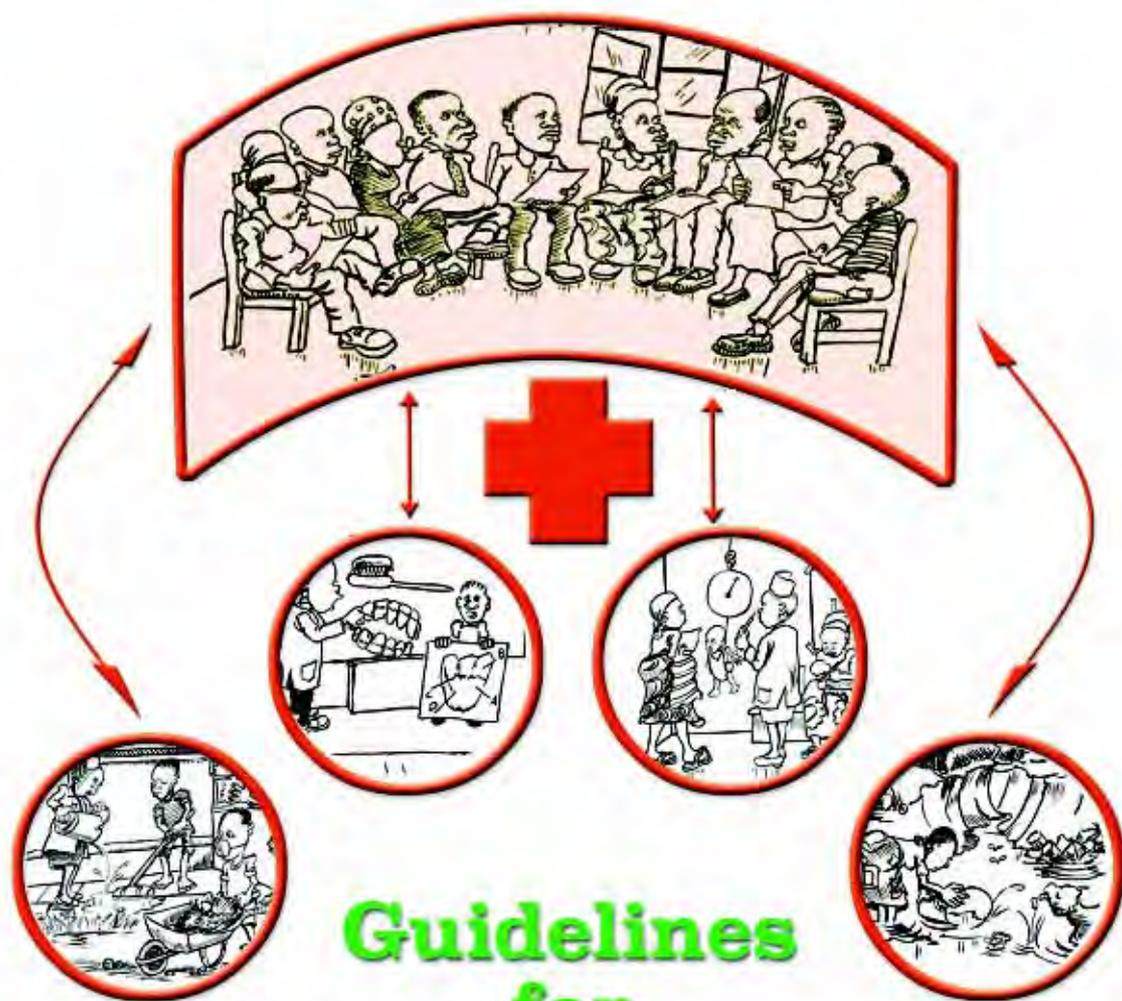


# Managing a Dispensary



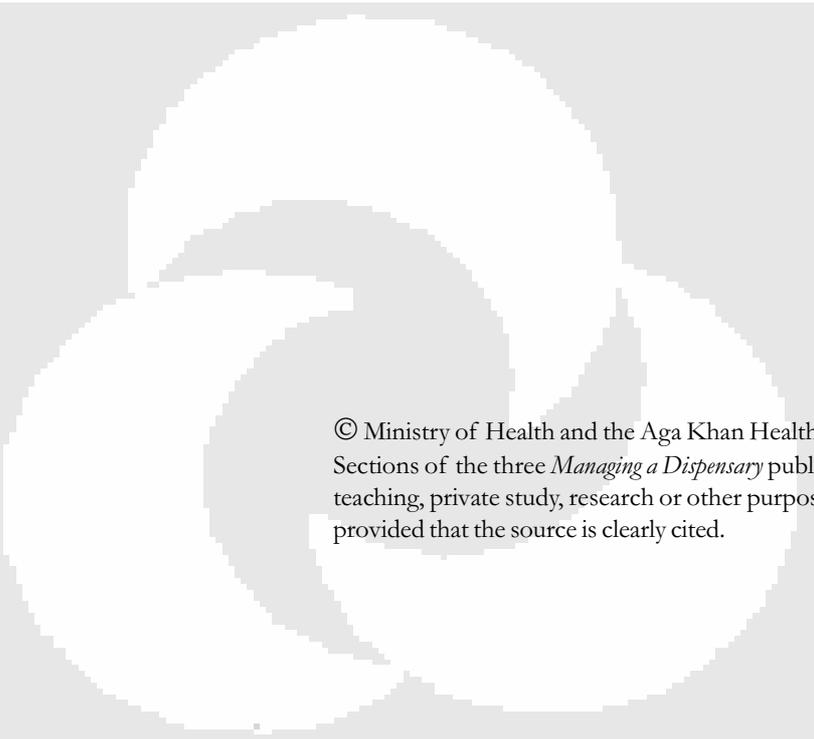
## Guidelines for Facilitators



Ministry of Health  
Government of Kenya

Community Health Department  
Aga Khan Health Service, Kenya





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# Guidelines for Facilitators

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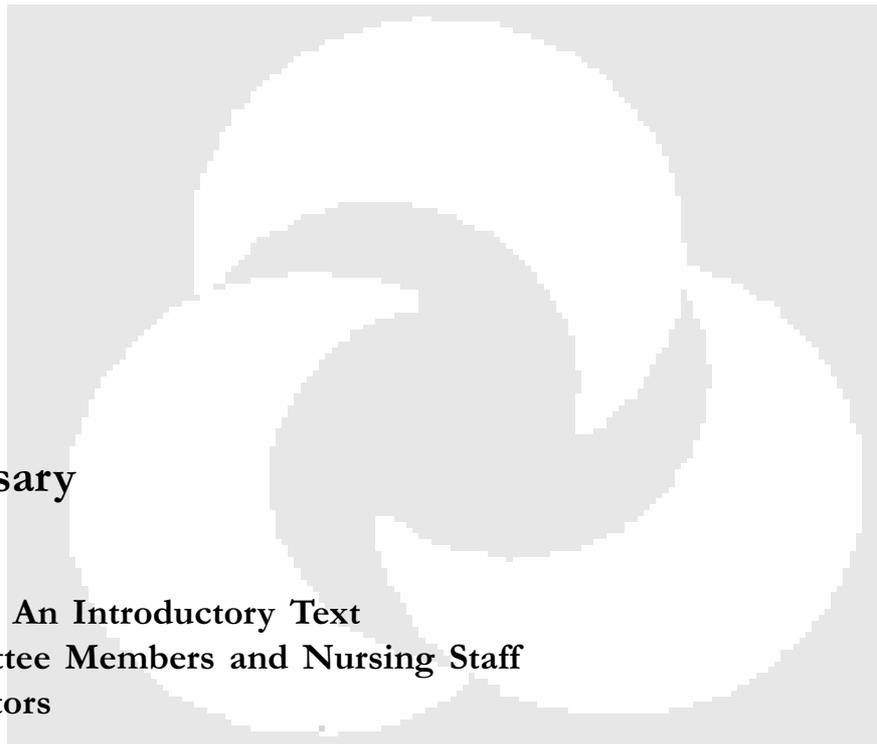
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## **Managing a Dispensary**

A three-part training package:

- 1) A Participatory Model: An Introductory Text**
- 2) Handbook for Committee Members and Nursing Staff**
- 3) Guidelines for Facilitators**



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# 1: Introduction

## ***Purpose***

‘Managing a Dispensary’ is a manual that has been developed for the committee members who oversee, and the nurses who work in, primary health care centres. It is based on the experience of a pilot project in the Kwale District on the coast of Kenya that focused on the strengthening of the committees that were established to share in the management of the local dispensaries. Its aim is to communicate the lessons that came out of that project, so that they can be applied in other countries and places where there is the same concern to empower health centre committees, to develop the management capacities of the nursing staff, and to improve the quality of primary health care.

