is to focus on supporting an employee, either as an individual, as part of a team and/or organization to achieve improved business performance and operational effectiveness
- **Specialty/Niche Coaching** - 'As for personal coaching, but the coach is expert in addressing one particular aspect of a person's life e.g. stress, career, or the coach is focused on enhancing a particular section of the population e.g. doctors, youths.'
- **Group Coaching** – 'As for personal coaching, but the coach is working with a number or individuals either to achieve a common goal within the group, or create an environment where individuals can co-coach each other

In short, what do COACHES actually do?

- Consider the coaches needs at all time
- Offer support and encouragement
- Ask questions
- Challenge
- Hold the coachee to account/ensure goals are set
- Encourage/enable
- See goals through to the (agreed) end

Definitions of mentoring

'Mentoring is considered to be an interpersonal exchange (often career orientated) between a senior person and a junior, where the mentor will guide, teach, and share their experience and wisdom.



Mentoring is (the) process whereby one senior individual is available to a junior; to form a non-specified developmental relationship; to seek information from; to regard as a role model; to guide the performer; to provide feedback and appraisal; to teach all the facts that will enable the individual to perform effectively in an organization.

‘A mentor is someone who passes on his or her experience and wisdom by coaching, counseling, guiding or partnering in every possible permutation, from volunteer tutor to angel investor.

Benefits of coaching and mentoring

- A chance to discuss issues, blockages and/or concerns in your career development
- Having someone (other than friends/colleagues/tutors) available to share difficult situations
- having someone to believe in you and your ability
- Being given help to work out what it is you want from life and work
- Being given help to develop a greater confidence
- Learning to cope with the informal and formal structure of your future
- Working through tactics to manage relationships with other people
- Becoming more comfortable in dealing with people from unfamiliar backgrounds
- Learning how to communicate with others in more senior positions
- Making sense of feedback from others and deciding how to deal with it
- Being given the opportunity to challenge thinking and be challenged in return
- Being given the opportunity to receive career advice (and possible enhancement)
- Gaining an insight into management processes
- Having someone else to act as a ‘conscience and a guide’
- Obtaining opportunities to network, visibility (access to senior management thinking)



Key roles & responsibilities of coaches/mentors:

- Agree and keep to a mentoring/coaching contract
- Meet with mentee/coachee when agreed – please try to ensure you keep your appointments
- Establish and build on rapport throughout the relationship
- Diagnose the needs with the mentee/coachee and agree priorities (driven by mentee/coachee)
- Improve the mentees/coachees breadth of knowledge and skills
- Share broader perspective of organisations, culture, strategy
- Help mentees/coachees to articulate their aspirations and then realise their potential
- Prompt mentees/coachees to draw up their own personal development plans (pdps)
- Recognize and celebrate achievements
- Confront and reflect on positive and less positive behaviours/habits/attitudes
- Encourage the mentee/coachee to think beyond the obvious
- Encourage and motivate the mentee/coachee
- Ensure confidentiality as agreed with mentee/coachee
- Manage time commitments
- Initiate reviews of progress at regular intervals
- Be open and honest at all times
- Provide contacts/networks for them to follow up (if appropriate)
- Prompt them to keep others updated on progress (i.e. Personal Tutors, if appropriate)
- Not discuss with others directly (unless agreed with the mentee/coachee first)
- Advise when other support is available (outside own boundaries) e.g. Counselling
- Attend appointed update/supervision/CPD sessions to share and evaluate ongoing learning



- identify when the relationship may need to close
- Manage feelings/emotions when closing down the formal relationship
- Keep in touch beyond formal relationship/take a continuing interest

In short, what do MENTORS actually do?

- Manage the relationship
- Encourage
- Nurture
- Teach the mentee to help them
- Offer mutual respect
- Respond to the mentees needs
- Support at all times



Self-Check -4	Written sheet
----------------------	----------------------

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is Mentoring?
2. What is coaching?

Answer Sheet 4#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet 5- Developing Joint action plan by team and individuals

3.5.1. Action planning

Action planning is a form of learning. It is a method for identifying needs, establishing goals and developing strategies to reach those goals. During implementation of the strategies you monitor, and if necessary modify the plan and take time to explore and reflect on what you are doing and why. Key purposes

An action plan has three major elements

- Specific tasks: what will be done and by whom.
- Time horizon: when will it be done?
- Resource allocation: what specific funds are available for specific activities? Also called action program

Having an action plan:

- Lends credibility to your organization. An action plan shows members of the community (including grant makers) that your organization is well ordered and dedicated to getting things done.
- Prevents the possibility of overlooking details.
- Helps understand what is and isn't possible for your organization to do.
- Helps your community be more efficient by saving time, energy, and resources.
- Increase the chances that people will do what needs to be done by making them more accountable

What are the criteria for a good action plan?

