MODULE 2

District Health Management Team
Training Modules

Management, Leadership and Partnership for District Health

AFR/DHS/03.02

Rufaro Chatora, Prosper Tumusiime

World Health Organization
Regional Office for Africa
Brazzaville

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Foreword

Health systems in Africa are undergoing considerable change, often in a context of ongoing health sector reforms. In most countries, decentralization of health services is very central to these changes, and consequently there is a need to prepare and empower those working at the district level for their new responsibilities and tasks. Many countries have requested WHO/AFRO to support them in the implementation of the change processes at the district level, and the Regional Office is giving special attention to these requests. Apart from the technical support that WHO can provide to the countries concerned, several support tools, modules and frameworks have been and are being developed to support the strengthening of district health systems.

The training modules are intended for use by district health management teams (DHMTs) with the objective of developing the capacity to address the problem areas identified from the assessment of district health systems operationality. In addition, the modules could also be used during basic training of health personnel. Tools for the assessment of district health systems operationality are already available to the countries.

Countries should make use of these training modules so as to enhance the effectiveness of the priority programmes they are implementing in order to improve the performance of their health systems. It is clear that the success of health systems largely depends on the performance of the health system at implementation levels, namely district and community. The training modules address practical issues critical for the improvement of health systems at those levels.

I hope that countries and especially district health management teams in the Region will make optimal use of the training modules in order to enhance their capacity to address the priority health problems that we are facing every day.

Dr Ebrahim Malick Samba
Regional Director

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Acknowledgements

This publication is an effort to respond to the different needs for capacity building in management and implementation of health programmes and delivery of essential services. It reflects the thinking acquired from experience working with health sector reforms being implemented in the African Region.

The District Health Management Training modules are meant to be used as generic materials which may need to be adapted to country-specific situations. They cover the principles that are applicable across the Region and are meant to guide and strengthen the management capacity of district health management teams.

We would like to express our sincere gratitude to all those who have contributed to the development and review of the previous versions of the modules. Dr Sam Nyaywa, working with colleagues in the Division of Health Systems and Services Development (WHO/AFRO), provided the first draft in 1997. Special thanks also go to the Institute of Primary Health Care in Iringa and the Centre for Education and Development in Health, Arusha (CEDHA), both in Tanzania, which participated in the testing and revision of the modules. We also would like to express our appreciation to the Zimbabwe team who reviewed the modules and the WHO Tanzania Country Office team for their support.

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List of Abbreviations

CEDHA	Centre for Education and Development in Health, Arusha
DHMT	District Health Management Team
DMO	District Medical Officer
FP	Family Planning
HSR	Health Sector Reform
IPD	Inpatient Department
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
OPD	Outpatient Department
PRA	Participatory Rural Appraisal
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa

Overall Introduction To The Modules

This is one of a set of four management training modules aimed at District Health Management Teams in the countries of the African Region.

There have been considerable achievements in African countries as a result of implementation of the Primary Health Care (PHC) strategy. However, health problems and ill-health continue to exist despite these laudable initiatives; for example, inequity in health care delivery still exists. Health systems and programmes are often blamed for inefficiency and ineffectiveness, putting them under pressure to be re-orientated and re-organized.

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

These problems can be attributed to 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 the goal of Health-for-All.

Training of DHMTs in health management has been going on for some time. Different institutions have developed training materials; however, these materials are usually not based on the current thinking of practical health management requirements in the recently or impending decentralized districts.

The ongoing health sector reforms in African countries focus on the district health system. New and heavy responsibilities are placed on the shoulders of the District Health Management Teams who are the main implementers of national health policies and strategies. The Division of Health Systems and Services Development of the World Health Organization Regional Office for Africa therefore developed this set of training modules that addresses the knowledge, skills and attitudes required of District Health Management Teams to cope with their challenging new roles and tasks.

It is acknowledged that circumstances differ widely among countries in the African Region. The modules are therefore meant to be generic and should be adapted to country-specific circumstances as required. It is further recognized that learner needs of different district health management teams in countries can differ from one another; even learning needs among members within a particular team can differ. The course that is offered is therefore explicitly modular: it is not necessary that everyone study every unit in every module at the same level of detail. Although the modules were developed for DHMTs, they are also potentially useful for district-based managers of health programmes and other "extended" DHMT members. Furthermore, countries with regional or provincial health teams can benefit from the modular course by acquiring a common understanding with the DHMTs. This would strengthen their support function capacity.

With this understanding, the main developmental objective of the modular course is:

To have in place DHMT members with adequate managerial skills and capacities for the implementation of Health Sector Reforms.

The district health management training modules have been developed to cover four major areas. Modules 1 though 3 should take a week each. At least two weeks should be set aside for module 4.

Module 1: Health Sector Reforms and District Health Systems

- Unit 1 Health Policy, Strategies and Reform
- Unit 2 District Health Systems

Module 2: Management, Leadership and Partnership for District Health

- Unit 1 Important Management and Leadership Concepts
- Unit 2 Team Work
- Unit 3 Multisectoral Collaboration: Partnership in Health Care
- Unit 4 Partnership Between Organizations
- Unit 5 Community Participation, Partnership Between Organizations and the Community

Module 3: Management of Health Resources

- Unit 1 Management of Human Resources
- Unit 2 Management of Finances and Accounts
- Unit 3 Management of Logistics
- Unit 4 Management of Physical Infrastructure
- Unit 5 Management of Drugs
- Unit 6 Management of Time and Space
- Unit 7 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 Health Systems Research
- Unit 4 Steps in the Planning Process
- Unit 5 Essential Health Package
- Unit 6 Disaster Preparedness

Introduction To Module 2

Introduction

The efficiency and effectiveness of district health services are influenced by the quality of management and leadership of health managers as well as by effective partnership with other stakeholders in the health system.

Leadership and management is one of the areas that needs strengthening among DHMTs. The teams need the skills to enhance collaboration with all partners, including NGOs and the private sector. The need for the mobilization and involvement of community at all stages cannot be over-emphasized.

This module examines the leadership and managerial roles to be played by DHMTs and how they can build a successful team. It considers the main factors involved in strengthening partnership and collaboration among various actors and how to improve coordination between them. The module also underscores the importance of community participation in health management and the need to enhance it.

Objectives

On the completion of this module, DHMT members will have identified their core management and leadership roles and acquired skills to better manage partnerships in health care.

The module is divided into five units as follows:

1. Important Management and Leadership Concepts
2. Teamwork
3. Multisectoral Collaboration: Partnership in Health Care
4. Partnership Between Organizations
5. Community Participation and Partnership Between Organizations and Community.

DEFINITION OF TERMS USED

Authority

Authority refers to power, responsibility and accountability to achieve a desired goal. This authority can be delegated but the person who delegates remains accountable.

