TRAINING CURRICULUM IN
LEADERSHIP, MANAGEMENT & GOVERNANCE

FOR HEALTH SYSTEMS STRENGTHENING IN AFRICA

JICA

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Table of Contents

Preface

Health systems in Africa have major challenges that need to be addressed in order to respond to the existing and emerging health needs and demands of the population at the individual and community levels. The causes and the factors associated to the current state of affairs are known. Some of them include; poor and inappropriate leadership, weak management practices and governance structures. This is clearly demonstrated by the piecemeal rather than holistic approaches to health systems strengthening. This shortcoming is recognized by the African Union (AU) and addressed in the (AU) Health Strategy (2007) and indeed by the Ministries of Health across Africa. The Africa Health Leadership and Management (AHLMN) was founded to advance the agenda of Health Systems Strengthening (HSS) through training in Leadership, Management and Governance (LMG) for health practitioners, managers, leaders and governors.

There is no shortage of initiatives to improve Health Systems in Africa. The initiatives however are fragmented and more often than not of dubious quality. As a corrective measure, a standardized training curriculum in LMG was developed and implemented by Amref Health Africa and the Kenya Ministry of Health, under the auspices of AHLMN and with the financial support of the Japan International Cooperation Agency (JICA).

The curriculum was developed as a regional course for practicing senior managers, newly re-designated and aspiring managers in the health sector. The goal was to effectively build competencies of the participants in health leadership, management and governance to enable them to apply the gained skill, knowledge and attitudes to improve the functioning and outcomes of their respective health systems. The curriculum was organized into ten modules which were benchmarked by the six building blocks of a health system.

During the 5 year project life of PHSSA Phase I, over 1000 health managers and leaders were trained. The beneficiaries were drawn from the AHLMN member countries and institutions within the Francophone, Anglophone and Lusophone linguistic regions of Africa.

Pre-test and post-test assessment of the beneficiaries demonstrated a general increase in knowledge. The course evaluations indicated a high level of relevance and participant satisfaction. It was however reported that there was need to review certain aspects of the curriculum and the teaching learning materials. It was further recommended that the course be offered through eLearning, in addition to and combination with the ongoing face to face, to ensure a wider coverage. Two critical decisions were made as follows: to review the curriculum and its content and to convert the training materials thus reviewed into the distance learning (eLearning) mode. Currently the curriculum is being implemented in both face to face and e-learning.

The approach used in developing the initial curriculum and training materials was adopted. It entailed: Use of participatory approaches and subject matter experts (SMEs) in health leadership and management, curriculum development and distance learning methodologies; identification of the target audience for the course; agreement on the course design, duration and methods of delivery; translation of the course content and all curricular materials from English to French and Portuguese; and provision of post-course continuous learning, through the action plans and/or field projects.

Finally, it is anticipated that this content can easily be incorporated into pre service training curricula of

doctors, nurses and other midlevel and low level health care providers and in-service training for Continuous Professional Development (CPD) and professional growth. It is our belief that if every health worker, regardless of their level of raining, was equipped with a repertoire of competencies in Leadership, Management and Governance, health systems in Africa would become more responsive and the delivery of care would be effective and efficient

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Acknowledgement

MODULE AND UNITS

Module 1: Overview and context of a Health System

      Unit 1:   Sustainable Development Goals

      Unit 2:   Context of a Health System

      Unit 3:   Components of a Health System

      Unit 4:   Holistic Thinking in Health Systems Strengthening

      Unit 5:   Characteristics of a Functional Health System

      Unit 6:   Challenges faced by health systems in Africa

      Unit 7:   Best practices from different settings

Module 2: Governance and Ethics in Health

      Unit 1:   Overview of Governance Concept

      Unit 2:   Professional Ethics, Morals, rules and Standards in Health

      Unit 3:   Principles and Characteristics and Practices of Good Governance

      Unit 4:   Governance Structures and Functions in Health

      Unit 5:   Health Laws Agreements and Regulations on Governance

Module 3: Leadership in Health

      Unit 1:   Concepts, Styles and Practice of Leadership

      Unit 2:   Characteristics of Effective Leadership

      Unit 3:   Change Management

      Unit 4:   Practicing Effective Leadership in Health

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Module 4: Management in Health

      Unit 1:   Concepts and Principles of Management

      Unit 2:   Functions and Roles of a Manager

      Unit 3:   Strategic Planning

      Unit 4:   Operations Management

      Unit 5:   Management of Effective Teams

      Unit 6:   Risk Management in Health

Module 5: Human Resources for Health

      Unit 1:   Context and evolution of human resources for health

      Unit 2:   Human Resource for Health Statutes and Policies

      Unit 3:   Human Resources for Health Planning

      Unit 4:   Functions of HRH Management

      Unit 5:   Human Resources for Health Training and development

      Unit 6:   Human Resources for Health Monitoring and Evaluation

Module 6: Health Management Information Systems (HMIS)

      Unit 1:   Overview of HMIS

      Unit 2:   Roles and Functions of HMIS in HSS

      Unit 3:   Elements and Components of HMIS

      Unit 4:   Design and Structure of HMIS

      Unit 5:   Role of ICT in HMIS

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Module 7: Health Financing and Financial Management

      Unit 1:   Concepts of Health Financing and Financial Management

      Unit 2:   Health Financing Policy Framework and Mechanisms

      Unit 3:   Financial Management

      Unit 4:   Expenditure Tracking and Reporting

Module 8 : Service Delivery

      Unit 1:   Principles and Concepts of Health Service Delivery

      Unit 2:   Essential Elements to Improve the Service Delivery

      Unit 3:   Effective Referral Health System

      Unit 4:   Quality Accreditation

Module 9: Procurement and Supply Chain Management

      Unit 1:   Procurement Laws, Regulations and Policies

      Unit 2:   Procurement and Disposal Process

      Unit 3:   Supply Chain Management

      Unit 4:   Inventory Management

      Unit 5:   Supply chain Management Relationships

Module 10: Monitoring and Evaluation

      Unit 1:   Overview and Context of Monitoring and Evaluation for HS

      Unit 2:   Linking M&E Frameworks to health Strategic and Operational Plans

      Unit 3:   Measuring Outcomes and Impacts of Health Projects & Programmes

      Unit 4:   Translating M&E Knowledge to Influence health Policy and Practice

ACRONYMS AND ABBREVIATIONS

AHLMN	Africa Health Leadership and Management Network
AOP	Annual Operation Plan
AU	African Union
C/VHC	Community or Village Health Committee
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DSS	Demographic Surveillance Sites
FEFO	First to Expire, First Out
FGD	Focus Group Discussion
FIFO	First In First Out
FIS	Financial Information Systems
GEH	Government Expenditure on Health
GRNs	Goods received Notes
HAF	Health Action Framework
HALE	Health Adjusted Life Expectancy
HFC	Health Facility committees
HMIS	Health Management Information System
HMOs	Health Maintenance Organisations
HMT	Health Management Teams
HRH	Human Resources for Health
HRHD	Human Resources for Health Development
HRIS	Human Resource Information System
HSR	Health Systems Strengthening
ICT	Information Communication Technology
ILO	International Labour Organisation
LMG	Leadership, Management and Governance
LMIS	Logistics Management Information System
LMS	Learning Management Systems
LPOs	Local Purchase Orders
LSOs	Local Service Orders
MDG	Millennium Development Goals
MDGs	Millennium Development Goals
MTEF	Mid-term Expenditure Framework
NGO	Non-Government Organisation
NHA	National Health Accounts
NMRAs	National Medicines Regulatory Authorities
NQCL	National Quality Control Laboratories

