

STRUCTURE
ORGANISATION
AND
FUNCTIONS
OF THE
PROVINCIAL MEDICAL DIRECTOR'S OFFICE
MIDLANDS PROVINCE

REVISED VERSION
AUGUST 1993

LIST OF ABBREVIATIONS USED

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
CBHP	Community Based Health programmes
CCD	Control of Diarrhoeal Diseases
CFNP	Community foods nutrition programme
CSFP	Child Supplementary Feeding Program
DEHO	District Environmental Health Officer
DHE	District Health Executive
DHS	District Health System
DHSA	District Health Services Administrator
DHT	District Health Team
DMO	District Medical Officer
DNO	District Nursing Officer
E.O.	Executive Officer
EDLIZ	Essential Drug List in Zimbabwe
EHT	Environmental Health Technician
EPI	Expanded Program of Immunisation
FHP	Family Health Project
FHW	Farm Health Worker
FP	Family Planning
H/O	Head Office
HED	Health Education Department
HIO	Health Information Officer
HIS	Health Information System
HIV	Human Immune deficiency Virus
HOD	Heads of Department
IEC	Information, Education and Communication
LAB	Laboratory
MOH-EDC	Medical Officer of Health - Epidemiology and Disease Control
MOH-MCH	Medical Officer of Health - Maternal and Child Health
NGOs	Non-Governmental Organisation
PEHO	Provincial Environmental Health Officer
PHC	Primary Health Care
PHEO	Provincial Health Education Officer
PHSA	Provincial Health Services Administrator
PHT	Provincial Health Team
PLO	Provincial Leprosy Officer
PMD	Provincial Medical Director
PME	Provincial Management Executive
PN	Provincial Nutritionist
PNO	Provincial Nursing Officer
PP	Provincial Pharmacist
PTO	Provincial Tuberculosis Officer
PWSS	Public Water Supply & Sanitation
REHAB	Rehabilitation
RHC	Rural Health Centre
SEO	Senior Executive Officer
STD	Sexually Transmitted Diseases
TBA	Tradition Birth Attendant
TM	Traditional Midwives
VCW	Village Community Worker
ZNFPC	Zimbabwe National Family Planning Council

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DEFINITIONS

<i>VISION</i>	The ultimate purpose of an organisation
<i>MISSION</i>	General statement condensing policies, strategies and activities of an organisation towards its purpose and ultimately its vision.
<i>OBJECTIVE</i>	A management statement summarising activities aimed towards a projected result of a programme.
<i>MANDATE</i>	A charge and/or responsibility assigned to a group or a person.
<i>TASK</i>	A duty or job designated to a group or a person
<i>EFFECTIVENESS</i>	The extent to which a planned activity attains the projected outcomes.
<i>EFFICIENCY</i>	Quantity of resources used to produce a product/results.

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PART ONE

INTRODUCTION

For an organisation to be and stay functional and productive, regular re-assessment of its structure is an essential exercise. The structure of the Provincial Medical Director's Office - Midlands province was felt to be urgently in need of such an assessment. The following document is the final outcome of a long, tiring, learning but foremost constructive and fruitful exercise by the P.M.D. in collaboration with his 8 heads of departments.

THE PROCESS:

All heads of department (HOD) were asked to study the action plan and corporate plan of the Ministry of Health and fill in a questionnaire designed by the P.M.D. (See a copy of the questionnaire in the annexure). The answers were grouped per question and printed as a working document for our first meeting (PMD (Chair), PHSA, Provincial Pharmacist, PEHO, HED, MOH-MCH, MOD-EDC, PNO, Provincial Nutritionist).

The answers for question number 1 gave enough ground for a day long discussion resulting in the formulation of "The Mission" of the PMD's Office and the objectives, seen as essential to fulfil this mission (part one).

The next meeting we started reviewing the work of the week before and did some fine tuning. Reviewing answers to Question 2 and 3 led to the definition of the new structures seen as needed (part two).

Homework for all for the next meeting was to list for every committee the following: composition, mandate, accountability and frequency of meeting. The same process was used: regroup the answers, print them out for every body and use it as a working document to make progress.

In the next step homework consisted of describing how you see not only your own role as HOD but also the role of the other HOD's splitting it into: what should you be doing? and how to judge my performance? This was discussed on our fifth day long meeting. This resulted in general and specific mandates for every HOD (part three).

We felt that the general and specific mandates in some instances needed to be elaborated in terms of what activities can one expect from a HOD linked to his/her mandate. All HOD's submitted this in writing to PMD, who in turn discussed it with the HODs personally. Thereafter these were incorporated into the document (part four).

Although the process of reviewing and printing covered ground, typing, regrouping, and printing of home work was tedious and laborious, it proved to facilitate the discussion very much. The following document is the product of this process. It is not an end product though! The idea is to use this document continuously as a working "document" during monthly HOD meetings and review it regularly. New comers and visitors or staff on attachment to the office can use it as an introductory document/guide and new HODs can tailor it to their personal views and job perception in constant dialogue with PMD and the HOD meeting

In the first three months of 1993 the above process was introduced at District level, which led finally to the production at a PHT of a district level oriented document: Structure, Organisation and Functions of the District Health Systems. Although the provincial document was regularly referred to during monthly HOD meetings, members of HOD appreciated the need to stimulate also districts to use their product more active and more often. It was generally felt presumptuous to lead the districts into a review of their document before having gone through the exercise ourselves. Thus, a two day workshop was organised in a quiet location outside the province to review the original document. The result is lying in front of you.

VISION

1. TO ENSURE A COMPREHENSIVE HEALTH CARE DELIVERY SYSTEM FOR THE WHOLE POPULATION OF THE MIDLANDS PROVINCE.

MISSION

1. TO FACILITATE, SUSTAIN AND DEVELOP THE DELIVERY OF HEALTH CARE IN THE MIDLANDS PROVINCE.

OBJECTIVES

1. EMPHASISE A COMPREHENSIVE APPROACH TOWARDS HEALTH CARE.
2. SUPPORT DISTRICTS IN TRANSLATION OF NATIONAL HEALTH POLICIES INTO OPERATIONAL AND UNDERSTANDABLE ACTIVITIES.
3. ADVISE HEAD OFFICE IN THE FORMULATION OF NATIONAL POLICIES. *based on the health needs in each district*
4. ACHIEVE EFFECTIVE AND EFFICIENT RESOURCE MANAGEMENT.
5. COLLECT, CONSOLIDATE, ANALYZE AND FEEDBACK DATA FOR DECISION MAKING AND RESOURCE UTILISATION WITHIN THE PROVINCE.
6. INTERGRATE AND COORDINATE DISTRICT AND PROVINCIAL PLANS.
7. MONITOR AND EVALUATE THESE INTEGRATED PLANS.
8. STRENGTHEN (DISTRICT) TEAM PROBLEM SOLVING APPROACH.
9. TAKE UP THE ROLE OF CHANGE AGENT; ANTICIPATE CHANGE, SENSITIZE ~~OUR~~ TARGET POPULATION AND PLAN AHEAD.
10. PROMOTE STAFF DEVELOPMENT.
11. SUSTAIN AND DEVELOP MORALE, DISCIPLINE, AND MOTIVATION OF STAFF.
12. ADVISE OTHER SECTORS ON HEALTH MATTERS.

