

Government of Malawi

Ministry of Health

HANDBOOK

FOR

SENIOR HEALTH SURVEILLANCE ASSISTANTS

JUNE 2021

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LIST OF ACRONYMS

CHW	Community Health Workers
HSA	Health Surveillance Assistants
SHSA	Senior Health Surveillance Assistants
WHO	World Health Organization
LEGS	Leadership, Ethics, Governance and Supportive Supervision
MoH	Ministry of Health
NGO	Non-governmental Organisation

FOREWORD

ACKNOWLEDGEMENTS

The Ministry of Health has developed a Handbook for Senior Health Surveillance Assistants as part of their induction training upon being promoted to that position in their career progression and implementation of community health work in Malawi.

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Dr. Storn Kabuluzi
Director of Preventive Health Services
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INTRODUCTION

The role and responsibilities of Community Health Workers (CHW) continue to gain significance in the provision of health care services in Malawi. This is due to the important contributions CHWs make in providing access to health care for the people of Malawi. CHWs influence dates back to the 1970s, when Cholera Assistants were appointed to assist with the prevention and control of cholera outbreaks. CHWs later became Health Surveillance Assistants (HSA) whose focus was on providing prevention and health promotion services to the people of Malawi. Due to a shortage of health care professionals available to provide basic health services, HSA roles have evolved from providing preventive, family health, family planning and immunisation support, to include other activities such as running village clinics, as well as referring cases to the appropriate health institutions. In addition, HSAs serve many other outreach activities related to welfare that are run by other service providers, including non-governmental organisations (NGOs).

The progression of HSA roles has prompted the need for improved organizational structuring, and has led to the establishment of an immediate supervisory cadre amongst HSAs. The rank known as Senior Health Surveillance Assistant (SHSA) supports community health care services by providing technical and immediate administrative leadership to HSAs. Senior HSAs have been managing HSAs without the appropriate leadership and management training required to effectively and efficiently perform their duties, an obvious gap that this Senior HSA training seeks to solve. The training programme will complement the one-year technical training programme for HSAs which targets both pre-service and in-service HSAs. Seasoned HSAs will be identified to be elevated to Senior HSA level, with the responsibility of managing other HSAs. Candidate Senior HSAs will be inducted based on this handbook to ensure that they are able to support their colleagues, report effectively to the superiors as well as to collaborate with other community welfare service providers such as environmental health officers, medical assistants, community nurses and community leaders.

This handbook has been written for use in a facilitated training programme for Senior HSAs. However, participants can use this handbook as reference material and self-directed learning as they discharge their duties.

1.1 Structure of The Handbook

This handbook has been structured into thirteen topics as follows.

Topic 1.	Management and Leadership
Topic 2:	Motivation
Topic 3:	Supportive Supervision
Topic 4:	Principles of Delegation
Topic 5:	Performance Management
Topic 6:	Team Building
Topic 7:	Mentorship
Topic 8:	Crisis Management
Topic 9:	Programme and Project Management
Topic 10:	Stakeholder Analysis
Topic 11:	Health Supplies Management
Topic 12:	Monitoring and Evaluation
Topic 13:	Community Assessment

At the end of each topic, there is a box with Key Messages. This box summarises the important information you need to know about the topic.

1 MANAGEMENT AND LEADERSHIP

1.1 Introduction

Management and leadership are two different but complementary components of health systems strengthening and effective health care delivery (WHO, 2007). Therefore, both are critical for community health services that are increasingly becoming complex in the health care environment.

This topic covers different aspects of management and leadership.

1.2 Learning objectives

By the end of this topic, you will be able to:

1. Define management and leadership.
2. Describe role of leadership in health system framework
3. Define attributes of a leadership and management.
4. List the management functions.
5. Describe the values of a leadership.
6. Describe the attributes of a leader.
7. List the types of leaders.

1.3 What is management?

Management is a process of planning, decision making, organizing, leading, motivation and controlling the human resources, financial, physical, and information resources of an organization to reach its goals efficiently and effectively.

1.4 What is leadership?

Leadership is the act of enabling groups of people to face challenges and achieve results, even in complex situations.

1.5 Leadership and Health Systems

The World Health Organization (WHO) has designed a framework that depicts the various health system building blocks and their expected outcomes as indicated in Figure 1 below. Leadership is one of the systemic building blocks which enable the achievement of overall organizational goals, alongside Ethics, Governance, and Supportive supervision (LEGS). Health workers should adopt a systemic approach when executing their roles and responsibilities. A systemic approach requires that HSAs view issues and activities from a

holistic perspective, rather than viewing activities or issues in isolation. This approach facilitates achievement of goals for improved health. These building blocks are explained as :

a) Ethics

Health care ethics relates to the field of applied ethics which is concerned with a range of moral decision-making situations that arise in the delivery of health care. It therefore requires that leaders hold strong moral principles and values, but at the same time appropriately knowledgeable.

b) Governance

The WHO regards good governance as a core component of resilient health systems. Governance involves:

- setting strategic direction and objectives;
- making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and
- overseeing and making sure that the strategic goals and objectives are accomplished.

c) Supportive supervision

Supportive supervision is the process of helping staff to regularly improve their own work performance (WHO, 2008). It is carried out in a respectful and non-authoritarian way, with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

Good leaders and managers are required to be skillful in performing supportive supervision, in order to develop the capacity of their subordinates. In Malawi leadership, governance and supportive supervision are offered depending on the health care delivery system at national, district, health centre, health post and community levels. Strong leadership, institutional support, and coordination underpin a well-functioning health system and will determine the success of the implementation.

WHO Health System Framework

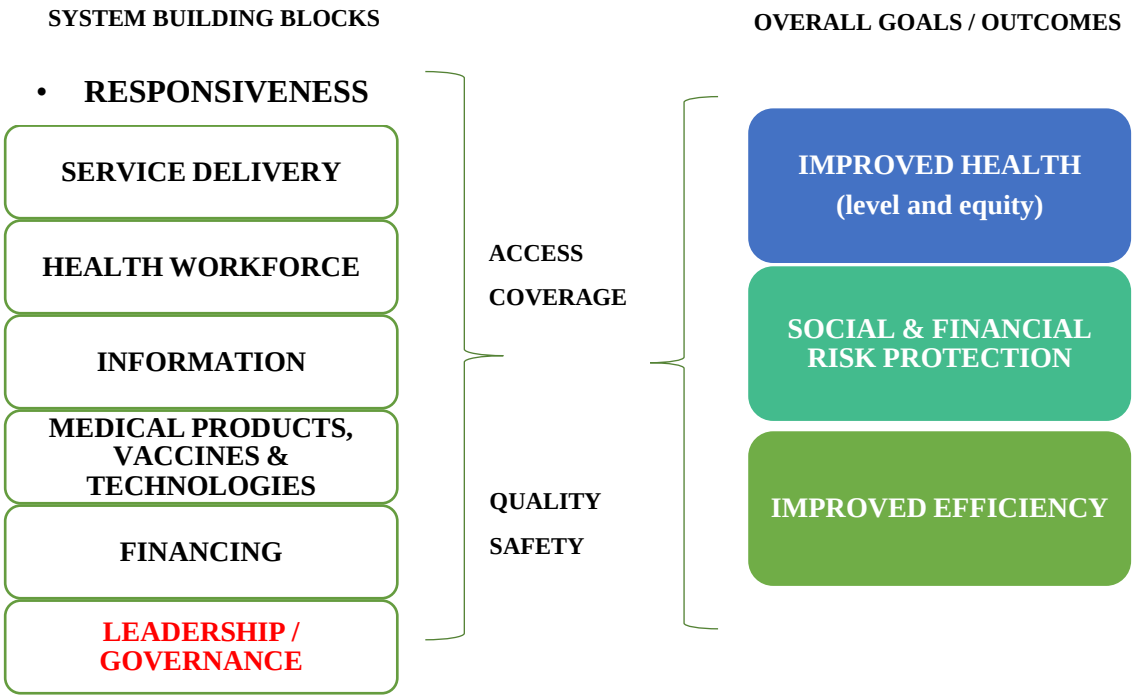


Figure 1.1: Adapted from WHO Health Systems Framework

1.6 Management Functions

Figure 1.2 shows the traditional functions of management: planning, organising, implementing, monitoring and evaluation.

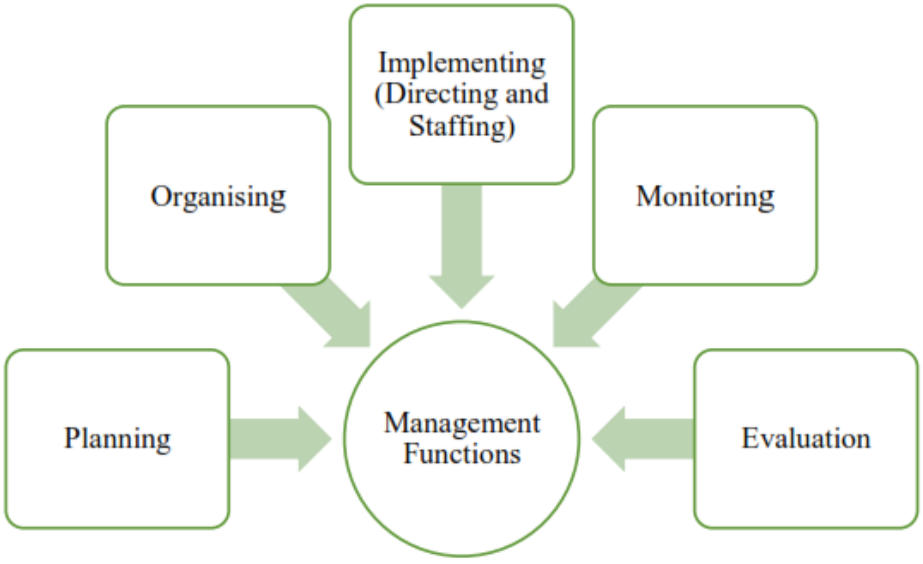


Figure 1.2 Management Functions

1.7 Values of Leaders and Managers

Personal values are the basis of leadership. A leader becomes a powerful role model to staff, as well as has the ability to lead well when leadership values are demonstrated in one's actions. Table 1. 1 depicts the values of leaders and managers.

Table 1.1: Values of Leaders and Managers

Integrity	Honesty and integrity are the cornerstone of gaining trust and ensuring sustainable success
Willingness to take Risk	A great manager inspires others with their infectious enthusiasm, and zeal for what they do
Optimism and Enthusiasm	Leaders work hard and accept no short cuts, and lead by example
Commitment to growth	Leaders recognize that learning is a life-long process that makes one to grow professionally and personally and maintain a grip with emerging trends
Vision	Leaders know precisely what they want and make clear detailed and achievable plans to get there.
Pragmatism	Leaders are very realistic when it comes to assessing the landscape they operate in and practical about the decisions they make.
Responsibility	Leaders can be depended on to take responsibility for their actions and to live up to their responsibilities completely.
Hard work and conscientiousness	Leaders are committed to their work
self confidence	Leaders who have self-assurance make bold and tough decisions and take risk.

Leaders, managers, or supervisors must demonstrate certain attributes, qualities or characteristics in order to be effective managers and leaders.

Some of these attributes are:

- **Clarity:** Be clear, understandable, and simple so that your encouragement, direction, and feedback can be easily understood by others.
- **Empathy:** Requires understanding, appreciation, compassion, and insight so that you can fully understand what others are experiencing.

- **Courage:** *"Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen."* (Winston Churchill). One must be able to tackle the practical and emotional challenges supervisors are faced with.
- **Attention:** Display an interest in other people and endeavor to seek their truth as far as possible, as this reflects the importance of the person and that the leader values their opinion.
- "**Persistence:** Continue steadfastly or firmly in purpose or course of action, so that the one remains focused on the goals and objectives one strives to achieve. Display resilience by not giving up despite distractions and setbacks.
- **Confidence:** Confidence is vital in every leader as this enables one to think and act as expected, in order to achieve the desired results. A leader shows this by non-verbal cues, setting a right tone to win and inspire others.
- **Focus:** The ability to plan and organize whilst handling unexpected challenges encountered.
- **Honesty:** Honesty steers leaders towards acting with integrity, promotes transparency, and builds trust within the workplace.
- **Positivity:** Positivity helps to energize everyone around you as well as helps one have an optimistic approach in dealing with challenging circumstances. Positive leaders have the ability to turn challenges into successes.
- **Decisiveness:** Leaders are constantly faced with making difficult decisions. Certain decisions can make a leader unpopular but being able to apply sound judgement contributes towards great leadership. Indecisiveness creates uncertainty, which leads to chaos negatively affecting the performance of the team.
- **Effective communication:** The ability to create and understand the various styles of communication the institution uses, as well as to navigate complex multi-cultural government and stakeholder relationships is a vital component in effective communication. A leader is therefore required to know when and how to communicate in all aspects of their role. A leader should never under-estimate the power of their words. It is always important to listen and understand first, before responding.
- **Accountability**: The obligation to account for activities, accept responsibilities for them and disclose the results in a transparent , manner taking full ownership.

- **Empathy:** The ability to understand the perspective of the other person helps to predict the effects of your words and actions and provides the opportunity to change your behavior based on this knowledge.
- **Humility:** Humility makes a leader more approachable and allows for better interaction with team members.

1.8 Types of Leadership

There are several types of leadership based on various theories and situation. Below are some examples of types of leadership:

- **Transformational Leadership**: Typically inspires staff by creating an environment of intellectual stimulation.
- **Transactional Leadership**: Establishes a clear chain of command utilising a carrot & stick approach to management activities.
- **Servant Leadership:** Prefers power-sharing models of authority & encourages collective decision making.
- **Autocratic Leadership**: Have significant control over staff, rarely considers worker suggestions or share of power.
- **Laissez-faire Leadership**: Characterized by their hands off approach, allowing employees to get on with tasks as they see fit.
- **Democratic Leadership:** A participative leadership style where leaders often ask for input from team members before making a final decision.
- **Bureaucratic Leadership:** Implemented in highly regulated environments with strict adherence to the rules.
- **Charismatic Leadership:** Relies heavily on the positive charm and personality of the leader in question.
- **Situational Leadership:** Considered as an approach used by the best leaders, as it encompasses a range of different styles relevant to the challenge and context experienced.

