THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

TRAINING MANUAL FOR SHEHIA HEALTH CUSTODIAN COMMITTEES

Zanzibar Health Promotion Unit

In Collaboration with

Training Unit

MOH-Zanzibar

Zanzibar
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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBHP	Community Based Health Program
CBO	Community based Organization
CHIS	Community Health Information System
DHMT	District Health Management Team
CHV	Community Health Volunteers
CSO	Civil Society Organization
DHIS	District Health Information System
CRALG	Coordination, Regional Administration and Local Government
DPs	Development Partners
FBO	Faith Based Organization
FP	Family Planning
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPU	Health Promotion Unit
IP	Implementing Partners
RMNCAH	Maternal, Newborn, Child and Adolescent Health
INGO	International Non-Government Organization
MIP	Minimum Intervention Package
MOHSWGEC	Ministry of Health, Social Welfare, Gender, Elderly and Children
NGO	Non-Government Organization
PHC	Primary Health Care
PORALGSD	President Office, Regional Administration, Local Government and Special Departments
SCC	Shehia Consultative Committees
SHCC	Shehia Health Custodian Committee
TB	Tuberculosis
UHC	Universal Health Coverage
WIT	Willows International Tanzania
WHO	World Health organization
ZCHS	Zanzibar Community Health Strategy

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Foreword

In 2011, Zanzibar formulated its first Community Health Strategy (ZCHS) with the main aim of 'streamlining' existing structures and creating a common framework for the coordination of the various health interventions. During the implementation of the ZCHS new opportunities emerged. The main focus by then was to improve community participation in management and running of the health system, particularly the primary health care through establishment and supporting functions of the Shehia Health Custodian Committees (SHCC). Later on, a number of demonstrable achievements including the use of Community Health Volunteers (CHVs) to increase demand for health services (such as health facility deliveries and postnatal services) emerged. Over time, CHVs were found to have made a significant contribution in achieving positive health outcomes specifically in the area of Maternal and Child Health among the Zanzibar population.

However, the functioning of the SHCC was not satisfactory. Several operational and functionality issues were found which limited attainment of the expected results from these entities. On the other hand, the SHCC cadre was not formally recognized within the ZCHS and thus SHCCs were not prioritized within the formal health system. Based on the need to address the above challenges and gaps, and in the process of raising and maintaining the quality of primary health care, the Ministry of Health, Social Welfare, Elderly, Gender and Children (MOHSWEGC) together with the President's Office, Regional Administration, Local Government and Special Department (PORALGSD), desirously saw the importance of addressing these programmatic and structural gaps. In order to have in place a successful implementation of the community based program, there was a need to restructure the health system by strengthening the implementation of Primary Health Care (PHC). This was done so as to shift from an individualized, passive, curative, vertical system to a population-based, integrated, proactive model for delivery of community health services. The two ministries decided to review and update the ZCHS and outline appropriate actions to implement a revisited Community Based Health Program (CBHP) in line with the on-going decentralization of PHC.

The updated ZCHS (2019 – 2025) is now in place, launched and in use. The strategy is in line with up-to-date interventions, innovations and other developments that focus on improving the PHC set up as well as improving community-based services implemented by SHCCs. However, the strategy will be meaningless if key players supporting the CBHP are not provided with specific working guidelines in order to standardize operations and functions related to service delivery and management of the CBHP by CHV and SHCC respectively.

The production of this **Training Manual** for SHCC is a practical example of how the Government, in collaboration with its development and implementing partners work together to interpret the ZCHS into action and practice. The Revolutionary Government of Zanzibar is pleased in the way various stakeholders, including the community, were fully engaged in the process during the course of development of the MIP. This document presents an overview of community based interventions and services that are within the scope of work and mandate of the SHCC. It intends to serve as a national reference on the subject matter to promote a clear understanding of community involvement practices in Zanzibar through SHCCs.
Both the MOHSWEGC and PORALGSD are delighted that the CBHP in Zanzibar is increasingly becoming structured and guided. It is a huge achievement to arrive into this stage where the ZCHS (2019-2025) is now translated into practice through various guidelines, manual and tools that are expected to guide all key stakeholders supporting the CBHP in the country.

The two Ministries urge all stakeholders in health including our development partners to support the government efforts in ensuring the SHCCs are implementing their roles and functions successfully guided by these MIPs. It remains true that the involvement of communities in the governance of the health systems is inevitable and beneficial, and that implementation of the minimum interventions will result into desired improvement of health promotion activities, disease prevention and improved health outcomes across the entire population in Zanzibar.

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Acknowledgments

The Revolutionary Government of Zanzibar (RGoZ), through the Ministry of Health, Social Welfare, Elderly, Gender and Children and the President's Office, Regional Administration, Local Government and Special Departments, would like to express massive appreciations to all organizations and individuals who took part and supported the development of manuals, guidelines and working tools for the Zanzibar Community Based Health Program of which one of them is this Minimum Intervention Package (MIP) for SHCCs. Many individuals and organizations devoted their time, effort and resources to ensure development of these resources is a success. Due to the essence of the community based health program, many parties were involved in different ways. As a result, the process was long and involved concerted efforts from a wide range of stakeholders. The RGoZ would like to thank all those who provided inputs in different forms including those who were involved in conducting situational analysis and needs assessment to the last stage of reviewing the and endorsing the drafts of the various tools.

The Government would like to recognize and mention a few individuals and organizations that made specific contributions to the process. Among them is Mr. Abdurahman Kwaza, from the Health Promotion Unit (HPU) of the MOHSWEGC. Mr Kwaza provided strong leadership and guidance to the process; he coordinated the process on behalf of the two ministries. The Government would also like to recognize contribution by the entire staff of the HPU, IRCHP and HMIS for their esteemed and active participation throughout the process.

At the same level of appreciation, the RGoZ is grateful to Dr. Salim Slim (DDPSHE-MOHSWEGC) for his exceptional leadership, support and guidance towards realizing these milestones. The Government would also like to thank Bi Halima Khamis, Head of Health Promotion Unit, of the MOHSWEGC who was always at hand to support and lead the HPU team and the team of consultants whenever her guidance was needed. In the same breadth, we would like to recognize and appreciate the participation and leadership of Mr. Khalid Abdalla, by then Deputy Principal Secretary-PORALGSD and the Chairman of the Steering Committee for CHS and all other senior officials from the PORALGSD who participated in this process. The support and encouragement at various stages was important for the timely completion of the assignment. In this category, the Technical Working Group (TWG) provided the instrumental and overall technical leadership of the work that led to development of these tools for Community Health Services of Zanzibar. The group draws its members from a holistic spectrum of health programs in Zanzibar together with designated representative officers from implementing Partners (IPs) and Development Partners (DPs) who support the CBHP. The Government acknowledges their efforts, technical support and appreciates their commitment in working tirelessly to ensure the working tools for CBHP, including these MIPs, in Zanzibar are in place and at their highest quality.

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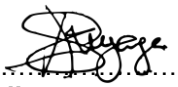
To all (mentioned and not mentioned), the RGoZ remains indebted for your esteemed work and for your contribution in promoting community health services which ultimately leads to improvement of the health of the Zanzibar population.



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Chapter One

Overview of the Training Manual for Shehia Health Custodian Committees

1.1 Learning outcomes

At the end of this chapter, the training participants are expected to explain

- Why the manual was developed,
- Who are the intended users,
- How to use this manual and
- How is the manual structured and organized.

1.2 Why was this manual developed?

The purpose of the training manual is to provide guidance to an integrated training package for Shehia Health Custodian Committees (SHCC). The manual was jointly prepared by all key health stakeholders with interest in promoting community based health program (CBHP) and approved by the Ministry of Health, Social Welfare, Gender, Elderly and Children (MOHSWGEC) and the President's Office, Regional Administration, Local Government and Special Departments (PORALG-SD). The need for developing this manual arose from the fact that, since their first establishment, SHCCs lacked a holistic and integrated training tool to capacitate them. Similarly, following the redefining and packaging its minimum service package, a corresponding training tool was needed.

The development of this manual is evidence based; it is based on findings from the situational analysis that assessed the training needs for SHCCs in Zanzibar. It also derives its content from the experiences a few SHCCs that are already in place and functioning. The training manual is designed to be interactive, making trainees to take an active role. It contains a number of activities as part of the training processes.

The training manual is designed for three days basic training program. It is hoped that the training will be followed up by continuing refresher training, based on needs identified by SHCCs. Each chapter is designed as a standalone module to accommodate different contents. The training manual is designed for health committee members, but intended to be used in workshops with a skilled facilitator/trainer.

1.3 Who are the intended users of this manual?

The primary users of this manual are the members of the Shehia Health Custodian Committees in Zanzibar and their trainers. While the members of the SHCC will use this manual as a reference book from the training they received, trainers will use this manual together with the Facilitator's guide to deliver the training. Facilitators are encouraged to adapt the manual to the specific context and to the needs of health committees/participants.