Community Participation

Community participation, in the health context, refers to involvement of the public/community members in activities affecting their health whereby they actively participate in the process of identifying problems, setting priorities and taking actions.

Coordination

Coordination is arranging the work so that the right things are done at the right place, at the right time, in the right way and by the right people, and avoiding duplication.

Evaluation

Evaluation means "determining the value/impact of something"; related words are "assessment" or "appraisal". In development terminology evaluation refers to a formal assessment on the basis of explicit criteria that may include: relevance, acceptability, effectiveness, efficiency and other criteria as applicable. The assessment in an evaluation can apply to various elements of an undertaking; for instance, it is possible to evaluate inputs, processes, procedures, outputs, outcome or impact. Evaluation can be done at various points in time during a project; for instance, at the time of design, beginning, mid-way or at the end of a project. Evaluation can further apply to policy intentions and objectives, implementation plans and actual implementation. Finally, evaluation can have different purposes; for instance, a project proposal may be evaluated to determine whether or not to continue funding it, or the purpose may be rather to learn and improve performance.

Integration of Health Services

Integration of health services is the act of joining efforts and resources in the provision of health services for improved, optimal and rationalized comprehensive outcomes.

Participatory Rural Appraisal

Participatory rural appraisal is an approach lending itself to methods of open conversation with communities for knowing each other in detail.

Supervision

Supervision refers to the process of following-up the 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.

Unit 1: Important Management and Leadership Concepts

Introduction

It is important for all DHMT members to understand what the terms "management", "manager" and "leader" mean. The explanation of these concepts will be followed by a description of management functions and leadership roles.

Objective

The objectives of the unit are to:

- Introduce the concepts of management and leadership
- Provide guidelines for change management.

Expected Outcomes

- On completion of this unit, participants will be able to:
- Define the term "management"
- Explain management principles and functions
- Define the terms "manager" and "leader"
- Explain elements of effective leadership
- Use management and leadership principles in managing district health systems

1.1 What is Management?

There are several definitions of management. For instance:

An organized process that guides the utilization of various resources — human, financial and material — to meet a desired organizational goal taking into consideration consumers' demands (clients' needs), and the political and economic situation (emphasis on goal).

Or

A process which exists to get results by making the best use of human, financial and material resource available to the organization 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 (emphasis on resources).

1.2 The Management Functions

Managerial work consists of a number of well-defined but interrelated activities. They can be summarized as:

- **Coordination:** The important duty of interrelating various parts of work.
- **Evaluation:** Assessing impact/value of something.
- **Financial management:** Budgeting, financial planning, accounting and control.
- **Guiding:** The continuous task of making decisions, embodying them in specific general orders, instructions and serving as the leader of their organization.
- **Monitoring:** Keeping track of activities.
- **Ordering and storing:** Identifying needs and making appropriate arrangements for procurement of equipment and supplies and ensuring their safe storage.
- **Organizing:** Establishing the formal structure of an organization through which work subdivisions are arranged, defined and coordinated for the whole organization.
- **Planning:** Working in a broad outline the things that need to be done and the methods for doing them to accomplish the purpose set for organization.
- **Recording and reporting:** Keeping those to whom the management is responsible informed as to what is going on, which includes keeping the manager and his subordinates informed through records, research and inspection.
- **Staffing:** Personnel functions which include staff development, motivation and counselling, planning, recruitment, selection, placement, remuneration, separation and maintenance of favourable working conditions.
- **Supervising:** Assessing the work of subordinate staff to ensure that standards are maintained towards achieving the desired goal.

1.3 Who is the Manager?

A manager is the person who has the responsibility of achieving certain outcomes having been given the authority to utilize the resources of the organization. These resources consist of human, financial, information and physical assets. Timely use of these resources is essential for effective management. In an ideal team, its members recognize the authority of the manager and support him/her in a constructive way. A manager is therefore a person who can organize people to work harmoniously together and make effective use of resources to achieve laid-down objectives, through a process that includes planning, implementation, monitoring and evaluation. A distinction should be made between a manager and an administrator. Administration is a subset of management. An administrator is somebody who interprets policies and directives from above for implementation, knows the rules and applies them well. The administrator and manager do not have to be different people.

1.4 Managerial Roles

The roles that a manager has to fulfill can be summarized as interpersonal roles, informational roles, and decision roles.

Interpersonal roles:

- Managers as figureheads who, because of their authority, are obliged to perform a number of duties.
- Managers as leaders, providing guidance and motivation.
- Managers as liaison officers, maintaining a web of relationships with individuals and groups.
- Managers as disturbance handlers, dealing with involuntary situations and change beyond their control.

Informational roles:

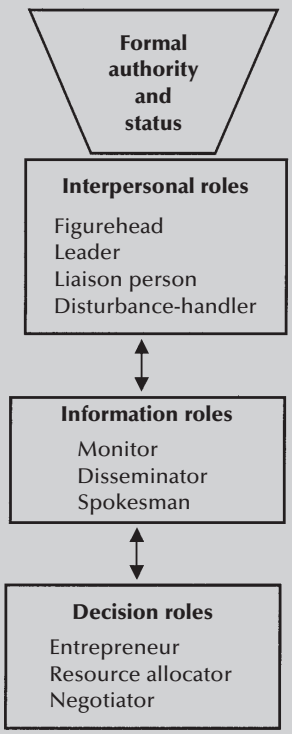
- Managers as monitors, continually seeking and receiving information as a basis for action.
- Managers as disseminators, passing factual information to supervisors, colleagues and subordinates and transmitting value statements to guide subordinates in making decisions.
- Managers as spokespeople, transmitting information into their organization's environment.

Decision roles:

- Managers as entrepreneurs, acting as initiators of controlled change in the organization.
- Managers as resource allocators, making choices about scheduling their own time, authorizing actions and allocating people and finance to projects or activities.
- Managers as negotiators with other organizations or individuals.

The above-described **managers' roles** are illustrated in the following figure:

FIGURE 1: MANAGERS' ROLES



1.5 Traditional Management or Leadership for Change?

In the present reform climate, with its many changes, there is more and more need for leaders rather than traditional managers.

Leadership is the key factor differentiating the "average" from the "excellent". In essence, effective leadership is about enabling ordinary people to do extraordinary things in the face of adversity, and to constantly turn out superior performance for the long-term benefit of all.

Effective leadership involves choosing, and then translating, the right strategy into action and sustaining the momentum. Leadership is essential in any change process and the burden of effort in any change process lies in its implementation.

A "leader" is a person who manages people by creating high involvement and shared commitment that stimulates people to overcome obstacles in the way of achieving maximum results.

The above definition recognizes "strong and effective leadership" as one which allows active participation of all team members with a clear sense of purpose and mutual support. In such circumstances, team members of the organization gain experience and qualify themselves for promotion and advancement. The organizational results and goals are thus satisfactorily met.