The action plan for your initiative should meet several criteria.

- **Complete:** Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
- **Clear:** Is it apparent who will do what by when?

Page 101 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



- **Current:** Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

When should you create an action plan?

- Ideally, an action plan should be developed within the first six months to one year of the start of an organization. It is developed after you have determined the vision, mission, objectives, and strategies of your group. If you develop an action plan when you are ready to start getting things done, it will give you a blueprint for running your organization or initiative.
- Remember, though, that an action plan is always a work in progress. It is not something you can write, lock in your file drawers, and forget about. Keep it visible. Display it prominently. As your organization changes and grows, you will want to continually (usually monthly) revise your action plan to fit the changing needs of your group and community.

Some members of the community you might consider asking to join the action planning group include:

- Influential people from all the parts of the community affected by your initiative (e.g., from churches and synagogues, the school system, law enforcement, etc.)
- People who are directly involved in the problem (e.g., local high school workers and their parents might be involved in planning a coalition trying to reduce teen substance abuse)
- Members of grassroots organizations
- Members of the various ethnic and cultural groups in your community
- People you know who are interested in the problem or issue
- Newcomers or young people in the community who are not yet involved



Convene a planning group in your community to design your action plan.

This might be the same group of people who worked with you to decide your group's strategies and objectives. If you are organizing a new group of people, try to make your planning committee as diverse and inclusive as possible. Your group should look like the people most affected by the problem or issue.

Once everyone is present, go over your organizations:

- Vision
- Mission
- Objectives
- Strategies
- Targets and agents of change (e.g., youth, parents and guardians, clergy)
- Proposed changes for each sector of the community (e.g., schools, faith community, service organizations, health organizations, government)



Self-Check -5	Written Test
----------------------	---------------------

Instructions: Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet

provided in the next page

1. What is action plan?
2. Explain the criteria for a good action plan

Answer Sheet 5#

Score = _____

Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet -6- Allocating Duties and responsibilities on the skills and knowledge required to undertake the assigned task as well as considering individual's preference

3.6.1 Allocations of duties

The allocation of duties also involves an allocation of responsibilities with regard to work environment management. This responsibility involves an obligation to actively take steps to eliminate or reduce the risk of illness and accidents at work.

However, a person who is allocated duties concerning systematic work environment management can never assume the current responsibilities of their line manager.

The employer is always ultimately responsible for the work environment and work environment management, even when certain duties have been delegated to others.

Rules on the allocation of duties

Duties with regard to SAM and SBA must always be allocated so that the responsibility rests with the people who are best equipped to investigate, implement and follow up the activities at the specific workplace

The manager who delegates a duty is responsible for ensuring that the recipient has

- The necessary conditions for carrying out the duties
- the knowledge necessary to perform the duties, including knowledge of the rules of importance to the work involved in work environment and fire safety management, as well as knowledge of risk assessments of physical, organizational and social circumstances that involve risks of illness, accidents or fire
- Otherwise sufficient skills for a well-functioning systematic work environment and fire safety management

All allocation of duties must be documented in writing by using the University's established templates. The agreement is to be registered in accordance with the



University's document registration plan. The person delegating and the person receiving the task are each to retain a copy

The person delegating a duty has a special responsibility to ensure that the recipient of the duty has understood the responsibilities it entails. The person delegating the duty is to continuously make sure that the allocation works in practice and make changes to the allocation as needed

The person who is allocated a certain duty:

1. is responsible for informing people of the allocated responsibility within the organization concerned
2. is to familiarize him- or herself with the contents of the University's regulatory and guiding documents concerning SAM and SBA
3. is to keep the person who delegated the task up to date on the progress of the work environment and fire safety management
4. is to immediately inform the person who delegated the task if a duty cannot be performed due to a lack of the necessary conditions and, if necessary, return the task to that person in writing

The person who delegates duties can also recall them, entirely or in part, if the organizational conditions change or if the recipient lacks the conditions necessary for performing the task. If duties are recalled, this must be documented in writing.

Organization of work environment management

Many departments conduct extensive activities in which the head of department is unable to fulfill the operational responsibility for work environment and safety management in a satisfactory way, in which case it may be necessary to delegate certain duties to subordinate managers within each organization.