As secondary users, this reference resource has been developed to also be used by all key stakeholders of CBHP in Zanzibar. These include the MOHSWGC, PORALG-SD and other related ministries supporting health programs at community level indirectly. Other users include all health programs under the MOHSWGC, Development Partners (DPs), Universities, colleges and other training institutions, Implementing Partners (IPs) that may include International Non-Government Organizations (INGO), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), Community Based Organizations (CBOs), Council Directors, Council Health Management Teams (CHMT), health facility managers from all levels of care, service providers, Shehia Consultative Committees (SCCs), Councilors, Shehas, Community Health Volunteers (CHV) and the general population.

1.4 How to use this manual

This training manual focuses on enabling members of SHCC carry out and perform their roles and responsibilities in order to meet the health needs of the population in their respective Shehia. It also intend to impart knowledge and skills that SHCCs require. The topics are based on the Minimum Intervention and service Package (MIP) of health related services for SHCC linked to the Minimum Intervention Package for Community Health Volunteers, the Zanzibar Community Health Strategy (ZCHS), the National Essential Health Intervention Package, the National Health Sector Strategic plans and most importantly the Health Policy of Zanzibar. Users are therefore expected to use this manual

with a fair comprehension of the above referred resources. The manual consisted of 4 chapters and followed by 4 training modules. The users are required to go through all chapters, modules and units in order to get a complete package of intended knowledge and skills.

1.5 How the manual is structured/organized

The modules in this manual provide a chronological flow that allows the user to incrementally move from one module to the other. The different modules can also be used separately and independently. Trainers are expected to follow the order of the modules in order to deliver meaningful and chronologically organized sessions.

This manual is organized in four chapters (Table 1) which follow a chronological order that allows the user to incrementally grasp the concept of the training as one moves from one module to another. Users are expected to follow the order of the module in order to comprehend the presentation of the contents.

Table 1: Structure of the manual

Section	Sub-sections	Description of content
Chapter One		Provides the background of developing the training package and introduces the rest of the modules.
Chapter Two		Introduces roles and functions of SHCCs and their linkage to the minimum intervention package for SHCCs.
Chapter Three		Provides a summarized description of service package and the corresponding competencies required by the SHCCs and hence setting the background for the development of the curriculum and description of the modules. Under this chapter, four modules are included namely;
	Module I	Governance of the community based health services at the community (Shehia) level. This module is divided into 3 units
	Module II	Providing skills to be possessed by members of SHCCs in relation to the community based health program at the Shehia level. The module is divided into 4 units.
	Module III	Provides the guidance and description of how coordination of community based health activities and services at the Shehia level should be performed. The module is divided into 3 units.
	Module IV	Provides knowledge on how monitoring (and evaluation) of community based health activities and services at the Shehia level should be conducted. The module is divided into 4 units.
Chapter Four		Include appendices that are necessary to facilitate learning using this manual. These include illustrations, role plays and other learning aids.

Chapter Two

Introduction to the Roles, Functions and Minimum Intervention Package (MIP)of SHCC

2.1 Learning Outcomes

At the end of this module, trainees are expected to describe:

- *Legislation and establishment of SHCCs*
- *Composition of SHCCs*
- *Line of accountability of SHCC*
- *Meetings of SHCC*
- *Training of SHCC*
- *Endorsement of SHCC*
- *Roles of the SHCC*
- *Functions of the SHCCs*
- *The concept and meaning of interventions*

2.2 Legislation and Establishment of SHCCs

According to the ZCHS the SHCC will be established as a sub-committee of the Shehia Consultative Committee (SCC) responsible for health. Act No. 7 of 2014 shall be amended to accommodate the new roles of the SCC and SHCC related to health and other devolved functions within the local government system. This will provide the legal basis for the establishment of the SHCC as a sustainable community organ. The amended act has legislated the establishment and composition of the SHCC as well as its roles and functions.

2.3 Composition of SHCCs

In each Shehia, there will be an established SHCC that shall consist of two categories of members, namely those who represent the community on one hand and those who represent the Government by virtue of their positions and civil societies on the other hand.

The following members will be identified and selected by the SCC to represent the community and civil societies:

1. One spiritual leader.
2. One Traditional Birth Attendant (TBA).
3. One Traditional Healer (TH).
4. One disabled person or chronically ill person.
5. One teacher.
6. Two elders (approx. 40-65 yrs. old), one male and one female.
7. Two youth (approx. 18-35 years old) one male and one female.
8. The Sheha from the respective Shehia.

The following members will become members of the SHCC by virtue of their positions and or representing institutions/CBO/SCO.

9. A member of health facility staff, preferably the in charge of the health facility who will become the secretary to the SHCC.
10. A representative from a CBO or SACCOS who shall be an invited member; and
11. A Councillor or Member of Parliament/ Member of the House of Representatives who shall be an invited member.

The Shehia Consultative Committee will identify recommended members of the SHCC according to the membership criteria above and send their recommended list to the Director for endorsement. The chairperson of the SHCC will be elected by SHCC members and preferably should come from among community representatives.

2.4 Line of accountability of SHCC

The SHCC as a sub-committee of the SCC will report to SCC and be supervised by the Sheha. The chairman of the SHCC will be elected by members and preferably should come from among community representatives. The health promotion focal person at the PHCU and district level will be responsible

for technical supervision of the SHCC. Remuneration, working tools and IDs for SHCC members will be provided as per local government guidelines on structures at Shehia and Ward level.

2.5 Meetings of SHCC

There shall be four normal meetings of the SHCCs. There should be at least one meeting in a quarter. Other ad hoc meetings can be called upon by chairperson after consultation with the Secretary and the Sheha. The ad-hoc meetings should not exceed more than 2 in each quarter of a year. For decisions to be made, a quorum of more than 50% of all members will be required.

2.6 Training of SHCC

The SHCC should be provided with training on their general roles within three months of their appointment. All SHCCs must be trained prior to executing their roles and functions. The costs for the training must be planned by the District Council in the comprehensive council health plan for the respective districts. Each health programmes may organise and conduct specific additional training (beyond the minimum package) based on additional or new roles assigned to the SHCC in line with the program goals and objectives.

2.7 Endorsement of SHCC

After the establishment and training of SHCCs, the District Commissioner is responsible to endorse the SHCC before it starts its functions. The endorsement shall be conducted in the presence of the Council Director or his/her representative.

2.8 Roles of the SHCC

The main two cadres within the community level - health workforce are the CHVs, who are the health service providers in the community level and SHCCs with the roles and responsibilities of providing leadership and oversight/ governance in the respective Shehia. The overall purpose of this training material for the SHCC is to ensure that the members of the committees are well equipped and capacitated to play these key roles and functions. These Training materials therefore, should be used to explain and clarify the role of SHCC. In the table below you will find role of SHCC.

2.8.1 Roles of the SHCC

There shall be ten key roles of the Shehia Health Custodian Committees. These will include:

Box 1: Detailed roles of SHCCs
• Conducting community and school surveys to identify health needs, analyse and interpret the collected data, translate it, prioritize it and integrate it into the comprehensive health facility action plan; • Storing health related information from different sources in the community, vital statistics, HMIS, and household surveys; • Acting as a link between the community and health facility staff through quarterly meetings or ad hoc meetings as the need arises; • Encouraging the sustainability of CHVs; • Initiating and strengthening local development initiatives with government, NGOs and the private sector; • Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, mass campaigns, national commemorations of the World Health day, TB, HIV/AIDS, malaria, etc, in collaboration with the community. • Providing representation at the respective health facility level for management purposes with regard to fund generation and accounting for local health resources; Acting as the focal point for all health-related activities initiated by higher levels of the health system hierarchy; • Providing quarterly reports from community and health facilities and maintaining contact with their respective SCCs to monitor health activities, outcomes and impact with a view to formulate a rational demand for services; • Discussing the Plan of Action and quarterly reports from the health facility level with health staff; and • Acting as an advisor on all health affairs to the Sheha and SCC.

When carefully classified, these detailed roles fall under four main categories of roles namely governance and management, leadership, coordination and supervision and monitoring and evaluation.

2.9 Functions of the SHCCs

The functions of the SHCC will be divided into four main broad categories defined by the minimum intervention and service package.

2.9.1 The concept and meaning of interventions

In this context, an intervention is defined as a carefully planned initiative that is intended to bring positive change resulting into a desirable outcome and or impact. The MOHSWGEC together with PORALG-SD have defined minimum interventions for SHCCs. It should be understood that with these well selected interventions, SHCC are going to be empowered with knowledge, skills and capacity to represent the community in supporting and promoting community based health programs and activities. These interventions intend to encourage community participation as they embark onto improving their health and that of their environment.

2.9.2 Minimum Intervention and Service Package (MIP) for SHCCs

These are four key interventions for SHCCs as defined by the MIP. These include:

(i) Providing good governance of the community based health services at the community (Shehia) level.
(ii) Providing good leadership of the community based health program at the Shehia level.
(iii) Providing coordination of community based health activities and services at the Shehia level.
(iv) Monitoring (and evaluation) of community based health activities and services at the Shehia level

2.9.3 Functions and responsibilities of the SHCC

Functions of the SHCCs fall under the four key interventions defined by the main categories of roles. Table 2 summarizes key functions of SHCCs by intervention or roles.