1.5.1 Effective leadership

Strong and effective leadership creates a high degree of involvement and shared commitment that stimulates people to overcome obstacles to achieve maximum results. Critical success factors of effective leadership are:

- Ability and commitment to motivate people
- Excellent interpersonal skills
- Ability to learn on the job
- Hard work and working smarter
- Linking strategic planning to implementation
- Facilitating teamwork
- Facilitating organizational development.

An effective leader will:

- **Take initiative:** This is exercised whenever effort is concentrated on a specific activity, to start something that was not going on before, to stop something that was occurring, or shift the direction and character of effort. DHMTs need to take individual and collective initiatives, especially during the current changes as a result of the reforms.
- **Enquire:** This 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. A leader who is keen to learn as much as possible about work activities is more likely to gain quality information than one who ignores the need for enquiry. This is particularly important for DHMTs in view of the requirements of evidence-based planning and the call for health systems research.

- **Advocate:** This means to take position in support of a cause, e.g. creating awareness on cost-sharing. A leader has convincing abilities and is prepared to take a stand.
- **Face and handle conflict:** A leader should be ready to face conflict and resolve it with the mutual understanding of those involved, creating respect by doing so. Failure to do so leads to disrespect, hostility and antagonism.
- **Make decisions:** This involves choosing or selecting between two or more courses of action. It may involve choosing an intervention or how best available resources can be effectively used. DHMTs require adequate decision-making skills for planning, especially in the aspect of resource allocation.
- **Critique:** Good leaders are able to give constructive critique and feedback. DHMTs need to use the "Critique Approach" when conducting supervision, counselling and guidance of their subordinates.
- **Transparency:** A good leader is open, avoiding doubt through effective communication and information.

In short, a good leader is characterized by decisiveness, integrity, enthusiasm, imagination, willingness to work hard, analytical ability, understanding of others, ability to spot opportunities, ability to meet unpleasant situations, ability to adapt quickly to change, and finally, willingness to take risk.

ACTIVITY 1

Individuals first spend a quiet period of a few minutes identifying a person whom, from their own experience, they consider a leader. Then each group member is in turn given the opportunity to share his choice of leader with the other members of the group. A recorder keeps note of all leadership qualities that are mentioned. In the end, a comprehensive list of leadership qualities is presented and compared with the above list.

1.5.2 Management or leadership?

Although there appears to be an overlap between management and leadership, it is possible to differentiate between traditional management styles that are still found in so many organizations and the forward looking, change-oriented leadership styles that are required to achieve actual reforms. Figure 2 summarizes some of these distinctions with relation to change, focus and self-management.

FIGURE 2: DISTINCTION OF TRADITIONAL MANAGEMENT FROM LEADERSHIP

Traditional management		Leadership
Focus on stability, avoiding risk	CHANGE →	Emphasis on growth & change / acceptable risk
Peacemaker, avoidance of conflict		Pacemaker, conflict risked as inevitable to growth
Emphasis on skills		Emphasis on attitudes
Concerned with events		Concerned with underlying themes
Win-loose power orientation		All can win through expansion
Administers		Innovates
Traditional management		**Leadership**
Extrinsic motivation (stick or carrot)	FOCUS →	Intrinsic motivation (the extra mile)
Today		Day after tomorrow
Short-term task		Longer-term process
You serve me		I serve you
Hierarchical		Partnership
Low involvement		Empathy
Traditional management		**Leadership**
Externalizes responsibilities, tendency to "wait and see"	SELF →	Assumes responsibility to change
Them (tendency to blame, premise of incompetence in others)		Me and them (trust in innate desire to excel / learn)
Linear thinking, intellect dominates		Systems thinking, balance between intellect and passion
Positional power emphasized		Competence emphasized

ACTIVITY 2

As an individual confidential exercise, judge yourself against the above list of traditional management / leadership qualities; write down how you rate yourself. Then make a list of "good intentions" on how you will improve yourself on your weak points. Optionally, discuss with a trusted friend / colleague, your facilitator or a counsellor.

OPTIONAL ACTIVITY

Do the same exercise, but now in relation to your superior or one of your colleagues. This should only be done under guidance of a facilitator who is very skilled in the handling of group processes.

1.6 Management of Change

Change has been with us since the beginning of time, and without it there could have been no evolution. Change is inevitable. The difference today is the rate of change and the speed with which we have to adapt it. As seen above, the greatest change effort lies in its implementation and this is exactly what DHMTs are expected to do. It is therefore important that DHMT members understand the main factors that play a role in the change process.

1.6.1 Types of changes

There are two main types of changes:

- **Strategic change:** This has got to do with broad, long-term and organization-wide issues. It is about moving to a future state, which has been defined in terms of strategic vision and scope.
- **Operational change:** Operational change relates to new systems, procedures, structures or technology, which will have an immediate effect on working arrangements within a part of the organization.

1.6.2 Resistance to change

When change is proposed or is imminent, there is always resistance that the change agent (in this case DHMT) should try to overcome. Some of the reasons why people are resistant to change include:

- **Economic considerations:** Change can lead to redundancy, loss of earnings, loss of promotional prospects and loss of status.
- **Inconvenience:** Change can make life more complex and difficult, perhaps requiring a transfer or learning new skills, methods and procedures.
- **Conformity:** People may have a preference for conformity to customary and expected patterns of behaviour.
- **Misunderstanding:** People may misunderstand the implications of change and may fear the unknown.
- **Perception:** Different people have different perceptions of situations.
- **Previous experience:** People may have bad experiences from previous attempts at change.

It may be useful to identify various forces that are hindering change and then to devise driving forces such as training, information and advocacy to counteract those forces.

1.6.3 Guidelines for change management

DHMTs should try to avoid or reduce resistance to change and make health workers accept change by doing the following:

- Plan change carefully:
  - identify problems and their underlying causes;
  - formulate alternative actions to solve the problems;
  - select most feasible action;
  - establish an implementation plan.
- Involve those who will be affected by change right from the planning stage.

- Explain the benefits, both for the organization and the people, and also indicate the disadvantages that are likely to arise.
- Introduce change gradually.
- Be patient and tolerant during change. Give support and help.
- Provide training, which may be needed.
- Monitor change.
- Communicate frequently with people during and after change in order to identify snags and problems.
- Be firm about the end results but flexible in getting there.

ACTIVITY 3

Choose an important change that your DHMT will have to implement in the context of ongoing reforms. In group discussion identify who in the district:

- Will see themselves as winners?
- Who will see themselves as losers?
- Who has the power (both to block and to promote the change)?
- Who has the required information that is relevant to the change (both "hard" official information, and informal "soft" information)?

Use the above information to devise a change strategy; implement this strategy while regularly reviewing it.

Unit 2: Teamwork

Introduction

The success of health care activities in a district depends, to a large extent, on members of the DHMT working as an effective team and on the leadership that is provided (see above).