The following failures were identified and need to be addressed

1. Support visits to districts by the provincial office are irregular.
2. Districts are not being fully supported in coming up with functional DHEs.
3. There is no delineation of roles between staff at PMD and at district level.
4. PMD's Office does not address itself to Gweru Provincial Hospital, Gweru District and City Health Department and Training Schools.
5. Problems of community based programmes which are not up to standard are being shelved.
6. There is no checklist for District Hospital supervisory visits.
7. The absence of parameters of what the PMD should be doing and what it should not in terms of program implementation.

For the PMD's office to be managed better the following was decided

1. Restructure the Provincial Health Executive and Departmental meeting.
2. Establish 4 new committees :
 - a. Epidemiology and Disease Control Committee
 - b. MCH Committee, with three sub committees
 - c. Administration Committee
 - d. Specialists Committee
3. Describe defined mandates for departments and their heads.
4. At least one person to stand in for a head of department during his/her absence.
5. Meetings should continue with clearly spelt objectives.
6. Each head of department should hold a meeting with his/her subordinates and come-up with an agenda to be presented to the new established Heads of Department meeting.

DEFINITION OF THE TASKS PER OBJECTIVE, SEEN AS INSTRUMENTAL TO ATTAIN THE SET OBJECTIVES OF THE ORGANISATION

OBJECTIVE 1

1. EMPHASISE A COMPREHENSIVE APPROACH TOWARDS HEALTH CARE.

TASKS:

1. Address all aspects of PHC in the organisation.
2. Structure Provincial Health Care Delivery system according to PHC principles.
3. Develop awareness among all health cadres of the variables pertaining to comprehensive health care.
4. Actively involve relevant sectors in the support and supervision of health care and its programmes in the province.

OBJECTIVE 2

SUPPORT DISTRICTS IN TRANSLATION OF NATIONAL HEALTH POLICIES INTO OPERATIONAL AND UNDERSTANDABLE ACTIVITIES.

TASKS:

1. Seek information, understand concepts and ideas and gather data from various sources which will help districts in doing their work.
2. Adapt national policies to district realities and help districts translate them into plans and activities.
3. Study national health policies in order to understand the spirit as well as the word. Only then can the PMD be able to assist districts in making national policies their own policies.
4. Learn the characteristics of each district so as to offer appropriate assistance when implementing policies.
5. DHE meetings should be attended regularly by Heads of Departments.

OBJECTIVE 3

ADVISE HEAD OFFICE IN THE FORMULATION OF NATIONAL POLICIES.

TASKS:

1. Promote constant flow of information from the grassroots to Head Office.
2. To make full use of PMD meetings to express the needs of the provinces.
3. To study, comment and return promptly all proposals from Head Office submitted to PMD for comment and be able to justify them.
4. Invite Head Office to attend PHTs.
5. Experiences during the introduction and implementation and evaluation of national policies need to be communicated to H/O expeditiously.

OBJECTIVE 4

ACHIEVE EFFECTIVE AND EFFICIENT RESOURCE MANAGEMENT.

TASKS:

1. Clarify roles and functions of different categories and levels of health personnel.
2. Identify resources required in the implementation of programmes and organise that districts get them.
3. Integrate plans with budget.
4. Increase accountability for resources.
5. Train workers on resource management.
6. Promote preventive maintenance of equipment.
7. Make information on resources available to various levels in the province.

8. Distribute staff in an equitable and efficient manner.
9. Develop management instruments which forces accountability at all levels.
- 10 Distribute resources in an equitable way.
- 11 Initiate internal and inter-departmental auditing and critical judgement of resource utilisation in plans and activities.
- 12 Bridge PMD departments with district departments with regards programs which require resources (merge plans instead of ad hoc requests)

OBJECTIVE 5

COLLECT, CONSOLIDATE, ANALYZE AND FEEDBACK DATA FOR DECISION MAKING AND RESOURCE UTILISATION WITHIN THE PROVINCE.

TASKS:

1. Define essential information, collect, compile and analyze it timely.
2. Ensure proper use of information i.e. incorporate the information into:-
 - a. Management Aspects
 - b. Resource Allocation
 - c. Planning and Support
 - d. Translation into program activities.
3. Conduct surveys and do research.
4. Train and update staff on health information.
5. Direct districts to appoint Health Information Officer in place. PMD's Office to do training of Health Information Officers.
6. Develop and produce user friendly data gathering instruments.
7. Develop an information system for the acquisition, use, storage, control and monitoring of resources.

OBJECTIVE 6

INTEGRATE AND COORDINATE DISTRICT AND PROVINCIAL PLANS.

TASKS

1. Districts to submit their priority areas.
2. Based on information received from the districts, identify priority areas to be addressed by the province/district.
3. Province to marry provincial and district priority areas and province/district to agree on these priorities.

4. All departments and districts to base their plans on agreed priority areas.
5. Province to discuss plans with districts before these are finalised.

OBJECTIVE 7

MONITOR AND EVALUATE THESE INTEGRATED PLANS.

TASKS:

1. Develop and agree on quality and performance indicators.
2. Regular structured visits to assess quality and performance based on identified indicators.
3. Province to report on outcome of structured visits.
4. Districts to report on the provincial visits immediately through DHE meeting minutes.

OBJECTIVE 8

STRENGTHEN (DISTRICT) TEAM PROBLEM SOLVING APPROACH.

TASKS:

1. Make all heads of departments aware of Problem Solving Approach and use it.
2. Encourage districts to employ the Problem Solving Approach in dealing with their day to day issues.

OBJECTIVE 9

TAKE UP THE ROLE OF CHANGE AGENT; ANTICIPATE CHANGE, SENSITIZE OUR TARGET POPULATION AND PLAN AHEAD.

TASKS

1. Interpret available information and use trend analysis to anticipate change; Transform the outcome into a clear message to be communicated to target population.
2. Involve the community we serve in anticipating change through assessing their needs, concerns, demands or wants.
3. Health Education should be Intersectorial and Public health oriented.

OBJECTIVE 10

TO PROMOTE STAFF DEVELOPMENT.

TASKS:

1. Orientation handbook to be developed for PMD's Office and every district.
2. Monitor training needs and react promptly to opportunities for training, giving priorities to those which improve performance of the organisation.

3. Improve regularity of Peer Group Seminars in the province.
4. Attract, develop and motivate people who demonstrate good performance so that they can become resource persons.

OBJECTIVE 11

SUSTAIN AND DEVELOP MORALE, DISCIPLINE, AND MOTIVATION OF STAFF.