Table 2: Summary of key functions of the SHCCs

Functions and responsibilities related to Governance
1. Overseeing that all processes and mechanisms for implementing CBHP at Shehia level are adhered to; 2. Ensuring that all involved stakeholders at Shehia level are held to account for the collective goal of delivering services in the Shehia; 3. Observing compliance to ethics by all stakeholders of community based health activities when implementing their different roles; 4. Managing risks and ensure compliance to management and administrative protocols; 5. Representing the community in all health-related activities initiated by higher levels of the health system hierarchy
Functions and responsibilities related to Leadership
1. Sensitizing the community to take part in community health activities and facilitate identification of health priorities and problems; 2. Leading development of participatory community health plans in the Shehia; 3. Leading implementation of all community based services delivered in the Shehia; 4. Provide leadership of overall community based health services in the Shehia and all managerial roles; 5. Providing administrative support and participating in recruitment of CHVs at their respective Shehias; 6. Support, motivate and encourage CHV to carry out their functions and help resolving challenges facing CHVs on a timely manner; 7. Lead efforts to ensure full involvement and participation of the CHVs in all relevant health related affairs in the community is prioritized;

8. Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, mass campaigns, national and international commemorations days (e.g. World Health day, TB, HIV/AIDS, malaria, etc) in the respective Shehia;
9. Supervise risk communication and community engagement in the respective Shehia during disease outbreaks and disasters;
10. Attend and facilitate conflict resolution processes and play an advisory role in all activities related to community based health services;
11. Maintain communication with the community, CHVs, service providers, and Council health managers and administrators.

Functions and responsibilities related to Coordination

1. Ensuring representation of the community an community priorities along the defined structural and reporting lines as described in the ZCHS 92019-2025) linking both local government and health sector ministerial authorities, DPs and IPs the Assistant Director (Health) and the office of District Commissioner;
2. Mobilizing and managing resources, both financial and material resources as a strategy for sustainability of SHCC's activities;
3. Networking and sustaining partnership with various stakeholders and platforms at various levels of the government administration and health system in the context and purview of the Shehia
4. Linking between the community and (a) health facility staff (b) PHCU boards through quarterly meetings and or ad hoc meetings as the need arises;
5. Maintaining good working and reporting relationship with SCC through quarterly reports and representation in SCC meetings;
6. Maintaining "book-keeping" for all financial resources

Functions and responsibilities related to Monitoring (and evaluation)

1. Conducting performance appraisal related to community health activities in the Shehia;
2. Keeping records related to SHCC activities including received reports from CHVs;
3. Conducting data collection from various sources related to SHCC role of monitoring and evaluation;
4. Conducting simple data analyses and interpretation to enhance utilization of data and get informed on own performance and that of the community at large;
5. Writing reports to be shared in a quarterly basis to the community through different avenues and for submission to supervisors and higher levels;
6. Take part and or demand feedback from any research work conducted by any organization/institution conducted in their area of jurisdiction;
7. Linking the information collected through various methods from various sources to the Community Health Information System (CHIS) and finally to the Health Management Information System (HMIS);
8. Communicating information about community health program at large and for specific interventions in particular to various stakeholders at various levels

Chapter Three
Fulfilling Roles of SHCCs with Competency

3.1 Learning Outcomes

This chapter is divided into four modules. After the introductory section, module I through IV provide detailed description of each required competence linked to the roles and functions of the SHCCs. These modules (I to IV) are further divided into units for simplicity of presentation and ease of comprehension.

At the end of this chapter, trainees are expected to understand and describe

- *The concept and meaning of competence*
- *Main competences required by SHCCs to fulfill their roles, functions and responsibilities, including competences related to*
  - *Governance functions*
  - *Leadership and managerial functions*
  - *Coordination and communication functions*
  - *Monitoring and evaluation functions*

3.2 Concept, Meaning and Types of Competences

3.2.1 Definition

Competence is the ability that someone possesses, through learning in doing something successfully or efficiently. On the other hand, *competency* is the action of making use of competence (i.e. behavior, skill or use of knowledge).

The competency-based education (CBE) approach allows students to advance based on their ability to master a skill or competency at their own pace regardless of the environment. This method is tailored to meet different learning abilities and can lead to more efficient student outcomes. Competencies include explicit, measurable, transferable learning objectives that empower students or trainees.

3.2.2 Competency based learning for SHCCs

In this approach trainees advance upon demonstrated mastery, receive timely and differentiated support and develop and apply a broad set of skills and dispositions.

Training of SHCCs using this manual is therefore competency based, tailored to provide the members of the SHCC with knowledge and skills that will in turn equip them with required competencies that are needed in the process of application and fulfilling their responsibilities.

It should be noted that, SHCCs are not service providing entities. They are principally governance and managerial structures with leadership, coordination, supervisory and monitoring roles which collectively define their core functions. Fulfillment of these main roles is expected to facilitate and augment deliverance of health services at the community levels by other stakeholders and platforms or structures especially the Community Health Volunteers (CHVs).

3.2.3 Competences required by SHCCs

The competencies required by the members of the SHCCs include;

Box 2: Competences required by SHCCs

1. Effective governance and management,
2. Effective leadership,
3. Conflict resolution.
4. Communication and coordination,
5. Social and Behavioural Change Communication (SBCC),
6. Networking and partnership,
7. Mobilization and management of resources,

8. Record-keeping/book-keeping,
9. Performance appraisal,
10. Basic, planning, monitoring and evaluation,
11. Basic analysis and utilization of data and
12. Report writing,

NB: The SHCC should be appraised through their implementation of their work plans, self-assessment and peer assessment.
The modules under this chapter are developed to equip the members in particular and the committees as a whole with necessary knowledge, skills and competences to effectively perform their duties and functions and ultimately bring about the desired outcomes.

Description of Competences for SHCCs

3.3 Module I: Competence on Governance and Managerial Related Functions

3.3.1 Module objectives

1) To orient members of SHCC on the broader concept of governance and management
2) To orient members of SHCC on functions and responsibilities related to governance and managerial roles
3) To orient members of SHCCs on the basis and requirements for good governance
4) To introduce trainees to various health policy related guidelines that confer SHCCs with governance and managerial role.

3.3.2 Defining governance

In the context of the functions and roles of SHCC, governance shall entail and encompass the way by which community based health program (and its corresponding activities) is governed (controlled) and made to operate. It will include overseeing the mechanisms by which the CBHP, and the involved stakeholders at Shehia level are held to account for the collective goal of delivering services at that level. It will also include observing compliance to ethics, risk management, and administration protocols.

On the other hand, management is a process of planning, ***decision making***, organizing, leading, motivation and ***controlling*** the human resources, financial, physical, and information resources of an entity to reach its goals efficiently and effectively. It includes the activities of setting the strategy of an organization and coordinating the efforts of its stakeholders (employees and volunteers) to accomplish its objectives through the application of available resources. There is a close link between management and governance.

3.3.3 Unit 1: Understanding the Broader Concept of Governance and Management of Community Based Health Services

Literally “government” and “governance” are interchangeably used, both denoting the exercise of authority in an organization, institution or state. Government is the name given to the entity exercising that authority. Authority can most simply define as legitimate power. Whereas power is the ability to influence the behavior of others, authority is the right to do so. Authority is therefore based on an acknowledged duty to obey rather than on any form of coercion or manipulation.

To govern is to exercise power and authority over a territory, system or organization. In governance, citizens are rightly concerned with a government’s responsiveness to their needs and protection of their rights. In general, governance issues pertain to the ability of government to develop an efficient,

effective, and accountable public management process that is open to citizen participation and that strengthens rather than weakens a democratic system of government.

Good governance is, among other things, participatory, transparent and accountable and it promotes the rule of law. Good governance ensures that political, social and economic priorities are based on broad consensus in society and that the voices of the poorest and the most vulnerable are heard in decision-making over the allocation of development resources. Governance can be used in several contexts such as corporate governance, international governance, national governance and local governance. Similarly, every sector (e.g. education, mineral, agriculture and health) do usually develop their structural governance. SHCCs are expected to exercise ***local governance*** with special focus on ***community based health services***.

3.3.4 Unit 2: Functions and responsibilities of SHCC related to governance and managerial roles

Box 3 below relates the governance intervention with its corresponding set of functions and responsibilities of SHCC.

Box 3: Functions and responsibilities related to Governance role
1. Overseeing that all processes and mechanisms for implementing CBHP at Shehia level are adhered to; 2. Ensuring that all involved stakeholders at Shehia level are held to account for the collective goal of delivering services in the Shehia; 3. Observing compliance to ethics by all stakeholders of community based health activities when implementing their different roles; 4. Managing risks and ensure compliance to management and administrative protocols; 5. Representing the community in all health-related activities initiated by higher levels of the health system hierarchy.