OECD   Organisation of European Community Development

PAICPD   Programme of Action of the International Conference on Population and Development

PHSSA   Partnership for Health Systems Strengthening in Africa

PPOA   Public Procurement Oversight Authority

RECs   Regional Economic Communities

SDGs   Sustainable Development Goals

T/PNA   Training /Performance Needs Assessment

TEHIP   Tanzania Essential Health Interventions Project

THE   Total Health Expenditure

TOR   Terms of Reference

UNDP   United Nation Development Programme

VIE   Vacuum Insulated Evaporator

WAHO   West African Health Organisation

WHO   World Health Organisation

WISN   Workload Indicators of Staffing Needs

INTRODUCTION

Effective leadership, governance and management of Health systems are critical for the effective and efficient delivery of quality health services. Poor leadership and governance are a major impediment to provision of care and the attainment of national, regional and global health goals. Indeed the achievement of Sustainable Development Goals (SDGs), the AU Health Strategy and country specific Health Strategies, in the case of Africa, will remain elusive as long the perennial challenges of poor management of resources, financial and human remain, at the back banner of health systems strengthening. These challenges need to be adequately addressed by health managers and other health care providers at all levels. Unfortunately, those vested with the responsibilities lack the requisite competencies to deal with these challenges. They are simply not adequately trained in leadership, management and governance (LMG).

In an attempt to close this gap, many countries in Africa have developed and implemented a wide variety of training programmes in LMG. The training however are not standardized and it has now become increasingly clear that, the programmes need to be integrated and harmonized in order to have greater impact in health system strengthening. The Partnership for Health Systems Strengthening in Africa (PHSSA), through the Africa Leadership and Management Network (AHLMN), has gained valuable lessons by implementing such a course from 2012-2016. The course evaluations by stakeholders from the public, private and NGO health sectors in Anglophone, Francophone and Lusophone linguistic regions of Africa indicate that the course has been relevant and appropriate in developing the capacity of senior health managers in LMG. In reaching out to more health workers the program is leveraging on ICT. The LMG programme has been converted into e-Learning hosted on the Learning Management System (LMS) and can be accessed on both computer, tablets and Mobile phones. The revised curriculum will continue to focus on development of capacity of health managers at the various levels of the health system. The training will equip the managers with competencies in leadership, governance and management to enable them to strengthen health systems at all levels. Besides, it is expected that a critical mass of health leaders, managers, governors and policy makers and practitioners will be availed to the health systems across Africa and will transform the health systems for improved health outcomes for ALL.

1.1   Purpose of the course

The purpose of the course is to enable the health managers to acquire in-depth knowledge, develop skills and enhance their competencies in leadership, governance and management practices of health systems at different levels. The course is intended to develop health managers who will provide leadership in health management practices including overview and context of a health system, governance in health, leadership, management for health, human resource for health, health management information, health finance, supply chain management, service delivery and monitoring and evaluation in order to enable them implement programmes to strengthen health systems in Africa.

1.2   Required Competencies of the Participants

The course is designed to enable the participants to acquire theoretical knowledge on the ten modules and also to develop essential competencies/skills that are critical for effective management of health systems at different level. In this regard, at the end of the course the participants will be expected to;

- Analyse critical factors of a functioning health system in their own countries.
- Appraise challenges and emerging issues that need to be addressed in order to improve effective management of health systems at different levels
- Analyse factors that contribute to good governance of a health system.
- Analyse approaches for effective leadership of a health system
- Apply various strategic management principles and approaches for effective management of a health system
- Mobilise and advocate for resources for health issues at different health systems.
- Develop and implement relevant health policies at various health levels.
- Coordinate relevant stakeholders in the health sector within existing regulations of the country.
- Make timely and responsive decisions based on relevant health information system.
- Plan, prioritise and budget for health needs and resources within the national policies.
- Analyse the characteristics of a health service delivery system and make appropriate decisions.
- Disseminate monitoring and evaluation reports of a health system to key stakeholders for continuous improvement.

1.3   Target group

The course is designed for middle-level health managers, and practitioners at National, Regional, County, District and facility health systems in public, private and non-governmental institutions.

Admission criteria

In-service: Participants who are already practicing in the health sector: - Doctors, Nurses/Midwives, Laboratory technicians, Clinical officers, Medical Assistants/ Interns, Pharmacists, Pharmaceutical technologists, Health Records and Information Officers, Public Health Officers, and other Leaders and Managers of health facilities

Pre-service: Participants undertaking health related courses i.e. students undertaking Medical/ Clinical, Pharmaceutical, Nursing/Midwifery, Laboratory Sciences, Information Sciences and other allied health professions

1.4   Course Duration

The course is designed to be implemented in two weeks (10 days) using face to face mode of delivery or one to three months using Distance Learning/ E-Learning mode. However, since the curriculum is in modular and unit design, it can be organized in a flexible implementation approach based on specific modules.

oParticipants shall be awarded a certificate accredited by a recognised training institution in country of implementation partnering with Amref Health Africa in implementing the program upon successful completion of the course. A certificate of participation will be awarded for programmes that borrow a few modules from the tem stipulated.

1.6   Curriculum Organization

The curriculum is organized into ten modules and each module has units. For each module there are expected learning outcomes which are presented in a logical sequential order to facilitate acquisition of knowledge and development of competencies of the participants. The units of the module are derived from the expected learning outcome. Therefore, the contents for each of the units is related to the module learning outcome. In order to enhance teaching and learning, the learning methods and time allocation for each of the units is provided as a guide. Further, the instructional material, core references and recommended reading material for each module is provided.

1.7   Implementation

The ten (10) module curriculum is designed to be implemented in 10 days using face to face mode of delivery or one to three months using Distance Learning/ E-Learning mode. However, the course can be implemented per module using the time allocated as a guide. The duration of the course will depend on the characteristic of the target group and especially on the education level and relevant work experience in leadership, governance and management practices of health systems at different levels and technological accessibility and adaptability for the distance and E-learning mode.

1.8   Performance Assessment

The learners will be assessed through pre-tests and post-tests. Continuous assessments will also be used through questions and answer sessions, and attendance for all the modules will be mandatory for the face to face learning. Assignments and group or individual activities where applicable, will also be assessed and feedback given. The Distance learning and the E-Learning can be assessed through Check point questions within each unit (immediate evaluation), Assignments, Case studies with questions and Post tests

1.9 References and Recommended Readings

Core reading materials for the course and the recommended reading materials are provided for each module in the curriculum.