Objectives

The objectives of this unit are to:

- Introduce the concept of teamwork
- Describe mechanisms for enhancing teamwork in the district.

Expected outcomes

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

- Describe a district health management team (DHMT)
- List the attributes of an effective working team
- Apply effective teamwork in your day-to-day health care activities.

2.1 What is a District Health Management Team?

A team can be defined as a group of people working together to achieve the same goal.
A district health management team can be defined as a group of technical persons with background of different professional disciplines working together to guide, oversee and coordinate health care services in a district. The team, therefore, works together to oversee the implementation of health care activities toward achieving better health for the people in the district.

2.2 Features of Effective Working Teams

In order to work as an effective team, you as an individual member, together with other members of the DHMT, should:

- have a clear understanding and commitment to a common task and overall purpose;
- have a clear idea of your own job and how it relates to other team members' jobs;
- 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;
- create a good learning and training environment in the workplace. Your team leader should encourage and stimulate this process;
- ensure stability and continuity of your functions by avoiding frequent changes of members, otherwise you will not sustain teamwork;

- build-up an efficient team by mobilizing sufficient resources to carry out the team's functions. You also need 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 relationships within yourselves by being open, understanding and willing to help each other;
- develop ways of measuring and recognizing your team's functionality, achievements and success;
- develop a strong sense of cohesiveness and loyalty, which will enable you to work well and tackle new problems successfully. However, this loyalty should not be at the expense of other health workers not in the DHMT.

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

ACTIVITY 4

The "Paper Tower" exercise

Divide in groups of 4 to 6 members; make sure that there is an even number of groups. One-half of the groups are the builders, the other half the observers. Each "builder group" is provided with A-4 paper of different colours, a pair of scissors, and glue. The builder groups are instructed "to build within 20 minutes a tower that will be judged on two criteria: its height and aesthetic beauty". The observer groups will closely observe the team process and the role of each individual in this process while taking notes. Once the exercise is over, the observers share their observations (1) with the individual whom they have closely observed, and (2) in plenary, about the team process as a whole. From this experience, list additional factors that could further consolidate your team and also list factors that could disintegrate your team. Finally, discuss how to avoid such disintegrating circumstances.

Unit 3: Multisectoral Collaboration: Partnership in Health Care

Introduction

Multisectoral collaboration is one of the prerequisites of primary health care (PHC). In order to provide quality services in the district, DHMTs need to work collaboratively with their colleagues, who may include individuals from other government departments within the district, as well as people from other organizations, which may be public and private, whether or not belonging to the health sector. In this unit you will explore in detail the importance of partnership in the district. It is necessary to consider the character of various organizations and the community. Organizations differ in many ways, and knowing something about the character of organizations will help you to foster partnership with them. The issues to be addressed in this unit concern the types of partners you may need to collaborate with and the approaches that may exist which can be used to foster partnership.

Objectives

At the end of this unit, participants should be able to:

- define partnership;
- explain types of partnership;
- explain the importance of partnership in health care services;
- describe approaches for developing partnership in the district.

3.1 What is Partnership/Collaboration?

Partnership means voluntary joint action or decision-making in a harmonious and supportive way, for a common goal and outcome. It involves all players or stakeholders at district level who, through their actions, will influence health services delivery at any of the health delivery points in the district. Partnership and collaboration will be used interchangeably.

3.2 Types of Partnership

There are two types of partnerships described in this module. The first type of partnership is between organizations providing health and health-related care in a district. The second type is between organizations providing health and health-related care and the community. These partnerships are further discussed in Units 4 and 5.

3.3 Why Partnership?

Isolated efforts have limited impact because experiences, expertise and lessons learnt are neither shared nor concentrated. With effective collaboration, each organization can focus on its strongest areas. By

cooperating with interested parties, DHMT may be able to provide broad-based and high quality health services to those who need them.

ACTIVITY 5

Partnership has always been advocated as important for actors in health and health-related areas. Please provide the information requested below.

(i) Give examples of partnerships currently in place in your district and how they influence the health of the population.

(ii) List reasons why partnership or collaboration between organizations in your district may be beneficial.

(iii) List cases and reasons why collaboration may not be the best option.

(iv) Give examples where partnerships have failed and the reasons why.

The case study on the fight against malnutrition in Opeda (Box 1) provides an illustrative example of poor partnership and its consequences.

BOX 1: CASE STUDY: THE FIGHT AGAINST MALNUTRITION IN OPEDA

Malnutrition in the Opeda region was historical and well-known. Indeed, the local population took it for granted and thought that it was normal. Ironically, the Opeda region was the richest region in the country. It contributed greatly to the economy of the country by growing a lot of maize, cotton and wheat, the advantage being the high fertility of their soil. There had also been a series of campaigns, both by the Agriculture and Finance ministries, urging the population to increase production of these crops in order to improve the economies of the households. The promotion of production was through cooperative societies, whose aim was to produce for cash. As was expected, the population responded to the appeal and the production went up as also the level of household economy. Despite the high production of food crops, almost all the food was being sold and hardly any left for the families. The expenditure of the family income was also left to the discretion of the man, as head of the family, and more often than not, his priorities were not the priorities of the family. Thus, while the Ministry of Health's efforts against malnutrition went on, the problem of malnutrition remained.

Some advantages of partnership in health care

- When resources are scarce there is an obvious need to share the limited resources.
- Partnership makes the most efficient and effective use of resources while avoiding duplication.
- Significant health problems always have environmental, social, economic, political and legal determinants. These multiple determinants of health problems may only be addressed through combined efforts by various sectors.
- Through collaboration, organizations may identify common areas of interest and they may pursue activities in similar standards. Eventually they may develop common policies and thus increase a common sense of direction.
- Monitoring of progress is easier when efforts and technology are harmonized.
- Combined health interventions or programmes may be more responsive to specific health needs of a particular area or community than multiple isolated efforts.
- Exchange of data, information and networking may improve the approaches of individual partners and sustain the capacity of large programmes that cover many areas. Such exchange and sharing of information may make an organization avoid mistakes, learn from the problems and successes of others, and avoid wasteful and unnecessary activities. It may also benefit the design, implementation and evaluation of programmes in all kinds of fields including health, education, home-based care, etc.
- Maintenance of equipment may be both convenient and inexpensive when technical inputs are made compatible.
- When organizations coordinate, they can assign activities to those organizations that are best qualified to carry out those activities, thus putting an end to duplication of services. This should free both funds and personnel to take on new activities, thereby broadening the scope of the services provided.
- Collaboration brings greater influence. When all service-providers speak with one strong voice, they are much more likely to be heard, respected and answered.

In summary, collaboration among partners builds solidarity and reduces unnecessary competition and uncertainties among stakeholders while addressing major health problems. Therefore, organizations need to remove doubts they may have about each other if they are to establish and develop a spirit of cooperation.