It should be noted from the above functions and responsibilities that, the health system functions have their basis at the community level. While the national through the council levels have roles to provide policy guidelines, the actual implementation takes place at the community level. While other political and administrative structures are also available at the community level, governance and management of the health sector is expected to be lead and governed by SHCCs.

The need for good governance of health matters at the community level by SHCCs cannot be overemphasized. Good governance creates a strong future for the committee by continuously steering towards a vision and making sure that day-to-day management is always lined up with the committee goals. At its core, good governance leads to good leadership. An effective committee will improve the influence results, financially, socially and technologically by making sure that the community assets and funds are used appropriately. Poor governance can put the SHCC at risk of failure, financial and legal problems on its efforts to improve health of the population in its catchment area. It can also lead the SHCC to lose sight of its purpose and its responsibilities to its people who should benefit from its success.

3.3.5 Unit 3: The Basis and Requirements for Good Governance by SHCCs

As described in Chapter 2, establishment of SHCC is legislative under Act No. 7 of 2014 of Local Government.The interpretation for this is provided under different Government guidelines including the following:

I. The Zanzibar Community Health Strategy

The revised Zanzibar Community Health Strategy (2019-2025) is derived from the 1st ZCHS of 2011. The old version of ZCHS came with the aim of streamlining' existing structures and creating a common framework for the coordination of the various health interventions. This was mainly done through the establishment of "Shehia Health Custodian Committees (SHCCs)", to be community-level committees

that coordinate community health activities at the Shehia level. This entity serves as the Sheha's advisory arm for all health affairs, and therefore is involved in all contacts with higher levels regarding health matters within the Shehia.

During the implementation of the ZCHS new opportunities emerged. There have been a number of demonstrable achievements including the use of Community Health Volunteers (CHVs) to increase demand for health services such as health facility deliveries and postnatal services. The CHVs have made a significant contribution in achieving positive health outcomes among the Zanzibar population. However, the CHV cadre was not formally recognized within the ZCHS and thus CHVs were not prioritized within the formal health system.

Based on the need to address the above challenges and gaps, and in the process of raising and maintaining the quality of primary health care, the Ministry of Health, Social Welfare, Gender, Elderly and Children together with the President's Office, Regional Administration, Local Government and Special Department (PORALGSD),desired to see a successful implementation of the community based program and are prepared to restructure their systems by strengthening the implementation of Primary Health Care (PHC). This will be done so as to shift from an individualized, passive, curative, vertical system to a population-based, integrated, proactive model for delivery of community health services.

The revised ZCHS accommodates these intentions and aims. One of the strategies to achieve the Government ambition advocated by the ZCH (2019-2025) is strengthening the functionality of SHCCs. Among the roles that these committees are expected to play is governance and management of community based health activities at Shehia level.

II. Community Participation as a Pillar of Primary Health Care (PHC)

Community participation is the process by which individuals and families assume responsibility for their own health and of the community they live in. Community participation ensures the following:

a) **Self-reliance and sustainability where**
   - Individuals come to know of the health problems of the community and learn the ways and means of overcoming these. They are not treated as mere passive beneficiaries of Government aid but an important stakeholder to health planning, implementation, monitoring and evaluation.
   - They have the right to demand good health services to their perceived satisfaction since they have their contribution to the running of health system.

b) Overcoming cultural barriers to healthcare
   - They don't remain obliged to accept conventional solutions to their problems if these are in conflict with local culture. They can improvise and innovate to make these suitable.
   - They need to be trained and acquire this capability for this and have to consult technical persons for the validity of the improvisation and it is the responsibility of the health system to explain and provide clear information about the favorable and adverse consequences of these interventions.

c) Improved communication with the community
   - Health education can penetrate better in the community if the trained community workers are involved and motivated than if are not involved. Also there is an effective conveyance of the specific concerns of the community to the planners

d) Opportunity for community to provide labour and financial resources for healthcare if needed
   - According to WHO, the most realistic method of attaining community participation is to employ community health volunteers.
   - The community health worker provides the first level of contact between individuals and health care system.
   - They can be trained in short time to perform specific tasks and carry out a vast range of activities. They come from and are chosen by the community they live in
   - Training and re-training of these CHVs is the responsibility of the administration.

- When more complicated care or advice on complex problems is required, the community health volunteers should have access to technically trained staff.

3.4 Module II: Competences on Leadership Related Functions

3.4.1 Module Objectives

5) To orient members of SHCC on the broader concept of leadership,
6) To orient members of SHCC on functions and responsibilities related to leadership roles
7) To orient members of SHCCs on the basis and requirements for good leadership
8) To impart knowledge and build the capacity, skills and competences required for leadership of SHCCs

3.4.2 Unit 1: Understanding the Broader Concept of Leadership for Community Based Health Services

Literally, leadership is the art, capacity and ability of an individual or a small group of individuals to influence and guide others in a larger group (followers or other members of the group). This is a crucial role that SHCCs are expected to play. Implementing the **leadership** role shall mean having SHCCs making sound and in some instances difficult decisions, creating and articulating a clear vision, establishing achievable goals and providing the community members and other stakeholders in the Shehia with the knowledge and tools necessary to achieve those goals.

SHCCs should be enabled to exercise self-confidence, acquire strong communication and management skills, to be creative and innovative, demonstrate perseverance in the face of failure, readiness and willingness to take risks, openness and acceptance to change, and responsiveness in times of crises.

3.4.3 Unit 2: Functions and responsibilities of SHCC related to leadership roles

Box 4 summarizes the main functions and responsibilities of SHCC with respect to leadership role

Box 4: Functions and responsibilities related to Leadership
1. Sensitizing the community to take part in community health activities and facilitate identification of health priorities and needs;
2. Leading development of participatory community health plans in the Shehia;
3. Leading implementation of all community based services delivered in the Shehia;
4. Provide leadership of overall community based health services in the Shehia and all managerial roles;
5. Providing administrative support and participating in recruitment of CHVs at their respective Shehias;
6. Support, motivate and encourage CHV to carry out their functions and help resolving challenges facing CHVs on a timely manner;
7. Lead efforts to ensure full involvement and participation of the CHVs in all relevant health related affairs in the community is prioritized;
8. Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, outreaches, mass campaigns, national and international commemorations days (e.g. World Health day, TB, HIV/AIDS, malaria, etc) in the respective Shehia;
9. Supervise risk communication and community engagement in the respective Shehia during disease outbreaks and disasters;
10. Attend and facilitate conflict resolution processes and play an advisory role in all activities related to community based health services;
11. Maintain communication with the community, CHVs, service providers, and Council health managers and administrators.

3.4.4 Unit 3: Competences for Leadership of Community Based Health Services

Competence 1: Effective leadership

There are a number of broad skill areas that are particularly important for leaders. These include strategic thinking, planning and delivery, people management, change management, communication, persuasion and influencing (Figure 1). A good leader should possesses most of these attributes. However, working as a team help to complement each other and hence fill the gap of leadership skills of individual team members. While some might be very strong in strategic thinking, they may not be very good in communication or persuasion. These different attributes are described under respective functions and responsibilities that SHCCs are expected to fulfill.

Figure 1: Important leadership skills. *Source: Skills You Need, (2018)*

Competence 2: Planning

Planning is one of the functions and or responsibility that the SHCC will be executing. Literally planning is the art and process of organizing ideas about the activities required to achieve a desired goal. It is usually preceded by identifying a vision, mission and goal. In any sectoral development, planning is the first and foremost activity to achieve desired results. It also involves the creation, maintenance and evaluation of the plan over time.

Planning needs to deliver

While it is important to be personally organized and motivated as a leader it is perhaps even more important to be able to plan and deliver for the Shehia.

- These areas are key management skills, but the best leaders will also be able to turn their hand to these. The best vision in the world is no good without the plan to turn it into reality.
- Alongside strategic thinking, therefore, go organizing and action planning, both essential for delivery of your vision and strategy.
- Project management and project planning are also helpful skills for both managers and leaders.
- Good risk management is also important to help you avoid things going wrong, and manage when they do.
- Leaders also need to be able to make good decisions in support of their strategy delivery, and solve problems.

With a positive attitude, problems can become opportunities and learning experiences, and a leader can gain much information from a problem addressed.

Planning require strategic thinking skills.

Perhaps the most important skill a leader needs and what really distinguishes leaders from managers is to be able to think strategically. This means, in simple terms, having an idea or vision of where you

want to be and working to achieve that. The best strategic thinkers see the big picture, and are not distracted by side issues or minor details. All their decisions are likely to be broadly based on their answer to the question '*does this take me closer to where I want to be?*'

A strategic thinker should be able to create a compelling vision, they must also be able to communicate it effectively to their followers, which is partly why communication skills are also vital to leaders. Creating a vision is not simply a matter of having an idea. Good strategic thinking must be based on evidence, and that means being able to gather and analyze information from a wide range of sources. This is not purely about numbers, but also about knowing and understanding your market and your customers, and then and this is crucial using that information to support your strategic decisions.