These guidelines have been produced for those who will be using the ‘Managing the Dispensary’ manual in facilitating training workshops for committee members and health workers.

## ***Contexts***

It is recognised that contexts, circumstances and budgets will differ, so the lengths and the formats of training programmes will vary. But for each topic in the manual, these guidelines offer a flexible workshop scenario – presenting training objectives, indicating required materials, suggesting an ideal time allocation for each main topic, and describing a sequence for making the best use of the information and activities set out in the manual. Here, the assumption is that the workshop programme is for ten days. You might have more time – in which case you would be able to incorporate more practice sessions and coaching. You might have less time – in which case you could be restricted to raising awareness about some main management issues and opening up a number of key themes. And, even if you decide to follow the ten-day programme that is illustrated here, whether you structure the workshop in one or two time blocks – or whether you run it as ten separate days – will depend on a number of possible geographical, logistical, social and financial considerations.

It is also recognised that circumstances will differ in relation to the strengths and standing of dispensary committees. The guidelines begin, therefore, with a brief commentary on the kinds of exploration, consultation and support that might be needed in situations where the primary health care centres do not have such committees – or have committees whose roles are restricted to mobilising community interest and raising funds.

**Names**

In the Kwale Health Systems Strengthening Project (KHSSP) of the Aga Khan Health Services, where these training materials were first developed and tested, the committees were called 'Dispensary Health Committees' (DHC). They might well have a different name in your own area. But in the manual and these guidelines they are called DHCs – but, whatever the name, they are the committees set up to oversee the running of the dispensaries.

**Approach**

The 'Managing a Dispensary' manual has been written for the DHC members and the nurse. As you will have seen, it contains quite a wide variety of commentaries, case studies and exercises – what are called in the manual 'activities'. Hopefully, a DHC member would get a lot of benefit just from reading the manual and reflecting on the 'activities'. But, of course, he would get much more benefit from using the manual with fellow committee members and nurses in a workshop. As for you, these notes have been written as a guide to using the material in the manual in such a workshop setting. The assumption, then, is that the training approach will be highly participatory – rather than giving a series of lectures on the topics in the manual, you will be facilitating discussions and managing the practical sessions.

Before the description of specific sessions, Section 3 presents a brief commentary for those less familiar with participatory training approaches how a relaxed and productive 'learning climate' can be established in workshop.

## 2: Making Contacts

In the Kwale District of Kenya where the KHSSP pilot project was mounted, all the dispensaries already had committees drawn from the local communities. Moreover, the Community Health Department of the Aga Khan Health Service in Kenya had been working for some time in collaboration with the Ministry of Health in the promotion of primary health care – and this had led to the setting up of an extensive network of village health committees. So the initial concern of KHSSP that began operating in 1997 was to review the status and capacities of the existing committees, and to encourage these committees to reflect on how representative they were. Once the dispensary committees had ‘renegotiated’ their membership with their constituent village health committees, then the training programme was able to start.

However, in areas where such committees do not exist, then – given a policy commitment on behalf of the Ministry of Health – discussions would have to take place at the community level with local leaders, local government officials, and representatives of various community groups involved in development activities and health care promotion. In fact, it might be advisable for those working to stimulate community action in health care to adopt a wider perspective – by engaging in the kind of community-based situation analysis and agenda building that is achieved through participatory rural appraisal methods (PRA).

### ***Needs Analysis***

This is not the place to set out these PRA methods and recommend how they might be used in establishing community involvement in the promotion of primary health care activities and the management of local health facilities. For those who would like to follow this lead and to learn more about the possibilities and procedures of such community development processes as PRA, there are many easily available descriptions and resources. Here is just one short list:

Robert Chambers, *Rural Appraisal: Rapid, Relaxed, and Participatory*, Institute of Development Studies, Discussion paper 311, Sussex: HELP, 1992.

*PLA Notes*, International Institute for Environment and Development, Sustainable Agriculture, UK, 1991.

Jennifer McCracken, Jules Pretty, and Gordon Conway, *An Introduction to Rapid Rural Appraisal for Agricultural Development*, International Institute for Environment and Development, London, 1988.

J Theis and H Grady, *Participatory Rapid Appraisal for Community Development*, Save the Children Fund, London, 1991.

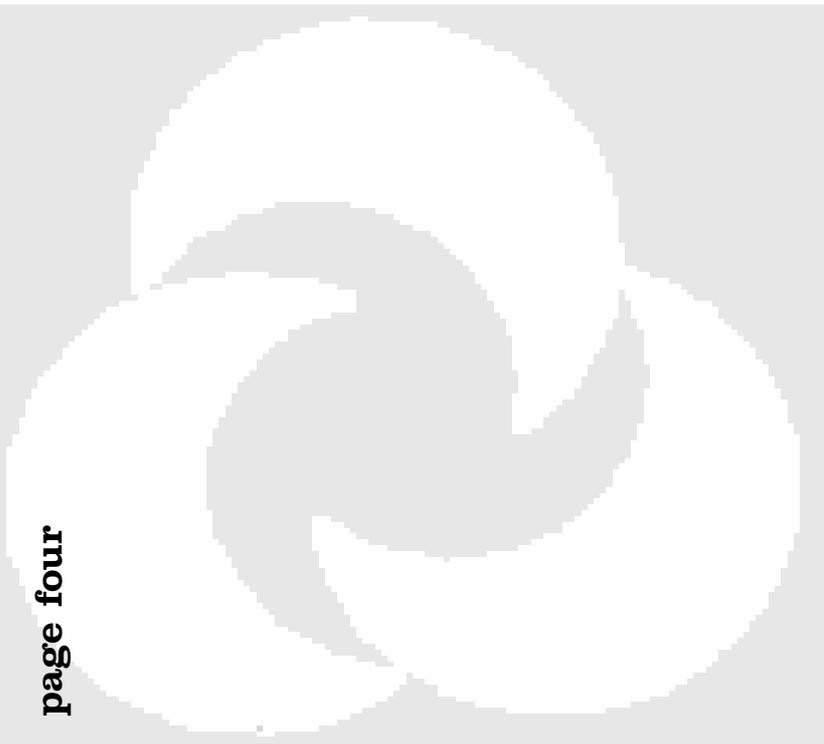
John Fox, Dekha Ibrahim, Ralph Johnstone and Sammy Musyoki, *A Participatory Journey*, Intermedia, Kenya, 1999.

### ***Capacity Building***

Once there is a commitment to public involvement in the management of health facilities, then it is time to start a capacity building programme that begins with an exploration of what makes a truly representative dispensary committee – and then goes on to support that committee and the nursing staff of the dispensary with a programme that clarifies roles and responsibilities, identifies key issues, outlines the necessary administrative procedures, and provides opportunities for developing the desirable communication, monitoring and management skills.

That is what makes the agenda of the ‘Managing a Dispensary’ manual – and, therefore, of these facilitator’s guidelines.

However, we should point out that the kind of 10-day workshop training programme presented here may well need a substantial amount of on-site follow-up by the trainers and facilitators. Ten days are barely enough to introduce the key subjects, generate discussion of important issues, and allow for initial practice of recommended procedures. Facilitators would also need to attend a few DHC meetings, as well as make a number of visits to the dispensary for advice and coaching sessions – visits spread out over a three to six month period.



# 3: Getting a Workshop Started:

## Creating a climate for thinking, debating and learning....

The assumption behind this short ‘preamble’ is that you will want to make the meetings and workshops for the committee members and nursing staff as ‘situation-centred’ as possible – relevant to local circumstances and focused on the needs and interests of the participants. In fact, it would be quite contradictory, wouldn’t it, if training designed to promote participation wasn’t itself participatory?

