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FOREWORD

The Ministry of Health has made another important milestone in its endeavours to improve health services for the people of Tanzania through district capacity strengthening. A series of modules on district health management training with a focus on capacity strengthening for the Council Health Management Teams (CHMTs) have been established and reviewed. This aims to bridge the performance gap among CHMTs in the management of district health service and enhance the decentralisation process. The review of the modules has been done to accommodate new developments in line with the ongoing reforms processes in the health sector and local government Authority.

The management training modules are timely as they are being reviewed at a time the MOH is involved in the process of implementing CHMT management training for district capacity building in response to Health Sector Reforms demands. The modules are tools that will ensure the change process is well moderated by the district teams and that the aim of the reforms is achieved. Moreover, the policy on human Resources for Health stresses that a reformed health sector requires well-trained motivated and managed workforce. The focus is on the district level to:

- Enhance an effective and efficient decentralisation of health services in terms of problems identification, priority setting, planning and decision making process
- Promote team work among CHMT members in the process of delivering quality health care services.
- Enhance programme integration for a rationalised resource use in the district
- Empower the district to make own decisions and priorities
- Promote and strengthen partnership in health as there are other partners or actors who contribute significantly in health issues

I believe that this management course will address our need in the Ministry of Health in four key areas i.e:

- the Health Sector Reforms and District Health Systems,
- promoting Partnership in the District, management of Health Resources, and
- planning and implementation of District Health Services.

This management training is unique in that it is taking place at the district and is work-related as the teams learn within the context of their experiences. Two or more CHMTs do share and exchange experiences to find out what works and what does not work in their respective districts.

This enables the district to reflect on their performance gaps and how to correct existing anomalies or deficiencies through improved and updated management skills from the course. It is my hope that this course will continue to provide an answer to the deficient management skills currently observed among many untrained CHMT members. The expectations of the
• Produce effective and efficient CHMTs that will manage the reformed health sector better for overall improvement of quality health service

• Promote and rationalise better use of scarce resources in the district

• Improve and integrate health care services by avoiding duplicating on of activities using resources in the most cost-effective way

• Promote better use of information in planning (evidence - based planning) and make informed judgements mid decisions

• Promote and address the issue of quality in health care (Quality assurance) in the districts. Performance norms and standards with criteria for judging quality of care will he developed and implemented in every district

The module review process did take into consideration all health sector crosscutting issues that needed harmonisation among all stakeholders and partners.

I have every hope that all partners in health including governments, Non-Governmental Organisations, local and International health institutions and faith based organisations will find this strategy towards district capacity strengthening an interesting and challenging initiative. It requires the support of everybody. We welcome those who may want to support us, in what-ever form, to do so!

Hon Anna AbdalIah (MP)
Minister for Health
June, 2001
ACKNOWLEDGEMENTS

The work of reviewing these modules has been very much a consultative and a joint effort. A number of people, institutions and organisations have tremendously contributed to the developmental process and finally review of the modules. We want to thank them all for their exemplary work to make the initiative a reality.

A special mention would be to Dr. Gilbert Mliga - Director human Resources Development and Training, MOH. Dr. A. 0. Mwakilaga - Head Continuing Education and National Co-ordinator Council Health Management Training (CHMT) and Dr A Hingora – Head Health Sector Programme Support (HSPS) for their tireless efforts towards capacity building at the district level. The participation of Dr. Faustin Njau, Head of HSR secretariat and Dr. Sam Nyaywa HSR Adviser was very much recognised and a tremendous input to the review process. We thank them.

Special tributes need be directed to WHO-AFRO from whose module, our initial modules were adapted to suit the need have not been an easy task and purpose of CHMTs in Tanzania. Starting from scratch would

Moreover, the technical co-operation role of WHO - Dar-es-Salaam and the excellent planning and organisation in close collaboration with MOH, CEDHA Arusha, PHd Iringa is recognised and appreciated. Special thanks are due to representatives from PORALO, GTZ, TEHIP. AMMP, for their active participation in the review exercise.

We are also thankful to the RMO's, DMO's National facilitators and zonal trainers who participated in the review exercise for their input.

We appreciate the financial support towards this review from DANIDA through Health Sector Program Support. We would also like to appreciate the contribution of Dr. W. Mwambazi, WHO Representative Dares Salaam towards the modules development process. In particular we appreciate the personal effort and commitment of Dr. Eileen Petit Districts capacity building initiative. Thank you very much indeed.

Last but not least we would like to single out and mention a few names who played a co-ordination role of this work. These are Dr. Amos O. Mwakilasa as overall national co-ordinator for MOH, Mr. Fredrick E. Macha (MOH), Dr. Eileen Petit Msharia (WHO), Dr. Ben Mboya, Dr. Catherine Jincen, Dr. John Mosha, Mrs. A. Kinemo, Mr. Denis Mazali for final editorial work and Ms. R. Mnonji and Clara Moses for their formidable word processing work.