1.9   References and Recommended Readings

Core reading materials for the course and the recommended reading materials are provided for each module in the curriculum

1.10 Trainers and Facilitators

Trainers and facilitators for the course will be drawn from among various experts in the different areas of health system. They will be trained on innovative, teaching learning and assessment methods that are appropriate for training adults. The experts will be drawn mainly from partner institution and AHLMN membership.

1.11 Course Review and Change

The reviewed curriculum will be implemented for a period of five years and during the process of implementation, the participants will undertake evaluation of each module. The focus of evaluation will include the following aspect; presentation and coverage of course content, assessment methods, appropriateness of teaching methods and the relevance of the module to HSS.

There will be summative evaluation of the course and the information provided during module evaluation will be used to review and change the curriculum in accordance with relevant regulatory bodies

2.0 CURRICULUM MODULES AND UNITS

MODULE 1: OVERVIEW AND CONTEXT OF A HEALTH SYSTEM

1.1   Module Purpose

The module is designed to provide a broad overview of the Health Systems in various Africa settings with emphasis on the best practices

1.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Review the importance of sustainable goals in strengthening health systems
2.   Discuss the key concepts in health systems
3.   Apply the components of the health system to various country context
4.   Demonstrate understanding of a Holistic thinking approach in a health system
5.   Identify the Characteristics of a strong health system
6.   Analyse the various challenges that affect health systems in Africa
7.   Analyse best health systems practices in different African settings
8.   Apply eLearning methodology in the training of health system actors
9.   Apply Principles of Andragogy in the training of health systems actors

1.3   Competency

At the end of the module participants should be able to:

Appraise structures of health systems in various country settings and implement best practices to strengthen their health systems

1.4   Content

1.4.1   Unit 1: Sustainable Development Goals

The Sustainable Development Goals (SDGs)- possibility of sustainable development is clarified and investigated, meanings of reasonable advancement viewed as the fundamental standards of sustainable development , rise and advancement of the idea of sustainable development ,"Standard" thoughts of practical advancement reasonable improvement of the health system outcomes, link between SDGs and health systems strengthening in the context of varied socio-economic developments, introduction to the concept of health systems strengthening.

1.4.2   Unit 2: Context of a Health System

Definition of concepts - health systems, systems thinking and health system strengthening; health system context; organisational arrangements; socio-cultural and political; economic and technological and legislative contexts; main actors.

1.4.3   Unit 3: Components of a Health System

Components of a health system: health workforce; service delivery; health information; medical products and technologies; health financing; leadership and governance.

1.4.4   Unit 4: Holistic Thinking in Health Systems Strengthening

Rationale for systems thinking; elements of systems thinking; principles of systems thinking; and skills of system thinking.

1.4.5   Unit 5: Characteristics of a Functional Health System

Characteristics of the health system: availability and access to services, quality of care, and service delivery, patient safety, coverage with services, equity in outcomes, efficiency of service delivery, effectiveness of health care delivery, ethics and rights based approach in delivery of services, sustainability of services; clear objectives and indicators of health system performance; characteristics of responsiveness of a health system

1.4.6   Unit 6: Challenges faced by health systems in Africa

Challenges and effects of emerging issues such as social determinants, double burden of disease, natural factors and forces, and globalisation.

1.4.7   Unit 7: Best practices from different settings

Best practices- assess the best practices of health systems in various countries and identify the best practice in Africa

1.5   Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). The recommended period of study 27 hours.

Total time: 27 hours

1.6   Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

1.7   Assessment of Learning

1.   Check point questions within each unit (immediate evaluation),
2.   Assignments
3.   Case studies with questions
4.   Post tests

1.8   Module References and Recommended Readings

1. Africa Union, Africa Health Strategy: 2007–2015 (URL: http://www.africa-union.org/root/UA/ Conferences/2007/avril/SA/9-3%20avr/doc/en/Health_Strategy_Min_Draft .pdf). Accessed 17 Dec 2011

2. The African Union, Abuja Declaration and Plan of Action April 2000 Heads of State Summit

3. The African Union, Maputo Declaration on Reproductive Health 2003, Heads of State Summit, Maputo Mozambique

4. JICA, "Global Action for Health System Strengthening: Policy Recommendations to the G8." G8 Hokkaido Toyako Summit Follow-up, 2009

5. Savigny Don de, Harun Kasale, Conrad Mbuya, and Graham Reid 2008. "In focus: FIXING HEALTH SYSTEMS" (2nd edition) IDRC 2008

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9. WHO, "Everybody's business: Strengthening Health Systems to Improve Health Outcomes, WHO Framework for Action", World Health Organisation 2007.

10. WHO, Ouagadougou declaration on Primary Health Care and Health Systems in Africa: Achieving Better health for Africa in the New Millennium, Brazzaville 2008, Regional Office for Africa

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12. WHO, "Systems thinking for health systems strengthening" edited by Don de Savigny and Taghreed Adam, published by the Alliance for Health Policy and Systems Research, World Health Organisation 2009

13. WHO, "Abuja Declaration ten years on 2010", World Health Report (WHR) 2011

14. Joseph Jaworski, Synchronicity: The Inner Path of Leadership, Berrett-Koehler Publisher, New York, 1996

15. Peter Senge, Presence: Human Purpose and the Field of Future, Crown Business, New York.

MODULE 2: GOVERNANCE AND ETHICS IN HEALTH

2.1 Module Purpose

The purpose of this module is equip the decision makers with knowledge, skills and attitudes to provide oversight, implementation and accountability of health policies, health agenda and ethical and professional rules and standards within the health sector.

2.2 Expected Learning Outcomes

By the end this module, the participant should be able to:

1. Describe the concept of governance and ethics in health care.
2. Apply the principles of good governance and ethics in decision making and practice.
3. Formulate functioning governance structures at different levels of the health system.
4. Apply health laws and regulations in governance.
5. Apply moral and ethical standards in health care delivery.

2.3 Competencies

At the end of the module participant should be able to:

1. Design and ensure adherence to governance structures and professional ethical codes
2. Adhere to ethical, legal and regulatory standards
3. Communicate effectively and promote transparent and accountable practices.

2.4 Content

2.4.1 Unit 1: Overview of Governance Concept

Definition of governance concepts and applications in health including organisational and corporate governance, stewardship, oversight, accountability, transparency, corruption/integrity, participation, ethics, equity, regulation, collaboration and coalition building, system design; importance of organisational governance; role of the health manager in organisational governance.

2.4.2 Unit 2: Professional Ethics, Morals, rules and Standards in Health

Principles of governance in the health sector including strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information, and ethics; comparison with other frameworks for governance principles.

2.4.3 Unit 3: Principles and Characteristics and Practices of Good Governance

Principles of governance in the health sector including strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, Types and characteristics of accountability such as political, social and financial, characteristics of transparency, stewardship; criteria and approaches for resource mobilisation, allocation and use; types and nature of corruption, anti-corruption measures; peace and security issues intelligence and information, and ethics; comparison with other frameworks for governance principles.