The faculty determines, together with the heads of department and concerned principal health and safety representatives, to whom certain management duties concerning work

Page 106 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1
			February 2021



environment and fire safety can be delegated. Any further delegation below the level of head of department must be approved by the head of department

Allocation of duties

The following points should be addressed:

- Allocated duties
- Conditions necessary for performing the allocated duties, e.g. authorities and resources (staff, equipment and time).
- Knowledge required for the duties. Performing duties related to work environment and fire safety management requires knowledge of the laws and University-wide rules that apply to the organization concerned, as well as knowledge to identify and take action against work environment risks. Rules are added and revised, it is recommended that the knowledge of the person to whom duties are allocated is assessed. Those who have been allocated duties previously may also need to update their knowledge. The information on the University's work environment and fire safety training, as well as other management training available in Kompetensportalen, can serve as a basis for this discussion.

The discussion should conclude in an agreement on a training plan including the training and time frame agreed on. When possible, it is recommended that the training is completed before the allocation of duties takes place. If this is not possible, the training should be completed no later than 6 months after the allocation was made.

- Information on how the recipient is to act if the conditions to solve a task are insufficient
- Information on where to find the University's rules, procedures and support material
- Supervision of the allocated duties and results that are expected to require follow-up.

Page 107 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1
			February 2021



Examples of duties that could be included in the coordination responsibility Information

- Inform about the organization and application of systematic work environment management
- Inform about the safety rules that apply at the workplace
- Inform all affected parties of planned work and the associated impact on the work environment
- Inform about medical check-ups if necessary
- Inform about special risks at the work place

Review and risk assessment

- continuously assess deficiencies and risks in the work environment and call attention to these, or make sure that they are taken care of
- Follow up on the planning and possibly make changes to ongoing activities
- Participate in reporting incidents or work-related injuries

Measures

- Make sure that posted information on the organisation of work environment management is up to date with regard to the coordinator in charge
- Make sure that general rules on safety and order are drawn up and kept up to date to ensure that new staff are immediately informed of those that apply
- Coordinate a time frame for work performed by contractors to avoid unnecessary risks

Supervision

- Make sure that the shared workplace is functional and safe, and that safety equipment is installed, e.g. guardrails, warning signs, scaffolds
- Ensure that maintenance processes are in place and that joint safety equipment training is provided

Page 108 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1
			February 2021



- Verify that the facility was securely shut down before allowing re-access, e.g. through the venting of pressure equipment and cleaning of vessels containing corrosive substances
- Follow up to make sure that the given instructions are followed
- Make sure that the necessary permits, e.g. a truck licence, have been obtained

General duties

- When construction work takes place in parallel with normal activities, the coordinator in charge is to initiate consultations with the appointed construction work environment coordinator concerning the work



Self-Check -6	Written Test
----------------------	---------------------

Instructions: Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet provided in the next page

1. Describe the allocation of duties?
2. Describe Review and risk assessment?
3. Write the points should be addressed Allocation of duties?

Answer Sheet 6#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information sheet -7- Making Collaborative efforts to attain organizational goals

3.7.1. Collaboration

Is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

Advantages of Collaboration

- The coming together of diverse stakeholders who may not otherwise meet
- The pooling of both tangible and information-based resources
- The sharing of ideas and information
- The diversification of talents and capabilities of individuals between agencies •
The limiting of overlap in services and the coordination of existing services
- Gaining access to skill sets of a person or group of people that may only be required for a certain project
- Research and analyses that are broader in scope and more expansive in detail than those done by a single organization in isolation
- A unique chance to gain a better understanding of other organizations in the community

Deciding to collaborate

Is your organization ready to begin a collaborative relationship? In order to effectively begin such a partnership, your organization should already have or be prepared to offer:

- **A clearly defined vision & purpose for the collaborative effort**
 - ✓ Why are you entering the collaboration? What do you expect to contribute to this effort? In what ways do you expect to benefit from this effort?
- **A firm commitment**

Page 111 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



- ✓ Is there a desire to commit to the collaborative effort at each and every level of your organization?
- **Time**
 - ✓ Is your staff already pressed for time to complete projects? How will workloads and time be managed to facilitate involvement in this long-term commitment?
- **A welcoming organizational culture**
 - ✓ Is every level of your organization open to new ideas? Would changes in the way projects that are completed and issues are addressed be welcomed or resisted?
- **Adequate funding**
 - ✓ While much collaboration is undertaken because funders tend to require joint efforts, collaborations often create novel expenses for an organization, and these must be taken into account during planning

Is the proposed partner a good fit with your organization? Consider:

- Exactly how will collaborating with this partner, as opposed to other potential partners, enable your organization to achieve key goals?
- What does each party look to gain from the collaboration? Will the end result be a 'win-win' situation?
- Do any or all organizations have a vested interest in the project at hand?
- Can all organizations reach an agreement regarding the mandate of the collaboration and the purpose of the collaborative initiatives?
- Do the collaborating organizations have enough in common to work together effectively, or are organizations that are very different from each other willing to look past these differences in order to work towards common goals together?
- Is one of the organizations markedly smaller than the other? Are there steps being taken to ensure that the smaller organization will not be 'lost in the mix'?
- Does the organization have a good understanding of whom you serve.