### ***Physical Factors***

Whether the participants are sitting on chairs in a room or on benches under a tree, the most basic consideration is that they should be comfortable. If the place is cramped, the temperature hot, the room airless, the acoustics poor – then the participants will not be able to concentrate on what is being said or engage fully in the kinds of activities that are recommended in the manual.

Although not every item will be relevant for every workshop in every location, the following checklist offers a summary of points to bear in mind when choosing and arranging a training venue:

### **Training Places: A Checklist**

Space	Is it large enough for the group?
Lighting	Is it bright enough – without being harsh?
Temperature	Are the rooms cool (or warm) enough? Are they properly ventilated?
Decor	Is the centre clean and cheerful? Can the space be enlivened with posters or newsprint for recording group activities?
Acoustics	Can everyone be heard? Will noise from outside be a distraction?
Seats	Are they comfortable? Can they be easily arranged in flexible formations?
Tables	Will they be available when participants need to write or refer to texts?
Blackboard/ Flipcharts	Are they available for presentations – or sufficient for logging group discussions?
Power	Is electricity available and reliable?
Audio-visual aids	Do they work?
Chalk/felt pens	Are they sufficient?
Materials	Are there enough cards, newsprint, coloured paper, pens, scissors, masking tape, glue, etc. for the presentations and group activities?
Handouts	Have they been prepared and sufficient copies made?
Refreshments	Have they been ordered? Will they be ready on time?

### ***Interpersonal Factors***

In keeping with the participatory nature of the dispensary management and community-based health care that the training is designed to explore, it is vital that the workshop sessions allow for participants to question or debate all the issues at hand. To encourage such flexibility on the part of the facilitators and a truly free discussion among the participants, there are a number of introductory exercises that are designed to diffuse tensions and to begin the process of team building – because an important factor related to the success of the programme will be the cohesion established between the committee members and the nursing staff.

Another vital assumption is that, as the facilitator, you will be committed to active and participatory methods of training. You will be the kind of facilitator who is non-judgemental, ready to listen and learn from other people's experiences, open to new ideas, and keen to find workable solutions to real problems.

However, even if you are not too familiar with participatory training techniques, you will find that the descriptions of the activities given in the manual and in these guidelines are quite detailed. But they are not intended as prescriptions! Please treat them with flexibility – in the light of your own experience and the circumstances of your participants. Please resist any temptation to use the handbook as a source for your lectures – remember that it is to be given out to the workshop participants!



# 4: Timetable for a Ten-day Workshop

## Day One: Orientation

Time	Topic	Method	Resources
08.30 - 08.45	<b>Workshop Opening</b>	Welcoming address by senior member of the sponsoring organisation	
08.45 - 10.15	<b>1. Introductions</b> Review of experiences; exploration of expectations, objectives and workshop agenda		
10.15 - 10.30	<b>2. Workshop Norms</b> Agreement about workshop rules	Brainstorm in plenary group	
10.30 - 11.00	Tea Break		
11.00 - 12.30	<b>3. Perceptions</b> Exploration of positive and negative views on community participation in dispensary management	'Polarities' exercise	
12.30 - 14.00	Lunch		
14.00 - 15.30	<b>4. Key Concepts</b> Debate on meanings related to 'participation', 'governance', 'community', etc.	Small group discussions and picture-drawing exercise	
15.30 - 16.00	Tea Break		
16.00 - 17.30	<b>5. Taking Stock</b> Reflection on quality of health-care in participants' facilities	Small-group discussions	Section 2 of 'Managing a Dispensary', Activity 1: 'Your Dispensary'

## Day Two: Situation Analysis

Time	Topic	Method	Resources
08.30 - 08.45	<b>6. Recap</b> Review of Day One	Presentation by 'daily evaluation committee'	
08.45 - 10.30	<b>7. Strengths, Weaknesses, Opportunities and Threats 1</b> Assessment of the dispensary's current performance, potentials and constraints	SWOT exercise: small groups	Section 2; Activity 2: 'Conducting a SWOT Analysis'
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>8. SWOT 2</b> Identification of key issues affecting the dispensary's performance	SWOT exercise continued - in small groups and feedback in plenary	As above
12.45 - 14.00	Lunch		
14.00 - 15.30	<b>9. Dispensary Inventory</b> Evaluation of the dispensary's management staffing, equipment and services	Small-group discussions, based on a checklist	Section 2; Activity 3: 'Using a Checklist'
15.30 - 16.00	Tea Break		
16.00 - 17.00	<b>10. Reflection</b> Review of lessons learnt from the day's situation analysis	Small-group and plenary discussions	

## Day Three: Governance

Time	Topic	Method	Resources
08.30 - 08.45	<b>11. Recap</b> Review of Day Two	Presentation by DEC	
08.45 - 10.30	<b>12. Your Committee</b> An exploration of questions that focus on issues of representation, gender issues and effectiveness	Questionnaire; Small-group discussions	Section 3, Activity 4, 5 and 6
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>13. Your Constitution 1</b> Clarification of the committee's functions	Small-group discussions related to key themes	Section 4, Activity 7
12.45 - 14.00	Lunch		
14.00 - 15.30	<b>14. Your Constitution 2</b> Formulation or revision of a DHC constitution	Small-group discussions related to framework for a constitution	Section 4, Activity 8
15.30 - 16.00	Tea Break		
16.00 - 17.30	<b>15. Your Constitution 3</b> Formulation or revision continued; comparison with example of constitution in Annex 1	Small group and plenary discussions	Section 4, Activity 8; Annex 1

## Day Four: Roles and Relationships

Time	Topic	Method	Resources
08.30 - 08.45	<b>16. Recap</b> Review of Day Three	Presentation by DEC	
08.45 - 10.30	<b>17. The Dispensary's Role in Health Care</b> Review of essential elements and a self-rating	Presentation based on Section 5; Small-group discussions	Section 5, Activity 9
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>18. The Committee and the In-Charge 1</b> Exploration of management styles	Discussion of mini-case studies	Section 6.1, Activity 10
12.45 - 14.00	Lunch		
14.00 - 17.00	<b>19. The Committee and the In-Charge 2</b> Exploration of authority and communication issues	Case-studies and role-plays	Section 6, Activities 11, 12 & 13
17.00 - 17.30	<b>20. Reflections</b> Review of lessons learnt during the day about roles and relationships - about distinctions between clinical work in - and overall management of - a dispensary	Plenary discussion	Section 6, Activity 14 & 15

## Day Five: Managing Finances 1

Time	Topic	Method	Resources
08.30 - 08.45	<b>21. Recap</b> Review of Day Four	Presentation by DEC	
08.45 - 10.30	<b>22. Finances: Roles and Relationships</b> Clarifying responsibilities and functions of the treasurer, chairperson, clerk and the nurse-in-charge	Short presentation and discussion groups	Section 7.1, 7.3, 7.4 and 7.5
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>23. Record Keeping</b> Review of procedures and practice	Practice session	Section 7, Activity 16
12.45 - 14.00	Lunch		
14.00 - 15.30	<b>24. Using an Imprest System</b> An example and a practice opportunity	Illustration and practice session	Section 7, Activity 17
15.30 - 16.00	Tea Break		
16.00 - 17.00	<b>25. Reflections</b> Issues and questions related to roles and responsibilities in managing dispensary finances		

## Day Six: Managing Finances 2

Time	Topic	Method	Resources
08.30 - 08.45	<b>26. Recap</b> Review of Day Five	Presentation by DEC	
08.45 - 10.30	<b>27. Making Purchases</b> Procedures for ordering, storing and recording drugs	Illustration and practice	Section 7.6, Activity 18
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>28. Maintaining the Cash Book 1</b> Clarification of its purpose - and how it is used	Presentation and illustration	Section 7.7
12.45 - 14.00	Lunch		
14.00 - 15.30	<b>29. Maintaining the Cash Book 2</b> Exercises	Practice session	Section 7.7, Activities 19 & 20
15.30 - 16.00	Tea Break		
16.00 - 17.00	<b>30. Reflections</b> Outstanding issues and questions about dispensary finances		