3.4 Approaches to Partnership

It is important to understand the range of approaches in developing inter-agency partnership.

Approaches to develop partnership include organizational-bureaucratic approach, mutual agreement and development of networking to link organizations.

3.4.1 Organizational-bureaucratic approach

The organizational-bureaucratic approach lays emphasis on control systems whereby management uses its techniques of control, direction and planning to influence other people to come together. Some policies, rules and regulations created by government and other large organizations are meant to achieve more collaboration. For example, a policy on the control of epidemics such as cholera or plague influences organizations to work together.

3.4.2 Mutual agreement

Mutual agreement as an approach sees organizations as different, competing and decentralized, but these features are also seen as positive. Coordination in this form is not through imposition from above, but rather through mutual negotiation or informal mechanisms. Coordination can be achieved by agencies adjusting their activities to those of other organizations. Organizations have their own interests to pursue and try to influence decisions of other agencies through manipulation, bargaining or negotiation. For example, while working with the community a health care organization may wish to adjust its working regulations to fit with those of the community in order to work with them.

3.5 Development of Networking

In all health care organizations, there are individuals and institutions that have connections or channels of influence with other individuals or institutions. This leads to the development of organizational networking. Management has to devote time and attention to these lateral and horizontal approaches and not to concentrate only on activities within the structure of the organization. For example, inter-personal relationship may influence a link within organizations which were once not working together.

3.6 Communication

Achieving a common understanding is very crucial for the success of any partnership. To arrive at a common understanding, there has to be good and effective communication, where messages are conveyed with a shared meaning in a two-way manner between the parties involved. Often, conflict arises because of barriers to communication. Such barriers could be difference in perception, lack of knowledge, prejudice or bias, among others.

Unit 4: Partnership Between Organizations

Introduction

In order to provide clients with the best and most accessible health services possible, the DHMT needs to work collaboratively with other organizations in both the public and private sectors available in the district. It is very important for the DHMT to coordinate all elements of health programmes in the district.

Objectives

At the end of this unit, participants should be able to:

- describe characteristics of an organization;
- identify main organizations providing health services in the district;
- identify different patterns of relationships which exist among organizations providing health care in the district;
- develop and maintain partnership among organizations in the district.

4.1 Characteristics of an Organization

Before entering into partnership you would like to know your partner better. It is therefore good to consider briefly what determines the character of an organization. Organizations are defined as collections of people joined together in some formal association in order to achieve group or individual objectives.

Organizations are characterized by:

- The purpose of the organization. For example, the purpose of a religious organization is obviously different from that of a transport company. Sometimes the differences of purpose or intentions are not all that clear. "Hidden" goals and objectives may exist that may even be different for departments and individuals working in the same organization.
- The people, who are associated with the organization, their attitudes and values, their aspirations, their experience of different types of work, etc.
- The strategies and tactics, as evidenced from plans and policies. These strategies may relate to services provided, intended target group and area, finances and personnel. Also, strategies may differ to the extent that they may encourage or discourage innovation and change.
- The technology or equipment they have. A research institute may have computers and information/communication equipment; a transport firm has vehicles, equipment and expertise for maintaining and repairing cars.
- The environment in which the organization is operating. This environment consists of individuals, groups, and, most importantly, other organizations, which have their own internal

complexities and sources of stress and strength. A church hospital works in a partly different environment from a government hospital.

- The structure of roles and relationships, which is partially revealed in organizational charts and job descriptions, but extends to the content and form of control systems and administrative structure.
- The culture of the organization, which consists of its shared values and beliefs. This culture creates special patterns of thinking and feeling within each organization. Large government and donor organizations may have a bureaucratic culture very different from the organizational culture of a local NGO.

ACTIVITY 6

Determining characteristics of organization and patterns of collaboration in the district.

(i) Identify organizations to be visited within the area.

(ii) Write to the organizations requesting them to accept the visiting team. Indicate the date, time and purpose of the visit. State clearly in the letter that a senior staff member of the organization is requested to meet the group to have a dialogue and exchange ideas on the organization's strategies in health provision, structure, resources and performance. Copies of annual reports and plans should be requested.

(iii) Divide the team into groups of three or four members each. Let each group choose which organization they wish to visit. Prepare organization-specific tools for collecting information on strategies, plans, resources and technology.

(iv) On return, each group should prepare a report, to be presented in plenary for discussion.

(v) Identify similarities and differences between the organizations and identify existing or potential areas of cooperation.

4.2 Organizations Existing in District

Within a district there are usually many organizations that are involved in health or health-related services. These organizations may be:

- religious organizations;
- private for-profit organizations;
- NGOs;
- local-government organizations (water, community development and other departments);

- government organizations (including central, regional and provincial governments);
- donor organizations;
- political organizations;
- civic organizations;
- community-based organizations.

4.3 Factors Facilitating Partnership

Promoting partnership may be difficult and there are usually obstacles or constraints in the way. There are also factors that make it easier to achieve your aims.

It is good to know what factors encourage partnership. Knowing those factors may help you to create the right climate for partnership and to recognize opportunities for collaboration when they arise.

ACTIVITY 7

From your own experience list examples of what may facilitate partnership. If you know about a very good example, share it with the whole group.

BOX 2: CASE STUDY:
PARTNERSHIP BETWEEN ORGANIZATIONS

In District A, there existed a number of organizations, both international and local. These organizations started functioning at different times, with different goals and agendas, but with considerable overlap in the health area. For a number of years, the organizations worked hard and even expanded. They also attracted more money because the district was one of the districts in the country with the highest infant and child mortality rates. However, for the many years the organizations operated in the district, the health status of infants and children never improved. A new district medical officer (DMO) was posted in the district. After familiarizing himself with the situation in the district, he decided to call all health-related organizations operating there to discuss the appalling health status of infants and children in the district. After a series of meetings, a common plan of action was adopted by all the organizations alongside the district authorities. Funds were mobilized from existing resources and implementation was started. Five years later, a survey carried out in the district showed a marked drop in the infant and child mortality rates and substantial savings on expenditure by the organizations.

Examples of factors that promote partnership between organizations include:

- **Clear purpose and commitment** to inter-organizational partnership by all partners. This is sometimes called "political will".
- Partnership at all levels. Partnership is easier to achieve if there is a **national framework** for facilitating a similar process at regional, district and community levels.
- Partnership is facilitated by **decentralization.** Decentralization provides district managers with decision-making authority over resources that facilitate partnership.
- **Joint planning** makes a useful contribution to partnership because planners join in efforts to identify and agree on problems, setting objectives, identification of resources, budgets, timetables and procedures.
- Sometimes **formal rules, regulations and procedures** indicate where different agencies can make common use of resources such as finance, personnel and transport. Agencies in various sectors should review their policies and regulations to make provision for collaboration and joint decision-making procedures.
- Intersectoral coordination can be further encouraged when workers at various levels **maintain contact** with workers at similar levels in other organizations. Such "lateral" contacts should be encouraged both in formal and informal ways. When regular contacts exist between many individuals in different organizations they form a network to facilitate partnership.
- In many respects, effective partnership depends on the **development of a collaborative style of interpersonal relationship** both within and between organizations. There is also a need to trust others and reward initiatives of individuals fostering partnership.
- It would help if health information systems **use indicators that measure progress in key areas of PHC activities, health status and quality of life contributed by multiple agencies.** Feedback of this information will eventually direct policies in similar direction.
- If organizations are already used to **innovation and inquiry** to guide their inter-agency partnerships it will be easier to establish partnership.