To all we are grateful.
**ACRONYMS**

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<tr>
<td>AIDS</td>
<td>Acquired Immune-deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante-Natal Clinic</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BOD</td>
<td>Burden of Disease</td>
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<td>CBR</td>
<td>Crude Birth Rate</td>
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<td>CDR</td>
<td>Crude Death Rate</td>
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<td>(EDRA)</td>
<td>Centre for Educational Development in Health Arusha</td>
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<td>CHMT</td>
<td>Council Health Management Team</td>
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<td>CORPs</td>
<td>Community Owned Resource Persons</td>
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<tr>
<td>DAS</td>
<td>District Administrative Secretary</td>
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<td>DED</td>
<td>District Executive Director</td>
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<td>DHB</td>
<td>District Health Board</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>DHP</td>
<td>District Health Plan</td>
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<td>DHPT</td>
<td>District Health Planning Team</td>
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<tr>
<td>DMO</td>
<td>District Medical Officer</td>
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<td>DPLO</td>
<td>District Planning Officer</td>
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<td>EDP</td>
<td>Essential Drugs Programme</td>
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<td>UAMS</td>
<td>Financial Administration Management System</td>
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<td>HCWs</td>
<td>Health Care worker</td>
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<td>HESOMA</td>
<td>Health and Social Management</td>
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<td>HMIS</td>
<td>Health Management Information</td>
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<td>HRH</td>
<td>Human Resources for Health System</td>
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<td>HSR</td>
<td>Health Sector Reforms</td>
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<td>IDM</td>
<td>Institute of Development Management</td>
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<tr>
<td>IEC</td>
<td>Information Education and Counselling</td>
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<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<tr>
<td>KCMC</td>
<td>Kilimanjaro Christian Medical Centre</td>
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<td>MCII</td>
<td>Maternal Child Health</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MTUHA</td>
<td>Mfumo Wa Taarifa za Utekelezaji Wa Huduma za Afya (Health Management Information System - HMIS)</td>
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<td>MUCHS</td>
<td>Muhimbili University College of Health Science</td>
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<td>NDHPGS</td>
<td>National District Health Planning Guidelines</td>
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<td>NGO</td>
<td>Non Governmental Organisation</td>
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<td>PHAST</td>
<td>Participatory Hygiene And Sanitation Transformation</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHCI</td>
<td>Primary Health Care Institute - Iringa</td>
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<td>PHN</td>
<td>Public Health Nurse</td>
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<td>RHMT</td>
<td>Regional Health Management Team</td>
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<td>RMO</td>
<td>Regional Medical Officer</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<td>TEHIP</td>
<td>Tanzania Essential Health Interventions Project</td>
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<tr>
<td>Term</td>
<td>Description</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>IT</td>
<td>Tetanus Toxoid</td>
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<td>L5MR</td>
<td>Under Five Mortality Rate</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WHO - AFRO</td>
<td>World Health Organisation Africa Regional Office</td>
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<tr>
<td>DWE</td>
<td>District Water Engineer</td>
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<td>DALDO</td>
<td>District Agricultural and Livestock Dev. Officer</td>
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<tr>
<td>DE</td>
<td>District Engineer</td>
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<td>PORALG</td>
<td>President’s Office Reg. Admin. And Local Government</td>
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<td>POW</td>
<td>Plan of Work</td>
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<td>SWAP</td>
<td>Sector Wide Approach</td>
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<td>CSD</td>
<td>Civil Service Department</td>
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DEFINITION OF TERMS

Integration of Health Services
The act of joining forces, and resources in provision of health services for improved, optimal and rationalised comprehensive outcomes

Partnership
Means working together in a harmonious and supportive way for a common goal and outcome

Public -Private Partnership
Inter-sectoral collaboration either non-contractual or contractual between two or more organisations.

Equity
A principle of fairness. An equitable distribution of resources and services for example geographical equity, equality of access etc.

Burden of Disease (BOD)
The number of Years of Life Lost (LLY) annually due to deaths from that disease. These diseases which afflict large segments of the population, strike younger age groups and carry high case fatality rates and contribute most significantly to the disease burden.

Essential Health Interventions
A package of health interventions comprising of promotive, preventive, curative and rehabilitative interventions which are likely to have the greatest impact to reduce BOD for every level of care

Health Sector Reform
Sustained process of fundamental change in national policy and institutional arrangements which are evidence base, guided by the government, designed to improve the functioning and performance of the health sector and ultimate health status of the population

Community Participation
Voluntary involvement of the public/community members in activities affecting their health. They actively participate in the process of identifying problems, setting priorities and taking actions

Participatory Rural Appraisal
An approach lending itself to methods of open conversation with communities for knowing each other in detail. It creates dialogue with communities and communities uses “MAPPINC” for to analyse their own situation.
Planning for the planning

The first step of getting prepared before the actual planning process

Planning

A systematic process of mobilising information and organising resources to ensure that resources are used efficiently to achieve set organisations objectives

Objective Health Needs

These are perceptions from the point of view of health professionals, usually determined by epidemiological means

Subjective Health Needs

These are health needs as determined and seen by the community as priority problems not necessarily supported and verified epidemiological

Indicator

A statement which reflects the degree of achievement of an objective. This can be qualitative or quantitative. It shows change in health status. An indicator allows us to measure exactly how far the objectives have been achieved at different time periods

Health Management Information System

A combination of health statistics from various sources, used to derive information about the Health status, health care provision, use of services and impact on health. Health related health planners, managers and other members of the health information required by professions is inclusive

Monitoring

Is the continuous follow-up of the various activities of a planned intervention e.g. a health care programme, to ensure that they are proceeding according to plans or stated objectives.

Evaluation

Is the formal determination of relevance, acceptability effectiveness efficiency and impact of a planned intervention e.g. a health care programme in achieving stated objectives in the light of its structure, process and outcome
Cost-effectiveness

The extent to which a specific intervention procedure, regimen or service when deployed in the field, deployed what it is intended to do for a defined population at a relatively cheaper or reasonable price.

Supervision

Supervision refers to the process of following up implementation of planned activities to ensure maximum achievement or outcomes. The process involves supporting juniors in their work encounters, teaching and facilitating them to cope with work challenges and motivating them towards better performance and achievement of planned objectives.

Health

Health is more than just the absence of disease. World Health Organisation define health as “A complete state of physical, mental and social well-being and not merely the absence of disease or infirmity OR

Health is more than just the absence of pain or discomfort. Good health is a dynamic relationship between the individual, friends, family and the environment within which we live and work.
OVERALL INTRODUCTION TO THE MODULES

There have been considerable achievements in Tanzania as a result of implementation of the Primary health Care (PHC) Strategy. However, health problems and ill health continue to exist despite these tremendous initiatives. For example, inequity in health care delivery is still dominant in many parts of the country. Health systems and programmes are often blamed for inefficiency and ineffectiveness, putting them under pressure to be re-orientated re-organised.

The set-backs have been partly attributed to the continuing economic crisis and lack of resources. However, much still has to do with poor management especially in the organisation of district health systems and the difficulties faced in translating PHC principles and health Sector Reform proposals into practice.

One of the major problems is inherent to the tradition of managing district health systems in a top-down approach, with limited chances for integration, collaboration and participation of the many groups in the society who are responsible for health as part of general development. Related to this is lack of comprehensiveness in the organisation of health services, which is indicated by failure to integrate medical and curative interventions with preventive, health promotion and other development activities.

These problems are associated to a great extent with lack of appropriate knowledge, skills and capacities, among those who are responsible for managing district health systems and programmes. The gap which exists between training of district health managers and what they are called upon to do, poses one of the major issues to be addressed for the achievement of health sector reform objectives as well as goal of health for all.