Note!
Planning is further described in detail under Unit 4 of this module.

Competence 3: Communication Skills

Communication skills entail the abilities one possesses when giving and receiving different kinds of information. Such skills are required when communicating new ideas, feelings or even an update on a plan, project o program. Attributes of a person with good communication skills include effective listening, speaking, observing and empathizing.

While communication skills are important for everyone, leaders and managers perhaps need them even more.

- These skills are general interpersonal skills, not specific to leadership, but successful leaders tend to show high levels of skill when communicating.
- Good leaders tend to be extremely good listener, be able to listen actively listen actively and elicit information by good questioning.
- They are also likely to show high levels of assertiveness, which enables them to make their point without aggression, but firmly.
- They know how to build rapport to build quickly and effectively, to develop good, strong relationships with others, whether peers or subordinates.
- These skills come together to help to build charisma, that quality of 'brightness' which makes people want to follow a leader.
- Leaders also need to know how to give others their views on personal performance in a way that will be constructive rather than destructive, and also hear others' opinions of them.
- They are usually very good at effective speaking, equally skilled at getting their point across in a formal presentation or SHCC meeting, or in an informal meeting or casual corridor conversation.

Note!
Leading does not mean knowing it all. It involves learning from others and apply to bring change. Good communication skills are a powerful tool to achieve effective leadership.

Competence 4: Social and Behavioural Change Communication (SBCC)

One of the most difficult task is to change people's behaviours. It is well known that most of the health problems we have today are either have their causes or their solutions in our behaviours. For example, most of the interventions for addressing health problems related to water, hygiene and sanitation (WASH) are targeted to behavioural change approach.

Social and behavioural change communication is an adaptable strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. At its core, SBCC involve coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy.

SBCC should be evidence-based; meaning the messages communicated must be true, reliable, tested and have proven to bring about desirable outcomes. Members of SHCCs are expected to acquire and possesses the communication competence to enable them undertake this function.

The following additional competences are required to compliment competence on SBCC

Change Management and Innovation Skills
Change management is the discipline that guides how leaders prepare, equip and support individuals to successfully adopt change in order to drive community desired success and outcomes. Change management may seem like an odd companion to people management and communication, but leadership is often particularly important at times of change. A leader needs to understand change management in order to lead a team through the process. For example, change management requires the creation and communication of a compelling vision.

It also requires the change to be driven forward firmly, and leadership to make it 'stick' if the team is not to revert within a very short period. One particular element of change management is innovation. Good leaders know how to innovate, and also how to encourage innovation in others.

Note!
Innovation does not necessarily mean technological advancement but it broadly involves creativity of doing the same thing but in a different way with better results or outcomes.

Persuasion and Influencing Skills
Good leaders are those able to persuade and influence other to believe, take on, and implement a decided common goal or vision. Persuasion is simply an act or process of presenting arguments to move, motivate, or change an individual or group of people. This is one particular area of communication skills that is especially important for leaders. Leaders may need various tools to help them understand the way that others behave, and create positive interactions when performing persuasion and influencing.

Competence 5: Conflict resolution.
As leaders, members of SHCC should not expect only a smooth atmosphere when fulfilling their roles and obligations. In any group of people, be it within the committee or in the community at large, misunderstandings and disagreements are likely to occur. In such situation, competence on conflict resolution is required.

Conflict resolution is a way through which two or more parties find and attain a win-win situation following a misunderstanding, disagreement or disputes. The disagreement may be personal, financial, political, or emotional. When a dispute arises, often the best approach and strategy is negotiation to resolve the disagreement. Good communication skills, persuasion and people management skills may apply during conflict resolution.

People Management Skills

Without followers, there are no leaders. Leaders therefore need skills in working with others on a one-to-one and group basis, and a range of tools in their arm to deal with a wide range of situations.

- In particular, leaders are expected to motivate and encourage their followers, both directly and indirectly.
- One of the first skills that new leaders need to master is how to delegate. This is a difficult skill for many people but, if it is done well, delegation can give team members responsibility and a taste of leadership themselves, and help them to remain motivated.
- There are further challenges to delegating work within a team, including balancing workloads, and ensuring that everyone is given opportunities to help them develop.
- Leaders and managers both need to understand how to build and manage a team.
- They need to know how to recruit effectively, and bring people 'on board' through induction processes.

They also need to understand the importance of performance management, both on a regular basis, and to manage poor performance.

3.4.5 Unit 4: Understanding the Process of Health Planning with Respect to CBHP

Learning outcomes

At the end of the sessions, student will be able to:

- Describe different types of plans and the planning process.
- Apply problem analysis techniques and set priorities for resource allocation.
- Explain how improved planning and management of services and resources could improve health outcomes.

Learning objectives

On completion of this topic participants will be able to:

1. Define the basic concepts used in planning:
    - Planning, inputs, outputs, activities, outcomes and impacts
    - Comprehensive Health Plan
2. Explain why health planning is important
3. Outline the aims of health planning
4. Describe and list the types of plans used by health planners

The concept of planning

Planning is a process of making choices among a variety of actions in order to meet certain defined ends.

Planning is also a method of trying to ensure that the health resources available now and in the future are used in the most effective and efficient way to obtain explicit objectives. The process of setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals.

Planning Components

Any systematic planning process involves identification and description of the following five components.

a) Input

These are resources that contribute to conducting and delivering the output. They are what we use to do the work. These include: finances, personnel, equipment and buildings.

b) Output

Is the immediate product (goods or services) produced for delivery. It may be defined as ‘what we produce or deliver’.

c) Activity

It is the process that is used to produce the desired output and ultimately outcomes. In this sense, an activity describes what we do (e.g. conduct 5 days training on Management of Cholera to 20 Environment Health officers from Central District).

d) Outcome

These are immediate results (for specific beneficiaries) which are the consequences of achieving a specific output. Outcomes should relate clearly to institutional goals and objectives set out in its plans. Outcomes are what we wish to achieve (e.g. better health for all citizens of the district).

e) Impact:

Long-term results of achieving specific outcomes, such as reducing morbidity and mortality.

The concept of participatory community health plans

A participatory planning process is one in which all the stakeholders are involved. It’s often the most effective and inclusive way to plan a community intervention. A participatory process provides community ownership and support of the intervention; information about community history, politics,

and past mistakes; and respect and a voice for everyone. It also takes time, care, mutual respect, and commitment. In order to conduct such a process well, you have to carefully consider what level of participation is most appropriate under the circumstances. You also must identify the stakeholders, and make sure they all get to the table, using communication techniques designed to reach them.
Care must be taken in getting the process under way. The person and methods chosen to convene, it can both send messages about your intentions and have a great effect on which and how many participants you attract. The process must be maintained over time, so that momentum will not be lost.
If you can manage a planning process that meets all these requirements, the chances are that you will come up with a successful community intervention, one that truly works and meets the community's needs.
In order to understand the planning mechanism in health care settings, Managers/ health planners and SHCC members need to understand the basic concepts involved in the planning process. This unit explains these concepts and describes the aims and process of preparing the Comprehensive Health Plan.

Health Care Planning

It is an orderly process that results to health plans (short term, medium or long term) that include

- Defining community health problems,
- Identifying unmet needs and
- Surveying resources to meet them,
- Establishing priority goals, that are realistic and feasible and
- Projecting administrative action to accomplish the purpose of proposed programs

Why Health Planning?

There are a number of reasons for health planning. The common ones are:

- To meet necessary standards or achieve the set objectives to improve the health status of the specified population
- Translation of a national health plan, strategies and the Plan of Work into regional or district plans
- To use the available resources in a cost effective and cost efficient way
- Re-planning on the basis of an already existing plan, for the purpose of reviewing existing health problems, needs and rendering services which are more effective and efficient
- Emergence of a new health problem (e.g. AIDS, COVID-19, Ebola or re-emergence/resurgence of a known health problem e.g. TB, Malaria) which may require a special strategy or programme
- To ensure co-ordinated efforts and actions by all stakeholders
- To ensure needs for special groups of population are taken into consideration

Health Planning is dictated by central policies, National policies, Local health need (Health Needs Assessment), Man power, Pressure (Local, National, Political)

Aims and Objectives of Health Planning

- The aim of health planning is to improve the quality of services given to ensure that health status can be maintained.
- It also aims to provide health care for a given community according to the community objectives and health needs.
- Health Plans should be implementable and have goals that can be achieved. They should also be responsive to the health needs of the people the plans are for.

Types of health needs

There may be different perceptions of health needs. The perceptions may be from the point of view of health professionals and/or the community. Health needs could be either objective or subjective.

Objective health needs

These are health needs that are determined by epidemiological means (i.e. incidence, distribution and control of a diseases).

Subjective health needs
Subjective health needs, are usually seen by the community as important problems. Their importance may or may not be verifiable (be proven) epidemiologically. Any non-disease health need falls under this category.