## Day Seven: Managing Information

Time	Topic	Method	Resources
08.30 - 08.45	<b>31. Recap</b> Review of Day Six	Presentation by DEC	
08.45 - 10.30	<b>32. Assessing Information Needs</b> Identifying focus areas for a dispensary-based health management information system	Presentation; discussion groups; checklist	Section 8, Activity 21
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>33. An Ongoing Dispensary MIS</b> Selecting topics for a dispensary MIS board	Brainstorming groups and plenary discussion	Section 8, Activity 22
12.45 - 14.00	Lunch		
14.00 - 15.00	<b>34. The Mtaa HMIS</b> Description of the case study	Presentation, with graphics	Section 8.2
15.00 - 15.45	<b>35. Targets</b> Illustration from Mtaa - and practice	Presentation and small-group exercise	Section 8, Activity 23
15.45 - 16.00	Tea Break		
16.00 - 17.00	<b>36. Graphs</b> Illustration from Mtaa - and practice	Presentation and exercise	Section 8, Activity 24
17.00 - 17.30	<b>37. HMIS Recorders</b> Establishing selection criteria	Plenary discussion	Section 8, Activity 25

## Day Eight: Maintaining the Property

Time	Topic	Method	Resources
08.30 - 08.45	<b>38. Recap</b> Review of Day Seven	Presentation by DEC	
08.45 - 09.15	<b>39. The Meaning of Maintenance</b> Roles of both staff and committee members	Presentation	Section 9.1
09.15 - 09.45	<b>40. Costs of Maintenance</b> An illustration of the price of doing nothing	Brainstorm	Section 9.2, Activity 26
09.45 - 10.45	<b>41. Roles and Responsibilities</b> Review of maintenance functions of nurses-in-charge and the DHC	Discussion in small groups	Section 9.3
10.45 - 11.15	Tea Break		
11.15 - 15.30	<b>42. Tour of Inspection</b> Diagnosing maintenance defects and issues	Visit to a dispensary	Activity 27
15.30 - 16.00	Tea Break		
16.00 - 17.30	<b>43. Conclusions</b> Feedback on field visit	Small group and plenary discussion	Field notes

## Day Nine: Making an Action Plan

Time	Topic	Method	Resources
08.30 - 08.45	<b>44. Recap</b> Review of Day Eight	Presentation by DEC	
08.45 - 10.30	<b>45. The Planning Process</b> Analysing situations, prioritising problems, and setting objectives	Presentation and exercises	Section 10, Activities 28, 29 & 30
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>46. Problem Solving</b> Reviewing obstacles and identifying action points	Presentation and exercises	Section 10, Activity 31
12.45 - 14.00	Lunch		
14.00 - 17.30	<b>47. Action Planning</b> Writing an action plan and presenting a project proposal	Small group tasks and role-plays	Section 10, Activities 32 & 33

## Day Ten: Ensuring Quality

Time	Topic	Method	Resources
08.30 - 08.45	<b>48. Recap</b> Review of Day Nine	Presentation by DEC	
08.45 - 10.30	<b>49. Getting into the Community 1</b> Case study of a bilharzia control programme	Presentation and brainstorming groups	Section 11.1 and 11.2, Activities 34 and 35
10.30 - 11.00	Tea Break		
11.00 - 12.45	<b>50. Getting into the Community 2</b> Review of lessons learnt about outreach work	Small group discussions	Section 11.2, Activity 36
12.45 - 14.00	Lunch		
14.00 - 15.30	<b>51. Ensuring Quality</b> Review of functions and contributions of the DHC	Small group discussions	Section 12, Activity 37
15.30 - 16.00	Tea Break		
16.00 - 17.00	<b>52. Workshop Conclusion</b> Evaluation of the workshop, review of outstanding issues and follow-up potentials	Informal questionnaire and plenary discussion	

## 5. The Sessions

**Session 1:**

# The 'Pairs'

## Introductory

## Exercise

This is a well-known introductory activity that enables the participants to get to know each other, gives an early opportunity for them to speak and interact, creates a relaxed atmosphere in the group, and identifies the main expectations for the workshop.

**Materials**

Flip chart, cards of different colours, pin board, pins, masking tape, felt pens.

**Duration**

1 hour, 15 minutes.

**Sequence**

1. Ask the participants to form pairs.
2. If there is an odd number, pair up yourself with one of the participants.
3. Tell the participants that each person has five minutes to get to know as much as possible about his or her partner – five minutes for each person to 'interview' the other.
4. As well as getting to know such things as work experience, hobbies, likes and dislikes, explain that the interviewer should record on separate cards their partner's main hope for the workshop – and their main fear.
5. Indicate that you will give a signal when the first five minutes is over, and it is time to change roles.
6. Suggest that the pairs find a comfortable seating arrangement for holding the conversation.
7. After the 10 minutes, re-form the plenary group.
8. Ask each person, in no more than two minutes, to introduce his partner, ending the presentation by reading out and then pinning up the cards recording their main hope and fear for the workshop.
9. Review the opinions and feelings expressed by the participants, and consider how these matched with the objectives and agenda drawn up by the training team.

**Issues**

- What has been revealed about the experiences of the group?
- How consistent are the participants' hopes and fears?
- What are the main themes – and the main differences?
- How do they compare with the hopes and fears of the facilitators?
- Are there any grounds for modifying the workshop programme?

*An alternative:*

# The 'Portraits' Introductory Exercise

As an alternative introductory exercise, 'Portraits' also helps to create a relaxed atmosphere, stimulates talk and discussion, and identifies the hopes and fears of the participants for the workshop ahead.

- Materials**      Newsprint, cards, felt pens, masking tape.
- Duration**      1 hour, 15 minutes.
- Sequence**
1. Distribute quarter-sized newsprint to each participant – with felt pens and cards.
  2. Ask them to draw portraits of themselves – in such a way that identification will not be too difficult! (Allow 10-15 minutes for this)
  3. Ask them to write on one card their major hope for the workshop – and on another their major fear. (Use different coloured cards for the 'hopes', and 'fears').
  4. When the participants have finished, collect their portraits and cards and post them side by side on display boards or on the wall.
  5. Invite them to walk around and identify the portraits.
  6. In plenary, check on the identification of each participant.
  7. Read out the hopes and fears of each person.
- Issues**
- How consistent are the expectations that have been expressed?
  - Are there any grounds for making changes to the workshop agenda?

**Session 2:**

# Workshop Norms

To involve the participants in a discussion about how best way to proceed with the workshop, the 'Norms' exercise establishes an informal set of rules and identifies any administrative problems that need to be addressed. It can also help to create a mechanism for evaluating the content and methods of the workshop, if it runs beyond one day – by setting up small groups ('daily evaluation committees') to monitor its daily progress.

- Materials** Flipchart.
- Duration** 15 minutes.
- Sequence**
1. In a plenary brainstorm session, ask the participants to identify any problems that might have to be tackled to ensure the smooth running of the group – and to suggest what should be done to solve them.
  2. When there is general agreement, write up each of the 'rules' on the flipchart. (Eg. *Always start a session at the stated time, even if a few members are missing.*)
  3. Review the administrative and evaluation tasks that need to be performed.
  4. Ask the participants to elect individuals and groups to carry out these tasks.
  5. Select the first 'daily evaluation committee' (DEC). Suggest that, at the end of the day's sessions they prepare a brief report based on the following questions:
    - How relevant were the day's topics?
    - How appropriate were the methods?
    - What changes would you suggest?
- Issues**
- What could disrupt the smooth running of the group?
  - What should be done to counteract these problems?

**Session 3:**

# Perceptions: The ‘Polarities’ Exercise

Workshop participants might sometimes hold negative opinions or harbour doubts about the very purpose of the training. The nurses, for example, might be quite sceptical about granting any kind of monitoring or supervisory responsibilities to the committee members. If these views and questions are not declared or explored, certain blocks can remain to their learning – and their performance. ‘Polarities’ is an exercise that encourages participants to express their concerns. It also provides a useful opportunity for clarifying the objectives and strategy of a project or programme – in the light of both the negative and positive opinions that have been revealed.