Bearing in mind this challenge, the Ministry of health has developed a National Strategy to build managerial capacity of the CHMTs through training as part of conforming with the National Health Sector Reforms proposed in the Human Resources for Health five years plan (1996-2001).

District Health Management Training

The need for improved health service management at the district level is emphasised in the National Health Policy (1991), IIRH Policy 1995, National PUC strategy (1992), HRH 5 years plan 1996-2001 and the National Health Sector Reform Proposals of 1994. Improved district health management is aimed to ensure effective and efficient planning co-ordination, implementation of integrated and comprehensive health services in the district.

The Ministry of Health has taken various initiatives towards improving the district health planning and management capacity. The initiatives include training of RHMTs and CHMTs in health management planning geared towards improving skills in management and planning of health services in the district.
Training of CHMTs in health management has been going on for sometime. Different institutions have developed training materials on academic grounds not based on the current thinking of practical and decentralised districts health management requirement.

However, this training has not been consistent. It has addressed itself to different priorities, sometimes addressing to vertical PRC programme needs at the expense of national focused health needs. It is therefore, imperative to standardise training management to enhance in co-ordination by CHMTs in the decentralised district.

Health Management flaming Needs and Strategies

Under the Health Sector Reform strategy, many changes are now occurring in the way health services are organised and financed. The reforms are placed high on the agenda of the government. One of the many inter linked strategies that aim at meeting the challenges of providing health services within the health sector reform agenda is addressing the challenges of human resources development to ensure that well-trained and motivated staff are deployed at the appropriate health service level. This strategy is thus one approach that will focus on quality assurance in the provision of health care services at institutional level.

CHMT's and all other health services providers at the district level are the main focus for the management training. This (hay later he followed by involving Regional Health Management teams, District Health Boards, and heads of health facilities at sub-district level. In this case specific modules will be used.

The institutions which will assume a leading role in this training are PHCI Iringa and the Centre for Educational Development in Health Arusha (CEDHA). Other institutes which are expected to support this programme are the Institute of Public Health - MUCHS, Department of Community Health KCMC, 1DM and private or independent institutions which are recognised by the MOH. The existing Continuing Education Centres/zonal Training Centres, under the Directorate of Human Resources Development and Training will be responsible for the training of the CHMTs within their respective zones.

The course is designed to strengthen managerial skills and capacities of Council Health Managers with the ultimate purpose of having in place CHMTs which are capable to manage District Health Systems and Programmes in a more cost-effective manner in line with National Health Sector Reforms.

Objectives for Developing CHMT Training Modules

The CHMT training modules have been developed to:

1. Strengthen and harmonize the district health management training initiatives in the country, using management training modules developed by the MOH in conformity with PHC strategy and the National Health Sector Reforms
2. Put in place CHMT members with adequate managerial skills and capacities for the implementation of Health Sector Reforms.

3. Sustain the programme of district health management training in Tanzania by promoting the training capacities of the existing zonal training centres. The district health management training modules have been developed to cover four major areas. The units in each module are organised sequentially as summarised below:

**Module 1: Health sector reforms and District Health Systems.**

Unit I Primary Health Care Strategy and Health Sector Reforms  
Unit 2 District Health Structures  
Unit 3 Important concepts of management and leadership  
Unit 4 Team work

**Module 2: Promoting partnership in the District**

Unit I Partnership; why and with whom  
Unit 2 Approaches to partnership  
Unit B Partnership between organisations  
Unit 4 Promoting partnership with the community  
Unit 5 Communication skills

**Module 3: Management of Health Resources**

Unit I Management of human resources  
Unit 2 Management of finances and accounts  
Unit 3 Management of District support systems  
Unit 4 Management drugs  
Unit S Management of time and space  
Unit 6 Management of information

**Module 4: Planning and implementation of District Health Services**

Unit 1 Basic concepts of district health planning  
Unit 2 Preparation for planning  
Unit 3 Steps in the planning process  
Unit 4 Disaster preparedness

The training for all modules is estimated to take at least four weeks. It is advisable to introduce the learners in all the four modules as they form a comprehensive course package for the district health management.
Training will be conducted within the zonal training centres or in other health institutions in the districts. Teaching and learning activities within the districts will enhance effective correlation of theory and practice.
HEALTH SECTOR REFORMS AND DISTRICT HEALTH SYSTEMS

Introduction
This module is intended to assist members of the Council Health Management Team (CHMT) to understand their individual and collective responsibilities. The understanding is expected to facilitate smooth operation of the district as a health management system through learn work, within the context of Health Sector, Local Government and Public Sector Reforms.

Objectives
After completion of this module CHMTs should be able to:

- Explain the vision of the Ministry of Health for the Health Sector National Health Policy and PHC strategy
- Explain the rationale and components of Health Sector Reforms in Tanzania
- Explain the relationships between health sector, Local Government and Public Sector Reforms
- Describe techniques to enhance team work among members of the CHMT
- Establish good working relationship between CHMNTS and other related structures in the district.
UNIT 1: PRIMARY HEALTH CARE STRATEGY AND HEALTH SECTOR REFORMS

Introduction

To understand Health Sector Reforms, CHMT need first to know the vision of MOH for the Health Sector National Health Policy and the PHC strategy. This is crucial because the Health Sector Reforms have been designed to operate in the context of the National Health Policy and PHC strategy. Therefore the present Health Sector Reforms are not supposed to operate in a vacuum or implemented as anew vertical programme.

Objectives

On completion of this unit, CHMTs will be able to:

- Explain the vision of the Ministry of Health for the health sector
- State the overall aim of the National Health Policy
- Explain Primary Health Care strategy
- Describe the Health Sector Reforms, its rationale and strategies in Tanzania.
- Give an overview of the relationship of reforms in the Health Sector Local Government and Public Service

1.1 Vision of Ministry of Health for the Health Sector

The vision of the MoH is to have a health sector that is well structured, organised and efficiently managed to provide quality health services. The essential drugs and medical supplies will be available in all facilities at an affordable cost. A sustainable health financing mechanisms is in place and the health workforce are motivated and productive.

1.2 National Health Policy

The overall aim of the national health policy is to improve health and well being of all Tanzanians. The main objectives to achieve this aim is to ensure that health services are available and accessible to both urban and rural populations, improve the populations and improve people's understanding and capability to prevent ill health.