Key Messages

- Leadership and management are complementary and are essential for effective functioning of the health system at different levels.
- Different situations will require different leadership and management approach

2 MOTIVATION

2.1 Introduction

Motivating staff is the surest way to drive performance results and improve workplace morale. Continued motivation fosters organizational productivity, ensures high-quality work output and achievement of goals.

This Topic introduces the learners to the concept of motivation, its sources, and strategies for motivating employees towards improved productivity of an organisation. It also highlights the approaches of valuing and its role in staff motivation.

2.2 Learning objectives:

By the end of this topic, you will be able to:

1. Define motivation and valuing
2. Outline types of motivation
3. Explain the main theory of motivation
4. Outline strategies of motivation
5. Outline approaches of valuing

2.3 Definition of Motivation

Pearce (2007) defines motivation in the workplace as approaches or actions which make people act or behave in specific ways in order to achieve specific goals.

2.4 Types/Sources of Motivation

Literature identifies at least three type of motivation as need-based, intrinsic and extrinsic motivation.

1. Needs-Based Theories of Motivation- Maslow's Hierarchy of Need – postulated a hierarchy of needs that progresses from the lowest, substance level needs to the higher level of self-awareness and actualization. Once a level is met the individual is motivated



Figure 2.1 Maslow Hierarchy of needs

- Physiological needs - These include the things that are vital to our survival.

a. Safety needs - these include shelter, a safe home/work

- Belonging needs – These include such things as love, acceptance, and belonging. At this level, the need for emotional relationships drives human behavior.
- Esteem needs – This is the need for appreciation and respect.
- Self -actualization – This refers to the need people have to achieve their full potential as human beings.

2. Intrinsic motivation is the motivation to do something for its own sake, for the sheer enjoyment of a task.
3. Extrinsic motivation is the motivation to do something in order to attain some external goal or meet some externally imposed constraint (Hennessey et al., 2015).

According to Akanbi (2011), intrinsic motivation is a reward that can be termed "psychological motivation", as it provides the opportunity to use one's ability, provides a sense of challenge and achievement, receiving appreciation, positive recognition, and being treated in a caring and considerate manner. On the other hand, extrinsic motivation includes the task of completing the job, such as salary, working conditions, fringe benefits, security, promotions, and duration of employment.

Figure 2.2 summarises the two types of motivation, as well as the associated advantages and disadvantages for each.

Sources of Motivation

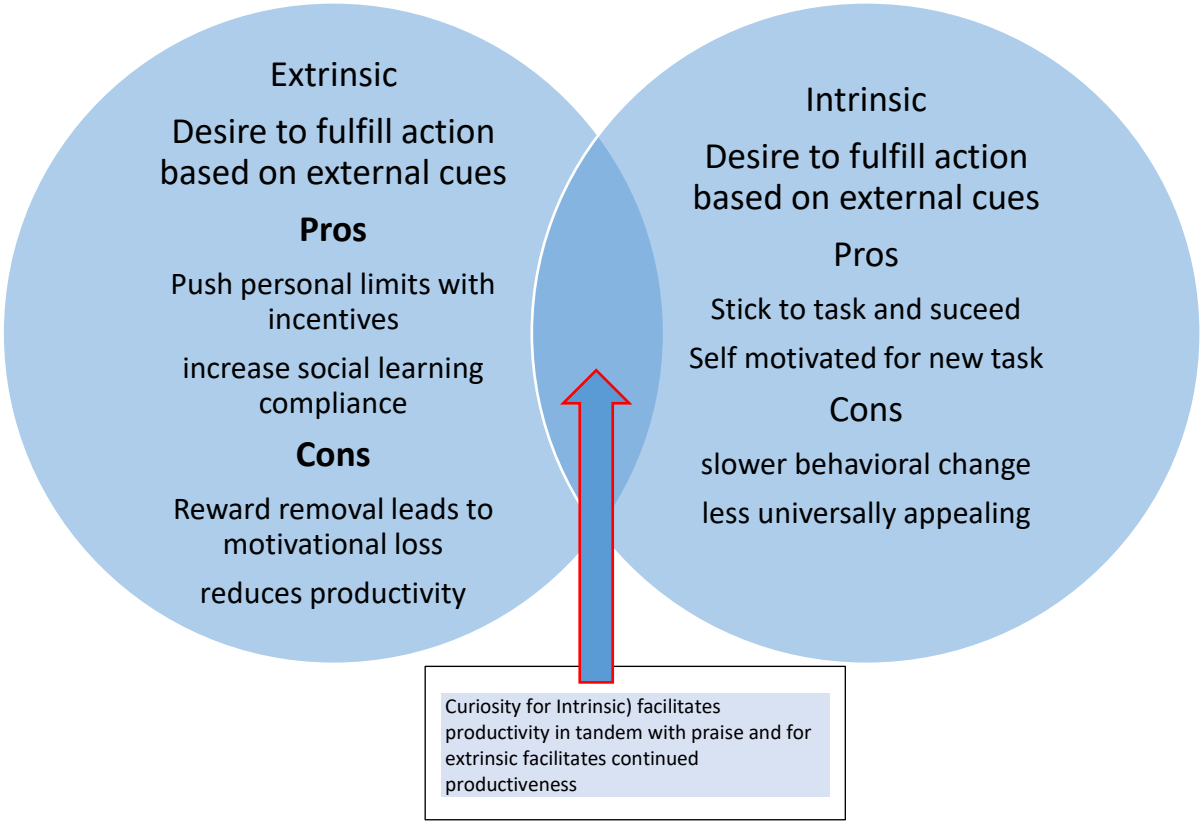


Figure 2.3: Sources of Motivation

2.5 Motivation Strategies

There are several strategies for managers to motivate its staff. Listed below are some strategies:

1. Reward/recognition and awarding the desired behavior;
2. Create a focused, unpredictable and novel approach;
3. Reward employees in ways that enhance performance and motivate staff; and
4. Play to employees' strengths and promote high performance.

2.6 Definition of Valuing

Value is the worth, importance or usefulness of something. Valuing is the assigning of importance to an individual. When employees are valued at work and feel recognised, they are motivated to work and better perform. Valuing is an ongoing process and not a once off event.

2.7 Approaches to Valuing

There are several approaches through which valuing can be done as listed below:

There are several approaches through which valuing can be done as listed below:

1. Modelling: setting an example directly or indirectly
2. Setting limits: creating boundaries in the activities being assigned.
3. Inspiring: using emotional or dramatic pleas by models of behaviour
4. Advising: providing of counsels where need be.
5. Persuading and convincing: presenting of arguments and reasons for some values.
6. Making rules and regulations: using punishments or rewards to reinforce a certain behaviour

Key messages

- It is important to keep all staff motivated.
- Motivation can be based on personal needs, intrinsic and external factors.
- Valuing is critical component of motivation and workers must always be motivated

3 SUPPORTIVE SUPERVISION

3.1 Introduction

Supportive supervision helps staff to continuously improve their own work performance by promoting open and two-way communication that focusses on monitoring performance towards achievement of goals.

This Topic introduces the learner to the concept of supportive supervision, types of supervision and the process of supportive supervision.

3.2 Module objectives:

By the end of this topic, you will be able to:

- Identify attributes and competences of a good supervisor.
- Describe types of supervisors.
- Implement the supervision checklist.

3.3 What is supportive supervision?

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

Supportive supervision encourages open, two-way communication, and building team approaches that facilitate problem-solving. It focuses on monitoring performance towards goals, and using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.

3.4 Attributes of a Good Supervisor

A supervisor should have the following attributes:

- Familiar with health care system;
- Have knowledge and skills of the supervisees;
- Committed, responsible and have strong interpersonal skills;
- Ability to train, motivate and support supervisees;
- Flexible, respectful and hardworking attitude; and
- All the attributes required by a leader as reflected in Section 2.5 of this handbook.

3.5 Core Competencies of a Supervisor

Below are the core competencies required by a Supervisor (Technical, conceptual and interpersonal):

- Ability to listen, probe and analyze situations, problems and formulate solutions;
- Sufficient knowledge about comprehensive community health services and health system;
- Ability to coach, train and convey information to others and learn from them;
- Sufficient knowledge of concept of quality improvement (QI) including supportive supervision and mentoring and the use of national guidelines and SOPs;
- Ability to provide and receive feedbacks after each visit and write reports.

3.6 Types of Supervision

For the purpose of SHSA training, this handbook elaborates on two types of supervision. The differences between Controlling/ Traditional supervision and Supportive supervision are illustrated in **Table** 3.1.

Table 3.1 Types of Supervision

Controlling/ Traditional supervision	Supportive supervision
Focus on finding faults with individuals	Focus on improving performance and building relationships
Supervisor is like a policeman	More like a teacher, coach, mentor
Episodic problem-solving	Use local data to monitor performance and solve problems
Little or no follow-up	Follow-up regularly
Punitive actions intended	Only support provided

3.7 Setting up a supportive supervision system

The three main 'Rs' for an effective supportive supervision system are:

1) Right supervisors — a core set of supervisors, well trained on supportive supervision techniques and with updated information and skills on immunization issues.

2) Right tools — availability of training materials and job aids to update skills of health workers during supervision visits, and checklists and forms for recording recommendations and following up.

3) Right resources — sufficient vehicles, per diems, time allocated for supervision and follow-up

3.8 Resources Needed for Supportive Supervision

The main resources required for supportive supervision are:

- Reliable transport;
- Adequate time for preparation, travel, field visit, reporting and follow-up activities;
- Travelling allowances;
- Supportive supervision tools and stationery:
- Monitoring and Evaluation tools

3.9 Conducting a supervisory visit

During a supervisory visit to the health facility, the supervisor should conduct the following main steps.

1) Collecting information: observing the health-facility environment and the health worker, listening to health workers, reviewing the records; •using a checklist; • talking with parents and community members; and reviewing recommendations from past visits.

2) Problem-solving and feedback.

3) On-the-job training: explaining the skill or activity to be learned, demonstrating the skill or activity using an anatomical model, or role-play, participants practicing the demonstrated skill or activity and reviewing the practice session and giving constructive feedback

4) Recording the results of supervision. : This report is vital for planning corrective measures, and also future supervisory visits. It should inform programme managers, community leaders ,partners and health workers of the situation in the health Centre and the findings of the visit

3.10 Conducting follow-up visits

Follow-up visits provide continuity between past and future supervisory visits for a health worker, in the following ways:

- ensuring problems identified at a previous visit do not persist
- Reinforcing with the health worker that issues found during the last visit are still important; • supporting the health worker. If the problem has not been fixed, why not?
- Checking if past on-the-spot training has been effective; • ensuring that the performance of the health worker is being monitored and improved.

As a supervisor, you can also benefit from the follow-up visit in the following ways:

- allows you to give consistent messages
- ensures that even if different supervisors visit a clinic, relevant supervision can still be provided

Key Messages

- Supportive supervision is a process of helping staff to improve their own work performance continuously.
- Right supervisor, right tools and right resources enables the success of supervision
- Preparation and feedback should be done whenever we are planning and doing supervision

4 PRINCIPLES OF DELEGATION

4.1 Introduction

Delegation of authority helps develop the capacity of others and makes them valuable. By delegating properly, a supervisor can teach subordinates new skills and expertise to help them be more productive and instill a sense of self-reliance, improving morale and motivation. A supervisor must assess his subordinates' current abilities and their potential to accept and complete assignments through established guidelines.

This Topic introduces the learner to Characteristics, types and principles of delegation. It also covers reasons for delegation, challenges and benefits of delegation.

4.2 Learning objectives

By the end of this topic, you will be able to:

- Explain the meaning of delegation
- Describe the characteristics of delegation
- List reasons for delegating
- Explain the types of delegation
- Discuss challenges towards delegation
- Describe the principles of delegation
- Discuss barriers and benefits of delegation

4.3 Definition of delegation

Delegation refers to the act of entrusting someone with accomplishing an assignment that you would normally be responsible for and is one of the core concepts of management. Delegation is the act of empowering someone else by shifting the authority and responsibility from one person, usually a leader or a manager, to another person, typically a subordinate.

4.4 Characteristics of Delegation

Below are some of the characteristics of delegation:

i. Delegate has to act on behalf of the delegator. The delegatee has to act within the limits prescribed by the delegator and subject to the policy and regulations framed by the delegating authority.
ii. Delegation has a dual character. **A** superior or delegator delegates the authority to the subordinate but at the same time retains the authority.
iii. Delegation implies a partial delegation of authority. The delegator does not delegate his entire authority to his subordinates for in case, he delegates all his authority, he cannot exercise the power to supervise and control.
iv. Authority once delegated is subject to variance. It can be enhanced, reduced, or withdrawn. It all depends upon the requirement of the time and accomplishment of the task

4.5 Reasons for Delegating

Leaders delegate to manage the volume of work, complexity, save time for policy formulation, educative values, and management development.