Self-Check -7	Written Test
----------------------	---------------------

Instructions: Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet

provided in the next page

1. What is Collaboration?
2. Explain the Advantages of Collaboration?

Answer Sheet 7#

Score = _____
Rating: _____

Name _____ Date _____

1. _____

2. _____



Information Sheet -8- Using feedback from individuals or teams to identify challenges, develop interventional strategies, and implement them to bring about improvement

3.8.1. Using feedback from individuals or teams to identify challenges

Feedback is defined by Wood (2007) as ‘the way in which learners become aware of the gap between their current level of knowledge or skill and the desired goal.

A feedback mechanism is a loop system where the system is responds to a perturbation. The response may be in the same directions in the positive feedback or in the opposite direction as in negative feedback.

There are two type of feedback: Positive and negative feedback

What is effective and constructive feedback?

It is effective when the recipient is able to receive information’s and adjust his/her behavior accordingly. Feedback is not criticism or judgment. Feedback is critical for positive learning environment.

Effective feedback enables the worker to gain insight into the gap between their performance and the desired standard.

Without being given feedback the worker may not be aware that this gap exists between their performance and the desired level.

Being given feedback on the gap between the worker’s skills and the desired level can help the worker to recognize their strengths and weaknesses and to facilitate the improvement of their performance.

- The aim of giving feedback is to help the worker narrow the gap between their actual performance and the desired performance by illuminating their strengths and areas for development.
- Provide teams with specific and frequent feedback about their performance, and support them in improving their performance.



- Distribute the evaluation form to all participants which provide you feedback on the effectiveness of the meeting

Reasons for giving feedback

Wood (2007) described the main purpose of giving feedback as to promote improvement of the worker's performance.

Some of the reasons you may have considered include:

- Giving feedback to the worker about their strengths is likely to increase the worker's confidence, motivation and enthusiasm for learning and will help them to continue to learn and to further develop their strengths.
- Workers need to be given feedback about their weaknesses and areas for development. The worker may not know that they are not achieving the required level and without this feedback will not be able to take the actions necessary to improve. Being given feedback will enable the worker to focus on these areas and to take actions to progress their skills so that they are performing at the required level.
- Giving a worker regular feedback will help them to develop their skills of self-assessment so that they can recognize their own strengths and weaknesses and areas for development.
- Some workers have difficulties reaching the required level. Giving regular feedback and developing action plans to develop the worker's skills and knowledge ensures the worker is appropriately supported and that a fair process of assessment is carried out.
- Worker nurses have identified that they find feedback useful. Glover (2000) carried out a small research project investigating nursing workers' perceptions and use of feedback in the clinical area. The nursing workers within this study identified that being given feedback increased their confidence and self-esteem, increased their skills and knowledge, enhanced their learning and enabled them to identify where



they needed more practice. However workers do not always find it easy to obtain feedback. Gray and Smith (2000) and Cahill (1996) carried out studies exploring worker nurses' experiences of mentorship. Both these studies found that workers had difficulty in gaining constructive feedback from mentors.

Key principles for giving feedback

- Ensuring that the worker is at the center of the feedback process
- The feedback illuminates both the strengths and areas for development of the worker
- The feedback is given regularly and timely
- Non- judgmental language is used – referencing to the behavior and not to the person
- Specific, easily understood language is used together with examples
- Feedback is given as a dialogue between the mentor and the worker
- The feedback is given at the correct level and is both supportive and challenging.
- The feedback is constructive and solution focused so the worker understands what they need to do to improve their performance.

Give feedback to all stakeholders

When designing evaluative questionnaires:

- Prepare the questionnaire carefully, giving consideration to the type of information required
- Ensure that questions are written clearly and unambiguously
- Provide all the information that participants need in order to respond validly to the questionnaire and to return it promptly
- Avoid lengthy questionnaires or questions requiring complex answers



Collecting and comparing feedback

A useful indicator of learning needs is the feedback you receive about the performance of your team and its members. Feedback, both formal and informal, can come from a variety of sources, including team members, colleagues, other managers, clients, contractors, consultants, potential customers, suppliers or anyone external to the organization who interacts with the team. Here are some ways feedback may be received about your team performance

Collect feedback

Feedback should be routinely collected to monitor service delivery. It should be an ongoing and can be collected in different ways. You should also reflect on your own performance as a team leader and encourage team members to reflect on their performance as well. When you receive negative feedback about a team member's performance, think about what may have caused the problem before discussing it with the individual or team. Consider also the source of the feedback to see if it is credible; that is, whether it is reliable, accurate and valid. Any credible feedback received by the supervisor, team leader or frontline manager should be passed on to the person involved and resolved on a one-to-one basis and in private. Make sure you document all details of the complaint and include the appropriate training need in your team plans.