Strategies to achieve the national health policy include the following:

- improve health %-status of the population to raise life expectancy, reduce population's burden of disease (BoD), improving reproductive and child health
- care, disease prevention and treatment of common diseases.
- Ensure that resources set aside for health services are distributed equitably and used for the intended purposes
• Ensure that a sufficient number of adequately trained personnel at different levels in the health service infrastructure are available

• Facilitate community involvement and participation in disease prevention (communicable and non-communicable diseases)

• Ensure that inter-sectoral collaboration in health on the understanding that health is a multi-sectoral responsibility

• Ensure that individuals, families and communities take more responsibility for their own health.

1.3 The Primary Health Care strategy

While the national health policy has given broad guidelines on the health services delivery system in Tanzania, the PHC strategy has outlined how the policy is to be implemented.

Primary Health Care is, “essential health care” addressing the main health problems in the community providing promotive, preventive, curative and rehabilitative services to individuals and families with full participation.

The government adopted the PHC strategy as the rational and equitable way of improving the health and well being of the whole population.

The contents of this essential health care include:-

• Education on prevailing health problems and methods of prevention/control
• Promotion of household food security and adequate nutrition
• Adequate supply of water and basic sanitation
• Mother and Child Health/ Family Planning
• Immunisation against major immunizable diseases
• Prevention and control of epidemic and locally endemic diseases
• Appropriate treatment of common disorders and injuries
• Provision of essential supply (drugs) and basic equipment
• Provision of mental, oral and eye health care etc.

Since the adoption of PHC in the 1970's as the strategy to address the objectives of the National Health Policy, Tanzania has learnt many lessons. There have been both successes and problems along the way.

Based on these experiences so far, and in order to effectively implement PHC in the 21st Century, there is a need to create an enabling environment to address the additional challenges ahead. These include:-

• Further strengthening of districts to support and provide the necessary health care services to the whole population. Timely, effective and relevant decisions have to be made and implemented at this level
• Ensuring that important decisions affecting local communities (politically, socially and economically) are made at district level within the context of local
  and national priorities for socio-economic development, particularly in support
  of poverty alleviation

• Ensuring the participation of the communities through their elected
  representatives in the district in all major decisions affecting peoples health and development

• Ensuring empowerment and support at individual, family and community level.

• Efforts to further strengthen multi-sectoral collaboration, community involvement and participation in
  planning, implementation and evaluation of health related activities have to be strengthened in the
  district recognising that promotion of good health is not limited to the health sector alone

• Creation of the condition that will enable women to participate in, benefit from and play a leadership
  role in health development

Activity 1

“ Is Primary Health Care a programme or a strategy?” please discuss in groups
and present in plenary

1.4 Health Sector Reforms

Definition Health Sector Reforms

National Health Sector Reforms has been defined as a sustained process of fundamental
change in national policy and institutional arrangements, which are evidence based,
spearheaded by government designed to improve the functioning and performance of the Health
Sector and ultimately the health status of the population
(WHO/SHS/96.1)

Rationale for Health Sector Reforms

The Tanzania government has committed herself through health policy, to provide
its health services to all Tanzanians especially the most disadvantaged, to reduce morbidity and
mortality and to raise rite expectancy.

However, compared to other Sub-Sahara African countries, Tanzanians health indicators are lagging
behind. IMR and MMRs are still unacceptably high. Correspondingly the life expectancy at birth in
Tanzania has also not risen fast enough. This is further corn pounded by the emerging and re-emerging
diseases (e.g. AIDS, TB and Malaria), negatively affecting health and development

Hence, this is an indication that the policies and/or strategies being applied in the health delivery system
arc not effective enough. The challenges facing the health sector are
both economic and managerial. Due to global economic recession, the government funding to the health sector has continued to fail as a proportion to the national budget. For example, between 1977 and 1992 funds allocated to the health sector declined from 7.5% to 4% of Government expenditure.

Another area that required improvement is management of health services. For instance

- The District Medical Officer had dual responsibilities/accountability to the central Government and Local Government authority which have different priorities.
- The Ministry of Health’s role vis-a-vis regions and districts is being redefined, and greater powers will be given to the district.
- The functions of the Regional Medical Officer and RHMT also has been evaluated in the face of greater service provision roles for the districts.
- Poor co-ordination of activities among providers at the district level allows room for duplication of efforts and waste of scarce resources. Services such as transposition procurement, distribution of medical supplies, equipment and training could cost-effectively be integrated.
- Standard and quality control mechanism for public and private medical practice are weak and need to be strengthened and improved.
- Some of the health related laws are either obsolete or no longer adequate, calling for urgent review in the light of the reformed health sector.

Additional challenges to be addressed include:-

- The population growth has outstripped the economic growth, thus the decreased ability of the Government to cater for increased demand for more and better health services.
- Health Sector Reforms are in conformity with other reforms taking place in the country, such as public services and Local Government reforms.

**Characteristics of health Sector Reforms**

Health Sector Reforms have certain general characteristics, which include:

- Fundamental changes in policies e.g change of policy from provision of free health services to the introduction of cost sharing, encouragement private - public mix.
- Fundamental changes in structures e.g establishment of council of boards and health facility committees.
- New institutional arrangements including decentralisation and regional restructuring.
- Instituting improved functioning, efficiency and performance monitoring.
The following Issues of Health Sector Reforms will influence district health Systems. It is important for CHMTs understand them well as they will invariably affect the way they will operate.

- Resource mobilisation, allocation and efficient use (including human resources), cost sharing and cost recovery, options for financing health services e.g. allocation shifts from tertiary to primary health care
- and prioritisation of services (bottom up planning)
- Integration of health services planning, management and delivery
- Community involvement in health services, planning and management
- Inter-sectoral partnerships, strategies and actions to promote total responses
- Improving quality of health services and its responsiveness to community needs
- Review and make relevant health bylaw/legislation

The Objectives of Health Sector Reforms

General Objective

To improve the health and well-being of all Tanzanians especially the needy and poor, and to make health services accessible, sustainable and efficient.

Specific Objectives

- Improve equity in health and health care
- Increase and improve management of health resources
- Improve performance of the health system and quality of care
- Create greater satisfaction of consumers and providers

Strategies

The strategy by Health Sector Reform implementation will be holistic. The Central Government, Local Government, development partners (donors), NGOs, Faith based health service providers, communities, and private practitioners will all be involved. The District leadership is especially expected to play a key role during implementation. The ordinary Tanzanian will be involved and actively participate in the reform process.