- Materials** Flipchart, felt pens.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. Explain the objectives of the activity, and write the purpose of the training programme on the flipchart: ‘Empowering the Dispensary Committees’.
  2. Ask the participants to write down their individual responses under two headings:
    - What do you think or feel is good about such empowerment?
    - What do you think or feel is not so good about such empowerment?
  3. To facilitate the expression of negative, or even hostile, opinions, it helps to suggest that participants can write remarks that they imagine colleagues might make.
  4. Go around the group and log the responses under two main headings: ‘Positive’ and ‘Negative’.
  5. Discuss the results with the group; identify common responses and agree the main issues to be addressed by the workshop.
- Issues**
- How consistent are the reactions of the participants?
  - Are there significant differences in the reactions of the committee members and the nurses?
  - What accounts for any major differences that have emerged?
  - Why do people hold these opinions?
  - If negative views have been expressed, how can they be countered - or what, if anything, can be done about them?

**Session 4:**

# Key Concepts

These are guidelines for holding a discussion that will ascertain and explore the different meanings that participants attribute to such basic concepts as ‘participation’, ‘governance’, ‘management’, ‘community’, ‘primary health care’, among others. It should enable a common understanding to be reached about such concepts that will be crucial in the discussions about managing the dispensary.

- Materials** Flipcharts, felt pens, charts.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. Present the list of the key concepts.
  2. Form sub-groups and assign one concept to each group.
  3. Ask the groups to draw pictures or diagrams that illustrates their understanding of the concept they are exploring. (Tell them that words are banned!)
  4. If it proves difficult to achieve consensus in a group, suggest that they could draw pictures to show their different views.
  5. When all the groups are ready (after about 20 minutes), ask each to present its picture in a plenary session.
  6. Before each group ‘explains’ its picture, ask the others how they would interpret the picture.
  7. After the presentations, try to reach agreement on the meaning of each concept – and display the group’s definitions on cards on the wall.
- Issues**
- What are the main differences in understanding?
  - Why do these differences occur?
  - What are the most productive meanings of the key concepts?

**Session 5:**

# Taking Stock

A brainstorming reflection on the nature of the health care being provided by the dispensary, the relevant characteristics of the catchment area, the staff employed and the kinds of outreach activities that are being carried out.

- Materials** Section 2, Activity 1 of handbook;  
Flipchart papers or newsprint.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. There are four main topics here: ‘purpose’, ‘catchment area’, ‘staffing’ and ‘outreach activities’. If you are short of time, you might consider dividing the participants into four sub-groups, each taking one of the topics.
  2. Ask each group to discuss the questions listed under their topic.
  3. For ease of reporting back, make sure that each group chooses someone to record key points on flipchart and to be responsible for making a presentation on the group’s conclusions.
  4. Take feedback in a plenary session – noting any key issues that arise.
- Issues**
- How positive is the picture of the dispensary that emerges?
  - How well do the committee members understand the health problems of their area?
  - What further information is needed on the catchment area and its health status?
  - Is the dispensary adequately staffed?
  - How active is the dispensary in conducting outreach activities?

**Session 6**

# Recap

The daily review that focuses on the content and methods of the workshop – and an opportunity to review the main lessons learnt.

- Materials** Flipchart presentation by ‘daily evaluation committee’ (DEC).
- Duration** 15 minutes.
- Sequence**
1. After greeting the participants and welcoming them to the day’s sessions, invite the DEC to make its presentation, based on the three questions:
    - How relevant were the day’s topics?
    - How appropriate were the methods?
    - What changes would you suggest?
  2. Open the discussion to the whole group.
  3. Note the key points, represent the facilitators’ perspective, and acknowledge where adjustments can and should be made.
  4. Elect a DEC to assess the current day’s proceedings.

## Sessions 7 and 8

# Strengths, Weaknesses, Opportunities and Threats 1 & 2

The SWOT Analysis is a well-known tool for identifying and analysing the capacities and potentials of any kind of organisation or project. It has been demonstrated that it can be used effectively by community groups, to not only highlight significant issues, but also to identify areas in which they need more training – or simply need to do more work.

**Materials**

Section 2, Activity 2 of handbook;  
Flipchart papers or newsprint.

**Duration**

3 hours, 30 minutes.

**Sequence**

1. Refer the group to Activity 2 in the handbook.
2. Explain the purposes of the SWOT – as indicated above – and focus, particularly, on the definitions given in the manual of ‘strengths’, ‘weaknesses’, ‘opportunities’ and ‘threats’.
3. It might be useful, if convenient, again to separate the committee members and the nursing staff when doing the exercise.
4. Invite the sub-groups to work through each of the four main concerns – asking themselves the questions that are listed under each heading.
5. Emphasise the point made in the manual – that the participants should avoid guesswork – and deal only with what exists and **not** what should be the case.
6. Again, ensure that each group records its findings on flipchart – and selects someone to report back.
7. After allowing sufficient time for a thorough discussion on all the questions, invite the groups to present their findings.

**Issues**

- How strong is the DHC?
- What were the main weaknesses identified?
- How can these weaknesses be tackled?
- What are the implications of the threats identified?
- What actions can be taken to build on the strengths, address weaknesses, seize on opportunities and anticipate threats?

## Session 9

# Dispensary Inventory

Using a checklist to assess the status and performance of the dispensary.

- Materials** Section 2, Activity 3.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. Refer the participants to the checklist in Section 2, Activity 3.
  2. In small groups, ask them to apply the points to their own dispensary and work through the list, deciding whether to enter a tick against each column – whether in the ‘Yes’ or ‘No’ column.
  3. When the groups have finished, reconvene the large group and compare the outcomes.
  4. In plenary, discuss the significance of what has emerged.
- Issues**
- Do the ticks in the ‘Yes’ column outnumber those in the ‘No’ column?
  - How satisfied are the participants with their assessment?
  - What can be done about any shortfalls?

## Session 10

# Reflection

A review of the lessons learnt during Day Two.

- Materials** Flipchart displays made throughout the day.
- Duration** 1 hour.
- Sequence**
1. Divide the participants into different sub-groups from the ones that have operated throughout the day.
  2. Ask them to think back on the day’s proceedings and identify what, to them, have been the three most significant things learnt.
  3. Reconvene the large group and receive feedback.
  4. Discuss the range of key learnings.
- Issues**
- How consistent are the conclusions: across the sub-groups?
  - Are there any issues that should be explored further in the workshop?
  - Will there be a need to adjust the workshop agenda?

**Session 11**

# Recap

Repeat the process used on the previous day – with a different ‘daily evaluation committee’.

NB. This should have been set up at the end of the previous day’s programme.

**Session 12**

# Your Committee

An exploration of questions that focus on issues of representation, gender issues, and effectiveness.

**Materials**

Section 3, Activities 4, 5 and 6;  
Flipcharts and felt pens.

**Duration**

1 hour, 45 minutes.

**Sequence**

1. Introduce the session by explaining that it is a follow-up to the ‘Inventory’ session of the previous day.
2. Refer the participants to the ‘Self-Analysis’ list of questions that focus on how representative their committee is – and how effective.
3. Divide the participants into sub-groups and ask each group to work through the questions – if there are more than one committee in the workshop, the sub-groups should be the committees.
4. Ask each group to write up their points on a flipchart.
5. After 40 minutes, hold a plenary session when each group reports back.
6. Log the significant points under the seven main headings, and then move through the list of questions:
  - *the extent to which your committee is representative of the whole catchment area of the dispensary;*
  - *the clarity and coverage of your constitution;*
  - *the range of activities you are undertaking as a committee;*
  - *the way you manage money and other resources;*
  - *the quality of health information that you collect – and the way in which you use that information;*
  - *the extent of your committee’s involvement in health care or health education activities;*
  - *the extent to which you are carrying out supervision activities?*
7. Spend the final 45-60 minutes on activities 5 and 6 and focus on the ‘gender issue’.
8. Begin by noting the comments on the role of women in traditional societies and then work through both activities in the same small groups.

**Issues**

- What needs have been identified – related to the structures of the committees, how representative it is, how gender sensitive?
- What changes should/could be made?