TASKS:

1. Develop approaches which involve people as individuals and consider their needs.
2. Inform workers of their rights.
3. Practise good management skills by praising what is good and address failures directly and promptly.
4. Listen to and respect opinions of colleagues.
5. Assist new staff coming into the province in settling down.
6. Encourage inter-departmental communication.
7. Bring the Personnel Procedures Manual to the attention of all staff.
8. Develop a Staff Appraisal Format and use it.
9. Develop an Evaluation Format of managers by subordinates.
- 10 Follow-up whether Personnel Procedures Manual has been brought to the attention of all staff.

OBJECTIVE 12

PROMOTE INTER-SECTORIAL COOPERATION ON HEALTH ISSUES

TASKS:

1. To be active when attending inter-sectorial (e.g. PDC) or public meetings.
2. Use the media to promote health.
3. Include other sectors in our PHT.
4. Cooperate with other sectors.

PART TWO

THE NEW AND RESTRUCTURED COMMITTEES.

GENERAL MANDATES FOR ALL COMMITTEES:

1. Identify areas in which research needs to be done so as to improve the performance of that Committee ultimately the welfare of the people or organisation.
2. Sustain collection and submission of valid data to PMD's office.
3. Analyze own data, interpret, use and feed it back.
4. Identify areas for continuing education.
5. Be innovative.
6. Develop or update its own management protocols.
7. Agree on transport sharing before HOD meeting.
8. Make use of departmental plans and act on them.
9. Control and monitor resources on a monthly basis.
10. Develop and maintain good public relations.

DESCRIPTION OF THE COMMITTEES

HEADS OF DEPARTMENTS (FORMER DEPARTMENTAL MEETING)

COMPOSITION

Nutrition, HED, MOH-EDC, MOH-MCH, PHSA, PNO, Pharmacy
PEHO, PMD to chair.

FREQUENCY

Once per month: Time 8.30 a.m. to 1300 hours. Extension of time should be agreed upon if the need arises.

MANDATE

1. To act as a Problem Solving Forum for departments.
2. To initiate and critically review and/or approve new programmes.
3. Discuss each district in brief and their major areas of concern. Based on district reports, identify and provide resources required.
4. All committees are to report their activities in the previous month and their programme for the coming month.

5. Continuous monitoring and readjusting of use of resources and activities being performed based on information supplied by :
 - a) Administration
 - b) EDC
 - c) Other departments.
 6. Critical review and finally approve all plans/issues research, policies and directives that are brought by different departments or others.
 7. Review performance of the organisation as well as quality and quantity of health services rendered in province.
 8. Departmental meeting to have a final say of all undertakings of PMD staff for the month i.e. transport arrangements, journeys to be undertaken etc.
 9. Each Head of Department to report back to his/her subordinates on the outcome of departmental meetings.
 10. Members should be given ample time to explain their activities at Heads of Department meetings.
- ACCOUNTABILITY: Mutual Accountability under the PMD.

COMPOSITION

MCH COMMITTEE

MCH SUB COMMITTEES		
MCH NUTRITION	MCH COMMUNITY HEALTH	MCH/FP
NUTRITIONIST (CHAIR)	PNO (CHAIR)	MOH (CHAIR)
DIETICIAN	PSYCHIATRY	PNO
PNO	PROV. THERAPIST	FP
MOH	MOH	OBST/GYN
PEHO	PEHO	PAEDIATRICIAN
PROV. NUTRITION COORDINATOR	HED	CITY HEALTH
		PHEO +
		COOPT
<u>MANDATES</u> All Nutrition aspects and CSFP	<u>PROGRAMMES</u> Schools, Rehabilitation VCW, FHW, TM, Health Education	<u>PROGRAMMES</u> Maternity Services CDD/ARI, EPI Neonatal services, FP
See General Mandates	See General Mandates	See General Mandates

FREQUENCY: Monthly.

MANDATE:

1. MCH/NUTRITION

1. To co-ordinate nutrition activities established by Provincial Food and Nutrition Team, including monitoring of the early warning system.
2. To review and discuss problems and progress of the nutrition surveillance programmes: Community foods nutrition programmes (CFNP) and Child Supplementary Foods programmes. (CSFP)
3. To address issues and pave ways for increasing clinic based children's growth monitoring and its extension to community based growth monitoring.
4. To decide on activities required to improve the nutrition status of the community i.e. Nutritional Health Education.
5. To coordinate all nutrition programmes taking place in the province by N.G.O.s,.....
6. To check and analyse available nutrition information and communicate them to all interested departments.

2. MCH/COMMUNITY HEALTH

1. To discuss problems hampering the implementation of different programs.
2. To build intergrated approaches in executing activities for various programmes at the operational levels.
3. To review and assess progress/failures of programs and indicate areas of improvement and solutions, using data analysis.
4. To initiate and carry out community needs assessment whenever necessary.
5. To impletement and strengthen community based health services and enhance community participation.

3. MCH/FP

1. To monitor and strengthen the general management of MCH/FP programmes.
2. To address problems arising in the delivering of MCH/FP services in the province.
3. To discuss and decide supportive strategies required or measures required for increasing MCH/FP coverage, attendancy and utilisation.
4. To make use of available MCH.FP data and revise strategies if necessary.
5. To initiate and carry out operational research in relation to all MCH/FP programmes as the need arises.
6. To evaluate, review and implement provincial MCH/FP plans following provincial MCH/FP Bi-annual meetings.

ACCOUNTABILITY: MOH-MCH Coordinator who in turn is accountable to HOD.

ADMINISTRATION COMMITTEE

COMPOSITION: PHSA, SEO, EO Personnel, EO administration, EO Finance, Provincial Maintenance Equipment Officer + Coopt.

FREQUENCY Every week on Monday at 10.30 a.m. or Ad hoc. (If need be)

MANDATE:

1. Deal with disciplinary, administrative and financial problems and identify those which should be discussed at PME or any other forum.
2. To act as a Resource Forum for departmental programmes.
3. To monitor and report on resource use and status on a monthly basis :- Manpower Vehicles Finance Equipment Buildings/Civil works.
4. To keep the morale of all health workers high by looking into their welfare.
5. Purchase and maintenance of equipment.
6. Financial supervision on DHEs and district administration.

ACCOUNTABILITY: to PHSA who, in turn is accountable to Heads of Department.

EPIDEMIOLOGY AND DISEASE CONTROL COMMITTEE

COMPOSITION:

COMMUNICABLE DISEASE CONTROL	INFORMATION DEPARTMENT
MOH-EDC	E.D.C.
Pr.E.H.O.	PrE.H.O.
P.L.O.	ADM.
H.E.O.	MOH-MCH
P.T.O.	H.I.O.
+ COOPT	+ COOPT

COMMUNICABLE DISEASE CONTROL

FREQUENCY: Monthly

MANDATE:

1. Coordinate district plans for AIDS/HIV/STD prevention and control.
2. Establish and maintain warning systems as a way of preventing or reducing impact of epidemics/ outbreaks.
3. Coordinate and monitor activities aimed at controlling communicable diseases e.g. Malaria, TB, Leprosy, Bilharzia.
4. Develop/strengthen the Disease Surveillance System.
5. Coordination of all survey and research activities in the province.