Compare feedback

Poor performance may not always require acquisition of new skills or knowledge. For example, if poor planning has led to the team underperforming, the planning process should be examined rather than focusing on the individual's performance. Sometimes, addressing poor performance may involve a simple rearrangement of work schedules or holding discussions with the person or team to talk about the situation and come to a resolution. Any feedback you receive should help you confirm the learning and development needs you have already identified via other methods.

Page 117 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1
			February 2021



Ongoing Review and Feedback

- Holds people accountable for meeting performance goals and objectives
- Provides constructive feedback to help staff improve performance
- Takes appropriate action to address poor performance

Remember, giving feedback well begins with following good practices. Practice and experience will help you become more skilled and comfortable in giving feedback. By providing timely, constructive, and candid feedback to your employees about their performance and career objectives, you will be an important part of their development and success.

Feedback has a direct impact on our work:

- Gives us specific information to help us improve
- Makes performance expectations clear from the start
- Heightens efficiency by reducing resentment, buildup, etc.
- Strengthens relationships

Benefits of Positive Feedback

- Gives clarity to the employee about good performance.
- Creates enthusiasm.
- Builds confidence and self-esteem.
- Increases appropriate risk-taking and innovation.
- Demonstrates care and involvement.
- Makes an employee feel acknowledged.

When Positive Feedback is appropriate

- When used to recognize specific job performance that has met and/or exceeded expectations. (It reinforces and motivates.) Example of Positive Feedback: “The

Page 118 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



budget estimates you presented at the last staff meeting were very detailed and gave us good criteria for decision-making.”

Benefits of Developmental Feedback

- It lets people know how to execute a task more effectively.
- It steers actions; communicates what needs to change.
- It increases the person’s self-awareness.
- It is the foundation of all development.
- It gives a bigger picture to the employee.

When Developmental Feedback is appropriate

- When used to help an employee monitors and corrects his or her own behavior.
Example of Developmental Feedback: “My expectation was that you would provide us with more details on the event budget. Because we didn’t have enough information, we won’t be able to make our final decisions until later this week. What can you do to ensure that we will have the correct information?”

Using the Feedback Framework:

Jerry is a relatively new member of your team who hasn’t had the opportunity to work on the “front lines” yet. The other day he stepped in for a colleague who called in sick and dealt with a notoriously difficult customer with diplomacy and patience.

1. State your Expectations	Describe the standards or expectations you have for the situation.
2. Describe Your Observations	Tell the employee what s/he did that you want to give feedback on. Be Specific. Focus on Behavior. Give eg.
3.Share your Assessment	Describe how the behavior impacted the department and/or Penn State. Be objective.
4.Explain Consequence	If the behavior should be changed, offer suggestions on what to do differently or how to improve.



Avoid Common Feedback Pitfalls

- Reluctance to discuss problems openly and on a timely basis
- Looking only at extreme behavior, whether good or bad, and ignoring all other efforts
- Lacking the courage to differentiate performance, either to avoid morale problems or to avoid having difficult conversations
- Comparing people to each other rather than against their own goals/ expectations
- Giving feedback without inviting and listening to the employee's comments
- Not confirming mutual understanding of expectations in the first place
- Jumping to conclusions or making evaluations without facts



Self-Check-2	Written test
---------------------	---------------------

Directions: Write short answer for the question given below. Each question has equal 3 point. For your answer use the space provided.

