Strengthening health management in districts and provinces

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Preface

This handbook describes a process for strengthening the management capacity of district and provincial health management teams. It is based on an initiative that was developed in Ghana and subsequently adapted for use in other countries, including Guinea, Guinea-Bissau, Lao People's Democratic Republic, Nepal, Sierra Leone, Viet Nam and Zambia. The workshop handouts that make up the bulk of the book were originally prepared in Ghana. Over two years they were repeatedly revised and refined in the light of practical experience.

The basic process of identifying problems, developing solutions, planning action, implementing it and evaluating achievements is not new. Variations on the sequence of this process are found in most manuals on planning and management. However, this handbook sets out a detailed strategy for implementing the process and provides a set of tools and techniques that have been thoroughly field-tested. In Ghana, over a period of five years, all 110 districts in the country's 10 regions have completed the full SHM cycle. Implementation in a number of other countries has shown that the strategy described in this book can be successfully adapted to vastly differing sociocultural settings and organizational structures.

The proposed process for strengthening health management (referred to as the SHM process throughout this book) provides a clear structure for dealing with problems of implementation. Within this structure, however, the problems addressed and solutions attempted are determined by the participating teams of management personnel.

The SHM process is a means for improving the overall functioning of health systems. It helps health personnel learn to overcome problems that hinder effective implementation of programmes, and it does so largely within existing resource constraints. The SHM process is not a new project and does not involve special project activities. The decision to implement the SHM process does not add significantly to recurrent costs in the health sector.

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Dr Dominique Egger reviewed all the handouts in this manual in light of her experience as an SHM workshop facilitator and trainer. In WHO, Dr John Martin of the District Health Systems Group has encouraged and supported the development of this process and the production of the handbook. The late Professor Kenneth Newell of the Liverpool School of Tropical Medicine was equally supportive. The authors are grateful to Dr M.A.C. Dowling of WHO's Division of Human Resources for Health for his editorial input to the final manuscript.

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Contents

Introduction

This handbook is for facilitators of the SHM process. The target groups for the process itself are district and provincial health management teams.

The handbook consists of three main parts. Part A provides an overview of the SHM process, providing answers to a range of questions the reader may have, such as "Why is the SHM process needed?" and "What can the SHM process achieve?"

Part B is concerned with the coordination and planning of the SHM initiative. This includes planning and running workshops and providing support during the implementation phase. Since there are several variants of the SHM process, the generic handouts in this handbook will need to be adapted. A section outlining steps for changing the handouts so that they reflect the local situation is, therefore, included.

Part C contains a full set of handouts for SHM workshops. For each module, there is a brief synopsis outlining what happens during and after the workshop. Also included for each workshop is a set of facilitator notes that give guidelines on how to run the main sessions and how to organize plenaries and group work.

PART A

Overview

A1. Why is the SHM process needed?

The SHM process is concerned with increasing the confidence and skill of health management teams. Its approach to starting a sustainable process of management development is based on the actual working situation, abilities and needs of district and provincial staff.

Despite considerable investment in management training, especially for district health personnel, results in many countries have been disappointing. The frustrating gap between what is taught in management training seminars and workshops and what happens in practice has remained. The SHM process was developed in response to this situation.

Yet the process is designed to do more than just improve the functioning of individual district health management teams. It is critical that the process covers the entire country so as to give a boost to management throughout the health care system and to orient health managers towards problem-solving. Measures for extending the process beyond a few districts to whole provinces and eventually to all the country must, therefore, be developed from the outset.

A2. Who are the participants in the SHM process?

The target groups for the SHM process are district health management teams (DHMTs) and provincial health management teams (PHMTs). These teams consist of officials with responsibility for specific health programmes (such as immunization, nutrition, sanitation) and for certain types of staff (such as nurses and health inspectors). The team may also include key administrative staff, such as hospital secretaries and accountants. In some countries, health management teams will include representatives of other sectors, such as education and agriculture. Traditionally, health management teams are headed by a district or provincial medical officer of health. In decentralized health care systems, local officials play a critical role.

This handbook does not recommend how a health management team should be constituted. It is assumed that the full management team is the group of people who meet regularly to take decisions concerning the implementation of health programmes.

Where health management teams have not been formally constituted, groups of district or provincial officers responsible for different aspects of the health programme are an appropriate target group for the SHM process. Participation in the process has in some instances acted as a stimulus for the formation of an official health management team.