Considerations for effective health planning

To achieve the aim of health planning, a number of objectives have to be achieved, these are:

- To ensure equity of health services to all members of the community
- To ensure continuous health services to the community
- To identify appropriate interventions to meet community needs of high priority.

Types of Plans

There are three common types of plans: annual, medium and long term:

1. Annual Plan

This is a one-year action plan. It is usually part of a long-term plan of which the activities are specifically stated to be covered in one fiscal year. The plan comprises of 12 calendar months regardless of which month it begins e.g. January to December or July to June. An example of an annual plan is the Comprehensive District Health Plan.

2. Medium term

This is a two to three-year plan, which may be an extension of the annual plan. Examples include the rolling plan and forward budget (Mid-Term Expenditure Framework).

3. Long term

This is a five years, or longer, plan which relates to longer projections and whose activities are stated in broader terms.

Box 5: Summary

Planning is deciding in advance what to do, how to do and who is to do it. Planning bridges the gap between where we are to, where we want to go. It makes possible things to occur which would not otherwise occur.
• Planning is for tomorrow
• Planning includes 3 steps
  ○ Plan formulation
  ○ Execution
  ○ Evaluation
Note: No planning No Development

3.5 Module III: Competences on Coordination

3.5.1 Module Objectives

- To orient members of SHCC on the concept of coordination
- To orient members of SHCC on functions and responsibilities related to coordination roles
- To orient members of SHCCs on knowledge, skills and competences necessary for carrying out coordination roles.

3.5.2 Meaning of coordination

In the context of roles and functions of SHCCs, coordination means undertaking a process of organizing different stakeholders involved in the implementation of the CBHP so that they work together properly and in harmony. It entails harmonization of the functioning of the government, IPs and community members in an effective way to result to the unification, integration and synchronization of the collective efforts of all stakeholders at the Shehia level. The ultimate goal is to provide unity of action in the pursuit of common goals of CBHP. It should include integration and synchronization of the activities, finances and other material and non-material resources and efforts of all stakeholders in the pursuit of the common goal. Box 6 relates functions and roles of SHCCs and the coordination intervention

3.5.3 Functions and responsibilities related to coordination role

Box 6: Functions and responsibilities related to Coordination
1. Ensuring representation of the community an community priorities along the defined structural and reporting lines as described in the ZCHS (2019-2025 linking both local government and health sector ministerial authorities, DPs and IPs the Assistant Director (Health) and the office of District Commissioner; 2. Mobilizing and managing resources, both financial and material resources as a strategy for sustainability of SHCC's activities; 3. Networking and sustaining partnership with various stakeholders and platforms at various levels of the government administration and health system in the context and purview of the Shehia 4. Linking between the community and (a)health facility staff (b) PHCU boards through quarterly meetings and or ad hoc meetings as the need arises; 5. Maintaining good working and reporting relationship with SCC through quarterly reports and representation in SCC meetings; 6. Maintaining "book-keeping" for all financial resources

3.5.4 Unit 1: Human Resource Management

Human Resource Management is a broad concept that refers to the process of recruiting, selecting, inducting employees, providing orientation, imparting training and development, appraising the performance of employees, deciding compensation and providing benefits, motivating employees, maintaining proper relations with employees and their trade unions. It also includes ensuring employees safety, welfare and health measures in compliance with labour laws.

SHCCs are not expected to perform all these tasks. Based on the governance and leadership roles at the community level, SHCCs have direct interaction with health sector related employees, both from public and private sectors. They are linked to health service providers and community health volunteers. SHCCs are expected to

- Motivate service providers and CHVs,
- maintain good and proper relations with service providers and CHVs,
- ensuring safety, welfare and health measures of CHVs within their areas of authority.

3.5.5 Unit 2: Networking and partnership

Literally network is the concept describing a mutual benefit resulting from interactions of two or more individuals, groups or organizations. To network is to interact with others with the aim of exchanging information and develop professional or social contacts, most of the time - knowledge and skills. Networking has the following features:

- It is a very deliberate and conscious act - meaning it does not happen by accident.
- Networking is not about selfishly looking after your own interests and pursuing your own agenda. It involves two-way process and is as much about answering the question ‘How can I help?’ as it is about ‘What can I get?’

On the other hand partnership refers to as the arrangement between two or more people or groups of people or organizations to jointly undertake a certain activity together for mutual benefits or win-win results. In partnerships, the partners share the profits or benefits as well as the liabilities.

As part of the leadership role, SHCCs are expected to develop networking strategies within and outside their communities. These networking should help the committees identify partners to work with, aiming at achieving a common goal and objectives. The two phenomenon go together.

3.5.6 Unit 3: Resource mobilization and management

Most of the community based health activities are financed and furnished with non-financial resources by the Government or by implementing partners. Occasionally, some additional activities emerge within

the community and community find itself obliged to organize itself and mobilize required resources to meet the emergent needs. Resource mobilization described here fits with such context.
Resource mobilization in the SHCCs shall mean all activities involved in securing new and additional resources to enable SHCC meet any emergent needs arising from planned or ad hoc implementation of community based health plans. The concept of resource mobilization goes hand in hand with making better use of, and maximizing, existing resources (i.e. resource management).

The following are the key elements and considerations of resource mobilization:

- Resource mobilization is not a ad hoc activity. it should be a well-planned activity with a defined plan for its execution.
- Study and explore all possible sources of resources. These could be Government, NGOs, IPs, CSOs, FBOs, community members or individual with strong financial base.
- Observe legal framework and follow the prevailing laws and regulations for resource mobilization.
- When approaching potential contributors/donors, do not directly talk about money but talk about your mission, vision, plans, expected outcomes and extended benefits. Include in the description the possible benefits to the expected donor/funder.
- Resource mobilization should go hand in hand with education on health priorities and needs, gaps and challenges and plans to overcome the challenge
- Talk about people's health benefits as the main reasons for resource mobilization and not about things (cars, buildings etc). Things should be secondary by showing how they will impact people's health.
- Be specific and precise on what you are asking for. Be clear on the type and quantity/amount of resources you are trying to mobilize with a good analysis of how you arrived to that.
- Involve in the team conducting resource mobilization people who have a good name in the community: trustful, honest and respected by the community.
- Start with networking leading to partnership prior to resource mobilization. Make the contributor a partner and a friend.

3.6 Module IV: Competences on Monitoring and evaluation

3.6.1 Module Objectives

1) To enable members of SHCC understand the broader concept of Monitoring and evaluation
2) To orient members of SHCC on functions and responsibilities related to monitoring and evaluation role
3) To orient members of SHCCs on basic competences required to implement their monitoring and evaluation related functions and responsibilities.

3.6.2 Defining Monitoring and Evaluation (M&E)

Monitoring and evaluation as used in the context of roles and functions of SHCCs entails the systematic process of collecting, analyzing and using information to track progress of a program, project or an activity when trying to reach set objectives. The information collected helps to guide management decisions and planning. Monitoring usually focuses on processes, such as when and where activities occur, who delivers them and how many people or entities they reach.

3.6.3 Functions and responsibilities related to monitoring and evaluation role

As far as M&E is concerned, the following will be the functions and responsibilities of SHCCs under this role (Box 7)

Box 7: Functions and responsibilities related to Monitoring and evaluation
I. Conducting performance appraisal related to community health activities in the Shehia;
2. Keeping records related to SHCC activities including received reports from CHVs;

3. Conducting data collection from various sources related to SHCC role of monitoring and evaluation;
4. Conducting simple data analyses and interpretation to enhance utilization of data and get informed on own performance and that of the community at large;
5. Writing reports to be shared in a quarterly basis to the community through different avenues and for submission to supervisors and higher levels;
6. Take part and or demand feedback from any research work conducted by any organization/institution conducted in their area of jurisdiction;
7. Linking the information collected through various methods from various sources to the Community Health Information System (CHIS) and finally to the Health Management Information System (HMIS);
8. Communicating information about community health programs for specific interventions to stakeholders

3.6.4 Unit 1: Performance appraisal

Appraising performance simply mean assessing productivity and fulfillment of obligations, duties and tasks allocated to a person within a specified period of time and with given resources. Linked to the human resource management under the leadership role, SHCC will also have a direct role to performance appraisal of CHVs and an indirectly to service providers' appraisal. In the context of the scope of work of SHCC, performance appraisal shall entail a regular review of CHVs' job performance and overall contribution to community health. This can be done from SHCC own planned activities or through participating in evaluation by researchers, Implementing Partners, Government initiatives and others.

Criteria for performance evaluation

Criteria for judging performance of a person (in this context members of SHCCs or CHVs) usually include quantitative elements such as their goals and target achievement but most often qualitative and subjective criteria.

Figure 2 below provides an example of a standard performance evaluation steps.