I. Short answer

1. What is effective and constructive feedback?
2. Write Benefits of Positive Feedback

II. True or false

3. Feedback is given as a dialogue between the mentor and the student
4. The aim of giving feedback is to help the student narrow the gap between their actual performance and the desired performance

Note: Satisfactory rating -6 points and above

Unsatisfactory - below 6 points

Name: _____ ID _____ Date: _____

Score = _____

Rating: _____

Answer Sheet

1-----

2-----

True or false

4. _____

4. _____



References

1. Stanhop, L. Community & Public health Nursing, 5th edition , 2000
2. Sheila, T. Barhana, R. Sarah, A. Community Health Care Nursing. Principle & Practice 2000
3. Stanhope. Knoll Mueller. Hand book of community base & home health nursing practice 3rd edition 2000
4. Judith Ann.Allender, Barbara Walton S. Community Health Nursing Concept and practice 5th edition 2001.
5. Freeman & Heinrich. Community Health Nursing Practice 2nd edi. 1998
6. ChalliJira, Health Planning, 2003, Jimma University.
7. Challi, Amsalu, Getnet, Health Service Management, 2003.
8. ChalliJira (2003): Health Planning for Health Science workers Lecture Note series – Jimma University –Faculty of Public Health.
1. Laxmi Narain (1973) —Managerial Compensation and Motivation in Public Enterprises : New Delhi Oxford & IBH.
2. Subrammanium, k.N. (1979) —Wages in India New Delhi : Tata McGraw Hill.
3. Shasi K. Gupta & Rosy Joshi – ‘Human Resource Management’ – India – Kalyani Publishers, 2002
4. Shasi K. Gupta & Rosy Joshi – ‘Human Resource Management’– India – Kalyani Publishers, 20021
5. Barry, B. (1984). Strategic planning workbook for non-profit organizations. St. Paul: MN: Amherst H. Wilder Foundation.
6. Berkowitz, W. (1982). Community impact: creating grassroots change in hard times. Cambridge, MA: Schenkman Publishing.
7. Collaboration Roundtable (2001). The Partnership Toolkit: Tools for Building and Sustaining Successful Partnerships. Vancouver: Author. (pp. 65-75)
http://www.bpdws.org/bpd/web/d/doc_55.pdf



Answer Key for self-check

Module Title: - Managing Community Health Service

LO1. Follow organizational guidelines, understand health policy and service delivery system

Self check 1.	Answers
---------------	---------

1. Define Management?

- **Management** is an integral component of any programme. In case of health sector we are doing in, management touches every aspect of our daily activity.

2. Explain Community?

- **Broadly defined, a community:** is a collection of people who interact with one another and whose common interest or characteristics gives them a sense of unity and belonging.
- **A community:** is a group of people in defined geographical area with common goal and objective and the potential for interacting with one another (Dryer's den).

3. Write the differences of Health & Wellness

- **Health:** is defined as a state of physical, mental and social well being not merely the absence of disease or infirmity (WHO, 1948). Health, in its holistic philosophy differs greatly from that of the acute care settings.
- **Wellness:** is a life – style aimed at achieving physical, emotional, intellectual, spiritual and environmental well being. The use of wellness measures can increase stamina, energy and self – esteem, then enhance quality of life.



Self check 2.	Answers
---------------	---------

1. What is the main focus of Ethiopian Health policy?
 - Mainly focus improving the health for all, including **maternal and neonatal health**. This has included a wide range of different strategies like making pregnancy safer, reproductive health strategy, adolescent and youth reproductive health strategy and the revised abortion law.

Self check 3.	Answers
---------------	---------

1. Discuss the current level health service delivery?
 - Level one is a Woreda/District health system comprised of a primary hospital (to cover 60,000- 100,000 people), health centers (1/15,000-25,000 population) and their satellite Health Set ups (1/3,000-5,000 population) connected to each other by a referral system. The primary hospital, health centre and health set ups form a Primary Health Care Unit (PHCU).
 - Level two is a General Hospital covering a population of 1-1.5 million people; and
 - Level three is a Specialized Hospital covering a population of 3.5-5 million people.
2. Describe the health care delivery system in Ethiopia?
 - Public health sector – controlled by MOH
 - Private health sector
 - NGOs



Self check 4.	Answers
---------------	---------

1. List the five principles and eight elements of primary health care?

- Education on health problems and how to prevent and control them.
- Development of effective food supply and proper nutrition.
- Maternal and child healthcare, including family planning.
- Adequate and safe water supply and basic sanitation.
- Immunization against major infectious diseases.
- Local endemic diseases control.
- Appropriate treatment of common diseases and injuries.
- Provision of essential basic medication.

Self check 2.	Answers
---------------	---------

1. Explain Primary Health Care

- **Primary health care (PHC)** is a term given to the essential health care that is universally accessible to individuals and is acceptable to them with fulfilling certain principles. Often, as in Ethiopia, this level of health care is free for people living in rural part.