All aspects of the Health Sector will be affected by the reforms, from administration and management of the health work, (i.e central, regional and local establishments) to the clinical facilities, promotive, preventive services and the health training institutions. The Health Sector Reforms will be implemented through the following strategies
 Strategy 1.: Concerns itself with the provision of accessible, quality, well-supported cost-effective **district health services** with clear priorities and essential clinical and public health packages which are organised at the decentralised level. This include:-

- Developing powers of leadership to the districts through the district health boards and health facility committees
- Ensuring full community participation in the management of health services,
- i.e. planning, resource mobilisation, implementation and monitoring
- Planning for occupational and environment health problems.
- Making use of past and on-going research findings
- Integrating the services of vertical programmes
- Putting in place emergency preparedness and response mechanisms

 Strategy 2; Provides back-up **secondary and tertiary level referral hospital services** to support primary health care. This include:-

- Developing a quick-response capacity for medical emergencies.

 Strategy 3: Redefines the **role of the central MOH** as a facilitator of health services, providing policy leadership and a normative and standard-setting role. Creating strong communication system to propagate the objectives and scope of the reforms.

 Strategy 4: Addresses the challenges of **human resources development** to ensure well-trained and motivated staff are deployed at the appropriate health service level.

- Ensuring adherence to professional codes of condition and accountability
- Developing professional career channels for health trainers and other professional staff
- Strengthening continuing education training institutions

 Strategy 5: Unsure the required **central support systems** such as personnel accounting, and auditing quality drugs and medical supplies, equipment, physical infrastructure, transportation and communication

- Strengthen health management information system processes.

 Strategy 6: **Ensure health care financing** which is sustainable, involves both public and private funds as well as donor resources, and explores a broader mix of options such as health insurance, community health financing and cost-sharing.

- Improving accountability and financial management
- Working towards granting health training institutions management autonomy and reduce subsidies.

 Strategy 7: Addresses the appropriate **mix of public and private** health care services

 Strategy 8: Restructures the **relationship** between MOH and its partners.
1.5 **Sector Wide Approaches**

In this context of HSR, Sector Wide approaches have been developed and implemented as a method of working between government and partners organised around a negotiated programme of work (POW) for the sector. Sector Wide Approaches are advocated to achieve co-ordination of the donor efforts and strengthen partnership in sustainable health development.

In the implementation of Health Sector Reforms there has to be a prior agreement between the government and partners to apply SWAP- principals. The two parties have to come up with a comprehensive “Sector plan” which has been agreed upon priorities, indicators and resources.

This approach is in response to problems associated with donor support in the past. which was through a fragmented and uncoordinated District level the application or SWAP principles is projects and programmes. At the through the following:-

- joint development of a comprehensive district health plan involving all stakeholders (Community health providers both public and private, NGOs, local government authorities),

- the plan should indicate all required and committed recourses of all stakeholders (Government and others) and it should indicate all output required to measure implementation progress in the district based on national minimum standards.

- use of commonly agreed financial disbursement and technical reporting systems for both government and donor funds

1.6 **Relationship of IISR with public service and LGRs**

Health Sector Reform is part of the overall reforms being carried out by the government with the view to providing equitable and quality services to its citizen, success depends very much on the relationship and collaboration with other reforms going on in the Public Service Sector (under the Civil Service Department CSD) and Local Government Authorities under President Office Regional Administration and Local Government (PORALCA).

1.6 **Public Services Reforms - (under CSD)**

Central to all the reforms being effected by the government is the Public Service Reform, which aim at restructuring the Government Machinery. The aim of these reforms is to reduce the role of the government in implementation while re-enforcing its functions in; policy making, co-ordination, regulation and creation of enabling environment for development. Thus accomplishment of the Public Service Reforms entails major changes in the public Sector at central, regional and district levels as well as private sector.
More specifically it entails a shift of functions, responsibilities and resources from the central ministries and regional level to the Local Government authorities. The demand necessitated the CSD which is co-ordinating the Public Service reform the Ministries to be given the role of overseeing supervising and approving various reforms in Department and Agencies through a Steering Committee under Chief Secretary the who is the Head of the Public Services.

**Local Government Reforms (under PORALG)**

This denotes devolution of powers and establishment of a holistic local government system, to achieve a more democratic and autonomous institution The aim being to improve service delivery under conditions of available resources - which can be achieved through Good Governance and Re- structuring Local Council Administration

In this regard the department of the Regional Administration and Local Government under the Present’s Office has been vested with the responsibilities of improving and strengthening the capacity of the regional level to co-ordinate, support and ensure effective implementation of the reforms in the districts.

Given the fact that 3)1 reforms are taking place in local government setting it is essential for the PORALG to support and facilitate the implementation of local authority reforms in close collaboration with all private and public sectors, involved in development and delivery of social services in the councils.

In this relationship, the MOH is responsible for strengthening its capacity to take up its new role in the reforms process (advisory and regulatory role) It will also ensure that through consultation with RALO local authorities are persuaded to establish council Health Service Boards and Health Facility Governing Committee under rules and regulations set by the Government.

**Roles of Central Government**

- Facilitation of the local government authorities in their responsibility to provide services
- Development and management of the national policy and regulatory framework
- Monitoring and accountability of the local government authorities
- Financial and performance audit.
- Provision of adequate resources (human and financial) to enable the local government authorities to deliver services
- MOH and PORALG services are jointly responsible for delivery of public health services
- MOH manages referral and special sod hospital and health training institutions
- PORALO manages district and regional health services
- MOH responsible for health policy development, management of health
- SWAps, setting health norms and standards to be attained by all health providers

**Activity 2**

How do you think district will benefit from the ongoing reforms?
UNIT 2: DISTRICT HEALTH SYSTEMS

Introduction

At this stage CHMTs have now realised the crucial need for the team to operate as a cohesive and functional unit. They have also understood and appreciated the rationale behind the Tanzania health sector reforms, objectives and strategies set out.

Before describing the district health system it is important to understand the organisational pyramid of the Tanzanian health services structure of which the district is a component. This will assist CHMTs to understand the context in which the district health structure operates as part of a more complex national health system.