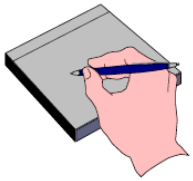
STEP IN THE PROCESS	ACTION - DID YOU . . . (CHECK BOX WHEN COMPLETED)
Preparing for the Performance Evaluation Meeting 	☐ Notify the staff member (approximately **2 weeks** in advance) ☐ Schedule the meeting in advance; assure you have allowed sufficient time ☐ Hand out: self-assessment form, the performance program at least **2 weeks** before the scheduled meeting ☐ Review the performance program ☐ Review goals from previous review ☐ Identify accomplishments ☐ Identify goals for new review period ☐ Prepare questions to guide the meeting ☐ Ask the staff member to submit his/her completed self-assessment form before the review ☐ Request feedback from secondary sources (surveys, comments, peer review, customer comments, letters, etc.) ☐ Give a copy of the draft, written performance evaluation to the staff member to review before the meeting
The PA Meeting 	☐ Meet in private ☐ Provide general feedback followed by specific examples that support the feedback ☐ Encourage dialogue using prepared and probing questions ☐ Define needs for the upcoming review period (goals, performance improvement plans, training and development etc.) ☐ Identify preliminary goals for new performance program ☐ Discuss changes/modifications for the new performance program
After the Meeting 	☐ Document the outcome of the performance evaluation discussion ☐ Describe accomplishments and goals ☐ Finalize the performance evaluation document, including the final rating of "satisfactory" or "unsatisfactory" ☐ Obtain employee's signature on evaluation document ☐ Keep a copy in department files along with a copy of the supporting documentation ☐ Confirm the elements of the new performance program ☐ Give the employee a copy of the evaluation document ☐ Send the original performance evaluation and performance program document to Human Resources

Figure 2: Performance appraisal checklist:
Source: https://www.geneseo.edu/sites/default/files/sites/hr/performance-evaluation-checklist.pdf.

3.6.5 Supervision

One important element of M&E is supervision. Supervision refers to as a process that involves a manager or leader meeting regularly and interacting with worker(s) to review their work. Supervision aims to provide accountability for both the supervisor and supervisee exploring practice and performance. In the context of roles and functions of SHCC, supervision will happen when members of the SHCCs visits and review the work of CHVs. When supervision includes supporting the supervisee technically and demonstrating how to perform a task in a better manner it is called supportive supervision.

In order to be consistent when supervising various CHVs or the same CHV at different periods of time, a checklist is usually required. The checklist is used during monitoring to verify if an activity has been implemented correctly. It can also be used to give feedback to the persons implementing the activity to help them improve. Your facilitator will orient you with an agreed supervision checklist that should be used during your supervision activity.

3.6.6 Unit 2: Record keeping/book-keeping

Beyond the monitoring and evaluation role and in the context of regular SHCCs' activities, record keeping shall refer to as the art and act of keeping track of the history of SHCCs' activities, by creating and storing all formal records or information. Linked to resource mobilization and management, record keeping shall also entail to official accounting, especially for income and spending of various financial resources when the committee is executing its business plan.

A simple register should be opened to record all incomes and expenditures. Similarly, a register to record all properties belonging to the committee should be opened and used. The secretary, in collaboration with the chairperson will be the accountable persons for this task.

3.6.7 Unit 3: Data collection and analysis

In a very simple explanation, data are units of information, presented numerically (quantitative) or in narrative form (qualitative) that are collected through observation. They are values of qualitative or quantitative variables about one or more persons or objects. When expressed in a singular state are called datum.

Data collection
In one way or another, SHCCs will have an obligation of collecting data, from their own activities or through short surveys that may deem necessary to be conducted to inform their planning processes and decision making. At any time, when SHCCs will be in need of collecting data from surveys, the following should be considered:

- Tools should be prepared for data collection. Tools may be digitalized to collect data electronically (using tablets or smart phones) or can be paper based.
- Data collection should be conducted in a comfortable, safe and private environment to ensure full confidentiality of the respondent (the person interviewed to give information).
- Prior to administering a questionnaire, the participant needs to be fully informed of the risks and benefits of being involved in the study, the right to withdraw from the study at any time and how the anonymity and confidentiality of their data will be handled. This should be done in a simple language which the respondent can easily understand, preferably using their local language. Only through this process can a respondent provide an informed consent to participate in the study and administration of the questionnaire can be done.
- During data collection, it is important to conduct regular/close supervision of the data collectors to avoid cheating if the person collecting the data is a hire.
- Conduct regular data checks including spot checks, data verifications, re-interviews of selected participants etc.
- Ensure proper storage and handling of all data collection tools and equipment e.g. electronic tablets, anthropometric equipment etc.

Data Analysis
Data analysis means applying means of making the data meaningful. It involves modeling the data in order to bring out meaningful information. It is usually guided by study objectives and hypotheses. A detailed data analysis plan needs to be formulated in advance during proposal development stages of the study. It is vital to ensure that the analysis plan will be able to answer the study questions. The process of data analysis starts from simple statistics such as descriptive analysis, cross tabulations to advanced statistical analysis using regression methods.

Once the data is collected and cleaned, it is ready for analysis. During this phase, one can use computer based data analysis tools and software. One can also conduct simple analyses manually using simple software such as excel, access and others. Data analysis will help to understand, interpret, and derive conclusions based on the requirements.

3.6.8 Unit 4. Report writing

As part of record keeping, SHCCs have an obligation of writing reports. In a simple definition, a report is a type of documentation by writing that is organized concisely while identifying and examining issues, events, or findings that have happened in a physical sense. It can be a report on events or findings from a supervision activity or even research investigation.
As described in Chapter two section 2.5 of this manual, the SHCC must conduct two types of meetings; the regular quarterly meetings and ad hoc meetings. In all such meetings, the secretary to the committee shall be the responsible person to take minutes and keep records of the meetings. Similarly, the secretary will be responsible for to prepare reports pertaining committee's activities beyond the meetings, such as during supervision, community health campaigns and or sensitization activities and others.

Features of a good report

The following are features of a good report

- Simplicity - simply structure and organized
- Clarity and brevity - easy to understand and uses concise and short sentences that improves comprehension
- Positivity - present issues as they were found or report but without blaming or pointing fingers
- Punctuation - follows standard writing principles
- Approach - chronologically organized with subtitles whenever possible
- Readability - content easy to read form good handwriting or appropriate font type and size
- Accuracy - presents issues correctly with minimal errors.

Sections of a standard meeting report

A meeting minutes draft should include the

- Name of your organization,
- Type of meeting that took place,
- The date of the meeting,
- The place of the meeting and the time it began.
- Names of members/participants to the meeting,
- Titles of meeting participants and their different roles in the meeting.
- The agenda.
- Summary of minutes from the previous meeting that were ratified by the board or other people with authority
- Meetings proceedings
- Description of its resolution, if there is one.
- Signature space.

Sections of a standard activity report

As a matter of accountability, every activity should be accompanied by an activity report. An activity report is the one that reports what happened following an execution of a particular activity. The purpose of the activity report is to communicate your results and conclusions from the activity. The activity report should be organized as follows:

- Cover page
- Organization name/author of the report
- Date and location
- Introduction
- Description of the activity include type, place of execution, people involve and their roles etc.
- Results and Discussion
- Conclusion and recommendations (if applicable).

Chapter Four
Cross - Cutting Issues

Module 1: Council and Health Facility Plans

Learning Objectives

At the end of this module, the training participants are expected to acquire knowledge and be able to explain and describe

- The meaning of Council and facility health plans
- Components of council and facility health plans
- The planning cycle of council and facility health plans
- Role of SHCC in development of council and facility health plans.

4.1 Unit 1: Council Comprehensive Health Plan

Meaning of Council Comprehensive Health Plan (CCHP)

This is an annual work plan for the particular district council which describes all available inputs in terms of human resources, materials and financial inputs from various partners and government. It also considers the needs and demands of the community as well as health information for the catchment area.

Components of the CCHP

The CCHP is developed using specified and pre-determined planning structure usually provided by the MOHSWEGC as planning guidelines. They comprise the standard components of a plan including social economic profile of the population, health problems and needs, burden of disease, priority areas, resource analysis and resource mobilization plans, essential interventions as defined by the government, targets and timelines. Other components include descriptions of what would be the inputs and outputs, which activities would be implemented, what would be the expected outcomes and in a long run what would be the impact.

The planning Cycle of CCHP

The development of CCHP follows the Government's fiscal (financial) year, which usually starts on July each year. This means, plans should be ready for approval before the Ministry of Health presents its budget during the Budgetary Parliamentary session (April through June). It also means that, before completion of a previous year's plan, process to develop a new plan should start.

Role of SHCC in development of CCHP

SHCC has the following roles in the development of CCHP:

1. Mobilize resources to support preparation and implementation of facility plan; both
2. Prepare work plans based on estimated expenditures.
3. Oversee accounts of the income, expenditure, assets and liabilities of the facility as prescribed by the officer administering the Fund.
4. Prepare and submit certified periodic financial and performance reports as prescribed.
5. Oversee the maintenance of a permanent record of all its deliberations.

4.2 Facility Health Plan

Meaning of Health Facility Plan

Facility health Plan, is a one-year plan and budget prepared by PHCU planning team to address health and health related challenges of the community at Shehia level, which submitted to SHCC and CHMTs to be incorporated into CCHPs.