The term district is widely accepted as a generic term for the level of health systems management where plans and budgets are prepared and implementation is co-ordinated with local government and with other sectors. In the same way, the term province is used throughout this handbook as a generic term for the intermediate level of health systems management—between the centre and the district—although it is recognized that other terms (such as region, for example) are used in some parts of the world.

The essential point is that both provinces and districts are involved in the process. Although aiming to strengthen implementation in districts, the SHM process recognizes the need to strengthen provinces so that they in turn can support districts. It stresses the important relationship between provinces and districts which may often be ignored if emphasis is placed exclusively on the district.

A3. What can the SHM process achieve?

When given the opportunity to define problems in their own terms and to focus on the ones they think are most important, DHMT members tend to identify issues that cut across programme-specific barriers. Problems of financial management, coordination of transport, staff morale and community involvement are the ones most frequently singled out to be remedied.

In countries that have implemented the SHM process, participating DHMTs and PHMTs have started to meet regularly to plan their work. They have prepared job descriptions for all their members to clarify roles and responsibilities, drawn up detailed itineraries to make better use of existing vehicles, prepared new supervisory checklists for use by DHMT members, organized the district into health zones to improve programme coordination, arranged meetings with other health providers, and prepared guidelines for village health committees and other representative bodies. Although most of these subjects are covered in formal primary health care training sessions attended by team members, the impetus for putting this knowledge to use in their daily work is often missing.

■■■ In Ghana, nearly all health districts have begun to improve their financial management systems, particularly with regard to disbursement of government funds. In a number of instances the financial situation has improved as there has been a better understanding of the existing system and better control of the spending of what little is available.

■■■ In the Lao People's Democratic Republic, the effect of better management in improving delivery and utilization of health services, particularly with regard to uptake of immunization, has already been demonstrated.

The teams' experience in preparing, implementing and reviewing management improvement plans also encourages them to prepare more **realistic** plans for technical action in health programmes. The two processes are complementary and contribute to the development and preparation of more comprehensive district health plans.

A4. How does the SHM process work?

Many health management teams have little experience of fulfilling a managerial role. The SHM strategy requires teams to analyse day-to-day problems in implementing programmes, plan how to tackle those problems within the resources available, and review achievements critically. By working on a limited number of problems in a structured way with support from trained facilitators, teams gain confidence in their role as managers. In the SHM process the most important training does not take place at seminars and workshops. Instead, the most important work takes place in the field, between the workshops, in putting the plans of action into practice.

The SHM process takes district and provincial health management teams, separately or together, through three training modules. Each module consists of a workshop and an implementation period. The entire process therefore comprises three workshops at provincial level and, where appropriate, three workshops in each participating district, together with the implementation period following each workshop. The second module usually starts 3–4 months after the first, and the third starts 6–7 months after the second. At the end of the third implementation period, a final review meeting takes place. The complete process described in this handbook lasts some 15–18 months. To progressively cover an entire country of, say, 10–15 provinces or

regions will take three to four years, depending on how fast the programme is spread (see also Section A8).

Module 1
The start-up workshop includes sessions on problem identification, problem analysis, strategy development and formulation of action plans. These plans are implemented during the following three to four months.

Module 2
The review workshop serves to assess the experience of participants in trying to implement their plans and in analysing achievements and constraints. Lessons learned are reviewed, problem statements are reformulated, and strategies are reviewed and revised. The relationship between the strengthening of management and the implementation of technical programmes is also analysed at this stage, using a tool called the health systems matrix (see page 54). Participants then draw up revised or new action plans to be implemented over the next six to seven months.

Module 3
The advanced review workshop takes participants through further review and reformulation and introduces them to a more comprehensive format for planning actions. The new format puts greater emphasis on developing ways of monitoring achievements. A final review meeting is held at the end of the implementation period.

The SHM process moves from problems to strategies, rather than from problems to objectives. The emphasis of the SHM process is on practical ways of solving problems. Clear statements of objectives are formulated only in the third module, after implementation of strategies has begun and initial experiences and outcomes have been reviewed.

A5. Why does the SHM process work?

The SHM strategy is based on a number of important principles and assumptions:

Ownership
Management teams will be more committed to implementing plans if they are helped to analyse and tackle problems that they themselves perceive to be important. The SHM process does not supply ready-made solutions to problems identified from a national or international perspective.

Teamwork
Problems are identified and solutions developed by members of the health management team. Responsibility for implementation is shared because tasks are assigned to different team members and not just to the medical officer in charge.