4.6 Types of Delegation

Delegation **can** be of several types and below are the details

i. **Permanent and Temporary Delegation**.
It is permanent when the powers are **delegated forever subject** to **normal** conditions and can only be revoked only in extraordinary circumstances. Temporary delegation implies a delegation of powers for a short period for the accomplishment of some end. When the end is achieved the delegation also ends

ii. **Full and partial delegation**:
It is full when the person, whose powers are delegated has full authority to make decisions and take action, and Partial when the decision taken by him is to be approved by the delegator.

iii. Conditional and unconditional
It is conditional when some conditions are imposed on the delegate and unconditional when the subordinate is free to **act** without any reservation.

iv. Formal and informal
It is formal when bonded in written rules and informal when based on custom and understanding

v. Direct and indirect
It is direct when no intermediary is involved and indirect when a third person is involved

4.7 Challenges towards Delegation

Challenges can be at the organizational level or personal level

- **Organizational**
    - Lack of established methods and procedures
    - Lack of coordination and communication
    - Unstable and non-repetitive nature of work
    - Size and location of an organization
    - Lack of properly spelled out positions and unspecific terms of delegation of duties and authority confuse and adversely affect the delegation of authority.
- **Personal.**
    - Delegator fears that disloyal powers will develop among the delegates
    - Lack of skills on the delegator to delegate
    - Strong, vigorous delegator become impatient with the slower pace and indecisiveness of subordinate

4.8 Principles of Delegation

Delegation is governed by certain principles and should be observed if delegation is to be effective. Some of the principles include:

- Delegation should be done Clearly:
  Policies, regulations, and procedures should be well defined as to give no misunderstanding to the subordinates using discretionary powers.
- The delegatee must know exactly how much authority has been delegated:
  The orders of delegation should be issued in written form for the delegate to be clear about the limits
- Delegation is based on the principle of unity of command:
  This implies that a subordinate should be responsible to a single superior and should get authority from him.
- "Keeping the communication open":
  Even after getting delegated assignments, the subordinates should be allowed to meet and consult the administrator whenever he feels the need for the same. The administrator should always be ready to guide the subordinate.
- Delegation should be properly planned and be systematic:
  Authority and responsibility for each position in the management of an organization should be spelled out and delegation should be made to a position rather than an individual.

4.9 Steps in Delegation

- Preparation is needed in advance before delegating
- Discuss the task to be delegated
- Identify the deadline for completion
- Outline the level of authority
- Build-in checkpoints
- Conduct a final debriefing

4.10 Levels of Delegation

According to Ari Meisel, there are six levels of delegation. The levels are based on ***trust***.

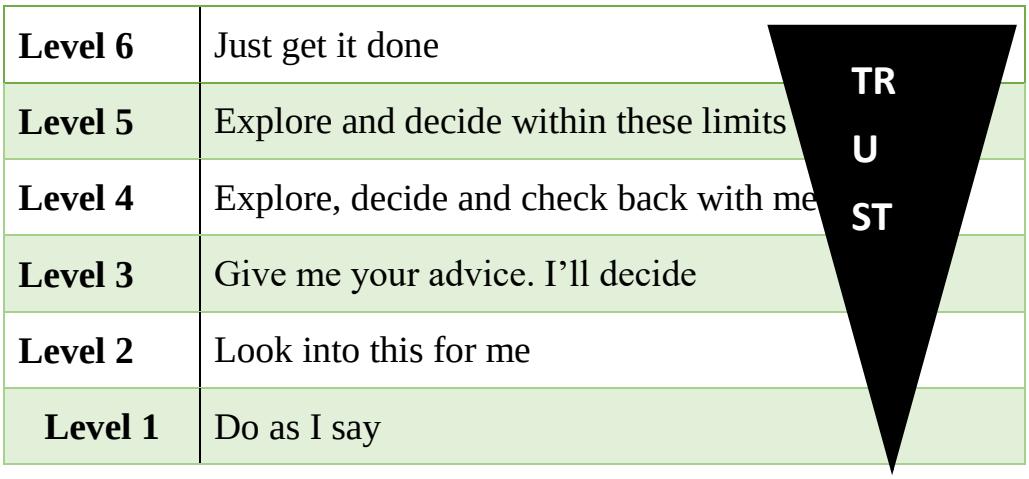


Figure 5.1: Level of Delegation

Level 1: Do as I Say

It is meant for tasks that don't require much information or skill. The delegator does a little bit of the work up front, but the delegate runs the last mile.

Level 2: Look into This for Me

It is done when the delegator wants to know about something. The delegate can do the research, bring the information, and the delegator makes an informed decision from there.

Level 3: Give Me Your Advice, and I'll Decide

The delegate does the in-depth research, narrows down the results based on given parameters, and then gives the delegator the best options for making a decision.

Level 4: Explore, Decide, and Check Back with Me

It is an upper level of delegation: In level four, the delegate makes the decision but checks with the delegator before execution.

Level 5: Explore and Decide, Within These Limits

The delegate decides up to a certain threshold.

Level 6: Just Get It Done

It is the *true* delegation, where the delegator completely trusts the delegate to handle the task without needing to check in with the delegator.

4.11 Benefits of Delegating

Delegation of tasks to others offers the following benefits:

- Gives you the time and ability to focus on higher-level tasks

- Gives others the ability to learn and develop new skills
- Develops trust between workers and improves communication
- Improves efficiency, productivity, and time management

4.12 Guidelines for Delegating Tasks

Although delegating tasks boosts efficiency and productivity, and improves time management, it is important to delegate tasks correctly. Here are some things to keep top-of-mind:

- Ensure that the objectives are clear and that the person taking on the additional responsibility has the tools to do it well.
- Ask for any concerns and be open to suggestions and ideas.
- Provide a guideline on the amount of time and/or money to be spent on the delegated task.
- Play to the individual's strength – each person has a unique skillset and talent. Delegate work that is likely to result in better overall efficiency.
- For long-term delegated tasks, follow up to keep your workers on the right track.

4.13 Overcoming Barriers to Delegation

a) Accept the Need for Delegation:

When superiors are reluctant to delegate because they want to do things themselves rather than allowing subordinates to do, they should realize the need for delegation.

b) Confidence in Subordinates:

Rather than feeling that subordinates are not capable of accepting responsibilities so that delegator does not take the risk of delegation, the delegator should ensure that the subordinate has the required skills, abilities, tools, and resources at their disposal to complete the task delegated. The delegator can choose to initially delegate less critical assignments to the delegatee to assess their competence, to mentor them as needed, and thereby building confidence in their subordinate's abilities. If subordinates make mistakes, superiors should guide them rather than not delegate at all.

c) Motivation:

Subordinates should be motivated to accept the responsibilities by providing financial and non-financial rewards such as recognition, status, incentives, etc.

d) Choose the Right Person for the Right Job:

The task assigned to the delegatee should be in line with their role, skills, and abilities, and subordinates should be suitably qualified to fulfill the task required.

Key Messages

- It is important to follow the principles and steps every time we delegate. These remove fears that supervisors have in the delegation
- True delegation is where the delegator completely trusts the delegate to handle the task
- Supervisors should have trust in their subordinates for delegation to be effective

5 PERFORMANCE MANAGEMENT

5.1 Introduction

Performance management is a goal-oriented process directed toward ensuring that organizational processes are in place to maximize the productivity of employees, teams, and ultimately, the organization. Understanding performance appraisal helps progress and promotes teamwork with results-oriented.

This topic introduces you to the performance management cycle, development of a work plan and methods of performance appraisal. It also highlights on the provision of effective feedback.

5.2 Learning objectives

By the end of this topic, you will be able to:

- Explain the four phases of the performance management cycle
- Develop a work plan
- Explain methods of performance appraisal
- Provide effective feedback

5.3 What is performance management? What is the performance management cycle?

Performance management is a continuous process for monitoring employee performance and follows a sequence of activities known as the Performance Management Cycle. The Ministry of Health supports this task, resulting in promotions within the Government sector based on performance appraisal results

5.3.1 The Performance Management Cycle

The Performance Management Cycle consists of four phases: Planning, Monitoring, Reviewing, and Reward as indicated in **Figure 6.1.**



Figure 5.1 Performance Management Cycle

5.3.1.1 Planning Phase

The first stage of the Performance Management Cycle is the planning phase. During this phase, performance expectations or objectives are identified and agreed upon between the supervisor and the supervisee. The objectives are structured according to the SMART mnemonic, which ensures that objectives are Specific, Measurable, Achievable, Realistic and Time-bound, so that expectations are clear between both parties. The planning phase also includes the formulation of the supervisee's work plan. This can include the supervisee's Personal Development Plan which might include the skills or abilities s/he is required to obtain or improve.

5.3.1.2 Work-plan

A work plan is a document designed to streamline supervisee's work and the goal is to produce a visual reference of the tasks assigned.

a. Steps in developing work plans:

i. Identify the purpose of your work plan. There are several reasons why work plans are produced and one should be aware that deliverables agreed upon are usually for a predetermined period;

ii. Prepare an introduction and background for developing the work plan;

iii. Determine your goal and objectives;

iv. Consider ordering your work plan by 'SMART' objectives;

v. List the resources you will need for the work to be accomplished;

vi. Identify any constraints;

vii. Consider accountability;

viii. Write your strategy.

b. Components of an individual work-plan:

i. The goal for the day, week, or month or even year, as you would want to break it into smaller sections based on your timeline;

ii. Activities you will have to accomplish based on the objectives or tasks;

iii. Resources like Materials and expenses required;

iv. Estimated timeline.

Table 5.1 Sample individual workplan

Goal:					
Measurable Outcome:					
Major Objectives	**Key Tasks**	**Resources**	**Start Date**	**End Date**	**Constraints**

5.3.1.3 Monitoring Phase

The second phase of the Performance Management Cycle refers to informal monitoring of the supervisee in terms of carrying out their roles and responsibilities in line with the performance expectations or objectives set in phase one. Supervisees should also practice self-evaluation regularly referring to the goals and objectives agreed upon and their progress. Employees should be able to self-correct should any performance gaps be identified. Supervisors are required to use Monitoring as a mechanism to improve supervisee performance by providing support and guidance as soon as potential performance issues are identified.

5.3.1.4 Review Phase

The Review phase of the Performance Management Cycle requires that supervisee's performance is reviewed against the performance expectations and objectives set during phase one. The review phase is usually conducted on a bi-annual or annual basis and formalises the feedback provided to the employee during the Monitoring Phase. This phase provides the opportunity for the supervisor to discuss and evaluate the achievement of objectives, any performance or behaviour issues, as well as any potential training and development needs the employee may require. Providing feedback is an important component of the Review phase and more information on how to provide feedback is documented in the Methods of Performance Appraisal section.

5.3.1.5 Reward Phase

The final stage of the Performance Management Cycle is the Reward phase and is often the most important phase of the cycle to employees. There are various methods of rewarding supervisees, which include financial rewards, incentives, promotions, or recognition. Rewards should be applied fairly and consistently and should reflect the extent of the supervisee's

achievement of the expectations and objectives set in phase one, which were later evaluated in phase three.

5.4 Methods of Performance Appraisal

Performance appraisal methods include 360-Degree feedback evaluations, the use of rating scale, the critical incident method, the essay method, the work standards, ranking, forced distribution, the behaviour anchored scale, and the results-based system.

5.4.1 Conducting Appraisals

Appraisals are conducted between the supervisor and employee to promote communication, providing useful feedback about the supervisee's performance, facilitating better working relationships, providing a historical record of performance, and contributing towards professional development. Several ideas are available to aid with conducting performance appraisals:

i. Develop the habit of delivering feedback frequently;
ii. Document performance;
iii. Cover the ABCs on your review form;
iv. Hold a discussion;
v. Ask the employee for feedback;
vi. Set goals;
vii. Allow the employee to comment;
viii. Be clear and precise with language;
ix. Do not downplay victories during the reviews;
x. Hide nothing about the review process;
xi. Provide a clear growth path for employees;
xii. Involve people other than yourself;
xiii. Embrace technology in the review process.

5.4.2 Providing Feedback

Providing feedback refers to the transmission of evaluative or corrective information about an action, event, or process to the original or controlling source. Feedback is considered the cheapest and most powerful form of communication used by supervisors or managers to improve the performance of their team members. Feedback also provides the opportunity to motivate, recognize and encourage employees. Feedback can be provided verbally or in writing, depending on the type of information that needs to be relayed.

5.4.2.1 *Key components of providing feedback:*

i. Talk about a specific action;

ii. Talk about its effect on you and the work;

iii. Make a specific request for a different action.

5.4.2.2 *Feedback is important because:*

i. It initiates and improves communication;
ii. It evaluates or modifies a process or product;
iii. It enables improvements to be made;
iv. It provides useful information for future decisions and development.

5.4.2.3 *Effective Feedback*

The "**Sandwich**" method of providing feedback is the most commonly used method of giving feedback. The figure below portrays the components of the Sandwich method. The two slices of bread represent Positive Observations. In between these positive observations suggestions for improvement are relayed.

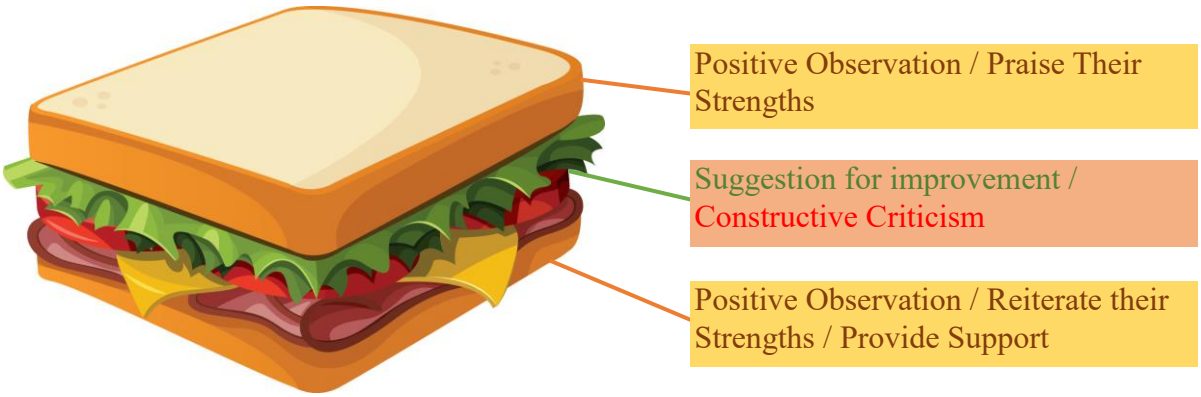


Figure 6.2 Sandwich method of providing feedback

Sandwich feedback suggested steps are**:**

i. Ask where the individual has done well and comment on those areas
ii. Discuss areas of improvement;
iii. Comment on the areas he has done well.