2.4.4   *Unit 4: Governance Structures and Functions in Health*

Levels of governance structures including central/national, regional/provincial, district/county and community; facility-based governance structures (referral system); cross-cutting structures such as unionisms, civil society organisations, observatories;

functions; functions of various governance bodies such as boards, committees, and agencies and their linkages; sources of autonomy and powers; functions including effective oversight, coalition building, conflict resolution, audit, fiduciary; characteristics/distinguishing features of good governance; corporate social responsibility/accountability; organisational communication and image building; corporate social responsibility, functions of agencies acting as watchdogs and whistle blowers

2.4.5   *Unit 5: Health Laws Agreements and Regulations on Governance*

Major global, regional and national public health acts, laws, standards, regulatory and accreditation bodies and agencies, their policies and roles; national and institutional policies and regulations

2.5   Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS).

The recommended period of study 15 hours.

Total time: 15 hours

2.6   Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

2.7   Assessment of Learning

1.   Check point questions within each unit (immediate evaluation),
2.   Assignments
3.   Case studies with questions
4.   Post tests

2.8   Module References and Recommended Readings

1.   Riben, Mirah. The Huffington Post. "American Surrogate Death: Not the First." October 25, 2015. http://www.huffingtonpost.com/mirahriben/American surrogate-death _b_8298930.html

2.   Kamphuis, E., Bhattacharya, S., van der Veen, F., and Mol, B.W.J., (2014). British Journal of Medicine. "Are We Overusing IVF?" http://www.bmj.com/content/348/bmj.g252

3.   Yona Nicolau, Austin Purkeypile, T. Allen Merritt, Mitchell Goldstein, Bryan Oshiro (2015). World Journal of Obstetrics and Gynecology. "Outcomes of surrogate pregnancies in California and hospital economics of surrogate maternity and newborn care." November 10; 4(4).

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6.   Alexander, J., and Levi, L. (2013). Journal of Neuro-Opthalmology. "Intracranial Hypertension in a Patient Preparing for Gestational Surrogacy with Leuprolide Acetate and Estrogen," 33:307-318.

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10.   See AnonymousUs.org, an online story collective for real life testimonials for voluntary and involuntary participants of assisted reproduction, as well as our 2012 documentary Anonymous Father's Day. http://www.anonymousfathersday.com

11.   McGee, G., Brakman, S.V., and Gurmankin, A.D. (2001). Human Reproduction. "Gamete donation and anonymity: disclosure to children conceived with donor gametes should not be optional". http://www.ncbi.nlm.nih.gov/pubmed/11574486

12.   Yona Nicolau, Austin Purkeypile, T Allen Merritt, Mitchell Goldstein, Bryan Oshiro (2015). World Journal of Obstetrics and Gynecology. "Outcomes of surrogate pregnancies in California and hospital economics of surrogate maternity and newborn care." November 10; 4(4).

13.   Rory Devine and R. Stickney, "Convicted Surrogacy Attorney: I'm Tip of Iceberg," NBC San Diego February 29, 2012. http://www.nbcsandiego.com/news/local/Theresa-Erickson-Surrogacy-Abuse-Selling-Babies-140942313.html

14.   Tamar Lewin, "A Surrogacy Agency that Delivered Heartache," The New York Times, July 27, 2014. http://www.nytimes.com/2014/07/28/us/surrogacy-agency-planet-hospital-delivered-heartache.html

15.   Alberta, H., Berry, R., and Levine, A. (2014). Journal of Law, Medicine and Ethics "Risk Disclosure and the Recruitment of Oocyte Donors: Are Advertisers Telling the Full Story?"

16.   European Parliament resolution of 5 April 2011 on priorities and outline of a new EU policy framework to fight violence against women http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2011-0127

17.   New York State Task Force on Life and the Law. Surrogate Parenting: Analysis and Recommendations for Public Policy, 1988. https://www.health.ny.gov/regulations/task_force/reports_publications/#surrogate_parent

MODULE 3: LEADERSHIP IN HEALTH

3.1   Module Purpose

The purpose of this module is to build leadership skills in the leaders for a strengthened health system.

3.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Apply the concepts and styles of leadership to lead self, others and the organisation.
2.   Display characteristics of an effective leader.
3.   Lead organisational change.
4.   Practice effective leadership in health.

3.3   Competencies

At the end of the module participant should be able to:

1.   Effectively communicate, inspire and effect shared vision and change in an organisation.

3.4   Content

3.4.1   Unit 1: Concepts, Styles and Practice of Leadership

Concepts of leadership; definition of leader and leadership; qualities of a leader; leadership versus management; Styles of Leadership: transformational versus transactional leadership; Level 5 hierarchy of leadership.

3.4.2   Unit 2: Characteristics of Effective Leadership

Characteristics of effective leadership: Personal mastery; emotional intelligence; effective communication; navigating organizations; building and maintaining lasting relationships; value based leadership. **The challenge model.**

3.4.3   Unit 3: Change Management

Definition of Change Management; Change and Changing people; Managing resistance to change; Steps to successful change management; Principles and strategies of negotiation

3.4.4   Unit 4: Practicing Effective Leadership in Health

Influencing Attitudinal Change; Improving work climates; Mentoring and coaching.

3.5   Mode of Delivery

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). The recommended period of study 20 hours.
Total time: 20 hours

3.6   Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

3.7   Assessment of Learning

1.   Check point questions within each unit (immediate evaluation),

2.   Assignments

3.   Case studies with questions

4.   Post tests

3.8   Module References and Recommended Readings

1.   Revised Training manual, Facilitator's guides

2.   Gill Robison Hickman, Leading Organisations, SAGE Publications (2010)

3.   Government of the Republic of Kenya. Kenya Vision 2030, Government Printer, Nairobi, Kenya.

4.   Ivancevich. Konopaske. Matteson, Organisational behaviour and Management, McGraw-Hill Companies (2011)

5.   Freifeld, L. (2012). 6 Management Practices for Affecting Workplace Climate - If you are a manager, you control the thermostat. https://trainingmag.com/content/6-management-practices-affecting-workplace-climate Retrieved from https://trainingmag.com/content/6-management-practices-affecting-workplace-climate

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14.   Senge, P. (1990). The 5th discipline. Bantam Doubleday Dell Publishing Group

MODULE 4: MANAGEMENT FOR HEALTH

4.1   Module Purpose

This module is intended to build learners competencies in the management of health care institutions.

4.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Apply the concepts and principles of management in health care delivery
2.   Apply the functions and roles of a manager in health systems strengthening
3.   Organize daily activities through operations management
4.   Develop strategic plans to achieve organisational goals
5.   Apply team management skills for effective service delivery
6.   Manage Organisational risks.

4.3   Competencies

At the end of the module participant should be able to:

1.   Manage resources, risks and change in the organisation
2.   Develop operational and strategic plans.

4.4   Content

4.4.1   Unit 1: Concepts and Principles of Management

Definition: key aspects of management, distinction between management and leadership; Characteristics of management; Leading and Managing for results; Managing versus leading; Managerial skills; Principles of Management.

4.4.2   Unit 2: Functions and Roles of a Manager

Integrating leading and managing; Functions of a manager; Basic management roles.