Objectives

On completion of this unit, CHMTs will be able to

- Explain the organisational pyramid of the Tanzanian health services structure
- Describe the following:
  - district
  - district health system
  - local government authority (councils)
  - council health services hoard and its functions council health management team and its functions council hospital management team and its functions
  - health facility (hosp, health centre, dispensary government committees and
  - their functions
  - community health committees
  - other related structures. e.g. regional administration secretariat, regional health management team and their functions

- Carry functions as members of the CHMT

Figure 1: Organisational Pyramid of the Tanzanian Health Services Structure

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<table>
<thead>
<tr>
<th>ADMINISTRATIVE LEVEL</th>
<th>SERVICE STRUCTURE</th>
<th>PERSONAL IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>National level</td>
<td>Ministry of Health</td>
<td>Permanent Secretary</td>
</tr>
<tr>
<td>(Zonal level)</td>
<td>Specialised/ University Hospitals</td>
<td>Medical Superident Director</td>
</tr>
<tr>
<td>Regional level</td>
<td>Regional Health Services</td>
<td>Regional Medical Officer</td>
</tr>
<tr>
<td>District level</td>
<td>Council Services</td>
<td>District Medical Officers</td>
</tr>
<tr>
<td>Divisional level</td>
<td>Health Centres</td>
<td>AMO in-charge</td>
</tr>
<tr>
<td>Ward level</td>
<td>Dispensary</td>
<td>Clinical Officers</td>
</tr>
<tr>
<td>Village level</td>
<td>Village Health Posts</td>
<td>Village Health Workers</td>
</tr>
<tr>
<td>Household level</td>
<td>Family</td>
<td>Mother/ Father</td>
</tr>
</tbody>
</table>
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The Community
2.1 District

A district is all administrative area with clearly defined boundaries and population. A district in Tanzania has an average population between 100,000 and 500,000. However, districts vary in size, physical features and climate. As at 2000, there were 109 districts which fall under 20 administrative regions in Tanzania mainland. There are 114 LGA (councils) in the country indicating that there may be more than one council in one district.

A rural council is sub divided into divisions, wards villages and hamlets (Kitongoji) while an urban council is sub-divided into divisions wards and "mitaa". A village/"mitaa" has a population ranging from 2,000 – 5,000.

2.2 District Health System

A District Health System consists of a large variety of inter-related elements which interact to influence the health status of the population in the district. The key elements are the population, resources, health care delivery and other health related sectors and the output being health.

Components of a district health system

The following are some of the component of a district health system:

- Hospital(s)
- Health centres
- Dispensaries
- Health posts
- Communities and households
- Private health sector/NGO/Faith based health services
- Other social and economic sectors
- The environment in which all these components operate.

District Health System Support Services

To function efficiently a district health system needs the support of the following:

- logistics
- Financial Administration Management System (FAMS)
- Functioning health Management Information System (HMIS)
- Functioning referral system
- Availability of drugs and supplies

Members of the CHMT will be working in the district office responsibilities of managing the district health system. This office will with authority and be headed by the District Medical Officer with public health and managerial skills, to enable him/her to effectively manage promotive, preventive, curative and rehabilitative health care services in the district.
2.3 City, Municipal, Town, District Council

These are policy bodies consisting of elected members of the public (councillors) who serve for a fixed term of office. The elected councillors elect from among themselves their chairperson who leads the council.

The council has standing committees, which deal with specific areas of the operations. The council has an executive arm which is headed by the council Director an appointee of the Central Governments He/she is responsible to the council and sees that decisions of the council are implemented.

Functions of the Council include:

- Approval of all district annual plans and budget
- Approval of quarterly progress reports and revisions to plans and budgets Approval of all initiatives for local resource generation
- Ensuring internal and external audits of all assets, equipment, financial and human resources in the district
- Attend to appeals, petitions, complaints etc. from the public and those that may be relevant to its operations from staff
- Ensuring inter-sectoral co-operation in the district with relevant government departments, NGOs and the private sector
- Enacting appropriate by-laws and instruments
- Human resources management

2.4 Council Health Services Board (CHSB)

This is a policy body consisting of elected and appointed members drawn from the public and the health sector in the district. They serve for a fixed term as will be stipulated by the law.

The Council Health Services Boards prime responsibility is to ensure that the CHMT facilitates provision of quality cost effective and sustainable health services taking into account equity concerns- The board will be autonomous. However, it will report to the social service standing committee of the council. The Council health Management Team will have to report to this board. The CHMT will be supported by the Regional Health Management Team on technical issues.

Composition

The following is the composition of the CHSB

Elected members
(i) service users representative (half of them are women) - 4
- chairperson of the health and social services committee - 1
- representative from private for profit - 1
- representative from Private not for profit - 1
(ii) Secretariat (Non-elected members)

- DMO - 1
- representative from council hospital - 1
- DPLO - 1
- representative from RHMT - 1

**Functions of the CHSB.**

The CHSB will carry out the following functions

- Give directives and ensure equal opportunities in the provision of health services in the district
- Monitor the provision of quality curative, preventive, promotive and rehabilitative health services to the district
- Create a conducive environment which will make sure that health plans set are timely implemented
- Ensure that the CHMT provides timely health services to the people
- Make sure that the communities are sensitised on their health rights and responsibilities and build confidence in the system and the providers
- Supervise the Council Health Management Team on issues related to the organisation and provision of health services both public and private implementation of national policies and financial management Systems
- Supervise the CHMT in preparing council health plan ready for approval by the council
- Monitor implementation of the health plans
- Evaluate health services and provide feedback to CHMT and council
- Identify aid mobilise additional funding for the implementation of the district health plans
- Receive and approve all reports from the CHMT for submission to the council and feedback to the Ministry of Health
- Co-ordinate efforts of government private and non-governmental organisation involved in the provision of health and health related services within the council
- Manage, administer district human and other health resources including hiring and firing of personnel
Council Health Management Team

The CHMT responsible for implementation of the national health policy at the same time take into account local council priorities, needs and available resources. CHMT will also supervise all hospitals health centres, dispensaries and other facilities offering health and health related services both public and private. The CHMT will be answerable to the Council Health Service Board, and have a link with the MOH through the RHMT on technical issues, and zonal health training centres on capacity building issues.

The CHMT shall comprise of the following core members:

- District Medical Officer
- District Nursing Officer
- District Health Officer
- District Health Secretary
- District Pharmacist
- District Lab. technologist
- District Dental Surgeon

Note: Particular persons may be co-opted when required during discussions/implementation of specific issue/activities.