Some suggested tips to provide feedback during a patient encounter:

i. Do not alarm the health care worker or patient - put them both at ease;

ii. Be very calm and patient as you explain your recommendation.

Key Messages

- Performance appraisal has four phases namely: planning, monitoring, reviewing and rewarding.

- It is vital to conduct appraisal as this promotes communication and facilitates working relations.
- Feedback is an essential component of performance appraisal, it provides the opportunity to motivate, recognize and encourage employees

6 TEAM BUILDING

6.1 Introduction

Team building activities help team members to build trust among one another. Team building regulates communication between employees, allows employees to work together and complement each other which in term leads to enhance productivity it supports improved productivity.

This Topic introduces you to characteristics of a high functioning team. It also highlights the challenges of working in a team and how to overcome them.

6.2 Learning objectives

By the end of this topic, you will be able to:

- Define Team Building
- Describe the characteristics of a high functioning team
- Explain the challenges of working in a team.

6.3 Definition of Team building

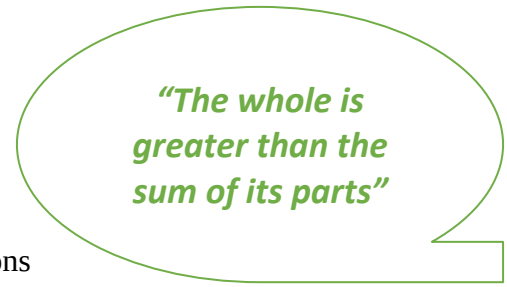
Team building is a management technique used for improving the efficiency and performance of workgroups through various activities. Its purpose is to build a stronger unit of employees. It involves many skills, analysis, and observations for forming a strong and capable team.

Team building has the following benefits:

- Regulates communication between employees
- Supports improved productivity,
- Brings people together,
- Fosters creativity and learning,
- Promotes healthy competition in the workplace while allowing people to be more accepting of one another and their differences,
- Supports conflict resolution, as well as

- Improves the overall culture of the team.

6.4 Characteristics of High-Functioning Teams



Below are examples of the characteristics of a high-functioning team:

a. **Shared responsibility and ownership**
   Shared responsibility makes an initiative stronger and brings more ideas and innovations
b. **Strong relationships and trust**
   Grows the bond which the team members share thus increasing trust between them.
c. **Flexibility and redundancy**
   Individuals learn more about how to do the work and cover for others reducing repetitions.
d. **Inspiration and motivation**
   In strong teams, members inspire and motivate others to achieve more and be their best selves. This helps to boost morale as team members feel more connected to the work.
e. **Distributed workload**
   This comes due to the collective contributions that each member provides to the team.

6.5 Challenges Working in a Team

Some of the challenges team members can experience when working in a team are listed below.

a. **Time-consuming when formulating the team**

   Building a team can be time-consuming, as one is required to source team members with varying and complementary skills and attitudes. Sourcing the right people for the team is essential in forming a high-performance team. Although having the right skills and abilities is crucial, team members also need to fit into the culture and environment of the workplace to be productive. For this reason, leaders should carefully consider all aspects of potential candidates before hiring them, which can lead to delays with building the team.

b. **The difference in working styles**
   Diversity of thought, perspective, and work styles can be challenging when managing a team. Challenges can arise within the team should no clear purpose and accountability systems be in place. and it is therefore important to establish the team's purpose and direction before commencing work.

c. **Challenge of distance**
   Limited face-to-face interactions due to team members residing in various geographical locations make it difficult to control team members, and as such, many unforeseen

events may arise. As a result, team members may feel disconnected from one another and their leader. This challenge can be alleviated through other methods of connecting such as utilising any of the various online interaction platforms available.

d. Navigating power dynamics

Even in the highest functioning teams, power dynamics exist. If they are acknowledged and handled well, they do not have to be a barrier to group dynamics.

e. Disengagement and "free riders"

Some members do not participate fully or equally. This can frustrate active members resulting in lower productivity levels of the group.

In summary, high-functioning teams have various great benefits, but the team-building process is not without its challenges. This module provides tips and tools that will encourage individuals to work effectively together.

Key Messages

- Working in a team is better than working alone
- To improve the efficiency and performance of an organization, there is a need for an effective working team
- An effective team should be able to overcome challenges

7 MENTORSHIP

7.1 Introduction

The mentorship process helps transferring knowledge, skills, information and experience based on need to improve competence, capacity and performance of team members. In community health, mentoring helps to improve program performance and enhances adherence to program standards. This unit introduces the learner to the concept of mentorship, processes and styles used in community health.

7.2 Learning objectives

By the end of the topic, you will be able to:

1. Define mentorship
2. Describe specific goals achievable through a mentorship process
3. Explain the pillars for mentorship
4. Outline the basic elements of mentorship
5. Describe various forms of mentorship styles applicable to community health

7.3 The Mentorship Process

Mentorship is a process in which an experienced individual helps another person develop their goals and skills through a series of time limited, confidential, one-on-one conversations and other learning activities. Mentors also benefit from the mentoring relationship. Successful mentoring relationships go through four phases as described in Figure 8.1. These sequential phases build on each other and vary in length. In each phase, there are specific steps and strategies that lead to mentoring excellence.

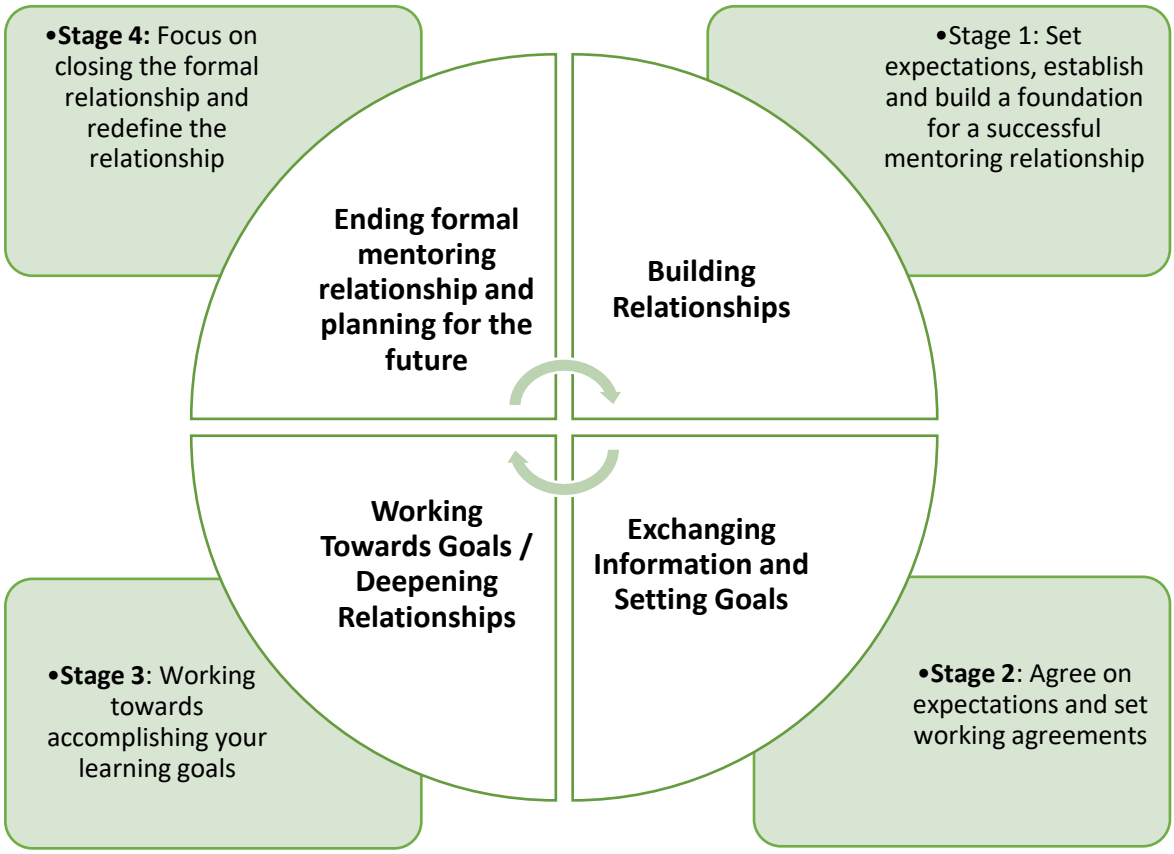


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Figure 7.1 The Mentorship Process

(Adapted from the Ministry of Health Mentorship Manual)

7.4 Types of Goals in Mentorship

Below are some of the types of goals one can strive to achieve during the mentorship process.

a. **Learning goal:** Development of knowledge, skills in an area of expertise, for example*: all HSAs to be able to integrate all community health programs by June 2022*.
b. **Performance goal**: Enhances specific performance targets with emphasis on the outcome, for example: *the reduction in maternal deaths due to improved CBMNH at community level by June 2022*.
c. **Process goal:** Includes different strategies and actions taken to achieve desired performance goal, for example*: all community-based health workers will be trained in new family planning methods by June 2022*.

d. **Outcome goal:** Impactful long term results can be achieved in relation to mentor, mentee and programme. For example: *the reduced mortality of vaccine preventable diseases due to quality EPI services by June 2022.*

7.5 Pillars for Mentorship

Listed below are the pillars for mentorship which ensure effective mentorship meetings.

a. **Training:** Mentors shall be well trained and oriented in their roles and responsibilities using the Ministry of Health Community Mentors Training Manual.
b. **Equipment and supplies:** Mentors should have all the necessary equipment and supplies (stationery, transport, standard checklist etc.) to enable them to perform their roles.
c. **Leadership**: Mentors should display effective leadership to ensure proper functioning of the mentorship team

7.6 Basic Elements of Mentorship

Some of the basic elements of mentorship are explained below.

a. **Focus on skill and knowledge acquisition**: Mentorship involves transferring expertise to fill the gaps identified hence there is a need to be clear and precise on the goals to be attained.
b. **Support and assist with career development**: Mentorship is conducted to facilitate change and growth in one's career, and may in turn result in improved service delivery at community level. Mentorship recommendations can be made to conduct in service trainings that can also build the capacity of the health workers.
c. **Mutually beneficial for both mentor and mentee**: Mentorship is reciprocal in nature. Both the mentor and the mentee improve their skills/and knowledge.
d. **Involves direct interaction**: There is room for self-expression and feedback, and the main gaps are understood and addressed.

7.7 Mentorship in Community Health

SHSAs should consider their mentorship style in conjunction with Annexure B: The Mentorship Guide Tool, and Annexure C: The Mentor Logbook when conducting mentorship sessions. The timesheet should be used to document the mentoring activities that take place between the mentor and mentee: key discussions, agreed-upon actions, challenges, and

innovative way of dealing with challenges. The logbook should cover monthly activities and be signed by both the mentee and mentor at the end of each month.

7.7.1 Mentorship Styles in Community Health

Various forms of mentorship styles are applicable in the context of Community Health and SHSAs should consider their mentorship style when conducting mentorship sessions. These are discussed below.

a. **Formal**

A formal mentorship style is a structured process of mentorship that is time-bound. Mentor and mentee are intentionally matched. Formal mentoring is initiated (in some places, mandated) by an outside party or organization, as when a department chair not only requires that each new recruit has a mentor but makes sure that they get one. Examples: *CCM coordinator could be matched up with an HSA at health post to improve on how to assess a sick child*. Another examples: *at an outreach clinic when an HSA is conducting a growth monitoring and immunization session a supervisor with a checklist can provide mentorship as the services are being delivered.* The mentorship will cease once the goal has been achieved.

b. Informal

Informal mentoring is a relationship between individuals that develops without organizational interventions and is the natural "coming together" of a mentor and mentee. It relates to unstructured mentorship that occurs over a flexible time frame. Mentor and mentee are drawn to each other based on mutual interests. For instance, a junior staff member may acquire skills/ expertise through delegations and partnership with senior officers. For example, *a cold chain technician being assigned more work in EPI.*

Another example: *A community health worker may identify a fellow community health worker with whom they have worked on in community health and developed a good rapport*. This interaction may lead to a series of conversations that ultimately results in a mentoring relationship. It is therefore a spontaneous process that occurs over a flexible time frame. Mentor and mentee are drawn to each other based on mutual interests.

a. Situational

Situational mentorship is a type of mentorship where an individual with more expertise identifies an opportunity to immediately advise another with less expertise to address knowledge/ skills gap. For example: *during an immunization session a health care worker*

administers an antigen but does not record it in a child's health passport. A more senior individual may identify this shortcoming and wish to mentor the individual that is not performing their duties correctly.

b. Traditional

Traditional mentorship refers to the one-on-one pairing of a senior leader (mentor) with a junior (mentee). Mentorship occurs face-to-face and is led by the mentor.

c. Modern

A modern mentorship is where the mentee learns from multiple mentors. Mentorship is self-directed by the mentee and can occur virtually.