HEALTH INFORMATION

MANDATE:

1. Entry of data submitted by all departments and districts.
2. Analysis, interpretation and presentation of data system to the different departments.
3. Train and update key persons of all departments on computer technology.
4. To promote and teach people to analyze data pertaining to their respective departments.
5. Collect and compile the data from all districts and Internal PMD and Gweru Hospital.

ENVIRONMENTAL HEALTH

COMPOSITION: PEHO, 3 PREHOS HED + COOPT

FREQUENCY: Monthly

MANDATE:

1. Coordination of all environmental health Services in the province.
2. Inspection and assessment of defined work places - in order to advise on occupational and environmental health hazards. (See appendix)
3. Coordinate district plans for prevention and control of Communicable Diseases through monitoring of the environment.
4. Coordinate donor Water and Sanitation projects.
5. Coordination of district Pest Control activities.
6. Coordination with other health programmes at all levels especially community based services.
7. Motivate, supervise and support the DEHOs in increasing the effectiveness of the EHTs.
8. Assist and supervise districts during outbreak investigation and control.
9. Advise and collaborate with other departments, ministries Local Authorities and industries on matters concerning environmental health.
- 10 Promote and safeguard the health of the community by ensuring that statutory requirements as provided for in public acts, regulations and by laws are adhered to. (see appendix)

ACCOUNTABILITY: to PEHO → HOD

GENERAL STAFF MEETING

COMPOSITION: All workers in the PMD's Office.

FREQUENCY: Bi-annual in December and August.

MANDATE:

1. Informing each other of new policies.
2. Agenda to be composed of items suggested via 'suggestion box' Plus major issues suggested by heads of departments.
3. Discuss issues pertaining to the running of the PMD's Office.
4. Any other business.

ACCOUNTABILITY: to Workers Committee and ultimately PHSA.

PROVINCIAL MANAGEMENT EXECUTIVE (PME)

COMPOSITION: PMD (Chair), PHSA, PNO, PEHO

FREQUENCY: Ad hoc.

MANDATE:

1. Management of emergencies.
2. Compilation of all requests/problems/issues raised by districts/ departments/HO and deciding who best to address them to.

ACCOUNTABILITY: to its self first and Heads of Departments ultimately.

COMMISSIONING COMMITTEE

COMPOSITION: Administration, PNO, PEHO, Health Education + Coopt.

FREQUENCY: Quarterly

MANDATES

1. Resource management and inventory (all new acquisition)
2. Storage
3. Distribution and redistribution

ACCOUNTABILITY: to PMD through the chair.

WORKSHOP MANAGEMENT COMMITTEE

COMPOSITION:

Administration, Health Education, Environmental Health, Interested Party

FREQUENCY: As and when required

MANDATES

1. To sanction all provincial workshops

2. To ensure financial management protocols and accountability
3. To make sure that reports are submitted after every workshop
4. To avoid workshop overlap.

ACCOUNTABILITY: to the HOD through the chair.

SPECIALISTS COMMITTEE

COMPOSITION:

PMD'S OFFICE:

PROVINCIAL MEDICAL DIRECTOR, MOH - EDC and MOH - MCH

PROVINCIAL HOSPITAL:

MEDICAL SUPERINTENDENT, PAEDIATRICIAN, GYNAECOLOGIST, PHYSICIAN

PHARMACIST, PHYSIOTHERAPIST, DENTIST

LABORATORY, DIETICIAN, PRINCIPAL RADIOGRAPHER

FREQUENCY: Monthly

MANDATE:

1. Improve communication: PMDs Office - provincial referral hospital.
2. Discuss what is happening to our services in the districts and suggest improvement.
3. Formulate guidelines in their specific areas.
4. Organisation of an effective referral system.
5. Improve supervision and support of all institutions.
6. Discussion of data on:
 - Morbidity indices
 - Mortality indices
 - Resources
7. Coordination of use of resources (e.g. transport).

ACCOUNTABILITY: to Superintendent who in turn is accountable to the PMD.

PART THREE

ROLE DESCRIPTION FOR ALL HEADS OF DEPARTMENTS

1. Analyze own data, interpret use and feed it back.
2. Training.
3. Come up with innovative ideas.
4. Assess and respond to perceived needs for change.
5. Identify and encourage priority areas needing research.
6. Attending meetings at various levels of health sector as may be necessary.
7. Counselling of staff and initiating the necessary disciplinary measures if need be.
8. Advise districts on professional issues and helping them to come up with priorities on how to improve care.
9. Annual plans.
- 10 Facilitate at workshops and training sessions.
- 11 Review policies and initiate change where necessary.
- 12 Take up the role of change agents at provincial level.
- 13 Monitoring achievements and failures of departments.
- 14 Resource management (human, financial, material).
- 15 Prioritize problems.
- 16 Compile and present monthly and annual reports.
- 17 Any other duties as may be assigned by P.M.D.

SPECIFIC ROLES FOR EACH HEAD OF DEPARTMENT

PROVINCIAL MEDICAL DIRECTOR

"WHAT SHOULD YOU BE DOING":

1. Coordination of departmental programs.
 - 1.1. Hold monthly meetings and planning meetings with HOD to set targets, develop work plans and budgets and build consensus.
 - 1.2. Monday morning meetings.
 - 1.3. Organise and hold PHT twice a year.
 - 1.4. Organise DMO meetings twice a year.

2. Support and supervision of district activities.
 - 2.1. Attend a DHE every two months.
 - 2.2. Visit District clinics (selected) once a year.
 - 2.3. Assist/advise districts when making their annual plans.
 - 2.4. Read and give feedback of DHE meeting minutes.
 - 2.5. Plan with DHE strategies for improvement of services and greater efficiency.
3. Central contact person between Head Office and P.M.D.'s Office.
 - 3.1. Actively seek new information from Head Office.
 - 3.2. Visit Head Office at least twice a year for formal/informal discussion with Head Office staff.
 - 3.3. Write a monthly report for Secretary for Health.
 - 3.4. Attend Top Level Management meetings.
4. Liaise and engage in P.R. with the public/private and donor organisations.
5. On the job training for DMOs and PMD Office Staff
 - 5.1. Acquire relevant literature/skills to continuously update DMOs in good management practices.
 - 5.2. Help DMOs analyze district activities and information and identify essential information required for decision making and planning.
6. Advice and guidance for various managers.
 - 6.1. Understand the roles of each manager.
 - 6.2. Agree with each manager on what needs to be done and what is to be achieved.
 - 6.3. Agree on work plans with each department to clarify division of responsibilities.
 - 6.4. Regularly review the work of each manager.
 - 6.5. Regularly review the job specification of each manager.
7. Continuously review the structure organisation and functions of the organisation.
8. Undertake research at least once a year.
9. Coordination and delegation of crisis management.
- 10 Coordination with other ministries on issues related to health.
- 11 Clinical work so as to assess the health care services.
- 12 Attend different committees.(MCH,EH, EDC on invitation)