4.4.3   Unit 3: Strategic Planning

Strategic Thinking; Understanding planning & strategy; Strategy Implementation; Organisational Planning.

4.4.4   Unit 4: Operations Management

Definition of Operations; Function of Operations; Strategy and Operations;Scope of Operations Management.

4.4.5   Unit 5: Management of Effective Teams

Concepts of teams, team building and organizational culture; Relevance of team building in health systems strengthening; Process of team building; Characteristics of effective teams; Managing team Diversity; Experiential learning; Team building:-Team vs Group.

4.4.6   Unit 6: Risk Management in Health

Definition of Risk; Risk Domains in health care organization; Principles of Risk management; Risk Management Process.

4.5   Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS) The recommended period of study 25 hours.

Total Time: 25 hours

4.6   Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

4.7   Assessment of Learning

1.   Check point questions within each unit (immediate evaluation),
2.   Assignments
3.   Case studies with questions
4.   Post tests

4.8   Module References and Recommended Readings

1.   Nigel Slack, Stuart Chambers and Robert Johnston, 2008, Operations Management fifth edition, Prentice Hall (FT) New York.
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4.   MDI Training
5.   Jeanne Liedtka,(1998), "Linking Strategic Thinking with Strategic Planning", Strategy and Leader
6.   L' art de la guerre, (Sun Xi)
7.   Neissa, Louise, (2015), Transcription de 7Ms of Business Management
8.   Ouagadougou Declaration
9.   SDGs
10.   Operational Managers, https://www.healthcareers.nhs.uk/explore-roles/operational-management
11.   Robert E; Burke, and Leonard, H, F (2011) Essentials of Management and leadership in Public Health
12.   Fact sheet (2010) Risk Management – Principles and Guidelines
13.   Hillson D.A (2000) Project risk identifying causes risks and effects. Project Management network, Vol 14, 9 pg. 48-51
14.   By CSCMP and Nada Sanders, 2014
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16.   Boundless. "A Study of Process." Boundless Business Boundless, 26 May. 2016. Retrieved 09 Feb. 2017 fromhttps://www.boundless.com/business/textbooks/boundless-business-textbook/operations-management-10/introduction-to-operations-management-69/a-study-of-process-328-7195/
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18.   Katz, R. (1955) Skills of an effective administrator
19.   Capenter, M. Bauer, T & Erdogan, B (2012) . Management Principles v.1.0
20.   MSH (2005) Leading and managing to achieve results.
21.   Hillson D.A (2000) Project risk identifying cause's risks and effects.
22.   Project Management network, Vol 14, 9 pg. 48-51 Fact sheet (2010) Risk Management – Principles and Guidelines
23.   WHO , (2002) The world health report 2002- Reducing Risks, Promoting Health Life
24.   Miner (2016)The Four Functions Of Management: What Managers Need To Know

MODULE 5: HUMAN RESOURCES FOR HEALTH (HRH) MANAGEMENT

5.1 Module Purpose

To equip health managers and policy makers with the knowledge, skills and attitudes required to manage human resources for health for improved health outcomes.

5.2 Expected Learning Outcomes

By the end this module, the participant should be able to:

1. Outline the context and evolution of HRH.
2. Apply human resource for health policies in health care management.
3. Effectively plan for Human Resource for Health
4. Perform the functions of HRH in health service delivery.
5. Monitor and evaluate effectiveness of human resources for health.

5.3 Competencies

At the end of the module participant should be able to:

1. Develop human resources for health plan
2. Manage the human resources for health processes
3. Capacity building .

5.4 Content

5.4.1 Unit 1: Context and evolution of human resources for health

Overview of HRH; Context and evolution of HRM; Global HRH crisis; Human Resources for Health Action Framework; Current trends, emerging issues and practices in HRH; Linkage of HRH and HSS.

5.4.2 Unit 2: Human Resource for Health Statutes and Policies

HRH Statutes; HRH Policies: Functions of HRH Policies, Types of labour laws, Components of HRH policy, HRH policy formulation process, HRH policy implementation; HRH planning: Planning, staffing, financing.

5.4.3 Unit 3: Human Resources for Health Planning

Planning for human resources for health- process and tools used in HRH planning, HRH indicators and workforce planning.

5.4.4 Unit 4: Functions of HRH Management

Employee Resourcing; Performance Management; Reward Management; Employee Relations; HRH Wellness; Gender Mainstreaming in HRH; Exit Management .

5.4.5 Unit 5: Human Resources for Health Training and development

Orientation and induction; Education; Training; Career Pathing; Development.

5.4.6 Unit 6: Human Resources for Health Monitoring and Evaluation

Human Resources Information System; Human Resources for Health Observatories; HRH Indicators; HRH data for decision making.

5.5   Mode of Delivery

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS).

The recommended period of study 18 hours.

Total Time: 18 hours

5.6   Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

5.7   Assessment of Learning

1. Check point questions within each unit (immediate evaluation),
2. Assignments
3. Case studies with questions
4. Post tests

5.8   Module References and Recommended Readings

1. Fallon F & McConnel C R (2014) Human Resources Management in Health Care- Principles and Practice
2. Global HRIS Strengthening: IHRIS software suite – IHRIS Plan: Workforce planning and modelling software http://www.capacityproject.org/hris/suite/ihris_plan.php
3. http://www.who.int/research-observatory/en/
4. http://www.who.int/workforcealliance/forum/en/http://www.who.int/workforcealliance/forum/en/
5. WHO (2012) Human Resources for Health Observatories: contributing for policy decisions based on evidence
6. McQuide, P., J. Stevens, and D. Settle, Technical Brief 12: An Overview of Human Resources for Health (HRH) Projection Models. 2008, Capacity Project: Chapel Hill, NC. http://www.capacityproject.org/images/stories/files/techbrief_12.pdf
7. WHO (2006) guidelines on HRH Policy Development and Planning;
8. WHO, (2006) The world health report: Working together for health, Geneva
9. WHO (2009) Handbook on Monitoring and Evaluation of Human Resources for Health (2009)
10. WHO, (2016) Global Strategy on Human Resources for Health: Workforce 2030, Geneva WPRO/RTC Health Workforce Planning Workbook (2001) and spread sheet http://hrhcompendium.com.test.ibiblio.org/WPRO.RTCHealthWorkforcePlanningWork book(.html)

MODULE 6: HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

6.1 Module Purpose

The purpose of the module is to equip health workers with the knowledge, skills and attitudes necessary for managing data for evidence-based policy and decision making in health.

6.2 Expected Learning Outcomes

By the end this module, the participant should be able to:

1. Demonstrate Knowledge of HIS & HMIS
2. Relate the functions of HMIS to HSS
3. Critically analyse the different components of HMIS
4. Appraise the structure and design of HMIS
5. Select ICT solutions significant for HMIS strengthening .

6.3 Competencies

At the end of the module participant should be able to:

1. Appraise a health management information systems
2. Apply information and communication technology in health management information systems.

6.4 Content

6.4.1 Unit 1: Overview of HMIS

Definition of Concepts; Evolution of HMIS; Importance of HMIS in HSS; Policies, legal frameworks and ethical issues in HMIS; Information pyramid.