7.8 Types of Mentoring Relationships

Various different forms of mentoring relationships exist between the mentor and mentee. These are discussed below.

a. Traditional: It is a one-to-one type of mentorship in which mentor and mentee are matched based on a certain program. Mentee-mentor partners participate in a mentoring relationship with structure and timeframe of their making or as established by a formal mentoring program. For instance, *a nutritionist mentoring a nutrition focal person on admission criteria of malnourished children*.

b. **Group:** Multiple experts (mentors) and multiple learners (mentees) or a group of leaners. A single mentor is matched with a cohort of mentees. Initial program structure is provided while allowing mentor to direct progress, pace and activities. For example, *a Medical Assistant mentoring his/her staff on administrative and management issues.* Group mentoring helps reach and impact more mentees in a short amount of time, and is particularly useful if organizations are short on good mentors – helping to promote a culture of inclusion. Practicing mentoring in a group setting also helps improve everybody's teamwork skills.

c. Distance: A mentoring relationship in which the two parties (or group) are in different locations. Sometimes called "virtual" mentoring. For example: *a community health coordinator may advise health center staff on proper procedures of establishing CHAGs through phone calls, WhatsApp, and other means.*

d. **Peer:** Peer mentoring involves colleagues of a similar age and experience level mentoring each other. They may take turns acting as 'mentor' and 'mentee', but overall,

peer mentoring is about creating a formal support system, learning together, and holding one another accountable. For instance: *during immunization session a focal person may advise/ correct another health worker on antigen administration practice.*

e. **Reverse:** Exactly as it sounds, reverse mentoring is when a more junior person mentors a more senior person. All one-on-one mentoring relationships have the potential to utilise reverse mentoring, as there is always plenty we can learn from one another. For example*: a newly employed EHO being mentored by an experienced H S A on how to make 1% chlorine stock solution.*

f. **Natural:** A type of mentorship initiated by a senior person to address gap identified in performance. After supervision, a coordinator may arrange for a targeted mentoring session to address identified performance gaps Forms of mentorship.

g. **One-on-one in a peer-to-peer or senior-to-junior relationship**: This form of mentorship involves physical interaction, often face to face, between a mentor and a mentee. For instance: *HSA to SHSA, Chief Preventive Health Officer to Coordinator*.

h. **Network or group:** This relationship involves a single mentor against a group of mentees. Interaction is through group discussions or through modern technology. For instance: *skype, WhatsApp groups, teleconference for example IDSR coordinator may use a WhatsApp group to advise IDSR focal persons on report timelines.*

i. **Short-term and issue-focused or more long-term in nature:** This type of relationship aims at resolving a specific issue either in the short or long term.

Key messages

- Mentorship involves transferring expertise to fill the gaps identified hence there is a need to be clear and precise on the goals to be attained.
- Various different forms of mentoring relationships exist between the mentor and mentee
- In community health, mentoring helps to improve program performance and enhances adherence to program standards.

8 CRISIS MANAGEMENT

8.1 Introduction

A crisis can occur as a result of an unpredictable event or an unforeseeable consequence of some event that had been considered as a potential risk. In either case, crises almost invariably require that decisions be made quickly to limit damage. This unit introduces the learner to the concept of crisis management, and the application of appropriate strategies to help individuals or organizations deal with a sudden and significant negative event.

8.2 Learning objectives

By the end of this topic, you will be able to:

1. Define a crisis situation
2. Explain the importance of crisis management
3. Describe the various types of crises commonly encountered
4. Describe the crisis solving process and conflict resolution styles
5. Outline strategies for managing a crisis

8.3 What is crisis management and why is it important?

Crisis management refers to the process by which managers respond to an unpredictable event that threatens to harm the organization, its stakeholders, or the public. Crisis management helps managers to devise strategies based on uncertain conditions and supports decision making regarding a future course of action. Due to the unpredictability of global events, many modern organizations attempt to identify potential crises before they occur in order to take necessary precautions to deal with them. In crisis management, managers have to devise strategies to come out of uncertain conditions and decide on the future course of action. Crisis management helps the managers to feel the early signs of crisis, warn the employees against the aftermaths and take necessary precautions for the same.

8.4 Types of Crises

The following are some common types of crises:

- **Natural Disaster:** Disturbances in the environment and nature which lead to natural crisis. Such events are generally beyond the control of human beings. Tornadoes, earthquakes, hurricanes, landslides, tsunamis, floods, and drought all result in natural disaster.
- **Civil crisis:** A man-made disaster.

- **Technological Crisis:** This crisis arises because of failure in technology.
- **Crisis of harm or evil influence:** Organizations face crisis of malevolence when employees resort to criminal activities and extreme measures to fulfil their demands.
- **Crisis of Organizational Misdeeds**: This type of crisis arises when management takes certain decisions fully understanding the harmful consequences towards stakeholders and external parties.

8.5 Crisis Solving Process

The following are 7 steps in solving a crisis:

i. Identify the issue/s;
ii. Understand everyone's interest;
iii. List the possible solutions;
iv. Evaluate options;
v. Select an option or options;
vi. Document the agreements; and
vii. Agree on contingencies, monitoring and evaluation

8.6 Essential Leadership Qualities in Times of Crisis

The following are 10 essential leadership qualities in times of crisis:

i. **Providing accurate information**: Great leaders provide current, honest and accurate information to inform others about the crisis. Ideally, this information includes science-based data and regular updates from credible sources to increase the public's awareness of current conditions and what to expect next.
ii. **Acquiring critical resources**: Leaders understand that some resources will be more critically needed than others and they work actively to help people have access to those resources as quickly as possible.
iii. **Providing support and encouragement**: The best leaders know that we need not only information and resources, but emotional support, a caring attitude and reassurance to help calm common fears and anxieties.
iv. **Being accessible and approachable**: Great leaders seem to always be present. They can be easily accessed to answer questions and they project warmth, calm and openness to those they serve.

v. **Taking appropriate action:** Quick and dramatic actions are often needed to address the crisis. Great leaders are not afraid to make the tough decisions and to implement key plans needed to help manage the situation more effectively**.**

vi. **Keeping channels of communication open:** The most effective leaders promote and model constant, open, and thorough two-way communication to keep information flowing, and to continue to provide resources and support throughout the crisis.

vii. **Showing honesty and integrity:** Real leaders do what they say they will do. In other words, they not only "talk the talk," they also "walk the walk." Their behavior is guided by clearly visible principled values. They are consistently trustworthy.

viii. **Adapting when necessary**: Leadership in a time of crisis often calls for sudden changes in strategy in response to quickly changing or newly emerging conditions. Effective leaders are able to adapt when needed to make course corrections in the face of new challenges.

ix. **Staying for the long haul:** The best leaders are there until the crisis is over, continuing to do the work required, fighting for their people, and keeping the promise of hope for a brighter day alive.

x. **Working through recovery:** After the immediate crisis has passed, there will often be an extended period of recovery and rebuilding before things get back to normal. Great leaders manage these transitions, assess ongoing needs and continues to provide support as long as is necessary.

8.7 Conflict Resolution Styles

There are various conflict resolution styles as listed and depicted below.

- Avoiding the conflict;
- Giving in;
- Standing your ground;
- Compromising; and
- Collaborating.

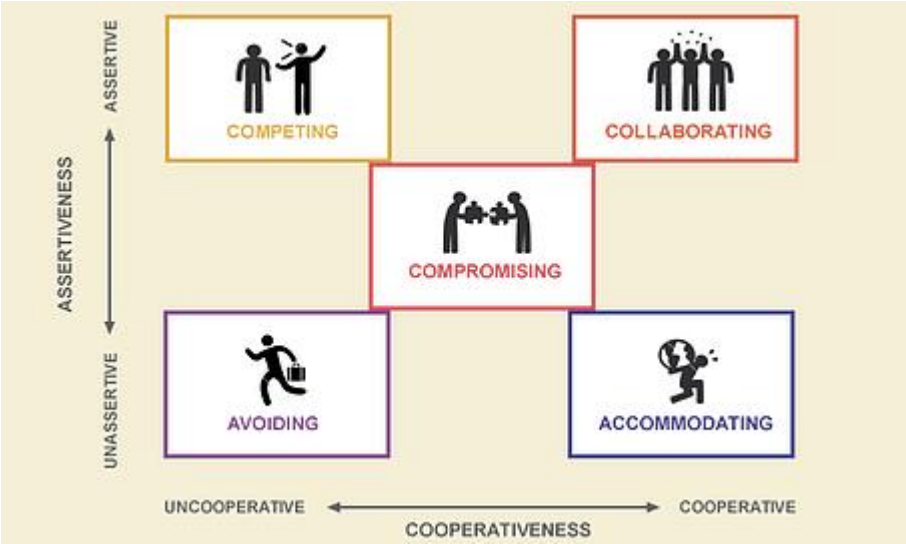


Figure 8.1: Styles of conflict management

8.8 Strategies for Managing Crisis

The following are the three different stages of crisis management:

- **Diagnosis of Crisis:** Detecting the early indicators of crisis. Sense the warning signals of a crisis and prepare the employees to face the same with courage and determination
- **Planning Prevention:** Understanding of how to handle a crisis before it occurs, assess risk, produce plans and share it, define roles and responsibilities, appoint the crisis management team, draw up a communication plan, training, conduct stimulations
- **Adjusting to Changes:** During the crisis and after the crisis (response and recovery)

8.9 Crisis Management Plan

A Crisis Management Plan refers to a detailed plan which describes the various actions which need to be taken during critical situations or crisis.

8.9.1 How to make a crisis management plan?

The steps for crisis management planning is documented below.

i. Identify the problem areas and various factors which led to crisis at the workplace.
ii. Discuss issues and areas of concern amongst yourselves on an open forum for everyone to share their opinion.
iii. Make sure you have accurate information. Don't depend on guess works and assumptions. Double check your information before submitting the final plan.
iv. Crisis Management Plan should not only focus on ways to overcome crisis but also on making the processes foolproof to avoid emergency situations in future.

Key messages

- A crisis could be seen as an unstable or crucial time or state of affairs in which a decisive change is impending especially one with the distinct possibility of a highly undesirable outcome.
- The strength of an organizational management is determinant by its ability to manage employees' crisis effectively.
- Mismanagement of crisis always cause calamity, as it is often said that when crisis is mismanaged, calamity sets in.

9 PROGRAMME AND PROJECT MANAGEMENT

9.1 Introduction

Programme management is the overall management of the interrelated projects that make up the programme. Project management involves creating plans and managing resources in order to accomplish a specific assignment or project.

This topic introduces the learner to key concepts of program and project management.

9.2 Learning objectives

By the end of this topic, you will be able to:

1. Define programme management and project management.
2. Describe the main phases of a programme or project
3. Outline the components of a project plan
4. Describe the project constraints triangle

9.3 Programme Management and Project Management

Programme management is the active process of managing multiple projects or a series of projects as part of an overall programme. As with project management, planning work and tasks is a key part of programme management, but the work is more closely aligned to the organization's **ongoing strategy**, rather than specific deliverables. Programme management often provides a layer of governance above specific projects and ensures that they are run effectively.

9.3.1 Key aspects of programme management

- **Governance** – defining the programme roles and responsibilities as well as the processes and metrics to assess its progress
- **Management** – planning the projects and the overall programme, ensuring that regular reviews are undertaken and that stakeholders are engaged
- **Financial management** – costs of managing the programme need to be tracked and controls need to be put in place

- **Infrastructure** – creating the right work environment to support the programme Planning – developing a programme plan based on the specific projects, resources, timescales and controls for the overall programme.

- Human resource- Human workforce that are highly qualified are needed for the progress of the work. In other cases even task shifting can be used.

9.3.2 Differences Between Programmes and Projects

There are a few mains differences between projects and programmes. These has been listed below:

- Programmes are on-going usually while projects have an end point;
- Projects might start mid-way through a fiscal year and span multiple years before they are finished, while programmes are strongly tied to a defined fiscal year. It could be a calendar year or a different fiscal year;
- Programme management is governance intensive. Programme managers tend to interface with boards of directors and advisory committees, while project managers tend to interface more with their technical teams and with their stakeholders or constituents.

Difference Between Programme and Project Management

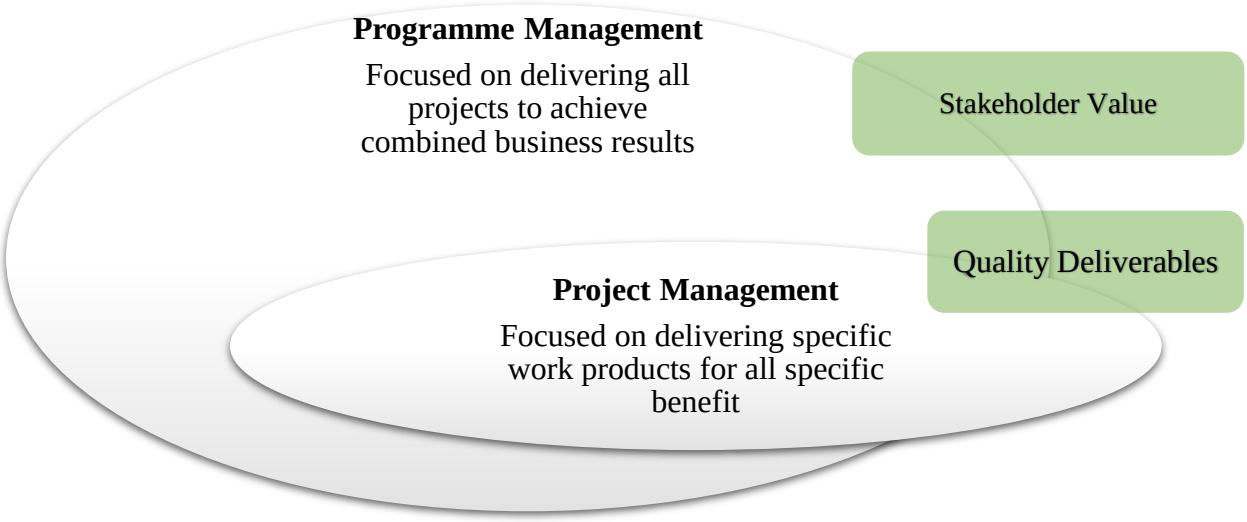


Figure 9.1 Definitions of Program and Project Management

9.4 Programme / Project Cycle

The Program or Project Cycle has several phases, but we will focus on the six main phases described below.