PROVINCIAL NUTRITIONIST

"WHAT SHOULD YOU BE DOING":

1. Coordinate nutrition services in the province.
 - 1.1. Compile and continuously update a list of all organisations involved in nutrition activities in the province.
 - 1.2. Know, keep a record and update the objectives and target groups of all organisations involved in nutrition projects.
 - 1.3. Bring together, on one table, on a regular basis the different organisations involved in nutrition programmes.
 - 1.4. Meeting on a regular basis with DNOs and matrons to discuss nutrition programmes.
2. Strengthen Nutritional Surveillance on :
 - 2.1. House-hold food security.
 - 2.2. Have an up to date information about food production, food stocks and shortages by geographic areas.
 - 2.3. Have regular contacts with GMB, Agritex, Social Welfare and Consumer council.
3. Monitor incidence and prevalence of Malnutrition
 - 3.1. Gather (besides from the T5) from any appropriate source any information on the nutritional status of the Province, analyze and present it to HOD for decision making.
 - 3.2. Expand the programme of community based growth monitoring to more than one district.
 - 3.4. Have available at all times complete and accurate records on the nutritional status of the province by district.
4. Monitor availability of micronutrient
 - 4.1. Assess requirements and type.
 - 4.2. Procure and distribute
 - 4.3. Set up a management system of records, reports, monitoring for the micronutrient programme.
5. Establish,strengthen and expand the community based growth monitoring programme (See 2b-2)
6. Identify and coordinate the nutrition activities of all organisations working in the province (See under 1).
7. Act as resource person on nutrition related issues.
8. Plan and implement in-service and basic education in nutrition for professionals and the public.
 - 8.1. Produce an annual work plan covering all target areas.
9. Management of feeding programmes for vulnerable groups.
 - 9.1. Up date the MOH- on a weekly basis and monthly the HOD on the CSFP.

- 9.2. Continuous assessment and identification of new areas needing supplementary feeding.
- 9.3. Prepare and present to HOD an inventory of all current feeding programmes in the province, including assessment of their effectiveness on a quarterly basis.

PROVINCIAL HEALTH EDUCATION OFFICER

"WHAT SHOULD YOU BE DOING":

- * Identify Health Education needs of the organisation and the community and draw up a plan of action/intervention to address the problems.
1. Coordinate IEC activities in the Province for national events like World Health Day.
 - 1.1. Organise, support and implement health education campaigns and special events in the province.
 2. Coordinate training programmes.
 - 2.1. Plan and conduct all in service training programmes, workshops/seminars in health education.
 - 2.2. Undertake health education teaching in health and health related training institutions.
 - 2.3. Train all other trainers, supervise and evaluate trainee health education officers in training.
 - 2.4. Discuss training needs for different cadres of health workers and the community with Heads of Department.
 3. Through districts identify and organise production of appropriate health education support materials for IEC programmes.
 - 3.1. Plan and prepare local health education material in collaboration with the Health Education Unit.
 - 3.2. Maintain and organise field programmes for the mobile film unit.
 4. Act as resource person for health education/IEC activities.
 - 4.1. Organise, direct, coordinate, implement integrate and evaluate health education activities in the province.
 - 4.2. Advise the Provincial Medical Director on matters pertaining to Health Education.
 - 4.3. Undertake health education research.
 - 4.4. Develop project proposals for funding provincial activities.
 - 4.5. Identify areas of priority at provincial and district levels and make recommendations.
 - 4.6. Undertake community organisation for health e.g. organise provincial information, education, communication coordination committees, promote community participation.
 5. Coordinate health education campaigns for specific programmes .
 - 5.1. Plan, conduct, evaluate health education services for on going programmes e.g. PHC, malaria, tuberculosis, leprosy, dental, STDs, ARI/CDD etc.

- 5.2 Assist district health education staff to plan, implement and evaluate health education programmes and provide administrative and technical supervision.
- 5.3. Coordinate all health education activities in health related ministries NGO's, and other sectors and liaise with them on regular basis.
- 6. Management of library services.
 - 6.1. Procure, distribute and supervise use of appropriate health literature for various population groups in the province through organised library services.
 - 6.2. Sustain the existing Library facilities in the province.
- 7. Management of audio visual equipment.
 - 7.1. Order, direct and supervise distribution of audio-visual equipment and materials in the province and districts.
- 8. Organise periodic meetings with education officers/Health Coordinating. Officers
 - 8.1. Prepare an annual plan of work.
 - 8.2. Prepare regular reports for feedback to national level.
 - 8.3. Prepare a consolidated annual report on health education activities carried out.

PROVINCIAL NURSING OFFICER

" WHAT SHOULD YOU BE DOING":

- 1. Facilitate the implementation of all MCH/FP activities.
 - 1.1. Ensure availability of resources required to implement MCH/FP activities.
 - 1.2. Organize in-service training/on the job training for nurses pertaining to
 - 1.2.1. The Supermarket approach.
 - 1.2.2. Sterilization technique
 - 1.2.3. Case management of ARI/CDD/
 - 1.2.4. STD
 - 1.2.5. Safe motherhood
 - 1.2.6. Management of EPI Services
 - 1.3. Monitoring training in MCH/FP (Gokwe/Kwekwe)
 - 1.4. Inventory of EPI equipment and vaccines
 - 1.5. Compile EPI equipment requirements from Districts.
- 2. Planning, monitoring and evaluation of nursing activities in the province so as to ensure high nursing standards.
 - 2.1. Consolidate nursing department annual plans from districts.
 - 2.2. Develop guidelines for maintaining quality nursing care in health facilities.
 - 2.3. Ensure districts submit quality quarterly reports.
 - 2.4. Conduct peer assessment visits to districts.

3. Visit each district at least twice a year.
 - 3.1. Do on the job training on supervision/management of health centre activities to district senior nursing officers.
 - 3.2. Assist districts in solving problems in the management of nursing services where needed.
 - 3.3. Attend MCH/FP training sessions.
4. Attend all workshops where nursing input is required e.g. EPI, ARI/CDD/Safe motherhood etc.
5. Evaluation and review of the CSFP.
 - 5.1. Visit all districts with the Nutritionist and the logistics officer and compile reports on findings
 - 5.2. Ensure DNOs submit reports on CSFP quarterly.
6. Allocate nursing staff according to need.
 - 6.1. Quarterly nursing staff auditing.
 - 6.2. Recruitment of nursing staff.
 - 6.3. Arrange for community attachments for students accordingly.
 - 6.4. Monitor student nurse output from nurse training school within the province.
 - 6.5. Recommend staff for further training within and outside Zimbabwe.
7. Coordinate Community Health programmes as required.
 - 7.1. Support the upgrading and refresher courses for TMs.
 - 7.2. Ensure resource for the TM, VCW and FHW programme.
 - 7.3. Liaise with relevant Ministries on the VCW programme.
 - 7.4. Evaluate the FHW programme and come up with solutions for better implementation of this programme.
8. Coordinate nursing activities with other organizations/sectors and health departments.
 - 8.1. Invite other sectors/organisations with a health input to meetings/workshops where nursing issues are discussed.
 - 8.2. Visit Non governmental organisations during district visits.
9. Staff development
 - 9.1. Organize workshops/in-service training for nurses as the need arises.
 - 9.2. Give induction/orientation to new staff members to the province.
 - 9.3. Identify training needs and recommend staff for further education.
 - 9.4. Facilitate at workshops organized by the districts as required.