4.4 Constraints to Partnership

If you intend to work together, it is important to foresee and identify possible problems of collaboration and seek ways of solving them. Problems in collaboration are related to differences in organizational structures, cultures, procedures (e.g. financial, administrative) and professional ideologies and values.

ACTIVITY 8

From your experience, list problems that may interfere with development of partnership among organizations. Share your list with the whole group.

Examples of constraints to partnership:

4.4.1 Problems related to organizational purpose and structure

- Different policy priorities held by different organizations. For instance, interests and priorities of individual districts and local organizations are sacrificed when collaborating with large international organizations that have their own agenda.
- Establishing relationships with local partners is difficult when partners are still under central control and are lacking autonomy.
- Partnership is further made difficult when agency boundaries are different. A diocese may have facilities spread out over several districts and regions, while a particular DHMT is only interested in providing health facilities in its own district.
- Some organizations may view partnership as a threat to their established role or responsibility, or causing a loss of autonomy or abdication of their leadership role. These fears exist in every organization but they tend to be most pronounced among weak or young organizations.

4.4.2 Problems related to differences in procedures

Organizations operate according to their own management and planning systems and procedures that may be incompatible with those of other organizations. Such different systems include:

- planning horizons and cycles;
- budgetary cycles and procedures.

4.4.3 Problems related to finances

Collaboration may be difficult because many organizations have insufficient resources to be used in joint programmes and the considerable costs involved in establishing and maintaining collaboration. Even those who have enough resources to commit may find it difficult to share them with others because of differences in funding sources, funding mechanisms and flow of finances. This is due to the regulations which give guidance on how the funds should be used.

4.4.4 Problems related to professional differences

Professional differences that may come in the way of collaboration include:

- differences in ideologies and values;
- professional self-interest and concern for threats to autonomy;
- conflicting views about the roles and views of health service users.

4.4.5 Problems related to status and organizational culture

- Organizational members may hesitate to collaborate because they may fear loss of autonomy and bureaucratic control.
- Mistrust and conflict may further be based on differences in organizational culture (an example may be the difference in attitude toward family planning between the government and religious organizations).
- Donors and NGOs often compete for access to national policy-makers and specific districts.
- Fear of revealing secrets or weakness. Organizations may feel that they have to share innovative

ideas and methods, which they believe give them advantage over the competition, or they may fear that their weaknesses will be exposed. These issues of competition and pride must be taken into account.

- Fear of being used. Managers of some organizations may worry that another organization will use them for its own benefit. Making effort to open communication channels and to understand the interest of other organizations can minimize these fears.

ACTIVITY 9

Role play

The DMO calls and organizes a meeting between DHMT members and possible partners in health care delivery in their district.

Neither DHMT members nor invited partners know each other very well.

During the meeting DHMT members and partner organizations differ in their expectations and potential collaboration.

At the end of the role play participants will explain what they have seen/observed.

4.5 Developing Coordination Among Organizations in the District

4.5.1 Mapping collaborators and collaborative activities

When many organizations are involved in improving health and health-related services, the DHMT may want to sort out which organization is offering what type of services and whether there is any duplication in the provision of services. The DHMT can do this by constructing a function allocation chart, as shown in the following example.

FIGURE 3: EXAMPLE OF A FUNCTION ALLOCATION CHART

Functions/Activities	ORGANIZATIONS PRESENT IN THE DISTRICT					
	Non-governmental organizations	Religious organizations	Family planning project	Military hospital	Police health centre	District hospital
OPD NORMAL SERVICES						
Special clinics ▪ Gynaecological ▪ Orthopaedic ▪ Surgical						
Dental services ▪ Extraction ▪ Surgery ▪ Replacements						
Laboratory services ▪ Routine ▪ Culture and sensitivity ▪ Blood analysis						
Pharmacy services ▪ Procurement ▪ Dispensing						
MCH services ▪ Under-five services ▪ FP services ▪ Vaccination services ▪ Antenatal services ▪ Postnatal services ▪ Outreach services						
Health education services						
Community participation **Water provision** **Sanitation**						
IPD services **Major surgical intervention** **Minor surgical intervention** **Others (specify)**						

The DHMT may wish to add functions or activities that are part of the services offered in the district but have not been included here, or omit any that are not relevant to the services in the district. These activities are listed vertically in the first column.

Once the DHMT has identified the activities, it should make a second list of all organizations involved in providing health and health-related services in the district. These are listed horizontally at the top of the remaining columns. Next, identify which organizations are performing each activity or function listed. Either tick (÷) the column or write in comments.

The exercise of preparing the function allocation chart is most useful when representatives of all organizations involved are present and take part to complete the chart and discuss what steps need to be taken to improve services.

The function allocation chart will help the DHMT and partners to visualize the entire range of health services that are available in the district and use it to identify gaps and duplication of effort. Partner organizations will also see how they fit into the overall district health system. The chart is therefore an effective tool for establishing a common understanding of the complexities of coordinating health services among different organizations in the district.

ACTIVITY 10

(i) Analyse the types of relationships that the DHMT has with partner organizations.

(ii) Identify the strengths and weaknesses of these relationships.

(iii) Formulate concrete actions that can be taken to improve relations and to encourage partnership.

4.5.2 How to improve partnership among organizations in the district

In order to improve partnership among organizations in the district, the DMO/DHMT should call a meeting, propose draft agenda and suggest organizations that might send a representative to the meeting. During the meeting:

- allay the fears and highlight the advantages of partnership;
- establish working procedures of the group, such as frequency of meetings and sharing of information through reports;
- conduct a function allocation exercise to see who is currently doing what and to identify gaps and redundancies;
- define the key areas for coordination, and specify the desired changes and expected results;
- record the discussions and agreements reached;
- set a date for next meeting.

4.5.3 Techniques to influence relationships

The following techniques can be used in the process of influencing relationships:

- personal informal interactions, e.g. hospitality: lunch, visits and entertainment;
- co-opting or incorporating individual groups or organizations to boards or advisory committees;
- bargaining on the exchange of valued scarce resources;
- agreeing on common pricing standards;
- contractual agreements;
- technological advancement through training, exchange of information and joint research.