1. **Project identification and design:** The project manager and team: justifies the needs and analysing the environment they are working on. They should also explore various designs and be able to set the goal and objectives.
2. **Project set up:** they should establish roles and lines of communication and authority. Since the project is officially authorized and the team communicated with stakeholders.
3. **Project planning:** development of a detailed and comprehensive implementation plan.
4. **Project implementation:** This is one of the most crucial phase since that consists of the day to day work of leading and managing a project. Important things to be done include: support your team, communicate regularly with various stakeholders, and, most likely, you revisit some parts of your plan due to unexpected events or challenges
5. **Project monitoring, evaluation and control:** This is the activity that starts at the beginning.
6. **Project transition:** when the project is going towards the end, deliverables should be confirmed with the beneficiaries or stakeholder; collecting Topics learned which include completing administrative, contractual and financial and the closure activities.

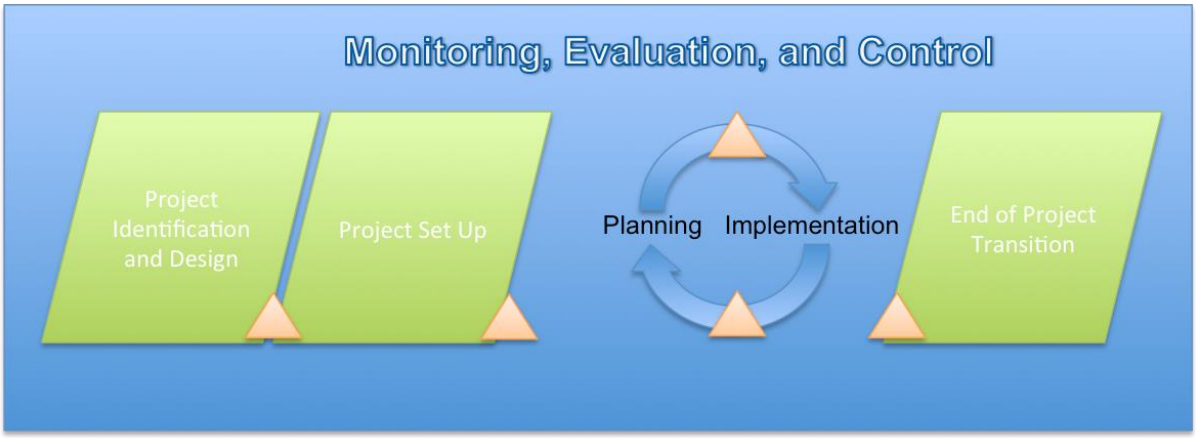


Figure 9.2 The Project Cycle adapted from Inside NGO

9.5 Constraints Triangle

Projects within programmes have several areas that can be affected once a project has started or even before it has started. The triangle below summarizes the main areas to consider for project or programme management. The constraints triangle is also known as OTOBOS, which refers to On Target On Budget On Scope.

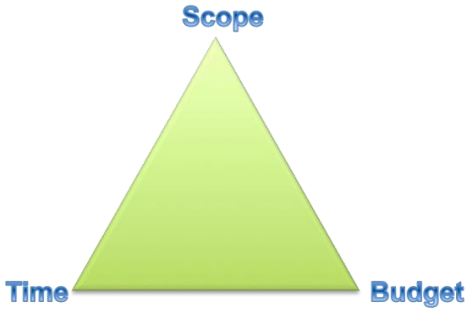


Figure 9.3 Project Constraint's Triangle

9.6 Project Plan

A project plan defines your approach and the process your team will use to manage the project according to its scope. A project plan is a tool that can be used to communicate with your team members or stakeholders and also to facilitate the onboarding of new team members to the project.

9.6.1 Components of a Project Plan

The seven components of a project plan are;

i. Goal and scope;
ii. Deliverables;
iii. Schedule;
iv. Human resources and roles and responsibilities;
v. Communication;
vi. Risk management; and
vii. Budget.

Project plans are living documents hence can be updated and improved as time progresses.

Key messages

- Programmes are on-going usually while projects have an end point
- A project is designed to deliver an output or deliverable
- The success will be in terms of delivering the right output at the right time and to the right cost.
- Benefits are the measures of improvement of an organization in terms of increased income, increased profits, decreased costs and improved market position.

10 STAKEHOLDER ANALYSIS

10.1 Introduction

Stakeholder analysis helps health care workers to identify people, groups, and institutions that will influence decisions and responsibilities within the community. It also guides on how to identify, relate to, and interact with stakeholders.

This Topic introduces you to the concept of stakeholder analysis, the importance of stakeholder analysis, and how to conduct stakeholder analysis.

10.2 Objectives:

By the end of this topic, you will be able to:

1. Define stakeholders
2. List the types of stakeholders
3. Define stakeholder analysis
4. Describe how to conduct stakeholder analysis
5. Describe the steps of conducting a stakeholder mapping

10.3 Definition of stakeholders

Stakeholders are persons or organisations with an interest in a programme or service being promoted or delivered.

They are individuals, groups, and organizations that may affect or be affected by a project.

10.4 Types of stakeholders

There are various types of stakeholder groups such as: Chiefs; Community members & structures; NGOs; Partners; and various related health programmes as examples.

There are two main types of stakeholders, namely Primary Stakeholders and Secondary Stakeholders.

Primary Stakeholders are stakeholders are directly affected by the programme or service rendered, either positively or negatively.

Secondary Stakeholders are indirectly linked to programmes or services rendered, and act as an intermediary between the stakeholder and the SHSA.

10.5 Definition of stakeholder analysis

The WHO describes stakeholder analysis as the process of systematically gathering and analyzing relevant information, to determine whose interests should be taken into account when developing or implementing programmes and in performing their duties.

It is a process of identifying internal people and teams before the project begins; grouping them according to their levels of participation, interest, and influence in the project; and determining how best to involve and communicate each of these stakeholder groups throughout.

10.6 How to conduct stakeholder analysis

10.6.1 Stakeholder Identification

Described below are the steps the SHSA should follow in conducting a stakeholders' analysis.

The SHSA should use these steps in conjunction with Annexure Tool for Stakeholder Analysis in the process.

Brainstorming – Identify all the individuals, groups, institutions and programmes that will affect or be affected by the project, programme, activity or service to be delivered and list them in the tool below Column A: Stakeholders.

Determine Stakeholder Interests – Review the stakeholders documented above and determine their interests. Items to be considered are the benefits, changes that may be required for the stakeholder to make, activities which may cause damage or conflict with the stakeholder. Record this in Column B: Stakeholder Interests.

Assessment of Stakeholder Impact – Assess each stakeholder based on their importance and impact on the activity, programme, or service to be delivered. In Column C: Assessment of Impact, indicate their priority in terms of A: Extremely important; B: Fairly Important; and C: Not very important.

Potential Strategies for Support and Reducing Obstacles – Consider the activities that could promote stakeholder support and reduce opposition towards the activity, programme or service to be delivered.

Once completed, the SHSA will use the information populated to map their Stakeholders according to the Stakeholder Analysis Framework.

10.7 Stakeholder mapping

Stakeholder mapping assists SHSAs with determining the extent of the engagement they would require in terms of their Stakeholders power and interest. The primary information to be

gathered when performing a stakeholder analysis explores two areas: stakeholders' interests and stakeholders' influence (power). The Stakeholder Analyses Framework provides a structural guide in which the SHSA can categorise stakeholders, and determine the way in which they engage these stakeholders. The steps in performing a Stakeholder Analysis is illustrated in **Figure 11.1**.

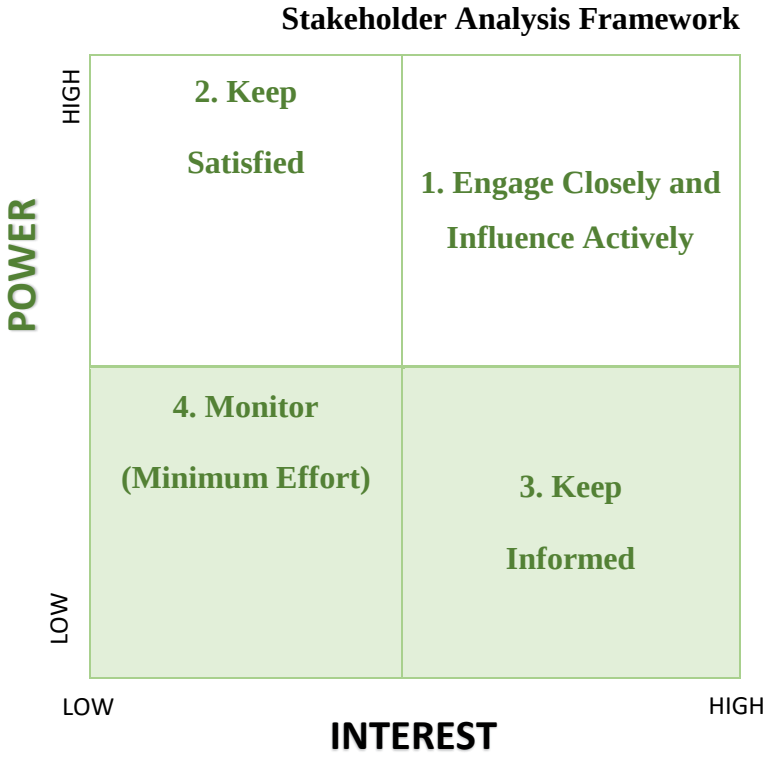


Figure 9.4 Stakeholder Analysis

The Stakeholder Analysis Framework (Figure 11.1) identifies four categories of stakeholders as follows:

1. **High power, high interest:** These are the most important stakeholders, and should be prioritized and kept happy with your project's progress.
2. **High power, low interest:** Because of their influence in the organisation, you should work to keep these people satisfied. But because they haven't shown a deep interest in your project, you could turn them off if you over-communicate with them.
3. **Low power, high interest:** You'll want to keep these people informed and check in with them regularly to make sure they are not experiencing problems on the project.
4. **Low power, low interest:** Just keep these people informed periodically, but don't overdo it.

In summary, described below are the quadrants related to Figure 11.1: The Stakeholder Analysis Framework:

1 - Engage Closely and Influence Actively: High Power and interested stakeholders

- These are stakeholders you should fully engage and make the greatest effort to satisfy

2 – Keep Satisfied: High Power, less interested stakeholders

- Put enough work in with these stakeholders to keep them satisfied, but not so much that they become overburdened with your information

3 – Keep Informed: Lower power but interested stakeholders

- Keep these stakeholders adequately informed and talk to them to ensure that no major issues are arising. These stakeholders are often helpful with the information related to your role.

4 – Monitor: Low Power and less interested stakeholders

- Monitor these but do not overburden with excessive information

10.8 Guidance for Conducting Stakeholder Mapping:

a. ***Determine the level of Power the stakeholder has***.

- Stakeholders with Low Power are stakeholders who have lower levels of financial or tangible support, which they can provide, and their influence in change is relatively low.
- Stakeholders with High Power have substantially more resources available to influence or drive programmes etc.

b. Determine the level of Interest the stakeholder has.

- Stakeholders with Low levels of interest are focused on other priorities, which may overlap with SHSA priorities to a minimal extent.
- Stakeholders with higher levels of interest have a more direct link to the programme etc.

c. ***Plot the stakeholder on the stakeholder map in relation to the levels determined in steps 1 and 2 above.***

- A Chief in the Village, for example will have High Power because of his title and senior role in the community, and with High Interest because it directly relates to the Community he is leading.

d. ***Determine the level of engagement to be applied to the various stakeholders***.

- In the example of the Chief, because he is plotted as High Power and High Influence, we would engage him closely and actively influence him.

Key Messages

- Stakeholders are individuals or organizations that may affect or be affected by a project.
- Primary and secondary stakeholders must be identified for effective collaboration.
- Stakeholder analysis classifies the most important stakeholders that should be prioritized and kept happy.

11 HEALTH SUPPLIES MANAGEMENT

11.1 Introduction

Health supplies management ensures that all the required health resources and supplies are available in adequate stocks all the time for uninterrupted provision of health care services to the community.

ThisTopic highlights the importance of health supplies management to the learner. It explains the concept of supply chain as well as how to keep an inventory of supplies in health care.

11.2 Module Objectives

By the end of this topic, you should be able to:

1 Identify the types of supplies used in health care
2 Define supply chain
3 Describe how an inventory of supplies is performed
4 Describe how to manage equipment

11.3 Types of Supplies

There are two main types of supplies - consumable supplies and non-consumable supplies.

11.3.1 Consumable supplies:

- These are items that are used within a short period of time, and are required to be replaced regularly. They include all the medicines, vitamin supplements, single use (disposable) items or equipment and other supplies.

11.3.2 Non-consumable supplies:

- These are items or equipment that can be used for years but may eventually have to be replaced or updated. They include scales, vaccine carriers, etc.

11.4 Supply Chain

Supply chain is an entire system of producing and delivering a product or service, from the very beginning stage of sourcing to the final delivery of the product or service to end-users.

The supply chain lays out all aspects of the production process, including:

- the activities involved at each stage;
- information that is being communicated;
- natural resources that are transformed into useful materials;
- human resources; and
- other components that go into the finished product or service.

Supplies may be delivered through a push or pull system:

Push-based supply chain

- Supplies are pushed through the channel from the source (National) up to the user (Health Centre).
- This means that deliveries happen based on a demand forecast.

In a pull-based supply chain,

- Supplies are demand-driven (need-based) rather than based on predictions.

11.5 Ordering Supplies

Ordering supplies must be done efficiently to ensure that essential items do not run out and to avoid wastage. An order should clearly indicate a list of items required or needed to be replaced, the type, and the quantity of each item.

Receipt of new items should be properly recorded (tools used).