- 10 Take part in activities like surveys, interviews, board of inquiry, disciplinary committees etc as may be required.
- 11 Monitor the psychiatry nursing programme.
 - 11.1. Attend provincial psychiatry nurses meetings.
 - 11.2. Give monthly reports on psychiatry nursing activities in districts to the HOD.
 - 11.3. Recommend staff for psychiatry nurse training.
 - 11.4. Deploy newly qualified psychiatric nurses to districts as required.
- 12 Initiate and participate research activities into nursing issues, for the improvement of nursing care.
- 13 In liaison with the Health Education department, ensure/strengthen the School Health Program implementation of the schools pupils inspection programme.

MOH EDC

" WHAT SHOULD YOU BE DOING"

1. Supervise and structure data collection, compilation, analysis utilisation and feedback by respective departments.
 - 1.1. Advise Head Office and department during development of new data collection forms. Train and supervise members of the information department in data management skills for the computers. Eyeball the aggregated data. Make graphs, showing trends in agreed upon indicators for various programs of the respective departments.
 - 1.2. Advise and support other departments in the process of analyzing their data.
2. Acts as resource person for Communicable Disease Control and Health Information System.
 - 2.1. I will have books, articles and references available for lending out or review and discuss with people their plans for EDC or analysis of their data, or planned research.
3. Management of the provincial TB control program.
 - 3.1. Writing of a provincial TB control policy is in progress and continuous supervision and support of the implementation of this policy should be done by the TB section of the EDC Sub Committee.
4. Liaise with NGOs, helping them in EDC and obtain data from them as well. (NGOs = pvt etc)
 - 4.1. Get actively in touch with all health care providers in the province that are not governmental and try to motivate them to contribute to the EDC programs and the HIS
5. Coordination of and cooperation with relevant departments in case of outbreaks or epidemics.
6. Coordinating activities aimed at controlling communicable diseases.
 - 6.1. Cooperation with E.H. is the central axis for this task. Daily fine tuning or delegation to monitor and control the major communicable diseases in this province (malaria STD/AIDS, EPI diseases) Regular cooperation with Health Education and MCH are of the same importance.

7. Clinical work as required .
8. Supervise data handling through DHE by HIS clerks, sharing this responsibility with all departments involved in routine data collection.
 - 8.1. Train HIS clerks on the job here at PMD but also at their own work place.
 - 8.2. Attend DHE meetings, preferable after proper invitation, and stimulate the use of data on a management tool.
9. Critically assess proposed research in the province and advise accordingly.

MOH-MCH

" WHAT SHOULD YOU BE DOING"

1. To co-ordinate planning, organisation and evaluation of all MCH-FP programmes and activities in the province.
2. To provide supportive supervision and instructions for every MCH-FP programme developed in the province.
3. To maintain and enhance the capacity of the health institutions to provide essential and adequate maternal newborn and child health care.
 - 3.1. To develop and carry out programmes for training of District/Province MCH/FP implementors.
4. To organise and facilitate training activities and continuing formation for MCH workers at different levels.
 - 4.1. Supervision and on the Job-training for all MCH workers.
 - 4.2. Organise and support in-service training for health workers on MCH/FP complementing elements, in liaison with the Provincial/District managers and the consultants of the provincial hospital.
5. To rationalize - coordinate and facilitate districts MCH/FP workshops, particularly for clearance as per objectives and needs, contents, facilitators profile, participants and funding.
6. To develop guidelines and supportive strategies to implement comprehensive MCH/FP programmes throughout the province.
7. To strengthen and improve technical capabilities and skills of programme implementors to establish effective community based health programmes (CBHP): e.g. upgrading Traditional Midwives/TBA, Farmer Health Workers, Community Based Growth Monitoring, Community Based Rehabilitation Programme...
 - 7.1. Supervise and assist to implementing and management of these C.B.H.Ps.
 - 7.2. Monitor and assess progress of each programme in liaison with the provincial head of unit involved.
8. To coordinate and organise the procurement of MCH/FP equipment and appropriate distribution in the province, liaising with the Chief Pharmacist, PNO and DMOs.
This includes (EPI) vaccines, (FP/ZNFPC) contraceptives and additional materials.
9. To investigate and identify MCH/FP resources requirements.

- 9.1. Initiate regular inventory and maintenance activities of MCH/FP equipment for various programmes.
- 10 To establish and monitor an effective MCH/FP related disease surveillance system in the province.
 - 10.1. To coordinate the control of EPI diseases, ARI/CDD, Nutrition related conditions, including specific activities to control outbreaks.
 - 10.2. To coordinate and direct the prevention, screening and treatment strategies for the control of cervical, breast and children cancer.
 - 10.3. To enhance the provision of optimal care and the supervision of pregnancies/deliveries including a better management of related conditions.
- 11 To coordinate and organise efforts and cost effective approaches and methods to strengthen the provision of MCH/FP services at all level as part of the basic comprehensive and integrated health services:
 - 11.1. Identify and intensify the role of consultants/experts in training, research and delivering of health services toward reducing maternal and child morbidity/mortality.
 - 11.2. Initiate necessary activities to ensure and provide safe birth, better childhood health and safe motherhood management care.
 - 11.3. Elaborate and strengthen referral system to ensure continuity of Health care in the system
- 12 To improve maternal and perinatal health care.
 - 12.1. Encourage and support regular maternal and neonatal mortality meetings at all levels.
 - 12.2. Organise provincial forum to discuss maternal neonatal and perinatal health care/mortality on a yearly basis.
 - 12.3. Monitor maternal and perinatal mortality trends using available T5 data and Maternal Mortality Surveillance returns.
- 13 To monitor and assess continuous progress of different programmes using available statistics data.
 - 13.1. To appraise MCH/FP performances and standardize practices throughout the province.
- 14 To organise and carry out evaluation of the major aspects of MCH/FP programme in the province.
- 15 To identify priority issues for operational researches into developing and improving Maternal and Child health care including Family planning.
 - 15.1. To direct and coordinate appropriate MCH/FP research to carry out in the province.
 - 15.2. To advise and cooperate to the appraisal of MCH/FP Research proposals submitted to the PMD as per their opportunity (is the subject of interest to the operational aspects of MCH care in the province) and internal quality (validity and feasibility)
- 16 To support, monitor and coordinate FHP programme, where MCH/FP components involved.
- 17 To organise bi-annual provincial MCH-meetings.
- 18 To strengthen staff knowledge on particular topics.