2. Write the Components of Elements of PHC?

- Health education
- Promotion of food and proper nutrition
- Adequate supply of safe water and basic sanitation
- MCH including FP
- Immunization
- Prevention and control of locally endemic disease
- Rx of common diseases and injuries
- Provision of essential drugs

Page 125 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



Self check 5.	Answers
---------------	---------

1. Discuss the aim of health Professional Packages

- Disease Prevention and Control.
 - ✓ TB, HIV/AIDS and other STI prevention and control.
 - ✓ Malaria prevention and control.
 - ✓ First aid and emergency measures.
- Family Health Service.
 - ✓ Maternal and child health.
 - ✓ Family planning.
 - ✓ Immunization.
 - ✓ Adolescent reproductive health.
 - ✓ Nutrition.
- Hygiene and Environmental Sanitation.
 - ✓ Excreta disposal.
 - ✓ Solid and liquid waste disposal.
 - ✓ Water supply and safety measures.
 - ✓ Food hygiene and safety measures.
 - ✓ Healthy home environment.
 - ✓ Control of insects and rodents.
 - ✓ Personal hygiene.



LO2. Plan, manages, monitor and evaluate health system

Self check 1.	Answers
---------------	---------

1. Write the major function of Top/ high level of manager.

Major functions include

- Establishing board objectives
- Designing major strategies
- Outlining principal policies
- Providing effective organizational structure that ensures integration.
- Providing overall leadership and direction
- Making overall control of the organization
- Sealing with external parties such as the government, community, business etc by representing the organization and.
- Analyzing the changes in the external environment and respond to it.

2. What is management and leadership?

- 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.
- Management is universal and necessary function
- Leadership is a process of directing and influencing task-related activities of group members

3. Write the different between Top-Level Management, Middle-Level Management and Low-level Management.

- Top-Level Management is also referred to as the administrative level. They coordinate services and are keen on planning.



- Middle-level Management is also referred to as the executor level, they are subordinates of the top-level management and are responsible for the organization and direction of the low-level management.
- The lower level Management is also referred to as the supervisory or the operative level of managers.

4. Describe the Role of management?

- **Team spirit;** it is creating an atmosphere of mutual trust and understanding between members of a team so that you can develop and ensure morale of your team member.
- **Division of labor;** it is an act of distributing work, among all member of the team in equal manner.
- **Focusing on the result not activities;** is to make sure that everybody within the organization has a clear understanding of the goals and objectives, and makes each person aware of their own roles and responsibilities in achieving those objectives.

5. Write the Characteristics of managers and leaders.

Manager

- Administers
- A copy
- Maintains
- Focuses on systems & structure
- Relies on control Short- range view
- Asks how and when
- Eye on the bottom line

Leader

- Innovates
- An original
- Develops
- Focuses on people

Page 128 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



- Inspires trust
- Long-range perspective
- Asks what and why
- Eye on the horizon

Self check 2.	Answers
---------------	---------

1. **Describe the Stage of operational planning?**

- Situational analysis
- Selecting priority problems
- Setting objectives and targets
- Identifying potential obstacles and limitations
- Designing the strategies
- Writing the plan

2. **Describe the Eight important steps of the planning process?**

- Recognizing Need for Action
- Setting Objectives
- Developing Premises
- Identifying Alternatives
- Examining Alternate Course of Action
- Selecting the Alternative
- Formulating Supporting Plan
- Implementation of the Plan

3. **Write the Types of planning?**

- **Strategic planning;** is the process of determining what an organization intends to be in the future and how it will go there.
- **Tactical/operational planning/activity planning;** is a short range planning that emphasize the current operations of various parts of your kebele.



Self check 3.	Answers
---------------	---------

1. What are the types of supplies in your Health Post
 - Consumables
 - Non – consumables
2. What is Quantification and Specifications means?
 - Quantification is the process used to calculate or estimate the quantities of medical supplies, drugs and equipment required.
 - A specification is a detailed description of an item. It is important to provide suppliers with a clear and complete description, to make sure that you receive the specific item you require.



LO3. Lead and build individual's and team's capacity

Self check 1.	Answers
---------------	---------

1. What is self-evaluation?

- **Self-evaluation:** is central to continuous improvement.
- Self-evaluation is about testing changes and ideas for improvement to see what works best for your service whatever its type or size so that you can then implement good practice and support innovation.

2. What is Quality assessment?

- **Quality assessment** is a vital component of maintaining and improving the quality of care provided by a health system, and assessing the performance of individual providers is an important part of system assessment.

Self check 2.	Answers
---------------	---------

1. What is learning?

- **Learning** is at the heart of organization. Learning has the power to enable individuals and organizations to full their personal and collective goals and ambitions.

2. What is Development?

- **Development:** is an increase over the longer term of the capacity that an individual has to live a more effective and fulfilling professional and personal life as a result of learning and the acquisition of knowledge, skills and attitudes.