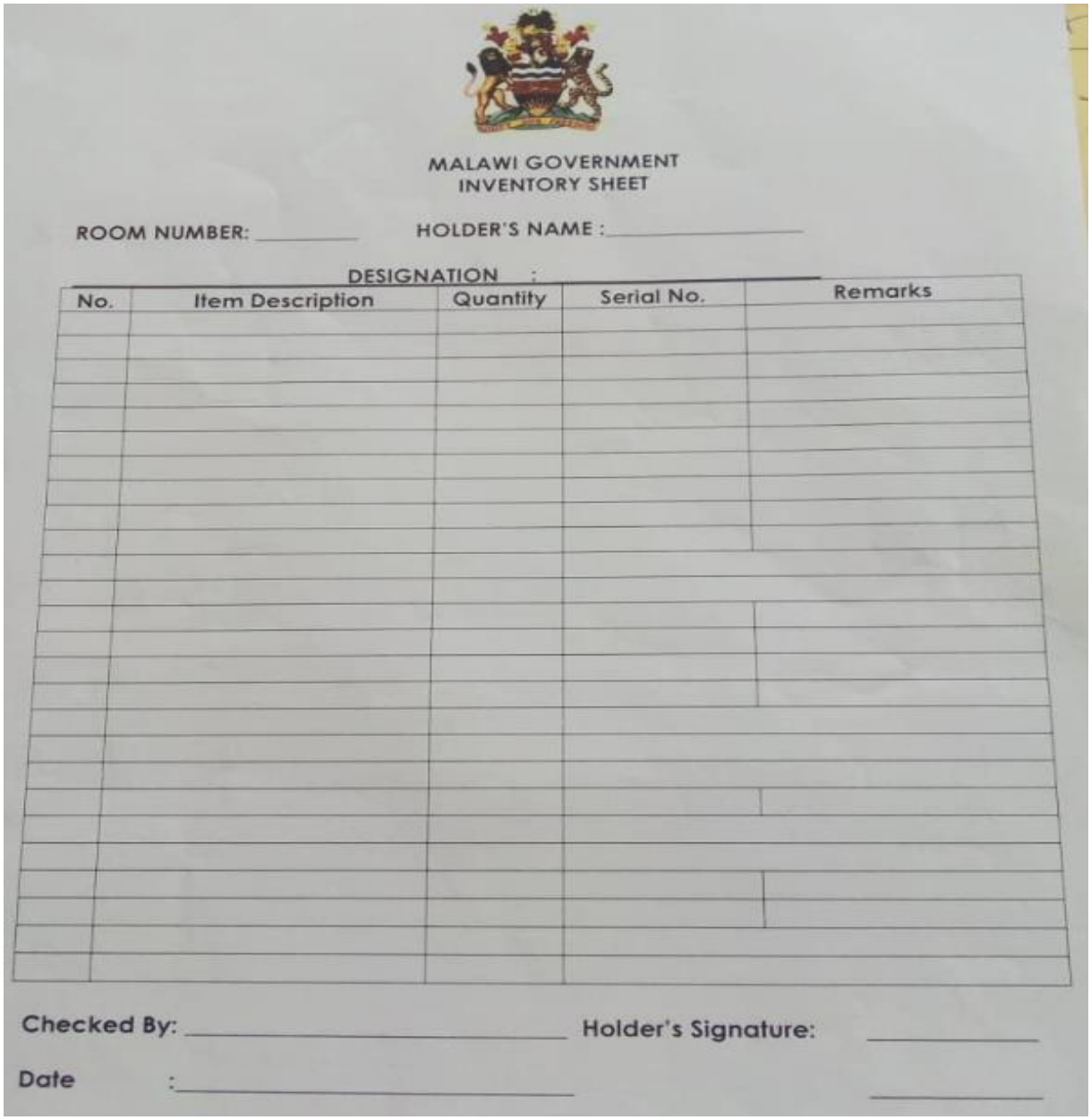
There is need to predict with reasonable accuracy the quantity of each consumable item that must be ordered, in order to avoid wastage.

11.6 Inventory of Stock

An inventory is a list of non-expendable supplies and equipment that are kept. Figure 12.1 shows an example of the inventory form. 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 to check the condition and location of supplies and equipment in use and in stock.

11.7 Management of Equipment

All equipment must be cleaned, inspected and kept in good order. Defects must be identified and reported to the supervisor immediately. It is more efficient to carry out or request maintenance of equipment on a preventative basis, according to an inspection report, rather than after a breakdown. The frequency of preventative maintenance depends on the type of equipment and the manufacturer's recommendation.



MALAWI GOVERNMENT
INVENTORY SHEET

ROOM NUMBER: _____ HOLDER'S NAME : _____

DESIGNATION :

No.	Item Description	Quantity	Serial No.	Remarks

Checked By: _____ Holder's Signature: _____

Date : _____

Figure 12.1 Inventory Form

Key Messages

- The management of health-related supplies are one of the key responsibilities of a SHSA.
- It is important to manage the correct levels of stock to ensure that HSAs and SHSAs have the required resources to perform their duties and to support the Communities they service.

- The correct amount of supplies ensures that resources are efficiently utilised and not wasted, and that community health care needs are considered.

12 MONITORING AND EVALUATION

12.1 Introduction

Monitoring and Evaluation is one of the important roles of SHSAs for the effectiveness of the programmes or activities they are responsible for. Monitoring and Evaluation ensures whether or not the programme or activity is functioning as expected. This Topic introduces the HSAs monitoring, evaluation, logical framework.

12.2 Learning objectives

By the end of this topic, you will be able to:

1 Define the terms monitoring and evaluation
2 Explain the importance of monitoring and evaluation in Community Health;
3 Distinguish the difference between monitoring and evaluation; and
4 Develop a monitoring and evaluation plan for themselves and their HSAs.

12.3 Monitoring

Monitoring is defined as the ongoing, routine collection and analysis of data about a programme's activities in order to measure programme progress. It focusses on answering, "*what are we doing?*" in the implementation phases of the project.

12.3.1 Importance of monitoring and evaluation

Monitoring is important because it helps to:

- Understand the health situation in the community and how the health services are performing.
- Determine whether the resources are being well used.
- Ensure that all activities are carried out properly by the right people and at the right time.
- Ensure that activities and tasks are performed in accordance with set standards.
- Identify health problems facing the community and starting to find solutions.
- Ensure Village health committees, community groups and local individuals participate appropriately in health activities.

12.3.2 Types of Information for Monitoring

Information is obtained through the collection of data. Facts and statistics collected together are known as data. Data can be classified into two types: quantitative and qualitative.

- **Quantitative data:** is actual information based on measurement collected from structural methods for data collection, including household surveys, statistical surveys, etc.
- **Qualitative data:** is information collected about opinions and views collected from in depth interviews, observations, document review, and participatory assessment, focused group discussions.

12.3.3 Key Features of Monitoring

Monitoring consists of three related activities, which are:

- **Collection of data and information**: information can be gathered from health service records and other documentations, observations and discussions with staff and the community.
- **Information analysis**: data should be analysed in terms of place, time and who was surveyed in order to summarise the results. If the data suggests there are problems, appropriate management action needs to be taken.
- **Action based on monitoring feedback which includes**:
    - Corrective actions;
    - Positive reinforcement;
    - Preventive actions that will stop the problem arising in future.

12.3.4 Indicators for Monitoring

Indicators are precise and specific measures that can be used to assess progress towards achieving the intended goals. Some examples of basic monitoring indicators are:

- The number of vaccinations given to children in the catchment area.
- The number of bed nets distributed.
- The number of children attending under-five clinic.
- The number of VHC that have been trained, etc.

12.4 Evaluation

Evaluation is a systematic process of collecting, analysing, and using information about a programme's design, implementation, and results to determine its effectiveness and inform future decisions about programme implementation. Evaluation is concerned with whether or not a project is achieving what it has set out to do, and its impact.

Evaluation takes place at specific intervals during the execution of the interventions and begins with determining a baseline at the beginning of the programme or activity, in order to compare future observations with the initial baseline identified. Evaluations can occur at agreed intervals depending on the nature of the programme or activity

Evaluations are commonly used to:

- Understand why activities have (or have not) been implemented as planned;
- Explain whether the programme had an effect;
- Determine the extent to which measured or observed changes can be attributed to the intervention;
- Describe if the intervention had any unintended consequences;
- Assess whether a program was cost-effective.

Unlike monitoring which is a regular activity, evaluation will be conducted only when there are evaluation questions that need to be answered. There is no fixed schedule for this but it may happen:

- Mid-term;
- At the end of a project;
- Three to five years after the project is completed (to assess the total impact).

Evaluation questions may arise from monitoring data or any other observations that lack in-depth information to explain observed levels of performance or effectiveness.

12.4.1 Types of evaluations

There are three types of evaluations that can occur in health care. Evaluation as an activity may be related to processes, outcomes or impacts of a programme. These are process evaluation, outcome evaluation and impact evaluation.

1. **Process evaluation**

   Considers process questions and gives insight into whether the project is on track or not, and why. At the end of a project, it would involve a review of all the project processes, from start to finish. Process evaluation aims to explain why things have happened in the way they have.

2. **Outcome evaluation**

This is the assessment of what the intervention has achieved.

3. Impact evaluation

This is the systematic identification of the effects (positive or negative and intended or not) on individuals, households or communities caused through implementation of a programme or project. Impact evaluations can vary and may be large surveys of target populations that use baseline data and then a follow-up survey to compare before and after. They could also be small-scale rapid assessments where estimates of impact could be obtained from a combination of group interviews, focus groups, case studies and available secondary data.

12.4.2 Use of Project and Programme Frameworks for Evaluation

Projects have several frameworks that are used such as logic frameworks, conceptual frameworks, results frameworks, and the Theory of Change.

Programme frameworks are typically developed to:

- Guide programme planning and development of the evaluation;
- Inform the development of the Monitoring and Evaluations (M&E) plan;
- Visual depiction and flow of events in stages;

The Logic Framework as depicted in **Figure 13.1**, provides an example of a Malaria Monitoring and Evaluation Framework Logic Model.

Logic Model: Malaria Monitoring and Evaluation Framework

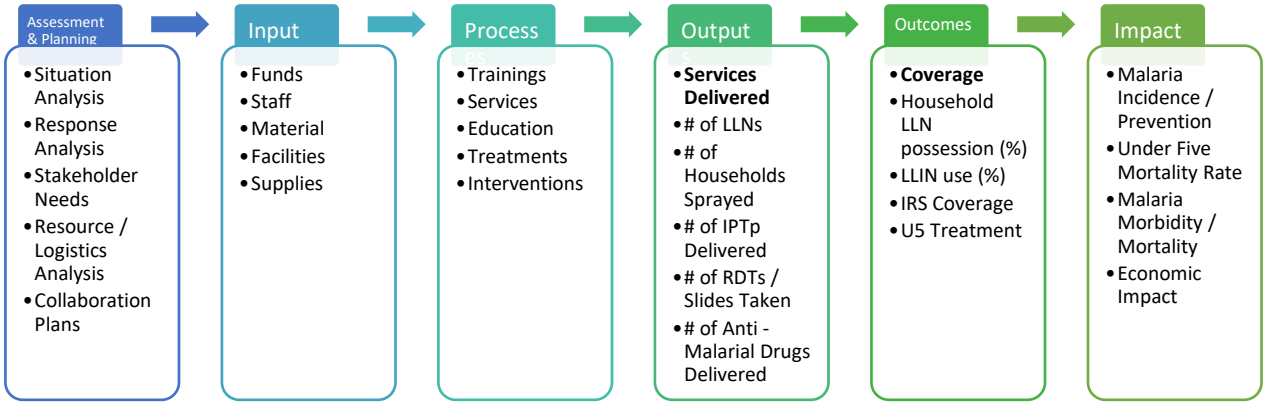


Figure 12.1 Components of a Logical Framework

Adapted from the Global Malaria Action Plan, Roll Back Malaria

12.5 Developing a Monitoring and Evaluation Plan

A monitoring and evaluation (M&E) plan is a document that describes a programme's approach to implementing its M&E activities, including details on what data will be collected, how and when data collection will occur, and who is responsible.

The following are steps used to develop an M&E plan. An example template of an M&E plan is included as Annexure E.

i. Define your results;
ii. Select indicators and targets for your outputs and outcomes;
iii. Identify data sources, methods and tools;
iv. Decide the frequency of data collection;
v. Identify who is responsible;
vi. Determine how you will review and share your M&E data;
vii. There is always a need to review the M&E plan.

12.6 Differences between Monitoring and Evaluation

The differences between monitoring and evaluation are shown in Table 10.1.

Table 12.1 Characteristics of Monitoring and Evaluation

Monitoring	Evaluation
Continuous process.	Periodic: at essential milestones, such as the mid-terms *of* the program implementation; at the end or a substantial period after program conclusion.
Monitoring data is often extracted from existing reports or records.	Evaluation requires measuring changes at the population or beneficiary level.
Monitoring is primarily done by people directly involved in implementing the program.	Evaluation usually done by external evaluators but requires consultation with program staff.
Data in monitoring is gathered and reviewed on a regular, continuous basis in order to correct course as needed.	Data for evaluation are often only collected at specific points in time before, during or after the project or program, (such as at baseline), mid-point (to gauge progress), at the end (to measure outcomes) or several years after the project or program ends (to determine impact).

Key Messages

- Monitoring and Evaluation is one of the responsibilities of leadership and therefore forms a key component of a SHSAs role.
- Their role in M&E includes collecting and analyzing data to inform decision-making and to assess progress of programmes and activities.

13 COMMUNITY ASSESSMENT

13.1 Introduction

Community assessment provides a systemic approach towards assessing the community to identify their needs and challenges. This approach ensures that services provided to the community are in line with community demand and circumstances.

This Topic provides the learner an opportunity to…..