6.4.2 Unit 2: Roles and Functions of HMIS in HSS

Functions and roles of HMIS in HSS, HMIS as the 'central nervous system' of the Health system as a whole.

6.4.3 Unit 3: Elements and Components of HMIS

Elements: Inputs,Processes, Output; Components: resources, Indicators, Data Sources, Data/Information/Knowledge Management, Information Products, Dissemination and Use.

6.4.4 Unit 4: Design and Structure of HMIS

Design and structure of HMIS and Assessment of HMIS (HMN) .

6.4.5 Unit 5: Role of ICT in HMIS

Role of ICT in strengthening HMIS: Integration, Data quality, Accountability, Dashboards.

6.5 Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). Therecommended period of study 15 hours.

Total Time: 15 hours

6.6   Instructional Materials

LMS Platform, Community of Practice chat sessions, computers and mobile phones

6.7   Assessment of Teaching

1.   Check point questions within each unit (immediate evaluation),
2.   Assignments
3.   Case studies with questions
4.   Post tests

6.8   Core Reading Materials

1.   Health Measurement and Accountability Post 2015: Five-Point Call to Action (World Bank, USAID and WHO, 2015)
2.   Guidance for Health Information Systems (HIS) Strategic Planning Processes: Steps, tools, and templates for HIS systems design and strategic planning (HMN 2009)

6.9   Module References and Recommended Readings

1.   Shiferaw F and Maria Zolfo 2012, The role of information communication technology (ICT) towards universal health coverage: the first steps of a telemedicine project in Ethiopia, Global Health Action, vol.5
2.   Simba DO and Mughwira Mwangu 2004, Application of ICT in strengthening health information systems in developing countries in the wake of globalization, African Health Sciences, 4(3): 194-198
3.   Medina-Garrido JA and Maria Jose Crisostomo-Acevedo 2010, Inventing the future of e-health,
4.   InfoDev 2006, Improving health, connecting people: the role of ICTs in the health sector of developing countries, A Framework paper
5.   Grob M and David Hartzband 2008, Health centres and the data warehouse, HCCN Information Bulletin #14, National Association of Community Health Centres
6.   Pantelli N, Pitsillides B, Pitsillides A and George Samaras, 2007, An e-Healthcare Mobile Application: A Stakeholders' Analysis Experience of Reading, Chapter IV, IRM Press

MODULE 7: HEALTH FINANCING

7.1   Module Purpose

This module is designed to equip the learners with the requisite knowledge, skills and attitudes in health financing and financial management for effective health system strengthening.

7.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Define the role and concepts of health financing and financial management in the context of UHC.
2.   Describe different functions of health financing policy and how policy decisions can influence progress towards UHC
3.   Apply financial management principles and tool for optimizing the allocation and efficient use of limited resources
4.   Analyse health expenditure data for evidence based planning and accountability. In health programs and health facility setting

7.3   Competencies

At the end of the module participant should be able to:

1.   1. Mobilise and utilise financial resources for effective health service delivery.
2.   Manage financial resources for maximizing outcomes and impact in health service delivery.

7.4   Content

7.4.1   Unit 1: Concepts of Health Financing and Financial Management

Definition and concepts health financing, financial management, revenue raising, pooling, purchasing, benefit package, financial accounting, auditing, financial auditing, and universal coverage.

7.4.2   Unit 2: Health Financing Policy Framework and Mechanisms

Role of health financing policy in the achievement of UHC; goals of UHC and health financing; Overview of health financing policy framework; The influence of health financing on health system performance; Health financing policy instruments.

7.4.3   Unit 3: Financial Management

Principles of financial management; building blocks of financial management Tools of financial management: financing planning tools, organizing tools, controlling tools, monitoring tools, accounting records.

7.4.4   Unit 4: Expenditure Tracking and Reporting

National health accounts, types of reports and their effective use (evaluation, budget monitoring, cash flow, financial statements, project, donor and audit reports); role of health managers in financial management; evidence-based decision-making.

7.5   Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). The recommended period of study 20 hours.

Total Time: 20 hours

7.6 Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

7.7 Module Assessment

1. Check point questions within each unit (immediate evaluation),
2. Assignments
3. Case studies with questions
4. Post tests

7.8 Module References and Recommended Readings

1. African Union, "Abuja Declaration and Plan of Action" April 2000 Heads of State Summit, 2001(http://apps.who.int/iris/handle/10665/67816)

2. Kutzin, J. "Health financing for universal coverage and health system performance: concepts and implications for policy" Bulletin of the World Health Organization 2013; 91:602-611. (http://dx.doi.org/10.2471/BLT.12.113985)

3. WHO, "Health Financing: The Path to Universal Coverage 2010", World Health Report 2010 (http://www.who.int/whr/2010/en/)

4. WHO e-Learning Course on Health Financing Policy for UHC, World Health Organisation.(http://www.who.int/health_financing/training/e-learning-course-on-health-financing-policy-for-uhc/en/)

5. "Get Well, Maya: Universal Health Coverage Ensures Healthy Futures", World Bank, October 2012. (https://youtu.be/5Jb6Ju3KQPE)

6. "Result Based Financing for Africa, Reference African Health Forum", The World Bank, 2013. (http://siteresources.worldbank.org/INTAFRICA/Resources/AHF-results-based-financing.pdf)

7. "Health financing for universal coverage", World Health Organisation. (http://www.who.int/health_financing/en/)

8. WHO, "Public financing for health in Africa: from Abuja to the SDGs, World Health Organisation, August 2015. (http://www.who.int/health_financing/documents/public-financing-africa/en/)

9. "Universal health coverage in Africa: a framework for action: Main report (English)", World Bank/JICA/The Global Fund/African Development Bank/WHO, August 2015. (http://documents.worldbank.org/curated/en/735071472096342073/Main-report)

10. "WHA Resolution 64.9 Sustainable health financing structures and universal coverage." World Health Organisation, May 2011. (http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R9-en.pdf?ua=1&ua=1)

11. "A/RES/67/81 Global health and foreign policy." United Nations, December 2012. (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81)

12. "Addis Ababa Action Agenda" United Nations, August 2015. (https://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=2051&menu=35)

13. Gottret P. and Schieber G., Health "Financing Revisited: A Practitioners' Guide" World Bank, 2006. (https://openknowledge.worldbank.org/handle/10986/7094)

14. "OneHealth Tool", Avenir Health. (http://www.avenirhealth.org/software-onehealth)

15. "WHO Global Health Expenditure Database", World Health Organisation. (http://apps.who.int/nha/database

MODULE 8: SERVICE DELIVERY

8.1   Module Purpose

The purpose of this module is to equip managers with the requisite knowledge, skills and attitudes to deliver services that are responsive to the needs of the population.

8.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Apply the principles and concepts of health service delivery in health system strengthening
2.   Apply the essential elements of service deliver in practice of health care provision
3.   Describe the efficiency referral system
4.   Implement the process of quality accreditation.