4.5.4 Conditions for successful coordination

Successful coordination is more likely to occur when:

- DHMT understands how to carry out coordination activities;
- DHMT members and staff from other organizations can be shown that there are common or complementary goals among organizations;
- there is a clear analysis and agreement on the kind, amount and quantity of the resources that are needed and available;
- a realistic and equitable system for the exchange of resources can be worked out;
- there is a formal agreement on cooperation between organizations;
- key people and groups in the organizations agree on the importance of collaboration;
- it can be shown that there is the potential for a larger reserve of total resources if activities are coordinated;
- specific proposed coordination activities are set in the context of a broad range of goals and activities, rather than in a narrow, activity-specific framework;
- the participating organizations are linked structurally and/or functionally (e.g. presence of advisory committee, having similar programmes, reciprocal obligations);
- organizations recognize or can be convinced that they are mature enough to collaborate with others rather than being entirely concerned with their own activities only;
- collaboration is present and recognized as a viable alternative to competition and conflict;
- organizations can be shown that, without collaboration, other organizations may take over functions or activities perceiving them to be in their area of interest, responsibility or their competence;
- there is mutual respect, especially of differences, respect of promises and commitments, transparency and openness.

Collaboration/partnership will only take place if someone takes the initiative and perseveres. It requires a persistent effort. If no collaboration is taking place in your district, it may be that no organization has recognized the need for it or is willing to lead the coordination effort. This provides DHMT with an opportunity to take the lead. When DHMT does so, it will be effective if it guides the process rather than

trying to control it. It takes a lot of time and effort to initiate and maintain partnership or collaboration. Try to keep the effort from being abandoned before the benefits can be realized. DHMT members who are responsible for initiating partnership need to have skills in negotiation, problem-solving and team-building.

Unit 5: Community Participation and Partnership Between Organizations and Community

Introduction

Partnership between organizations and the community aims at empowering the latter so that its members are enabled to determine their own health situation and plan for the necessary changes. This unit addresses partnership between agencies providing health care and the community in the district.

Objectives

At the end of this unit, participants should be able to:

- explain the importance of community participation for district health management and planning;
- describe what organizations and community should know about each other;
- facilitate interactions with the community;
- identify areas of partnership between the community and health care providers;
- identify obstacles to partnership with the community;
- develop strategies to improve partnership.

5.1 The Importance of Community Participation

"One of the priority strategies in implementing PHC is community participation" Community members know about their own health situation and they are also in a position to determine what to do about it and take appropriate action. The role of the health system is to facilitate self-discovery in health matters among communities. Community members should participate in planning and be given the power to change their situation for better health services.

Community participation in management and planning provides the following advantages:

- organizations are likely to achieve more and better results because management and planning are adapted to local health needs and circumstances;
- communities make important contributions to the entire management process including ideas, knowledge, organizational structure, communication channels, labour, land, materials and finance;
- if the community has been fully involved in all the steps, i.e. planning, implementation, monitoring and evaluation right from the beginning, there is a greater chance that improvements will be long-lasting;
- community participation strengthens accountability because the community will have an important voice in the running of the services they pay for;

- community involvement can lead to community acceptance of health programmes that are important from the expert point of view.

5.2 Promoting Partnership with the Community

This section identifies some existing forms of community participation in health and briefly analyses some of the common obstacles. You will then be challenged to think of strategies to improve partnership with the community.

5.2.1 Getting to know the community and the community getting to know you

Before you can involve a community in anything, you have to know the community and vice versa.

ACTIVITY 11

In connection with community involvement in health development, list what you want to know about a community and what you think community members want to know about you. Discuss these points in groups.

Getting to know the community

Important things you may want to know about a community:

- work, living standards and seasons;
- family life;
- how people in a community relate to each other and their environment;
- values, beliefs and customs;
- health attitudes, problems and practices.

Work, living standards and seasons

Work directly influences the living standards of a community. It is also very important for the health of the people. The nature of work/occupation determines the income and well-being of those concerned. Income and well-being further determine how well communities can participate as partners in any joint activity. Poverty is recognized as the single most important cause of ill-health in the world.

Therefore, you should try to understand the causes of poverty in your district. Further, appreciate how seasonality influences all aspects of life in rural areas including work, income and occurrence of disease.

Family life

The family is the basic unit in any community. Strong family units are the foundation of effective partnership within communities. The most important decisions about health are made at family level and these decisions should be rational and informed. Small healthy families can cope much better with many

changes in society than large and weak ones. In small families women and men are more likely to be involved equally to make realistic decisions about the health of the family. Needs of women and children directly influence the health care services that need to be provided. Single-parent families usually have special difficulties in coping with their survival.

How people in a community relate to each other and their environment

Relations between people and their environment are very important for health. You should therefore find out who consults whom in social and health matters. Who decides whether a sick child should be brought to hospital? Who owns the vehicle that may be used in case of emergency? How knowledgeable are the leaders and how do they set their priorities? How are important decisions made: by one person in a democratic assembly? How much is the leadership supported by the community? Strong community support and collective decision-making through meetings will lead to viable long-lasting partnership.

Values, beliefs, customs and habits

Every community is founded on beliefs and values about life and relations. These beliefs and values form the unspoken commands that influence health, marriage, childbirth and death. Try to understand fully the beliefs, customs and values of the people. Often they form effective entry points for communication about health. Health educators have, for example, effectively used traditional songs and dances. Many individual habits directly affect health. The bad effects of alcoholism, smoking and irresponsible sexual behaviour are well-known.

The community getting to know you

Partnership is a two-way relationship and as much as you want to know the community, the community also wants to know you.

Some of the questions community members may ask themselves about you are:

- Who are you as a person? Where do you come from? Whom or what do you represent?
- Why are you here and what motivates you to enter this community?
- Are you to be trusted? Will you be dependable? Do you keep your promises?
- For how long will you be here?
- What do you know, what money do you bring and how can we benefit?
- Are you sincerely interested in our situation and us?
- What authority do you have? Can you make decisions?

Methods of working with community

The establishment of any relationship requires time. Most important is to be in touch regularly, be truthful and dependable. Make only such promises that you can respect. Be aware of what the community wants to know about you and be open.

If trust exists, open conversations are more reliable sources of information than formal questionnaires and interviews. The appropriate method to work with the community is known as "Participatory Rural Appraisal (PRA)". In this method community members act as researchers and analysts together with health workers. PRA often uses "mapping" in the process. Community members are invited to draw maps of their village or of relationships within their village on the ground. Social researchers are amazed to find

how well villagers can analyse their own situation:

- by making maps and models;
- by collecting, listing, sorting and ranking information;
- by sequencing and comparing information and experiences;
- by counting, estimating and scoring data;
- by linking and relating data collected with existing community problems.