- 18.1. MOH-MCH to act as person resource for training, research, clinical and managerial activities.
- 19 To report on province MCH-FP programmes and activities being responsible for writing bi-annual reports and drawing up province MCH-FP plans.

PROVINCIAL HEALTH SERVICES ADMINISTRATOR

" WHAT SHOULD YOU BE DOING"

1. Preparation of the annual budget in consultation with other departments.
 - 1.1. Prepare and present annual budgetary plan based on submission from users to the HOD for approval.
2. Assist department to marry plans and budgets
 - 2.1. Recommend on a monthly basis the rates of expenditure for the PMD office.
3. Resource person in management.
4. Support and supervise provincial and district administration.
 - 4.1. Actively assist departments and districts in administrative problems and responsibilities.
 - 4.2. Take care of disciplinary procedures timely.
 - 4.3. Initiate and organise due interviews timely.
 - 4.4. Monthly report on civil works in progress.
 - 4.5. Control expenditure and cost containment monthly and submit monthly financial statement to the HOD.
5. Assist in the evaluation of health care programmes.
 - 5.1. Check on a monthly basis the effective use of commitment registers.
6. Advise departments on a monthly basis on financial position.
 - 6.1. Advise HOD the monthly expenditure of Vote III.
 - 6.2. Recommend on a monthly basis the rates of expenditure for the P.M.D. office.
 - 6.3. Recommend to HOD on a monthly basis cost containment measures.
7. Monitoring use of resources and service provisions.
 - 7.1. Quarterly internal audit and submit report to HOD.
 - 7.2. Check monthly the effective use of commitment registers.
 - 7.3. Check on the proper upkeep and maintenance of all government movable and immovable assets.
 - 7.4. Ordering (based on user requirements) storage (after informing user) recording and control of supplies.

- 7.5. Do half yearly inventory and submit report to P.M.D.
- 7.6. Hold board of surveys timely.
- 7.8. Establish and chair commissioning committee.
- 7.9. Check security of all Health institutions and submit a report quarterly.
- 8. Organise periodic meetings with administrators
- 9. Maintain staff morale within Province and within PMD Office.
 - 9.1. Induction to new staff - professional and non-professional staff.
 - 9.2. On-going on the job-training for non-professional staff within PMD Office.
 - 9.3. Organize regular meetings with general staff.
- 10. Assess and supervise quality performance of maintenance equipment.

PROVINCIAL PHARMACIST

"WHAT SHOULD YOU BE DOING"

- 1. Responsible for the day to day activities of the Provincial Medical Stores.
 - 1.1. Procurement
 - 1.2. Storage
 - 1.3. Production
 - 1.4. Stock control
 - 1.5. Timely distribution of drugs and medical supplies to health institutions based on workload and morbidity pattern.
 - 1.6. Monitoring drugs availability trends and needs from orders received and processed and taking necessary corrective action.
 - 1.7. Supervise staff and carry out on the job training.
 - 1.8. Recommend staff for engagement promotion, placement, disciplinary action and others.
- 2. Co-ordinate and supervise pharmaceutical programmes in the province.
 - 2.1. Supervision, training and refreshing of pharmacy personnel and health centre staff on procurement procedures, drug management and utilisation (ZEDAP).
 - 2.2. Liaising with clinicians and prescriber on matters relating to the drug availability trends and providing information when called upon.
 - 2.3. Quantification of provincial drug requirements and submitting to the Controller, Harare Medical Stores.

- 2.4. Developing the concept of "minimum stock" as an indicator of consumption and a tool for budgetary control at district and clinic level.
- 2.5. Research into improving ordering based on disease patterns and prescribing habits.
- 2.6. Ensuring proper storage, accountability and security throughout the drug distribution chain.
- 2.7. Develop data collection system for drug side effects and drug use related problems.
- 2.8. Ensuring compliance with the Dangerous Drugs Act and Customs excise Regulations are observed for drugs and alcohol respectively.
- 2.9. Promotion of rational drug use through the EDLIZ standard treatment protocols and Drug categorisation (A.B.C. and S levels).
- 2.10. Monitoring use of drugs relating to data on morbidity.
- 2.11. Keeping abreast with medical/pharmaceutical advances.
- 2.12. Organise periodic meetings with Pharmacists
3. Monitore lead times at each drop of point two monthly.
- 4 Meet with the responsible Health Authority on the delivery system on a quarterly basis.
5. Order vaccines for the EPI programme.
6. Allocate monthly budgets and use commitment register.

PROVINCIAL ENVIRONMENTAL HEALTH OFFICER

"WHAT SHOULD YOU BE DOING"

1. Coordination of all environmental health activities in the province.
 - 1.1. Advising district council/other responsible authorities on environmental health matters.
 - 1.2. Undertake or arrange for programmes of research as appropriate into environmental health issues.
 - 1.3. Provide environmental health inputs into emergency planning schemes.
2. Inspection and assessment of defined work places in order to advise on occupational and environmental health. (See annexure.)
 - 2.1. Ensuring improved standards of health, safety and welfare at work.
 - 2.2. Inspect premises and operation in respect of health and safety.
 - See that standards are maintained.
 - discussion with responsible authorities
 - sanitary inspections
 - prosecutions were appropriate.

INDIVIDUAL APPRAISAL

HOW TO JUDGE PERFORMANCE

The most difficult part in the organization of the PMD's office is the section on how to judge the performance of each head of department.

As a start each HOD member was requested to submit for this document his/her expected product. Only after knowing what one is expected to produce or do (in line with organisational objectives) can one start thinking about appraising one's performance.

However, there are areas which all members of the HOD must cover at regular intervals. These areas can already be used as part of appraising someone's performance.

GENERAL: APPLICABLE TO ALL HEADS OF DEPARTMENTS

1. Monthly report - which includes activities in the past month and activities in the coming month with specific emphasis on the quality of report, timeliness and accomplishment of activities.
2. Availability in office/meetings/workshops.
3. Availability as a resource person.
4. Districts reports. Districts have been requested to submit "reports" on HOD visits to the districts.
5. Each HOD member to make regular visits to the districts using a checklist and come up with a report.
6. Each Head of department uses resources and must therefore keep his own up to date commitment register.
7. There are resources that have a direct bearing to a department (money, manpower, time and material). Each HOD member must be aware of these resources: do a quarterly inventory of available resources or their utilization.
8. Each HOD member must present a monthly/quarterly monitoring report of own planned activities to the HOD.
9. Each HOD member must produce an annual report and plan.
10. Assess management treatment capacity at clinic level

NB Each HOD member is to inform the PMD, as the head of the organisation, as how the product 1 - 9 will be produced.

NB The HOD must approve a members plan and review the plan with the member on a regular basis.

SUPPORT AND SUPERVISION OF THE DISTRICT HEALTH SERVICES BY THE PMD'S OFFICE

The Provincial Office would like to improve and strengthen the support and supervision it gives to all districts in the province.

For this to happen, it is necessary for the District Health Executives to inform this office of what they think and feel about the visits made by the different departments of this office and head office to their districts.