**Sessions 13, 14 and 15:****Your Constitution**

Formulation or revision of a DHC constitution

- Materials** Section 4, Activities 7 and 8.
- Duration** 6 hours.
- Sequence**
1. Refer the participants to the question raised in Section 4: whether the DHC committee represented in the workshop does – or should – have management or only supportive functions. Explain that the answer to this question will, in the main, determine the key functions of the committee.
  2. Note the comparison between a school governing body and a PTA.
  3. Read through the example list of functions given in the text.
  4. In committee groups, ask the participants to engage in Activity 7, drawing up a list of functions related to the identified areas of concern:
    - *Public awareness of health matters;*
    - *Health education activities;*
    - *Work of the nursing staff;*
    - *Activities of voluntary health workers;*
    - *Revenue collection and management;*
    - *Maintenance of the dispensary's buildings and equipment;*
    - *Management of supplies;*
    - *Management of ancillary staff;*
    - *Security;*
    - *Reporting.*
  5. In the light of the functions listed, ask the committees to either review their existing constitutions – or frame entirely new ones. This is Activity 8, with its framework of key questions.
  6. Make sure that the groups have sufficient time to discuss and reach conclusions – as this is a core activity of the workshop.
  7. Finally, compare the products with the example of a constitution given in Annex 1
- Issues**
- What conclusions have been reached about the extent of the authority the DHCs will have?
  - What are the implications for relationships between the committee members and the nursing staff?

**Session 16**

# Recap

Repeat of the process used on previous days.

**Session 17**

# The Dispensary's Role in Health Care

A review of some essential elements of primary health care and community-based health care – and an opportunity for the DHC to rate itself against the Alma Ata Declaration.

- Materials** Section 5, Activity 9.
- Duration** 1 hour, 45 minutes.
- Sequence**
1. In a brief brainstorm, check on the participants' own understanding of PHC and CBHC – and then compare with the definitions given in Section 5.1.
  2. Go through the 'Characteristics of PHC' as quoted from the Alma Ata Declaration in Section 5.2.
  3. Pay particular attention to the review of the 'Essentials of PHC' given in Section 5.3.
  4. Divide the participants into sub-groups – but based on their DHC membership – and ask them to rate their dispensary according to the eight elements of PHC given in Activity 9:
    - *Adequate, affordable food supply and a balanced diet;*
    - *Clean water and basic sanitation;*
    - *Immunisation against childhood diseases and combating others such as malaria;*
    - *Training of birth attendants, promotion of family planning and monitoring child health;*
    - *Restricting drugs to 200 essentials, preferably locally manufactured, and made available to everyone at a cost they can afford;*
    - *Training village health workers to diagnose and treat common diseases and injuries;*
    - *Enlisting traditional healers, giving additional training and using traditional medicines;*
    - *Educating people in understanding the causes of ill health and promoting their own health needs.*

5. Structure the discussion according to the three questions:
  - *How successful is your dispensary in providing all these elements?*
  - *Where there are shortfalls – which elements should receive priority attention?*
  - *What actions should you take over the next year or so to move towards the Alma Ata targets?*
6. Point out that in the later stages of the workshop there will be a focus on how the DHCs can assist in achieving these targets.



**Session 18**

# The Committee and the In-Charge 1

An exploration of management styles

- Materials** Section 6.1, Activity 10
- Duration** 1 hour, 45 minutes.
- Sequence**
1. Explain that the objective of the session is to highlight some important aspects of effective leadership and the need for sensitive communication in the management of a dispensary.
  2. Divide the participants into mixed groups (committee members together with nurses – and different DHCs) and ask them to discuss the five scenarios – reminding them that, for the first two, they imagine themselves to be a nurse, and, for the last three, they imagine themselves to be a DHC chairman.
  3. Ask, first, individuals to go through all five scenarios and make their choices – A or B.
  4. Ask the groups to discuss each one, to try to reach consensus, and to note the choices they make – whether A or B in each case – and to note any significant disagreements as to the best approaches.
  5. When the groups have finished, show them how to work out the scores, using the chart given in Activity 10.
  6. Explain the differences between the Directing and the Facilitating styles – using the two interaction diagrams.
  7. Review the positive and negative aspects of each style.
  8. It is most likely that the participants will have, in the main, preferred the Facilitating style – but they will also agree that, more often than not, it is the Directing style that they witness and experience....
  9. In the light of the above, in plenary, take up the three questions:
    - *Why this discrepancy, do you think?*
    - *What factors can account for the prevalence of directing-style managers?*
    - *And which of the styles is called for – in the main – in managing a community health programme or in chairing a dispensary committee?*
- Issues**
- To what extent is teamwork possible and desirable in the management of the dispensary?
  - To what extent does teamwork depend on a facilitating management style?

**Session 19**

# The Committee and the In-Charge 2

An exploration of authority and communication issues.

- Materials** Section 6.2, Activities 11,12 & 13.
- Duration** 3 hours (including tea break).
- Sequence**
1. Divide the participants into two groups – 1 and 2. Group 1 will take the ‘The Casual Nurse’ role-play; Group 2 will take ‘The Missing Bananas’.
  2. Divide each group again – 1A will identify with Magambo; 1B with Elias; 2A with Kaari and 2B with Njue.
  3. Give each group time, in a separate place, to ‘get into the skin’ of the character it is identifying with. Advise them not, at first, to bother about who will actually take the part in the role-play – from the discussion, the right person usually emerges!
  4. Advise the Elias and Njue groups to pay particular attention to the four questions given.
  5. After about 30 – 40 minutes, stage the first role play. (If you have access to video equipment, then the recording and playback of key excerpts can considerably enhance the analysis – and stimulate learning.)
  6. After the role-plays, in turn, discuss the outcomes.
  7. Finally, refer the group to ‘The Rooster Story’ in Section 6.2, Activity 13.
  8. Read it through and consider the question:
    - *If your committee has either an In-Charge or a Chairman that thinks she or he is indispensable, what lessons could they draw from the story of the rooster?*
- Issues**
- What do we learn further about roles and relationships in the dispensary?
  - How can we best maintain a balance between discipline and encouragement?
  - What makes for a good relationship between a DHC chairman and the dispensary nurse?
  - What makes for good communication on the part of the DHC chairman?

**Session 20:**

# Managing Conflict

Identification of possible sources of conflict within a dispensary – and how conflict can best be handled

**Materials**

Section 6.3, Activities 14 & 15.

**Duration**

1 hour.

**Sequence**

1. Note that the day's case studies and role plays have often portrayed conflict situations – and explain that this final session of the day will focus on the possible sources of conflict in a dispensary, present a model of conflict management – and raise a number of issues about how conflict might best be handled.
2. Engage the participants in Activity 14 that is based on their own experiences of conflict in their own dispensaries and DHCs.
3. Raise the question of what lessons have been learnt from the case studies about handling conflict.
4. Go through the 'guidelines' presented in section 6.3 – asking the participants if they can quote examples from their own experience.
5. Refer to the 'five-position' model of conflict resolution – and make sure that the group understands how each position is determined by how assertive or cooperative one is in a particular situation.
6. Go through each 'position' in turn, noting the circumstances when each might be the appropriate approach – and ask for examples.
7. Finally, review the afternoon's role-plays in the light of this 'conflict resolution model'.

**Session 21:**

# Recap

Repeat of the process used on previous days.

## Session 22:

# Finances: Roles and Relationships

- Materials** Sections 7.1, 7.3, 7.4 and 7.5.
- Duration** 1 hour, 45 minutes.
- Sequence**
1. In introducing the session, note the comparison between medical and financial records – how both are important in the effective management of a dispensary.
  2. Highlight the three points given in the text – how good financial records enable us to:
    - *Know how much money has been collected and spent;*
    - *Be able to use both the current and the historical financial information in making budgets;*
    - *Achieve transparency in all the financial dealings of the dispensary.*
  3. In sub-groups, brainstorm the roles and responsibilities of treasurers, chairpersons, clerks, and nurses-in-charge – in relation to the management of the dispensary's finances.
  4. Take feedback from the groups and summarise conclusions.
  5. Review the types of record and procedures given in 7.2, 7.3 and 7.4 – with regard to collecting income and making payments.