ACTIVITY 12

Get in touch with someone who is experienced in PRA methods to participate in a participatory rural appraisal exercise.

(i) The expert in PRA should train participants how to conduct PRA.

(ii) Before going to the field, a simulation can be done among participants on how to present themselves, how to structure and ask questions.

Participants may wish to compare this approach with a questionnaire survey and then discuss which method gives better answers.

Some guiding questions on PRA

1. Questions on work and living standards:

- How do they get food?
- How do they get money?
- What occupation are they in? Farmers, fishermen, farm workers, factory workers, traders, etc.?
- How do they spend their free time?
- Who works? Men or women or both? Do children work as well?
- How is their standard of living as compared with the rest of the country?
- What is the communication network to the area? i.e. roads, telephone, boats, etc.?
- What is the water and sanitation situation?
- What are the housing conditions like?

2. Questions about family life:

- What is the average family size?
- Who makes decisions? Are males and females given equal opportunity?
- What family lineages do you have in the area (maternal or paternal)? This is important in deciding who is to be given specific health education.
- How stable are most families in the area?
- Is the problem of single-headed households conspicuous in the area?
- Is the problem of orphans widespread in this area and why?

3. Relationships between people and their environment:

   - What is the predominant system of social organization in this area? (Modern with political parties, traditional with chieftaincy or exclusively under a religious order?)
   - Who are the community leaders and how do they come to power?
   - How are decisions made in this society?
   - Is the political structure democratic or authoritarian?
   - Do they have places where people can meet to make decisions?

4. Values, beliefs, customs and attitudes:

   - What beliefs are most common about the five top health problems of the area?
   - Which customs (traditional practices) do people feel are harmful to human health?
   - Are there any social practices or belief, which hinder cooperation with certain groups in the area?

BOX 3: CASE STUDY: THE SANITATION EXAMPLE

Soon after independence in Africa, there were not many African sanitation experts, and as a result the majority of health officers at provincial and district levels were foreigners. Among them was a newly-qualified and enthusiastic young man from Europe, who was posted in one of the remote districts. He found that the sanitation situation was bad in the district to the extent that there was hardly any household with a pit-latrine. So, he mobilized resources and the area chiefs were instructed to ensure that households dug pit-latrines. Eventually, all the households dug pit latrines as they were instructed for fear of the law. From time to time the young health officer inspected the households to check on the latrines and always found them impeccably clean and commended the members of the household. He was startled when later he was told the reason why he always found the pit-latrines immaculately clean. They had never been used at all!

5.2.2 What are the areas of community participation in health?

ACTIVITY 13

Write down areas of community participation in health systems you have seen in practice. Discuss in the group.

Recognized areas where the community should be involved are:

- the district health planning process including setting objectives and priorities, deciding on where and when resources should be allocated;
- monitoring and evaluation;
- community management where the community takes on the role of operating and maintaining a facility such as a village health post or dispensary;
- Community contributions to the district health service. Individual/family/groups/community contributions in the form of money (for payment of salary to community health workers), food, materials, land or labour.

5.2.3 Obstacles to partnership with community

Obstacles to establishing or maintaining partnership can be found within particular communities. Some communities are much better organized and have better leadership than others. However, often these hindering factors are within ourselves (the health managers) and the health care organizations we are working in. Being aware of these obstacles is a first step in overcoming them.

Common obstacles within our health care system are:

- Too much central control, which hinders decision-making and flexibility. Donor agencies' agendas and planning timetables can be considered as a form of central control.
- Wrong perceptions of health workers toward communities and vice versa.
- Frequent transfers and high turnover of personnel working at district and community levels.
- Gender discrimination / bias in some organizations/communities.

ACTIVITY 14

List other obstacles towards community participation within the community, community health workers (CHWs) and the health care system.

5.2.4 Strategies to promote partnership with communities

ACTIVITY 15

Write down strategies to establish or promote partnership between health care providers and communities at the district and personal level. Compare your strategies with what follows in the text.

Strategies used to promote partnership with communities include:

Decentralization

Decentralization from national to district level is absolutely necessary to develop community participation. Decentralization brings decision-making closer to the community and providers of services. Decisions are therefore likely to be more appropriate. Decentralization further promotes the potential for multisectoral collaboration as seen elsewhere in this module.

Decentralization makes it further easier for local organizations to generate funds using their own initiatives and contacts. Finally, decentralization should lead to better quality services and thereby promote community confidence. This will ease the way to participation.

Promoting conditions for community management

To encourage community participation, it is helpful to build community management capacity which can be achieved by:

- ensuring that the community directly benefits and recognizes that the programme/facility is vital for them;
- promoting motivation by ensuring that the ownership of the programme/facility is placed in the hands of the community;
- training community leaders in the skills of organization and programme development;
- establishing close contacts with community-based organizations and in particular ensure partnership in the implementation of essential health interventions;
- working with communities to come up with ways and methods of disseminating health information, especially on determining essential health interventions.

Development of appropriate attitudes, values and approaches to participation among health workers and managers

It is a matter of great priority to develop the right attitudes and approaches toward community participation among health workers and health services managers. They should recognize that:

- knowledge resides in both professionals and community members and that partnership is necessary for programme development;
- community responses and involvement are useful inputs in health services;

- given the right conditions, communities possess the potential for being active participants through the development of their own representative organizations and identifying their own needs and priorities.

It is important to recognize how intersectoral action and community participation depend on each other. A single agency cannot develop and sustain community participation effectively. In this way **community participation** can promote intersectoral coordination.

Change to achieve full community involvement will take time. You and your fellow DHMT members can pave the way and start to:

- Review key areas of change in the district health management process and the organizational structure.
- Promote intersectoral approaches to community participation.
- Schedule the district health planning cycle to the convenience of all parties concerned, particularly the community.
- Solve problems with the community, not by "telling them what to do" but by:
  - listening, learning and understanding;
  - talking, discussing and deciding;
  - encouraging, organizing and participating;
  - informing.

5.3 How to Measure Community Participation

The following matrix summarizes how DHMT members can measure the degree of community participation in any health programme in the district.

FIGURE 4: MATRIX FOR MEASUREMENT OF DEGREE OF COMMUNITY PARTICIPATION

DEGREE OF PARTICIPATION	COMMUNITY PARTICIPATION	EXAMPLE
High	Has control	Organization asks community to identify the problem and make all key decisions on goal and means. The organization is willing to help community at each step to accomplish goals.
	Has delegated powers	Organization identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.
Moderate	Plans jointly	Organization presents a tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organization presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.
	Is consulted	Organization tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
Low	Receives information	Organization makes a plan and announces it. Community is convened for information purposes. Compliance is expected.
	None	Community told nothing.

Source: Community participation for health for all. *Community Participation Group of the United Kingdom Health for All Network, London, 1991.*

Suggestions for Further Reading

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COMMUNITY PARTICIPATION

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