Self check 3.	Answers
----------------------	----------------

1. Write the Components of learning objectives.

The learning objectives has the following components

- **Audience-** Audience is the target of learning objective and the audience character.
- **Behavior** - Behavior is expected from the learner to show the audience has learned something from the instructor.
- **Condition-** Under what condition wills the learner be expected to demonstrate his/her knowledge.

2. Write the Main characteristics of good learning objective.

- **The learning objective should identify a learning outcome** – The main objective of learning is reflection.
- **The learning objective should be consistent with course goal** – it is necessary that the learning objective should be consistent with the course goal.
- **The learning objective should be precious:-** Its some have difficulties to strike a balance between too much and too little precious in an objective.

Self check 4.	Answers
----------------------	----------------

1. What is Mentoring?

- **'Mentoring** is considered to be an interpersonal exchange (often career orientated) between a senior person and a junior, where the mentor will guide, teach, and share their experience and wisdom.
- What is coaching?
- **Coaching** is the process whereby one individual helps another; to unlock their natural ability; to perform, learn and achieve; to increase awareness of factors which determine performance; to increase their sense of self responsibility and ownership of their performance; to self-coach; to identify and remove internal barriers to achievement.

Page 132 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



Self check 5.	Answers
---------------	---------

1. What is action plan?

- **Action planning** is a form of learning. It is a method for identifying needs, establishing goals and developing strategies to reach those goals.
- Explain the criteria for a good action plan
- **Complete:** Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
- **Clear:** Is it apparent who will do what by when?
- **Current:** Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

Self check 6.	Answers
---------------	---------

1. Describe the allocation of duties?

- **The allocation of duties** also involves an allocation of responsibilities with regard to work environment management. This responsibility involves an obligation to actively take steps to eliminate or reduce the risk of illness and accidents at work.

2. Describe Review and risk assessment?

- continuously assess deficiencies and risks in the work environment and call attention to these, or make sure that they are taken care of
- Follow up on the planning and possibly make changes to ongoing activities
- Participate in reporting incidents or work-related injuries

3. Write the points should be addressed Allocation of duties?

The following points should be addressed:

- Allocated duties
- Conditions necessary for performing the allocated duties, e.g. authorities and resources (staff, equipment and time).

Page 133 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



- Knowledge required for the duties. Performing duties related to work environment and fire safety management requires knowledge of the laws and University-wide rules that apply to the organization concerned, as well as knowledge to identify and take action against work environment risks.

Self check 7.	Answers
---------------	---------

1. What is Collaboration?

- **Collaboration:** Is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

2. Explain the Advantages of Collaboration

- The coming together of diverse stakeholders who may not otherwise meet
- The pooling of both tangible and information-based resources
- The sharing of ideas and information
- The diversification of talents and capabilities of individuals between agencies •
The limiting of overlap in services and the coordination of existing services
- Gaining access to skill sets of a person or group of people that may only be required for a certain project
- Research and analyses that are broader in scope and more expansive in detail than those done by a single organization in isolation
- A unique chance to gain a better understanding of other organizations in the community

Self check 8.	Answers
---------------	---------

III. Short answer

1. What is effective and constructive feedback?

It is effective when the recipient is able to receive information's and adjust his/her behavior accordingly. Feedback is not criticism or judgment. Feedback is critical for

Page 134 of 136	Federal TVET Agency Author/Copyright	TVET program title-Nursing Level IV	Version -1 February 2021
-----------------	-----------------------------------------	-------------------------------------	-----------------------------



positive learning environment.

2. Write Benefits of Positive Feedback

- Gives clarity to the employee about good performance.
- Creates enthusiasm.
- Builds confidence and self-esteem.
- Increases appropriate risk-taking and innovation.
- Demonstrates care and involvement.
- Makes an employee feel acknowledged.

1.

1. True or false

2. True

3. True



The trainers who developed the learning guide

No	Name	Qualification	Educational background	Region	PHONE CELL	E-mail
1	Feysal Mohammed	A	Nurse	Somali	0913505944	Feysalm28@gmail.com
2	Nigatu weyesa	A	Nurse	Benishang	0920315171	nigatuwey@gmail.com
3	Farhan Abubeker	A	MPH in RH	Harari	0915742083	Feru_ab@yahoo.com
4	Tesgera Begize	A	Nurse	Benishang	0945747265	Tesgera125@gmail.com
5	Bekuma Tadesse	A	Nurse	Oromiya	0913427926	bekumatadesse@gmail.co
6	Shu'ayb ahmed	B	Nurse	Somali	0915727482	Shucayba5@gmail.com