Repetition
Management and planning skills improve with practice and guidance. The SHM process allows DHMTs to review progress after a relatively short period (3–7 months) so that adjustments can be made in the light of experience. The series of workshops ensures that reviews take place at regular intervals.

Incremental learning
The workshops are structured to allow teams to build on initial achievements. New ideas are introduced as they become relevant. As teams gain experience, they gradually develop and implement more sophisticated plans.

Support between workshops
It is accepted that the most important things happen not at the workshops but between them. Support and encouragement to DHMTs and PHMTs between workshops are thus an indispensable part of the process.

A6. What are the options for organizing the SHM process?

There are three basic options for organizing the SHM programme. Each option has several variations.

Decisions must be made about several fundamental issues:

- Will all members of DHMTs attend workshops and, if not, how will other members of the team become involved in the process?
- Will provincial teams participate primarily to prepare action plans of their own, or to be better informed about district problems, plans and needs for support?
- Will additional funds be made available for the implementation of action plans, or will the plans operate completely within available resources?

The decisions will depend on the needs and prevailing circumstances in particular countries. A brief sketch of each basic option and some major variations is given below, followed by a set of sample scenarios.

Option 1
Entire DHMTs and the complete health management team of the province participate in the workshops.

Variations
A: In countries where provinces have few districts, all DHMT members of all districts participate at the same time.

B: Where provinces have many districts, full DHMTs participate but do so in two or three separate groups.

C: Only DHMTs prepare action plans during the workshop.

D: In addition to DHMTs preparing their plans, the PHMT prepares its own provincial action plan during the workshop.

Option 2
Selected members of DHMTs and the complete health management team of the province participate in the workshops. On return to their districts, the DHMT representatives inform their colleagues of the plans agreed for implementation.

Variations
A: Only DHMT representatives prepare action plans during the workshop.

B: In addition to DHMTs preparing their plans, the PHMT prepares its own provincial action plan during the workshop.

Option 3
Selected members of DHMTs participate in the workshop which is conducted as a simulation exercise at provincial level. On return to their districts, the DHMT representatives hold workshops for the rest of the team and act as facilitators for them. Full action plans for implementation are developed only in the district and not at the simulation workshop.

Option 3 differs significantly from the other two options in the introduction of a two-tier system of provincial-level simulation workshops and district-level workshops.

Variations

A: Only DHMTs prepare action plans.

B: The PHMT prepares the provincial action plan during a provincial-level simulation workshop.

Additional variations

A: No additional funds are available for the SHM process. Health management teams implement their action plans with the resources routinely available to them or with any additional funds that they themselves can raise.

B: Health management teams are provided with a relatively small amount of money to assist them to implement their action plans as part of the SHM process. Although it is considered preferable for health teams to implement their action plans within existing resource constraints, the economic situation, particularly in least developed countries, may make a modest amount of additional funds necessary.

The following scenarios illustrate how these options may be combined in different circumstances. The scenarios are based on SHM programmes that have been or are currently being implemented in different countries.

Scenario 1

The province has 14 districts. The SHM process begins with three start-up workshops (Module 1) within a period of one month at three different sites in the province. Each workshop caters for four or five districts and each is attended by the full DHMTs of those districts. The PHMT is involved in each workshop though not to prepare provincial action plans but rather to become more aware of district problems. In this way the PHMT is better prepared to provide support to the districts when they implement their district plans. The process is repeated for the review workshop and for the advanced review workshop.

Scenario 2

Provincial workshops are held for all members of the provincial health management team and for four representatives from each of the province's ten districts. The PHMT constitutes one working group, while three more working groups are made up of DHMT representatives. The PHMT prepares its own action plan, as do the representatives of each district within each working group. A small fund (US$700 for the PHMT and US$500 for each DHMT) is available to contribute to the cost of implementing the action plans.

On return to their districts, the representatives who participated in the workshop inform their colleagues of what took place and what decisions were taken. The entire district team then works together to implement the action plans. Slight modifications may be agreed after team discussion but the basic plan, although not prepared by the whole team, is adhered to in principle. The same district representatives take part in the second and third provincial-level workshops and repeat the process on return to their district.

Scenario 3

Provincial-level workshops are held for members of the PHMT and for two or three representatives from each of the province's 14 DHMTs. These provincial workshops are conducted as a simulation exercise that aims to show how the process of problem identification, analysis, strategy development and action planning works.

After the provincial workshop, DHMT representatives return to their districts. Within one month, these representatives organize workshops in which all DHMT members participate. These district workshops develop action plans that the whole DHMT is committed to implement. The same process is followed for the subsequent two modules.