8.3   Competencies

At the end of the module participant should be able to:

1.   Plan, implement, monitor and evaluate health service delivery.

8.4   Content

8.4.1   Unit 1: Principles and Concepts of Health Service Delivery

Concepts of health care/service delivery; pillars of the health services – single framework with six building blocks and six building blocks of a health system; principles of health care/service delivery-Medical systems; international laws on health; health regulation and country laws and health sector reforms.

8.4.2   Unit 2: Essential Elements to Improve the Service Delivery

Essential elements; Quality of service delivery; quality improvement and quality management; factors influencing quality of care; factors influencing quality of services; assessment of quality and quality control; concepts of access and availability of health service delivery; Efficiency and effectiveness of service delivery and safety of service delivery.

8.4.3   Unit 3: Effective Referral Health System

Definition of a health referral system, principles health referral systems, types of referral systems and linkages with health service delivery models; Development of a health referral system; Community health service- performance and managing CHW programs; Governance, ownership and accountability; Discussion of practical examples (Cuba, WHR 2008).

8.4.4   Unit 4: Quality Accreditation

Defining accreditation; principles of accreditation; types of accreditation (professional and facilities); benefits of accreditation; standards for health care- basic minimum client centred standards and health facility/organisation management standards.

8.5   Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). The recommended period of study 12 hours.

Total Time: 12 hours

8.6 Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

8.7 Module Assessment

1. Check point questions within each unit (immediate evaluation),
2. Assignments
3. Case studies with questions
4. Post tests

8.8 Module References and Recommended Readings

1. Agence Nationale d'Accréditation et d'Évaluation en Santé (ANAES) de France. Manuel d'accréditation des établissements de santé. ANAES. 199

2. Ahluwalia IB, Schmid T, Kouletio M, Kanenda O (2003). An evaluation of a community-based approach to safe motherhood in north-western Tanzania. Int J Gynaecol Obstet, 82(2):231–240.

3. Ande O, Oladepo O, Brieger WR (2004). Comparison of knowledge on diarrheal disease management between two types of community-based distributors in Oyo State, Nigeria. Health Educ Res, 19(1):110–113.

4. Baker U, Peterson S, Marchant T, Mbaruku G, Temu S, Manzi F, Hanson C. Identifying implementation bottlenecks for maternal and newborn health interventions in rural districts of the United Republic of Tanzania. Bull World Health Organ 2015;93:380–389

5. Bang AT, Bang RA, Reddy HM, Deshmukh MD, Baitule SB (2005). Reduced incidence of neonatal morbidities: effect of home-based neonatal care in rural Gadchiroli, India. J Perinatol, 25(Suppl 1): S51–S61.

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7. Crosby, P. B. (1984), Quality without tears. The art of hassle-free management, New York, A Plume Book.

8. Deming, W. E. (1981), Japanese Methods for Productivity and Quality, Washington, George Washington University.

9. Donabedian, A. (1982), The Criteria and Standards of Quality, Health Administration Press.

10. Donabedian, A. (1973), Aspects of Medical Care Administration, Harvard University Press.

11. Donabedian, A. (1980) « Explorations in quality assessment and monitoring », dans The Definition of Quality and Approaches to its Assessment, vol. 1, Michigan, Ann Arbor, University of Michigan, Health Administration Press, 163 p

12. Donabedian, A. (1980) « Explorations in quality assessment and monitoring », dans The Definition of Quality and Approaches to its Assessment, vol. 1, Michigan, Ann Arbor, University of Michigan, Health Administration Press, 163 p.

13. Donabedian, A. (1980), The Definition of Quality and Approaches to its Assessment, Health Adminis¬tration Press.

14. Greenfield D, Pawsey M, Braithwaite J. What motivates professionals to engage in the accreditation of healthcare organizations? International Journal for Quality in Health Care 2011; Volume 23, Number 1: pp. 8–14

15.   Ishikawa, K. (1985), What is Total Quality Control? The Japanese Way, Englewood Cliffs, Prentice Hall.

16.   Lehmann U, Friedman I, Sanders D (2004). Review of the utilisation and effectiveness of community-based health workers in Africa. Working paper of the Joint Learning Initiative.

17.   Leite AJ, Puccini RF, Atalah AN, Alves Da Cunha AL, Machado MT (2005). Effectiveness of home-based peer counselling to promote breastfeeding in the northeast of Brazil: a randomized clinical trial. Acta Paediatr, 94(6):741– 746.

18.   Pirsig, R. M. (1974), Zen and the Art of Motorcycle Maintenance, Toronto, Bantam Books.

19.   Rooney AL, Ostenberg PRV. Licensure, Accreditation, and Certification: Approaches to Health Services Quality. USAID; 1999

20.   Smits Pa, Champagne F, Contandriopoulos D, Sicotte C, Preval J. Conceptualizing performance in accreditation. International Journal for Quality in Health Care 2008; Volume 20, Number 1: pp. 47–52

21.   Tanahashi T. Health service coverage and its evaluation. Bulletin of the World Health Organization, 56 (2): 295-303 (1978)

22.   UNICEF. Analysis of Bottleneck towards Effective Coverage of Interventions for Children in Bangladesh. UNICEF; 2013

23.   Wagner C, Groene O, Thompson Ca, Klazinga Ns, Dersarkissian M, Arah Oa, Suñol R. Development and validation of an index to assess hospital quality management systems. International Journal for Quality in Health Care 2014; Volume 26, Number S1: pp. 16–26

24.   Joint Commission International, JCI Accreditation Standard For Hospitals 4th edition (2011)

MODULE 9: PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

9.1   Module Purpose

The purpose of this module is to equip health care managers with knowledge, skills and attitudes to manage the procurement and supply chain function efficiently in healthcare service delivery.

9.2   Expected Learning Outcomes

By the end this module, the participant should be able to:

1.   Apply procurement laws, regulations and policies governing health care service delivery
2.   Effectively manage the flow of health supplies
3.   Design systems to effectively control costs in healthcare facilities
4.   Quantify users needs/demand of various medical supplies
5.   Develop and manage relationships with all stakeholders along the healthcare supply chain.

9.3   Competencies

At the end of the module participant should be able to:

1.   Apply procurement laws, regulations & policies in h/care service delivery
2.   Manage the flow of health supplies.
3.   Design inventory systems to effectively control costs in healthcare facilities.

9.4   Content

9.4.1   Unit 1: Procurement Laws, Regulations and Policies

Definition and concepts of procurement; categories of procurements; key players in the procurement and disposal process; Ethics in procurement – principles of ethics, code of conduct and ethics in public procurement.

9.4.2   Unit 2: Procurement and Disposal Process

Rights of procurement; objectives of procurement; principles of procurement; procurement process; the Disposal process.

9.4.3   Unit 3: Supply Chain Management

Definition of supply chain and benefits of supply chain management; components of supply chain management; objectives of supply chain management; Stages in supply network; supply chain designs; supply chain management challenges.

9.4.4   Unit 4: Inventory Management

Inventory management, types of inventories, inventory costs, inventory control systems, inventory control models, safety stock, inventory control tools from receipt to issuance, stock management.