Examples
- District Maternal Child Health Co-ordinator
- Health and Health related representative NGO
- Private for profit health service provider - representative etc.

Main functions of the CHMT

- To prepare comprehensive district health plan in line with the National District Health Planning Guidelines
- To ensure that the comprehensive district health plan is implemented by them, the hospitals health centres, dispensaries, village health posts and communities
- Ensure provision of transport, drugs, vaccines, medical supplies and equipment to the hospitals, health centres and dispensaries
- Train and sensitise health workers and communities to overcome the health problems
- Carry out on job training
- Prepare schedules for outreach and conduct services
- Explore additional sources of funding, improve collection and control council health funds
- Oversee that health acts and ethical codes are adhered to in the district
- Do professional work in the hospital as part time
- Carry out supervisory visits in the health facilities
**District Health Planning Team**

This team will be responsible to prepare a Comprehensive District Health plan for the District

**Composition**

DPLO - Chairperson  
DMO - Secretary  
CHMT members  
Representative of the private for profit sector  
Representative of NGO  
Representative of Faith Based service Providers (Religious Organisations)  
Representative from Community Development department.  
The regional secretariat will provide planning technical support

**2.6 Hospital Management Team**

The hospital management team will comprise of the following members.

- Medical Officer in-charge  
- Health Secretary in-charge  
- Heads of Department/section

**Functions of the hospital management team:**

- Ensure provision of quality medical/health services in the hospital in line with essential health packages  
- Prepare (comprehensive) hospital annual plans and budget based on HMIS data analysis, and submit to relevant authorities  
- Control and rational use of resources (funds, drugs, reagents and other supplies)  
- Conduct comprehensive need assessment in terms of personnel, finance, equipment and supplies  
- Procure, store, maintain drugs, supplies and equipment in the hospitals  
- Conduct meetings according to their schedules  
- Resolve conflicts among hospital workers  
- Compile quarterly/annual progress and financial reports, and submit to relevant authorities  
- Assist CHMT in the control of outbreaks and emergencies  
- Ensure adherence of professional ethical codes of conduct by all health workers in the hospitals.  
- Support and strengthen council referral system and give feedback to lower health facilities on referred cases.
2.7 Health Centre and Dispensary Committee

Composition of the Health Centre Committee
(i) Elected members
- service user representative I elected from each ward 3
- representative from dispensary committees (rotational) 1
- representative from NCO 1
- private for profit 1
- private for non-profit 1

(ii) Non elected members
- representative from ward social services committee 1
- in-charge of Health Centre 1

Functions of Health Centre Committee

• Receive, analyse and endorses plans and budget of health centre

• Receive quarterly and annual implementation and financial reports prepared by health centre management team

• Explore various sources of revenue and ensure sufficient resources for provision of health services in the centre

• Liase with the council health service board and other partners iii the provision of quality health care services

• Advise and recommend the council on employment, deployment, training needs aid staff motivation

• Support the H/C management team on the day to day operations

28 Ward health committee

• The councillor of the respective ward
• The ward executive officer
• One head teacher from a primary school located in the ward who shall be appointed by the Ward Development Committee
• Two members from the community elected by the community of which one of whom shall be a female
• A clinical officer or clinical assistant in-charge of a health care facility, who shall be the secretary to the committee
• One member appointed by the Ward Development Committee from amongst persons proposed by the village councils within the area of that Ward
• One representative from a community based organisation appointed by the Ward Development Committee
Function of Ward Health Committee

- Mobilise the community to be members of the fund
- Prepare the list of members and monitor the number of members in the community
- Supervise the collectors on annual contributions
- Monitor the level of contributions and use-fee revenue
- Review fund’s operation, make recommendations and take remedial actions.
- Initiate and co-ordinate community health plans
- Organise general meetings and any other meetings of members of the fund

2.9 Village Health Committee

The committee will comprise members of the community which use the services of the health facility (Health centre or dispensary).

Composition

- Village executive officer
- Village health workers
- Representative from extension workers
- Religious representative
- TEA representative
- Traditional healers representative
- Women group representative

Functions of the committee will be as follows:

- Identify community needs and integrate them in the health facility action plan
- To act as a link between community and nearby health facility serving the village
- Initiate and participate actively in health related activities at household and community level
- Develop mechanisms for sustainability of community based health care workers and other Community Owned Resource Persons (CORPs)
- Initiate and strengthen all local development initiatives with government NGO and private sectors
- Collect vital health community based data
- Mobilise and account for local health resources

2.10 Other related structures

Regional Secretariat

The Regional Administration Secretariat constitutes sectoral experts clustered into sectoral support units. This structural arrangement aims at enhancing the institutional capacities as well as enabling effective service delivery in the local authorities.

On the basis of the above and the proposed functions it is expected that the Regional Administration Secretariat should have six units, which deal with:
• Staff functions
• Management support services
• Economic development support services
• Physical planning and engineering support services
• Social sector support services
• Common cadre and operational staff

It should be noted that the actual size and composition of the Regional Secretariat will depend on regional peculiarity, situation and environment.

Regional Health Management Team

Under the restructuring of Regional Administration - the Regional Health Management Team will be responsible and accountable to the Regional Administrative Secretary and will be under the unit called Social Sector Support Services.

The Regional Health Management Team will be responsible for interpretation of national health policies, acts, regulations procedures, directives and circulars including co-ordination, supervision, monitoring and evaluation of Regional Health Services. It will also oversee that the health activities that are under curative, preventive, promotive and rehabilitative health services cover all the Primary Health Care elements.

Specific functions of the RHMT

• Interpretation of health policies, acts, regulations, directives and procedures of carrying out health services in the region
• Co-ordinate and support Council Health Management Teams technically
• Form a technical link between the MOH, donors and districts in all matters of health services delivery
• Co-ordinate and assist the district to identify the training capacity in order to meet the training needs of health workers in the region
• Co-ordinate the implementation mechanism for monitoring and evaluation of health workers performance
• Supervision of the regional hospital.
• Assist the district in the control of epidemic diseases and establish a focus for emergency activities in the region
• Supervise, enforce and monitor ethical codes of conduct for health practice in the region
• Carry out regular supportive to each district
• Arrange and carry out routine and on 1ob training. in the region
• Evaluation of the outcome of training done in the region
• Facilitate availability of health resources at each level of service provision (health personnel, material supplies, reagents and equipment etc) according to the minimum national set standards/Guidelines
• Co-ordinate and assist the CHMT in the identification of areas of research and use of findings to improve health services

• Ensure every hospital and administrative level in the region has an emergency and disaster management and response contingency plan according to available resource and capability

• Assist the Regional Hospital & CHMTs in developing and implementing the health plans

• Update and inform the Regional Secretariat on the provision of health services and health situation in the region

• Prepare annual regional health report to be submitted to stakeholders Follow up CHMTs to prepare and submit acceptable financial and technical quarterly reports

• Inspection and regulation of public and private health provision.