There are several ways of doing this but the following is what I would like to see happening.

In the PMD's office we have been and will continue holding Heads of Department (HOD) meetings on the last Friday of each month. At these meeting, each departmental head will be informing other heads of his/her activities in the following order:-

A. Activities carried out by the department in the last month.

Problems faced during the month

When necessary asks for advice.

B. Activities the Department will be carrying out in the following month.

How the activities will be carried out.

Resources that will be required and;

At these meetings, departmental heads are free to ask any questions about the activities of another department. They even suggest how the department can improve its functioning.

Ideas previously held by some people such as,

"You are interfering in my department or "You don't know what happens in my department" are very much discouraged. Team work is the key word. Besides we learn every day from different people and different sources.

Therefore the PMD suggests that all districts start holding monthly departmental meetings or DHE . These meetings should be held one week before the Provincial Heads of Departments meetings i.e. one week before the last Friday of a month.

Besides reviewing what happened in a particular department in the previous month and what the department will be doing in the coming month time should be given, during such meetings to discuss visits to your district by the PMD/Head Office staff i.e. objective, usefulness etc.

The idea of discussing visits to your district by this office and submitting reports is important for three reasons:-

1. When people visit a district, they are supposed to brief the DMO or at least any member of the DHE of the purpose of the visit. After that the visitors carry on with his/her work together with the relevant department. What is actually done, is only known by the visitor and the member or department visited. At the District Departmental meeting, the department visited will then brief other departments of what happened during the visit, why the visit was done, how useful the visit was etc.
2. The minutes of this meeting need to be written the same day of the meeting and dispatched to the PMD's Office. These minutes will help us (PMD Heads of Departments) evaluate the usefulness and effectiveness of our district visits.

3. The importance of such district departmental meetings and minutes is that they also keep the Province informed as to what is happening in the districts. The PMD has to write a monthly report to the Provincial Governor and Secretary for Health about the health services in the whole province.

If the Province, therefore receives minutes of monthly district departmental meetings, I would definitely gather more information to write a sensible Report.

The Provincial Office is a resource centre for all districts. During the districts departmental meeting, Members can indicate what resources they require from the Province. These requests can therefore be included in the minutes to be sent to the PMD's Office. On receiving these requests the Heads of Departments can then plan at their end of month meeting what support to give the districts.

It is very important that your DHE/Heads of Department meeting minutes reach this office before the last Friday of each month.

EXAMPLE

A) PMD MEETING (MONTH 1)	B) DISTRICT VISIT (MONTH 1)	DHE MEETING (MONTH 1)
MCH dept. says in HOD meeting: I want to visit gokwe district	1. MCH Dept. in Gokwe	
	2. MCH Dept. spells out objective of visit to DMO or DHE member	
	3. Mch Dept. does his work in Gokwe with DNO or CS	
	4. Mch Dept. leaves district for province	
C) PMD MEETING (MONTH 2) MCH Dept reports on his her visit ie: - OBJECTIVE - ACHIEVEMENTS - PROBLEMS		C) DHE (MONTH 2) On the agenda should be a report from DNO about the visit of MCH Dept. ie: - OBJECTIVE - USEFULNESS ETC minutes of the whole meeting sent to PMD

PROPOSED DATES OF HOD AND DHE MEETINGS

	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
PMD'S OFFICE	29th	26	JAN.4	29	26
DISTRICT	23	20	28 DEC.	22	19

QUESTIONNAIRE

INTRODUCTION: THE CHANGE AGENDA IN THE MIDLANDS PROCESS

Decentralization of functions of the Ministry of Health to the Provincial level is now a reality. This calls for a review of the structure and functions of the Provincial Health Organization. This means we have to look at our policies, the way we operate, lines of accountability, job descriptions, information systems required, budgeting, monitoring and control etc.

The Provincial Office organisation reshaping does however not mean we have to throw away everything and start afresh. There is need to look at where we came from, where we are now and where we would like to be in the future in light of the changes which have recently taken place.

This "What we would like to be" **OR** "how we would like to operate" **OR** "Our vision of the future" needs to be defined by all of us. On reviewing what actually exists today, I do find we have policies spelt out by the MOH which we have to follow, Job descriptions, Lines of accountability etc.

What we do not have as a province is the purpose of our organisation (PMD). The only thing I found is what is in the document "Planning for equity in health" and it reads "the main function of the Provincial Office is to support, supervise and upgrade the health activities in the entire province.

This to me is an unclear statement of our purpose. As an office, we need to have a purpose, justification of our existence, an overall shared vision of our future and a set of goals we are working towards.

The Provincial Office has recently come up with provincial plans. These are departmental plans, compiled by individuals based on their specialised areas. These plans, to my knowledge, are not a product of an organisation looking at the interests of the Midlands Province population. This needs to change. We need to look at the health problems of the province together, prioritize them and come up with solutions to these problems together. It is for this reasons that I propose that we re-look at the structures and functions of our provincial office.

Before convening a meeting to address these issues, may we to answer the following questions.

1. In your own words and understanding, What do you think the role of the Provincial Office is ? (Please don't just say "to support and supervise) **OR** What is the purpose of the PMD's Office in the health system ?
2. What have been the successes and failures of the Provincial Office ?
3. At present, the day to day operations of our activities are guided (determined) by the decisions of the end of month Departmental Meetings and the PHE. What are the weaknesses and strengths of his arrangement ?, How can our operations be managed better ?, What other (if any) committees should be established (justify) ?
4. Decentralisation is a reality. What structures to we need to put in place at the Provincial level to see it succeed ?
5. Which major priority areas need to be addressed by the province over the next ten months and how ?
6. Your own job: What should you be doing ? What do you regard as the overall task or purpose of your job ? (Please don't just refer to your job description: look at yourself what your really purpose is to the organisation)
7. What other activities do you think you could take over besides what you are already doing which you think you can do very well ?
8. You are a professional and work independantly. What is the product you produce that can be used to judge your performance ?

ANNEXURE

DEFINED WORK PLACES:

- a. Mines
- b. Commercial farms
- c. Manufacturing industries (rural/urban)
- d. Food Processing Industries
- e. Health institutions and boarding schools and tertiary institutions, food handling, preparation and storage.
- f. All government institutions

ACTS AND REGULATIONS

- a. Housing Standards Control Act Chapter 208
- b. Liquor Act Chapter 289
- c. Public Health (Effluent) Regulations 1972
- d. Mining (Health and Sanitation) Regulation 1977
- e. Food and Food standards Act Chapter 321
- f. Air pollution prevention act Chapter 318
- g. Public Health Act Chapter 328
- h. Dairy act Chapter 107
- i. Hazardous substances and articles act Chapter 322
- j. Meat inspection Regulations
- k. Factories and works act chapter 283
- h. Fruit Marketing Act Chapter 112

DESIGNATED AREAS:

- a. Growth points
- b. District/rural service centres
- c. Health institutions
- d. Schools
- e. Social clubs
- f. Construction sites of dams/irrigation schemes
- g. Resettlement scheme.