9.4.5   Unit 4: Supply chain Management Relationships

Supply chain Management Relationships; skills to identify various stakeholders in healthcare supply chains and their roles, identify, develop and manage supply chain relationships, skills on how to involve community participation in healthcare supply chain.

9.5 Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS).

The recommended period of study 15 hours.

Total Time: 15 hours

9.6 Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

9.7 Module Assessment

1. Check point questions within each unit (immediate evaluation),
2. Assignments
3. Case studies with questions
4. Post tests

9.8 Module References and Recommended Readings

1. Lysons, K. and Farrington, B. (2016). Purchasing and Supply Chain management. 7th Edition, Pearson Education Limited.

2) Chartered Institute of Purchasing & Supplies (CIPS) Purchasing Context, The Official Course Book.

3) The Public Procurement & Disposal Acts of various countries

4) The Public Procurement & Disposal regulations of various countries.

5) WHO (2016). Essential medicines and health products information portal. Available at : http://apps.who.int/medicinedocs/en/d/js4885e/5.3.html. Accessed on 06/02/2017

6) Sethuraman, k. & tirupati, D. (2008). Prevalence of Bullwhip Effect in Hospitals. IGI Global. Available from: http://www.irma-international.org/viewtitle/13049/. Accessed on 08/02/17.

7) Burt, D. N., Dobler, D. W., & Starling, S. L. (2003). World class supply management: The key to supply chain management. New York, NY: McGraw-Hill/Irwin.

8) Li, L. (2007). Supply chain management: Concepts, techniques and practices: Enhancing value through collaboration. World Scientific Publishing Co Inc.

9) Wisner, J. D., Tan, K. C., & Leong, G. K. (2014). Principles of supply chain management: A balanced approach. Cengage Learning.

10) Simchi-Levi, D., Simchi-Levi, E., & Kaminsky, P. (1999). Designing and managing the supply chain: Concepts, strategies, and cases. New York: McGraw-Hill.

11) WHO (2012). Organisation and Management. Management Sciences for Health. Available at: http://apps.who.int/medicinedocs/documents/s19621en/s19621en.pdf. Accessed on 05/02/2017

12) U.S. Food and Drug Administration (2016). Graphic - A Drug Supply Chain Example. Available from: http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm277626.htm. Accessed on 10/02/2017

13) Mageto, J., Chirchir, M. and Ombati, T. (2012). Fundamentals of inventory management: an introduction to inventory control models. Germany: Lambert Academic Publishing. ISBN 978-3-659-15898-8. Germany

MODULE 10: MONITORING AND EVALUATION

10.1 Module Purpose

The purpose of this module is to equip learners with knowledge, skills and attitudes in monitoring and evaluation (M&E) for health system strengthening.

10.2 Expected Learning Outcomes

By the end this module, the participant should be able to:

1. Articulate the role of M&E in the Health system.
2. Develop M&E frameworks for health strategic and operational plans.
3. Measure outcomes and impacts of health projects and programmes.
4. Use M&E knowledge to influence health policy and practice.

10.3 Competencies

At the end of the module participant should be able to:

1. 1. Design M&E Frameworks and link them to strategic and operational plans
2. Measure project and programmes results.
3. Apply M&E findings to influence policy and practice.

10.4 Content

10.4.1 Unit 1: Overview and Context of Monitoring and Evaluation for HS

Definition and basic concepts of monitoring and evaluation; Scope: purpose and use of monitoring and evaluation in health systems strengthening; compare and contrast monitoring and evaluation; Roles of health managers; Context of monitoring and evaluation in health system management: Political, economic, social, cultural, technological, environmental, and legislative aspects.

10.4.2 Unit 2: Linking M&E Frameworks to health Strategic and Operational Plans

Monitoring and evaluation systems frameworks and matrix: input, output, outcome, impacts; principles of monitoring and evaluation; designing and implementing an integrated monitoring and evaluation plan; frameworks: results-based framework, logic model, logical framework for monitoring health system strengthening; Linking quality management cycle and M&E; linking national strategic plans to M&E and MDGs; hosting a platform for M&E; institutionalization of monitoring and evaluation frameworks.

10.4.3 Unit 3: Measuring Outcomes and Impacts of Health Projects & Programmes

Methods of evaluation- operation research, action research, evaluation research and economic; Qualitative and quantitative data collection methods performance measures/indicators: importance, types, characteristics of a good indicator; sources of data, monitoring tools for data collection: completeness and accuracy, timeliness; Data analysis: tools and methods used for analysis used in monitoring; utilization of M&E information for advocacy, communication and decision-making.

10.4.4 Unit 4: Translating M&E Knowledge to Influence health Policy and Practice

Knowledge translation steps; the gap between research and policy makers; bridging the gap between policy makers and researches; steps of translating knowledge to policy.

10.5 Mode of Delivery and Time

The mode of delivery is e-Learning. Accessing content via the Learning Management System (LMS). The recommended period of study 12 hours.

Total Time: 12 hours

10.6 Instructional Materials and Equipment

LMS Platform, Community of Practice chat sessions, computers and mobile phones

10.7 Module Assessment

1. Check point questions within each unit (immediate evaluation),
2. Assignments
3. Case studies with questions
4. Post tests

10.8 Module References and Recommended Readings

1. World Health Organization (WHO), "Measuring Health Systems Strengthening and Trends: A Toolkit for Countries", World Health Organisation, Geneva, 2008.

2. World Health Organization (WHO), Handbook on Monitoring and Evaluation of human resources for health: With special applications for low and middle income countries." WHO 2009.

3. World Health Organization (WHO), "Monitoring and evaluation of health systems strengthening: an operational framework, WHO Geneva, October 2010.

4. UNDP Handbook on planning, monitoring and evaluating for development results (2006), Bulletin of the World Health Organization /August 2016, 84 (8).

5. Graham, I. D., Logan, J., Harrison, M. B., Straus, S., Tetroe, J., Caswell, W., et al. (2006). Lost in Knowledge Translation: Time for a Map? The Journal of Continuing Education in the Health Professions, 13–24.

6. Allan C & Ruth D; Evaluation Research and Introduction to Principles Methods and Practice, 1999.

7. Jody Zall Kusek, & Ray C. Rist. Handbook for Developing Practitioners: Ten Steps to a Results-Based Monitoring and Evaluation System, World Bank , 2004.

8. Linda G., Morra Imas, & Ray C. Rist. The Road to Results-Designing and Conducting Effective Development Evaluations, World Bank, 2009.

9. Keith Mackey, How to Build M&E Systems to Support Better Government, IEG-World Bank, 2007.

10. Marelize Gogens & Jody Zall Kusek, Making Monitoring and Evaluation Systems Work- A Capacity Development Toolkit, World Bank, 2009.

11. Gladys Lopez-Acevedo, Philipp Krause & Keith Mackey, Building Better Policies-The Nuts and Bolts of Monitoring and Evaluation Systems, World Bank, 2012.

12. IEG-World Bank, Designing A Results Framework for Achieving Results: A How-To Guide, 2012.

13. The Global Fund, Monitoring and Evaluation Toolkit-HIV, Tuberculosis, Malaria and Health and Community Systems Strengthening, 2011

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