Activity 3

What challenges and opportunities do CHMTs foresee in their working relationship with council health services boards and health facility governing committees? Discuss in groups.
UNIT 3: IMPORTANT CONCEPTS OF MANAGEMENT AND LEADERSHIP

Introduction

The overall objective of HSRs is improved functioning and performance of the health sector and ultimately the health status of the population. However for best outcomes and impact, resources need to be efficiently managed. These managerial /leadership skills (unit 3 and 4) are in line with the overall HSR objective and address managerial gap as stipulated foreword. For this reason, it is important to understand what is meant by management.

Objectives

On completion of this unit CHMT will be able to:

• Define the term management

• Explain management functions

• Describe who is a manager/leader

• Explain elements of effective leadership

3.1 What is management?

Management is a process of organised require series of activities or sub-processes which require utilisation of various resources, both human and materials to meet a desired organisational goal. It is a discipline which incorporates not only experts and technologies but with its culture and traditions. Management takes into consideration the consumers' demands (clients needs) and the political and economical situations.

Management is a process which exists to get results by making the best use of human, financial and material resource available to the organisation and individual managers. It is concerned with adding value to these resources, and this added value depends on the expertise and commitment of people who are responsible for managing the business.

32 What are the management functions?

The managerial functions include the following:

**Planning**

Working in broad outline the things that need to be done and the methods for doing them to accomplish the purpose set for the organisation.

**Organising**

Establishing the formal structure of an organisation through which work subdivisions are arranged, defined and co-ordinated for the whole organisation.
Staffing The personnel function of bringing in, training staff and maintaining favourable conditions of work

Directing The continuous task of making decisions embodying them in specific general orders, instructions and serving as the leader of their organization

Co-ordinating The important duty of interrelating the various pads of work

Reporting Keeping those to whom the management is responsible informed as to what is going on through records, research and inspection Budgeting, financial planning, accounting and control Supervision, monitoring and evaluation

3.3 Who is a Manager?
A manager is a person who can organise people to work harmoniously together make use of resources to achieve laid down objectives

Who is a leader?
A leader is an individual who guides others to achieve set objectives

Manager as a Leader
As managers, CHMTs will he required to assume leadership roles. Therefore, it is important to introduce to you, the elements of effective leadership

3.4 The elements of effective leadership
Strong arid effective leadership creates high involvement and shared commitment that stimulates people to overcome obstacles to achieve maximum results. An effective leader will make use of the following elements:

Take initiatives - efforts to start something that was not going on before, to stop something that was occurring, or shift the direction

Inquiry - permits a leader to gain access to facts and data from people or other information sources. The quality of information may depend on a leader’s thoroughness, keenness and commitment.

Advocacy means to take position in support of a cause eg creating awareness on cost sharing. A leader must have convincing abilities and be prepared to take a stand

Conflict a leader who confers conflict with others and resolve it to their mutual resolution understanding creates respect. Failure to do so leads to disrespect, hostility and antagonism
**Decision**

process of choosing/selecting between two or more causes making of action. It may involve choosing an intervention or how best available resources can be effectively used.

**Critique**

use of different ways to study and solve operational problems that members face, either singly or collectively as they carry out the assignments. It requires a continuous process of learning at work for future improvements. Through learning from experience, critique and feedback provide the basis for working more effectively with and through people.

**Transparency**

openness/avoiding doubt through effective communication and information.

**Activity 4**

Mention three major roles of a leader.
UNIT 4: TEAM WORK

Introduction

The success of health care activities in the district depends to a large extent on members of the CHMT working as an effective team

Objectives

On completion of this unit CHMT members will be able to:

- Describe their understanding of a team
- Describe a Council health Management Team (CHMT)
- Describe elements of effective team work

What is a team?

A team can be defined as a group of people working together to achieve the same goal

What is a Council Health Management team?

A group of health workers with different professional disciplines working together to provide health care services to individuals and families in communities within the council. The team therefore, works together to oversee the implementation of health care activities toward achieving better health of the people within the area of jurisdiction of the council.

4.1 Features of effective working teams

In order to work as an effective team, individual members, together with other members of the CHMT, should have the following features:

- A clear purpose and a common goal
- Have a clear idea of ones own job and how it relates to other team members' job
- Understand the work and duties of other members particularly where there is an overlap in functions, for example, a nurse and a clinical officer may do similar work from time to time
- Be flexible among yourselves so that the work of your team does not collapse when one member is absent or left the job
- A good deal of learning and training should goon within four team. Your team leader should encourage and stimulate this process
- Ensure stability and continuity of individual members' functions by avoiding frequent changes of members otherwise teamwork will not be sustained.
- To build up an sufficient team sufficient resources are needed to carry out team’s functions. The team also needs to develop working methods and procedures which are well understood and practised by each team member and ensure efficient use of the resources available to your district
• Develop good working relationships within the team

• It is important that the team develops ways of measuring and recognising team's function, achievements and failures

• In order to be effective as a team members must develop a strong sense of cohesiveness and loyalty, which will enable the team to work cohesively and tackle new problems successfully

The chairperson of the CHMT has a key role to play in overcoming the dangers of groups working in isolation by explaining and interpreting parts of the functions of the Council Health Management Team to other health workers at different levels.

**Activity 5**

i) Describe three more features that could further consolidate your team.

ii) Mention three thing that could easily disintegrate your team.
References


6. Proposals for Health Sector Reforms. MOH, 1994


8. District health management team training modules Module WHO Regional Officer for Africa.


11. “Mambo Muhimu ya Mabadiliko katika Sekta ya Afya”

12. Roles and Functions of RHMT (MOH draft document)

13. Health Sector Reforms - Programme of Work 1999 -2002