Development of the Health facilities plans aims at improving the quality of health service delivery and enabling Council Health Management Teams, SHCC, PHCUs and other health service providers accountable to communities through D by D system. More devolution of power and authority is put in the hands of communities, SHCC and PHCUs as key actors in the planning process. All primary Health facilities are required to open bank accounts for implementing the approved Health facility plans in line with the requirements of the public and Local Government Finance Acts, Public Procurement Act and their respective regulations.

Issues to consider for an effective PHCUs/ dispensary plan

(i) Pre-planning Preparations:

Preplanning is an important stage of the planning process. A good plan will depend on how thorough the inputs into the final plan have been prepared. The inputs into the final plan include: geographic (water bodies, level above the sea), demographic (age group including vulnerable groups) and epidemiologic (disease patterns) profiles. During this stage the planning team is also required to determine the available resources (human, time, finance, material, potential development partners etc.). It is important also to review the previous year's plan to determine the extent of implementation achieved; where implementation was not complete the team may decide to carry over the unimplemented activities into the new plan. Once this step is completed then moves to the next step which is the actual planning process.

(ii) **The Planning Process:**

PHCU plan is supposed to be developed by a Joint Planning Team; which comprises of the following members:

1. Health Facility in charge (Health Centre/Dispensary)
2. PHCU Staff
3. Health Facility Governing Committee members (PHCU/PHCU+))
4. Representatives from SHCC
5. Member from Shehia Advisory Committee if not a member of HFGC
6. Representative from the CHMT.

During the planning process the Facility Planning Teams should ensure that 13 priority areas are reflected in the Plan, these are:

1. Medicine, medical equipment, medical and diagnostic supplies and management system,
2. Maternal, Newborn and Child health,
3. Communicable disease control,
4. Non communicable diseases,
5. Treatment and Care of other minor diseases of local priority,
6. Environmental health, and sanitation at Health facility level,
7. Strengthen Social Welfare and Social Protection Services,
8. Strengthen Human resource for Health management capacity for improved health services delivery,
9. Strengthen Organizational structure and institutional Management at all levels,
10. Emergency/ Disaster Preparedness and Response,
11. Health Promotion,
12. Traditional Medicine and Alternative Healing,
13. Construction, Rehabilitation and Planned Preventive Maintenance of physical infrastructures.

The Planning teams in at Shehia level will select interventions from the given list of interventions under each priority area. For each intervention selected the teams develops/selects relevant activities to be implemented. The teams will then cost the activities and develop a budget and a plan of action, the later shows activities, cost involved, time of implementation and person responsible for implementation. The developed action plans at this stage are shared with the Health Facility Governing Committees for review and approval. The action plans will then be presented to SHCC and CHMTs for incorporation into the CCHPs. The planning teams are supposed to proactively seek for feedback from CHMTs to know the amount of fund allocated for the implementation of their plans.

(i) CHMTs should provide feedback to Facility Planning Teams on the approved activities and budget for their implementation, upon being approved by Finance and Planning Committee and the Full Council

(ii) Training function is a role of CHMTs, thus they are expected to include activities for training of health facility staff in the CHMT plans (CHMT Cost centre). For CHMTs to determine training needs of Health facility staff and allocate funds for them, Health facilities planning teams should include training activities for facility staff in the Facility plans.

(iii) PHCU+ are the first referral point for PHCUs and have supervisory function for a number of satellite dispensaries within the catchment areas.Therefore it is important for the PHCU+ planning teams to put supervision as one of the intervention areas.
(iv) Representative from CHMT or Cascade Coordinator responsible for overseeing the respective Health facility should facilitate the planning process and ensure necessary data and references are available for planning and that the planning teams prepares good plans in line with the planning guide.

(iii) **Implementation of the Plan**

After receiving the approved action plan and budget from CHMTs, the health facility planning teams have to organize a meeting for all key actors (members of the health facility governing committee and other health service providers at the health facilities) to share and plan for effective implementation of the plan. Implementation requires very close monitoring using various process indicators developed in HMIS and M&E Planning Department. The monitoring process must always include the timely implementation of each planned activity, tracking of funds allocated and used.

The health facility teams will compile quarterly implementation reports showing activity outputs and funds spent on a quarterly basis as indicated in table 34 below.

Role of SHCC in development of facility health plan

SHCC among the other roles assigned is governing the process of the development of annual facility health plan. Specifically, to be in the forefront for the following:

6. Mobilize resources to support preparation and implementation of facility plan; both technical and financial resources)
7. Supervise and control the administration of the funds allocated to the facilities.
8. Open and operate a bank account at an approved bank.
9. Prepare work plans based on estimated expenditures.
10. Oversee accounts of the income, expenditure, assets and liabilities of the facility as prescribed by the officer administering the Fund.
11. Prepare and submit certified periodic financial and performance reports as prescribed. •
12. Oversee the maintenance of a permanent record of all its deliberations.

Module 2: The Importance of Team Work

Learning Outcomes

At the end of this module, trainees are expected to acquire knowledge and be able to explain

- The meaning of a team.
- Stages of team development.
- How team norms and cohesiveness affect performance.
- Factors that affect team interaction
- Advantages/ importance of Team work
- How to practice team work to become an effective team member.

Meaning of a Team

It is almost impossible for one person to perform duties of an entity such as SHCC. It is important to involve different people in the planned activities based on the goal and objective of the committees. A team is a group of two or more persons who are interacting in such a manner that each person influences and influenced by the other person. It involves a group of people who perform interdependent tasks to work toward accomplishing a common mission, goal or specific objective.

So far, the reference to SHCC focused mostly on a team as an entity, not on the individuals inside the team. This is like describing a car by its model and color without considering what is under the hood. External characteristics are what we see and interact with, but internal characteristics are what make it works. In teams, the internal characteristics are the people in the team and how they interact with each other.

For teams to be effective, the people in the team must be able to work together to contribute collectively to team outcomes. But this does not happen automatically. You have probably had an experience when you have been put on a team to work on a particular assignment or project. When your team first gets together, you likely sit around and look at each other, not knowing how to begin. Initially you are not a team; you are just individuals assigned to work together. Over time you get to know each other, to know what to expect from each other, to know how to divide the labor and assign tasks, and to know how you will coordinate your work. Through this process, you begin to operate as a team instead of a collection of individuals.

Characteristics of a good team

A good team should have the following attributes;

- Perception of cognition of group members,
- Motivation and need satisfaction,
- Collective team goals,
- Availability of team organization and
- Interdependency of team members and interaction.

Stages in team development

This process of learning to work together effectively is known as team development. Research has shown that teams go through definitive stages during development. **Bruce Tuckman**, an educational psychologist, identified a five-stage development process that most teams follow to become high performing. He called the stages: **forming, storming, norming, performing, and adjourning.** These are elaborated in Job Aid named Team Growth Stages.

Team norms and cohesiveness

When you are in a team, how did you know how to act? How did you know what behaviors were acceptable or what level of performance was required?

Teams usually develop **norms** that guide the activities of team members. Team norms set a standard for behavior, attitude, and performance that all team members are expected to follow. Norms are like rules but they are not written down. Instead, all the team members implicitly understand them. Norms are effective because team members want to support the team and preserve relationships in the team, and when norms are violated, there is peer pressure or sanctions to enforce compliance.

The level of **cohesiveness** on the team primarily determines whether team members accept and conform to norms. Team cohesiveness is the extent that members are attracted to the team and are motivated to remain in the team.

Members of highly cohesive teams value their membership, are committed to team activities, and gain satisfaction from team success. They try to conform to norms because they want to maintain their relationships in the team and they want to meet team expectations. Teams with strong performance norms and high cohesiveness are high performing.

Summary:

- Teamwork motivates unity in the workplace.
- Teamwork offers differing perspectives and feedback.
- Teamwork provides improved efficiency and productivity.
- Teamwork provides great learning opportunities.
- Without the ability to effectively work in a team environment,
    - You could delay the success of developing, formulating and implementing new and innovative ideas.
    - The ability to problem solve is reduced, as well as the attainment of meeting goals and objectives,
    - In turn, limiting the efficiency and effectiveness of growing a successful organization is hindered.

Learning Aids and Resources

Note: Description of these aids are included in the Facilitator's manual

4.1 Illustrations

- Animal pictures representing human behaviours
- Serialized posters: Stepping stones to demonstrate self reliance and importance of community participation
- Serialized posters of goats for conflict resolution.

4.2 Role plays

- Box game for demonstrating importance of participatory planning
- Blind fold game for experiencing and appreciating difficulty in leadership
- But Why technique for planning and identifying root causes of problems/Problem tree
- Hand clasp Game to demonstrate difficulty in changing behaviour
- The hand to demonstrate the power and importance of team work
- The rainbow to demonstrate team work
- The story of flowers along the road and cracked jar for critical thinking and innovation.

4.3 Job aids

- Performance evaluation checklist
- Supervision checklist.

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