13.2 Learning Objectives

By the end of this topic, you will be able to:

1 Define community assessment
2 Explain the importance of community assessment in community health;
3 Perform a community assessment; and
4 Apply the principles of the decision-making tree for decision making in Community Health.

13.3 What is Community Assessment?

Community Assessment is the process of describing people's status through the identification of major risk factors, causes of ill health and actions needed to address these issues. In other words, community assessment is the process that:

i. Describes the state of local people;
ii. Identifies major risk factors and causes of ill health; and
iii. Identifies actions needed to address these issues.

13.4 Steps for Community Assessment

There are several methods available to assess a community. Below is the eight steps approach for Community Assessment.

i. Decide what information you need from the community;
ii. Review any existing information;
iii. Data collection;
iv. Analysing data to identify the community needs;
v. Assess needs and possible solutions;
vi. Reality check with community members;
vii. Integrate into the regional, health plan and take action; and

viii. Monitoring and evaluation.

13.5 Decision Making Tree

A decision tree is a type of diagram that clearly defines potential outcomes for a collection of related choices. It allows decision makers to easily compare different courses of action against each other and evaluate the risks, probabilities of success, and potential benefits associated with each. Benefits of using a decision-making tree include clarity, efficiency, adaptability and compatibility in decision-making.

ELEMENTS OF A DECISION MAKING TREE

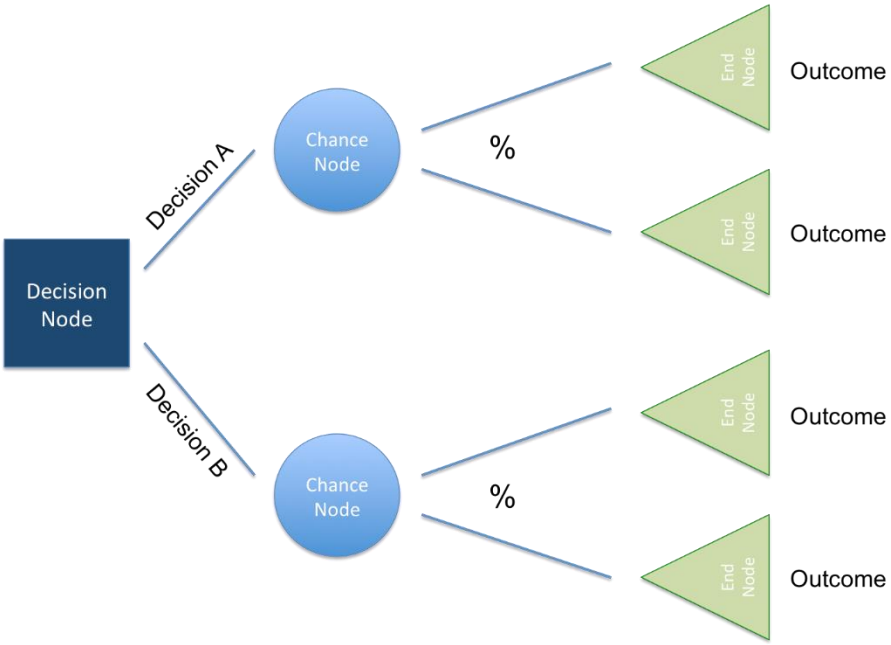


Figure 13.1 Elements of a Decision-Making Tree

The following are the four elements of a decision-making tree:

- **Decision Nodes:** Represented as a square and indicates a choice that needs to be made.
- **Chance Nodes:** Represented as a circle and signifies uncertain outcomes. These nodes are used when future results are not guaranteed.
- **End Nodes:** Represented as triangles and illustrates the end of a diagram and illustrates a final outcome.

- **Branches:** Used to connect the nodes together. Each branch represents a potential choice and should be clearly labelled.

Various tools can be used when constructing a decision making tree including writing tools such as a pen and paper, whiteboard, sticky notes, decision tree software, and Microsoft Excel as examples. Constructing a decision making tree starts with a single decision node represented by a square, and then branches are drawn representing various choices (chance nodes) resulting in potential outcomes (i.e. end nodes).

When conducting a community assessment, the following steps are to be applied when using a decision making tree:

1. Identification of each of your options;
2. Forecast potential outcomes for each option;
3. Thoroughly analyse each potential outcome / result; and
4. Optimize your actions accordingly.

BOREHOLE OR WELL WATER DECISION MAKING TREE

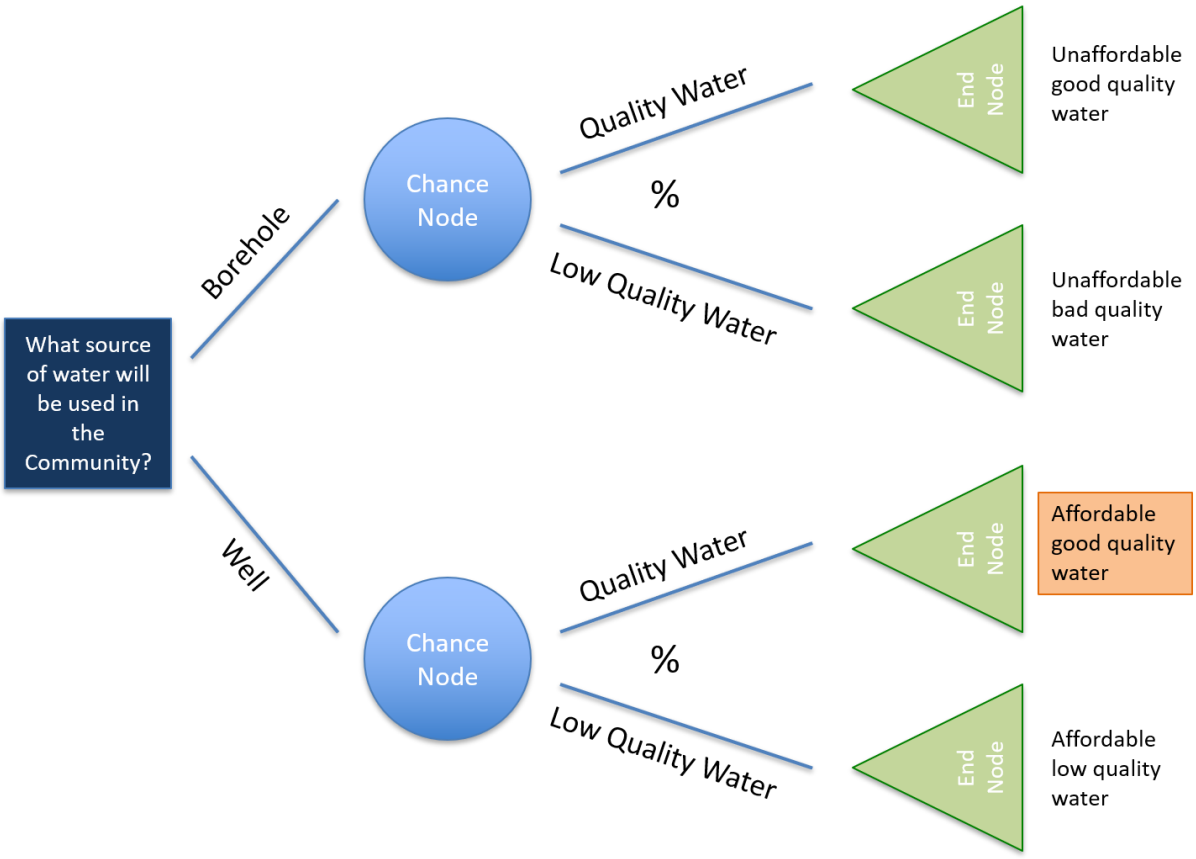


Figure 12 The Diagrammatic Aspect of a Decision Making Tree

Key Message

- Community Assessment plays a key role in understanding the support SHSAs and HSAs provide to their communities.
- The ability to assess communities supports SHSAs in terms of decision making towards the improvement of Community Health.
- Community Assessment allows SHSAs to understand the finer complexities and challenges that their communities face in order to respond appropriately and effectively to these situations.

References

1. WHO (2010), *Monitoring the Building blocks of Health Systems*, Geneva, Switzerland
2. WHO (2009), *Supportive Supervision-Training for mid-level providers*, Geneva.
3. https://tec.com.au/wp-content/uploads/2018/10/9-Common-Leadership-Styles.pdf
4. https://www.forbes.com/sites/kimberlyfries/2018/02/08/8-essential-qualities-that-define-great-leadership/#7ccc872f3b63
5. Buchbinder S & Shanks H. Nancy (2016), *Introduction to Health Care Management,* 3rd Ed. Jones and Bartlett Publishers, USA
6. Maxwell John (2011), *The 5 Levels of Leadership – Proven steps to Maximize your potential*, Centre street University of Washington, Leadership and Management in Health.
7. Principles of Coaching – Coaching skills (2013), ISBN 978-1-62620-960-2 at www.free-management-ebooks.com

Appendices

Appendix A: Supervision Guide Checklist

ACTIVITY	YES	NO
Counselling and management of nutrition problems		
Proper record of documents like health passport, registers and others		
Support of care givers to build positive attitude towards patients		
Inspection of water safety and storage at household level		
Assess and administer vaccines with proper recording		
Checking for appropriate TB drug correct dose taking for patients		
Refer complicated cases as identified in the community appropriately		
Mobilise resources		
Conduct integrated and supportive supervision for community activities		
Acts as a linkage to fill the gap between facility and the community		
Support and supervise youth groups in the community		
Sensitize community and monitor for palliative patients		
Educate and refer appropriately on gender-based violence and child maltreatment cases		
Coordinate and Plan CHT meeting		
Develop weekly, quarterly work plans		
Promote adherence to policies, guidelines and regulations		
Provide leadership and mentorship in primary health care activities		
Facilitate community engagement activities		
Promotion of optimal breastfeeding practice		
Facilitate specimen collection and confirmation of an outbreak		
Case investigation on AFP, Measles and other priority diseases		
Facilitate collection of sputum specimen for TB		
Facilitate and supervise distribution of LITNs		
Promote uptake of malarial prophylaxis in pregnant women		
Prepare disinfectants solutions from ordinary household products		
Teach caregivers on home management of diarrhoea and dehydration		
Complete surveillance and other necessary forms		
Collect, analyse, interpret, use and report the surveillance data		
Respond to surveillance data and outbreaks		
Educate pregnant women and caregivers on danger signs during pregnancy		
Provide nutrition and health education for pregnant women		
Promotion of Iron and folate for pregnant women		
Promote access to services of domestic and sexual violence		
Promote and report domestic and sexual violence		
Assist/ Manage emergency immunization activities		
Provide Vitamin A supplementation on schedule (6-59 months q 6 months)		
Promote HIV Testing		
Facilitate and supervise the organization of OTP setup		
Coordinate OTP activities		
Promote and support EBF		
Promote micronutrient supplementation to eligible clients		
Coordinate distribution of IEC material on prevailing issues		
Facilitate Open Defecation Free Initiatives		
Timely ordering of resources		
Facilitate efficient utilization of the resources		

Adherence towards Malawi Public Service Regulations (MPSR)		
Facilitating Community Engagement		
Teaching Neglected and Non communicable Topics		
Mass drug administration for NTD and other conditions		
Teaching community and adherence of preventive mechanisms of Covid-19 based Government recommendations		
Conduct mass screening, assessment on eye conditions and refer appropriately		
Promotion and education of family planning methods to the community and youth. Like condom distribution		
Teaching community and screening on cholera prevention and other emerging conditions in the community		
Safely disposal of biomedical waste at the hospital and community level		
Maintenance of cold chain during vaccination process and storage		
Assist in burial of highly infectious cases like cholera and Covid-19		
Preparation of disinfectants solutions		

Appendix B: The Mentorship Guide Tool

SECTION A: DETAILS OF THE MENTEE

Name: _____

Profession: _____

Designation: _____

Roles and responsibilities: _____

_____

_____

_____

Personal/ Clinical experience: _____

_____

_____

Signature _____

SECTION B: DETAILS OF THE MENTOR

Name: _____

Profession: _____

Designation: _____

Roles and responsibilities: _____

_____

Personal experience: _____

_____

Signature: _____

AGREEMENT FORM

This agreement is entered into this day of _____ between _____ the mentor of _____Hospital/health facility on one side and _____ the mentee holding the post of

_____at _____health facility in the department of _____ .

SECTION C: SERVICES TO BE COVERED DURING THE MENTORSHIP

The mentorship activities will cover the following objectives:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION D: TIME OF MENTORSHIP

The mentorship activities will be conducted as follows:

Mentoring activities will be conducted depending on identified self-assessment needs and as agreed between the mentee and the mentor.

The agreed mentoring schedule will include following points:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

After the mentoring has taken place, the two parties will convene and discuss the results and agree mutually on the way forward.

This agreement shall be altered after review, when necessary or when the mentoring process on the agreed-upon area has been completed successfully and another area has been identified.

Countersigning Officer's name (Supervisor): _____

Designation: _____

Signature: _____

Date: _____

Appendix C: The Mentor Logbook

Name of mentee: _____

Name of mentor: _____

Name of mentee's immediate supervisor: _____

Name of facility: _____

OBJECTIVES

1_____

2_____

3_____

4_____

5_____

EXPECTED OUTCOMES

1_____

2_____

3_____

4_____

5_____

Appendix D: The Mentee Logbook

The Mentee Logbook

Date	Objective	Activity	Issues discussed	Actions agreed upon	Challenges encountered	Remarks

Signature of mentee: _____ Date: _____

Signature of Mentor: _____ Date: _____

Appendix E: Template of an M & E Plan

GOAL

Objective 1					
Outputs	Indicator	Target	Data Source Method/Tool	Frequency of data collection	Responsible Person (s)
Outcomes	Indicator	Target	Data Source Method/Tool	Frequency of data collection	Responsible Person (s)