A7. Who facilitates, coordinates and supports the SHM process?

The development of a network of national facilitators is essential for running a countrywide programme. The network will be responsible for planning and implementing the overall SHM strategy in collaboration with the relevant national authorities. The specific tasks of the network are listed in Section B1.

The national facilitator network may be an informal group of experienced individuals or it may be a formally constituted body. It can be made up of individuals from a number of different institutions, it may be located solely in the Ministry of Health, or it may be linked with a training institution. In selecting members of the network, it is critical to emphasize the need for persons with experience of managing district and provincial health programmes and services. A facilitator network with too many training or planning specialists is likely to divert attention from the practical realities of work at district level.

■ ■ ■ In Ghana, the facilitator network consists mostly of provincial and district medical officers and some other members of PHMTs and DHMTs.

Involvement of selected Ministry of Health officials in the SHM process is important to ensure there is a link between strengthening health management in districts and provinces and the national health system concerns of the Ministry of Health. Often, the participation of Ministry of Health officials can be secured by inviting them as observers rather than by making them members of the facilitator network.

Provincial workshops are run by members of the facilitator network in collaboration with the PHMT. District workshops that follow the provincial-level simulation workshops are usually organized by DHMTs themselves. In addition to a member of the national facilitator network, DHMT members who attended the provincial workshop, as well as selected PHMT members, serve as facilitators at the district workshops.

Once an initial core group of facilitators has been brought together, the expansion of the network is usually based on "talent-spotting" during SHM workshops. It is often possible to identify a workshop participant with a particularly clear understanding of the problems that health management teams face and with a talent for facilitating constructive discussion.

Support for the implementation of SHM action plans is an essential component of the entire process. Support should ideally be provided in the course of routine supervision but if routine supervision is not carried out, the facilitator network should provide additional support.

More information on the role and responsibilities of facilitators is provided in Part B of this handbook.

A8. How is the SHM process extended throughout the country?

It is often advisable to start the SHM process in one or two districts. This approach has several advantages. It provides an opportunity to train an initial group of facilitators, to refine the methodology and materials and adapt them to local circumstances, and to familiarize key decision-makers with the process and its

potential benefits. This is not, however, a recommendation for a pilot project in which the effects of the entire process are assessed before proceeding further. Indeed, activities may start in other districts or in another province well before all the modules have been completed in the first district.

An alternative strategy is to conduct a planning workshop in which key personnel are introduced to the SHM methods in a simulation exercise. Having gained some insight into how the process works, they then plan for the initial stages of a national programme.

The next step is to decide how the full-scale process will be organized. The options and variations outlined in Section A6 should be considered in the light of a country's particular needs. A province with a relatively strong management team should be chosen for initiating the process to ensure that it gets off to a good start. It may then be appropriate to move to a neighbouring province so as to have easy access to the experienced facilitators. Progress thereafter will be determined by the national facilitator network. There is, however, a good case to be made for not leaving poorer, more remote provinces till last.

The schedule for implementation must remain flexible to allow for the delays that inevitably occur. In some circumstances, the SHM process may take place at least partly in response to demand. Rather than conforming to a strict schedule for countrywide implementation, the order in which provinces become involved is determined by the timing of requests from provincial directors to the coordinating group of the facilitator network. This approach has the clear advantage of gaining increased provincial commitment to the SHM process before the process begins.

■ ■ ■ In Ghana, at the beginning of each module in the series, directors of health services from other provinces were invited to workshops as observers. On the basis of their impressions of the SHM process and its potential benefits, provinces then asked to be included in the programme.

The factor limiting the speed at which the SHM process can be extended is the availability of experienced facilitators. The national facilitator network should ensure that resources are not stretched too thinly by taking on too many commitments.

The timetable below, based on the initial plan for the Lao People's Democratic Republic, shows how the number of workshops for which facilitation will be required rapidly increases as successive provinces become involved in the SHM process.

	Jun	Oct	Apr	Aug	Dec	Feb	Apr	
Province 1	WS-1	WS-2	WS-3					
Province 2			WS-1	WS-2		WS-3		
Province 3					WS-1		WS-2	etc.
Province 4						WS-1		etc.

WS = workshop

As in any other large-scale process, quality control is important if effectiveness is to be maintained. The quality of facilitation must be sustained by refresher training for core members of the facilitator network and by thorough induction training of new members.

A9. What financial resources are required to implement the SHM process?

The SHM process is not costly. Because it is primarily a strategy for enabling health system managers to carry out their current responsibilities more effectively within