## Session 23:

# Record Keeping

Review of procedures and practice.

- Materials** Section 7, Activity 16.
- Duration** 1 hour, 45 minutes.
- Sequence** In pairs or threesomes, engage in Activity 16 – finishing with the four questions listed:
- *What is the total collection for the month?*
  - *How many patients are exempted and what is the amount exempted?*
  - *How many patients are outstanding and what is the amount outstanding?*
  - *What is the total expenditure for the month?*
- Issues**
- What further training needs have been identified?

## Session 24:

# Using an Imprest System

An example and another practice opportunity

**Materials** Section 7, Activity 17.

**Duration** 1 hour, 30 minutes.

**Sequence**

1. Explain what an ‘imprest system’ is – and its purpose.
2. Go through the example given in Section 7.5.
3. Ask the participants, individually, to work on the example in Activity 17.

**Issues**

- How well have you, as the facilitator, noted the performance of individuals within the group?
- Again, what training/coaching needs are being identified?

## Session 25:

# Reflections

Issues and questions related to roles and responsibilities in managing dispensary finances

**Materials** Notes and flipchart records throughout the day.

**Duration** 1 hour.

**Sequence**

1. Explain that this is a kind of ‘buffer’ session – since it is never easy to estimate how much time participants will take in working through the various practice sessions. But, if time allows, this last period of the day is a chance for the participants to raise any queries they have about the topics covered in the day – to note any difficulties and request additional explanations or practice.
2. Move through the topics of the day, in the same sequence, asking if there are any questions or comments.

**Session 26**

# Recap

Repeat of the process used on previous days.

**Session 27:**

# Making Purchases

Introduction to (or review of) procedures for ordering, storing and recording drugs

- Materials** Section 7.6, Activity 18.
- Duration** 1 hour, 45 minutes.
- Sequence**
1. Explain the procedures involved in obtaining drug supplies from either the MoH, from local pharmacies or other suppliers.
  2. Note the routines mentioned in the text:
    - *The nurse in-charge places an order whenever the stocks fall below an agreed minimum level;*
    - *He submits the order to the treasurer for authorisation and approval;*
    - *The purchase is then made, on the basis of the authorised order;*
    - *All the stock receipts and issues should be recorded in the bin cards.*
  3. Explain the use of the 'bin card', and go through the example given.
  4. Ask the participants, working on their own, to work through Activity 18, 'Entries in Bin Cards'.

## Sessions 28 and 29

# Maintaining the Cash-Book 1 & 2

Clarification of the purpose in using a cash-book – and practice sessions

- Materials** Section 7.7, Activities 19 and 20.
- Duration** 3 hours, 15 minutes.
- Sequence**
1. Refer the participants to the bulleted points related to the use of the cash-book in Section 7.7:
    - *The cash-book should indicate the entire daily collections and expenditures.*
    - *It should be closed at the end of the month.*
    - *Any balances should be carried forward to the subsequent month.*
    - *All bank statements should be filed.*
    - *Bank Accounts must be reconciled on monthly basis.*
    - *All the records should be kept at the dispensaries.*
  2. Illustrate how the cash-book is laid out.
  3. Work through the example and its ‘solution’.
  4. Set the participants, first in pairs or threesomes – and, for the second one, on their own – the tasks involved in Activities 19 and 20.
- Issues**
- Make an assessment of how much additional support will be needed, after the workshop, especially for those committee members who have special responsibilities for the management of dispensary accounts.

**Session 30:**

# Reflection

Outstanding issues and questions about dispensary finances

- Materials** Notes and flipchart records throughout the day.
- Duration** 1 hour.
- Sequence**
1. Again, as for the previous day, explain that this is a 'buffer' session – allowing extra time for the exercises, if necessary.
  2. Otherwise, move through the topics of the day, in the same sequence, asking if there are any questions or comments.

**Session 31**

# Recap

Repeat of the process used on previous days.

**Session 32:**

# Assessing Information Needs

Identifying focus areas for a dispensary-based health management information system

- Material** Section 8, Activity 21.
- Duration** 1 hour, 45 minutes.
- Sequence**
1. Refer the group to the introductory paragraphs of Section 8; explain what a health management information system is; and highlight how it can:
    - *Identify the most common diseases in your area that need attention;*
    - *Sound an alert about sudden outbreaks of diseases such as cholera or meningitis;*
    - *Provide a basis for action planning;*
    - *Provide tools for monitoring and evaluating activities;*
    - *Keep the whole community well-informed about health issues.*
  2. In small brainstorming groups, ask the participants to work through Activity 17, answering the four questions:
    - *What health-related problems would you want to know about?*
    - *Which groups in your population should receive special attention?*
    - *What information about finances would you want to include?*
    - *What other information would you want to collect and record about the administration and management of the clinic and its outreach activities.*
  3. After taking feedback, compare the answers to the categories given in the chart.
- Issues**
- How familiar are the participants with the concept of HMIS?
  - What experience do they have of collecting and analysing health-related data?

**Session 33**

# An Ongoing Dispensary MIS

Selecting topics for a dispensary MIS board

**Materials** Section 8, Activity 22.

**Duration** 1 hour, 45 minutes.

- Sequence**
1. Refer the group to the section in the manual on ‘DHC Baseline Data’ and go through the kinds of information normally included in a survey:
    - *Number of villages in the catchment area;*
    - *Number of households in the village;*
    - *Total population in the catchment area;*
    - *Number of children under five;*
    - *Most prevalent five diseases in the catchment;*
    - *Number of latrines/toilets;*
    - *Number of TOTs, TOFs, TBAs and other community health workers (CHWs).*
  2. Note that an ongoing dispensary MIS cannot depend on research effort – but it should mainly collect information already collected in the routine work of the clinic.
  3. Ask the participants, in dispensary-based groups, to discuss the questions raised in Activity 18 about desirable and realistic topics for a dispensary HMIS.

- Issues**
- How many of the group are reviewing their existing MISs – and how many are starting from scratch?

## Session 34

# The Mtaa HMIS

Presentation of a case study

- Materials** Section 8.2.
- Duration** 1 hour.
- Sequence**
1. Take the group through the description of Mtaa Dispensary's HMIS – if possible, displaying the photographs on a TV screen. (They will be stored on a Compact Disk for using in this way from a computer.)
  2. Emphasise the importance of the appreciative statements made by Moses, the Nurse-in-Charge.
  3. But also highlight the statements of Zabibu, the enthusiastic volunteer worker.
  4. Itemise the range of information displayed on the main blackboard – noting that most of it is collected from routine recording in the dispensary's registers.
- Issues**
- Are the participants sufficiently aware of the purpose of such an HMIS?

## Session 35

# Targets

Illustration from Mtaa – and practice

- Material** Section 8, Activity 23.
- Duration** 45 minutes.
- Sequence**
1. Complete the summary of categories of information included in the Mtaa HMIS: financial, for example, and committee membership....
  2. Highlight the way in which targets are indicated on the Mtaa board and charts – the immunisation target, for example.
  3. In small groups, ask the participants to debate the family planning issues raised in Activity 23.

## Session 36

# Graphs

Illustrations from Mtaa – and practice

### Materials

Section 8, Activity 24.

### Duration

1 hour.

### Sequence

1. Before turning to the topic of graphs, review what is said in the manual about the use the Mtaa Dispensary makes of its HMIS.
2. Summarise the kind of financial data that is displayed.
3. Focus on the ‘collage’ of graphs and emphasise the reasons why information is displayed in graph form.
4. Now ask the participants, in small brainstorming clusters, to discuss the questions raised in Activity 24:
  - *What significance do you see in the way the line goes?*
  - *What reason could there be for the sudden peak in July?*
  - *If you were a member of the Mtaa DHC, what action would you recommend when you see such an increase in malaria cases?*

## Session 37

# HMIS Recorders

Establishing selection criteria

### Material

Section 8, Activity 25.

### Duration

30 minutes.

### Sequence

1. Begin the last session of the day with a review of the information contained in the ‘More Charts’ section.
2. Emphasise how the HMIS can indicate quality of service.
3. Engage the participants, in brainstorming groups, in the questions raised in Activity 25:
  - *If you had the choice, would you opt for a volunteer to do this task – or an employed clerk?*
  - *Would you say that there is an advantage if the MIS volunteer is also a DHC committee member?*
  - *What does Zabibu’s story tell us about the particular talents of women in rural communities such as Mtaa?*

### Issues

- What is your assessment of the extent to which the participants need further training or coaching in HMIS topics and skills?

**Session 38:**

# Recap

Repeat of the process used on previous days.

**Session 39**

# The Meaning of Maintenance

Roles of both staff and committee members

**Material**

Section 9.1.

**Duration**

30 minutes.

**Sequence**

1. Refer the group to the opening paragraphs of Section 9 – especially the comments on the importance of community participation in the maintenance of health facilities.
2. Take the group through the definitions in the chart in Section 9.1.

**Issues**

- How familiar are the participants with maintenance issues?
- To what extent are the DHC members involved in maintenance matters?

**Session 40**

# Costs of Maintenance

An illustration of the price of doing nothing

**Material**

Section 9.2, Activity 26.

**Duration**

30 minutes.

**Sequence**

1. Engage the participants in Activity 26: 'A Stitch in Time'.
2. Debate the question of which is the cheaper option: maintenance or rehabilitation.
3. However, also consider the consequences of donors being ready to fund rehabilitation – whereas maintenance costs come from local budgets.

## Session 41:

# Roles and Responsibilities

Review of maintenance functions of nurses-in-charge and the DHC

- Material** Section 9.3.
- Duration** 1 hour.
- Sequence**
1. Ask the participants in small groups – nurses together and committee members together – to discuss the complementary roles and responsibilities of the in-charges and the DHC members.
  2. Take feedback in plenary and compose composite lists.
- Issues**
- Do the nurses – or the committee members, for that matter – accept that the DHC should pay attention to the cleanliness and order inside the dispensary as well as outside?

## Session 42:

# Tour of Inspection

Diagnosing maintenance defects and issues

- Material** Activity 27;  
Notebooks.  
(Useful, too, to have a digital camera at hand.)
- Duration** 3 hours, 15 minutes (including lunch).
- Sequence**
1. Ideally, visit a local dispensary that hasn't been warned!
  2. Move around it in small clusters, noting any problems or defects.
  3. Look inside as well as outside the building; look at staff housing as well as at the compound.
  4. Look at cleanliness as well as at repair work.
- Issues**
- Who does the cleaning in the dispensary?
  - What importance does the In-Charge attach to maintenance matters?
  - How often do DHC members look at their buildings in this way?

**Session 43:**

# Conclusions

Feedback on field visit.

- Material** Activity 27;  
Notes – and, if taken, photos.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. Give time to the participants, in small groups, to discuss their impressions – and to reach some conclusions.
  2. Invite comments on what they saw at the dispensary.
  3. If pictures were taken, show them on the TV.
  4. Discuss the key points.
  5. Invite the participants, in small groups, to agree what action they would take at the dispensary they visited – and what the DHC Chairperson should say to the In-Charge.
- Issues**
- To what extent have the participants modified their views on maintenance matters?
  - In what ways?

**Session 44:**

# Recap

Repeat of the process used on previous days.

**Session 45:**

# The Planning Process

Analysing situations, prioritising problems, and setting objectives

**Material** Section 10, Activities 28, 29 and 30.

**Duration** 1 hour, 45 minutes.

- Sequence**
1. Begin the session in light-hearted way by referring to the tourist and the *mzee* in Ukambani – and discuss the story’s significance in relation to the importance of baseline data and planning.
  2. Outline the five steps of the planning process, as set out in 10.1:
    - *Analysing the situation;*
    - *Deciding on priorities;*
    - *Setting objectives;*
    - *Reviewing obstacles;*
    - *Making the plan.*
  3. Refer the participants to the kinds of information utilised in Step One, and then ask them, in dispensary groups, to engage in Activity 28:
    - *Analyse your own situation and list the main health-related problems you are experiencing;*
    - *Consider the likely main causes of these problems.*
  4. After taking brief feedback, follow this with Activity 29 that relates to prioritising the problems already identified.
  5. Review the characteristics of objectives and conclude the session with Activity 30, in which the sub-groups are asked to define objectives for their prioritised problems.

## Session 46:

# Problem Solving

Reviewing obstacles and identifying action points

- Material** Section 10, Activity 31.
- Duration** 1 hour, 45 minutes.
- Sequence**
1. Refer the group to the identification of possible ‘obstacles’ that are set out in the description of Step 4.
  2. Explain the rationale behind the ‘force field analysis’ technique and go through the procedures involved – as set out in Step 4.
  3. Take the participants through the example related to improving an ante-natal clinic.
  4. Finally, in the same sub-groups, ask the participants to try out a force field analysis on the objective they have defined.

## Session 47:

# Action Planning

Writing an action plan and presenting a project proposal

- Material** Section 10, Activities 32 and 33.
- Duration** 3 hours, 30 minutes (including tea break).
- Sequence**
1. Explain the nature of the afternoon’s exercise: developing a plan and presenting a proposal.
  2. Refer the group to the framework for an action plan given in Step 5.
  3. Ask the participants, in the same sub-groups, to develop an action plan for the intervention they have been working on – as in Activity 32.
  4. But tell them that the main task is Activity 33 – ‘Writing a Project Proposal’.
  5. Take the group through the recommended structure in 10.2 and the advice on presenting a budget....
  6. Give the groups at least one hour to make an outline of their proposals.
  7. If there is time, have each sub-group actually present its proposal to two or three participants who role play being members of a donor-agency panel set up to adjudicate on the proposals.
- Issues**
- What has been learnt about the factors that make a project proposal a convincing one?

**Session 48:**

# Recap

Repeat of the process used on previous days.

**Session 49**

# Getting into the Community 1

Case study of a bilharzia control programme

**Material**

Sections 11.1 and 11.2, Activities 34 and 35.

**Duration**

1 hour, 45 minutes.

**Sequence**

1. Go through the description of the bilharzia control school programme set out in 11.1:
  - *The process and treatment of the disease;*
  - *The magnitude of the problem;*
  - *The KHSSP control strategy;*
  - *Roles and responsibilities.*
2. Engage the group in a plenary brainstorm on the roles and responsibilities of a DHC – as in Activity 34.
3. Note the advice given in 11.2 on how to plan such a school health action day.
4. In sub-groups, run discussions on ‘Having Fun’ – Activity 35.
5. Take feedback and summarise conclusions.

**Session 50:**

# Getting into the Community 2

**Material**

Section 11.2, Activity 36.

**Duration**

1 hour, 45 minutes.

**Sequence**

1. In the same sub-groups (dispensary groups) that have been engaged over the last two days in action planning, engage in Activity 36 – a review of lessons learnt about outreach work.
2. In plenary, compare the conclusions with those set out in 11.3.

**Session 51:**

# Ensuring Quality

Review of functions and contributions of the DHC

- Material** Section 12, Activity 37.
- Duration** 1 hour, 30 minutes.
- Sequence**
1. Go through the commentary on quality services given in Section 12 – but the main business of the session is the final Activity 37.
  2. Ask the participants to discuss the questions in Activity 37 in their dispensary teams.
  3. Take feedback and highlight conclusions.

**Session 52:**

# Workshop Conclusion

Evaluation of the workshop, review of outstanding issues and follow-up potentials

- Material** Evaluation questionnaire.
- Duration** 1 hour.
- Sequence**
1. Ask the participants to fill in the informal workshop evaluation questionnaire that is set out on the following page – it takes about 20 minutes.
  2. Discuss main responses in plenary.
  3. Ask if there are any outstanding issues the participants wish to raise.
  4. Discuss follow-up possibilities.

**Annex 1:**

# **Workshop Evaluation Questionnaire**

1. What were your expectations for the workshop?

2. To what extent have they been fulfilled?

3. How relevant was the content?

4. How appropriate were the workshop methods?

5. If you were designing another workshop of this kind, what changes would you make?



